NATIONAL RURAL HEALTH ALLIANCE LTD

# National Rural Health Alliance response to the Regional Connectivity Program Discussion Paper 2019

September 2019

[redacted]

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...good health and wellbeing in rural and remote Australia

[redacted]

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# 1. Introduction

The National Rural Health Alliance is comprised of 41 member organisations. It is committed to improving the health and wellbeing of the almost 7 million people living in rural, regional and remote Australia[1].

Our membership is diverse and geographically dispersed and this reflects the complex nature of rural health. Members include consumer groups, Aboriginal and Torres Strait Islander peak body organisations in the health sector, health professional organisations and service providers. For a full list of our members see Appendix 1.

The National Rural Health Alliance (the Alliance) welcomes the opportunity to provide comments on the Department of Communications and the Arts Regional Connectivity Program discussion paper 2019. Regional connectivity is an essential ingredient in regional development and core to 21st century health care delivery. Yet the digital divide persists between many rural and remote communities and their city counterparts. The $60 million funding announcement in March 2019 will go some way to addressing this inequity.

Comments outlined in this this submission are based on information provided from Alliance members and rural digital health and telehealth key stakeholders and researchers.

# 2. General comments about the discussion paper

Before providing response to the discussion paper's focused questions, the Alliance would like to make a few general comments about the discussion paper.

**Introduction** (page 4)

In the section that outlines the objective of the Regional Connectivity Program, reference is made to a 'place-based' approach and bespoke solutions rather than a 'one-size-fits-all' approach. In principle, the Alliance is supportive of a localised and tailored approach. However, with regard to digital health and telehealth in particular, the Alliance has received feedback that having too many solutions creates greater complexity for clinicians and patients. What has been suggested is a standardised approach that makes talking to each other easier. It has also been suggested that moving towards a national enterprise licence (E.g. for video conferencing NSW Health uses Pexip and skype for business and some universities using zoom or Pexip) will make it easier to talk to each other across Australia.

**Background section** (page 4)

A list of services using digital technology are listed. However, health and social care providers are not listed here. We would like to see health and social services included in the list.

With regard to the section that outlines that having an NBN connection to the home does not necessarily mean there is also connectivity across the property (page 5); this is also consistent in health care settings. For example, some places have limited bandwidth. This means that in a health care setting you may have multiple programs accessing the bandwidth at the same time, which compromises access and in some situations has meant that staff have to stop using the internet e.g. if they are having an education session via videoconference if a clinical telehealth videoconference needs to take priority. For example, in Warren NSW, the health care facility has 10 megabyte connection, a video conference uses 1megabyte. Another example is in Trundle, NSW, the Trundle School has excellent bandwidth yet the bandwidth in the health care setting only across the road is

[1] Throughout this submission references to remoteness areas are based on ASGC-RA, in which category 1 is Major cities, 2 is Inner regional areas, 3 Outer regional, 4 Remote and 5 Very remote. Because of small numbers, Remote and Very remote are often reported jointly. In the submission, references to 'regional areas' mean Inner plus Outer regional; and references to 'remote areas' mean Remote plus Very remote.

very poor. This has impacts on retention and attraction of skilled staff, particularly when staff do not have the tools to do their job well. A suggestion has been made that for future projects to have shared bandwidth infrastructure e.g. schools and health.

**Scope of the Regional Connectivity program funding** (page 5).

The Alliance would like to see more detailed information on each of the regional connectivity programs listed. For example, what does a digital technology hub look like and /or provide? The Alliance has received mixed messages about the purpose of the hub.

One source reported it is to be a physical community space where people can come to access services (e.g. telehealth and having standardised tools will assist with this).

The other perspective is that the digital technology hub will be a place where people can access technical support to enable them to understand digital technology and educate / support them to set up internet systems in their home or business. Technology is continually updating, which means that the demand for assistance and understanding new technology as it emerges, will only increase.

