SUBMISSION INTO RURAL HEALTH SERVICES IN TASMANIA

This submission relates to the Northern sector of the Glamorgan Spring Bay Municipality on the East coast of Tasmania.

There is no State Government provided health and community centre in Bicheno. Our current services operate out of a Glamorgan Spring Bay Council (GSBC) property purchased by Council about 20 years ago with a large financial contribution made by the local community.

The nearest DHHS/THS facilities are at St. Marys Community Health Centre (CHC), 45 minutes North and St. Helens District Hospital, 60 minutes North, 2 emergency beds are funded by the State Government at Swansea, 45 minutes South.

For decades, visiting outreach and locally based services have debated inconclusively as to whether Bicheno is in the Northern or Southern district when it comes to the administration and provision of services. The most common end result is that neither have taken ownership, resulting in limited or no services being provided.

The municipality has a population much older than the mean average, has below average incomes and a high number of people living within the constraints of paid Government benefits.

PALLIATIVE CARE

Historically, the local Bicheno based General Practitioner (G.P.) and Community Nurse were available to provide Palliative care to those wishing to die at home. Both practitioners were supported by Palliative Care North (DHHS) and were paid a nominal fee to be on call out of hours with a 2 hour minimum payment if called out.

The St. Marys CHC has a palliative care bed. People requiring symptom management or needing respite may be admitted there, if required, to resolve the identified problem. The Medical Officer at St. Marys has an interest and expertise in palliation, an excellent skillset for a rural medical practitioner.
This is a useful aptitude which could well guide the placements at DHHS rural sites whether currently served by General Practitioners, agencies, directly employed or contracted.

General Practitioners no longer work and should not be expected to work on call, 12 days out of 14 and Community Nurses are no longer based in the community.

The Palliative care service now offer only consultancy and in some cases equipment. These changes have meant that professional clinical care and support are conducted remotely by phone or people are advised to contact the ambulance and then, inevitably, are transported to the R.H.H. or L.G.H. emergency department, usually not the most desired of outcomes.

2.
People may also attend the General Practice during business hours; home visits occur as needed.
Currently, both St. Helens D.H. and St.Marys CHC have designated palliative care beds and emergency beds (2) are at Swansea.
Suggestions:
Perhaps Paramedics could provide hands on trouble shooting, for example for syringe driver, symptom control and other such management and this may be an avenue to explore. Alternatively, the East Coast Health General Practices or the May Shaw Centre could be funded by the State Government to enable the recruitment and management of suitably qualified local registered nurses to provide the necessary palliative care in home as the need arises, particularly out of hours, across the municipality. There is always the great variability in demand to consider. The unknown is frequency and, patient and family centered needs for home delivered clinical services.

PARAMEDIC SERVICE

The Bicheno community and our East coast visitors have benefitted enormously from the placement of additional paramedics, with 2 based at Bicheno, over the past 16 months. This service must be retained to enable best practice “the golden hour” emergency retrieval system to be provided. A cooperative model of care with the Paramedics able to assist with patients presenting to the G.P. could be useful.

The stoicism of people is still impacting on callouts, a leftover from the time when the ambulance service was provided solely by volunteers and people were reluctant to call in the middle of the night. Covid 19 has reduced demand on this service from interstate and overseas visitors, but will increase once travel is permitted.

GENERAL PRACTICE

The Glamorgan Spring Bay Council initiated a medical levy/charge on ratepayers to help cover the costs of an incentives package to assist in the recruitment and retention of General Practitioners. The charge has risen from $18 to $90 per rateable property. The tripartite agreement initially was between Council, the State Government (who also provided funding) and River Medical. The majority of residents have been happy to pay the medical levy but many wonder if this should actually be a Council responsibility.

Council formed a wholly owned Council business, East Coast Health, and have for some years owned, staffed and managed the General Practices at Triabunna and Bicheno. The Swansea practice, with two General Practitioners, is an independent private practice but benefits from the same incentives package. Thus, ratepayers in the municipality may pay the Medicare levy, private health insurance and the Council medical levy whereas elsewhere in Tasmania there is no Council levy. Both practices bulk bill pension and health care card holders.

3.
The practices at Triabunna and Bicheno both have had, until recent times, two General Practitioners operating from each of the centres. Since December 2020 there has been a vacant position at Bicheno and a retirement from Triabunna due at the end of April, leaves the communities with a 50% reduction in General Practitioners. Recruitment is proving to be problematic even with incentives. The G.P.s across the municipality are usually on call for a weekend every 6 weeks.

