People living in rural areas of South Western Sydney

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Demographic and health characteristics

In 2011, three out of every five people in Australia (60%) lived in a capital city and nearly 90% of Australians live in urban areas i.e. cities or towns of more than 1,000 people. Another 3% live in smaller towns or localities.

In NSW just over 250,000 people live outside of the three major cities of Sydney, Wollongong and Newcastle. While most people live close to towns and cities, some rural families live at some distance from services that the majority of the community has access to. This includes limited access to education and health services, social support networks, transport and employment which are important to wellbeing and health.

People in rural and remote areas have lower average incomes than those in the capital cities. The Productivity Commission\(^1\) found that in rural areas:

- The prevalence of deprivation is highest
- Rates of social disengagement of residents were higher than those recorded by residents of the inner city
- The rates of service exclusion were highest, particularly for medical and dental services, child care and financial services
- Rates of economic exclusion were higher than for residents of the inner city
- Prevalence of deep and persistent exclusion were highest for people in outer regional areas, followed by those in inner regional areas.

In NSW\(^2\), people who live in rural areas are more likely than those in urban areas to:

- Report higher levels of chronic illness
- Report higher levels of health risk factors e.g. smoking, low fruit and vegetable consumption
- Experience difficulties accessing health care when they need it
- Have higher rates of potentially preventable hospital admissions

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Rurality and remoteness is assessed formally using classification systems such as the Accessibility and Remoteness Index of Australia (ARIA +2011) which measures road distance to service centres to demonstrate how access may vary. Most parts of south western Sydney are described as metropolitan i.e. highly accessible to a wide range of goods and services. Wingecarribee LGA in NSW Southern Highlands is considered an Inner Regional Centre comprising small rural centres however compared to other rural areas, it has high accessibility. Of the small towns and villages within the Wingecarribee and Wollondilly LGAs, only Paddy’s River is considered to be an Outer Regional Area.\(^3\)

Access to a broad range of primary care services can be difficult in the more rural areas of the District, resulting in a reliance on the public system when there is not a critical mass of people to facilitate private for-profit providers to broaden the services available.\(^4\) In 2014/15, almost half of Wingecarribee residents received inpatient care in private hospitals, followed by Bowral and District Hospital (28%) and SWSLHD hospitals (10%). Adult residents travelling outside SWSLHD for inpatient care are most likely to go to either Wollongong, Goulburn, St Vincents, Royal Prince Alfred or Concord Hospitals, with children also treated within the Sydney Children’s Hospital Network.

In 2014, the estimated resident population for Wingecarribee was 47,584 people. Compared to other south western Sydney people, Wingecarribee residents tend to be older with 17% over the age of 70 years. As
people age, their use of health services increases and the “rurality” of these residents will become increasingly important, particularly as in the next ten years to 2026, the number of older people in the LGA will increase by almost 70%.

Car ownership in Wingecarribee (95%), Wollondilly (96.7%) and Camden (96.6%) is above the NSW level of 89.6% as distance from shops and schools, limited public transport options i.e. infrequent buses to regional centres or railway stations and limited train services, and unreliable taxi services reduce accessibility.

The Index of Relative Socioeconomic Disadvantage (IRSD) ranks geographic areas across Australia according to their socio-economic characteristics, such as low income, high unemployment and low levels of education. The index indicates that both Wingecarribee and Wollondilly LGAs are comparatively advantaged, as both are ranked higher than the Australian average of 1,000. However, within the Wingecarribee and Wollondilly LGAs, there are areas which experience greater disadvantage, in part associated with their rurality. Towns which fall below the 1,000 reference point include Welby, Wingello, New Berrima, Moss Vale, Hilltop, Yerrinbool, Mittagong, Penrose, Paddy's River, Balaclava, Menangle Park, Yanderra, Oakdale, and Couridjah.5

Further details regarding the demographic and health characteristics of people living in rural areas of south western Sydney can be found in the Wingecarribee Local Government Area Health Profile 2014 and Wollondilly Local Government Area Health Profile 2014.

