



HUON VALLEY COUNCIL

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Our Ref: 33/16
Your Ref:
Enquiries to: Rebecca Stevenson

Legislative Council Sessional Committee Government Administration A
Sub-Committee
Rural Health Services Inquiry
Attention: Jenny Mannering, Inquiry Secretary

Email: rur@parliament.tas.gov.au

To the Inquiry Secretary,

Rural Health Services Inquiry

I refer to the opportunity to comment on the inquiry into rural health services in Tasmania.

The Huon Valley Council considered the inquiry at its ordinary meeting of 24 February, 2021 and please find enclosed a submission on behalf of the Council.

I trust that these comments will be considered in the review and thank you for the opportunity to comment.

Yours faithfully

REBECCA STEVENSON
DIRECTOR COMMUNITY SERVICES

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HUON VALLEY COUNCIL COMMENTS Inquiry into Rural Health Services

The Council owns and operates the Geeveston and Dover Medical Centres. Through the operation of these centres the Council employs 5.4 FTE General Practitioners, Registrars and Registered Nurses.

Whilst the Huon Valley is serviced by 6 General Practices across the Huon Valley, the access to, recruitment and retention of GPs and Allied Health Professionals has been a concern for Council for some time.

Access to rural health services in the Valley has also been of grave concern to the Council with limited services available within the area, with the majority of services all visiting the area on a semi regular basis.

International Fee Paying (IFP) graduates from the Tasmanian medical program make an important contribution to the Australian mainland metropolitan medical workforce, but play only a small role in workforce development for both Tasmania and the broader Australian rural and remote context. Most IFPs do not choose to work rurally. Rurally focused medical programs need to consider how they place IFP students to meet both the learning and career needs of IFP students and the goal of the rural medical programs in developing a rural workforce.

The Huon Valley Workforce Planning Study developed in 2020 identified the Healthcare and social services area as a growth industry, with a projection demand for a further increased employment of 7% by 2024.

These predictions are of workforce required within the Valley, and do not include the workforce of visiting services.

The following have been identified as major health risks in rural and remote areas for where there is currently no support services in the Dover and Geeveston area:

- Tobacco smoking
- Poor eating patterns
- Risky alcohol consumption
- Not getting enough exercise
- Illicit Drug Use
- Low levels Health Literacy

There are currently services for diabetic patients only.

It is for this reason the Council welcomes the inquiry into Rural Health Services.



Specific submission and comment in accordance with the terms of reference are set out below.

TERMS OF REFERENCE	SUBMISSIONS
1. Health outcomes, including comparative health outcomes;	No Submission
2. Availability and timeliness of health services including: <ul style="list-style-type: none"> a. Ambulance services; b. Primary care, allied health and general practice services; c. Non-GP specialist medical services; d. Hospital services; e. Maternity, maternal and child health services; f. Pain management services; g. Palliative care services; h. Pharmacy services; i. Dental services; j. Patient transport services; k. 'After hours' health care; l. Indigenous and culturally and linguistically diverse (CALD) communities; and m. Other. 	<ul style="list-style-type: none"> a. Support from Ambulance Tasmania continues to be of a high standard, however it is like all areas of the State faced with significant response times. Wait times for the arrival of an ambulance to our own Medical Practices can be several hours. There is a limited amount of helipad landing sites, with Dover in urgent need of a dedicated pad in closer proximity to the Medical Practice. In recent times, helicopters have been required to land in gravel carparks close to the town centre due to the limited availability of volunteer ambulance drivers in the Dover area. Whilst the area is accommodated with a vehicle, volunteers numbers are extremely low which results in frequent instances of ambulances being required to travel from Huonville or Hobart to respond to calls, or helicopters landing in high risk areas. An increase to Ambulance Tasmania Volunteers and Paramedics is required across the Valley to ensure that succession is planned for the increased population growth. b. Allied Health services are limited in the Geeveston and Dover area. Current service – fortnightly visit from psychologist, fortnightly visit from social worker provided through Relationship Australia. On reviewing data on Co Morbidities – Diabetes, Respiratory, Cardiovascular, Musculoskeletal, Renal Impairment and / or mental health 54% of Geeveston patients and 58% of Dover patients. There is not adequate support for patients with these co morbidities. c. There are very few non vocationally registered GP's in rural and remote areas. Practices do not see them as financially viable so do not look at International Medical Graduates as an option until such point as they get fellowship.