Many and varied systems have operated across the State. At times there were private G.P.s attached to a DHHS centre with reception, Registered Nurse and medical supplies provided. Sometimes Local Medical Officers were directly employed by the State; more recently, the Medical Officer/G.P.s are provided by private agencies to DHHS facilities. Some private practices are providing care within a viable and sustainable group model.
Historical Local Medical Officer positions have not been filled for many years and the positions seem to have been made redundant. None of these systems seem to be equitable.

Every DHHS rural inpatient site should be staffed by a minimum of two Registered Medical Practitioners/Officers. The current situation, whereby if no Medical Officer is on call, the facility must move to bypass, at times prevents the efficient use of the beds available. It is becoming very obvious that single provider G.P. services are no longer viable, the demands on that sole provider could, and does, lead to exhaustion and burnout. There is now a lack of interest in G.P.s taking on such solo provider positions. The recruitment of locum relief is problematic.

Many General Practitioners recruited from overseas have little or no knowledge of Medicare or Department of Veterans Affairs systems or the local specialist and allied health referral protocols.
The increased use of rotational locum provided G.P. services leads to discontinuity of care, repetitive history giving, an increased risk of poorer outcomes and severely decreased local knowledge.

There is currently a huge dependency upon G.P.s at St. Marys, Bicheno, Coles Bay, Swansea, Triabunna and Orford for the provision of primary health services; they work on call beyond any reasonable expectation. No backup system is now in place for when the collapse of these fragile services inevitably happens.
Suggestions:
The State Government contribute 50% of the funding for East Coast Health G.P. services costs immediately.
Urgently develop a strategy, in consultation with stakeholders, (East coast G.P.s, Division of G.P., Rural G.P.s Assn., Community, Council and State Government), to provide for the genuine sustainability of the General Practices on the East coast and elsewhere.

4.
AGED CARE

Two private aged care facilities operate on the East coast, Medea Park at St. Helens and May Shaw Centre at Swansea. They offer a range of residential and residential respite care.
May Shaw provides services related to Level 1 to Level 4 Aged Care Packages, May Shaw has not been funded to provide Commonwealth Home Support Program (CHSP) entry level services. May Shaw employs locally based staff to deliver packages. There is a lack of access to CHSP, those services with funding are based in Hobart or Launceston and have "no availability" in the vast majority of cases. The wait times of 1 to 2 years for the delivery of an Aged Care Package are commensurate with experiences elsewhere. Some CHSP providers have charged people mileage as well as the hourly rate, making the exercise unaffordable for many.

Post acute care packages have been reduced from 6 to 3 weeks duration. There is currently no flexibility to extend the package from 3 weeks to 6 weeks when there is demonstrated need. A reassessment is then urgently required for a transitional package but delivery of care is then dependent on availability.

Once again, historical changes have had a negative impact on the provision of Statewide support. The Home and Community Care Program (HACC), jointly funded by the State and Commonwealth, had previously provided low level services (personal care, home help) to people over 65 years but now only service people under 65 years or under 50 years for indigenous people. The My Aged Care system is generally able to assess people in a timely manner, but there is a distinct lack of resources to actually provide the approved level of care. No funding or no staff availability is the usual outcome when contact made with approved service providers. The Aged Care Assessment Team (ACAT) provide an adequate initial assessment but are powerless to ensure that the recommended level of care is provided.
Suggestions:
Funding, funding, funding. Prompt adoption of the Aged Care Royal Commission recommendations.
Consideration of the reinstatement, of the jointly State and Commonwealth funded HACC programs, for previously eligible older people.
Recognition that while a choice of aged care service providers is a positive goal, that a local provider should be funded if no alternative provider is servicing the geographical area.

SPECIALIST SERVICES

Currently the only visiting specialist is a gerontologist who travels only as far as Swansea. Access to specialist clinics and appointments is inevitably a very slow process through the public health system. It is common to wait between 12 to 15 months from the time of a G.P. referral. Specialists in some clinical areas are in short supply Statewide and regionally. Some specialists will see public patients in their rooms if payment is made upfront ($200 to $300). Others will not mix private and public patients. A wait list is made prioritizing urgency. Frequently a

consultation with a specialist is required prior to placement on yet another wait list for surgical intervention.

The Patient Travel Assistance Program (PTAS) needs better promotion, many people who would be eligible are completely unaware of its existence.

There is little consideration of the travel time required – 2 ½ hours to Hobart, 2 hours to Launceston when clinic/specialist appointments are made; an 8.30 a.m. appointment would require a 6a.m. departure time for Hobart to 6.30 a.m. for Launceston departure time. An arrival time of 7.00 a.m. for booked surgery would necessitate an even earlier start or the cost of an overnight stay in either city. There is little provision for admission the night before or a move to a late morning or an early afternoon appointment.
Ice on the Lake Leake Road or the Tasman Highway can be a risk in cold weather.
Suggestions:
That bookings staff take account of travel time when making appointments.
Urgently work to fill all vacant specialist positions.
Encourage and facilitate the use of Telehealth and outreach services.

