From: [redacted]
To: rur
Subject: Submission into enquire into rural health services in Tasmania
Date: Thursday, 11 March 2021 10:47:11 PM

Jenny Mannering
Inquiry secretary

Submission detailing concerns regarding access to rural health in Tasmania.

I am a full time rural GP working in private practice in Swansea. In addition to that I am a RMP for THS working out of May Shaw health centre A Tier 1 facility that has 3 subacute beds, 1 palliative care bed and an urgent care centre for which myself and the one other full time Dr supply 24/7 cover. I have been in Swansea for almost 18 years and was in St Helens for 3 years before that. I have a very good knowledge of regional health services on the east coast of Tasmania

Availability and timeliness to access primary care health services in Swansea is at present fantastic with wait times of less than 3 days and emergency on the day appointments are always available. That service is not without enormous pressure on us GP's who often work 12 hour days and have only had one 6 day holiday in 3 years and are at risk of burnout if we cannot attract mor Drs. This is due partly to difficulty getting locums. Our current locum, supposed to be here now is stuck overseas and has had 5 flights so far cancelled. We hope for a holiday soon.
It is also due to a shortage of GP's in the municipality. The 2 practices on either side of us Triabunna and Bicheno have each recently lost GP's going from 2 doctor to 1 Dr practices causing a huge shortage of GP's for the municipality. We are now picking up many extra patients often as emergencies increasing our workload. The Drs that have left are the usual story in Tasmania an elderly retiring GP and an IMG who has finished his moratorium. As most Drs in rural areas are elderly or IMG's this is going to be an ongoing issue in sustaining a Rural Dr workforce in Tasmania.

Attracting GP's to rural areas is difficult. There is inadequate funding to support the long and unsociable hours we work so the city is a far better alternative. Rural GP's have to fill the gaps in healthcare that would otherwise be available by specialists and allied health services in the city. Rural practices tend to be small 1-2 Dr practices that require the same equipment staff and infrastructure of large city 6-10 Dr practices but only bring in a small portion of the income so they are far less profitable. Rural patients in Tasmania are also low socioeconomic meaning they are almost all bulk billed further reducing income for medical practitioners. The large corporate medical companies who have Dr recruiting capabilities are not interested in small rural practices. I have recently been in talks with many of these for my own situation and they are not interested. Only when a practice completely fails and there is no Drs or medical services do governments throw money at the practice. Corporates suddenly have an interest. In my time in Tasmania I have seen that happen in St Mary's, St Helens and Nubeena. If we walk away and close the doors in Swansea no doubt there will finally be some assistance. I believe these small community practices should be funded through a mix of local state and federal government funding to keep current GPs and to keep the practice viable and attractive to new GP's. Medicare rebates alone will not keep small practices open.

NON-GP specialists are needed. Over my years I have worked constantly to recruit visiting medical specialists and we now have a handful of community minded specialists who visit. This is vital to an ageing community who cannot travel. I would love to increase the range of visiting specialists but again there are barriers. Our facilities are too small to accommodate them, the need to bulk bill together with the time and cost of travel makes it financially not viable for the specialist so few come.

Allied health is also lacking. We have a few visiting private allied health specialists who offer a fantastic service and have wait lists of patients for many weeks in advance but again lack of space to work from and the cost of travel and accommodation is prohibitive. Being a lower income community there is a huge lack of funded public allied health services. TraditIonally these have come in the form of funded programs like the current RFDS model which includes a mental health worker, prime mover program, and youth health worker. These programs seem to be aimed at primary prevention and are a complete waste of funds that could be better spent on face to face consultations. With these programs the needs of the community have been decided by someone outside the community as have the strict rules about which patients can be included in their programs. As a result these expensive programs do not adequately meet the needs of the community and they often

exclude those who would most need or benefit from their services. We know mental health drug and alcohol are huge needs of rural areas why not instead fund a drug and alcohol counsellor , psychologist and social worker. We also know obesity and heart disease is more common in rural areas. Just as importantly reduced mobility and balance associated with ageing causes falls and fractures, an enormous health burden yet the exercise programs of the funded RFDS exclude people with osteoporosis Parkinson's etc if they do not fit the criteria of cardiovascular or respiratory disease.

