

Norfolk Island Health Services Plan: Consultation Report

**Department of Infrastructure, Transport, Regional
Development and Communications**

Report
27 May 2020

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Introduction

Background

The Department of Infrastructure, Transport, Regional Development and Communications (the Department) engaged KPMG to conduct consultations on the 2019 Draft Norfolk Island Health Service Plan (the 2019 Draft Plan).

The 2019 Draft Plan was developed based on qualitative data collected during consultations with the Norfolk Island community in December 2018 and February 2019, and quantitative data relating to:

- death rates for Norfolk Island;
- self-reported health status;
- research on the genetic impacts for population health; and
- the historical health service utilisation.

This consultation and analysis enabled identification of a series of health service needs for the Norfolk Island community and, based on the New South Wales (NSW) Role Delineation of Services and the Australian Health Facility Guidelines, a series of recommendations were made about the future service and infrastructure requirements for Norfolk Island.

The 2019 Draft Plan was released for public consultation on 28 November 2019 and sets out a sustainable strategy for the development of health services on Norfolk Island. It identified the services, infrastructure, workforce and other supports required to deliver healthcare on Norfolk Island at an appropriate level of safety and quality.

The consultation sessions delivered in March 2020 were intended to provide members of the community with an opportunity to comment on the 2019 Draft Plan. In particular, the consultation sessions were intended to:

- brief the community and stakeholders on the 2019 Draft Plan;
- ensure that the community and stakeholders recognised that the themes from previous rounds of consultation have been appropriately reflected in the 2019 Draft Plan;
- answer any questions related to the 2019 Draft Plan; and
- ensure that the themes from community consultations continue to inform the development of the 2019 Draft Plan.

These consultation sessions build on consultations undertaken in December 2018 and February 2019, and provide an opportunity for the community to share their views on the 2019 Draft Plan and share their recent experiences regarding health services.

Scope

The Norfolk Island Health Services Plan: Consultation Report (the Report) has been developed to summarise the approach used to consult with community members and the themes from these consultations.

The aim of the Report is to provide an account of the consultations undertaken, the themes from these consultations and the suggested changes to the 2019 Plan to ensure that the services,

infrastructure, workforce and other supports described in the 2019 Plan reflect what is required to deliver healthcare on Norfolk Island at an appropriate level of safety and quality.

Approach

The purpose of the consultations was to provide members of the community with an opportunity to comment on the 2019 Draft Plan. The consultation sessions involved briefing the community and stakeholders on the 2019 Draft Plan, answering any questions in relation to the 2019 Draft Plan and ensuring that the community's perspectives inform the finalisation of the 2019 Draft Plan.

The consultations on Norfolk Island included a mixture of the following delivery methods:

- phone consultations with some stakeholders ahead of the visit to Norfolk Island;
- individual and group face to face meetings with stakeholders on Norfolk Island; and
- drop-in sessions with community members on Norfolk Island.

All meetings were on confidential basis and findings are not attribute to individuals. The community on Norfolk Island was consulted in alignment with the Norfolk Island Community Engagement Framework (the Framework) which was agreed upon by the Department and the Norfolk Island community in 2019. The Framework is a guide for community engagement and describes the Vision for collaborative consultation on matters that apply to Norfolk Island.

The following principles underpinned KPMG's approach to consulting with the Norfolk Island community on the 2019 Draft Plan. The KPMG team's behaviour and interaction with the community was aligned with these principles.

1. Recognise the value and expertise of the Norfolk Island community

KPMG acknowledges that the community members on Norfolk Island have a depth of experience in developing solutions and services to meet the needs of their local community members. In this regard, the Norfolk Island community members are the 'experts' when it comes to describing the impact of changes to health services for their community.

2. Recognise the uniqueness and diversity of culture in the community

KPMG recognises that there are a diverse range of unique cultures represented in the Norfolk Island community and that each community group may be impacted differently by changes to the health services offered on Norfolk Island.

3. Recognise that culture and traditions are important to the Norfolk Island community

KPMG recognises that cultural elements such as history, language, food and traditional events are important to the community and that these are part of the context in which the 2019 Draft Plan is being considered and will be implemented.

4. Recognise the importance of creating a sustainable future for Norfolk Island

KPMG recognises that the Department and the community are both highly invested in the long-term sustainability of Norfolk Island. This view of sustainability is all-encompassing. It applies to the economy, environment, heritage, population, education, healthcare, infrastructure, governance, and government services.

5. Be transparent and responsive

KPMG will be clear and transparent about how community members' input and information is to be used. KPMG will also explain the next steps in the process for finalising the 2019 Draft Plan. KPMG will be responsive to questions from the community about the 2019 Draft Plan while the team is on Norfolk Island.

Schedule

KPMG visited Norfolk Island in the week commencing 2 March 2020. Table 1 provides an overview of the sequencing of the consultations on Norfolk Island (refer to Appendix A for a full list of the stakeholders invited to the consultations).

Table 1: Overview of consultations on Norfolk Island

Date	Stakeholder group	Venue
2 March 2020	Norfolk Island Administrator	Office of the Administrator
	The Department	The Department's Office
	Health and aged care providers, including: <ul style="list-style-type: none"> • Norfolk Island Health and Residential Aged Care Service (NIHRACS) • Care Norfolk Inc • Norfolk Island Mental Health Awareness Group • Health Advisory & Health Advisory Sub-Committee 	NIHRACS, Burnt Pine
	Allied Health Services, including: <ul style="list-style-type: none"> • Anglicare • Norfolk Island Community and Consultative Committee • Health & Wellbeing Advisory Sub-Committee • Life without Barriers • People Plus 	South Pacific Resort
	First Responders and Emergency Management, including: <ul style="list-style-type: none"> • St John's Ambulance Norfolk Island • Emergency Management Norfolk Island (EMNI) • Norfolk Island Volunteer Rescue Squad 	South Pacific Resort
3 March 2020	Community Service Organisations, including: <ul style="list-style-type: none"> • Breast Screening Service • Women's Advocacy Group on Norfolk Island (WAGNI) 	South Pacific Resort
	Councillors of the Norfolk Island Regional Council	Office of the Administrator

