National Rural Health Alliance

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Submission – Parliament of Tasmania: Rural Health Services

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Introduction

Who we are

The National Rural Health Alliance (the Alliance) welcomes the opportunity to present a submission to the Parliament of Tasmania Government Administration A Sub-Committee, *Inquiry into Rural Health Services.*

The Alliance comprises 44 national member organisations (see Appendix 1: Member Bodies) and is focused on improving the health and wellbeing of the 7 million people residing outside our major cities. Our members include health consumers, health care professionals, service providers, health educators, students, and the Indigenous health sector. Well-rounded representation of the rural health sector enables us to work toward our vision of 'healthy and sustainable rural, regional and remote communities'.

We advocate for local solutions to local issues, recognising that metropolitan solutions do not necessarily work in a rural, regional and remote (rural) backdrop. This gives us a particular interest in the situation in each state and territory (state), and the models of care being trialled or implemented in rural areas.

In this submission, we seek to highlight the most important issues facing Tasmanians in terms of access to health and hospital services. For this purpose, we have not addressed every component of the Terms of Reference for the Inquiry.

Definition of "rural"

Under the Modified Monash Model, the entire state of Tasmania (including Hobart) is comprised of inner and outer regional, remote and very remote communities. The cities of Hobart and Launceston are both categorised as inner regional, not metropolitan. (1) Based on this and taking into account the limited availability of health data split into Tasmania's remoteness categories, the Alliance takes the broad view that all of Tasmania is rural for the purpose of this submission.

1. Health outcomes, including comparative health outcomes

Australia's rural health outcomes

Across Australia, rural people experience poorer health outcomes than people in metropolitan areas, in large part due to poorer access to primary health care, specialists and hospital services and Aboriginal health services. (2) (3) Rural Australians also face disadvantages in terms of their social determinants of health, particularly income, education and employment pathways. Risky behaviours including tobacco smoking, alcohol and illicit drug use are also more prevalent in these areas, (4) as well as occupational and physical risks due to the types of work (e.g., agricultural). (3) There are higher rates of family, domestic and sexual violence in rural Australia, with hospitalisations for domestic violence *24 times more likely* in remote and very remote areas than in major cities. (5)

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People living in rural and remote areas are more likely to die at a younger age than their counterparts in major cities. They have higher mortality rates, higher rates of potentially avoidable deaths and lower life expectancy than those living in major cities. (3)

Tasmania's health outcomes

Tasmania's population is faced with the challenge of a continually ageing demographic profile, which lends itself to higher rates of chronic disease, disability and mortality. In 2006, it overtook South Australia as the "oldest" state in the country in terms of median age, and it has retained this status for the last 15 years. Using the most recent data from the Australian Bureau of Statistics (ABS), the median age of Tasmanians is 42.3 years old, which is 4.6 years older than the median Australia-wide age (37.7 years). Furthermore, if Tasmania's age increase over time continues, it is projected that the proportion of people aged 65 and over will increase from 19 per cent in 2017 to up to 30 per cent in 2066. (6) An ageing population suggests that rates of chronic disease and disability will increase in the coming years. It also means an ageing workforce, which signals the increasing severity of Tasmania's health workforce shortage, particularly in general practice and specialist services. (7)

Tasmanians have poorer health outcomes than most other states in Australia. For example:

