

Op-ed: Our Healthcare future – a Launceston 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 types of healthcare we want in the future.

The Minister for Health, the Hon Sarah Courtney 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 put to a public workshop in Launceston a few weeks ago. 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 or those just trying to work out the difference between the public and private systems. When people ask for help on where to go, they are mostly referred to a website and expected to work it out for themselves, which for many people feels like they are being ignored. Often, they 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; to understand the different health care packages available; and to find their way through the NIDS maze. It has reached the 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.

People also want better information systems so they don't have to keep repeating their story to health professionals, who in turn should be able to access all the patient information they need, when they need it. Consumers believe that the health system does not fully share information back to consumers or within the system in a way that sheds light on their whole-of-life health journey.

This leads to the second point raised – for some, it is almost impossible to even 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. Telehealth, while a great initiative designed to enable better access, often does not work when people are not connected into the health system in the first place.

The feeling in the room was that primary care (general practice and allied health) are no longer working the way they should in a community setting and people now need additional support to be connected into primary care – the first point of call. In fact, initiatives like new websites, apps and telehealth may all be working to widen the gap and make it harder for those to get access to health care in the first place.

So what to do? There was strong support for making things easier. Suggestions revolved around community-driven health hubs located across the suburbs and regional towns, where patients can have all their health needs assessed in one place. These were likened to community-based nursing hubs, with more nurse practitioners located across community centres together with GP clinics and other health services – a one stop shop.

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. 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 recognition that you can't separate the health of the individual from the health of their community. People want to take ownership of their health and wellbeing and have a long-term holistic focus on both the health of individuals and the health of their communities. This could be achieved through better 'stay healthy' activities and initiatives designed to link people socially, through for example, work and/or recreation. This would enable communities to have a stronger voice and a better say in what services they want locally, which could then be better linked to regional hospitals when needed, particularly when people are discharged from hospital or once they have received a course of treatment.

Which brings us back to coronavirus: We have spent the last 20-plus years building our communities economically, but this has often been at the expense of the social connections necessary to make communities thrive. Communities began to see the social connections and support networks re-appear during coronavirus, which many described as a 'new normal'. The view in the room was that we need to invest in this new normal, rather than returning to a hospital-centric health response.

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Media contact:

Bruce Levett
Chief Executive Officer
Health Consumers Tasmania

bruce@healthconsumerstas.org.au
0418 503 126
www.healthconsumerstas.org.au

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