Health Consumers Tasmania

Building a Consumers Health Voice in Tasmania

Inquiry into Rural Health Services in Tasmania – Submission

Hon Ruth Forrest MLC

The Inquiry Secretary

Legislative Council Government Administrative Committee A

Dear Ms Forrest

Health Consumers Tasmania welcomes the opportunity to discuss in person points raised in our submission to the Inquiry into *Rural Health Services Tasmania*. Health Consumers Tasmania recently provided a comprehensive submission to *Our Healthcare Future* and *Health Work Force Strategy* and this submission should be read in conjunction with each other.

We welcome the opportunity to discuss these issues with you in person.

Yours sincerely,

Bruce Levett

Chief Executive Officer

Health Consumers Tasmania Ltd

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Email: bruce@healthconsumerstas.org.au www.healthconsumerstas.org.au
1/89 Brisbane Street, Hobart, Tasmania, 7000

1 Health Consumers Tasmania

This submission from Health Consumers Tasmania (HCT) draws on the lived experiences of Tasmanian health consumers and broader feedback from the Tasmanian community and not-for-profit sector.

The information provided in our response to the discussion paper comes from a number of sources:

- Consultations with patients, carers and community workers through four public forums
- One online forum held with community service organisations
- Consultations with the HCT Consumer Reference Groups
- Relevant results of online surveys about concerns and queries, particularly regarding COVID-19 (April-July)[1]
- Emails and phone calls to Health Consumers Tasmania for our member organisations
- Kitchen table discussions with health consumers.

1.1 Health Consumers Tasmania (HCT)

HCT is a Company Limited by Guarantee, funded by the Tasmanian and Commonwealth governments (Department of Health and Primary Health Tasmania respectively) and reporting to an independent board. HCT has established a community of interest of over 650 people and has been formally involved in approximately 15 partnerships or national/state-wide health related committees to-date.

HCT has been formed to provide health consumer advocacy, which it does in a number of key ways:

- Facilitating consumer engagement by placing health consumers on committees and workshops to inform government decision-making in service delivery design, program and systems reviews and evaluations
- Collecting community views and using this evidence to advocate for a health system that better meets the needs of Tasmanians
- Providing training to health consumers on how to engage with the health system, and to health staff on how to engage with individual consumers or community groups.

Health Consumers Tasmania is not an industry or union-based body and therefore does not represent the commercial interests of any one group or body. Rather, HCT is a facilitator for Tasmanian health consumers to express their views into the health system, and the views of the community more broadly.

2.0 Health outcomes, including comparative health outcomes

A range of factors contribute to Tasmania's health profile - including changing demographics, the growing burden of chronic disease and comorbidities and changing consumer health care needs.

Tasmania has one of the most rural and remotely dispersed populations of any state or territory with just ten percent (10%) living outside major population centres of Hobart, Launceston, Burnie and Devonport. Our rural and remote communities are older, sicker and poorer than the rest of Tasmanians, and in many instances, other rural and remote communities throughout Australia.

- Australia's spending on prevention and public health is lower than many other Western countries, at 1.7% of total health expenditure ($2.23 billion in 2011–12) compared to 7% in New Zealand and 5.9% in Canada[2].
- Rurality is considered an independent risk factor for poor health outcomes[3]. Rural and remote Tasmanians experience poorer health outcomes than those living in our four largest population centres.
- Rural and remote health and community services generally depend more on generalist service providers, including general practitioners (GPs) and registered nurses. There is limited availability of allied health professionals in most rural and remote areas. Some specialist services may be available locally, whereas others are provided for by 'visiting' health professionals.
- The role of GPs is increasingly important as the population ages and the burden of chronic disease increases, resulting in greater needs for care of complex conditions and negotiation of a complex healthcare system.
- In 2016, Tasmania had the highest proportion, (33 per cent) of people, living in the most disadvantaged areas compared to other states and territories[4]. In the 2016 ABS Census, the rural local government areas (LGAs) with highest levels of disadvantage were George Town, West Coast, Central Highlands and Tasman.
- In Tasmania, 17.7% of our population are over the age of 65, compared to the national average of 14.6%[5]. The result is that Tasmania has an older population with greater susceptibility to chronic disease and comorbidity. For example, the Glamorgan-Spring Bay LGA has Australia's oldest population with one of the highest rates of chronic diseases, including mental health.
- Population aging is exacerbated by migratory patterns[5].
- Population aging and chronic health conditions often go hand in hand creating an increased burden on our rural and remote health care systems.
- Key chronic conditions for rural and remote Tasmanians include mental health issues, arthritis, back pain and other pain management, asthma, diabetes and CVD. Chronic disease contributed to 90% of all deaths in Australia in 2011, and exhausted 36% (or AU$27 billion) of the allocated health expenditure in 2009[7]..
- Tasmanian rural and remote communities have a higher rate of disability than the rest of Tasmania and other states and territories[8]. People with disability have higher medical expenses than the general population[9].
- Tasmanians reported feeling more stressed and less healthy than in previous years with significantly more Tasmanians reporting financial hardship and food insecurity[6].