- The life expectancy of Tasmanians (79.5 years for men, 83.6 years for women) is lower than for Australians overall (80.9 years and 85.0 years). This is the second lowest of all the states. (8)
- Tasmanians rate their own health as poorer than Australians overall. In 2014-15, the proportion of Tasmanians that rated their health as good to excellent was 81 per cent (with the remainder reporting their health as fair or poor), whereas 85 per cent of all Australians rated their own health as good to excellent. (9) (10)
- In 2015, Tasmania was the second worst state in the country in terms of burden of disease for those aged 15 and over (behind the Northern Territory) (11)
- The age-standardised prevalence of overweight or obesity among Tasmania adults was 66 per cent in 2014-15, the highest of all jurisdictions. (9)
- In 2014-15, the age-standardised prevalence of high blood pressure in Tasmania was 25 per cent, the highest of all jurisdictions and higher than for Australia overall (22 per cent). (9)
- Tasmanians had the second highest suicide rate in the country in 2019 (age-standardised 19.5 per 100,000). This was 51 per cent higher than the national suicide rate that year, and 14 per cent higher than the state's suicide rate in any other year in the last decade. (12) Suicide is the greatest contributor to years of life lost due to premature or untimely death in the state. (9)
- In 2016, Tasmania's age-standardised mortality rates were 6.5 deaths per 1,000 population, which is higher than for Australia overall (5.5 deaths per 1,000). The age-standardised mortality rates were higher in Tasmania than Australia overall for the following conditions: ischaemic heart disease; dementia, cancers of the colon, oesophagus and lung; diabetes mellitus; hypertensive diseases; chronic obstructive pulmonary disease; and intentional self-harm. (9)

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The Alliance believes that the poorer health outcomes of Tasmanians are the result of inequities of health care access, as well as other determinants of health such as age and social determinants. We propose that the Tasmanian Government take all of these factors into account in considering how to improve health outcomes across the state.

2. Availability and timeliness of health services

2A and 2D: Ambulance Services and Hospital Services

The Tasmanian Government has acknowledged the importance of having adequate access to both primary health care and hospital services. The state boasts four major public hospitals, 23 public rural and community hospital sites, and 14 private hospital and health facilities. (13)

However, the Alliance is concerned that access to health and hospital services in Tasmania has been historically poorer than in other states, and there is evidence that there has been no improvement over time. For example:

- The Australasian College for Emergency Medicine (ACEM) reported that in 2019, Launceston General Hospital and Royal Hobart Hospital were the two worst performing hospitals in the country in terms of ED waiting times and 'access blocks'. (14) Access blocks are when patients who have been admitted and need a hospital bed are delayed from leaving the ED because of lack of inpatient bed capacity.
- The Tasmanian Audit Office reported that in 2018-19, not only did the Launceston General Hospital and Royal Hobart Hospital perform very poorly, but the North West Regional Hospital also experienced major staffing and service pressures which compromised patient flow and clinical safety. (15) Issues in terms of access blocks within the North West Regional Hospital affect local patients, not only from care that they receive within this hospital, but also because these issues result in transfers being delayed to the Launceston General Hospital or Royal Hobart Hospital. These transfers may be necessary for patients to receive complex interventional and acute care.
- In terms of elective surgery, the statewide proportion of patients who were admitted for surgery within the clinically recommended time was only 50 per cent in September 2020. Although it could be considered that this low rate is due to National Cabinet having suspended non-urgent elective surgeries from 26 March 2020 to 26 April 2020 (with a staged reintroduction) (16), this rate was already low prior to COVID-19 – it was 50 per cent in January 2020 and 52 per cent in November 2019. (17)

The ACEM considers access blocks to be a symptom of broader health system issues spilling over into the acute care system. To address access blocks, they recommend implementing transformational, system-wide change to health services, in parallel to increases in hospital and alternative care capacity, improved care in the community, and strengthening of the evidence base to target successful interventions for reform. (18) Reducing demand for inpatient beds necessitates a reduction in avoidable hospitalisations through the delivery of primary health care services by GPs, allied health providers, pharmacists, and other community health professionals.

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The Tasmanian Government's White Paper, *One State, One Health System, Better Outcomes* (2015), states that their vision is to achieve the nation's healthiest population by 2025. (13) The White Paper focuses heavily on Tasmania's four major public hospitals, acknowledging that rural communities fall short in having access to acute and specialist services. Access to high-quality acute and specialist services is essential for every community, and primary health care can only go so far in preventing the need for hospital services. However, the provision of more primary health care in Tasmania would help minimise the burden on the state's hospitals. We believe that investing in the state's hospital services should not be at the expense of community access to high-quality primary health care.

