

Aboriginal and Torres Strait Islander people should be aware that this document may contain images and names of persons who may be deceased.



**Rural & Remote
Medical Services Ltd.**
An Australian Health Charity Since 2001



Better Together

2021-22

STRATEGIC PLAN





We live and work on the lands of the First Australians. We pay our respects to Elders past, present and emerging.

Better Together

Gamilaraay

Dhayn ngiyani winangaylanha NSWga ganunga-waanda yanaylanha, dhaymaarr ganugu-waanda nhama ngarrangarranmaldanhi

Wiradjuri

Ngiyani Yindyamali Aboriginal Mayiny Murrubandhda Mayinny galangga NSW Ngangaagi

English

We respect Aboriginal peoples as the First Peoples and custodians of NSW.

OUR ASPIRATION FOR THE FUTURE

Healthy rural and remote communities

HOW WE PLAN TO ACHIEVE OUR ASPIRATION

- Delivering innovative and integrated health and medical workforce solutions, including Telehealth, to help rural and remote communities to access services and attract local GPs and practice staff.
- Working with our communities to help them develop and maintain high quality health, medical and social service centres in rural and remote locations.
- Diversifying our revenue streams, delivering cost-effective and integrated services and building robust information management systems to monitor and measure performance and support continuous improvement.
- Growing our reputation for innovation, access and outcomes and bringing the voice of rural, remote and Indigenous Australians into the health decision-making process.

HOW WE NEED TO ACT & BEHAVE TO ACHIEVE OUR ASPIRATIONS

Purposeful – We focus at all times on our charitable purpose to help rural and remote communities to sustainably operate community health and medical services in their towns.

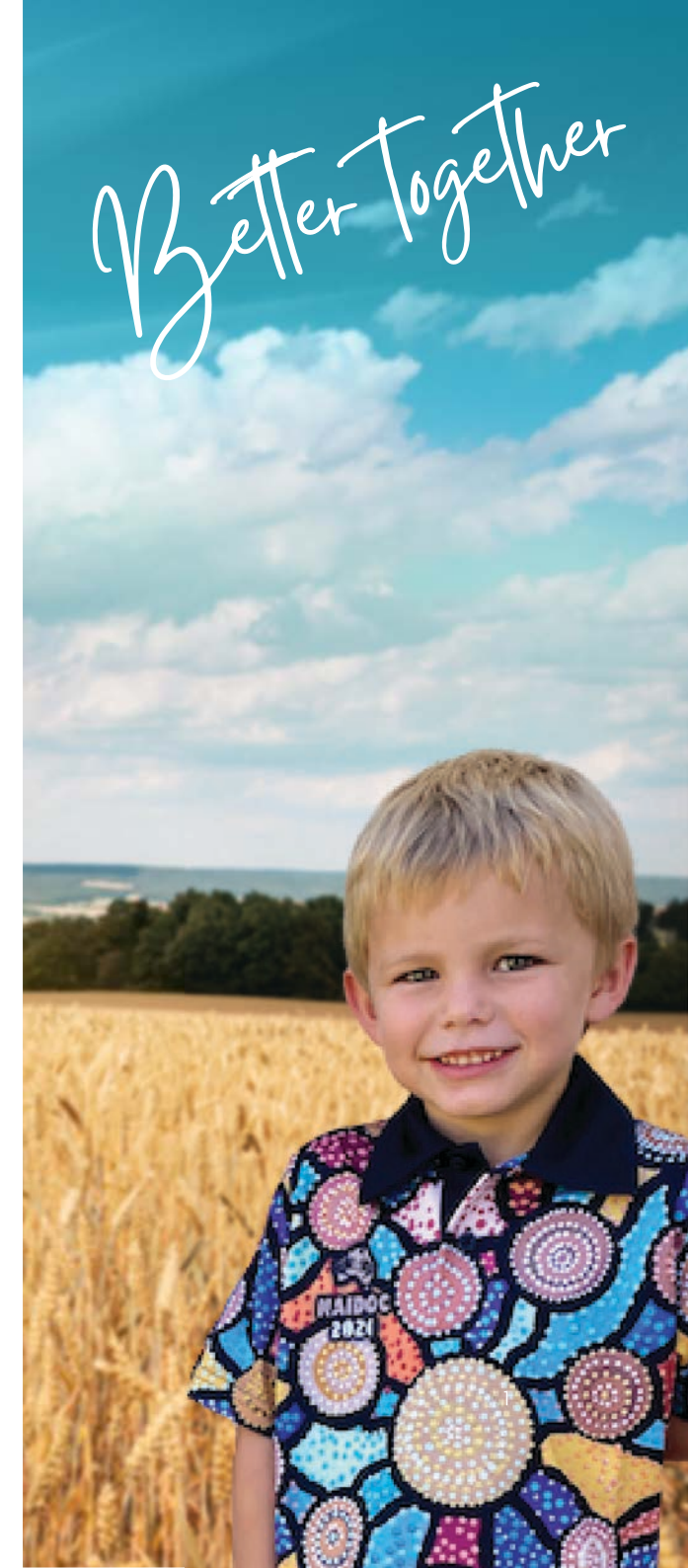
Patient and Community Centred – Our patients and communities are at the centre of everything we do. We engage with our patients and communities in a collaborative approach to co-design and deliver our programs informed by place based needs.