Date	Stakeholder group	Venue
	Norfolk Island Council of Elders	South Pacific Resort
4 March 2020	Topic group discussions with community members on Norfolk Island	No. 11 Quality Row, Kingston
	Norfolk Island Child Services (NI Connect)	No. 11 Quality Row, Kingston
5 March 2020	Topic group discussions with community members on Norfolk Island	No. 11 Quality Row, Kingston
	Education Sector stakeholders, including: <ul style="list-style-type: none"> • Norfolk Island Central School teaching cohort • Banyan Park Early Learning Centre Committee 	South Pacific Resort

Themes

Table 2 below outlines the participation in the consultation process. In total, 53 community members and stakeholders were directly consulted through either small group or individual drop in sessions. There was extensive promotion of the visit in local media (print and radio) (see Appendices B, C and D).

Table 2: Participation in consultation process

Element	Participation
Stakeholder meetings with individuals and/or organisations	10 meetings representing 34 individuals and/or organisations
Attendance at community topic group discussions	19 people
Total number of Norfolk Islanders and others directly engaged	53

Source: KPMG 2020

A number of themes were overarching including that:

- The 2019 Draft Plan was received positively by most stakeholders consulted.
- Stakeholders engaged productively and appreciated and understood the range of quality and safety considerations which underpinned the Plan.
- Most stakeholders indicated that they were satisfied that the themes of previous rounds of consultation were reflected in the Plan.
- Stakeholders welcomed the two key changes made to the 2019 Draft Plan – the inclusion of a proposed governance process for periodic review of the health service requirement on Norfolk Island and the emphasis on the importance of Norfolk Island culture and heritage.
- A significant number of stakeholders expressed a desire for a commitment on when expanded services / improved infrastructure would be made available.

Feedback from the consultations has been grouped into a number of themes for further consideration. The key themes were:

- The Norfolk Island context
- Ageing in place
- Travelling for planned care
- Operating in a networked context
- Continuity of care
- Opportunity for training 'generalist' clinicians
- Clinical and corporate governance
- Health promotion and wellness

These themes are summarised in Table 3 below. Detailed commentary underpinning these themes is provided in the following sections of this Report, including proposed changes to particular parts of the 2019 Draft Plan, to reflect the health service requirements of the community.

The commentary provided represents views expressed by stakeholders engaged throughout the consultation. These comments have not been verified for factual accuracy, or independently assessed. The themes and conclusions to this report are formed on the above basis.

Table 3: Summary of themes from consultations

Theme	Summary
Context of Norfolk Island	<p>The stakeholders consulted appreciated that the 2019 Draft Plan pointed out the uniqueness of the Norfolk Island community, including the importance of culture, heritage and its isolated geography.</p> <p>Stakeholders pointed out that Norfolk Island is isolated but not necessarily rural and remote. Most stakeholders appreciated that comparisons have been made in the 2019 Draft Plan based on comparative isolated communities. However, the community would prefer that any reference to Norfolk Island as 'rural' be removed.</p>
Ageing in place	<p>The stakeholders consulted appreciated the reference to the importance of culture and heritage in the description of birthing and maternity services in the 2019 Draft Plan. They also appreciated the inclusion of an estimate for residential aged care beds in the enabling infrastructure described in the 2019 Draft Plan.</p> <p>The stakeholders consulted pointed out that culture and heritage is also critical for aged care and at end of life. Stakeholders expressed a strong desire for health services and supports to allow individuals to age in place. This included interest in appropriate outreach support from allied health and nursing staff in the community, as well as having a medical response available at the health facility in emergency situations.</p> <p>There was also interest in ensuring that the nature and design of the residential aged care beds accommodate a culturally appropriate model including recognition of the desire for family and community members to be present at end of life.</p> <p>A number of stakeholders expressed the view that it is important to community members to be able to palliate and die on Norfolk Island. Historically, palliative care and the delivery of traditional funeral ceremonies on Norfolk Island has been difficult for community members due to: the lack of care continuity in the primary healthcare setting, a lack of appropriate pharmaceuticals on Norfolk Island and the expense of bringing people back to Norfolk Island if they die on the mainland.</p>
Travelling for care	<p>A range of stakeholders pointed out that the cost, dislocation and stress associated with travel for planned and emergency care can be significant. Stakeholders also explained that it is difficult to understand the requirements of the Norfolk Island Patient's Travel Accommodation and Assistance Scheme (NITPAAS) when seeking reimbursement.</p> <p>A number of alternative arrangements were also suggested to better support people who were travelling for care. These included providing networked support for families when they travel to the mainland via the education and health system on the mainland.</p>
Operating in a networked context	<p>The stakeholders consulted appreciated that the 2019 Draft Plan acknowledges the need for a network of health services to sustainably deliver safe and quality health services on Norfolk Island.</p> <p>For this network to operate effectively and safely, there is a compelling need for health, community, aged care and emergency services to operate in an integrated manner to ensure that the needs of the community can be safely met.</p>
Continuity of care	<p>The stakeholders consulted identified the need for greater continuity of care to support the delivery of quality, patient-centred care, and to encourage community</p>