2B: Primary health care

This submission has pointed out that hospital performances in Tasmania are among the worst in the country. Furthermore, primary health care services are also substantially worse in Tasmania than in most other states. The Australian Government defines primary health care as being the first contact a person has with Australia's health system, including general practitioners, nurses, allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers. (19)

In 2016, the number of Tasmanians without any primary health care coverage within a 60-minute drive was 31 per cent higher than Australia as a whole. Tasmania comprises only 2.2 per cent of Australia's total population, yet it makes up 28.2 per cent of all of Australia's population that do not live within a 60-minute drive to a nurse-led primary care clinic. (20)

Due to barriers accessing primary health care, including for the purposes of diagnostics, prevention and other purposes, the first interaction with the health system is often for an acute episode, such as a stroke (21) (22), heart attack (23) or major fall (24) (25). Primary health care services can help in preventing these acute events from occurring.

Despite relatively limited access to primary health care, it is still the most immediate source of health services for remote Tasmanian communities. It plays a major role in reducing the reliance on hospital services such as acute care and specialist services. (13)

Older Australians

There is a particularly strong opportunity for primary health care professionals to help minimise pressure on the hospital system in the care and management of older Australians. In 2016-17, people aged 65 and over accounted for 42% of all same-day admissions, 41% of all overnight hospitalisations and approximately 20% of all emergency department (ED) presentations. (26) Two examples of primary health care professionals that can help in caring for older Australians are below:

- Community paramedics can play an important role in reducing the burden of disease on the elderly through direct involvement in their care. In a recent systematic review, it was found that community paramedics can play a particularly important role in assessing patients, conducting referral, providing health education and regular communication. (27)
- Community pharmacists can play an important role in reducing adverse drug reactions (ADRs) for the benefit of the patient as well as the broader hospital system. A 2017 study of unplanned admissions of older Australians to the Royal Hobart and Launceston General

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> Hospitals showed that 19% were due to adverse drug reactions (ADR), and that in 56% of these cases the admission occurred in a patient with a previous history of an ADR. (28)

Increasing the involvement of the two professionals groups listed above could improve health services for older Tasmanians, reduce the burden on the hospital system and help address gaps in health service access for Tasmanians as a whole.

Reducing the burden on the state's hospital system requires not only a greater investment in primary health care, but a change in the way rural communities view health services. The Tasmanian Government could potentially achieve lower rates of preventable hospitalisations by promoting the role of allied health professionals in rural areas, including community pharmacists, psychologists, exercise physiologists and speech pathologists (to name a few), as well as promoting the role of community paramedics.

In addition to hospital services and primary health care, the Alliance has further identified maternity services and services for Indigenous Australians as two priority areas for reform. Further detail about each priority area is below.

2E: Maternity, maternal and child health services

The Australian Bureau of Statistics projects that under two of their three modelled scenarios, the number of deaths in Tasmania will exceed births, leading to a natural decrease in its population over the coming decades. (29) However, this does not rule out the importance of ongoing access to high quality maternity care. There is a shortage of midwives across Tasmania in both the public and private sectors. (13) Accredited midwifery education in Tasmania is provided through a two-year full-time graduate program at the University of Southern Queensland's residential schools in Hobart. (30) Calls have recently been made to have more birthing options closer to home, and for the reintroduction of maternity training in the state's major tertiary education provider, UTAS. (31)

UTAS previously provided the Graduate Diploma of Midwifery. However, its accreditation status became inactive in 2018 so that it was no longer an approved course of midwifery study. (32) Through correspondence with the UTAS School of Nursing, the Alliance understands that a program of study to provide for the initial registration of midwives is in the process of being developed.

The Alliance believes that an important consideration in the education of midwives in Tasmania is, firstly, how well it results in local recruitment, and secondly, how well it fosters continuity of care for pregnant women through into the postnatal period.

2L: Indigenous Australians

It is widely recognised that Aboriginal and Torres Strait Islanders face poorer health outcomes than non-Indigenous people. For Indigenous Australians, most of their primary health care is delivered through Aboriginal Community Controlled Health Organisations (ACCHOs), which offer holistic and culturally competent primary health care services. (33) However, Tasmanians have the poorest access to these Aboriginal health services than the other states. Of the total number of Indigenous Australians outside of a 60-minute drive to an ACCHO, 32.2 per cent were located in Tasmania. In particular, the district of Braddon in the north-west has an Indigenous population of almost 7,300,

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yet almost 18 per cent of these individuals have no access to Aboriginal health services within a 60-minute drive.