The Alliance would like to see that the hubs, when established, are designed and funded with a long term view in mind and can accommodate the rapid changes that occur in digital technology with capability to provide ongoing education and support on new digital technology.

The Alliance would like to see that both approaches are incorporated as part of the Regional Connectivity Program's scope.

For noting, the Alliance is also developing a proposal around the concept of health precincts. A digital hub of both kinds described above would fit well in a health precinct.

**Regional Connectivity Program – Key Design Principles**

1. *Funding applicants to include licensed telecommunications carriers* - This seems to imply that telecommunication providers can apply for funding on their own. The Alliance advises that the Government needs to be cautious if approaching telecommunication providers to apply for the grants funds. There are examples of where vendors and telecommunication providers have applied for funding that is not inclusive to local needs or in partnership with local / state authority. This has resulted in poor outcomes and significant financial losses.
2. *Funding applications to include evidence that the project is a priority for the local area* – The Alliance would like clarification on what is meant by 'local'. Does this relate to the scale of local community, region or a state? In either example alignment with state strategies if they exist need to be in place for interoperability.
4. *Funding applicants must demonstrate that the Proposed Solutions are not currently or foreseeably being provided in the area* – The Alliance suggests that funded projects should include a process to evaluate and report on implementation, milestones and completion.

Other suggestions about the scope of the program from our members and key stakeholders includes funding applications for a dedicated funding stream for digital health connectivity that:-

- builds on existing infrastructure
- supports identified barriers to address cross border issues
- supports increased access and addresses equality
- incorporates local governance processes to coordinate and manage the project
- include a dedicated 'health portal' this would be along the same lines as the education portal that families have access to via their Skymuster satellite internet service. The suggestion is for some families to have access to a 'health port' if they require significant download or priority access for telehealth consultations that is subsidised to reduce financial burden of health are on the family.

A mentioned previously, the Alliance is currently developing a concept called 'health precincts'. This concept is complementary to work currently being undertaken by the Rural Health Commissioner, [redacted] around Rural and Remote Allied Health Networks. The Alliance sees the Rural and Remote Allied Health networks as a great opportunity to develop a networked approach to connect a number of health precincts and allied health networks together as part of a national digital telehealth package. We would be happy to discuss this idea with you further.

## 3. Response to the Discussion Paper Questions

### 3.1 Question 1 - Are there additional key elements that should be incorporated into the design of the Regional Connectivity Program?

As highlighted above, there are concerns from our members and key stakeholders that if telecommunication carriers can apply for funding, that these organisations will take large proportion of these funds, thus gaining the bulk of the benefit from this funding, rather than the funding going to the grass roots organisations/people. The Alliance would support telecommunication carriers being excluded from accessing this pool of funding.

### 3.2. Question 2 - Should other parties, for example local government authorities, business organisations or industry groups, be allowed to lead a bid for Regional Connectivity Program funding?

The Alliance agrees with this approach as it could support interoperability and identified barriers to enhance connectivity. However, the Alliance would like to see the inclusion of small local organisations, Residential Aged Care Facilities, Aboriginal Community Controlled Organisations and Aboriginal Medical Services, Aboriginal Corporations, and small not-for-profits or small business entities (e.g. cattle stations).

### 3.3. Question 3 - Are there other organisations beside local, state and territory governments that could be considered 'trusted sources of information' for the purposes of identifying local telecommunications priorities?

Suggestions from our members and key stakeholders is that the following should also be included:

- Peak bodies such as the Australian Communications Consumer Action Network (ACCAN) or organisations such as the Regional, Rural Remote Communications Coalition (RRRC)
- Other peak body organisations that can facilitate discussion with local communities include: the Aboriginal peak bodies and Aboriginal community controlled organisations, Aboriginal Corporations and Land Councils, Isolated Children and Parents Association, the Country Women's Association, Royal Flying Doctors Services and the National Rural Health Alliance
- Agency for Clinical Innovation, NSW Health. The agency has identified priority areas and developed a risk register that highlight barriers to supporting access and equity for digital healthcare

### 3.4. Question 4 - Are there ways that the Department can facilitate linkages between potential infrastructure providers and local communities?

