

INQUIRY INTO RURAL HEALTH SERVICES IN TASMANIA (FEB 2021)

1 Health outcomes, including comparative health outcomes

2 Availability and timelines of health services including:

Ambulance service;

Primary care, allied health and general practice service;

Non GP services: We need more naturopaths

Hospital Services: Impossible a snail moves faster

e Maternity, maternal and child health services: not in need of this service

f. Pain management services;

g. Palliative care services;

h. Pharmacy services;

i. Dental;

j. Patient transport services;

k. 'After hours' health care;

l. Indigenous and culturally and linguistically diverse(CALD) communities; and

m. Other see below

3. Barriers to access to;

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3. Barriers to access to;

a. Ambulance service;

The main barrier to Ambulance service is overload when more than one ambulance is needed at the same time in different locations i.e. Tunbridge and Lower Marshes, (Once Ambulance to Tunbridge back up usually from Brighton will do Lower Marshes otherwise Campbell town ambulance will do Tunbridge and Oatlands ambulance will do Lower Marshes, but this can throw out of kilter if Oatlands does not have volunteers to crew the ambulance and it does happen from time to time.) When in council (SMC) a promise had been made by the State Government that suitable lodgings would be built for ambulance crew members thus giving volunteers and relief crews accommodation 24/7 this to date has not been built and the promise goes back 5 years plus. M Ferguson was the health minister at the time!

b. Primary care, allied health and general practice service;

Lack of GPs taking up positions in rural areas, the problem is made worse because many doctors are at retiring age and want to retire, there are not enough new doctors being trained for rural health and in many cases there is lack of incentive for young doctors to go bush to a rural practice.

c. Non GP services;

There are a number of health "problems" requiring other health services, many of those services are city based. (see other m.)

d. Hospital Services; Unreal. Very long waiting list.

e Maternity, maternal and child health services;

f. Pain management services;

g. Palliative care services;

Said to be good at Oatlands but is said to be limited.

h. Pharmacy services;

Adequate most perceptions can be filled same day, many non script items not stocked in Oatland and / or Bothwell. Most people who live in the Southern Midlands shop in Sorrel / Cambridge (chemist Sorrel and Cambridge cheaper) and / or Cove Hill - Brighton and / or Glenorchy, some will shop in all the above areas from Sorrel to Brighton and vice-versa

i. Dental;

Non existent in the Southern Midlands and surrounding areas except for school dental service.

j. Patient transport services;

Patient transport services are limited. There is a skeleton service if you book 14 days ahead that will take "you" to your health appointment and bring "you" back home for a reasonable fee, or "you" rely on a friend or relative, or if "you" are capable you drive to your appointment. (if it is at RHH then you are faced with parking problems and excessive parking fees, RHH service normally run overtime to time quoted.)

When admitted to hospital you get "treated" then you get discharged and the patient then has to arrange transport home (spur of the moment decision). A large number of senior citizens living in the country live alone or with a partner but don't have the luxury of someone to pick them up from hospital that means they have the dilemma of getting home. What is needed is a "patient" transport service 'hospital to home'. The service could be run by St Johns or similar organisation. (How many times have you heard "we want to keep seniors living in their own home" to do that they need back up service.

k. 'After hours' health care;

After hours health care virtually non existent call an ambulance phone 000 and they take you to hospital and you find your own way home when discharged!

l. Indigenous and culturally and linguistically diverse(CALD) communities; and Unknown can not comment

m. Other

Preventative health:

Many doctors cringe when one mentions preventative health, food security, naturopaths and professionals providing herbal medicine, sadly many if not all these services are not available in the Southern Midlands. To find these services it is a case of hit and miss / trial and error go to Greater Hobart region or go north to Launceston.

