



Building a Consumers Health **Voice in Tasmania**

Dr Rosalie Woodruff MP (Chair)  
Select Committee on Transfer of Care Delays (Ambulance Ramping)

Dear Dr Woodruff

Health Consumers Tasmania welcomes the opportunity to provide a submission into the Select Committee Inquiry into *Ambulance Ramping*.

Health Consumers Tasmania submission is premised around quotes from everyday Tasmanians which we find is a more powerful way of ensuring Tasmanian voices are heard in these forums and enquires.

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

Yours sincerely,

Bruce Levett  
**Chief Executive Officer**  
**Health Consumers Tasmania Ltd**

10 October, 2023

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# 1 Health Consumers Tasmania

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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 terms of reference comes from a number of sources:

- Consultations with patients, carers and community workers
- Online survey regarding Tasmanians key health priorities (July 2023)
- Kitchen table discussions with health consumers – over 86 kitchen tables have been undertaken involving 492 consumers in group discussions or one on one interviews
- Specific research into
  - Cost of living pressures
  - GP access in rural and remote areas including the Central Highlands; and Dover, Geeveston and the far South
  - After-hours access
  - Virtual Healthcare requirement

## 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 800 people and has been formally involved in over 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
- Facilitating community-led placed based solutions to local healthcare services with a number of regional and remote communities

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 Consumer Feedback

The following data / quotes has been collected from consultations with communities about health care access across Tasmania between 2020 and 2023:

### 1. The uncertainty about availability of ambulances and fear of extreme wait times causes trust to be eroded. This means that people may not access the system when they need it or put care off:

*"Here in Huonville, the Huon ambos - I had an accident over Christmas and they were just fabulous. However, Emergency Care once at hospital – no! – not good – expertise are there at the Royal, but facilities and the access and the ambulance ramping which I experienced wasn't much fun so that was a depressing experience. The standard of care is fabulous once you get in the door.", Huon Valley*

*"I have heard a lot about ramping of ambulances in Hobart and long waits for them to come to pick you up. If it was an emergency, I would be very afraid that no one would come in time to help me or that I would not get help at the hospital because staff are so overwhelmed.", Dover/Geeveston*

[when asked what they would do if they were unwell after hours] *"Bottom line would have to be an ambulance, it would have to be. But you wouldn't feel comfortable. If you're not as sick, not a heart attack, and you just wonder, the stories that people tell you, you wonder what's the point in going up?", Central Highlands*

*"Need to have confidence in the service. A couple of times I've had concerns: a lack of co-ordination when two ambulances turned up at once; and there were staff who weren't fully trained.", Tasman*

*"Seriously, panic like all shit! There's nothing. An ambulance, when I had a stroke, I got to the hospital quicker than the ambulance. Seriously, you panic, and the ambulance are so busy. I've got a minute to live, but still see you in half an hour. It's too hard for them and if I mention I have a disability – forget it.", Penguin*

Lack of information about how bad the ambulance situation is at any one time makes this uncertainty and fear even worse:

*"And it all ties into the ambulance situation. I keep hearing rumours about what is available when. I would like to be clearly informed about expectations related to ambulances, for example if the ambulance is coming from town or Kingston after a certain time at night. Because if I know that, say, after 11.30pm, the ambulance is going to be coming from far away, I'll just jump in the car and drive myself to ED. It's not like there's traffic we need a siren for. But if I don't know, I'll just be waiting at home, wondering which course of action to take. I know it all depends on ramping of ambulances at the Royal Hobart Hospital."*  
Huon Valley

*"And we have read scare stories about the ED at the Royal e.g. patients waiting for hours, ambulance ramping, patients in corridors as beds are not available", Tasman*

If they can, some people chose other alternatives than go to public hospitals.

## **2. Some people experience extremely long wait times due to poor ambulance flow, which may lead to poorer outcomes, as well as contributing to uncertainty and mistrust:**

For example, on the Central Coast one person described waiting 2.5 hours for ambulance, another waited 1.5 hours with a broken hip outdoors.

