



# THE URGENT HEALTH NEEDS OF RURAL AND REMOTE AUSTRALIANS



# THE PROBLEM

On almost any indicator, people living in rural and remote parts of our country are experiencing poorer health than people living in metropolitan areas.

According to the Australian Institute of Health and Welfare, rural and remote Australians are dying earlier than people living in major cities.

People in very remote areas are likely to die at least

**14 YEARS EARLIER**

Females in very remote areas are likely to die

**16 YEARS EARLIER**

Males in very remote areas are likely to die

**13 YEARS EARLIER**

Rural and remote Australians are dying at higher rates from causes that are preventable.


Between 2018 and 2022: Death rates from heart disease in very remote areas were:

**2x HIGHER**  than in major cities

Diabetes was the

**2nd LEADING**  cause of death in very remote areas, while only the seventh in major cities


People living in remote areas and very remote areas were:

**1.4x and 1.6x MORE LIKELY**  (respectively) to die from lung cancer than people in major cities

In very remote areas, the death rate from suicide was:

**2.3x HIGHER**  than in major cities

Rural and remote Australians are more likely to be hospitalised for reasons that are preventable.

**2.8x MORE LIKELY**  to be hospitalised for reasons that are potentially preventable

## DISEASES OF THE CIRCULATORY SYSTEM

including heart attack and angina, are one of the most common reasons for a Royal Flying Doctor Service (RFDS) aeromedical retrieval, transporting rural and remote Australians to hospitals for urgent care.

Many of these could be prevented.



There are critical gaps in the provision of healthcare services in rural, regional and remote Australia. The RFDS Service Planning and Operational Tool (SPOT) shows that as recently as 2023, of the 500,000 people living in remote and very remote areas:

**32,359** do not have access to General Practitioner services within a 60-minute drive time

**234,165** do not have access to nurse-led services within a 60-minute drive time

**101,963** do not have access to mental health services within a 60-minute drive time

**114,963** do not have access to dental health services within a 60-minute drive time

Poor access to comprehensive healthcare impacts the quality of life of people living in the bush and overall health system costs.

# THE SOLUTION

Furthering our partnership with the Australian Government, the RFDS seeks commitment and investment to expand our primary healthcare services to improve the health of rural, regional and remote Australians.

**1**

## Providing RFDS primary healthcare services where there is unmet need:

- > Expanding RFDS outreach services to increase locations and frequency.
- > Assuring the availability of GP services in failed and at-risk markets.
- > Ensuring primary healthcare is funded independently of aeromedical retrievals.

**2**

## Investing in multi-disciplinary teams for more comprehensive care:

- > A dedicated RFDS multidisciplinary primary healthcare team in each state and territory\* to focus on comprehensive and coordinated chronic disease management.

**3**

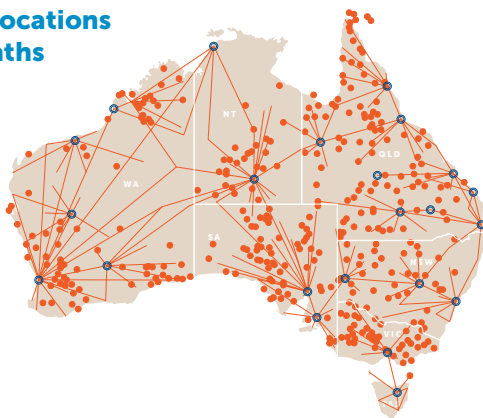
## Digital and virtual health initiatives to enhance care through reliable, hybrid models:

- > Innovative digital and virtual healthcare initiatives provided across the RFDS footprint to improve access to care and complement fly-in face to face primary healthcare and emergency services.

The RFDS has been providing primary healthcare services to rural and remote Australians since our establishment, almost 100 years ago, and on behalf of the Commonwealth Government since the 1930s. RFDS primary healthcare services address critical gaps in health services by targeting areas of unmet need.