Innovative – We are driven by need and use common sense to find practical, innovative and locally accepted solutions to problems and opportunities in our health and social service system.

Cooperative – we understand that a diversity of views is important to achieving our best, and working together as a team and with our communities and stakeholders is the best way to achieve health improvements for our communities.

Agile – We continuously build a deep knowledge of our communities and establish trusting relationships to enable us to respond quickly and effectively to local expectations and changes in our environment.

Ethical – We are fair, honest, trustworthy, ethical and transparent.





Who we are

Rural and Remote Medical Services Ltd was established in 2001 as a Charity by a group of dedicated rural GPs working with local communities to address the ongoing shortage of rural doctors that was contributing to high rates of chronic disease and early mortality.

Today, Rural and Remote Medical Services Ltd delivers high quality health, medical and social services in 10 communities, serving the needs of more than 22,000 people across NSW.

Our rural and remote GP Telehealth service provides access to care to a catchment of more than a quarter of million people across NSW, supporting doctors to achieve a good work/life balance while improving access to care for rural and remote communities through effective integration of local GP and health services and new technology.

Better Together

OUR BOARD



CHAIR

RICHARD ANICICH AM BCom LLB FAICD
Chair, Hunter Primary Care
Chair, Committee for the Hunter
Conjoint Professor of Law, University of Newcastle



DEPUTY CHAIR

DR KIM WEBBER PhD (Medicine)
Executive Lead, Strategy, cohealth
Former GM Strategy, Australian Digital Health Agency
Former, CEO Rural Health Workforce Australia



CHAIR, CLINICAL GOVERNANCE

DR KEN MACKEY AM MBBS (UNSW) Dip Obst (RCOG) FACRRM FAICD
Rural General Practitioner
Former President, Rural Doctors Association of Australia



CHAIR, AUDIT & RISK

DR IAN OPPERMANN MBA(Lon) PhD (Syd) FIEEE FIEAust FTSE FACS
GAICD
NSW Chief Data Scientist, NSW Customer Service
Former Director, Digital Productivity and Services Flagship, CSIRO



PROFESSOR AMANDA BARNARD BMed (Hons) FRACGP
Professor of Rural and Indigenous Health, Australian National
University



MS JANE GRAY GAICD
Former Executive Director, Innovation & Partnerships, Hunter New
England Local Health District
Non-Executive Director, Newcastle Permanent Charitable Foundation



DR SARAH MCEWAN FACRRM FRACGP GAICD
Medical Advisor, nib Health
Wiradjuri Woman



MS MICHELE SMITH RN GAICD FACHSM
Chair, Eyre And Far North Local Health Network, South Australia
Health

OUR MANAGEMENT



CHIEF EXECUTIVE

MARK BURDACK BA BLEGS
(HON) FGIA GAICD
Former Foundation Director,
LawAccess NSW
Former Executive Director,
Murray Darling Medical School
Former Chair, Western NSW
Research Institute



CHIEF MEDICAL ADVISOR

DR FREDDY CHAFOTA FRACGP
FACRRM



GM, RARMS HEALTH

ROHAN LANGSTAFF RN BNurs (RMIT)
MPubHealth (UNSW)
Gradcertchronic disease (Flinders)



GM, TELEHEALTH

TRACY HAIG



GM, STRATEGY & PERFORMANCE

MELANIE FREEMAN BFinAdmin



GM, FINANCIAL SUSTAINABILITY & MANAGEMENT

CROYDON DOWLEY BFinAdmin CA



GM, PEOPLE & CULTURE

TEGAN CATTLE





Better Together

A Continuing Tradition of Innovation

Rural and Remote Medical Services Ltd was born from a unique partnerships between rural GPs, hospitals, Aboriginal Medical Services and local communities.

