

# Aboriginal Health and Medical Research Council of NSW

An Inquiry into Health Outcomes and Access to health and hospital services in rural, regional, and remote New South Wales Submission



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## Acknowledgement

*We would like to acknowledge the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Sydney Coast. We pay our respect to Elders, past, present, and emerging.*

## Overview

This Inquiry is an opportunity to review the current hospital system and how it works alongside the Aboriginal Community Controlled Healthcare Organisations (ACCHOs) to provide adequate health services for Aboriginal people in rural, remote and regional areas of New South Wales (NSW).

The Aboriginal Health & Medical Research Council (AH&MRC) submission elevates the voices of the ACCHO Sector in NSW, outlining the challenges and recommends tangible solutions to reform the current hospital and health system.

The AH&MRC is the peak body for Aboriginal Health in NSW, representing the rights and interests of 47 Member Services. The AH&MRC assists the ACCHO Sector across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities. The AH&MRC is committed to the delivery of four key priorities. These are:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

## Background

Aboriginal people residing in regional, rural, and remote NSW have poorer access and outcomes in health than their non-Aboriginal and urban residing counterparts. Aboriginal people experience a higher level of burden of disease which require a greater number of episodes of care and experience a higher level of disengagement from the hospital health system. The NSW Parliament established the Inquiry into health outcomes and access to health and hospital services in regional, rural, and remote New South Wales (NSW) on the 16<sup>th</sup> of September 2020. The Inquiry aims to understand the key challenges and barriers with a review of the landscape including expenditure, planning, system integration, patient satisfaction, access to speciality services and the experience of NSW Indigenous peoples.

A significant proportion of Aboriginal people in regional, rural, and remote NSW receive their health care through Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs are medical services that provide culturally safe comprehensive primary health care to Aboriginal people within the community that they serve. ACCHOs are governed by a Board of Directors comprised of Aboriginal people elected by the local community. ACCHOs operate under a model of care that places the Aboriginal Health Worker/Practitioners (AHW) at the centre of the model, providing clinical care within the scope of the role and coordinating the inclusion of other health professionals as required.

For many Aboriginal people outside of Greater Sydney, receiving care within the hospital setting requires travel, time away from family and country, long waits for specialist services and multiple service providers to address complex needs. Hospital care is delivered in a model that is significantly different from that of an ACCHO. The system is complex and lack of information sharing between health service providers can create lengthy delays to receiving care. These issues all contribute to the disease burden experienced by Aboriginal people in regional, rural, and remote NSW.

## Summary

It is the position of the AH&MRC and its Member Services that the NSW Health system requires a system and policy level review and the establishment of formal partnerships that breakdown the institutional and personal racism experienced by Aboriginal people in NSW.

The AH&MRC is advocating for health reform that includes formalised partnerships and enhanced integrated, connected care for Aboriginal people residing in regional, rural, and remote NSW.

- The formalising of partnerships provides a platform for sharing of workforce, reduction in duplication of services and increase of cultural support systems, including cultural-based care that increase access to culturally safe health services across NSW.
- Partnerships are the foundation of a health service that is seamless and supports the entire patient journey from community, into hospital and back to the community. It is essential to improve the patient journey for Aboriginal people in NSW to improve health outcomes.

There are many barriers and challenges that contribute to health outcomes and access to hospital and health services in regional, rural and remote NSW. For the purposes of this response, the AH&MRC has focussed on the system and policy changes required to enable ground level approaches to address health outcomes and hospital access in these areas to be successful.

## Bringing Aboriginal voices forward

As the peak body for ACCHOs in NSW the AH&MRC widely consulted with our Aboriginal stakeholders including consultation with staff, our Member Services and the Deadly Doctors Network, a forum for General Practitioners working across the Sector.

The AH&MRC would like to thank the Chair of Portfolio Committee No.2 – Health, the Hon. Greg Donnelly MLC for the opportunity to provide a submission to the NSW Parliament Inquiry into health outcomes and services in rural, regional and remote NSW. Our response to this Inquiry aims to highlight the key access and outcome barriers experienced by Aboriginal people residing in rural, regional, and remote areas in NSW.

