
From: Dermody Bill [REDACTED]
Date: 1 February 2021 at 4:10:29 pm AEDT
To: ruth.forrest@parliament.tas.gov.au
Subject: Inquiry into Health outcomes and services in rural and remote Tasmania

Dear Ruth,

Firstly, on behalf of residents in the Derwent valley/Central Highlands communities, I thank you for an opportunity to raise the concerns that these communities have raised through my two Medical/Health petitions. In the first petition, over 1,200 people signed the petition in 8 days which was tabled in parliament in December 2018 and the second petition, where over 2,200 people signed the petition which was tabled in parliament in March 2020. Please find attached the latest petition and the Health Minister Cortney's response which took 8 months. The purpose of these two petitions was two reasons being;

1/ That people are waiting up to at least 2 weeks to see a GP in the Derwent

Valley. This became an even greater issue with the retirement of our two most wonderful GP's in Dr Peters and Dr Sweet which meant that, the only medical services in the Derwent Valley was at the Derwent Valley Medical Centre and increased their numbers to over 10,000 residents, that many residents are still attempting to get on their books and many had to travel as far as Brighton, Kingston and Sorrel to find a GP. One of the major reasons for this is the Medical Centre, which is located in New Norfolk, is the only one providing services to the whole of the Derwent Valley community and to some from the Central Highlands community as their only GP practice is in Ouse and it is therefore closer to travel to New Norfolk. There are no After Hours Medical/Health services in the Derwent Valley/Central Highlands communities and for those who are unable to see a GP for weeks in New Norfolk, therefore have no alternative but to present at the RHH Emergency Department or call out an Ambulance. The major reason for this is how New Norfolk is scheduled under Medicare as MMM2, which is the same as Sandy Bay and Hobart as it is deemed to be a suburb of Hobart, not the hub of the Derwent Valley. This has been raised through the petition. The Health Ministers response to this clearly showed a lack of understanding of this and also, she did not meet with me and/or the Derwent Valley Community, despite several attempts requesting an opportunity to meet to discuss the issues.

2/ The other reason for the petition was calling on the state government to introduce Nurse Practitioners 24/7 at the New Norfolk Hospital. The purpose of this was so, if people were unable to see a GP and as there are no after hours/weekend, Medical/Health services in the Derwent Valley/Central Highlands communities and therefore they have no alternative but to either present at the RHH Emergency Department or call out an Ambulance or wait weeks to see a GP. If the Nurse Practitioners were introduced at the New Norfolk Hospital 24/7, then people would be able to present there to be treated by Nurse Practitioners who are able to do around 99.9% of what a GP can do, rather than travel to the RHH or call an Ambulance. If they did call an Ambulance and the Paramedics determined that the person did not need to go to the RHH but should be monitored until their GP was available, then they could present the person at the New Norfolk Hospital This would take pressure of the RHH and Ambulance ramping. The Health Ministers response where she states, that there are after hours/weekend services as people only have to call an Ambulance, clearly shows a lack of understanding re Ambulance ramping and why people being able to access the New Norfolk Hospital, would dramatically improve health outcomes for these communities. People, rather than travel to the RHH and wait for hours to be triaged or call an Ambulance, will wait weeks to see a GP and this can not improve health outcomes.

I would be happy to meet with you and those doing the Inquiry to discuss how, with the introduction of Nurse Practitioners in regional areas of Tasmania, would dramatically improve regional Health services and take pressure of the major Hospitals.

Yours respectfully,
Bill Dermody

Response to Petition

The Petition of the undersigned citizens of Tasmania draws to the attention of the House the current health crisis occurring in New Norfolk and the Derwent Valley.

Your petitioners therefore request the House to call on the Tasmanian Liberal Government, under Premier Gutwein, to introduce nurse practitioners at the New Norfolk District Hospital and to advocate to their Federal counterparts to reschedule New Norfolk under Medicare and the Modified Monash model (MMM) to a level 5.

Government Response:

The Tasmanian Government has a strong commitment to improving access to health services for our rural and regional communities – including New Norfolk.

We have boosted services at New Norfolk in recent years, with seven more beds opened at the New Norfolk District Hospital in 2017, managed with the assistance of a visiting specialist and nurse practitioner.

This means we are providing greater access to hospital care closer to home, with services available for sub-acute and stable acute patients within the Derwent Valley community.

New Norfolk District Hospital

The New Norfolk District Hospital is a 14 bed rural inpatient facility managed by local General Practitioners (GPs) and a visiting medical specialist, which provides care for sub-acute and stable acute patients.

The New Norfolk District Hospital currently employs a full time Nurse Practitioner (Monday – Friday) to support the GPs and medical specialist in patient management.

Nurse Practitioner models of care in Emergency Departments safely manage patients who are non-time critical.

A review of emergency presentations at the Royal Hobart Hospital indicates that there are less than two patients per 24 hour period in the non-time critical category that reside closer to New Norfolk than Hobart. This level of demand therefore does not support the employment of additional nurse practitioners to provide a 24/7 emergency service from the New Norfolk District Hospital.

The Department of Health advises while the level of demand does not support the delivery of emergency services, there are no plans to cut or decrease the current levels of service provided at the New Norfolk District Hospital.

The Derwent Valley community has an appropriate level of access to out of hours care through the New Norfolk Ambulance Tasmania service, providing 24/7 Paramedic-led emergency care experienced in the management and transport of critically unwell patients.

This is in addition to the range of acute and sub-acute clinical services provided by Community Nurses, a palliative care team and a Community Rapid Response Service (which includes a nurse practitioner), as well as a significant increase in the number of General Practitioners working from the Derwent Valley Medical Practice over the past few years.

Modified Monash Model

The Modified Monash Model (MMM) is used by Commonwealth Government to define whether a place is a city, rural, remote or very remote location. The model was developed to better target health workforce programs and provide incentive payments to attract health professionals to more remote and smaller communities.

Currently, New Norfolk is classified as MMM Level 2. This is the same classification as Hobart.

The MMM classifications are assigned nationally to all locations by the Australian Bureau of Statistics based on town size and location.

The Department of Health advises there is little opportunity for the Tasmanian Government to advocate for a change to New Norfolk's classification due to its proximity to Hobart and its service demand.



Hon Sarah Courtney MP
Minister for Health