Our communities knew that rural health policies were not addressing rural workforce challenges and were unlikely to do so in the medium term. A new and innovative model was required.

The 'Easy Entry, Gracious Exit' model was the outcome of a process of collaboration and co-design involving communities, clinicians and other stakeholders. This model has guaranteed our communities 20 years of access to rural and remote health and medical services.

This history of innovation, built on a genuine partnership with communities, has informed our approach to improving health outcomes in rural and remote communities for the last 20 years and continues to drive our engagement with new team-based models of care, service coordination, health planning, mobile clinics and Telehealth integrated primary care.



OUR RELATIONSHIPS

CUSTOMERS

Rural and remote communities
Rural and remote doctors & their families

FUNDERS

Rural and remote communities
Donors and stakeholders
Commonwealth Government
State & Territory Governments

COUNCILS

Gilgandra Shire Council
Warren Shire Council
Gwydir Shire Council
Walgett Shire Council

COMMUNITIES

Goodooga Community
Wee Waa Community
Braidwood Community

RESEARCH & TRAINING

Australian National University
Menzies School of Health Research
Three Rivers University Department of Rural Health
Charles Sturt University
University of Newcastle

PARTNERS

Access Telehealth
Angel Flight
Australian Social Value Bank
Baptist Care

Black Dog Institute
Breast Screen NSW
Canva
Catholic Care
Coonamble Aboriginal Medical Service
Dubbo Aboriginal Medical Service
Endeavour Consulting
Family Planning Australia
First Australians Health
Funraisin
Gilgandra Country Women's Association
Hearing Australia
Hunter New England Local Health District
Hunter New England Central Coast Primary Health Network
Hunter Primary Care
Khan's Supa IGA
Lassio
LGSS
Lightning Ridge Bowling Club
Live Better
Manildra Group
Marathon Health
NSW Outback Division of General Practice
NSW Rural Doctors Network
PhyzX
Royal Flying Doctor Service (NSW)
RSL Life Care
Seer Data Analytics
Social Pilot
Southern Primary Health Network
Sparke Helmore
Staree Initiative
SurveyMonkey
Uniting Care
Western NSW Local Health District
Western NSW Primary Health Network
Westhaven
Whiddon Group
Wix





Better Together

Co-designing a Healthy Rural Future

Rural and Remote Medical Services Ltd's doctors, nurses and staff live and work in rural and remote communities and have built strong and trusting relationships with members of the local community.

As a Geographic Opportunity Organisation, we support staff to live and work in rural and remote towns which helps us to maintain connection to, and remain informed by, the needs and circumstances of rural and remote people in the design of our services.

Using a Co-Design framework developed over many years of engagement, we have been able to develop services that have achieved significant success on the ground. For example, our Telehealth services achieved a 93.1 percent satisfaction rate among clinicians and 94.5 percent positive rating among patients.

Understanding rural and remote people enables us to act rapidly as the first responder on-the-ground to reduce the risk of community transmission during COVID, and advise government on the needs and concerns of people living in rural and remote areas.

We will continue to work with communities that request our help to ensure that their needs and expectations are addressed, and to represent their voices to decision-makers.

OUR PLAN FOR HEALTHY RURAL AND REMOTE COMMUNITIES

We will achieve this by:

Delivering innovative and integrated health and medical workforce solutions, including Telehealth, to help rural and remote communities to access services and attract local GPs and practice staff.

Working with our communities to help them develop and maintain high quality health, medical and social service centres in rural and remote locations.

Diversifying our revenue streams, delivering cost-effective and integrated services and building robust information management systems to monitor and measure performance and support continuous improvement.

Growing our reputation for innovation, access and outcomes and bringing the voice of rural, remote and Indigenous Australians into the health decision-making process.

We will work to deliver this by:

Working **purposefully** and **collaboratively** with organisations, communities and people who share our commitment to ensuring the right care at the right time in the right place.