3. Barriers to access to health services

Across Australia, the geographical disparity in health outcomes and health care access has also been worsened by the COVID-19 pandemic and consequent lockdowns. These have added to pre-existing shortages of key health practitioners in public and private hospitals and primary health care services across the country.

For Tasmania's health and hospital system to fully benefit rural patients and ensure sustainability over the long term, secure and reliable funding for infrastructure and health services is required. The barriers to accessing health services in Tasmania include cost, distance, models of care, as well as various economic, social and political factors.

Cost of individual health care

The cost of health care is one of the major factors that act as a barrier to accessing health services in Tasmania. The Australian Institute of Health and Welfare reported that in 2016-17, the Tasmanian Primary Health Network (PHN) – Primary Health Tasmania – had the highest percentage of people (7.5 per cent) who delayed or did not see a GP when needed due to cost in the previous 12 months. Including medical specialists, imaging and general pathology tests as well as GPs, the Tasmanian PHN had the fourth highest proportion of people who delayed such appointments when needed due to cost. (34)

Private health insurance

In terms of private health insurance, fewer Tasmanians are covered than the Australia-wide coverage rate. Only 42.0 per cent of Tasmanians are covered by hospital treatment, compared to 43.9 per cent nationally, and 49.7 per cent are covered by general treatment (extras), compared to 53.4 per cent nationally. (35) This is consistent with the fact that there is a lower rate of private hospital admissions in regional and remote areas. (36) This indicates that the value proposition for private health insurance is not as strong for those parts of the country (including Tasmania) that are outside the metropolitan areas. Researchers have argued that private health insurance has potential structural failures that disadvantage rural Australians. (37) Furthermore, the Grattan Institute argues that people in rural communities are effectively subsidising the premiums for people living in metropolitan areas. (38)

Low incomes

The relatively older demographic profile of Tasmanians increases the impact of health care costs on patient access. For older Australians, social welfare often becomes an important source of income. Having the oldest population of any state in the country, Tasmania has the lowest total household income and the highest amount of income received through government benefits (including social assistance benefits). (39) Having a lower income means access to private health services, including most allied health services, is more difficult for Tasmanians, especially for those who are likely to require more frequent health services in order to prevent, manage and treat chronic disease. Seniors

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Australia is currently campaigning for reduced out-of-pocket costs for the health care that older Australians receive, citing it as a major barrier to receiving care in a timely manner and from taking out private health insurance. (40)

Economic, social and political factors

Economic factors

Economically, health services are one of the most expensive Government benefits provided to Australians. Spending on health by all levels of government totalled $133.6 billion in 2018-19, equating to 24.3 per cent of total government taxation revenue. Of total government and non-government health spending (including individual spending and private enterprises), governments funded 68.3 per cent. (41)

Focusing on public hospital funding, activity-based funding of emergency departments as increased from over $64 million in 2015-16 to over $100 million in 2019-20 – an average annual increase of 14 per cent in spending. Other service categories that have grown significantly in spending include admitted mental health services (over 16 per cent annual increase from 2015-16 onwards) and acute admitted services (over eight per cent increase). On the flip side, block payments for teaching, training and research grew from 2015-16 to 2017-18 from $44 million to $71 million, then decreased to $45 million in 2019-20. Funding for small rural hospitals has also fallen significantly, from $103 million in 2015-16 to $53 million in 2016-17; this is still below the 2015-16 figure at $87 million in 2019-20. (42)

Mersey Community Hospital

An example of where political factors have influenced rural access to health services is the ownership and funding history of Mersey Community Hospital (Mersey), which underwent a change of ownership for ten years from the state to the Commonwealth between 2007 and 2017. (43)

Looking back, the initial switch in ownership in 2007 has been criticised as ultimately leading to poorer continuity of care for patients and uncertainty for the hospital's workforce. (44) (45) (46) Looking forward, the Alliance has received feedback from members suggesting that this period of ownership change and inter-jurisdictional funding decisions have made it difficult to mobilise certain health professionals (such as community pharmacists) on the basis of specific regional need.

