



**Health
Consumers
Tasmania**

Building a Consumers Health Voice in Tasmania

Ouse – Central Highlands Community Consultation Interim Report

September 2023

Contents

Executive Summary	3
Introduction	4
Background and Context	4
Methodology.....	5
Understanding Community Perspectives on Health.....	7
Trust	7
Strengths & Solutions:	7
Local access	9
Strengths & Solutions:	10
Transport.....	11
Strengths and Solutions:	12
Information Sharing and Navigation:	12
Strengths and Solutions:	14
Next Steps.....	15
Word List.....	15

Executive Summary

Words or terms in **green** have a definition provided in the word list at the end of this document.

The township of Ouse and the surrounding region of the Central Highlands has seen services decrease over a number of years. The region has experienced what has been termed 'market failure' in **primary health care**, particularly after the loss of the general practice at Ouse early in 2022.

Health Consumers Tasmania (HCT) aims to strengthen the voice of health consumers in Tasmania. While typically in health the term 'consumer' is used, the language in this report reflects what is most appropriate to the local people. Based on feedback from community, we are using the term 'community member' to reflect people that live locally that are patients, carers or people that would like to access health services. HCT has been working with **community members** in the Ouse region, the Tasmanian Health Service, Primary Health Tasmania, and the Tasmanian Department of Health to begin a process of collaborating to determine long-term solutions to health care access. Primary Health Tasmania has been working with local service providers and has since established a Central Highlands Clinical Action Group. HCT was asked to undertake a community consultation to determine community perspectives regarding health care in the region and has been following the community's lead in terms of the engagement, including determining the timing and best approach. The community told HCT that they were not ready to discuss broader health issues until the GP access issue was solved, therefore this resulted in adapting a different approach and extended the timing for the work.

While this consultation process will be ongoing, with HCT needing to work with more community members to create a complete picture, key themes have emerged in what people have said so far.

Through the consultation process, many community members told us that:

- they are unable to utilise essential preventative and acute health care services due to a lack of accessibility, and
- their urgent need for more local services including increased access to **virtual care** (telehealth), better transport support to access that are not in their local area, greater information sharing and support navigating the health system.

There were various suggestions to address some of these barriers and to address the situation more systemically, with ideas for utilising different types of health practitioners beyond GPs and alternative models of funding or governance to enable better service provision to meet the needs of the community.

While a deep lack of trust, and cynicism in government and service provision was a recurrent theme, community members were very open to HCT and almost all requested to stay involved in this work with HCT.

For people in the region, the past and ongoing issues experienced through the withdrawal of services, and a perceived lack of communication and transparency from the Department of Health and service providers has seriously impacted the ability of the community to trust health services and the government. Therefore, a community led approach, including how engagement and collaboration occurs, is essential to ensure that not only the service design meets the needs of the community, but also to ensure that community members are leading the approach and can own and see integrity in the process and the outcomes. A key outcome for adopting this approach is to help repair and rebuild community trust in the health system.

It is important to note that there is also an established health-related Central Highlands community group, Health Action Team Central Highlands (HATCH). Some of their members are involved in this engagement process.

The next steps for this work in the region include:

- HCT to continue to hear from community members, particularly those that experience greater access inequity or 'priority populations'.
- HCT to facilitate the introduction of HATCH to the Clinical Action Group to determine an engagement and collaboration process going forward.

Introduction

Background and Context

Ouse in the Central Highlands lost its GP practice early in 2022, leaving this region of the Central Highlands with no immediate access to primary health care services. The GP practice leaving resulted in the loss of the nurse, and pharmacy services that were with associated with it. The region has seen a depletion in local service delivery over a number of years, with many in the community remembering what it used to be like living in the region with a bustling hospital, GP clinic, school and other essential services.

After the loss of the GP practice, the community came together at a town meeting at the Ellendale Hall in July 2022. Local, state and federal government representatives, as well as Primary Health Tasmania (PHT), the Tasmanian Department of Health (DoH), the Tasmanian Health Service (THS), HR+, other service providers and many local people were in attendance. Through this meeting (and at subsequent meetings) people in the community expressed their distress and anger at the loss of an essential local service, and frustration and mistrust regarding the handling of the situation and perceived lack of transparency in what was happening.

All interested stakeholders came together to come up with a collaborative approach to addressing the issues. HCT was commissioned to work with the community to deeply understand their perspective on health care in the region and to begin to work collaboratively on community- (consumer-) led long-term solutions. This consultation was to look broadly at long term solutions for sustainable primary health care access in the region.