## Our Response

According to the Australian Bureau of Statistics 2016 Census NSW is home to nearly one third (33 per cent) of the national total of Aboriginal and Torres Strait Islander people, the largest

proportion of any state<sup>1</sup>. Of the 216,000 Aboriginal and Torres Strait Islander people residing in NSW, 145,000 reside outside of Greater Sydney. People who reside in areas outside of capital cities experience inherent geographical barriers to health service delivery. In addition to the geographical challenges experienced by all residents in the regional, rural, and remote areas of NSW, Aboriginal people are faced with compounding and unnecessary barriers to accessing culturally appropriate health services.

These barriers often result in poorer outcomes which contributes to the gap between Indigenous and non-Indigenous health outcomes. The health and hospital system in NSW is complex and multifaceted. Due to the complexity of the system it is difficult to comment on all issues within one submission. For this reason, the AH&MRC will highlight the major system and policy issues and proposes further consultation of the Sector to understand the breadth of the issues. The overarching issues the AH&MRC will address in this submission are:

1. Lack of genuine commitment to work in partnership with the ACCHO Sector creating unnecessary access barriers for Aboriginal patients including institutional racism in hospitals.
2. Lack of connected care resulting in diminished patient experience and outcomes

### **Issue 1: Lack of genuine commitment to work in partnership with the ACCHO Sector creating unnecessary access barriers for Aboriginal patients including institutional racism in hospitals.**

**There are three key things we can change to help foster genuine partnerships between ACCHOs and mainstream healthcare settings. These include:**

1. The NSW Government has committed to working in partnership and this must be formalised to ensure that system change is upheld

The patient journey is a continuum of health service delivery between community care and hospital care. Often, there is no formal agreement in place which outlines how these services work together to provide culturally safe, streamlined, and efficient care. Formal partnerships keep both parties accountable to an agreed way of working<sup>2</sup>.

Under the National Agreement on Closing the Gap (2020) the NSW Government has committed to working in partnership with Aboriginal people and communities and the organisations which represent them. The agreement outlines that this partnership approach includes “building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision making authority with governments”.

Formal partnerships should recognise the important role each sector plays in the NSW system of health care. The National Agreement (2020) has provided a platform for reform of the NSW Health system to genuinely engage ACCHOs through formalised Service Level Agreements (SLAs) which are linked to agreed performance indicators that ensure accountability. The NSW Government outlined its commitment to building partnerships in the *NSW State Health Plan: Towards 2021*<sup>3</sup>. Despite this, in late 2020 the landscape of formal partnerships between Local Health Districts (LHDs) and ACCHOs across NSW is highly inconsistent.

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<sup>1</sup><https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Article~12>

<sup>2</sup> <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>

<sup>3</sup> <https://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

2. Formal partnership agreements present an opportunity to provide integrated systems or care and decrease duplication of services

According to the NSW Government models of integrated care are an essential component of a system being able to deliver the vision of Value-Based Healthcare. Further, it is highlighted on the NSW Health website that partnerships with primary health service providers are central to achieving this vision and keeping patients managing their own health within the community<sup>4</sup>. In many communities, there are a range of service providers funded to provide the same services, where other health needs remain unmet. Formal partnerships provide an opportunity to map the health care offered by each respective service, identify duplication and determine how to work together to address the communities need. LHDs and ACCHOs are servicing the same community and reducing duplication of services and sharing staff will ultimately reduce the incidence of ACCHOs and Hospitals competing for staff in rural, regional, and remote areas. A formalised partnership approach between the LHDs and their local ACCHO represents a shift away from the traditional siloed ways of working.