The Alliance recommends that structural funding decisions, as well as planned changes to a hospital's scope of services or health workforce, should be evaluated to assess their outcomes for the community over the long term. Such decisions can affect access to health services and funding sustainability, with implications on patient outcomes and the permanence of the hospital workforce. Tasmania's health system needs to be oriented around value-based care, putting health services in the right place, at the right time.

Collaboration between the State Local Health Network and the Commonwealth

Across Tasmania, hospitals and other State-managed health services were previously organised under three local hospital networks (Tasmanian Health Organisations) to cover the north-west, the north and the south areas of the state. These bodies were merged into a single Tasmanian Health Service in 2015 with the publication of the Tasmanian Government's 2015 White Paper. The effect

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that this restructure has had on the administrative processes of the state's health service funding and delivery is unclear. As per the 'Mersey Community Hospital' section above, the Alliance wishes to emphasise the importance of reviewing the effect that large-scale administrative restructuring has on the planning and delivery of local health services.

In the same year that the Tasmanian Health Service was created, 31 PHNs were established by the Commonwealth to commission health services within their geographical boundaries. The aim of this commissioning is two-fold: 1) to improve the efficiency and effectiveness of medical services for patients; and 2) to better coordinate patient care, particularly by supporting the role of general practice. (19)

Although the establishment of PHNs initially received mixed support from the health care sector, they are an enabler for reforming primary care and integrating general practice with hospital services in a patient-centred manner. Tasmania's single PHN – Primary Health Tasmania – has been established to serve the entire state, from inner regional to very remote communities. (47) To support these communities, there are opportunities for the Tasmanian Health Service to collaborate more with Primary Health Tasmania to support effective patient-centred care.

An example of effective collaboration between the Tasmanian Health Service and Primary Health Tasmania has been in the development of the state's mental health and suicide prevention plan, *Rethink 2020*. (48) This cooperation involved jointly funding the University of Queensland to perform mapping of Tasmania's mental health services. Employing funding flexibility and co-commissioning in this initiative has helped to understand the mental health needs of Tasmanians and equip both the primary health care and acute care sectors to prepare for the future.

There are many other examples of effective PHN-LHN collaboration across the country, including the following:

- The establishment in Queensland of the Health Alliance, a collaboration and partnership between the Brisbane North PHN and the Queensland Government's Metro North Hospital and Health Service. (49) One of the successful initiatives coming out of this collaboration is the approach to supporting the health of older people in the region through the 'Ageing Well Initiative'. (50) The integration for this project also been fundamental in supporting their new 'Your Care Closer' model, which has been adapted due to COVID-19 to include initiatives such as 'Rapid Access to Consultant Advice', 'Integrated hospital in the home' and 'GPs with Special Interest'. (51)
- Appointment of several General Practitioner Liaison Officers, undertaken jointly between the South Eastern NSW PHN (Coordinare) and the Southern NSW LHD (SWLHD). (52) These positions are co-funded by the NSW and Commonwealth Governments to facilitate GP engagement in planning health services and coordinating care in order to improve health outcomes. Coordinare also circulates information and publications produced by the SWLHD to help improve the understanding of general practices and their patients, such as when it is appropriate to present to the ED (53), or intellectual disability services (54).
- The North Coast Collective, which is a partnership between NSW's Mid North Coast and Northern NSW Local Health Districts, and the Australian Government's Healthy North Coast (North Coast PHN). (55) The Collective jointly led a project to review each group's approach

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to commissioning and managing services for mental health, alcohol and other drugs. This led to important discoveries about where there were gaps in the commissioning of appropriate health services.

These examples of successful collaboration show the opportunities available to enhance patient care and deliver services suitable to need. They also demonstrate how coordination can occur using effective working relationships between the LHN, PHN and GPs, with relatively small amounts of funding and organisational change.

Another important role that Primary Health Tasmania has is to help Close the Gap by increasing access that Aboriginal and Torres Strait Islander people have to primary health care services. Due to the lack of services from ACCHOs in Tasmania, particularly in the north-west, Primary Health Tasmania can lead the provision of culturally safe care in mainstream general practices for Indigenous communities.