In 2018, a Royal Flying Doctors Report[10] identified key priority areas:

- A need to increase GP and medical services based on population size and need in the municipalities of the Central highlands and West Coast in particular
- Significant workforce deficits on the West Coast, North West Coast, Central Highlands and Midlands areas. Centralising more services in Hobart, Launceston and Devonport-Ulverstone will not give rural populations better access to health care on it's own as there are other barriers to access
- Transport time and costs to regional centres to visit health care professionals can be difficult and problematic. Transport issues within rural communities can also limit services located within the same community in rural and remote areas

Specifically the RDFS reported:

- GP service provision and access are lowest in the southern and central municipalities. The Central Highlands area for example was named as one of the 6th highest deficit rural locations in Australia for GPs. Shortages also exist in the municipalities of Huon, Derwent Valley, and Southern Midlands, West Coast and Glamorgan-Spring Bay
- Significant shortages of nursing staff across the state particularly in the remote areas of Flinders and King Islands
- That allied health provision is lowest and significantly low on the West Coast, Southern Midlands, Huon Valley, Derwent Valley, West Voast, Waratah Wynyard, Central Highlands, Glamorgan-Spring Bay and King Island. Lesser shortages exist on Flinders Island, Dorset, Break O'Day and Northern Midlands municipalities
- That optometry services are virtually non-existent outside of the three major populations centres
- That dentistry deficits are highest in the West Coast, Central Highlands, Southern Midlands and Glamorgan-Spring Bay areas, Tasman Peninsula and Flinders and King Islands. Other rural areas have excessively high rates of locums
- That there is a significant shortage of imaging services throughout rural Tasmania particularly in Huon Valley, Derwent Valley, Tasman, Central Highlands, Southern and Northern Midlands, Glamorgan-Spring Bay, Break O'Day, Dorset, Circular Head and Waratah-Wynyard
- Pathology services shortages are greatest in West Coast, Waratah Wynyard, Meander, Glamorgan Spring Bay, King Island, Tasman Peninsula and parts of the Huon Valley
- That there are less than half the number of pharmacists per 100 000 people in Tasmanian's rural and remote areas compared to Tasmania's four largest population centres

A summary of shortages is shown in the table below.

Municipal Area	Health Care Shortages							
	GP	Nursing	Pharmacy	Pathology	Imaging	Allied Health	Optometry	Dentistry
Break O'Day								
Central Highland								
Circular Head								
Derwent Valley								
Dorset								
Flinders Island								
Glamorgan-Spring Bay								
George Town								
Huon Valley								
King Island								
Meander								
Northern Midland								
Southern Midland								
Tasman								
Waratah-Wynyard								
West Coast								

3.0 Availability and timelines of health services:

Conversations across the state conducted by Health Consumer Tasmania in 2020 and 2021 have identified the following issues relating to access including the timeliness of receiving health care for rural Tasmanians.

Specific issues included:

- there is a need for afterhours health care with consumers noting it was effectively non-existent in some rural areas and with urgent rural medical care generally being undertaken through ambulance callouts and emergency departments[11]
- availability of and access to GP services does not take into account peak tourist and harvesting season needs. Wait times to access medical help can treble in key areas of the East Coast, West Coast, George Town, Dorset and Tasman District over summer
- excessively high levels and reliance on locum GPs and other medical staff may lead to delayed diagnosis impacting poor health outcomes in rural areas[9]
- locum turnover does not meet best practice in person centred care because need is not matched with social or cultural needs[9]
- consumers in rural and remote communities do not have regular access to home visits. There may be genuine need in specific cases for GP home visits
- less urgent medical matters required a substantial road trip to a major town centre and was reliant on being able to access private transport since no public transport was available
- out of hours pharmacy care is also missing in rural areas. Our consumers highlighted that there was no point in being able to access a GP if you still had to attend a major town centre to get a script filled, specific dressings or other pharmaceuticals. GP and pharmacy access afterhours go hand in hand
- low-cost medical scans in rural areas are needed. Consumers understood that it was to expensive for MRI or PET scanning in rural areas but they felt that they should have better access to ultrasound or X-ray scanners even if analysis occurred in a timely manner elsewhere via electronic means

4.0 Barriers to access

Consumers reported that even where services were available access was difficult for many; untimely; not linked; difficult to navigate and lacking in health connectors.