Suggestions include:

- facilitating a forum 'think tank' on the connectivity issues that state providers experience and how they can work together and / or
- establishing a national jurisdictional meeting for telehealth leaders to support solutions to cross border issues and national solutions that are interoperable to support continuity of care and integration across providers
- ensuring that peak industry bodies and not-for-profits are included in discussions and forums

## 3.5 Question 5 - Are there any comments that you wish to make in relation to co-contributions?

The Alliance is concerned that asking for a co-contribution will be a barrier for communities or local governments that may not have the capacity but that their project has merit, thus missing the targets that we think the regional connectivity program is aiming at.

For example, a small not-for-profit providing a service to a small local community (e.g. remote Aboriginal communities which may only have a population of 30-100 people) may not have the 50% cash contribution. For not-for-profit and small entities the definition of co-contribution should include in-kind contributions e.g. project management and local site coordination/ engagement with the community.

With regards to funded solutions that include a co-contribution from a state or territory government, and the need for the grantees to enter into a Funding Agreement with the Commonwealth and a separate agreement with the respective state or territory government – this makes this makes it very complex including unclear reporting and accountability lines, who will manage projects from the commonwealth end, e.g. will there be relationship managers in place to support and oversee the projects? A suggestion from one of our stakeholders is for consideration of a tri-party agreement.

## 3. 6 Question 6 - What type of projects should be considered for funding through the Regional Connectivity Program?

Feedback one of our key stakeholders in remote Australia indicated that NBN satellite is not yet adequate for telehealth. Therefore, there is a need to recognise there are other satellite internet services that communities may need to access e.g. such as the Gilat satellite service provided in Laynhapuy Homelands.

Other suggestions include:

- Enhancing bandwidth to health facilities to cope with future needs with more digitilisation of products and services. As per the examples provided previously where some health facilities only have 10megabytes and many issues with simultaneous access to erecords, ereferrals, my health record, video conferencing, email, phone and slow download speeds. All of these factors impact on time to complete tasks e.g. 90 minutes to download software compared to 2 minutes in regional centres.
- Reviewing connectivity for Aboriginal Community Controlled Facilities and enhance and linkages to other local health facilities.
- Supporting solutions that support integration of healthcare across GP, Aboriginal Medical Services and local health networks.
- Purchasing digital technology devices to support care close to home.
- Establishing community centres or identify local environments that provide private spaces to connect (the digital health hub as part of the Alliance's Health Precinct concept).
- Accessible wifi provided in partnership by council, hospital and education.

## 3. 7 Question 7 - Are there any comments that you wish to make in relation the proposal that all Funded Solutions will provide Retail Services for a minimum of 10 years after the Asset has become operational?

Feedback from our stakeholders indicates that some kind of long term guarantee is desirable. However, there is some concern that given the pace of change with technology, (e.g. low level satellite services may come on-line in the near future and provide a much better solution) asking for a commitment of 10 years could lock in a community to service that is outdated and no longer meets their needs. How will the Regional Connectivity Program ensure that assets will still meet community needs in the ten year commitment? One suggestion from a stakeholder would be to have a minimum of 5 years for infrastructure use may be more reasonable.

## 3.8 Question 8 - Are there any comments in relation to the proposed Eligible and Ineligible Areas?

With regard to the eligible / ineligible areas in some cases the infrastructure available currently does not meet their needs or work. An audit of issues, complaints, the number of technician call outs and number of resolved issues needs to be monitored and the report shared with the public, particularly in North Western New South Wales is suggested.

Consideration needs to be given to how rural and regional communities with small populations that may have a project to support connectivity in their region can be supported to resolve identified barriers.

## 3.9 Question 9 - Are there any comments that you wish to make in relation to the proposed eligible and ineligible expenditure?

