29 January 2021

The Hon Josh Frydenberg MP

Treasurer

Parliament House

CANBERRA ACT 2600

***Royal Flying Doctor Service – 2021-22 Pre-Budget Submission***

Dear Treasurer,

The Royal Flying Doctor Service (RFDS) is pleased to provide a submission to the 2021-22 Federal Budget. The RFDS has been providing extensive aeromedical and primary health care services to rural and remote parts of Australia for over 90 years. The RFDS is committed to improving the health of those living in the areas we serve and aware of the significant disparities in chronic disease prevalence, mortality, and the lower provision of health services that exist in these areas.

The COVID-19 pandemic has had a significant impact on Australia, and nowhere more so than in rural and remote parts of our country. In these areas, the hardships of recent months associated with the pandemic come at a time when the impact of widespread bushfires in early 2020 and a prolonged period of drought are still being felt.

Importantly, even prior to the pandemic, significant disparities in health outcomes persist for country Australians. This includes a life expectancy gap of over 17 years between those in our cities and those in remote areas; infant death rates more than twice as high; and higher rates of almost all chronic diseases. RFDS research also shows that almost 43,000 people in rural and remote areas have no access to any face-to-face primary healthcare services within a 60-minute drive time. This situation will only have been exacerbated by necessary limitations in service delivery during the COVID-19 pandemic. With this in mind, the RFDS proposes in this Budget process three initiatives that will address the health needs of those in rural and remote areas, and contribute to Australia’s COVID-19 recovery:

**1. Development of a National Rural and Remote Health Strategy**

**2. A rural and remote pandemic mental health and wellbeing program**

**3. A rural and remote health infrastructure package**

***About the RFDS***

The RFDS provides a comprehensive suite of health services to people living, working and travelling in remote and rural Australia. In many instances, these are the only health services received in these areas, and have been provided by the RFDS, with regularity and a focus on continuity of care, over many decades.

Our services comprise a 24 hour, seven-day-a-week (24/7) aeromedical retrieval service for those who experience a medical emergency requiring definitive care in a tertiary hospital, and extensive primary health care services. These include comprehensive, innovative and flexible models of care to meet the health needs of rural and remote communities such as permanent, mobile or regular fly-in fly-out GP and nursing clinics, mental health and wellbeing services, dental health services, chronic disease management and a growing number of allied health programs, health promotion activities and road transport services. These are integrated with a 24/7 remote consultation (telehealth) system.

With 77 aircraft at 23 aerobases along with 140 road vehicles at regional bases, the RFDS provides aeromedical retrievals and clinic services at almost 200 rural and remote sites, and in 2019/20 provided a total of over 320 000 patient contacts. These include aeromedical retrievals for almost 40,000 patients; over 82,000 patients transported by road; almost 21,000 primary healthcare clinics (equating to an average of 55 per day); and, over 17,000 episodes of dental care.

The RFDS has continued to provide vital emergency medical and primary health care services to rural and remote Australia throughout the COVID-19 pandemic. This has included over 2,700 patient

episodes of care for confirmed or suspected COVID-19 since February 2020, and extensive telehealth services. However, as for other health providers, face to face RFDS services, particularly primary healthcare services and health promotion activities, have necessarily been limited over recent months.

1. ***Development of a new National Rural & Remote Health Strategy***

On almost any health indicator, residents of remote and rural Australia fare worse than residents of Australian cities. For example, residents living within the operational footprint face:

* Higher mortality rates (6.6 versus 5.2 deaths per 1,000 population);
* Higher infant mortality rates (5.1 versus 2.9 deaths per 1,000 population); and
* A lower overall life expectancy (65.3 years versus 82.5 years)

In 2018, the RFDS released the report *“*[*Looking Ahead: Responding to the health needs of country Australia in 2028*](https://www.flyingdoctor.org.au/news/Research-Looking-Ahead/)*”*. This report analysed projections in population, health status and health workforce trends in rural and remote Australia to determine the health service needs and gaps in services over the next decade. The report demonstrated that cancer, mental health and cardiovascular disease are predicted to be the most prevalent health concerns over this period, with those in rural and remote areas expected to be most impacted by growing rates. At that time, the RFDS recommended urgent investment for additional health prevention and early intervention activities to minimise and respond to these trends in rural and remote Australia.

The *Looking Ahead* report also found that over the next decade there will be significant shortages of essential health services in rural and remote Australia. For example, in 2028 there is projected to be less than a fifth the number of General Practitioners (GPs) in remote as compared to metropolitan areas (43 as compared to 255 per 100 000 population respectively); just a twelfth of the number of physiotherapists (276 as compared to 23 per 100 000 population); and half the number of pharmacists (113 as compared to 52 per 100 000 population).