*“It’s a bit concerning, however, how long the helicopter may take to come and the ambulance, and I can tell you from experience, once took 28 minutes for the ambulance to come when I called them, and that was very concerning and felt a long time.”, Huon Valley*

In some areas, for example, the far South, ambulance wait times are particularly poor:

[when asked what they do if they are unwell after hours] *“We’re stuffed. I waited for 1.75 hours for the ambulance to come from Glenorchy with a twisted bowl. I was that ill I passed out. The person on the phone asked me to stay with her. I was in and out of consciousness. Little did know that my neighbour was the volunteer ambulance driver on call- so her buzzer went off and she came over- she couldn’t give me any help really but she stayed with me.”, Dover/Geeveston*

*“Unless someone had a heart attack I wouldn’t call an ambulance because that could take a couple of hours.”, Dover/Geeveston*

*“I was in excruciating pain in my stomach, I thought I was dying, I was vomiting hard and crying my eyes out – it took 6 hours for an ambulance to arrive after we called. I was terrified and in excruciating pain all that time.”, Huonville/Huon Valley*

In another scenario, a Huon Valley resident waited four hours after calling the ambulance for it to come after breaking her hip. She had someone with her and while the injury wasn’t life threatening, she was in a lot of pain.

## **3. People feel guilty about using ambulances services:**

People tell us that they are very aware of the overloading of the ambulance service and the emergency department and they may put off calling an ambulance in order to avoid putting more pressure on the system or taking service away from someone else, especially if there is only one ambulance in the area.

*“I find there’s a guilt factor about calling an ambulance – there may be people who are worse off.”, Tasman*

*“I have required the ambulance service. I still am hesitant to call an ambulance when I may have needed it though, due to still feeling like I don’t want to take that service away from where it may be needed more.”, Tasman*

People are confused on what to do when they lack other options (esp. in rural areas):

*“Just a couple of examples are my husband with a welding flash, not aware of the problem until he went to bed and it began to hurt and a cut finger after-hours. Both could have been treated here if we still had an after-hours service locally. We would never call an ambulance for either of these things but if my husband didn’t have me, his wife, to drive him to Hobart, what could he do in either of these circumstances. I worry about those who live alone and wonder how often an ambulance may be called unnecessary because people simply have no other options.”, Tasman*

## 3.0 Suggested Solutions

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### 4. People suggested local urgent care, after hours services and better access to GPs as solutions:

*"A local triage clinic would actually reduce the pressure on ambulances and reduce the ramping problem in Hobart.", Huon Valley*

*"Travel becomes more and more difficult – no Red Cross, Community transport too expensive, bus takes hours and hours – but it is easy to call an ambulance. Using telehealth and making GP financial capabilities more attractive will directly reduce ambulance usage and therefore relieve the load on the Royal in Hobart", Huon Valley*

*"I'd like after hours medical service instead of having to calling ambulance.- GP or a nurse triaging before GP.", Tasman*

*"It ties in with GPs not being available on the weekends. If GPs aren't available, people start presenting to the Emergency Department. And if the Emergency Department is full, that affects ambulances. I feel like more widely available GPs on weekends and after hours would be really helpful to the wider Royal Hobart Hospital bed-block ambulance ramping problem. We need weekend/after hours GPs to reduce reliance on ambulances and the Emergency Department, but also the ambulance services need to be improved." Huon Valley*

### 5. People also asked for better information generally:

*"And if they [the ramping situation] can't be improved, we need clearer information about what is lacking and the wait times so we can make decisions accordingly (in an emergency).", Huon Valley*

At times people describe uncertainty about where to get information or help especially after hours. Healthdirect was described as a useful service after hours or for people who cannot access a GP, however many people do not know about the service. We know this because one of the key benefits that consumers have described from engaging in Kitchen Table Consultation discussions is that they learned about Healthdirect at those meetings. This was more evident especially in rural areas:

*"I called my personal GP 'out of hours', but I felt naughty; not sure whether I should have rung 000 or GP Assist instead. I try to 'ride through' until health centre's opening hours. I didn't know about GP Assist. It's been terrific to find out about GP Assist today. It's given me confidence.", Tasman*

People are calling ambulances because they do not have access to the information about alternative services that they need and Healthdirect really only works when there is other services close by and available at the time of calling. For example, there is no point referring people to see their GP if they can't access one in the first place.