	<p>members, particularly the elderly, to engage with the health services on Norfolk Island.</p> <p>Continuity of care is the degree to which a series of discrete health care events is experienced by patients as coherent and interconnected over time, and consistent with their health needs and preferences. It supports community members with establishing a trusted relationship with clinicians and results in fewer hospital admissions as well as fewer emergency presentations.¹</p>
Opportunity for training 'generalist' clinicians	<p>The stakeholders consulted appreciated that the 2019 Draft Plan included a reference to the requirement for a partnership with a health service provider on the mainland.</p> <p>The delivery of health services in any new facility on Norfolk Island will need to support:</p> <ul style="list-style-type: none"> • the provision of opportunities for healthcare providers in mainland Australia to train as generalists in responding to the healthcare needs of remote and isolated populations; • training and supervision of local clinicians and clinical support services on Norfolk Island; • a pipeline of suitably skilled and experienced clinicians to meet the need on Norfolk Island; • positioning of Norfolk Island as an important part of the training rotation for clinicians seeking to work in rural, remote and isolated settings; and • telehealth support from a provider on the Australian mainland, to provide remote support for clinicians on Norfolk Island in relation to both clinical decisions and technical decisions (e.g. decisions about patient referrals, patient care pathways or equipment maintenance). <p>The need for training and supervision opportunities was raised by stakeholders who were interested in ensuring a pipeline of appropriately skilled general practitioners (GPs) as well as nurses, allied health and community health service providers.</p>
Clinical and corporate governance	<p><u>Proposed governance process</u></p> <p>The stakeholders consulted appreciated the inclusion of a proposed process for periodically reviewing the health needs of the community and the health service requirement to meet the community's needs.</p> <p><u>Clinical governance</u></p> <p>A number of stakeholders also pointed out that the clinical governance for future health services delivered on Norfolk Island, needed to consider the linkages with not only a tertiary provider on the mainland but also the formal networked arrangements with other support services on Norfolk Island (e.g. ambulance services, allied health services and community service providers).</p>

Source: KPMG 2020

The following section of the report builds on the summary provided in Table 3 to describe some of the detailed discussion points under each of the nine themes.

¹ World Health Organisation, Continuity and coordination of care: a practice brief to support implementation of the WHO Framework on integrated people-centred health services, 2018
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Context of Norfolk Island

The stakeholders consulted appreciated that the 2019 Draft Plan pointed out the uniqueness of the Norfolk Island community, including the importance of culture, heritage and its isolated geography. A number of stakeholders also pointed out that Norfolk Island is isolated but not necessarily remote or rural. For this reason, a number of stakeholders indicated that they would prefer that any reference to Norfolk Island as 'rural' be removed.

A number of stakeholders also pointed out that they were keen to have the facility named as a 'hospital' for the community rather than a 'Multi-Purpose Service'. A wide range of stakeholders described the 'hospital' as an important piece of infrastructure in the community. For this reason, they were keen for the new health facility to be something that the community takes pride in and feels some sense of ownership over, or accountability for. Furthermore, these stakeholders pointed out that it would be easier to attract clinicians to work on Norfolk Island if the facility was referred to as a 'hospital' rather than a 'Multi-Purpose Service'.

Ageing in place

The stakeholders consulted appreciated the reference to the importance of culture and heritage in the description of birthing and maternity services in the 2019 Draft Plan. They also appreciated the inclusion of an estimate for residential aged care beds in the enabling infrastructure described in the 2019 Draft Plan. However, a number of stakeholders also pointed out that culture, heritage and family are an important part of the delivery of other services including aged care, palliative care, funeral arrangements and burial.

There were a number of concerns about the nature and design of the residential aged care beds and the extent to which they accommodate a "family-centric" model of ageing in place. This kind of accommodation would involve having enough space for family members to visit and a design that incorporates local art and motifs that reflect the culture and heritage of Norfolk Island. This aligns with the patient-centric and family-centric plans for residential aged care facilities on mainland Australia (refer Specific Feedback section).

Some of the stakeholders also pointed out that there is significant interest in community members being able to age in place, with appropriate outreach support from allied health and nursing staff, as well as having a medical response available at the health facility in emergency situations.

A number of stakeholders provided examples of family members who had died on mainland Australia. In these situations it is distressing for the family to learn that their family member passed away somewhere other than Norfolk Island and, in the past, this situation has been further exacerbated by the high cost of repatriating a body back to Norfolk Island. Whilst repatriation is expensive, it is important to the community so that family members can have a traditional funeral ceremony.

Some stakeholders also indicated that people are sometimes sent to mainland Australia to palliate, particularly in circumstances where the GP or specialist visiting Norfolk Island is unfamiliar with the culture and tradition of Norfolk Island, or are unaware of the other community supports that might be available to enable people to palliate on Norfolk Island. In this case, it is a lack of care continuity in the primary healthcare setting that potentially results in people palliating on mainland Australia rather than Norfolk Island. Another theme that was mentioned in the consultations was the lack of appropriate pharmaceuticals on Norfolk Island to enable palliation of patients closer to home. It was unclear whether this was a consistent issue and KPMG did not consult with the local community pharmacist but it is understood that the current health facility does have access to appropriate pharmaceuticals for palliative care.

Travelling for care

A range of stakeholders pointed out the cost and dislocation of travel can be stressful for patients. Stakeholders also pointed out that it is difficult to understand the requirements of the NITPAAS when seeking reimbursement. A key concern was that the daily accommodation allowance and assistance allowance did not cover the cost of accommodation in Australia's large cities (e.g. Sydney

or Brisbane). Furthermore, the assistance subsidy does not often cover the cost of travelling to appointments.

Another key concern for the stakeholders consulted is that there is not a lot of consistency in where people are referred to, in terms of the facility or the provider. Stakeholders broadly indicated that they wanted consistency in the pathway for common procedures so that they would know what would be involved in the process of attending appointments in both planned care and emergency situations. The requirement for agreed referral pathways and patient-centred pathways is discussed more in the following two themes.

