

SUBMISSION TO THE LEGISLATIVE COUNCIL INQUIRY INTO RURAL HEALTH SERVICES IN TASMANIA

12th March 2021

The Inquiry Secretary
Ms Jenny Mannering
By Email

Please accept the following submission from Jennifer Hadaway in Dover Tasmania.

Background:

Dover is a small village in the Huon Valley in the far South of Tasmania, approximately 90k from the closest major city of Hobart.

There is a limited bus service, (twice daily to and from Hobart) which is not well used. The only other option is to drive if one is able and the family vehicle not used by a family member to get to work.

The general population is long-term local families and some newcomers mostly aged over 60 and retired.

The area is growing rapidly especially since Covid has created an emphasis on rural living. Younger families are looking to live here and the local school has increased enrolments in 2021.

Local employment is part time or shift work with one of the two Aquaculture companies, both of whom do not require well educated or highly skilled personnel.

Some residents travel daily to work in service positions around the valley or to Huonville, the largest town in the valley.

Health services in Dover are limited to a General Practice serviced by two, experienced and well qualified General Practice doctors, who have become extremely busy in the last five years and who are resident, well liked and respected in the community.

This practice is owned by the local, Huon Valley Council which directly employs all staff. Residents with health issues, unable to be treated locally, have no choice but to travel to Hobart for specialist care. This usually requires someone to drive, wait and return. It can take hours to meet specialist's appointment times and manage the distance.

Dover has been traditionally labelled, "rural, remote and disadvantaged". It is.

A large proportion of the community is unqualified, finishing school at year 10. There is a known rate of illiteracy amongst adults over 18. (66%)

There is a reluctance for young people to leave the area for training or work.

Year 11 and 12 classes were introduced at the Dover School in 2020 with disappointing uptake and the closest further education is at TAFE in Huonville, dependent if chosen, on an ability to get there and home without local transport.

Secondary colleges and university are in Hobart. Distance and lack of transport options impact on students of any age enrolling.

Many older families rely on Social Services and live at a subsistence level, in aged and sub-standard housing, sometimes kilometres away from Dover. They continue a long established pattern of poor health, limited income and education.

Despite this background being well known the State Government last year ceded State land in the centre of the town to CatholicCare for a social housing development expected to house approximately fifty long term homeless and be full by June this year.

The local community has expressed grave concerns about the impact this development will have on the already stretched resources and facilities of Dover.

The community is also mindful of the special health needs many of the proposed residents will have, including for their mental and general health and for their ability to be supported by, and absorbed into, the village.

The present General Practice already refers local patients to Hobart health providers as there are no specialist services available regularly in Dover.

There is no dentist in Dover.

It appears that new residents who have been long term homeless, will face the same struggles with transport for work, health and education that have plagued Dover for decades.

I moved to Dover in 2004. I have been a fulltime, part-time and casual teacher in the Huon, since 2006. I have been involved with local groups and clubs including: Port Esperance Coast Care Inc. Port Esperance Sailing Club, History Association, RSL, Tourism groups and various local council committees.

My experiences have given me insight into the resilience of the local community but also highlighted the difficulties they contend with in terms of health and general well-being.

2. Availability and timeliness of health services:

- a) There is no ambulance service closer than Huonville. I waited for one and one half hours with a suspected heart attack some years ago.
- b) Primary care and general practice is available only during surgery hours. There is no care available on weekends, or before 9:00am or after 5:00pm during the week. There are no regular allied health services. Some may be available if especially booked.
- c) There are no Non GP specialist medical services.
- d) There are no hospital services. The closest is Hobart.
I damaged the top of a finger in a yachting accident on a Sunday and by the time I got to Hobart the finger tip had been left too long and could not be re-attached.
- e) There are no specialist maternity, maternal or child health services.
- f) There are no specialist pain management services.