4.1 Ambulance Services

- Consumers highlighted that ambulances were called for both urgent medical and emergency services because there was no after hours medical service available. When calling for urgent medical matters, consumers were concerned that they may be 'taking away' services from someone in more urgent need of medical assistance
- If the consumer had multiple comorbidities and needed frequent medical assistance, ambulances staff were not always responsive to their needs on site[12]

4.2 Access to other Services

- Aboriginal and Torres Strait Islander Access:
    - there are currently four (4) dedicated Aboriginal and Torres Strait Islander health workers in the state[13]
    - none are male severely disadvantaging the male Indigenous population across the state and in rural and remote areas at a time when it is widely acknowledged that Indigenous populations live with greater levels of co-morbidity and have higher than average death rates when compared to the general population
- Rural health consumers living with disability advised us that:
    - they had fewer dedicated and state funded advisors or support people than elsewhere. This was particularly noticeable for people living with Kennedy's disease[14]
    - they had unequal physical access in their own communities. One option suggested that a condition of all community based grants that they only be distributed to organisations that demonstrated accessible community facilities[15]
    - were more often misdiagnosed, received late diagnosis, had limited access to specialist support/hospitals and allied health that exacerbated poor health outcomes[15]
    - medical health professionals did not always have time to communicate with people living with a disability to understand their needs[15]
    - reactions to pain experienced might be interpreted as 'behaviours of concern' and causes were not always investigated[15]
    - they were sometimes subjected to unnecessary judgements not based on ability in some situations, particularly relating to child care and pregnancy[15]
- Pre and post natal care and child care were mostly located outside of rural communities requiring significant travel which were a cause for concern[11]. Prospective parents want continuity of service with the same GP throughout pregnancy and early childhood.
- There is poor availability to pain management in rural and remote communities.
- Barriers to attending medical appointments by our consumer members include lengthy wait times, cancelled and delayed appointments which potentially impacted on and adversely affected patient stress and mental health, pain management and outcomes. Timing of appointments early and late in the day to assist in overcoming time and transport barriers may overcome some access barriers for rural workers.
- Greater access to post hospital care beds is required in rural areas and while clients are recuperating. This may lessen the stress on patients, carers and ambulance services:
    - When leaving hospital care, consumers need a clear list of who to see, when to see them, where they will be seen and what to expect with appointment in place prior to leaving hospital. Home help and community nursing should already be in place in order to aid health recovery
    - Consumers were concerned about access to palliative care beds in rural areas where they could readily visit and say goodbye to loved ones
    - Consumers highlighted a need for continuous home help and community nursing in the home for disability and older aged groups

- That post operative care for those at risk of homelessness is virtually non-existent making recuperation difficult and increasing the risk of hospital re-admittance

4.3 Cost of seeing a health professional

- Almost 50% of Tasmanians face out-of-pocket expenses when visiting a GP – the highest rate in the country outside the ACT. In 2016-17, approximately 10% of Tasmanians delayed or did not receive health services due to cost[17] creating a significant burden on the health system. When early interventions are missed patients and the health system may experience an increased burden of disease and cost.
- Our stakeholders have also noted that rural health consumers are not accessing allied health professionals due to cost barriers, lack of awareness or access issues who could potentially prevent or mitigate long term health problems (for example: musculoskeletal issues, mental health issues, wound care and management, physiotherapy).
- To ensure a community-centred approach to health care that empowers health consumers to take an active role in their health and wellbeing community-driven health hubs located across the rural and remote towns would work well. Ideally, most services would be bulk-billed, or provided for low cost through GP-managed care plans[9]. Our stakeholders felt that these centres should not be reactive and sit there waiting for people to come when a problem becomes acute. Rather, they need to be 'community connectors' and be proactive in health promotion and service provision.

5.0 Staffing of community health

5.1 Casualisation of the workforce

The COVID 19 outbreak in the North West of the state and across other parts of Australia highlighted risks associated with increased casualisation of the workforce and the likelihood of cross contamination of worksites. Health consumers are concerned about a health system that relies on casual workers who work across sites and out of area.

