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Ruth Forrest

Chair – Legislative Council Government Administration Committee ‘A’

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Dear Ruth

Inquiry into Health Outcomes and Services in Remote and Rural Tasmania

Thank you to the Legislative Council for establishing this important inquiry. It is clear that remote and rural Tasmania is falling behind in both health outcomes and services, and innovative solutions are needed to reverse this.

The West Coast is an amazing place containing the majority of Tasmania’s world heritage area and pristine wilderness. It is an internationally renowned location for adventure and wilderness activities. It is also home to the majority of Tasmania’s mineral wealth, providing a large proportion of the State’s mineral exports. Despite its remoteness it is a vital part of the Tasmanian economy. However, it has a small population, which means that the provision of services, including health services is difficult. Further, as with many remote areas, health outcomes, nor social determinants of health, do not meet the levels seen elsewhere in Tasmania. Smoking, Obesity, and disease outcomes are all poorer on the West Coast.

We believe there is the potential to change this, but there needs to be dedicated, focused investment in remote areas to do so. There needs to be further recognition that the approach used in regional or rural Tasmania, will not work in remote Tasmania, and that innovating approaches are required.

Health Literacy and Social Determinants of Health

Health literacy and many of the social determinants of health are poorer in remote areas. This needs to be resolved. There needs to be a greater investment in providing effective health literacy education in remote areas. Reliance on services that do this in urban areas, or digital solutions will not be effective. There needs to be funding for local providers – pharmacists, nurses, and community groups to educate the community on health matters. Further support for improving literacy and digital literacy in remote areas will also assist this.

There needs to be greater research in how to support social determinants of health in remote areas. There are solutions that work to reduce smoking and obesity levels in cities, those solutions need to be translated into remote settings and then be funded for delivery. It cannot be acceptable to have smoking rates in remote Tasmania more than double the State average.



Health Infrastructure

Remote Tasmania needs effective health infrastructure. It is acknowledged that with a small population, the cost of building infrastructure per person will always be greater in remote areas, but the investment must be made. The more services that can be provided in the community, the more can be done to prevent health problems from becoming worse. The requirement to travel to Burnie, Launceston, or Hobart is one of the main barriers for people delaying treatment, leading to worse outcomes. Additionally, the travel requirements add enormously to the cost of having a health problem for the individual and community. The increased requirements to take time off work, to travel, to provide accommodation exerts a heavy toll on the people of the West Coast that is not felt elsewhere. There must be a solution to this.

Infrastructure should be invested in to ensure that telehealth can be utilised to its full potential, even for member in our community that struggle with digital literacy. The facilities in remote areas should cater to the widest range of health services and facilitate medical and allied health providers coming into the community, rather than requiring residents to travel to them. More should be done to provide spaces for allied health (public and private) and specialists, to come into remote communities physically or through telehealth and to provide services. More should also be done to increased aged care beds in remote areas. Many of our older people must leave our community as they age because there are not sufficient beds or spaces for them. First, it is not appropriate that we force those that want to age and die in the community that they have spent their whole lives in, to move away from social support. Secondly, the low numbers, reduce the services available in the community, because there is “insufficient demand”. There is a role for additional funding to ensure that remote areas have sufficient scale for service providers (through age care packages, or NDIS) to see them as viable.

There is a unique opportunity on the West Coast to see remoteness as a strength. More and more Tasmania prides itself on preparing people to live and work in remote areas (Antarctica, or outer space), yet much of this training and research occurs in or around Hobart. Tasmania should invest in remote healthcare facilities to allow training and research hubs and support our States dream of being a gateway to the Antarctic. The additional training and research in remote areas will not only enhance that training and research but will support infrastructure to enable better service delivery on the West Coast.

The Health Workforce

Attracting and retaining healthcare workers to remote areas is difficult, but there are solution that can be implemented over the short to medium term.

One of the main barriers to attracting workers to the West Coast is a lack of housing of sufficient quality. For health care workers this could be addressed by further investment in staff housing. Importantly this should be building new housing, rather than leasing private rentals and further constraining supply. The State could also play a role by ensuring Crown land, or land held by other departments is activated as much as possible for housing provision. This will require a proactive approach to State Government owned land, seeking out opportunities to ensure housing is built on it.

As discussed above another way to mitigate staff attraction and retention is to ensure that remote areas such as the West Coast are seen as ideal locations for training and research. Remote areas offer a unique place to learn medical skills and to prepare for a variety of careers. This should be celebrated, and work done with Universities’ and other training providers to make sure the infrastructure and funding is in place to make the most of it. When training and research is combined with service delivery, we have no doubt that it will be easier to attract and retain professionals.



Importantly innovative approaches to staffing remote areas must be considered. There is great potential for training such as the Rural Generalist Scheme, or Practitioner Assistants, to increase the level of service provision in remote areas. Further a flexible approach to the tasks staff can do should be tried in order to extend services. In many cases there are staff that are long term residents of the area and will be retained over the long-term. Maintenance, nurses, or support staff for example should be considered for additional training in remote areas to allow them to provide additional services. This could include services such as operating an x-ray or other imagery machine. When combined with telehealth this sort of approach to make it feasible for facilities such as the West Coast District Hospital to provide x-rays seven days a week instead of the current two. Improving response to trauma injuries and reducing the burden of disease and injury on our population.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Phil Vickers', with a long horizontal stroke extending to the left.

Phil Vickers
MAYOR

Cc: Livable Communities Committee – West Coast
Cc: Sarah Courtney – Minister for Health