HCT has taken the community's lead in how this work should occur. With the provision of additional GP services at the Bothwell practice and the promise of services coming to Ouse weekly, local people felt it best to wait until this was established before proceeding. Some felt that they didn't want to do anything to risk the process of the re-establishment of GP access at Ouse. It was also likely that the sentiment in the community at the time would mean that people would only be focussed on losing the GP, and potentially be unable to look more broadly or long term at what the possibilities were.

The information included in this interim report reflects community member perspectives that we have gathered so far. There is more work to come to give a full picture and to determine a community-driven way forward.

Methodology

Health Consumers Tasmania used multiple methods of consultation, including the kitchen table conversation methodology and individual and small group interviews to determine community member perspectives on health and healthcare access in the region.

Kitchen table conversations (KTC) are community engagement sessions led by local people. They allow individuals and small groups to participate in discussions at a time, day and place that suits their needs. The discussions enable health consumers, carers and community members who do not ordinarily participate in healthcare consultation to have their say in a safe and supportive environment.

Community member hosts who are members of selected groups invited up to 9 community members to a discussion in a location of their choosing. The hosts, after training from HCT, guided the discussion with a set of questions provided to all hosts. A scribe recorded the responses of participants in written form, or audio-record the session if appropriate. Each host reported the outcomes from their kitchen table discussion back to HCT. HCT analysed the data for key themes and drafted these as a report. The draft was reviewed by kitchen table hosts and feedback was incorporated into this final document.

While typically HCT would enable multiple community-led kitchen table conversations, this approach did not suit the needs of the community. A supported and community led approach to the consultation has occurred and will continue to occur. At this stage one supported kitchen table conversation and seven interviews have occurred with local people.

The same questions were asked across all engagement types and these questions were developed by HCT in consultation with PHT and community members.

These questions were:

- What is most important to you when it comes to your health care?
- What are the barriers to receiving health care in the Central Highlands and how has this affected you?
- What do you think are the long-term solutions to receiving the health care you need?
- What do you do when you are feeling unwell after hours?

- Is there anything else you would like to add?

After these initial interviews HCT held a community workshop and lunch at the Ouse Community Country Club to get some initial feedback on what we have found and to discover more about the community's perspective on local strengths. Feedback about the KTC and interview process found that people who participated found it cathartic and that it was an important step for them towards feeling heard. It has been important to ensure that we are honouring the experience of local people, while also taking a strengths-based approach into the next steps. Looking more deeply at the foundations that can be built on that are already available locally has been essential to move forward to the next steps.

The local strengths and possible solutions identified by the community through the interviews and workshop are listed in the Strengths and Solutions sections of this report.

Understanding Community Perspectives on Health

Accessible, reliable, timely and affordable access to health services was identified as key for community members in the Ouse and surrounding areas. With the information that community members have shared with HCT so far, the following key themes and community identified solutions have been addressed below:

- Trust
- Local Access
- Transport
- Information Sharing & Navigation

Trust

The region has seen a reduction in services over many years and has had a complicated history with health services and government over this time. The closure of the hospital and transfer of the patients to other age care facilities some time ago is still a source of pain for the community and a recurrent theme for many, particularly older, residents, with some indicating that they will never go back into the building.

"We had meeting after meeting when the hospital was closing down. There was [sic] all the old people up there at the hospital and when it closed, they moved them all to nursing home. They died very quickly after that, it was sad." **Community Member – Ouse**

"I have lived in the district for 60 years. I had my three babies at the Ouse hospital. It's changed so much." **Community Member - Ouse**

"Some people just won't go there [the Central Highland Community Health Service] because of what's happened." **Community Member - Ellendale**

The further reduction of services over the years, for example, the closure of the GP practice and reduced capacity of the Ouse school, and broken promises, has resulted in a lack of trust for many people in both the government and services to deliver what is required to meet the needs of the community.

"Everyone was so excited about the GP that Jeremy Rockliff said was coming and it didn't happen..... You don't trust anyone anymore. I don't think they realised how many people are here, we are all hidden." **Community Member - Ellendale**

Strengths & Solutions:

While there has been this history of declining service provision that has impacted how local people trust, HCT has found that many people in the community have been open to HCT staff and the initial stages of this process and are very interested in continuing to be involved and working with service providers and government to improve access.

- **Community Leading:**

To continue this work in a community-led way will ensure that the service model and delivery meets the needs of the community, but also ensures that there is integrity in the process for the local people and an opportunity to rebuild trust going forward.

Through the workshop process community members were asked what the building blocks or current strengths in relation to re-building trust are. One community member reflected on the positive impact of simply being asked what was needed by a service provider.

“There was a nurse from Corumbene that we had done the 10-week program with, and at the end of the program she came out to Ellendale and asked what people in the community needed and wanted to see.” **Community Member - Ellendale**

One community member spoke about the importance of community members being seen as the expert, not only in their bodies and lives when seeing a health practitioner, but also in working with service providers on the solutions.