## 4.0 Health Priorities for Tasmanians

**We have been told that ambulance ramping and emergency department wait times are top health priorities for Tasmanian consumers.**

HCT conducted an on-line survey in July 2023 to better understand the health priorities of Tasmanians. The 10 priority areas that the Tasmanian Government needs to focus on relating to health and wellbeing are listed below. There were two issues relating to social factors or determinants that impact a person's health and wellbeing: – housing and cost-of-living; three relating to hospital performance: - emergency department wait times, elective surgery and outpatient wait times and ambulance ramping.

A number of solutions were provided including: mental health services, increased options for after-hours medical services, improving rural health service access, mobile 'health hubs' for rural areas, expanding virtual care and telehealth, better health navigation, Urgent Care Clinics in your area, developing place-based solutions to local health problems, improving local transport and better community nursing.

Priority areas for Governments to focus <sup>1</sup>	Percent
Housing Crisis	36.6
Mental health services	33.3
<b>Emergency department wait times</b>	<b>29.3</b>
Increased options for after-hours medical services	28.5
Elective surgery and outpatient wait times	25.2
Cost-of-Living	25.2
Improving rural health service access	23.6
Dental/Oral Health Services	22.8
<b>Ambulance ramping</b>	<b>22.0</b>
Mobile 'health hubs' for rural areas	21.1

<sup>1</sup> HCT Community of Interest Survey – 130 participants, July 2023

## 4.0 Performance of Tasmania's four major hospitals in delivery Emergency Department service

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In May 2019, the Tasmanian Auditor General handed down a report on the performance of Tasmania's four major hospitals in the delivery of Emergency Department services<sup>2</sup>.

Consequently, the then Tasmanian Minister for Health and the Australian College of Emergency Medicine jointly convened a full day workshop to address the Royal Hobart Hospital Access Solutions in response to Auditor General's ten recommendations outlined in the report.

Health Consumers Tasmania is on the public record at that time with the following comments as a result of participating in that workshop.

- I. *"The first reason offered by the Auditor General relates to infrastructure capacity. Those in the room identified that by changing some procedures for discharging patients and improving joint accountability for patient care they could improve the patient flow through Emergency and free up additional beds across the hospital. If this eventuates, it's a positive".*
- II. *"Secondly, the auditor highlighted poor and dysfunctional culture across and within the hospitals as a major issue. There was a commitment within the room to fix culture, but without a discussion to fully understand or own what the culture problem is and without commitment to resource and fund change, makes us more hopeful than certain that the culture problem will improve".*
- III. *"The third reason outlined in the Auditor General's report was around poor or inefficient processes. Given the Auditor stated in his report "the patient journey through Tasmania's four major hospitals has deteriorated and become more challenging during the last decade for both patients and ED staff", this is of great concern to us".*
- IV. *"We believe that whatever procedural changes are adopted, they need to be done with the patient clearly at the centre with consumers helping to identify these changes. I am yet to see evidence of this happening".*
- V. *"I am not convinced that, as a group, we nailed the core issues. I walked away from the meeting feeling that we were skirting around the edges and not fully embracing the problems highlighted by the Auditor General".*

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<sup>2</sup> Report of the Auditor-General No 11 of 2018-19

There were four key outcomes that HCT requested at that meeting and publicly afterwards, HCT still stands by these statements four years later. HCT does not believe that these have been followed through:

1. *"We requested greater independent scrutiny of any actions that came out of the meeting and progress against the ten recommendations made by the Auditor. The meeting agreed to invite the Auditor General to come back in twelve months to provide the public with an update on progress, but this is not in the Action Plan".*
2. *"We would also like greater communications between the hospitals and their communities so that hospitals can directly address community concerns. This is about making our hospitals more accountable to their communities".*
3. *"We also understand there is a commitment that those in the room will reconvene again, perhaps later in August, to review work done to date"*
4. *"Tasmanians don't understand why so little effort and resources are placed in the areas like community care and prevention that together will help reduce the squeeze on our Emergency Departments and this requires greater focus and funding".*

## 4.0 Conclusions and Recommendations

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Health Consumers Tasmania raise the following issues as conclusions with some suggestions to a way forward and next steps.