5. Staffing of community health and hospital services

There are numerous challenges to having a sustainable and equitable health workforce in Tasmania. Fixing these challenges requires that we thoroughly understand them, both in terms of what is being done well, and where things could be done better.

Current health workforce gaps

At present, the Tasmanian Government is in the final stages of developing its 20-year health workforce strategy, *Health Workforce 2040*. (7) The Tasmanian Government found that there are numerous gaps in critical workforces across the state, including:

- A variety of specialists, particularly cardiologists, general surgeons and intensive care specialists. Many specialists who are currently in adequate supply also face an impending shortage in the coming years due to the high proportion nearing retirement age, including general practitioners, pain medicine specialists, head and neck surgeons, sleep medicine specialists and psychiatrists.
- Allied health professionals, particularly occupational therapists, dentists, physiotherapists, psychologists and diagnostic health professionals.
- Certain nursing professions, particularly mental health and critical care nurses. While there is an adequate supply of nurses in the state as a whole, there are still distribution issues, particularly in the state's north-west.
- Pharmacists, which have a lower distribution in the state's north-west and a higher distribution in Hobart. The Alliance has also received member feedback that Tasmanian public hospitals have a large number of vacancies for pharmacist positions, suggesting that these positions are not being filled quickly enough. This is consistent with the most recent report on hospital and retail pharmacists released by the Australian Government Department of Education, Skills and Employment. (56)

Nurse practitioners are also in lower supply in Tasmania (particularly the north – 6.9 per 100,000 – and north west – 3.6 per 100,000) compared to Australia as a whole (approximately 8.3 per

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100,000). (57) The strategy recognises that this is a relatively new professional pathway and graduates are expected to continue to grow.

Barriers to a strong Tasmanian health workforce

Some of the most important barriers to filling Tasmania's critical health workforce gaps include: its smaller population base; less access to local training in health care professions; net internal migration of young people away from Tasmania (58) (59); generally lower educational attainment (2); the state's older population profile; and few international fee-paying medical graduates practicing in the state (60). Tasmania's geographic separation from mainland Australia, economic factors, and educational opportunities act as disincentives to people taking jobs in Tasmania. For example, there are currently no local training pathways to become registered nurse practitioners, midwives and most types of allied health professionals, meaning that all of these health practitioners must come from other states and territories. (7)

Opportunities to improve training, recruitment and retention

Medical training

The Australian Government, state and territory governments and medical professional colleges should coordinate their policy responses in order to prioritise support for rural workforce training and development. This includes training pathways for medical specialties to ensure that they do not need to leave the state in order to complete the training pathway. The Alliance recommends targeting Tasmanian medical trainees early in their post-graduate medical careers, such as the internship and residency years, with extended rural and remote placements across the state.

The Australian Government has supported an increase in medical graduate numbers, including investing in rural clinical schools, training pathways and a focus on rural entry priority. This needs to be coordinated with state government postgraduate training pathways and medical professional colleges to ensure that there is scope for training outside of metropolitan areas, and that training is appropriate to meet the diversity of skillsets essential to rural and remote communities. There is clear evidence that training health professionals rurally can be successful in encouraging them to choose to live and work rurally.

The Tasmanian Government needs to approach its health workforce issues by aligning workforce initiatives with workforce programs being driven by other levels of government. An example of an effective rural workforce initiative currently underway is the Australian Government's Rural Health Multidisciplinary Training (RHMT) Program, which supports health students to undertake rural training through a network of rural clinical schools, university departments of rural health and dental faculties offering extended rural placements. The program also supports 26 regional training hubs, including one led by the UTAS in the state's north west, to build medical training pathways and support students and trainees. (61) An independent evaluation of the RHMT Program completed in May 2020 concluded that it was an important contributor to addressing rural health workforce shortages. (62)

