The Hon Luke Hartsuyker
Chair, 2021 Regional Telecommunications
Review Secretariat
C/- Department of Infrastructure, Transport,
Regional Development and Communications

By email: secretariat@rtirc.gov.au


13 October 2021


### *RFDS Submission to the 2021 Regional Telecommunications Review*


Dear Mr Hartsuyker

The Royal Flying Doctor Service (RFDS) is pleased to provide the following submission to the 2021 Regional Telecommunications Review. The RFDS is a vital part of remote and rural communities, providing critical health services to areas of great need, particularly in places where low population numbers make it unviable to support local health services such as hospitals, emergency departments, pharmacies and General Practitioners.

As will be highlighted in this submission, whilst most well-known for our emergency aeromedical retrieval services and primary healthcare, reliable telecommunications are vital to support and enable the delivery of many RFDS services, never more so than in current circumstances. However, there are a number of access barriers that exist in rural and remote Australia that if overcome would serve to enhance the delivery of services by the RFDS and other healthcare providers. The RFDS is a member of the National Rural Health Alliance, and note our support for the submission provided to this review by the Alliance, with our responses to the questions below concentrated on the health sector.

### *About the Royal Flying Doctor Service*

The RFDS provides a comprehensive suite of services to people living, working and travelling in remote and rural Australia. This includes a 24 hour, seven-days-a-week (24/7) aeromedical retrieval service for those who experience a medical emergency requiring definitive care in a tertiary hospital, and fly-in fly-out GP and nursing clinics. Importantly in the context of this review, these services are integrated with a 24/7 remote consultation (telehealth) system. In addition, the RFDS provides mental health and wellbeing services; dental health services; and a growing number of specialist, allied health and health promotion activities. In some instances, these are the only health services received by people living in these areas, particularly in remote locations.

The RFDS service footprint in rural and remote Australia particularly serves small, isolated or under-resourced populations spread across large geographical areas. Individually these communities cannot sustain permanent locally-based health services. Instead, outreach and hub and spoke models of care are employed. With 79 aircraft and 140 road vehicles at regional bases, the RFDS provides aeromedical retrievals and clinic services at almost 200 rural and remote sites, and annually provides around 320,000 patient contacts. This includes through aeromedical retrievals for almost 40,000 patients; over 62,000 patients being transported by road; over 20,000 primary healthcare clinics; over 13,000 episodes of dental care; and around 80,000 telehealth consultations every year.

Strong regional centres are critical to enabling the services of the RFDS, as the predominant homes of our staff, to both meet the health needs of these areas, and more remotely. Further, with significant operations at bases in almost 40 regional locations, the RFDS is committed to a continuing contribution to these communities.

### *Health outcomes and services in rural and remote areas*

The demand for health services in rural and remote Australia is continuing to increase.

On almost any health indicator, residents of remote and rural Australia fare worse than residents of Australian cities. For example, residents living in areas of the RFDS's 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)

Despite efforts from consecutive governments and many service providers, people in rural and remote parts of Australia continue to experience these poorer health outcomes and significant difficulty in accessing adequate healthcare. For example, RFDS research has shown that **42,805** people in rural and remote parts of our country have no access to place-based primary healthcare services within a 60-minute drive time. Furthermore, when looking at the specific primary healthcare type, it was found that 65,050 Australians had no face to face access to a GP; 440,387 had no access to a nurse-led clinic; 142,269 had no access to dental services; and 106,848 had no access to mental health services within a 60-minute drive time.

The COVID-19 pandemic has had a significant impact on the Australian economy, nowhere more so than in rural and remote parts of our country. In these areas, and has been well-identified by organisations through this Inquiry, the current economic hardship comes at a time when the impacts of widespread bushfires in early 2020, and a prolonged period of drought are still being felt.

The RFDS is concerned about the long-term impacts of the disruption to the delivery of regular health services during the COVID-19 pandemic which has resulted in many people seeking health care later or not at all, and screening activities diminishing significantly. Addressing the detrimental impacts of this unprecedented disruption to our health system will be critical over both the short-term and the long term.