5.2 GPs and Nursing Staff

Poor access to GP, Nurse practitioners and community nursing staff results in one of four outcomes:

- the patient or carer has no choice but to accept the next available appointment and suffer the consequences of delayed care
- they visit the Emergency Department adding to the burden on the hospital system
- call emergency services for urgent but non-emergency issues
- they delay seeking care altogether creating additional health issues and complications to be dealt with at a future point in time

5.3 Support Staff and Allied Health

Many Tasmanians are experiencing long delays between seeing a GP and being referred to see a specialist or outpatient clinic with limited support being offered to assist the patient in the interim. This is also common with mental health patients with wait times at many psychology practices measured in months, not weeks. Our member organisations have reported that in January 2021 all Occupational Therapist appointments for 2021 had been booked and there were no longer appointments to see an Occupational Therapist until 2022. Dental service access for items such as urgent root canals can be up to three (3) months[18].

5.4 Entry level Support Positions

We were specifically told of availability shortages of in-home disability and aged care support workers. Consumer Organisations also reported high numbers of rural health consumers wanting to upskill and undertake courses in this area yet being unable to access courses because those courses have not been run by TAFE or have been run but daily commutes are prohibitive in time and cost[16]. Greater availability and training for new workers in entry level positions needs to be addressed to increase overall numbers of support people.

For example, our consumer organisation members reported that it was in excess of 2 years since the last TAFE Certificate 3 Aged and Disability Support had been run in the north of the state and that even then access due to transport issues was difficult. They now had 56 people in George Town registered as wanting to undertake the course and a further 30 people in Beaconsfield[16].

5.5 Health complaints processes

While most health practitioners' practice in a safe, competent, and ethical manner, there will be occasions where this is not the case. Having a clear, equitable and effective complaints system form an essential part of a feedback loop which helps to ensure that Tasmanians are receiving care that is, at a minimum, safe and competent.

In Tasmania there is still no legislative basis for health consumers to satisfactorily resolve their complaints about unregistered health practitioners. This includes some aged care workers, dietitians, audiologists, social workers, speech therapists, psychotherapists and counsellors, in addition to many complementary and alternative health care practitioners. Other States including Victoria, NSW, Queensland and South Australia have fully implemented legislation and procedures to adopt and enforce a legally binding National Code of Conduct for all Health Care Workers. This Code of Conduct was agreed by COAG in 2015, with the intention that all jurisdictions would implement and progress the Code. Although legislation to implement the Code has been passed by the Tasmanian parliament, it has still not been proclaimed.

5.6 Care for Carers

Our consumer representatives have highlighted that for rural and remote regions it is hard to source care for carers. This is particularly missing in cases where family and friends are supporting someone with mental health, drug or alcohol dependence. When diagnosing treatment options for a health consumer, little consideration is given to the family and friends who oversee, implement and need to make adjustments for that treatment.

These initiatives require investment in education and training, and workforce development.

6.0 Availability, functionality and use of telehealth services

During the past 15 months there has been a substantial increase in both the provision and use of telehealth services across Tasmania. This has allowed some clients to access services which were previously out-of-reach. The use of specific Medicare item numbers for these services has assisted in the streamlining of service provision.

However, there are still specific barriers to access for a substantial number of Tasmania's rural population highlighted in kitchen table discussions carried out by Health Consumer Tasmania at the beginning of 2021. These include:

- a number of people had never heard of or did not know how to access telehealth services

- there were also a range of issues that complicated the use of GP Assist, Telehealth and on-line services. These limitations included:
    - The patchiness of internet coverage and speed
    - The cost of internet coverage and associated hardware
    - Age and physical limitations on learning new skills
    - A growing disparity between those who were able to access afterhours medical help on-line and those who could not
- rural health consumers were concerned about the associated technological costs associated with being able to access telehealth services. These comprised the cost of suitable hardware and software but also the cost of maintaining a high-speed internet connection. For rural health consumers experiencing poverty this could create situations where they struggled to gain access to health treatment
- rural health consumers were also concerned that the increased use of telehealth services would result in a decreased access to on the ground services into the future thus exacerbating shortages of health services in rural areas
- rural health consumers showed concern for those in the community who struggled with literacy and in particular computer literacy. Rural health consumers have a lower-than-average school leaving age and lower literacy levels than the rest of Tasmania[9]. These issues combined with an aging population who may be slightly more reticent to use computers to transact business limit the usability of telehealth services in rural areas. On ground services need to be maintained to maintain health access in rural and remote areas