In addition to our well-known aeromedical services, RFDS general practitioner (GP), nursing, midwifery, dental health and mental health services provide a mantle of safety throughout rural and remote Australia.

### RFDS clinic locations and flight paths



### RFDS primary healthcare services

On behalf of the Commonwealth, in 2023-24, the RFDS delivered:

- 1,984** GP clinics and 25,960 occasions of service
- 1,685** Nursing clinics and 7,796 occasions of service
- 14,835** Mental health services
- 55,334** Dental services
- 40,886** Remote consultations

Leveraging almost a century of experience providing primary healthcare services, the RFDS remains committed to being part of the solution to improve the health of those living in rural and remote areas.

The health disparities and gaps in primary healthcare access in rural and remote areas remain significant and persistent and can only be overcome with targeted investment.

Communities are looking to the RFDS to provide primary healthcare services where there are none, where they are inadequate, or where they are at risk.

\* excluding ACT

# Initiative 1: Providing RFDS primary healthcare services where there is unmet need

In 2023, the RFDS completed a comprehensive Needs Assessment that mapped and identified the unmet healthcare needs in our service footprint – across 11 Primary Health Network areas and in consultation with 31 Aboriginal Community Controlled Health Organisations. This Needs Assessment identified the significant inadequacy of primary healthcare services and the locations where immediate action is required. The RFDS now seeks to address this unmet need through increased primary healthcare services, standalone from aeromedical retrieval services, to support people living in rural, regional and remote areas to live well for longer and reduce the long term reliance on the Australian health system:

## a) Expanding services currently provided through outreach models

This includes in the Northern Territory, where the RFDS is currently prevented from providing services under the Commonwealth funding agreement north of Tennant Creek.

## b) Assuring the availability of GP services in failed and at-risk markets

The RFDS is responding to local need in small towns to ensure that GP practices at risk of closure due to ongoing workforce shortages and an ageing workforce, remain operational. This model complements building on our extensive service delivery experience, and community trust. The networked RFDS workforce model that provides both employment and training opportunities for building local capabilities for a longer-term solution, has already proved immensely successful and efficient in this service model. The RFDS has identified at least 20 more rural and remote locations at risk over the next 4 years.

## c) Ensuring primary healthcare is funded independently of aeromedical retrievals

In Commonwealth funding arrangements for the RFDS, aeromedical retrieval services have to date taken priority over the provision of primary healthcare. This presents risk for the planning and delivery of critical primary healthcare services – for every additional retrieval required beyond that expected, up to two primary healthcare clinics are at risk in the capped funding arrangement. Removing this interdependency will support greater assurance of uninterrupted care and provides the communities we serve with confidence of care continuity.

### CASE STUDY

#### RFDS GP clinics in NSW

In November 2024 RFDS (South Eastern Section) was awarded the Rural/Remote Health Employer of the Year for their role in saving from certain closure the only community general practices in the North-Western NSW towns of Warren, Gilgandra and Condobolin. Across the three communities, the RFDS now supports over 12,000 people who might otherwise have to travel hours for even a simple check-up.

The RFDS is investing in improved training opportunities and pathways for medical staff, innovative care delivery models and effective use of nursing and multidisciplinary health

professionals. Another priority has been to ensure services are culturally appropriate, with 28% of patients of First Nations background.

RFDS South Eastern Section notes the honour of the organisation being recognised, crediting the passion and dedication of all the RFDS staff involved who worked so hard to bring about positive change, and with the significant support of local communities and councils.



## Initiative 2: Investing in multi-disciplinary teams for more comprehensive care

Multidisciplinary team-based care that harnesses the skills and expertise of allied health professionals, is recognised best practice in primary healthcare. Successive Australian Governments have strongly supported this approach through reforms and initiatives such as the Primary Healthcare 10 Year Plan, the Strengthening Medicare Taskforce and the Scope of Practice Review.

