

PRINCIPLES AND STRATEGIES

In 2004, a comprehensive review of the current status of remote area renal services and end stage kidney disease in Aboriginal and Torres Strait Islander Australians living in remote areas was undertaken. This included consultation with a broad range of stakeholders, including service providers of remote area renal services.

Governments subsequently approved a set of principles and strategies to improve remote area renal services for Aboriginal and Torres Strait Islander Australians living in remote areas, based on this work. Feedback indicated that the principles and strategies are relevant and meaningful to clinicians and administrators. It was anticipated that there would be continued engagement with these stakeholders for the duration of the project, and that other key non-Government organisations, such as the Aboriginal community controlled health sector, would be included in briefings on the progress of the project, and provided with an opportunity to contribute towards their implementation.

The strategies are consistent with the principles proposed to guide the development and operation of remote area renal services for Aboriginal and Torres Strait Islander people living in remote areas.

These principles are:

- Prevention and management of chronic kidney disease requires the provision of effective primary health care services;
- Planning for remote renal services requires recognition of the unique needs and disadvantaged circumstances of remote communities and their impact on service delivery;
- Planning for remote renal services requires a focus on local needs, workforce, flexibility, accountability and whole of government collaboration at the regional level;
- All jurisdictions will work towards improving access to all modalities of renal replacement therapies for people living in remote areas;
- Renal dialysis treatments should be available as close to home as possible;
- Transplantation is the optimal treatment for appropriate patients; and
- Aboriginal and Torres Strait islander consumers and communities should participate in the planning for remote renal service provision.

The strategies are:

- A national consensus document on service standards for remote area renal dialysis and transplant services should be developed for consideration by jurisdictions. Existing performance frameworks should incorporate performance measures that reflect these service standards;
- Jurisdictions through their Aboriginal and Torres Strait Islander Health forums and advisory mechanisms should ensure that there are increased levels of local community engagement, decision making capacity and

advocacy opportunities for communities and consumers in remote renal service development;

- Jurisdictions take into account current and anticipated need for independent, in-community dialysis in the planning, design and establishment of new (and refurbished) health facilities in remote communities;
- Jurisdictions will endeavour to ensure that the primary health care workforce has sufficient expertise to provide a supportive, local clinical environment for patients on renal replacement therapy;
- Specific mechanisms to develop and sustain the specialised multidisciplinary renal workforce should include:
 - Relevant Aboriginal Health Worker competency development and implementation is progressed and consistent with the service standards;
 - Referral of the need for a non-medical renal workforce outreach support program (similar to the Medical Specialist Outreach Assistance Program) to the AHMAC National Rural Health Policy Sub-committee for their consideration;
 - Ensuring that the outcomes of the review of access to specialist services being conducted by the AHMAC National Rural Health Policy Sub-committee provide for improved access to general physicians with particular expertise in diabetes, cardiovascular disease and kidney disease;
 - Increasing the number of Aboriginal and Torres Strait Islander people working across all the health professions which form part of a renal services team; and
- The work of Australians Donate to maximise the kidney donation rate should be supported, particularly initiatives which will increase the availability of donor kidneys for Aboriginal and Torres Strait Islander clients.

It is recognised that some of the strategies have a practical focus, while others address broad issues. The strategies can broadly be considered in three categories, and can be progressed according to these categories:

- Those which are a matter for individual jurisdictions. These include the strategies proposing engagement with and employment of Aboriginal and Torres Strait Islander people, planning of facilities and nurturing an effective Primary Health Care workforce.
- Those which are pertinent to current deliberations of other AHMAC subcommittees and related organisations. These include the strategies regarding the specialised multidisciplinary workforce and kidney donation.

Those which require national collaboration to develop consensus on a specific issue. This is best exemplified in the strategy proposing the development of Remote Area Renal Service Standards, the focus of this paper.