7.0 Preventative Health Care

The Tasmanian Charter of Health Rights and Responsibilities states:

> *"When viewed as a partnership, the relationship between the health service consumer and the health service provider is more likely to benefit the health outcomes of the service consumer. While the health service provider has a responsibility to meet certain rights of the health service consumer, the consumer in turn, should also assume some responsibility for their own health care".*

Rural health consumers have highlighted their desire to take greater responsibility for their own health care needs. However, more needs to be done to assist them to do this. In particular, rural health consumers have highlighted their need to undertake preventative health measures but are finding access to relevant information and programs difficult or non-existent, particularly those that are run locally and more easily accessed.

In rural areas, usual supply and demand provision of services does not always apply. Often there are insufficient numbers of people located in a community to allow private enterprise operate preventative health measures such as training, exercise, and rehabilitation programs become financially viable. In this instance, the state has an opportunity to step in to meet community preventive health needs.

7.1 Navigating the health system

One of the most frequently cited issues by our stakeholders is the increasing complexity of health services, making it difficult – if not impossible – to navigate in many cases.

The increasing complexity of the health care system is compounded for the elderly, the socially isolated or disadvantaged, those with mental health problems and those with disabilities. No matter how large or skilled our workforce, people still need support to find their way through treatment options; to ensure that their medication is correct and adjusted as necessary; to arrange transport when needed; to receive the appropriate follow-up care; and simply to feel as though they are being listened to. There is growing concern that, while in many cases support is available, consumers are not being made aware of these services. In some cases, they are being given incorrect or out-of-date information regarding eligibility or access pathways.

Our stakeholders have repeatedly called for an increase in the number of peer workers and other support workers who are able to assist health consumers to navigate the system and receive the right support at the right time and in the right place. At a minimum, consumers need to be able to access centralized information hubs – much like tourist hubs in regional towns – which provide personalised advice or triage and offer guidance on what services patients can access. For these hubs to work they would have to have a 'no wrong door' policy, to ensure that when a client is not in the right place, they are referred to the correct service.

7.2 Regional Consumer Input

Our regional consumers have highlighted the need for regional responses to health care. They consider that they are well versed in the strengths and weaknesses of regional health care as it currently exists and are able to offer insight into how to make better use of current and future resources to best meet community regional need. They want to be given a voice at the table when designing health services for their region and they want their views to be listened to.

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10. Endnotes

1. Survey Results can be found on the HCT website http://healthconsumertas.org.au
2. https://preventioncentre.org.au/wp-content/uploads/2017/05/0417_FS_ChronicDisease_final-1.pdf.
3. https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-20221.pdf
4. Australian Bureau of Statistics 2016, www.abs.gov.au/people/population;
5. Saul Eslake, Tasmanian Report 2015, Tasmanian Chamber of Commerce and Industry, 2015:17
6. The Primary Health Network Needs Assessment Report (2019 - 2022)
7. Australian Institute of Health and Welfare 2014 Australia's health 2014
8. AIHW Access to Health Services by Australians with Disability, 2017, Table S
9. Tasmanian Council for Social Services (TasCOSS) Our Health Care Future February 2021
10. RFDS Looking Ahead: Responding to the Health Needs of Country Australia in 2028 Report https://rfds-media.s3.amazonaws.com/documents/RN064_Looking_Ahead_Report_P2.pdf?Signature=J3%2FTwkuqv1iCQ5I8RnRXCo1glW4%3D&AWSAccessKeyId=AKIA57J6V557HP5WJ6WZ&Expires=1615254461
11. Health Consumers Tasmania 2021, Tasman Kitchen Table discussion (released date TBA).
12. Health Consumer Tasmania – Email 1 response from health consumer to HCT dated 11 March 2021.

13. APHRA www.gov.au/registration/register-of-practitioners, Dec 2020 figures noted in PowerPoint slide on 17/3/2021
14. Health Consumer Tasmania – Email 2 response from health consumer to HCT dated 11 March 2021.
15. Health Consumer Tasmania – Email 3 response from health consumer to HCT dated 11 March 2021.
16. Health Consumer Tasmania – Phone call 1 response from health consumer to HCT dated 3 March 2021, 2.37pm.
17. AIHW, Percentage of people who delayed or did not see a medical specialist, GP, get an imaging test or pathology test when needed due to cost, 2016-2017.
18. Health Consumer Tasmania – Email 4 response from health consumer to HCT dated 11 March 2021.