- g) There is limited palliative care available in Dover. One palliative care bed at Huon Regional Care has been supposedly under resourced, unable to meet basic regulations and likely to close for most of last year.
- h) There is a Dover pharmacy with a local Pharmacist in charge open five and one half days per week.
- i) There are no dental services.
- j) There is a local group of untrained volunteers who will assist in transporting patients to and from Hobart when booked by the patient.
- k) There is no after hour health care.
- l) There is no support for Indigenous or other diverse groups who may need linguistic support.
- m) There are no mental health support services.

3. Barriers to access:

- 1) Distance from Hobart to Dover is a major barrier to access. Lack of regular transport services at times that suit, add to the difficulty of sourcing services out of the town.
- 2) The permanently unkempt, potentially dangerous state of the main feeder road, The Huon Highway is a major barrier to access. Aged and ill patients and their families do not want to drive this road, especially at night and incoming travel is equally disadvantaged.
- 3) There are no buildings in Dover suitable for any specialist medical services, including those needed for maternity, child health, pain management, podiatry, hearing and etc.
Huon Regional Care has indicated it has no interest in any further development of its aged care facility which was funded and developed originally by the Dover community for the Dover community but which is no longer in community hands.
- 4) There is no space to expand at the present general practice so that additional services might be made available.
- 5) The local council has indicated it will not expand the present building or the services it now provides.
- 6) There are on going difficulties with expecting well qualified and trained health personnel to travel to Dover on an ad-hoc basis and in attracting and holding suitable GP's under the present arrangements.
- 7) Many local residents cannot afford to pay specialist's fees, cannot afford travel costs, so don't utilise (often) needed services.

4. Planning systems etc:

It is problematic whether any of the state planning systems, projections and outcomes measures should be applied to the health circumstances in Dover (and other similar regional towns) because a major issue is state government willingness to label the "same" when the "same" is not so.

What has occurred to put Tasmanian education on the bottom of the educational ladder in Australia is a woeful but accurate example of "Systems Planning" that puts planning before the people it is planning for.

My sixty years as a trainer and teacher, with experience from kindergarten to university across three states, has proved generalised provisions cause problems rather than solve them. It is common for problems so caused to be more costly, extensive and take longer to rectify than if the system was to deal with specific, identified issues and address them separately.

I have formed the belief that personal communication between the local community, the health specialists involved and the autocracy of local and state governments is the only way to develop pathways that are functional for both present and future needs.

I emphasise that strategies must be people focused not systems focused. Strategies must be understood by all involved, regularly checked, updated and changed to suit the changing needs of the people they serve not the planning needs of government.

I advocate a simple and easily applied approach to developing meaningful health outcomes.

Begin local community consultation with small groups, using language understood by the majority. Groups should comprise only of health care professionals and community members. Meetings should be short, local and focus on single issues.

Check all outcomes with the community and gain majority agreement prior to making any recommendation to government.

Ensure the community understands all implications prior to costing and implementation.

Simultaneously draw the community together and problem solve so spreading information widely and building acceptance.

A network of local community groups led by community members is cheap, effective, quick and usually honest in its reporting. Far more efficient than attempting to impose general, government planning systems without understanding why “same” is not so.

5. Staffing of community health and hospital services:

Imposing staff on a community is difficult. Integration into the community, especially in a small regional community like Dover, is of paramount importance if health issues are to be met with sympathy and understanding and advice given by an outside, professional is to be accepted.

Community consultation and prior discussion re community expectations of a health professional, would make advertising, applications and final selection of a candidate more relevant than a general purpose, in-house transfer, which often does not supply the right person to the right place at the right time.

Local resident’s groups as in 4. above would be able to define the requirements deemed most suited to the current health needs of the town.

Ask the locals. They always know. It saves time and money.

6. Capital and recurrent health expenditure:

Capital and recurrent health expenditure are not separate buckets. They are the same budget applied in a different time frame and each should be integrated and supportive of the needs of the other.

Government should instigate a community funding model based on locally identified health priorities confirmed by local community consultation.