A number of stakeholders suggested alternative arrangements for better supporting people who were travelling for care. These included:

- Funding the full period of accommodation on the mainland (e.g. a week) for people who have booked multiple appointments, rather than funding a single night for each appointment, so that they can make one trip for multiple appointments.
- Funding a carer's flight even if they travel back to Norfolk Island alone, so that they can support a patient for at least part of the time that they are on the mainland. This will enable carers to support patients but also enable carers to return to the community to attend to family or business, if they have to.
- Identifying opportunities in the patient pathway that can replace face-to-face consultations on mainland Australia with either virtual consultations (e.g. videoconference instead of face-to-face consultation for preoperative and post-operative consultations) or scheduled specialist visits (e.g. some women indicated that they would not have travelled to mainland Australia for a pregnancy scan if they reliably knew when the sonographer was visiting Norfolk Island).
- Where travel is necessary, funding more of the true cost of accommodation and travel assistance for planned and emergency healthcare related travel. For example, a subsidy exists for families to travel with a pregnant woman, however the subsidy covers only a small proportion of the actual cost. This adds to the stress of a visit to the mainland, not just for pregnant women, but for other community members who have to go to mainland Australia for planned care.
- Making other supports available to limit disruption and improve the patient (and family) experience. An example is providing networked education support for families when they travel to the mainland for treatment that is longer than four weeks. For example, this could involve having a networked relationship with the NSW or Queensland education systems, to ensure children can be enrolled to attend school if they are on the mainland with a parent receiving treatment.

Operating in a networked context

The stakeholders consulted appreciated that the 2019 Draft Plan acknowledges the need for a network of health services to sustainably deliver safe and quality health services on Norfolk Island. A network of health services is required to support providers on Norfolk Island with meeting the health and social support needs of community members.

For this network to operate effectively and safely, there needs to be mechanisms in place to coordinate care and strengthen the system of services available to the Norfolk Island community. These mechanisms include:

- Establishing an ongoing relationship with a mainland health service provider to: support the delivery of consistent referral pathways for community members; and support healthcare staff on Norfolk Island with clinical decision-making.
- Formalising relationships between health service providers and clinical support services (e.g. clinical support services such as ambulance, patient transport and pathology).
- Formalising relationships between health service providers and community service providers (e.g. community service providers such as home support service providers, child safety services, domestic and family violence response services and/or sexual assault service providers).

- Establishing patient centred referral pathways for a range of commonly accessed services (e.g. birthing, maternity, ophthalmology, cardiac services, fractures, repatriation for community members who die on mainland Australia).

To ensure effective engagement with community members, it is important that the referral pathways are documented and communicated to community members so that they know what to expect when a response to a particular condition or event is required.

Continuity of care

The stakeholders consulted identified the need for greater continuity of care to support the delivery of quality, patient-centred care, and to encourage community members, particularly the elderly, to engage with the health services on Norfolk Island.

As mentioned in Table 3, continuity of care is the degree to which a series of discrete health care events is experienced by patients as coherent and interconnected over time, and consistent with their health needs and preferences. It supports community members with establishing a trusted relationship with clinicians and results in fewer hospital admissions as well as fewer emergency presentations.²

Continuity of care requires a range of key workforce and governance supports, which include the following:

- Workforce models that support patients being able to see their usual healthcare provider: someone that they know and trust. For community members on Norfolk Island, the “usual healthcare provider” would be a mixture of local health or community service providers, as well as health service providers on the Australian mainland. Providing continuity of care would involve having the same clinician each time for a particular type of service. In the context of Norfolk Island, this could involve having a set group of primary health, specialist and allied health clinicians who visit Norfolk Island, based on a set schedule, to ensure that community members can have reoccurring access to the same clinician each time they require a particular type of service. Providing continuity of care to Norfolk Island community members could also involve having community members visit the same specialist on mainland Australia whenever they are required to leave Norfolk Island for treatment. A key enabler for the continuity of care between face-to-face visits would be the availability of visiting clinicians to both local clinicians and patients via telephone or videoconference.
- A partnership with a health service provider on the mainland is required to ensure that NIHRACS is part of a larger health service system that enables reach back to referral and specialist services, and that community members experience continuity of care as they access the suite of health services described in the service requirements for Norfolk Island (refer Table 16 in the 2019 Draft Plan), both on Norfolk Island and on the mainland of Australia. Having appropriate governance and effective collaboration of across care geographies (e.g. on- and off-Island care) and care settings (e.g. home outreach, community health and inpatient healthcare) will help to support continuity of care.
- As mentioned under the theme of ‘operating in a networked context’, establishing patient centred pathways is important for ensuring that the response and treatment for a particular condition is consistent across the community, and community members understand what to expect both in terms of the treatment and the requirements for information, cost and/or booking arrangements. For example, the antenatal booklet currently provided to community members to describe the birthing and maternity pathway, describes the key “words to know” for that patient pathway and key contacts (e.g. the NIHRACS contact number, Australian Border Force, Norfolk Island and relevant health service providers on the Australian mainland).

² World Health Organisation, Continuity and coordination of care: a practice brief to support implementation of the WHO Framework on integrated people-centred health services, 2018
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- Shared health records (e.g. electronic health record) and a designated care coordinator role are also key elements of the enabling environment for care continuity as they enable information to be shared across care geographies and care settings. Some of the stakeholders consulted mentioned the recent establishment of a Community Health Coordinator via the Central and Eastern Sydney Primary Healthcare Network (CESPHN).

In regard to care continuity, a recurring piece of feedback was that the specialist services described in Table 9 of the 2019 Draft Plan do not currently visit Norfolk Island in a consistent or planned way. This is despite the significant effort that has gone into establishing and improving referral pathways. This issue, combined with the lack of established telehealth pathways, means that community members can go for extended periods without a follow-up consultation with a specialist or without an assessment for appropriate support services (e.g. the National Disability Insurance Scheme). In relation to this, community members described the need for specialists that have a 'generalist' skillset and the experience to respond to the health needs of a range of age cohorts in isolated environments. In the absence of these kind of 'general' specialists, there is a need for multiple specialists who can respond to the needs of the community, across a spectrum of ages, from paediatrics to geriatrics.