Using **evidence** to guide our decision-making and planning to ensure that we are bringing best practice to improving rural and remote health.

Being **responsive** to our local communities and patients, engaging with their deep knowledge of their local circumstances and setting shared priorities for the future to **co-design** solutions.

Being **innovative, agile** and **ethical** in responding to needs, building new services and adapting to changes in our environment.

We will measure our success by:

- Improved access to health, medical and social services in our communities.
- A reduction in the gap in health outcomes between rural, remote and Indigenous Australians compared to other Australians.
- A financially and environmentally sustainable organisation that is contributing to employment and economic opportunity in its communities.

Better Together



Evidenced-based Rural Advocacy

Rural and Remote Medical Services Ltd has partnerships with some of Australia's leading universities and research institutes to inform research priorities from the coal-face and ensure that rural, remote and Indigenous priorities are addressed in our national research, education and training programs.



STRATEGIC PRIORITIES 2021

PRIORITY 1 Addressing the social determinants of health through place-based health planning

We will:

Expand the Cooee Initiative to additional communities to build health literacy around health needs and develop plans for how communities will address the social determinants of health and access to services.

Engage with human services agencies and organisations to improve coordination of services, reduce duplication and improve monitoring of outcomes.

PRIORITY 2 Enhance access to services by expanding 'wrap-around' health and social support

We will:

Expand our services to incorporate NDIS and aged care support and coordination for rural and remote communities.

Engage with other services such as legal, financial, housing and social assistance to explore opportunities to act as an agent for coordination of local services.

PRIORITY 3 Grow the rural and remote health and medical workforce pipeline

We will:

Establish a Rural and Remote GP and Nurse Training Network to provide clinical supervision for GPs and nurses that require periods of supervision in order to work as permanent staff in rural and remote practices.

Build collaborative partnerships with universities, training providers and others to establish an end-to-end rural GP training and practice career pathway from entry to medical school to create a talent pool for future rural practice.

Continue to expand the utilisation and acceptance of Telehealth as both a workforce support tool and to enhance access to care for patients when appropriate.



PRIORITY **4** **Grow community health leadership capacity**

We will:

Work with local councils and community groups to bring the voice of rural and remote people into the development of policies for future health services and outcome targets.

WE SUPPORT THE



PRIORITY **5** **Diversify revenue and continue to improve efficiency and quality**

We will:

Establish a Social Enterprise built around our Telehealth and practice management capabilities to generate revenue to support expansion of health, aged care, medical and social services in rural and remote communities.

Provide training and support to GPs and nurses to ensure rural and remote communities benefit from all revenue to which they are entitled.