The exceptional prevalence of heart, stroke and vascular disease, diabetes and chronic kidney disease, lung cancer as well as higher rates of suicide within the RFDS service footprint could be effectively addressed through comprehensive and coordinated multidisciplinary care. This would be targeted to patient cohorts in locations where particular prevalence and risk factors are apparent and there are no such services available.

The RFDS seeks Commonwealth support to establish a **dedicated multidisciplinary primary healthcare team in each state/ territory** (excl. ACT).

These teams will be integrated with and enhance the current primary healthcare clinic teams (predominantly GPs and nurses) that currently operate across more than 200 rural and remote locations. Relevant to local population health and workforce needs and with a focus on chronic disease management, these teams could include diabetes educators, cancer care nurses, cardiac rehabilitation nurses, physiotherapists, occupational therapists, podiatrists, dietitians, exercise physiologists, psychologists, mental health workers, social workers, Aboriginal health workers, dentists, oral therapists and hygienists, through both face-to-face and telehealth services.

### CASE STUDY

#### Integrated Multidisciplinary care in SA

The RFDS Integrated Primary Healthcare Service operates in parts of outback South Australia.

In one small First Nations community, this program provides services including an occupational therapist providing safety reviews, equipment and cognitive functionality assessments for ageing clients and a physiotherapist managing chronic pain in ageing elders. A dietician provides review of meals served at the aged care facility, food accessibility and layout at the local shop, and is working with the local women's group to increase use of locally grown herbs.

A new initiative led by the dietitian is a formal partnership with Foodbank SA to overcome food scarcity in the outback with fresh fruit, vegetables and grain breads collected from the Foodbank Hub and distributed with cooking advice and demonstrations at the aged care facility and school. A cooking program, co-designed by a dietitian, occupational therapist and chronic disease nurse is also being rolled out in partnership with local schools to increase student, families and staff awareness and knowledge of healthy diets.

## Initiative 3: Digital and virtual health initiatives to enhance care through reliable, hybrid models

Rapid development of digital and virtual healthcare provides a significant opportunity to deliver better care in rural and remote Australia, complementing fly-in face to face primary healthcare as well as emergency services. The RFDS has previously partnered with the Australian Digital Health Agency to integrate the My Health Record (MHR) into RFDS platforms, promote the value of MHR amongst clinicians and patients, and explore the potential of other digital health initiatives for the RFDS.

The RFDS now seeks a further partnership with the Australian Government to significantly uplift the digital and virtual healthcare available to rural and remote communities across the country.

The RFDS Virtual Emergency Centre at William Creek provides on the ground support for regular fly-in fly-out services and emergency retrievals, housing videoconferencing and immediate diagnostic capability direct to RFDS clinicians via telehealth. The Centre also provides a high-quality location for regular RFDS clinics.

The RFDS is also exploring opportunities for a standalone telehealth self-service booth that could provide both 24/7 telehealth access and diagnostic capability as well as automated medication access controlled by medical officers via telehealth, in a fully integrated structure.

These innovations have the potential to improve the timeliness, experience, access and outcomes for patients in these locations who otherwise have no access to care when RFDS clinics or retrievals are not in operation. These models also provide significant opportunity to provide comprehensive healthcare when travelling to locations is not possible, for example owing to weather events and emergency situations.

The RFDS is seeking investment to roll out these initiatives. RFDS clinical and technical teams will work with rural community representatives, digital health experts and researchers to co-design, establish, implement and evaluate each initiative with the view to expand successful models to additional locations. Together, these projects will help establish a forward pathway for building comprehensive, best practice virtual and hybrid care approaches for rural and remote communities.

### CASE STUDY

#### RFDS Virtual Emergency Centre at William Creek

The RFDS Virtual Emergency Centre at William Creek houses innovative digital health technology, including a telehealth unit with video conferencing and a comprehensive range of interchangeable diagnostic medical devices, connecting patients with an immediate RFDS doctor consultation and essential first responder advice. The centre's portable telehealth unit includes a fingertip oxygen monitor, blood

pressure monitor, and electrocardiography leads to help the RFDS with diagnosis.