Opportunity for training 'generalist' clinicians

The stakeholders consulted appreciated that the health service plan included a reference to the requirement for a partnership with a health service provider on the mainland. As part of this partnership, the community described the need for training and supervision opportunities in order to ensure a pipeline of experienced clinicians and community service providers on Norfolk Island including, GPs nurses and allied health professionals.

To ensure a supply of providers on Norfolk Island, which can enable the continuity of care described above, the new facility on Norfolk Island will need to support:

- the provision of opportunities for healthcare providers in mainland Australia to train as generalists in responding to the healthcare needs of remote and isolated populations;
- training and supervision of local clinicians and clinical support services on Norfolk Island;
- a pipeline of suitably skilled and experienced clinicians to meet the need on Norfolk Island;
- positioning of Norfolk Island as an important part of the training rotation for clinicians seeking to work in rural, remote and isolated settings; and
- telehealth support from a provider on the Australian mainland, to provide remote support for clinicians on Norfolk Island in relation to both clinical decisions and technical decisions (e.g. decisions about patient referrals, patient care pathways or equipment maintenance).

As discussed above, there is a strong community interest in having a pipeline of clinicians with 'generalist' skills, who can respond to the needs of a range of age cohorts on Norfolk Island and have experience in working in a remote or isolated environment. Many community members and service providers expressed the view that there is an opportunity for Norfolk Island to be a training ground for clinicians and community service providers, as part of partnership with a health service provider on mainland Australia.

A number of stakeholders also pointed out that the partnership with a health service provider on mainland Australia should include access to supervision for clinical support services such as pathology services and the laboratory. Without this supervision, under the current regulatory requirements for accreditation and the safe supply of a blood bank, the clinical support services may not be able to operate on Norfolk Island in a way that complies with regulation and supports safe delivery of the required health services (refer Table 16 of the 2019 Draft Plan).

Clinical and corporate governance

Proposed governance process

The stakeholders consulted appreciated the inclusion of a proposed process for periodically reviewing the health needs of the community and the health service requirement to meet the community's needs.

Many stakeholders agreed that there needed to be community input in this governance process and that the terms of reference would need to make clear how the periodic review of health services links in with other governance processes (e.g. overarching corporate governance for the NIHRACS). Stakeholders also agreed that the community needed to be consulted in the development of the terms of reference and identification of the subset of health services that a periodic review would focus on.

Clinical governance

A number of stakeholders also pointed out that the clinical governance for future health services delivered on Norfolk Island, needed to consider the linkages with not only a tertiary provider on the mainland but also the formal networked arrangements with other support services on Norfolk Island (e.g. ambulance services, allied health services and community service providers). This would be captured in the clinical governance framework for the health service which would outline the appropriate systems and procedures to operationalise health services across a range of delivery models on Norfolk Island (e.g. face-to-face on Norfolk Island, telehealth, fly-in and fly-out, and referral to the mainland).

Corporate governance

There was interest from stakeholders in understanding what the governance of the health service might look like in future, for example, whether there would be a separate non-clinical executive for the health service. Whilst this is out of scope for the 2019 Draft Plan, a number of stakeholders also pointed out that the clinical governance for future health services delivered on Norfolk Island, needed to consider the linkages with not only a tertiary provider on the mainland but also the formal networked arrangements with other support services on Norfolk Island (e.g. ambulance services, allied health services and community service providers).

Specific feedback

Below is a list of specific feedback that was provided during the consultations to better describe the services, workforce and infrastructure required to deliver services in Norfolk Island in future.

- **Explicit mention of the requirements for key clinical supports** – there are a number of clinical supports that are implicit in the description of services and infrastructure required to sustainably deliver safe and quality health services on Norfolk Island in the 2019 Draft Plan (refer Table 16 and Table 17 of the 2019 Draft Plan). Discussions with stakeholders on Norfolk Island indicated that the governance and infrastructure requirements for these clinical supports should be made explicit in the finalisation of the 2019 Draft Plan. These supports include the following:
 - *Ambulance services or patient transport* – the ambulance service on Norfolk Island is a key enabling support for the delivery of safe and quality health services out of any new health facility on Norfolk Island. Ambulance services are not usually explicitly mentioned in health service plans for organisations on mainland Australia, because this service is provided by a separate and independent agency at a state level and ambulance services operate to support a range of hospital and health services. In the context of the 2019 Draft Plan the requirement for a formal relationship between the Norfolk Island health service provider and the St John’s Ambulance service is implicit in the use of the New South Wales (NSW) Role Delineation which requires a “formal relationship with an ambulance service to facilitate support to health services when required”.³ However, given the isolation of Norfolk Island, and the reliance on the largely volunteer workforce of the St John’s Ambulance service to provide patient transport, there is a need to explicitly describe in the Norfolk Island Health Service Plan the requirement for a formal and structured relationship between the health service provider and St John’s Ambulance service.
 - *Laboratory infrastructure* – the laboratory for the pathology service is currently provided within the Norfolk Island hospital facility. In communities on the mainland a Level 3 pathology service, such as the one currently in place on Norfolk Island, may not necessarily be provided onsite with the hospital facility because there may be networked arrangements in place to ensure that point of care testing, haematology, biochemistry and microbiology can be delivered by an external provider. However, given the isolation of Norfolk Island there is nowhere else for pathology to be delivered and it is implicit to the 2019 Draft Plan that the Level 3 pathology service (refer Table 16 of the 2019 Draft Plan) will be included in the infrastructure requirements for the new health facility. This infrastructure requirement is not explicitly mentioned in the description of the enabling infrastructure (refer Table 17 of the 2019 Draft Plan). To ensure that appropriate infrastructure is included in the design and build of the new health facility on Norfolk Island, the Norfolk Island Health Service Plan needs to explicitly describe the requirement for an onsite laboratory.
 - *Palliative* – the palliation of community members is currently supported either: in the available acute beds; community health and primary care; or through palliative care delivered on mainland Australia. Whilst the 2019 Draft Plan recognises the need for a Level 2 palliative care service, it is not prescriptive about the infrastructure required to deliver this. A Level 2 palliative care service requires access to community health services, pain management