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Rural generalists

There is concern across Australia about the trend towards increasing specialisation of health professionals with a smaller number of graduates having general skills in a broad range of health disciplines. (63) (64) Tasmania's *Health Workforce 2040* highlights the important role that generalist health professionals can have to address this issue. Due to the small health care teams present within outer regional and remote parts of Tasmania, GPs and allied health professionals with a subspecialty in rural generalism can provide a broad scope of services to these communities. Rural medical generalists are general practitioners with the broadest scope of skills, and one or more advanced skills (such as obstetrics or emergency medicine). Allied health rural generalists are allied health professionals with additional training that expands their scope of practice to address the needs of rural communities more fully. The National Rural Health Commissioner, Prof Ruth Stewart, oversees the rural generalist pathway for medical practitioners to lead the rollout of this training to areas of critical need. (65) (66) The Alliance recommends that the Tasmanian Government work closely with the Commonwealth to reach national agreement on the details of the pathways for rural generalism, including the locations of rural generalist coordination units within the state. This includes allied health rural generalists, for whom there is a significant scarcity in rural Australia, (67) including Tasmania (7).

Nursing and midwifery

For registered nurses and midwives, post-graduate courses are available through the University of Tasmania (UTAS) to support continued professional development of registered nurses and midwives, including a nurse prescribing course in the second half of this year, and a Master of Clinical Nursing program. These courses will extend the clinical capability of registered nurses and midwives, which will provide particularly beneficial in the outer regional and remote parts of Tasmania.

It is recognised that nurse practitioners are a growing group of health practitioners, but that Tasmania has not kept pace with the broader national supply. The Alliance has received correspondence from UTAS clarifying that an advanced post-graduate course for nurses to become nurse practitioners will be available in the coming years, which will help to address this shortage. Nurse practitioners are trained to take on additional clinical and professional responsibilities to registered and enrolled nurses, making them very useful in the most remote parts of the state where a broad skillset often needs to be utilised.

8. Availability, functionality and use of telehealth services

Telehealth and other digital patient support tools offer a clear opportunity to improve patient care in Tasmania. In regard to access to health services, recent media suggests that Tasmanian health practitioners are optimistic that telehealth can help to bridge the gap between outer regional and remote Tasmanians and their city counterparts. (68) For example, the Alliance has received information from one of its members about the Primary Health Clinical Pharmacy team based in Launceston, which provides clinical pharmacy care remotely to patients located at the more remote hospitals and State-managed health services. This team can help patients significantly with medication management, transfer of medication information and other services to support rural medication safety. However, this service relies heavily on the provision of patient-end services by

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the nursing staff. These nurses need to be adequately resourced to take into consideration the additional tasks required compared to when pharmacists are located at the acute site of the patient.

As another example, one of our members has suggested that nurses and medical practitioners in Tasmania could utilise telehealth and other digital technology more effectively to improve patient flow through the hospital system. The Tasmanian Health Service offers support for health practitioners and their patients to engage properly with telehealth (69), including a number of quick reference guides. (70) However, it is likely that the initial short-term investment of time to improve e-health literacy is too difficult for many staff to fit in, and hesitancy to change existing ways of practice is also a barrier. (71) (72)

Conclusion and recommendations

There are significant disparities in the health outcomes of Tasmanians compared to other Australians. Viewed over the long term, the reality is that there is no evidence of these disparities improving over time. Consistent, collaborative action by the Tasmanian and Commonwealth Governments is needed to address the health needs of the regional and remote Tasmanian population. We consider that the supply and distribution of the health workforce is the key to promoting more equitable access for Tasmanians.

The National Rural Health Alliance draws upon available evidence on health outcomes and services in rural Tasmania to support the below recommendations. The Alliance recommends increasing the investment in health infrastructure and workforce capacity in rural areas to broaden the scope of the primary health care system for patients, as well as having more acute care and specialist services in rural areas.

We consider that the supply and distribution of the health workforce is the key to promoting more equitable access for Tasmanians. Furthermore, ongoing training and support needs to be provided to regional and remote staff to use existing digital infrastructure and system tools.

The disparities in current and expected health outcomes and access for patients in Tasmania are persistent, and the Alliance views this situation as unacceptable. Health equity is a right that cannot be dismissed for Tasmanian communities, and every effort needs to be made to achieve equitable outcomes.