COMMUNITY NURSING (THS)

There have been many incremental changes to the role and function of Community Nurses. The role has narrowed considerably. Community Nurses now provide technical nursing procedures, (e. g. wound care, management of PICC lines, catheter care) whereas categories such as support and maintenance, education, monitoring and surveillance and carer support which had played such a key role in enabling people to continue living independently in community have been lost.

Over the past decade the service has become more centralized. Community Nurses were previously employed at Bicheno, Coles Bay, Swansea and Triabunna. Now, all Community Nurses work out of Triabunna, most travel there from Hobart. There is no out of hours clinical or palliative service. Many urban based Community Nursing services provide evening and weekend services, these should be provided more equitably to rural and regional areas.
The Child Health and Parenting nursing service (DHHS) has been provided consistently over the past 2 decades. Antenatal services are provided at St. Marys CHC.
Suggestions:
A State Government budget allocation for out of hours Community Nursing services.
That the DHHS maintain a register of suitably qualified Registered Nurses able to work on a rostered or as required basis.

ALLIED HEALTH

There has been a withdrawal, over the period of time since the global financial crisis to the present, of State Government providers, due to budgetary constraints, recruitment difficulties

or rationalization of services. Outreach and visiting services such as physiotherapy, social work, drug and alcohol, occupational therapy, dietician and regular, long term mental health nurses have been lost to the community. Private sector providers have filled some gaps but are unaffordable for many people or financially unviable for the provider. Diabetes Tas., Hearing Australia, speech therapist and Arthritis Tas. have all ceased visits due to budgetary constraints.

Mental health nurses do provide short term support in the community, but then refer back to the G.P. who may or may not have the expertise or time to commit to the needed support.

The Commonwealth funded Rural Primary Health Service (RPHS) for over a decade provided podiatry, physiotherapy, mental and rural health workers but was defunded in December 2016.

The Royal Flying Doctor Service was then funded by the Commonwealth but provides a reduced range of services namely youth and adult mental health, dental (at Swansea) and a physical health worker, dealing only with respiratory and cardiac follow up.
Optometry is provided by Eyelines with State Government funding support.
Private physiotherapy, podiatry, Rural Alive and Well, natural therapies, foot care and various counselling services provide visiting and outreach services on a regular basis to Bicheno.

TRANSPORT

Bicheno has an aging population unable or unwilling to drive long distances so are dependent on the following services to attend medical appointments.
A CTST vehicle is based at Bicheno. Preregistration is required prior to using the service.
The Bicheno Community Health Group Inc. manages a vehicle for community transport for local residents at subsidized rates.
Calow's Coaches provide a daily service to St. Helens and Launceston and Tassielink from Bicheno to Hobart, both have limited timetables.
There is no public transport and no taxis in Bicheno.
Many residents depend on private vehicles to attend appointments locally in Bicheno, at Swansea, St. Marys or elsewhere.

PHARMACY

There is a pharmacy with a resident pharmacist based in Bicheno. The pharmacy operates 5 ½ days per week and generally opens for a few hours on Public Holidays. The pharmacy make home deliveries when required.
Medicines are also posted to people from the pharmacies at the L.G.H. and R.H.H.

7.
ADDITIONAL MATTERS

There is a need for some clarity and delineation of responsibilities for health care.

There is a need to identify what services are primarily a Federal, State or Local Government responsibility or are to be operated and funded jointly and cooperatively.

Funding allocations should be considered on a permanent basis with due consideration of the most cost effective and efficient models of service delivery.

Equity, whenever practicable, in the funding of rural health services. It is recognized that not every town can have a hospital or aged care facility but, all too frequently, history and not need has been the basis for budgetary allocations.

The folly of the use of continuing, expensive agency and locums, at all levels of health care provision, needs recognition and addressing. Locums are appropriate to fill a position on a short term basis for sick or holiday relief only.

Replication of services and short term grants programs which cannot fulfil our communities ongoing primary health care needs and should be avoided. Such programs may be useful for crisis management but longer term strategic improvements in baseline services, particularly palliative, drug and alcohol and mental health professional support services, are required.

As part of the bigger picture Rural and Regional classifications require review. Some funding and incentives packages are based on these classifications when, in reality, there is a huge difference between Launceston, Bicheno and Queenstown, their facilities and liveability.

Systems are not currently providing timely aged, palliative or acute/tertiary care.

Primary care, based in the community, is under great stress.

The social determinants of health need greater consideration as part of providing essential primary health care, a greater focus on health promotion, education, community development and wellbeing activities will be cost effective over time.

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