³ NSW Ministry of Health, Strategic Reform and Planning Branch in conjunction with the Role Delineation Governance Group, NSW Health Guide to the Role Delineation of Clinical Services, Fourth edition, 2019
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services, bereavement services, pastoral care and inpatient beds. The accessibility of inpatient beds for palliative care will need to be mentioned in the description of the enabling infrastructure.

- *Storage* – the enabling infrastructure in the 2019 Draft Plan does not explicitly describe the need for ample storage as a future requirement for the sustainable delivery of safe and quality services on Norfolk Island. Given recent and ongoing issues with transporting supplies (including medical consumables) to Norfolk Island, there is a requirement to ensure that the new health facility includes storage for a wide range of services. This will enable the facility to continue delivering safe and quality services when there are delays in the transport of medical supplies, and also support the multipurpose use of consulting rooms and beds through the safe storage of medical equipment that is only periodically in use.
- *Mortuary* – the enabling infrastructure in the 2019 Draft Plan does not explicitly describe the need for a mortuary or morgue to store deceased persons. However, this space will be required to store deceased persons ahead of burial or cremation. It is not anticipated that autopsies would necessarily be done on Norfolk Island in this space.
- **Details pertaining to the residential aged care bed requirements** – the 2019 Draft Plan describes the need for 10 additional residential care beds to meet the needs of the fast growing population of people aged 65 and over. Whilst the term ‘beds’ is commonly used as a planning unit for residential care, the enabling infrastructure required to support safe and quality residential aged care is broader than just providing a bed. The Victorian Government has recently provided advice, including strategies, checklists, tools and principles, for the design of residential facilities to support the design of healthy and dementia-friendly infrastructure for residential care. This advice emphasises the importance of designing infrastructure for residential care residents that maintains self-identity, supports personal enjoyment, supports healthy and enjoyable eating, provides personal space, supports end of life care and provides space for family and community engagement.⁴ A well-designed residential care facility would consider resident’s stories – such as their lifestyle, cultural and socio-economic backgrounds and interests. In the context of Norfolk Island this might include local art and references to ancestral stories.
- **Infectious diseases** – the need to provide a space for control of infectious disease is not described in the 2019 Draft Plan. However, given the recent challenges faced by a wide range of hospital and health services in responding to the COVID-19 and the recognised isolation of Norfolk Island, it is clear that the enabling infrastructure for health services on Norfolk Island needs to include a designated quarantine area, with a formal network to a higher level service provider in place to access specialist support and advice (potentially via telehealth) about viruses and infectious diseases.
- **The number of GP consultation rooms** – a few stakeholders explained that there are currently six (6) general practitioner (GP) and medical consulting rooms operating at capacity. Table 2 and 17 in the 2019 Draft Plan describe the 2019 existing infrastructure as including three (3) GP and medical consulting rooms. The existing number of GP and medical consulting rooms will need to be clarified with the health service provider.
- **The description of the St John’s Ambulance service** – a few stakeholders pointed out that the St John’s Ambulance service is a critical enabler to the future delivery of safe and quality health services on Norfolk Island. For this reason, stakeholders considered that the description of the St John’s Ambulance service would be better placed under ‘other health services’ rather than ‘public health services’ (refer paragraph 4, p. 35). This section should also be updated to reflect that there is now one paid St John’s Ambulance employee on Norfolk Island.
- **The description of claims by referral speciality** – a few stakeholders pointed out that the number of NITPAAS claims for maternity services could be misinterpreted as a proxy for the

⁴ Victorian Government, Ageing and aged care policy, dementia-friendly environments, strategies, checklists and tools, <https://www2.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments/strategies-checklists-tools/new-facilities> Last accessed 9 March 2020.

number of births on mainland Australia (refer Table 13 of the 2019 Draft Plan), when in actual fact these claims include travel to the mainland for antenatal scans.