### 1. Implement existing findings would have gone a long way to fixing the problem

The Department of Health listed 10 reviews, papers, audits and recommended improvements strategies specifically relating to ED performance, patient flow and hospital performance since 2004<sup>3</sup>. This amounts to one review every 1.9 years. Health Consumers Tasmania notes that the Tasmanian Auditors report (2019) and the supporting Occasional papers provide the necessary evidence together with a range of solutions – what is missing is an honest and forthright approach by the Department that is held to account to implement these findings in full without fear or favour.

### 2. The health system is facing a credibility issue with community trust in it falling.

The consumer comments listed in this submission evidence a declining level of confidence, increasing levels of frustration and points to a growing cohort of community who now cannot access adequate healthcare where and when they need it.

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<sup>3</sup> Royal Hobart Hospital Access Solutions Occasional Papers, Department of Health, June 2019



This declining level of trust in the industry and Governments ability to 'fix' the system will make it harder for the community to trust future efforts to reform the industry.

### **3. Governments need to apply innovative thinking to another area that requires urgent attention – access to primary care.**

Access, or lack of access to primary care is driven by two key factors, first is due to the 'cost of living crisis' or an affordability issue; and the second is due to the declining level or availability of service, particularly in regional and remote areas.

#### **3.1 Declining access due to cost**

The proportion of people in Tasmania who delay visiting a GP due to cost has risen from 6.9% to 8.7% over the five years to 2018/19. That's around 46,000 people in Tasmania who can't afford to see a GP. As bad as this number is, it has grown by nearly 10,000 Tasmanians over the last five years.

GPs provide a critical first point of contact for people who become unwell, but what happens to those 46,000 Tasmanians who can't afford to see a GP when they should, or for those who don't have easy access to a GP.

More effort, funding and priority needs to be focused on how to support this group within our community so they have equal access into primary health care so GPs can treat them first before they move into acute care settings. This requires both state and federal government cooperation and intervention as the state funds hospitals whilst the federal government manages GPs (primary care).

#### **3.2 Declining access due to a lack of availability of services**

Health Consumers Tasmania have formed the view that the reach of primary care (General Practice) is no longer suitable for the Tasmanian environment and its decentralised population.

We therefore advocate for deep reform in the primary care sector is required because the current model centred around the GP no longer is applicable.

HCT argues that what is required is a mix of the following:

- More and varied entry points to enter the system – not just through general practice
- Continued refinement and expansion of telehealth in terms of reach and usage – consumer driven not service provider driven
- Expand frontline placed based primary care workforce to include pharmacies, np and cn, peer workers, allied health
- Establish new roles or functions to provide continuity of care (navigation) across visits and health services
- Funding models that move away from transactional care to chronic condition management and coordinated care

- Patient information stays with the patient, not just the practice or premise
- Formalise and fund access to the social determinants of health – food, exercise, social activity, housing, transport etc into the system
- Every Australian has access to a free annual health and wellbeing check as a central component of primary care reform.

**4. A second area where the community tells HCT a solution to the current hospital crisis can be found is in disease prevention/ health promotion.**

Tasmanians have told us that our state needs to consider a focus on “local health solutions including services, prevention and education”. Prevention helps people stay out of hospital for as long as possible. Tasmanians don’t understand why so little effort and resources are placed in the areas that, over the medium term, can generate savings to the health budget and at the same time, help reduce the squeeze on our Emergency Departments.

For a State like Tasmania, where people typically smoke more than other Australians, tends to be on average more overweight and obese than those who live on the mainland and therefore, are more prone to chronic conditions like diabetes and heart disease, this should be a priority for our policy makers. Options to address this issue are listed above and repeated below and include:

- Every Australian has access to a free annual health and wellbeing check as a central component of primary care reform,
- Formalise and fund access to the social determinants of health – food, exercise, social activity, housing, transport etc into the system, and additionally
- Health literacy – generational change, address social norms and commercial determinants of health including tackling gambling, tobacco and vaping, alcohol consumption etc.

The community is awake to the fact that this is the pending health crisis as our next generation moves towards older age, but from a poorer health base compared to those already there.

Investing in hospitals is important, and we acknowledge that they provide critical support to our communities, but if we continue to ignore funding to those important areas outside the hospital system, like community services and prevention, then we will only see a Tasmanian health system under greater pressure.