More recently, in the report *“*[*Equitable Patient Access to Primary Healthcare in* Australia](https://www.flyingdoctor.org.au/news/equitable-health-access-all-australians/)”, the RFDS has worked to more specifically demonstrate the inequities in access to primary healthcare services currently experienced by those in rural and remote areas. The RFDS found that 42,805 people had no access to place-based primary healthcare services within this 60-minute drive time.

The need to reignite efforts to ensure reasonable and equitable access to primary healthcare has been highlighted during the COVID-19 pandemic. RFDS research already shows that travel and associated restrictions in the RFDS service footprint during the COVID-19 pandemic has led to unmanaged chronic disease due to necessary isolating of communities and patients not being able to access ‘normal’ care pathways. This has resulted in increases in unmanaged chronic disease, such diabetes mellitus (DM), hypertension (HT), and chronic kidney disease (CKD), conditions that research shows are already more prevalent in rural and remote areas. It is also expected that as regular face to face dental health and mental health services resume, there will be high proportions of acute presentations.

**Budget proposal *– A new National Rural Health Strategy:***

Noting the most recent National Rural Health Strategy was developed a decade ago (the *National Strategic Framework for Rural and Remote Health, November 2011*) a new, refocused, long-term commitment to invest in the health of rural and remote Australians is a critical priority. These communities are in need now more than ever, and echoing the calls of the National Rural Health Alliance, the RFDS seeks to work with the Australian Government in the development of a new Strategy to improve the health outcomes of rural and remote Australians. It proposed that the National Rural Health Commissioner be tasked with this work, and that a new Strategy should ensure a sustainable strategy, identifying the necessary investment in services and infrastructure over the next decade, and taking into account recent service enhancements such as the growth in use of telehealth.

1. ***Mental Health***

The unprecedented trials of the past year dealing with a pandemic have had a significant impact on the mental health and wellbeing of our society generally, and coming on top of already challenging times in many rural and remote areas with bushfires and prolonged periods of drought. While the prevalence of mental health issues is similar throughout Australia, rates of suicide and self-harm are higher in remote and rural areas, and increase with increasing remoteness.

There are several factors that may exacerbate mental health issues and contribute to higher suicide rates in remote and rural Australia, including: poor availability of primary healthcare and hospital services; limited supply of specialist professionals and mental health services; a reluctance to seek help; concerns about stigma; distance and cost associated with travel to access services; perceived relative importance of other events; and cultural barriers. Each of these are likely to have been exacerbated by the necessary restrictions and limitations associated with the pandemic.

The Australian Government is to be congratulated for its early response to the mental health challenges arising from the COVID-19 pandemic, particularly the National Mental Health and Wellbeing Pandemic Response Plan and associated investments. As the Government has recognised, the COVID-19 pandemic has affected the mental health of many Australians and is likely to have an impact for some time, which will need to be carefully addressed through appropriate and effective services.

**Budget proposal – *A rural and remote pandemic mental health and wellbeing program*:**

The RFDS currently provides mental health clinical services to remote and regional areas of Queensland, New South Wales, South Australia, Victoria, Western Australia and Tasmania. With strong alignment to the Plan mentioned above, the RFDS proposes building on these services to reach more communities. We have undertaken considerable work to identify gaps in current service delivery across the country to identify priority locations and necessary investments, with a focus on ensuring mental health and wellbeing in rural and remote Australia as we manage and recover from the effects of the COVID-10 pandemic. Costings for each identified location will be provided directly to the Department of Health as part of this Budget process.

1. **Rural and remote health infrastructure package**

Investment in infrastructure will be a key element of efforts to stimulate the Australian economy and promote recovery following the COV-10 pandemic, and will be crucial in rural and remote areas. In addition to the raw economic benefit, investment in health and related infrastructure carries the additional benefit of helping to improve health outcomes over the long-term.

The infrastructure proposals outlined below will see the creation of local jobs in rural and remote locations, and provide long-term benefit to local communities – while at the same time building health service capacity to improve health outcomes for those in rural and remote Australia. The RFDS has a long history of engaging local contractors wherever possible to drive direct investment in each location, along with associated flow-on benefits in the community.

Providing the opportunity for immediate stimulus, projects proposed by the RFDS can be commenced in the short term, with some anticipated to be completed in three months. Further, this package is also scalable, with projects able to be pursued relevant to available funding and in locations of priority. The RFDS will provide further detailed costing information on each project directly to the Departments of Health and Infrastructure as part of this Budget process.

**Budget proposal – *A rural and remote infrastructure package***

There is substantial infrastructure in rural and remote communities that is not maintained as well as facilities in our cities. A number of RFDS bases, airports and clinic sites require renewal and upgrades to ensure patient outcomes and experience are optimised. Many bases and clinic locations were established decades ago, and after years of tireless service and continued patient demand, investment is needed to modernise and meet changing requirements. Identified projects include:

* **Upgrading Patient Transfer Facilities:** The construction of, or upgrades to, existing Patient Transfer Facilities that are imperative to patient safety, comfort and privacy during transit. Further, appropriate enhancements to Patient Transfer Facilities reduce the risk of adverse weather affecting service delivery and offer a resource appropriate to support future resilience to pandemic and natural disaster.

