

PEOPLE LIVING IN RURAL AND REMOTE AUSTRALIA DESERVE PRIMARY HEALTH REFORM THAT WORKS FOR THEM

Services for Australian Rural and Remote Allied Health (SARRAH) welcomes the focus National Cabinet is giving to system-wide health reform. It was reinforced at their meeting of Friday 28 April and demonstrated by the announcement of \$2.2 billion in extra Commonwealth funding to improve access health care in the community when and where people need it.

Minister for Health and Aged Care, the Hon Mark Butler MP, elaborated on the urgency for action and the proposed direction of reform in his address to the National Press Club on Tuesday 2 May, revealing more can be expected when the Federal Budget is announced next week.

Reforming our health system is a priority long overdue. Our system faces mounting pressures. Ministers acknowledge that key components are no longer fit-for-purpose, and this is putting the entire system at risk. Existing gaps in access and service capacity – long evident and unresolved - must be addressed.

On 4 April 2023, SARRAH convened a roundtable meeting of rural and remote health care providers and workforce organisations. Two things framed our discussion:

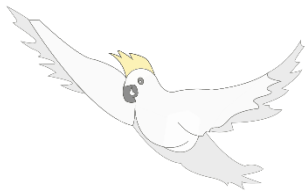
1. **Chronic and continuing service and workforce shortages in rural and remote Australia** – which contribute to, and correlate closely with, poor health and wellbeing outcomes across communities¹.
2. **Current system and policy reform agendas** – at the inter-government, intra-government and cross-sector levels which have the potential to enable more equitable, effective and sustainable health and care systems than have been achieved through the policy and delivery frameworks operating over recent decades.

The roundtable identified the importance of building and maintaining multi-disciplinary health care access for people living in across rural and remote Australia. From our various rural, perspectives, we underlined the need for greater flexibility and collaboration as being essential to address sustainability, workforce, and program implementation barriers.

We unequivocally agree on the need to shift our system operations and investment toward community-based primary and preventive care. For policy and programs to work in rural and remote communities, we need the voices of those communities, consumers, health practitioners and service providers who know them and work in them to be heard when ideas are being formed, when the services are developed, when they are being delivered and when they need to change. We need that approach now.

SARRAH is calling for concerted action **across three key areas** to address the structural impediments to successful rural and remote service provision and outcomes:

1. Sustainable Resourcing
2. Workforce Development
3. Service Design Principles



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Rural and remote Australia needs a system that enables a limited health workforce to utilise their skills fully, work to their entire scope of practice and be more consumer-focused. We also need service environments that encourage and enable the local health workforces to grow.

Excellent rural models of care exist and work well, but rarely receive the support needed to embed them within our health system, even though they enable access and respond effectively to local needs.

Governments know they face significant challenges to implementing reform. There are a great many supporters waiting to get on board and contribute if reforms are modelled on success stories that deliver for the communities they live in and care about.

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SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in public, private and/or community settings SARRAH advocates on behalf of rural and remote Australian communities. SARRAH maintains that every Australian should have access to health services wherever they live, and the allied health services are fundamental to the well-being of all Australians.

<https://www.sarrah.org.au/>

ⁱ The health and wellbeing deficits between Australians living in rural and remote Australia are widely known and extensively documented; they are also widespread, chronic, long-term, and closely associated with health professional maldistribution and service access issues. Citing the [AIHW](#), *Data show that people living in rural and remote areas have higher rates of hospitalisations, deaths, injury and also have poorer access to, and use of, primary health care services, than people living in Major cities* .

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