In conclusion, the Alliance recommends that the Tasmanian Government:

- Increase the investment in health infrastructure and workforce capacity in rural areas to broaden the scope of the primary health care system for patients. This includes developing professional capacity to utilise telehealth, potentially through the Tasmanian Department of Health's TAZREACH office.
- Utilise existing local infrastructure in outer regional and remote Tasmania to provide a range of primary health care services, with additional capacity for a limited range of acute care services when required.
- Provide more training pathways for specialists and paramedics to encourage a locally grown pool of acute care workers and specialists across Tasmania.

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- Work closely with the Commonwealth on pathways for rural generalism within the state, including the locations of rural generalist coordination units, and approaches to support more allied health rural generalists.
- Evaluate maternity services and advanced nursing services as to whether there is adequate availability across the state, particularly the most remote areas.
- With the Commonwealth Government, jointly plan, co-design and co-commission innovative, evidence-based solutions through the Tasmanian Health Service and Primary Health Tasmania to address:
    - The increasing rate of chronic diseases in the state, including a strong focus on prevention and primary health care services.
    - The ageing health workforce, including consideration of the effective balance between the local and locum health workforce to address current and projected shortages.
    - The need to trial and evaluate alternative models of care (such as pooled Commonwealth and State funding) for better prevention, multidisciplinary care and coordination of care across the lifespan.
    - The need for an adequate, mobile health workforce with a focus on keeping people well in their community.
    - The need for continuity of care for palliative care patients that choose to die at home, including specialist support for GPs after hours for medication management.
- Review the rate of patient out-of-pocket costs across the state, including undertaking consultation with patients and health care professionals to determine how to reduce the cost barrier to essential health services.
- Factor in the special needs of Indigenous people to support their utilisation of health services and improve their health outcomes. This includes:
    - Consideration of the establishment of more Aboriginal health services in local areas of need.
    - More culturally safe health care provided in mainstream primary care services.
- Consider the social determinants of health as an essential priority in health service planning and population health programs to address the high burden of disease, illness and poor mental health in Tasmania.

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Appendix 1: Member Bodies

National Rural Health Alliance 2021

44 organisations with an interest in rural and remote health and representing service providers and consumers:

Allied Health Professions Australia Rural and Remote	Federation of Rural Australian Medical Educators
Australasian College for Emergency Medicine (Rural, Regional and Remote Committee)	Isolated Children's Parents' Association
Australasian College of Health Service Management (rural members)	National Aboriginal Community Controlled Health Organisation
Australasian College of Paramedicine	National Aboriginal and Torres Strait Islander Health Worker Association
Australian College of Midwives (Rural and Remote Advisory Committee)	National Rural Health Student Network
Australian College of Nursing - Rural Nursing and Midwifery Community of Interest	Pharmaceutical Society of Australia Rural Special Interest Group
Australian Chiropractors Association Aboriginal and Torres Strait Islander Rural Remote Practitioner Network.	RACGP Rural: The Royal Australian College of General Practitioners
Australian College of Rural and Remote Medicine	Regional Medical Specialists Association
Australian General Practice Accreditation Limited	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Australian Healthcare and Hospitals Association	Royal Australian and New Zealand College of Psychiatrists
Australian Indigenous Doctors' Association	Royal Australasian College of Medical Administrators
Australian Nursing and Midwifery Federation (rural nursing and midwifery members)	Royal Australasian College of Surgeons Rural Surgery Section
Australian Physiotherapy Association (Rural Advisory Council)	Royal Far West
Australian Paediatric Society	Royal Flying Doctor Service
Australian Psychological Society (Rural and Remote Psychology Interest Group)	Rural Doctors Association of Australia
Australian Rural Health Education Network	Rural Dentists' Network of the Australian Dental Association
Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine	Rural Health Workforce Australia
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Rural Optometry Group of Optometry Australia
Council of Ambulance Authorities (Rural and Remote Group)	Rural Pharmacists Australia
CRANAplus	Services for Australian Rural and Remote Allied Health
Country Women's Association of Australia	Society of Hospital Pharmacists
Exercise and Sports Science Australia (Rural and Remote Interest Group)	Speech Pathology Australia (Rural and Remote Member Community)