Medical (specialists) health re public service i.e. Royal Hobart Hospital:

If one is put on the waiting queue at RHH then it is like playing Russian roulette if you are the lucky one, you will be advised in writing if that one is on the waiting list, quite often one is not notified and one can wait indefinitely, if one is advised by writing it is common that no time or date will be given. It is common practice for RHH to put one on a waiting list and the "recommended" time for waiting for the said complaint to be dealt with will be exceeded well beyond reasonable waiting time. i.e. classic example; Kidney stones category two, recommended time 39 days this has grown to 440 days and those waiting for treatment are now waiting way past 600 days, for any one with diabetes this can be extremely dangerous to health and can create other medical problems. Kidney stones can be treated with herbal medicine the stone will disintegrate and will be passed out of the system in less than 14 days and this is fact because this was how my kidney stones were treated in South Australia

some 30 years ago when living in S A and kidney stones hurt like living hell when they pass through the system, but sadly they can re occur at any time any age and can be extremely dangerous to your health. It would be good if rural doctors used alternatives to treat kidney stones i.e. herbal medicine.

Another concerning issue re RHH: If one is put on the waiting list re eye health and one has cataracts as well as diabetes the they can wait in excess of 12 months that means if one lives alone in a rural area and is independent in there abode and rely on driving their own car they will be required to do a medical and eye assessment test every 12 months and if their cataract problem has not been treated it can mean failing the medical test and loosing their licence because of the extremely long waiting list at RHH eye department. So is it fare for the government to say we want to keep retirees living in their own homes, but forcing them out because the can not get their eyes treated in a reasonable period of time? Is the government of the day saying all Tasmanian need to be on private health insurance? Is the government of the day saying if you have eye problem then suffer and get around like Mr Magoo?

4. Planning systems, projections and outcomes measures used to determine provision of community health and hospital services;

5. Staffing of community health and hospital services;

When doing research re doctor vacancies for rural health the figure was alarming allowing for doctors wanting to retire and a number doctor practices looking for an extra doctor and actual want a doctor now the total vacancy figure comes in at 179 doctors wanted in rural health practices. Some practices have no doctor - Kempton.

6. Capital and recurrent health expenditure;

Ambulance staff accommodation as promised for Oatlands by ex minister Ferguson, still not built!

7. Referral to tertiary care including;

a. Adequacy of referral pathways;

Blood tests no problem.

X-ray and scans (private operators) no problems, usually done with in fourteen days.

b. Out of pocket expenses;

Most services outside of G P practices you need to travel to your nearest city i.e. in the south go to Hobart and the patient pays.

c. Wait times;

Wait times for most non hospital treatment and or services is realistic
Public hospital services and or treatment, absolutely deplorable, shocking, disgraceful.

No good complaining to the health minister or staff - waist of time, not interested and

d. Health outcome impact of delays accessing care:

If you have health problems marked on your drivers licence you are required to do an annual medical drivers assessment test and if you have to go to specialists in the public hospital system, you will be put on public waiting list and you can wait 12 to 15 months or longer to get the tests and or treatment done (e. g. eyes and or diabetes 12 to 15 months plus). That means you can not complete your driver assessment test by the due day thus you lose your licence, can not drive. As the car is essential

transport for people in rural areas what do you do , buy and ride a well trained horse or do you buy an automated car that drives it self?

8. Availability and use of telehealth services: and
Heard of but not used, don't know how!

9. Any other matters incidental thereto.

The health system is clogged up thus creating extra pressure on rural GPs. If a person goes to a rural doctor with pain in the back the doctor will make a diagnosis as to what is the problem, if not happy will send the patient off to get x-ray, scan etc. The patient does as instructed, x-ray shows kidney stones, the patient goes back to the rural doctor, the doctor books the patient into RHH. RHH FAILS TO SEND OUT NOTICE TO THE PATIENT.

