Submission to

Senate Community Affairs References Committee

Availability and accessibility of diagnostic imaging equipment around Australia

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submission

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Senate Community Affairs References Committee (the Committee) for the opportunity to provide a submission on the *Availability and accessibility of diagnostic imaging equipment around Australia*.

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 57,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

Rather than responding to the specific terms of reference, QNMU's submission focuses on key areas QNMU believes the Committee needs to take into account in addressing the availability and accessibility of diagnostic imaging equipment around Australia.

Access to diagnostic imaging equipment

Nowhere is the problem of access to health services greater than in rural and remote areas of Australia (Wakerman et al. 2015). Remote Australia covers about 85% of the Australian land mass, predominantly in northern and central Australia. Many people who live in rural, remote or regional areas experience challenges in accessing healthcare due to geographic isolation, availability of local health resources and, the recruitment and retention of health staff (Edwards et al., 2016).

Owing to the vast size of Australia, patients often need to travel great distances to access diagnostic imaging equipment. For example patients who live in Weipa who require magnetic resonance imaging (MRI) must travel to Cairns, over 800km away. While Weipa Health Service provides x-ray and sonography, patients need to travel for other diagnostic imaging tests.

The lack of access to the necessary diagnostic imaging services can have a great impact on an individual and their family. The importance of diagnostic imaging in the diagnosis and treatment of conditions is unmatched. For example a woman who is possibly experiencing

the loss of a pregnancy. Having this equipment available and accessible can offer reassurance for the woman and also allows the woman to remain in their community and not have to travel for further assessment and treatment (Edwards et al., 2016).

Access to diagnostic imaging equipment is also influenced by social determinants. Social determinants of health are person-based factors. These health-related social needs are the economic and social conditions that impact health, and include the environment in which people are born, grow, live, work, and age. They generally refer to factors that affect health outside of the health care system and are beyond an individual's control (Deloitte Center for Health Solutions, 2017). These include:

- Indigenous people and the need to identify and understand their cultural and linguistic differences;
- Transportation to medical appointments including affordable and reliable transport and whether patients need to travel to city centres for treatment. People may live hundreds of kilometres from their nearest major centre and the availability of public and private transport can be limited. If a patient lives in a remote location and needs to be escorted by the community nurse or Aboriginal health worker, this would leave the community without an emergency vehicle and without a health worker (Downes & Sippl, 2011). Travel can also be difficult or impossible at certain times of the year for those who live remotely, especially if roads become impassable in wet weather (Australian Department of Health, 2012).
- Affordability and the ability to pay for the imaging service (Australian Government, 2017; Bailie et al., 2015 & Duckett & Breadon, 2013). This includes the cost of the diagnostic imaging procedure, loss of income to travel and attend the appointment as well as the cost in time for consumers who need to leave their community to attend services provided in the larger distant regional centres (Downes & Sippl, 2011 & Edwards et al., 2016).

  Patients may also delay undergoing their diagnostic imaging service due to budgetary constraints. They may choose to attend a public diagnostic imaging service with a longer wait list rather than attend a private imaging service which has no wait list, but has an out-of-pocket expense.

QNMU acknowledges that access to diagnostic imaging equipment has many facets; factors that are location driven and also consumer driven.

Nursing and midwifery workforce

Nurses and midwives are the largest group of healthcare providers in Queensland and their qualifications, skills and abilities can be maximised in the healthcare system. Optimising nurses by increasing nurse-led services that include nurses performing x-rays and

ultrasounds will improve access to diagnostic services and reduce waiting times for patients (Queensland Health, 2013).

One approach to utilising nurses is growing the number of nurse practitioners who are trained in providing diagnostic imaging. The contribution of nurse practitioners to the healthcare system is extensive and well proven (Middleton et al., 2011). A nurse practitioner is an RN with advanced educational preparation and experience. Nurse practitioners have access to Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) and are capable of providing high levels of clinically focused autonomous nursing care in a variety of contexts in response to varying patient/community complexities (Burston, Chaboyer & Gillespie, 2014).

A nurse practitioner model of care that incorporated the use of ultrasound was successfully implemented in Australia in 2011. This model of care was introduced to address a reduction in sonographers and showed that with additional training, nurse practitioners were able to provide pelvic ultrasound and improve the care being provided to women who presented with possible miscarriage (Edwards et al., 2016 & Webster-Bain, 2011). Increasing the number of nurse practitioners with sonography skills will ensure diagnostic imaging is accessible and available to patients.

While this model of care was introduced in a metropolitan emergency department, it could be expanded to improve access to diagnostic testing in rural and remote areas (Queensland Health, 2013). In some rural hospitals RNs routinely provide clinical support activities including x-ray services. RNs trained as x-ray operators perform limb and chest imaging as requested by medical personnel (Twigg, Cramer & Pugh, 2016). This increases the access patients have to diagnostic imaging equipment.

To support access and availability of diagnostic imaging services, the QNMU believes that the list of rural and remote hospitals eligible for the Section 19(2) exemption of the *Health Insurance Act 1973* (the Act) requires expansion to align with growing demands within regional, rural and remote communities. The Council of Australian Governments (COAG) Section 19(2) exemption initiative aims to increase small communities' access to primary health care and enhance service delivery to these communities (Queensland Health, 2007). This initiative provides eligible sites to claim against the MBS for non-admitted, non-referred professional services, which includes nursing and midwifery services provided in emergency departments and outpatient clinic settings (Queensland Health, 2013). The initiative originated from the need for public hospitals to provide primary health services to rural and remote towns due to the lack of private General Practitioner services (Queensland Health, 2013).

The 2016-2020 Memorandum Of Understanding for COAG Section 19(2) exemption initiative, has been updated to a single criterion that requires an eligible public health site to be located within categories five to seven of the Modified Monash Model (MMM) classification system (Australian Department of Health, 2017). Sites such as Mareeba, which is a one hour drive from Cairns (over 60 km) and Roma which is a four hour drive from Toowoomba (over 370 km) have been allocated as MMM4 and at the end of September 2017, the COAG 19(2) exemption will expire for the Roma and Mareeba sites. The removal of the COAG Section 19(2) exemption for these organisations means nurse practitioners and midwives will be unable to claim for rebates, thus reducing access to diagnostic imaging equipment.

There are many QNMU members working in Queensland Health services that apply the Section 19(2) exemption, in fact, Queensland has 39 exempt hospitals making it the state with the highest number of exemptions in Australia (Australian Department Health, 2017). Unfortunately that number will be reduced to 37 from October 2017 with the removal of Roma and Mareeba sites from being eligible. It is obvious, as the largest clinical workforce, that nurses and midwives are providing significant levels of primary health services to rural and remote Queenslanders (Cliffe & Malone, 2014). These services are considered safe and of high quality and include the provision of diagnostic imaging.

Conclusion

As the largest group of healthcare providers, nurses and midwives are well placed in providing access to diagnostic imaging services. This access is influenced by geography with rural and remote areas having less access. Social determinants of health also affect a person’s access to diagnostic imaging equipment. However, measures should be taken to ensure consumers of healthcare are given every opportunity to have the health care services they need within their community. This includes not reducing the number of rural and remote hospitals eligible for Section 19(2) exemption.

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