3. Formal partnerships present an opportunity to share a workforce, supporting connected and culturally safe care

The system and policies that support the delivery of health services across NSW need to be inclusive of Aboriginal people to ensure that the communities views are considered at the decision-making tables. In NSW, the Board of Director membership criteria for LHDs states that “at least one member must have expertise, knowledge or experience in relation to Aboriginal Health”<sup>5</sup> meaning there is no specific requirement for at least one member to identify as Aboriginal. The lack of representation of Aboriginal people in the senior levels of the LHDs impacts service provision on the ground and limits the ability of the health system in NSW to provide culturally safe care. The introduction of formal partnerships that support the inclusion of the ACCHO in the provision of clinical care will increase the cultural safety of the care provided within the hospital. When health service delivery is culturally unsafe, this creates an access barrier for Aboriginal people, who often return to the ACCHO to receive care, even in episodes of requiring acute health services.

## **Issue 2: Lack of connected care resulting in diminished patient experience and outcomes**

**We can improve the patient experience through delivery of connected care by increasing culturally safe health service provision and sharing information between hospitals and ACCHOs.**

1. Opportunity to connect the patient journey at every touchpoint in the healthcare setting

ACCHOs are the lead agency for health services for Aboriginal people in NSW and Nationally. ACCHOs need to be recognised as an important health service provider and as such involved in the patient care for Aboriginal clients. The ACCHO Model of Care is a comprehensive model which includes a central Aboriginal Health Worker/Practitioners (AHW). The AHWs are locally employed individuals, familiar with the cultural protocols of the community who provide a range of clinical services and coordinate other health professionals involved in delivering the patient care. AHWs are often involved in the discharge planning of ACCHO patients. The AH&MRC and its members consider that true connected care between the LHD facility and the ACCHO would be demonstrated by facilitating a Transition In - Transition Out planning process whereby AHWs

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<sup>4</sup> <https://www.health.nsw.gov.au/integratedcare/Pages/what-is-integrated-care.aspx>

<sup>5</sup> <https://www.health.nsw.gov.au/lhd/boards/Pages/board-appointments.aspx>

could support clients to understand the process of entering the hospital system and assist the patients to be supported by a known health care provider.

## 2. Improving information sharing to ensure Aboriginal people receive the efficient and effective health services

Connected care models enable health service providers to remain informed about the patient's service delivery to date and the likely future needs of the patient. A lack of integration of service delivery between the LHDs and the ACCHO Sector has led to disjointed care and a high number of Aboriginal people feeling unsafe within the hospital system. This is reflected through the number of Aboriginal patients who Discharge Against Medical Advice (DAMA). DAMA indicates the number of people who were provided advice from a medical professional that they should remain in hospital, advised of the risks of leaving and determined to proceed with discharging from the hospital against that advice. According to HealthStats NSW in the 2018-2019 period the rate of DAMA for Aboriginal people was 5.4 times that of non-Aboriginal people. The rate of DAMA for Aboriginal people in the same period was highest for those who reside in remote or very remote areas<sup>[1]</sup>. A lack of information sharing processes between the LHD and the ACCHO also often result in the ACCHO being unaware that the patient has discharged from the hospital.

## Recommendations

**On behalf of our Member Services and the Aboriginal Communities they serve, the AH&MRC strongly recommends taking these actions to improve the health outcomes for Aboriginal people at a state, and national level.**

### 1 A NSW Health reform that includes a review of existing systems and policies and the implementation of formal partnerships between the LHDs and the ACCHO Sector.

Partnerships should be formal Service Level Agreements, linked to an agreed set of performance indicators that keep all parties accountable.

### 2 Improved models of health service delivery that promote culturally appropriate connected care including processes for information sharing and transition in-transition out planning arrangements.

Models of health service delivery should follow the patient journey from community, into hospital and back to community. Models should reflect the importance of the Aboriginal Health Worker/Practitioners as an essential component of culturally appropriate health services for Aboriginal people.



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### For further information on this submission please contact

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<sup>[1]</sup> [http://www.healthstats.nsw.gov.au/Indicator/bod\\_damahos/bod\\_damahos\\_aria\\_snap](http://www.healthstats.nsw.gov.au/Indicator/bod_damahos/bod_damahos_aria_snap)