Federation Patron: His Excellency General the Honourable David Hurley AC DSC (Retd),
Governor-General of the Commonwealth of Australia

Page 2 of 6

Royal Flying Doctor Service of Australia.  ACN 004 213 067   ABN 74 438 059 643

**1. What telecommunications services are required in regional Australia to meet current and future needs? Are there any things regional communities and businesses need to do, but can't, on their existing services?**

Each year, the RFDS provides around 80,000 telehealth consultations, making us one of largest providers of GP delivered telehealth services in Australia. A key element of our telehealth offering, our Remote Consultation service is critical to rural and remote communities where there are few, if any, local services. Remote Consultation calls come into an RFDS base from individuals or health workers in remote and rural Australia who are seeking medical assistance or advice. The calls predominantly originate from areas where there is a significant absence of medical infrastructure, requiring that RFDS doctors resolve concerns and set treatment plans remotely, or determine the need for an aeromedical retrieval, rather than only triaging or referring calls. RFDS doctors may also prescribe medical treatment, identify further care and give first aid advice in an emergency.

Over 90% of RFDS Remote Consultations continue to be delivered over the phone, indicative of the relative reliability and affordability of telephone services compared to other mediums, particularly in emergency situations. This is confirmed by anecdotal feedback from our patients. We also note, however, there still remain a number of areas throughout rural and remote parts of our country where there is poor or no mobile phone reception, or "black spots". And as will be highlighted in further questions, there is far less uptake of telehealth services via videoconferencing in these areas, indicating poorer availability, reliability and affordability.

**2. What changes in demand, barriers or challenges need to be addressed when it comes to telecommunications services in regional, rural and remote Australia?**

While not a replacement for face-to-face services, telehealth is part of the solution to provide more comprehensive and regular health services, building on and complementing those provided in person. Over-the-phone consultations are valuable, however in many instances of health service delivery, videoconferencing provides additional advantages – for both clinicians and patients – and is increasingly becoming an important element of healthcare. It must be ensured that internet connections throughout rural and remote areas are sufficient, reliable and affordable enough to enable these populations to access the benefits of comprehensive telehealth services, and not be left behind. There also remains the need for continued development of technology including reliable videoconferencing systems that ensure the privacy and security of personal data. These systems need to be affordable, adaptable and easy to use, particularly for those with low digital literacy.

**3. How have the Government's policies and programs affected telecommunications service outcomes in regional, rural and remote Australia? How can these be improved?**

The RFDS is pleased to have commenced work with NBNCo, seeking to assess, identify and ultimately respond to connectivity issues as relevant to the RFDS service footprint and service delivery, as well as looking to the potential of innovative solutions. We recognise however that the NBN may not, at least in the immediate term, be an appropriate technical solution in all parts of rural and remote Australia. By whatever means, be it the NBN or otherwise, the Australian Government must continue to prioritise areas where there are not reliable telecommunications connectivity to ensure that

affordable solutions can be found, that enable adequate bandwidth to be available to critical services such as healthcare.

**4. How do service reliability issues impact on regional communities and businesses? How do outages, including in natural disasters, impact on communities and businesses?**

The RFDS particularly notes the issue of internet connectivity and communications infrastructure as critical to the sustainability and wellbeing of rural and remote Australia, and this includes for the provision of healthcare services. A lack of reliable connectivity, particularly in areas where there are no local services, can create extreme and unnecessary risk during emergency situations. Furthermore, reliable connectivity enables these communities to do business, receive services and participate in a society and processes that is increasingly online.

**5. How might such impacts be addressed to ensure greater reliability? How can the network resilience be addressed in regional areas?**

The RFDS has no specific suggestion on this matter.

**6. How did the use of digital services change for regional consumers and businesses during the response to the COVID-19 pandemic? What insights for future service delivery does this provide?**

Over recent years, and particularly in the context of the COVID-19 pandemic, the RFDS has increasingly pursued the delivery services to rural and remote communities via videoconferencing, using both customised and existing platforms.Where these services are successfully operating, this is cost effective for patients, with reduced travel time to access care, and the potential for additional care to be provided. It is also valuable for rurally isolated health professionals, and provides opportunities for coordinated care between patients, rural clinicians and specialists.

However, our experience to date, and particularly throughout the COVID-19 pandemic shows poorer uptake of this mode of service delivery by both patients and clinicians. As outlined by the National Rural Health Alliance, this was a consistent trend during the pandemic across rural and remote parts of our country. So while the pandemic period has been lauded as a time of taking great steps in the availability of telehealth in Australia, the full potential of this is not being realised in rural and remote areas. In addition to ensuring appropriate infrastructure to ensure reliability of internet connections and affordable solutions, this must be addressed by focused efforts to improve digital literacy.