- **The description of pharmacy service requirements** – stakeholders indicated that the pharmacy support required for the hospital was not a full-time requirement and that it is possibly equivalent to one day of full time work per week. For this reason, the Norfolk Island hospital facility has been investigating options to have a part-time pharmacist. The reference to pharmacy in Table 1, Table 16 and Table 27 of the 2019 Draft Plan could be updated to be explicit that the future requirement for a hospital pharmacist is approximately one day per week.
- **The description of Home support programs** – a few stakeholders pointed out that the last paragraph on page 32 required amendment to “Care Norfolk has established its own approach to intake, assessment of client needs and coordination of care, this sits outside of myAgedCare”.
- **The description of the Commonwealth Home Support Programme** – stakeholders pointed out that the Community Home Support Programme referred to on page 60 should actually be “Commonwealth Home Support Program” and that the “delivery of a range of domestic assistance and home maintenance services” is actually funded through Home Care Packages (HCPs) rather than the Commonwealth Home Support Program (CHSP).
- **The description of factors required to support the expansion of the Commonwealth Home Support Programme** – a few stakeholders pointed out that there is already an Aged Care Assessment Team (ACAT) assessor from the South East Sydney Local Hospital District (SESLHD) to provide assessments for Home Care Packages (HCPs). Stakeholders questioned whether this same assessor could provide assessments for the Commonwealth Home Support Programme (CHSP). Usually on mainland Australia the ACAT assessor provides assessments for HCPs and Residential Aged Care while the Regional Assessment Service (RAS) provides assessments for the CHSP. Given the remoteness of Norfolk Island, it is possible that the ACAT assessor could undertake assessments for both HCPs and the CHSP. Noting that, when residential aged care beds are made available in any new facility on Norfolk Island, as part of a Multi-Purpose Service, prospective residents can be assessed by an ACAT assessor or the Multi-Purpose Service provider.⁵ The factors outlined at the bottom of page 60 could be updated to the following:
 - availability of appropriate nursing and allied health provider with funding under the CHSP (e.g. if NIHRACS was to receive CHSP funding); and
 - an ongoing relationship with either a RAS or ACAT assessor on the mainland. Usually an ACAT assessor is aligned with a health service provider (e.g. SESLHD) whereas RASs can be health or aged care providers, and government or non-government entities.⁶
- **The description of blood collection** – stakeholders indicated that the text on page 83 which refers to “Blood samples can be taken on Norfolk Island, but samples sent to NSW pathology for analysis” should be changed to “Blood samples can be taken on Norfolk Island and samples are either test on Norfolk Island or, for more complex tests, samples are sent to NSW pathology for analysis”.

⁵ Department of Health, About the Multi-Purpose Services (MPS) Program, <https://www.health.gov.au/initiatives-and-programs/multi-purpose-services-mps-program/about-the-multi-purpose-services-mps-program> Last accessed 20 March 2020.

⁶ Department of Health, Regional Assessment Service Organisations by State and Territory and Region, <https://www.health.gov.au/resources/publications/regional-assessment-service-organisations-by-state-and-territory-and-region> Last accessed 20 March 2020

Appendix A: List of stakeholders

Table A1: List of stakeholders invited to attend the consultation

Date	Stakeholder group	Venue
2 March 2020	Norfolk Island Administrator	Office of the Administrator
	The Department	The Department's Office
	Norfolk Island Health and Residential Aged Care Service (NIHRACS)	NIHRACS, Burnt Pine
	Allied Health Services, including: <ul style="list-style-type: none"> • Care Norfolk Inc • Anglicare • Breast Screening Service • Norfolk Island Mental Health Awareness Group • Hettae Ucklan • Hospital Auxilliary Group • Norfolk Island Assisting Those In Need (NATIN) • Norfolk Island Community and Consultative Committee • Health & Wellbeing Advisory Sub-Committee • Life without Barriers • ASPECT • People Plus 	South Pacific Resort
	First Responders and Emergency Management, including:	South Pacific Resort

Date	Stakeholder group	Venue
	<ul style="list-style-type: none"> • St John's Ambulance Norfolk Island • Emergency Management Norfolk Island (EMNI) • Norfolk Island Volunteer Rescue Squad • Norfolk Island Police Force • Norfolk Island Fire Service • Red Cross Norfolk Island 	
3 March 2020	Community Service Organisations, including: <ul style="list-style-type: none"> • Lions Club • Rotary • Probus • Quota • Mens Shed • Club L • Women's Advocacy Group on Norfolk Island (WAGNI) 	South Pacific Resort
	Norfolk Island Chamber of Commerce	South Pacific Resort
	Councillors of the Norfolk Island Regional Council	Office of the Administrator
	Norfolk Island Council of Elders	South Pacific Resort
	Norfolk Island Child Services (NI Connect)	South Pacific Resort
4 March 2020	General Manager and Senior Management of the Norfolk Island Regional Council	South Pacific Resort
	Topic group discussions with community members on Norfolk Island	No. 11 Quality Row, Kingston
5 March 2020	Topic group discussions with community members on Norfolk Island	No. 11 Quality Row, Kingston
	Education Sector stakeholders, including: <ul style="list-style-type: none"> • Norfolk Island Central School teaching cohort • Banyan Park Early Learning Centre Committee 	South Pacific Resort

Appendix B: Administrator media releases

Community consultations on draft Norfolk Island Health Service Plan

In line with the Australian Government's commitment to engaging with the Norfolk Island community on the delivery of health and aged care services, KPMG will be returning to the island to continue engagement on the 2019 Draft Norfolk Island Health Service Plan (the 2019 Draft Plan).

Extensive consultation was carried out across the community and was critical in the development of the Draft Plan that provides practical ideas to feed more local data and knowledge into decision-making.

KPMG will be meeting with stakeholders from health and community service providers as well as representatives from the Norfolk Island Regional Council.

Members of the community will also be able to provide feedback through drop-in sessions, and topic group discussions. People can register their interest for topic groups through the Office of the Administrator on either 22152 or 22398. I strongly encourage you to continue the ongoing discussion by providing your views at one of the upcoming sessions.

Drop-in sessions:

WHERE: No. 11 Quality Row

WHEN: Wednesday, 4 March from 2-6pm and Thursday, 5 March from 8am-12pm.

The 2019 Draft Plan and Consultation Report can be found at:

www.regional.gov.au/territories/norfolk_island/norfolk_island_health_services/norfolk_island_health_service_plan.aspx. Community submissions are welcome, with the consultation period concluding on 31 March 2020. Written comment can be provided to NIhealthserviceplan@infrastructure.gov.au.

Anyone with questions or requiring any additional information can contact the Office of the Administrator on office.administrator@regional.gov.au or phone 22152 or send an email to the Department at: NIhealthserviceplan@infrastructure.gov.au.