Some areas of rural and regional Tasmania, including Dover, fall well behind what the community knows is needed because local health issues go year to year unspecified and unbudgeted.

Frank discussion by government and the community with health professionals would alleviate the present waste of time and money, the need for local GP's to bargain for basic service funding and the need to address the usual shortfall.

7. Referral to tertiary care including:

a) Referral pathways

Referrals are usually made by a GP for specialist care or further diagnosis.

Referrals seem to be made with limited knowledge of the quality of the referred specialist or because there is no other available in Tasmania. This has occurred with myself and many friends over years.

If the specialist is well experienced and qualified the patient is fortunate. If the referral is not in the patient's best interest it means further time wasted before a health concern is addressed or the patient gives up and the health concern is not addressed.

b) The cost of a referral

The cost of a referral is not adequately covered.

I have never found a specialist who has taken into account the financial situation of a referred patient. I don't know anyone who has not paid what they believe to be exorbitant fees for specialist health care. I am aware of many locals who refuse to be referred on due to costs. My most recent experience of referral this year has to date been costly and has not resolved my current health issue.

Every specialist I have visited has asked for payment at the end of the consultation. Further consultations have also required further payments at consultation whether the health issue has been addressed or not.

c) Wait times

Wait time vary depending on which specialist area one visits or which specialist one sees. None of the specialists I have visited in Tasmania have shown any interest in where I live, how I travel or what it has cost in time or money.

The public system appears to have longer wait times than being seen in private rooms. I have waited for over two hours after my appointment time, to be seen at the Royal Hobart Hospital and up to an hour after my appointment time to be seen at a private clinic.

It now takes a day to get to Hobart to a specialist, be seen and to return by car to Dover.

It is sometimes necessary to have a friend or relative wait about as the outcome of a visit to a specialist may require their help to get home to Dover.

d) Impact of delays accessing care:

It is frustrating and stressful to have to wait up to eight weeks for a specialist appointment in the private sector because there is a delay of months or years to see a specialist in the public sector.

The system of allocating degrees of urgency in the public sector is broken and should be urgently reviewed.

Tasmania is not a third world country but many suffering serious health issues and in pain do not receive the attention they need or deserve. I believe delay in accessing care is an endemic problem due to shortage of specialists and hospital staff and the state government is directly responsible for inadequate funding and overall mismanagement of the health system.

The present government appears completely inept and completely careless about its community health responsibilities.

8. Telehealth services:

These have worked well in the local area. They save time and effort for patients out of town and unable to make a visit to the surgery.

The system should be retained and expanded for GP's in rural areas.

There is an opportunity to include specialist services as part of telehealth services and with on-line platforms more readily accessible since Covid, personal appointments would be possible.

The state government should investigate telehealth as a matter of urgency as it could resolve some of the disastrous backlog in the system.

9. Other Matters:

Preventative Health

It would be wonderful to have preventative health programs re-introduced to the far South of the Huon Valley.

There were a number of exercise and keep fit classes available, funded by grants, local council and state government until 2018.

There is now nothing available locally. Dover is too far for visiting trainers unless there is a financial incentive to visit.

The previous programs grew from 9 to 21 regular participants. They classes offered a planned routine for older citizens who, if not attending the group did not exercise regularly or properly.

Group exercises achieved better health for heart and pulmonary problems and provided a social forum in which many health matters were discussed and solved.

The benefit to individuals was obvious but the benefit to the local community and the reduction in health care needs has not been quantified.

Treatment of age related, chronic conditions is increasingly required but my observation of the exercise classes in Dover for three years up to 2018 is that exercise and social activity markedly reduced the health care needs of many attendees.

It would be interesting to see if the cost of prevention is cheaper than the cost of a cure.

There is much information claiming active, happy old age saves health system costs across the globe.

We are an aging population in Tasmania or has the government not yet noticed?

I am willing to supply further information and to answer any questions I have raised in this submission.

Contact Details:

Jen

Jennifer J Hadaway (Mrs)

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