*Potential locations include – Mount Isa, Hobart Airport, Launceston Airport, Dubbo Airport, Broken Hill Airport, Wilcannia, Bourke, Lightning Ridge, Mackay, Wellcamp Airport (Toowoomba), Emerald, Kingaroy, Aurukun, Kowanyama, Cooktown, Horn Island, Weipa, Normanton, Mount Gambier, Renmark, Port Pirie, Whyalla, Kadina, Port Lincoln, Ceduna, Port Augusta, Tennant Creek, Brisbane Airport as well as remote areas of Western Australia and Northern Territory, and regional areas of Victoria.*

* **Upgrades to RFDS aeromedical bases:** Upgrades to existing RFDS aeromedical bases, to better serve operational needs in sites of high activity; meet clinical training and education needs; provide engineering and maintenance facilities; and improve the working environment for RFDS staff.

*Potential locations include – Mount Isa, Townsville, Brisbane, Launceston, Alice Springs, Port Augusta, Kalgoorlie*

* **Enhancing remote clinic facilities:** Construction of new and repairs, maintenance, automation and expansion of existing remote RFDS clinic facilities to best serve operational and clinical needs; meet emerging service delivery requirements such as telehealth and increased infection control as a result of the COVID-19 pandemic; and, improve the safety and working environment of RFDS staff.

*Potential locations include – remote locations of New South Wales, Tasmania, South Australia, Queensland, Victoria and Western Australia.*

* **Rebuilding of the RFDS Broome Base:** Sadly, a fire destroyed the RFDS aeromedical base in Broome over the Christmas period.  Temporary arrangements were established within
24 hours, and services continue to be delivered effectively, but the reconstruction process must now commence.  Reconstruction of this site provides a further opportunity for the Australian Government to expand services to the communities living in Broome and the surrounding region, and, importantly, to support further integration of diverse local services.  At this early stage, estimates indicate that a contribution of $1 million would enable the building of a new base that would substantially improve health outcomes in the region.

Tourism, for rural and remote Australia, is the economic life-blood that keeps communities afloat. Those that live and work in the bush rely on people holidaying, exploring and travelling the back-roads. Like the aviation sector, the COVID-19 pandemic and associated travel restrictions has seen a significant and detrimental impact on tourism in Australia. This includes rural and remote locations where local economies heavily rely on both domestic and international visitors.

* **Developing new tourism infrastructure:** A number of existing RFDS bases have significant tourist facilities, and there is interest in further developing these in many more communities. Building multimedia centres with broader tourism capabilities; education for the community on first aid principles in the outback (reducing the number of medical evacuations); and, collaborative local council/shire/state tourism projects will encourage domestic travel and boost local economies in retail, food and accommodation.

*Potential locations include: Broken Hill, Essendon, Adelaide, Alice Springs, Broome and Cairns.*

As one of the largest and most comprehensive aeromedical organisations in the world, the RFDS relies on a strong aviation sector and appropriate infrastructure. Aviation facilities in rural and remote areas have multiple purposes and are shared with local communities. The COVID-19 pandemic and associated travel restrictions have significantly impacted domestic and international aviation, and investment by governments will be crucial to recovery for this sector.

* **Upgrading rural and remote airstrips:** A number of airstrips used by the RFDS in rural and remote locations have been approved for upgrade or extension under the Commonwealth’s Remote Airstrip Upgrade Program. The RFDS proposes that these projects be brought forward to provide more immediate stimulus in local communities, assisting with local employment, and providing better access for emergency services and others. In addition, further remote locations should be identified.

*Locations include: St Helens, Cape Barren, Wilcannia (already approved)
Potential locations include: Remote areas of Queensland, South Australia, Western Australia.*

* **PC-12 Simulator:** There is currently no PC-12 simulator capability in Western Australia, South Australia or the Northern Territory. As a result, training is undertaken in overseas facilities and in operational aircraft, which has negative impacts on budget and response capability. A dedicated PC-12 training simulator will provide the opportunity for more cost-effective, targeted and sophisticated training for both the RFDS as well as other PC-12 operators throughout Australia.

The RFDS is committed to ensuring all have access to appropriate, affordable and effective health services, no matter where they live. We seek to work productively with communities, governments, other funders and healthcare providers to meet this objective. The RFDS looks forward to discussing this package further and partnering with the Australian Government to support recovery from the COVID-19 pandemic in rural and remote Australia.

Yours faithfully,



Frank Quinlan

RFDS Federation Executive Director