

Op-ed: Our Healthcare future – a Hobart 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 a public workshop in Hobart. 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 and to know where or how to access information, especially for the young; the elderly; people with different cultures, those with disabilities or chronic health conditions. When people ask for help on where to go, they are mostly referred to a website which for most people feels like they are being ignored. People from disadvantaged or minority groups don't know what questions to ask, who to ask, or when to ask them and therefore 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. There is very little follow up and no consideration of what could be done in the interim for those receiving treatment; the wait time to receive results or the next appointment is often too long to wait. Those in Hobart 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".

The need for better information systems is critical because "often patients can't remember their histories". They are tired of a system made up of parts that do not talk to each other – teams within hospitals, and hospitals with GPs and vice-versa.

Secondly, for some, it is almost impossible to gain access to health services. Even if people know where to go, many can't afford to access a GP because they are either too expensive, or just not available when you need them. Digital inclusion was highlighted as a serious issue, particularly with those who can't access on-line services. 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.

This is made worse because people don't try to access services until it becomes critical or at breaking point, when they are in the worst possible position to try and seek help.

One solution offered was that there needs to be more centralised information available for health consumers that can be accessed in different ways - online, over the phone or face to face. These information centres or 'hubs' could provide a personalised or triage service to give people guidance on what service to access and allow people to have all their health needs assessed in the one place. For these hubs to work they have to have a 'no wrong door' policy, to ensure that when a client is not in the right place, they are referred to the correct service.

The key point raised with these hubs was that they should not be reactive and wait for people to come when they have a problem. Rather, they need to be 'community connectors' and be proactive in delivering health services, including providing after-hours service, following up people who are receiving treatments and those recently discharged from hospital.

There was support for a much stronger and coordinated community response to the vulnerable, youth, mental health and those who are isolated or elderly. There was also recognition that you can't separate the health of the individual from the health of their community, and that people still need and value the personal connection and a helping hand.

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.

This would all require significant investment in educating service providers to know what services are out there; workforce development including a greater use of peer workers; structural change to the system to allow better integrated service delivery; and make better use of current resources like pharmacies and existing community health centres.

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.

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