It also has a comprehensive range of interchangeable medical devices that can transmit high quality images for the on-call RFDS doctor, such as wound assessments, dermatology imaging, and throat and dental examinations.

# **The Royal Flying Doctor Service is committed to working with governments, industry and communities to improve the health of people in rural and remote Australia.**

Each of the initiatives proposed will be implemented in alignment with the following design principles:

## **1. Service co-design**

Following current RFDS service planning processes, additional services are carefully co-designed with local communities and other local stakeholders and providers (including hospitals, Primary Health Networks, Rural Workforce Agencies and private providers) to ensure they:

- > take a place-based approach
- > address unmet population health needs
- > complement, integrate with and do not duplicate existing services
- > represent a patient-centred and cost-effective mix of face to face and virtual care services.

## **2. Partnering with First Nations communities and community-led services**

In particular, significant effort is undertaken by the RFDS to engage with, plan and deliver culturally safe services in partnership with community and local Community Controlled Health Organisations. The RFDS is committed to the objectives of Close the Gap, providing primary healthcare, retrieval or capacity building services and supports to rural and remote First Nations communities as needed.

## **3. Continuity of care**

RFDS services are carefully planned to ensure continuity of care for all patients, prioritising partnership approaches and effective care coordination. With strengthened support for RFDS primary healthcare and enabling capability, the RFDS could include patient cohorts in, for example, the MyMedicare system of voluntary patient registration.

## **4. Dedication to rural health workforce development**

The RFDS is dedicated to building the rural health workforce and overcoming workforce shortages. We continue to prioritise and enhance our unique capability to support, leverage, recruit and retain health professionals through a networked model across an extensive geographic area to improve health outcomes in rural and remote Australia.

## **5. Commitment to strong clinical governance and innovation**

The RFDS is committed to high quality, safe and reliable service and the ongoing accreditation against clinical governance standards. The RFDS seeks to provide the best services, anywhere, through innovations in healthcare technologies, communications and aviation.

## **6. Cost-effective quality care**

The RFDS is committed to ensuring quality care is delivered in an efficient and cost-effective way. A stronger focus on primary healthcare that enables prevention and early detection will deliver better health outcomes for the communities we serve while also reducing lifetime costs to the health system.

The RFDS is committed to continuing our partnership with the Australian Government to improve the health of rural, regional and remote Australians and meet their healthcare needs.

## The RFDS seeks commitments and investment to expand our primary healthcare services:

### 1

**Providing RFDS primary healthcare services where there is unmet need:**

- > Expanding RFDS outreach services to increase locations and frequency.
- > Assuring the availability of GP services in failed and at-risk markets.
- > Ensuring primary healthcare is funded independently of aeromedical retrievals.

### 2

**Investing in multi-disciplinary teams for more comprehensive care:**

- > A dedicated RFDS multidisciplinary primary healthcare team in each state and territory (excl. ACT) to focus on comprehensive and coordinated chronic disease management to improve the exceptional prevalence of conditions such as heart, stroke and vascular disease; diabetes and chronic kidney disease; and, lung cancer.

### 3

**Digital and virtual health initiatives to enhance care through reliable, hybrid models:**

- > An integrated and innovative digital or virtual healthcare project in each state and territory (excl. ACT) that recognises and responds to local needs, connectivity challenges and interoperability with government-based systems for a coordinated patient experience.

**These initiatives are critical to improving the poorer health outcomes in rural and remote Australia, which include:**

- > People in remote areas being likely to die 14.3 years earlier.
- > Higher rates of death from preventable conditions such as heart disease, diabetes, lung cancer and suicide.
- > People from rural and remote areas being 2.8x more likely to be hospitalised for reasons that are preventable.