No comments provided for this question

## 3.10 Question 10 - Are there particular circumstances where it may be appropriate for the Commonwealth to make some contribution to ongoing operating expenses?

For rural and regional communities with small populations these communities may need ongoing support to ensure that their connectivity is sustainable.
Digital technology hubs may also need some core funding to enable them to continue their function.

## 3.11 Question 11- Is there a case for a third category, for highly localised solutions for projects that, for example, are seeking funding of less than $200,000 (GST inclusive)?

Feedback from our stakeholders supports the idea of having a grant stream for smaller projects.

For example, to allow for small community based projects which may be in the order of $45k for infrastructure (e.g. for satellite) and connectivity for possibly the first year (might be in the order of $80k). An example provided is form the Laynahpuy where a digital health project was implemented using $120k for infrastructure and about $80k for 12 months connectivity for 3 sites. The project could have been extended with an additional 4 sites for $45k per site and with shared connectivity over 7 sites.

## 3.12 Question 12 - Are there any other design principles that should be considered?

No suggestions were provided

## 3.13 Question 13 - Do you have any comments on the proposed assessment criteria?

Criterion 3: the Alliance suggests including evaluation - 'Capacity, capability and resources to deliver *and evaluate the project'*

Criterion 5: There are suggestions from stakeholders to include potential cost savings in this criterion and also the need to consider the option of in-kind contribution for small not-for-profit or community based organisations and possibly small business entities such as remote cattle stations.

# 5. Appendices

## Appendix 1: List of Member Body Organisations

| **National Rural Health Alliance 2019**<br>**41 organisations with an interest in rural and remote health and representing service providers and consumers:** |
|---|
| Allied Health Professions Australia Rural and Remote |
| Australasian College for Emergency Medicine (Rural, Regional and Remote Committee) |
| Australasian College of Health Service Management (rural members) |
| Australian College of Midwives (Rural and Remote Advisory Committee) |
| Australian College of Nursing - Rural Nursing and Midwifery Community of Interest |
| Australian Chiropractors Association Aboriginal and Torres Strait Islander Rural Remote Practitioner Network. |
| Australian College of Rural and Remote Medicine |
| Australian Healthcare and Hospitals Association |
| Australian Indigenous Doctors' Association |
| Australian Nursing and Midwifery Federation (rural nursing and midwifery members) |
| Australian Physiotherapy Association (Rural Members Network) |
| Australian Paediatric Society |
| Australian Psychological Society (Rural and Remote Psychology Interest Group) |
| Australian Rural Health Education Network |
| Australian and New Zealand College of Anaesthetists |
| Congress of Aboriginal and Torres Strait Islander Nurses and Midwives |
| Council of Ambulance Authorities (Rural and Remote Group) |
| CRANAplus |
| Country Women's Association of Australia |
| Exercise and Sports Science Australia (Rural and Remote Interest Group) |
| Federation of Rural Australian Medical Educators |
| Isolated Children's Parents' Association |
| National Aboriginal Community Controlled Health Organisation |
| National Aboriginal and Torres Strait Islander Health Worker Association |
| National Rural Health Student Network |
| Paramedics Australasia (Rural and Remote Special Interest Group) |
| Pharmaceutical Society of Australia Rural Special Interest Group |
| RACGP Rural: The Royal Australian College of General Practitioners |
| Royal Australian and New Zealand College of Psychiatrists |
| Royal Australasian College of Medical Administrators |
| Royal Australasian College of Surgeons Rural Surgery Section |
| Royal Far West |
| Royal Flying Doctor Service |
| Rural Doctors Association of Australia |
| Rural Dentists' Network of the Australian Dental Association |
| Rural Health Workforce Australia |
| Rural Optometry Group of Optometry Australia |
| Rural Pharmacists Australia |
| Services for Australian Rural and Remote Allied Health |
| Society of Hospital Pharmacists |
| Speech Pathology Australia (Rural and Remote Member Community) |