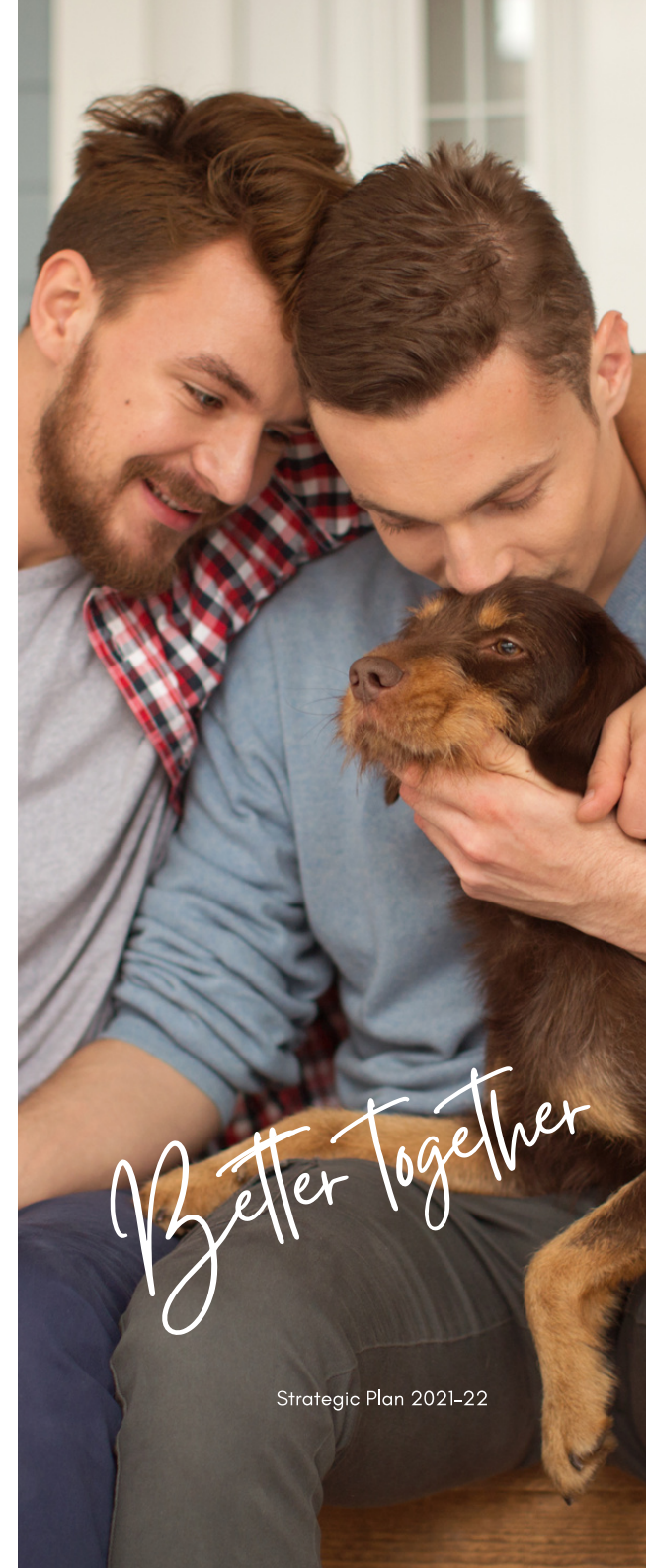
Secure grants and other funding opportunities.

Continue to implement the Service Improvement Plan to generate efficiencies and support quality, safety and productivity.

Continue work to expand charitable fundraising capacity.

Finalise governance changes with a particular focus on facilitating increased engagement by clinicians and communities in the decision making of the Charity.

Progress the implementation of our Reconciliation Action Plan, Local Procurement Plan and Green Plan.





Better Together

Working every day for all rural and remote Australians

Rural and regional communities are characterised by a strong sense of community, high levels of volunteering and emotional satisfaction compared to major cities.

Our communities are home to large numbers of Aboriginal and Torres Strait Islander Peoples.

Rural and Remote Medical Services Ltd cares equally for all people in rural and remote Australia including Aboriginal and Torres Strait Islanders, gay and lesbian people, bi-sexual people, transgender, gender non-conforming, people with disabilities, older Australians and young Australians and single parent families. We care for farmers, miners, teachers, fishers, Police, electricians, public servants, retail and hospitality workers, and all other occupational groups that make up our towns.

Over the next 5 years, we are committed to ensuring that our staff and board reflects the diversity of the communities we serve.

HOW WE WILL MEASURE OUR PROGRESS

We will measure our progress through our Health Outcomes Framework.

Informed



Our communities have access to plain language information about their health and how to apply that information to their lives, use it to make decisions and act on it.

Empowered



Our communities are able to participate as a group and individually in decisions affecting their health and make informed choices.

Connected



Members of the community are able to obtain coordinated access to social, mental health, specialist and allied health services to address their health needs.

Health Outcomes Framework

Safe



Aboriginal and/or Torres Strait Islander Peoples in our communities can access culturally safe social and health services.

Accessible



Members of our communities can access the right care, in the right place at the right time.

Improved



Our clients and patients are able to achieve positive improvement in their health.

Sustainable



Our communities have access to health and social services that are sustainable and will contribute to local jobs and economic activity.

Better Together

Strategic Plan 2021-22



HOW WE SUPPORT THE HUMAN SERVICES OUTCOMES FRAMEWORK



Education and Skills All people in NSW are able to learn, contribute and achieve.

We support this outcome by delivering community access to plain-language information and advice about the social determinants of health, and through our engagement with local schools and communities through the Cooe Initiative in planning for healthy futures.



Safety All people in NSW are able to feel safe.

We support this outcome by ensuring we have in place the appropriate policies, procedures and reporting mechanisms to ensure all our patients are supported to access health and social services that are responsive to their needs.



Health All people in NSW are able to live a healthy life.

