

Op-ed: Our Healthcare future – a North West Tasmanian perspective

As Tasmanians emerge from a year dominated by the Coronavirus pandemic, it is important to consider what we have learnt about our health and wellbeing and what type of healthcare we want in the future.

The Minister for Health, the Hon Sarah Courtney has released a discussion paper titled *Our Healthcare Future* and is seeking feedback from the community on areas like: - how can we make community health care better; how can we modernise the health system; and how can the community influence health service planning into the future.

These are all critical questions that Health Consumers Tasmania recently put to public workshops in Burnie and Devonport. What we heard is not new but worth exploring further.

Firstly, there is growing concern within the community that it is getting harder to navigate the health system, especially for the young; the elderly; those with disabilities or chronic health conditions. When people ask for help on where to go, they are mostly referred to a website to work it out for themselves which for most people feels like they are being ignored. As a comment in Burnie stated, “they just expect you to go to the library to access the public computers, but these don’t work because you can’t have a private conversation in the library so you just give up trying”.

It was highlighted that once people are in the health system, they still need support to work their way through all their treatment options. Those at the forums were highly critical of the NIDS maze and My Health Record. It has reached a point where we now have a health system that has lost the art of talking to and walking with their patients along their health journey. You now need a “translator because the health system has become so foreign to many people”.

Digital inclusion was highlighted as a serious issue for the Coast, particularly in rural areas. Telehealth, whilst a great initiative does not work when people are not connected into the health system in the first place or can’t access or afford data.

Other comments highlighted that health services are mostly available 9 to 5, Monday to Friday, but where do you go outside these hours except to the Emergency Department. Community health, particularly in the regions needs to be 24/7. The need to access after-hours services seemed more acute on the North West Coast.

One solution offered in Burnie is that the tourism industry have organised themselves to the point where just about every town or location has an information centre where staff are trained to guide you through what is available in the region, what each service costs and they will even book you into a service if you ask. No such support is provided to help people navigate the health system although the newly created Burnie Health Hub and the Central Coast Anticipatory Care Project were considered a step in the right direction. A centre that could bring different community services together to be ‘community connectors’, provide after-hours service, follow-up people who are receiving treatments and those recently discharged from hospital. People still need and value the personal connection and a helping hand.

There was a discussion on the need for better information systems because “often patients can’t remember their histories “. They are tired of a system that doesn’t talk to each other – teams within hospitals and hospitals with GP’s and vice-versa which was highlighted as being a major cause in how hospitals can sometimes poorly manage the discharging of patients.

Comments from Burnie highlighted that people are sick of the politisation of health, particularly with the recent discussion on rescinding the recent gender law changes. The view in Devonport was that over many years, Governments have removed or downgraded many community placed health services including local hospitals and community health centres and feel these services have not been adequately replaced. Peoples preference are to seek local services first. In Devonport, there was scepticism that Urgent Care Centres would work as it is widely known how difficult it is to recruit staff to the Coast. The view is that the Government and Departments need to have a long-term plan on health and well-being that has a strong focus on community placed services and then remain true to that plan.

There was a view that hospitals need to start talking to their communities – look to be open and inclusive and tell the community what they are doing. Those in Devonport were not aware that the NW Regional Hospital has a community engagement council.

Finally, the view was that communities want to take ownership of their health and wellbeing and to have a long term holistic focus on both the health of individuals and the health of their communities through better prevention activities and being able to link people socially, through work and recreation based initiatives. This would enable communities to have a stronger voice and a say in what services they want locally.

Which brings us to one learning from Coronavirus. We have spent the last 20 plus years building our communities economically, but this has been at the expense of the social connections necessary to make communities thrive. During Coronavirus, many communities began to see the social reconnections and support networks re-appear which many hope will be the “new normal”. The view in the room is that we need to invest in this new normal rather than just the traditional hospital centric health response.

WORD COUNT: 912

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15 December 2020