Eric Hutchinson

Administrator of Norfolk Island

February 2020

Appendix C: Publication in The Norfolk Islander

KPMG And Norfolk Island Health Service Plan

Councillors look forward to again meeting with members of the KPMG team who are returning to the Island 2 to 6 March to conduct further consultations on the 2019 Draft Norfolk Island Health Service Plan (the 2019 Draft Plan). The 2019 Draft Plan was released for public consultation on 28 November 2019 and sets out a sustainable strategy for the development of health services on Norfolk Island. It identifies the services, infrastructure, workforce and other supports required to deliver healthcare on Norfolk Island at an appropriate level of safety and quality.

**There are community drop-in sessions at No. 11 Quality Row on
Wednesday 4 March (2PM – 6PM)
and
Thursday 5 March (8AM – 12PM).**

The consultation sessions are intended to provide members of the community with an opportunity to comment on the 2019 Draft Plan. In particular, the consultation sessions will:

- brief the community and stakeholders on the 2019 Draft Plan;
- ensure that the community and stakeholders recognise how the themes from previous rounds of consultation have been appropriately reflected in the 2019 Draft Plan;
- answer any questions related to the 2019 Draft Plan; and
- ensure that the themes from community consultations continue to inform the development of the 2019 Draft Plan.

The 2019 Draft Plan and Consultation Report can be found at:

www.regional.gov.au/territories/norfolk_island/norfolk_island_health_services/norfolk_island_health_service_plan.aspx

Community submissions continue to be welcomed, with the consultation period concluding on 31 March 2020. Written comments can be provided to NIhealthserviceplan@infrastructure.gov.au

‘We acknowledge our Elders, past and present and we acknowledge the Norfolk Island People, the traditional custodians of this Island’

Cr Robin Adams JP
Mayor
27 February 2020

Appendix D: Mayor's update on Norfolk Island Radio

"Councillors had an excellent meeting on Monday with Sarah Abbot and Peta Bryant from KPMG. Jocelyn Hickson (Manager, Norfolk Island Support Team Operations Directorate SESLHD) and Dr Clayton Spencer (Executive Medical Director, Western NSW Local Health District) joined the meeting via teleconference" Mayor Adams said.

"Members of the KPMG team are currently on island to conduct consultations on the 2019 Draft KPMG Norfolk Island Health Service Plan released late last year which aims to set out a sustainable strategy for the development of health services on Norfolk Island. The Plan includes a health needs analysis and identifies the services, infrastructure, workforce and other supports required to deliver healthcare on Norfolk Island at an appropriate level of safety and quality.

"I found the following statements in the draft Plan demonstrate a good understanding by KPMG of the problems that flow from Norfolk Island's isolation:

"Remote island communities such as Norfolk Island provide a unique set of challenges in planning health services. Given the extensive time and logistical barriers to obtaining higher levels of care, the health system needs to have the capacity to account for a range of unlikely events and emergencies, such as instances of multiple major trauma, premature or unplanned labor and infectious diseases outbreaks. (P.45 Contingency planning)

"The response of the health care system to emergency events will be a function of workforce planning, skill development, management practices, scenario testing and facility planning to provide adequate physical facilities. The response to these events is articulated through the Norfolk Island Disaster and Emergency Plan. (P.45 Contingency planning)

"it is important to note the difficulty in identifying isolated communities that have health needs culture and age profile similar to Norfolk Island (P.46 Case studies of similar communities)

"Table 14 shows the proportion of the Australian population living in remote and very remote locations and an indication of the proportion of indigenous people in each area. This analysis indicates that the health needs, cultural identity and therefore health service requirements in remote and very remote locations on the Australian mainland are likely to be structurally different to those on Norfolk Island (P. 47 Geographical distribution of Indigenous and non-Indigenous population across Australia)

"The isolation of Norfolk Island also contributes to the difficulty in finding comparable health services within a community. Of the remote Australian mainland communities analysed all have access to an alternative major health service within 600 km. Access to an alternative major health service from these remote communities can be by road. This option is unavailable on Norfolk Island. (P. 47 Planned services - Case studies of similar communities)

“In comparison to the breadth of services currently provided, the Norfolk Island community has historically experienced a greater range of services than many other isolated island communities. The Norfolk Island health service is the only isolated service, when compared to similar remote Australian communities, without external accreditation. (P. 47 Planned services - Case studies of similar communities)

“It is encouraging” the Mayor said “to see the draft Plan clearly identifies current service gaps (pp 50 – 52) and takes into consideration the following factors when determining the level and type of services to be delivered on Norfolk Island:

- “The distance from Norfolk Island to other larger referral hospitals on the mainland;
- “The community expectations for health services delivered on Norfolk Island e.g. the desire to have birthing and surgery delivered locally;
- “The cultural and social implications for community members who have to access services on the mainland (e.g. not being born on Norfolk Island);
- “The role that the current service provider (South East Sydney Local Health District) has had in supporting service delivery on Norfolk Island; and
- “The uniqueness of Norfolk Island as an external Australian territory which has only recently become administered by Australia since 2016 and, as such, has not had to have the health services on Norfolk Island accredited against the NSQHS standards”

“Council again took the opportunity at the meeting to re-inforce its advocacy for a ‘showcase’ health facility, which meets Australian Accreditation standards and is capable of the long term transition to a health facility in the Pacific that has a modern operating theatre, maternity services, surgeons, anaesthetists, allied health professionals, a training facility for doctors and more. Council of course is also advocating for a modern aged care facility that honours the elderly and their contribution to the community over their lifetime” the Mayor said.

“I encourage the community to read the draft Plan and if you feel moved to make a submission you need to do so by 31 March 2020 to NIhealthserviceplan@infrastructure.gov.au. The draft Plan and Consultation Report can be found at

www.regional.gov.au/territories/norfolk_island/norfolk_island_health_services/norfolk_island_health_services_plan.aspx

‘We acknowledge our Elders, past and present and we acknowledge the Norfolk Island People, the traditional custodians of this Island’

Cr Robin Adams JP

Mayor

4 March 2020



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