

# **SARRAH response to the Guidelines Discussion Paper for the new Rural Health Outreach Fund**

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## **Introduction**

Services for Australian Rural and Remote Allied Health (SARRAH), welcomes the opportunity to comment on the Guidelines Discussion Paper for the new Rural Health Outreach Fund. SARRAH currently has representatives on the Medical Specialist Outreach Program forums for the:

- Indigenous Chronic Disease Measure in every jurisdiction except Tasmania; and
- Maternity Services Measure in the jurisdictions of NSW and Victoria.

SARRAH is nationally recognised as the peak body representing rural and remote Allied Health Professionals (AHPs) who work in the public and private sectors. SARRAH's representation comes from a range of allied health disciplines including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Speech Pathology and Social Work.

SARRAH believes that:

- AHP services are essential to improving the quality of life and better health outcomes for rural and remote communities.
- Every Australian should have access to basic health services wherever they live according to need.
- AHP services are basic and core to Australians' health and wellbeing.

AHPs provide a range of clinical and health education services to individuals who live in rural and remote communities.

The current health reform agenda and the move towards the implementation of a National Primary Health Care strategy funded by the Australian Government must be taken into account in developing, implementing and evaluating this measure.

There will be a need to balance existing Primary Health Care (PHC) outreach hub and spoke support services with specialist outreach services.

It is vital for any PHC reforms to be successfully implemented that a significant increase of AHP resources are required to be placed in communities as members of multi-professional teams to deliver comprehensive PHC services. Three levels of AHP engagement are required to deliver effective and flexible PHC services to rural and remote communities and they include:

- AHPs delivering PHC services in local communities as part of a multi-professional team. The National Health and Hospital Reform Commission identified that there are not enough multi-professional teams which are vital to achieving national PHC reform.
- AHPs delivering PHC services within a hub outreach arrangement where they visit and provide crucial support to local communities as part of a multi-professional team.
- AHP specialist services based permanently within the Rural Health Outreach Fund domain and linked to the medical specialists as outlined in these Guidelines.

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These Guidelines must be flexible and open to change as PHC reforms receive more traction and service capacity improves to rural and remote communities.

### **Comments on the Guidelines**

SARRAH supports the Guidelines in that they identify a funding model, priority areas, geographic scope and eligibility. SARRAH provides the following comments:

- The target areas listed are appropriate to regional, rural and remote communities and include opportunities for enhanced allied health service provision in areas such as maternity, pediatrics, eye health, mental health and chronic disease management.
- The funding model should continue to be expanded for AHP's to not only deliver outreach services as a team member but also to lead these services in areas such as disability and chronic disease management. For example in the Northern Territory some AHPs lead the delivery of services to people with diabetes and renal disease such as a renal dietitian and pharmacist working with a specialist renal physician. This approach should also be expanded to other health service delivery areas including mental health and optometry services.
- Further work across all jurisdictions is still required to identify, analyse and plan for the health needs of the local community which also includes improving the coordination of health services to avoid duplication. In some jurisdictions concerns are being raised about a submission based application process that is not embedded in the health service planning process articulating core services and models of care.

### **Conclusion**

SARRAH as the peak body representing AHPs delivering health services to people residing in rural and remote communities across Australia is well positioned to continue to work with the Commonwealth Government and other stakeholders to assist in the implementation and operation of these Guidelines.