**7. What can be done to improve the access and affordability of telecommunications services in regional, rural and remote Indigenous communities?**

Whilst the RFDS has seen uptake of videoconferencing and other digital health services slowly increasing, there are still several barriers to accessing services for rural and particularly remote communities. These include, for example, insufficient bandwidth allocated for healthcare - often results in frozen screens, lagging, and dropouts, which can be a frustration for both clinicians and patients – or the unaffordability of necessary infrastructure or available services owing to a limited market in these areas.

Federation Patron: His Excellency General the Honourable David Hurley AC DSC (Retd),
Governor-General of the Commonwealth of Australia

Page 4 of 6

Royal Flying Doctor Service of Australia.  ACN 004 213 067   ABN 74 438 059 643

Additionally, around half of all patients that the RFDS provides services to are Indigenous peoples. We know from providing services in these communities, that engagement with online systems and government processes is often low. Solutions to improve access and uptake of digital healthcare must in all cases be affordable, community-led, and culturally appropriate.

**8. How can investment in telecommunications infrastructure work with other programs and policies to encourage economic development in regional Australia?**

It is the position of the RFDS that reliable telecommunications and connectivity is critical to the existence, sustainability and wellbeing of rural and remote communities. Not least, this includes ensuring the availability of critical and contemporary health services. Further, having appropriate and improving technological infrastructure is essential for attracting, retaining and supporting a health workforce, ensuring the delivery of safe and high-quality services.

**9. What role could innovation, including new models, alternative investors or new ways of doing business, play to encourage investment in regional telecommunications infrastructure? What are the barriers?**

With rural and particularly remote Australia characterised by the tyranny of distance - small populations spread across significant geographic distances – innovative solutions are key. Given the unique challenges in these environments, there are also particular opportunity for emerging technologies to provide solutions. However, it must be ensured that the quest to find innovative solutions do not come at the cost of reliability or affordability, and must recognise the potential that market forces may not on their own be strong enough to drive competition or innovations, owing to low population densities.

**10. To what extent will new technologies enable significant change to the delivery of telecommunications services in regional Australia over the next 5-10 years? Are there any barriers to accessing these technologies?**

Healthcare, along with many aspects of society, continues to move into the digital space, with may potential benefits for patients, clinicians and policymakers alike. As previously discussed, it must be ensured that the availability and affordability of technological infrastructure and telecommunications (internet) connectivity is sufficient for those in rural and remote part of our country to participate in this environment, and realise the potential of digital advances in healthcare.

**11. How can Government better support the rapid rollout of and investment in new telecommunications solutions in regional areas?**

In many instances, the cost of "doing business" in rural and remote areas is higher and this coincides with an overall lower socio-economic status. It must be ensured by governments that costs, for example the need for small communities to provide co-investment to qualify for grant processes, are not a barrier to establishing infrastructure or providing services.

**12. How can different levels of Government, the telecommunications industry and regional communities better co-ordinate their efforts to improve telecommunications in regional Australia?**

A focus on collaborative regional planning processes, that brings together key government agencies, business, service providers and other stakeholders to clearly identify need and the most locally appropriate solutions should be prioritised.

Federation Patron: His Excellency General the Honourable David Hurley AC DSC (Retd), Governor-General of the Commonwealth of Australia

Page 5 of 6

Royal Flying Doctor Service of Australia.  ACN 004 213 067   ABN 74 438 059 643

**13. What changes to Government investment programs are required to ensure they continue to be effective in delivering improved telecommunications?**

Please see Question 11 and the need to recognise the often limited financial capacity of small communities, for example making it difficult to provide co-investment to qualify for grant processes.

**14. How can regional consumers be better supported to identify, choose and use the best connectivity options for their circumstances, as well as to understand and use their consumer rights?**

Having this information easily available and accessible, including for those with low levels of digital literacy is beneficial, provided the assurance that it is comprehensive, reliable and current.

**15. To what extent is public information on connectivity options, including predictive coverage data and speeds, sufficient to help regional customers make informed decisions? What other information is needed?**

Please see Question 14.

**16. What other matters should the Committee consider in its review and why are they important?**

No further matters.

I would be pleased to discuss any of the matters raised in this submission. Please contact me on ███ ████████ to arrange a convenient time.


Yours sincerely,

Frank Quinlan
Federation Executive Director

Federation Patron: His Excellency General the Honourable David Hurley AC DSC (Retd),
Governor-General of the Commonwealth of Australia

Page 6 of 6

Royal Flying Doctor Service of Australia.  ACN 004 213 067   ABN 74 438 059 643