The patient goes back to the rural doctor, the patient asks the doctor what is going on re RHH, the rural doctor does a follow up, three months later RHH sends notice to patient advising they are on the waiting list, "roughly" 6 months later RHH sends out another notice enquiring do you wish to stay on the waiting list, please fill out the form and return and if you have any problems go see your GP. No waiting time is given so you ring the RHH and after some needling you get told you have to wait 440 days and if the condition causes a problem go see your GP. So you go see your rural doctor and want to know what to do. Time passes by but heard nothing from RHH and 447 days have passed, so you ring RHH what's going on and you are told you will have to wait just under 2 years. As the patient has had heart attack in the past and was put on medication and left on that medication too long side effects kick in, no review is done by the bush doctor, patient gets diabetes, high blood pressure, impaired vision, blood clots travelling around in the body and is sent to RHH to get treated, the patient goes back to bush doctor, medication review is still not done. Patient is sick of dizzy spells, feeling disorientated, disillusioned, constantly tired, totally cheesed off so refuses to take the prescribed medication. Headaches / dizziness goes and patient feels less disorientated. Patient finds another rural doctor but has to travel further to see the rural doctor and goes to the rural doctor to sort out the problems from being on the wrong medication and this includes kidney stones that were missed by the bush doctor.

Now the rural doctor is overload with the patients problems that the bush doctor should have treated. The rural doctor orders blood tests, scan, x-rays etc.. The rural doctor gets the file from the bush doctor and goes off the Richter scale, not happy. Patient is disturbed by re-action, things settle down and the hard work starts in rectifying the numerous health problems and condition. Rural doctor needs to get patients blood pressure down, LDL down, glucose (sugar) levels down, kidney stones treated, eye problems treated, heart checked by specialist (RHH) and a specialist report on diabetes but is derailed because can not get patient into the RHH because of long time delays due to excessively long waiting lists, patient has to grin and try not to die prematurely.

Medical advice for kidney stone is 39 hours or as soon as possible (weeks not months that blow out to years) left untreated can cause kidney damage and or failure.

This is just one patient example. I know of four rural people who had cancer and were referred to RHH and were put on waiting list then were diagnosed with cancer and because of the delays from RHH two have died. Because of the overload on public and private hospitals rural doctors are having to "stabilise" patients (lot more visit to doctor by patient thus creating overload on rural practice) until they can get treated by the hospital system, this is causing overload on rural doctors and they are finding it hard to cope and some rural doctors have waiting lists two and three weeks long while others are not taking new patients. That means if you need a doctor urgent you ring 000 and go to hospital and this means greater load on the hospitals and ambulance ramping.

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The private hospital system will get some relief when a new hospital is built in New Town but the public hospitals will still be overloaded. With the public hospital in the south (RHH) it is a rabbit warren and no matter what you do to re-vamp / rebuild it will still have major problems and long time car parking is near impossible.

As the population has grown and the Eastern Shore is rapidly expanding and outer suburbia is flowing into Sorrel and Campania and beyond the time has come when the state government needs to build a new public hospital at Cambridge. Why Cambridge? With the air port at Cambridge if you have a plane coming in to land in the morning at peak hour traffic time and the plane under carriage fails to lock and it crash lands and injures 170 people (give or take pending on type of plane) there is no way you could get the injured people into RHH in a realistic time frame (lets hope it does not happen but it can).

By building a public Hospital at Cambridge it means people living on the eastern side of the Derwent (right up to Tunbridge / Oatlands and across to Swansea / Orford down the Tasman Peninsular plus places like Sorrel and down South Arm) would have hospital care without having to overload RHH.

Sixty six million earmarked for part of RHH rebuild would be better spent at Cambridge building stage one of a new public hospital. For 66 million you could build a 24 hour health clinic with emergency centre, radiology centre, 4 theatres, diabetes centre and ward, with 30 beds plus a car park and still have change left over. Grow the population and you have to build the infrastructure and train extra medical staff and we all grow old and sadly get sick.

Note Quite happy to attend your hearing
if required!

Could have supplied more detail if
Eyes, Printer & Computer were in good
shape!

Bob Campbell



Ex SMC Councillor