Rural health policy

The NSW Rural Health Plan: Towards 2021 has been developed specifically to address the unique health needs of people living in rural NSW and is based around a vision of providing world class care as close to home as possible for people in rural communities. The plan describes a number of strategies to create healthy rural communities, improve access to high quality care for rural populations and improved integration of rural health services. To do this required enhancement of the rural health workforce, strengthened rural healthcare infrastructure, research, innovation and eHealth. It should be noted that South Western Sydney is not considered a rural LHD for the purposes of this plan, despite incorporating rural areas.

The Isolated Patients Transport and Accommodation Assistance Scheme (IPTAAS) is a state-wide scheme which supports people needing to travel long distances to access medical specialist services which are not available locally. Specifically, people must have to travel at least 100km to access the nearest treating specialist or have combined trips to that specialist totalling over 200km per week. Other conditions also apply.

Support for people living in rural communities in SWSLHD

SWSLHD provides a range of support services and infrastructure to increase the accessibility of health services to people from rural communities.

- Bowral and District Hospital provides a range of inpatient and outpatient services, including an Emergency Department, maternity, paediatric and aged care services
- Community Health Centres are located at Bowral and Tahmoor, with additional early childhood clinics at other community sites
- Outreach specialist services are provided at local facilities supported by larger hospitals
- Health promotion and illness prevention services are provided in partnership with local community groups
- Bowral has a fixed BreastScreen site and the mobile van visits Tahmoor and Picton
• A range of telehealth services are now available which utilise videoconferencing to enable services users to attend virtual appointments with specialists, backed up with support from primary care or nursing staff
• For patients who are assessed by a medical practitioner or registered nurse as being unable to travel on public or community transport due to their health status, non-emergency patient transport is available, as are additional transport services to access Cancer services

SWSLHD is a member of the Wollondilly Health Alliance in partnership with the South Western Sydney Primary Health Network and Wollondilly Shire Council. The Wollondilly Health Alliance aims to identify and address health care issues in Wollondilly. After a thorough needs assessment and prioritisation process, a number of programs have been initiated through the Alliance including establishment of teleconsultation clinics, telemonitoring of chronic disease, secure messaging to improve communication between SWSLHD and primary care services and a range of health promotion and illness prevention activities.

In addition, South West Community Transport provides transport to frail aged people, people with a disability and their carers living in Wollondilly LGA to access essential services, including hospital and other health services. A similar service if also offered to eligible residents of Wingecarribee LGA through Southern Highlands Community Transport.

For health staff working with people from rural communities

For people with acute or chronic health conditions and their carers, travelling to, using and returning from health services can be time consuming, costly and fragmented. Poor planning and coordination may result in lower levels of treatment compliance, decreased attendance and increased stress to the patient/carer, as well as high costs.

Health staff can support people from rural communities to have improved access to services through:

• Considering where individual patients live and where/how they access services within the care planning process
• When referring patients to services outside SWSLHD, consider travel and transport requirements and refer to IPTAAS if appropriate
• Coordinating patient transport through the non-emergency transport service or through community transport for eligible people
• Ensuring that patients and carers receive the facility’s Travel Access Guide (TAG) or similar information on physical accessibility when the first outpatient appointment is made and that TAG’s are readily accessible for patients and carers in inpatient units
• Scheduling appointments for people from rural communities at times that allow for travel, particularly if public or community transport is being used
• Working with public transport providers and local government to improve transport options for people living in rural areas
• Collaborating with community transport providers and service agencies for coordinated transport options
• Ascertaining on admission and prior to discharge how patients will travel home
• Reviewing hours of operation of core health services e.g. pharmacy to maximise access for rural patients and/or ensuring that patients from rural areas are able to access pharmacy products as required
• Referring to Community Packages (Com Packs) or the Transitional Aged Care Program and to support people post-discharge
• Informing rural GP practices of the range of health services available with SWSLHD and referral processes
• Reducing the need for rural residents to travel by
- establishing outreach services into rural areas supported by information/IT capability
- developing integrated primary health and community care centres
- developing telemedicine and telehealth for patients with difficulty travelling to access follow-up services or outpatient appointments; and for patients requiring assessment and treatment e.g. virtual services using remote access technology such as internet-based video-conferencing and specialised medical software to treat clients with complex or specialist issues

Resources

Isolated Patients Transport and Accommodation Assistance Scheme
Non-emergency Patient Transport
Southern Highlands Community Transport
South West Community Transport
Sydney Peri-urban Network of Councils

References