We support this outcome by aligning service mix to community needs analysis, ensuring local access to appropriate on-site health and medical care and providing access to 24/7 Telehealth Services.



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Economic All people in NSW are able to contribute to and benefit from our economy.

We support this outcome by delivering health and social services in rural and remote towns creating jobs and stimulating economic development.



Social and Community All people in NSW are able to live a healthy life.

We support this outcome by working with human services to enable members of our communities to have a one-stop-shop for access to social, behavioural and health services that meet their needs.



Empowerment All people and communities in NSW are able to contribute to decision making that affects them and live fulfilling lives.

We support this outcome by establishing Health Forums in all our communities to inform our local planning and engaging local people in decision making about their future.



Home All people in NSW are able to have a safe and affordable place to live.

We support this outcome by working with human services to enable members of our communities to have a one-stop-shop for access to social, behavioural and health services that meet their needs.

Informed



Our communities have access to plain language information about their health and how to apply that information to their lives, use it to make decisions and act on it.

Safe



Members of our communities can access services without fear of discrimination on any ground and which are culturally safe.

Accessible



Members of our communities can access the right care, in the right place at the right time.

Improved



Our clients and patients are able to achieve positive improvement in their health.

Sustainable



Our communities have access to health and social services that are sustainable and will contribute to local jobs and economic activity.

Connected



Members of the community are able to obtain coordinated access to social, mental health, specialist and allied health services to address their health needs.

Empowered



Our communities are able to participate as a group and individually in decisions affecting their health and make informed choices.

Connected



Members of the community are able to obtain coordinated access to social, mental health, specialist and allied health services to address their health needs.

Better Together



HOW WE SUPPORT THE UN SUSTAINABLE DEVELOPMENT GOALS



GOOD HEALTH AND WELL-BEING



GENDER EQUALITY



REDUCED INEQUALITIES

We are supporting the Global Goals by improving access to primary healthcare for rural, remote and Aboriginal and Torres Strait Islander communities as well as through our Women's Health, Aboriginal and Torres Strait Islander Health Programs and Cooee Initiative for Health Literacy and Planning.



INDUSTRY, INNOVATION AND INFRASTRUCTURE



SUSTAINABLE CITIES AND COMMUNITIES



DECENT WORK AND ECONOMIC GROWTH

We are investing in health and community infrastructure and jobs in rural and remote communities, and funding research to improve the sustainability and effectiveness of primary healthcare services.



PEACE, JUSTICE AND STRONG INSTITUTIONS

We are supporting rural and remote communities to engage in decision making about their health future by building health literacy and community leadership capacity and through collaboration with like-minded organisations that share our commitment to primary health care and 'Universal Coverage for All' locally, nationally and globally.



CLIMATE ACTION

We are addressing Climate Action through our Green Plan and Local Procurement Plan, and by raising awareness of the link between climate change and human health.

GLOBAL INITIATIVES SUPPORTER



OTTOWA CHARTER
FOR HEALTH PROMOTION

allies
improvingphc



Better Together

Strategic Plan 2021-22



RURAL & REMOTE HEALTH Principles for Innovation

Rural and Remote Medical Services Ltd was born from the innovative capacity and creativity of rural and remote communities in addressing shared problems. We believe that innovations, such as Telehealth, have a critical role in the provision of health and hospital care to all Australians in the future. Innovation, informed by the common-sense of communities and evidence, will become an increasingly integral tool in advancing patient health.

We have adopted these overarching principles to help guide decisions about the use and development of new innovations in the future:

- Patient and community needs must be the starting point for all innovation planning and implementation.
- Healthcare quality and safety must be the primary driver all decisions about models of care and the application of technology and innovation.
- The General Practice-patient relationship must remain at all times at the centre of all primary healthcare services within a team-based model of care that engages the experience and expertise of multiple health and social care professionals.
- Communities, patients and clinicians must be engaged in the co-design of future health and social services to build confidence and utilisation.
- Models of care must be appropriate for patient and community needs and contribute to better health outcomes.
- Clinical protocols must be developed by experts in relevant fields.
- The patient right of informed consent to the type and mode of treatment must be inviolate to reduce the risk of 'solutions' being imposed without community and patient consent.
- Telehealth is a tool to complement the doctor-patient relationship - it must not be used to replace existing local GPs and services where hands-on medical and health care is required and/or expected.

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