Palliative care again is a large part of care in an ageing population but the services come from Hobart and only work Monday to Friday. Any sudden changes in care needs are therefore handled by GP's after hours and on weekends. Palliative care funding again needs to be given to local services on the ground who can provide services in a timely manner when required.

Ambulance services prior to COVID have always only been a volunteer service which is a small group of fantastic people working long hours. As GP's we have always supported them by attending accidents and the severely unwell. When it was decided a few years ago a paramedic should be based on the east coast, Swansea was the obvious central location to allow for the most rapid response to patients throughout the municipality (Orford Triabunna SwanseaColes Bay and Bicheno) but again as is usual for health funding money the paramedic was placed in Triabunna just 45mins from Sorrel paramedic and just over and hour from RHH. This left the busy tourist towns of Bicheno and Coles Bay with nothing. Coles Bay over an hour from a paramedic and over 2hrs from a tertiary hospital. Thankfully coronavirus has seen the addition of a paramedic In both Swansea and Bicheno which has been a huge improvement and we hope will continue after coronavirus. Having this service has been a huge support to local GP's and ambulance volunteer who both supply 24/7 cover. To continue this service will reduce one barrier to attracting Drs who need to feel supported if they are to contribute to the after hours roster.

Patient transport services are always an issue in remote areas. There are no ubers or taxis and limited bus services only to the south and only Monday to Friday. Outside of emergency ambulance there is only community transport which is not just for medical care and again there are strict guidelines of who can enrol to use the existing service and people have to be assessed and pre approved for eligibility before booking. If a tourist crashes a motor bike and injures a hand requiring imaging or surgery on a weekend there is no transport. If anyone unlicensed under 65 needs urgent transport for an outpatient appointment they do not qualify. If someone who is preregistered and approved needs a community car urgently but it is booked with people going to town to do groceries or have a social catchup they cannot use it. There needs to be funding for some non ambulance medical transport that is available to tourists and local of all ages and at short notice.

Hospital services in our region are essential both to the local community but also to take the load off the major centres. We offer acute care preventing many A&E presentations and admissions in Hobart and Launceston and subacute and rehab services allowing quicker discharge from major city hospitals. We also manage many palliative care patients locally so they can be near relatives and supports at the end of their life if they cannot be cared for in their homes.

The future
The east coast of Tasmania is a growing population. Primarily it is growing with retirees with complex care needs. When I first came here people would retire then a few years later leave to be closer to medical services as they aged and developed medical illness. Due to the improved health service since then more people are choosing to retire here and they now stay. Good healthcare is therefore an investment in Tasmania, it is causing population growth that brings both employment and even investment like the new Tempus.

To enable the current health service to grow with the population and make it sustainable for the future we need increased services as above but we also need primary health infrastructure.
As GP's we have just applied for the federal government grant building better regions. The aim is to expand our surgery enabling us to attract another GP, host visiting specialists and allied health build Telehealth services. Also contributing funds to this project Is THS, our local council, our local community and ourselves the GP's.

This is the future of regional primary health a combined funding model that supports both improved infrastructure and the wages of both local GP and visiting health specialists.

Dr Camilla Byrne

From: [redacted]
To: rur
Subject: Submission for enquiry into rural health services Tasmania
Date: Friday, 12 March 2021 10:18:49 AM

Jenny Mannering

Submission for enquirer into rural health services

This is a second submission specifically related to telehealth as I only briefly touched on it in previous submission.

For rural communities the expansion of telehealth services to access specialists are vital as many people simply cannot travel. This is due to the ageing population in rural communities that is mostly made up of retirees often with no local family, and very limited transport services.
To make telehealth viable it require an investment in expanding infrastructure and practices to be financially subsidized for use of their facilities and staffing. A dedicated consultation room and computer is required. Many practices like my own simply do not have space. It requires staff to take bookings check patients in set up equipment commence and finish calls. Just as an outpatient clinic at RHH is staffed with a receptionist and or nurse telehealth sites should be staffed. Currently private general practice are supplying a room using their own equipment and staff all with no remuneration . That is not viable.

Dr Camilla Byrne
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