



NATIONAL RURAL
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ALLIANCE INC.

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Delays in reform ‘blueprint’ put rural health at risk

People in rural and remote areas are concerned that specific improvements in rural and remote health might be put on hold pending agreement by the Commonwealth and States about their respective roles and responsibilities in the wider reform picture.

“It is vital that initiatives already agreed as important for better rural and remote health are not held up by governments’ failure to agree on a ‘blueprint’ for major health reform,” said Dr Jenny May, Chair of the National Rural Health Alliance.

It is also of concern that such a blueprint continues to be characterised in the media as ‘a Commonwealth takeover’ – a phrase that oversimplifies the issues and seems to run counter to the need for regional and local decision making.

The Minister has referred to the health system reaching ‘a tipping point’. The Alliance believes that point has already been reached in rural and remote areas. This makes it imperative that further improvements targeted to rural and remote areas be included in the Federal Budget in May 2010.

“There are many necessary changes that can be implemented now that are not dependent on overall Commonwealth-State agreement and these should not be held up while a national reform blueprint is being developed,” Dr May said.

“These should include extra investment in attracting professionals from all disciplines to the rural and remote health workforce, as well as supporting and retaining those already there. The Commonwealth must also take the lead and invest with the States and Territories in improving Patients’ Assisted Travel Schemes. Work to quantify the total rural and remote health deficit should also begin in earnest as a basis for moving soon to make equivalence payments to under-served areas.”

A welcome measure announced at this week’s COAG meeting in Brisbane was the promise to further develop a national e-health system, with commitment to the introduction of national health care identifiers in 2010 - prerequisites for a patient-controlled electronic health record.

“Electronic health records are especially vital for people from rural and remote areas because such people are required to seek health services both locally and in other centres. This initiative must remain on track,” said Dr May.

While the promise of additional resources from the Commonwealth for elective surgery is welcome, the main concern in rural areas is about potential closure of smaller hospitals. Rural people are entitled to expect specific investment in hospitals in medium-sized towns, not just to provide local services but also so they can act as outreach service hubs to smaller centres for integrated acute, primary and aged care.

“People in rural and remote areas are looking forward to the benefits that will accrue from the national reform blueprint,” Dr May said. “But at the same time, much of what needs to be done to improve rural and remote health services is plain to all and should not be postponed.”

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