- d. The Esperance Multi-Purpose Centre at Dover includes 2 Rural Health Beds and one Palliative Care Unit. These facilities are well utilised by the members of the Far South community, as well as further north due to the temporary closure of the Franklin Rural Health facility. There are a wide range of benefits of patients transitioning home via the rural health beds and access to these facilities for rural community members should remain a priority.
- e. The Huon Valley has Child health services servicing the main areas, with the Child and Family Centre also located in Geeveston supporting families from Franklin south.
- f. There are no Pain Management Clinics south of Hobart. Patients are not in a position to drive to Hobart as required for this support and therefore choose to continue with medication and / or decide to use illicit drugs to manage the pain. The support team for pain management clinics would not see it as financially viable to provide services as far south as Geeveston or Dover however it should be considered for the Huon Valley.
- g. There is a Palliative Care Unit at the Esperance Multi-Purpose Centre which is a valuable asset for the community, along with the palliative care at Huon Regional Care. The local Lions Club have held an ambition for a number of years to develop a Palliative Care house for the Huon Valley Community, where families can temporarily relocate to rather than receive palliative care in their own home. This concept is supported by the Council and should be explored further for regional communities.
- h. No Submission
- i. Generally children and adolescent dental services are adequately provided in the Valley with a Children's Dental Service provided from the Huon Valley Community Health Centre and the mobile dental unit visits schools within around the Valley.



	<p>Adult dental care is urgently required. Whilst there are two private clinics in Huonville, a public system is required to enable adults to access general dental treatment.</p> <p>j. Patient Transport is available in the Huon Valley, however it is operated on a priority system, whereby bookings are prioritised on their needs. Often patients are transported as a group and are required to wait in Hobart until all appointments are complete before returning to the Valley.</p> <p>k. The closest after hours clinic for the Huon Valley is Hobart. After Hours operating clinics are limited in the Valley due to their viability. There is also a lack of interest from doctors to do after hours.</p> <p>l. No Submission</p> <p>m. No Submission</p>
<p>3. Barriers to access to:</p> <ul style="list-style-type: none">a. Ambulance services;b. Primary care, allied health and general practice services;c. Non-GP specialist medical services;d. Hospital services;e. Maternity, maternal and child health services;f. Pain management services;g. Palliative care services;h. Pharmacy services;i. Dental services;j. Patient transport services;k. 'After hours' health care;l. Indigenous and culturally and linguistically diverse (CALD) communities; andm. Other	<p>a. No Submission</p> <p>b. Dover is 1 hour 15 mins from the Hobart CBD, there is no tertiary education south of Hobart, so is not an area that doctors with children would choose to live and work. The options available are doctors who do not have school age children and are looking at a retirement strategy. Also lack of employment opportunities for spouses/partners.</p> <p>c. Not financially viable.</p> <p>d. No Submission</p> <p>e. No Submission</p> <p>f. There is a lack of facilities and the issues with financial viability.</p> <p>g. No Submission</p> <p>h. No Submission</p> <p>i. No Submission</p>



	<p>j. With no adult dental service in the Huon Valley, there are barriers to the community accessing treatment in Hobart due to the lack of public transport, long commute times and the cost of travelling from regional areas to New Town.</p> <p>k. With no after-hours service in the Huon Valley, there are barriers to the community accessing treatment in Hobart due to the lack of public transport, long commute times and the cost of travelling from regional areas to Hobart followed by long wait times.</p> <p>l. No Submission</p> <p>m. No Submission</p>
<p>4. Planning systems, projections and outcomes measures used to determine provision of community health and hospital services;</p>	<p>There is no data that shows health outcomes in the Huon Valley region. It is difficult to ensure you have the correct services in the correct location.</p>
<p>5. Staffing of community health and hospital services;</p>	<p>No Submission</p>
<p>6. Capital and recurrent health expenditure;</p>	<p>Huon Valley Community Health Centre is at capacity, with no other health centres south of Huonville in Dover or Geeveston. There does need to be capital expenditure for expansion of current facilities to support accommodation within practices of visiting providers.</p>
<p>7. Referral to tertiary care including: a. Adequacy of referral pathways; b. Out-of-pocket expenses; c. Wait-times; and d. Health outcome impact of delays accessing care;</p>	<p>a. No Submission</p> <p>b. Increased waiting times for public services means patients are either accessing expensive private services or going without care.</p> <p>c. No Submission</p> <p>d. No Submission</p>
<p>8. Availability, functionality and use of telehealth services; and</p>	<p>Limited Telehealth services are available to residents of the Valley, however are met with challenges. These challenges include</p> <ul style="list-style-type: none"> • Low literacy levels which require patients to need support person to manage the technology. • Lack of available specialists to utilise Telehealth within the public system. • Limited room space within practices for Patients to utilise Telehealth. • Unreliable internet connections for remote areas.



	<p>There should be consideration into</p> <ul style="list-style-type: none">• Staff available to support patients to connect and utilise the system.• The rebate for telehealth consultations for both the general practitioners and specialist.
<p>9. Any other matters incidental thereto. a. Regional centres: defined as Modified Monash Model 2 (i.e. outside greater Hobart and greater Launceston)</p>	<p>Dover is currently MMM5 but Council believes it should be considered as a MMM 6.</p>