“We know what it is like as community members and we know what we need.”
Community Member - Hamilton

Community members are eager to work with service providers in a collaborative way to get the best outcome for local people.

Local access

"We need a GP!" **Community Member - Ellendale**

Local access to health practitioners was key for community members. Local GP access was identified as incredibly important for many people, but other health practitioners, such as pharmacy, pathology, nursing, physiotherapy, dietitian, and podiatry were also noted as important to be able to access in the immediate area.

While the increase in access to the GP services in Bothwell was viewed favourably by some community members, this was still an inaccessible service for many due to various personal and community factors. Affordability of various types of health services was also identified as a barrier for many community members.

Mental health was identified as a key area of need in the area, both in terms of access to health practitioner and service support, but also community knowledge about mental health and the need for increased community awareness and decrease in stigma relating to mental health concerns.

"There's no mental health services. Before my son was diagnosed with autism, we used to have a guy out here that would teach you about mental health first aid and I did it. I think we need that now. People can't reach out. They can't."

Community Member - Ellendale

"I'm a diabetic and I don't know how to take my sugar level." [When asked how they manage that] *"I don't."* **Community Member - Ouse**

Many people spoke of the importance of the ambulance service (including the voluntary service) to the community and in access to vital health services. The re-establishment of the ambulance service at Ouse was a welcomed relief for many. Despite the long and difficult wait for other services, some felt that this was peace of mind for an acute health concern.

"I had to wait four or five years for my hip, and now it's my knees. We've got the ambulance if I'm having a heart attack. I'm good. I have nothing to complain about."

Community Member - Ouse

For some the ambulance service was incredibly important, but issues in accessing transport contribute to whether or not people will take the advice of paramedics and go to the hospital when it is recommended or driving themselves, if they had access to a car.

"It is good having the ambulance here. I rang them the other day when I was really crook and they come in from Hobart. They wanted to take me in, and I said I can't go in because I can't go back. One time I refused the ambulance and drove myself and they weren't real happy, but I can't get back. I've got no choice." **Community Member - ???**

Communities further north, such as Bronte Park, have also experienced the reduction in services and acute access issues. Many in the region used to rely on a local doctors' services and a volunteer ambulance service (both of which no longer exist). Some then relied on the primary health services at Ouse prior to its closing. For those with access to transport, many now travel up to 2 hours to see a GP; for those without transport it often means not accessing essential health care at all. A Bronte Park community member identified the lack of outreach or in home services to these areas was also an issue.

"As far as outreach care there isn't anything that comes out here. They don't come up here because the weather is bad and they aren't able to travel on unsealed roads. They don't come here anyway, but if it's frosty or the roads aren't sealed they definitely won't. Hire cars aren't allowed to travel on it because they aren't insured."

Community Member, Bronte Park

Strengths & Solutions:

Current Strengths:

Pharmacy	The New Norfolk pharmacy delivering prescriptions weekly to the region and coming to Ouse once a month was an important service for many.
	60-day prescribing was noted as a positive for people with difficulties in transport access, chronic health conditions that prevented them from traveling, or if they were experiencing financial hardship.
GP	The Bothwell GP Practice increasing capacity for Ouse residents was a welcome relief for many. And while this practice is out of reach of many local people due to the distance to travel and current capacity of the service, many people who have accessed it have found that they have been able to get appointments in a timely way and spoke positively about their experience.
Preventative healthcare	Ash Cottage was seen as a local strength by those that access it, particularly regarding the preventative health programs and activities, the food bank / meals programs and the ability to drop in. The ongoing sustainability of the service is seen as important.
	The Central Highlands Health Centre building was seen as a big asset for the community, with the current services receiving positive feedback.
After hours	The paramedic service returning to Ouse in recent years is seen as an important asset and peace of mind for many local people.

Community suggested solutions:

- A local GP service returning to Ouse in some capacity was seen as a priority for most people HCT engaged with.
- Multiple community members noted experiences they'd had with alternative models of care in remote areas on the mainland. A model that included regular access to a nurse practitioner was a part of these suggestions.

- Accessible telehealth / virtual care services could be integrated using the health service building with in-person support through a nurse practitioner or IT support, depending on the health need.
- Further access to visiting services, particularly for those experiencing chronic health conditions were viewed as essential, with potential building on the assets of the Central Highlands Health Centre and Ash Cottage.
- Seeking opportunities to work with Hydro Tasmania regarding the redevelopment of Wayatinah and the potential avenues for increased service delivery was suggested.
- Change to the way that local health services are funded to a model which includes a community board that oversees the provision of services that meet the needs of local people was also suggested (e.g., PRIMM model) or a 'buy a brick' suggestion of local people investing in health services.

Transport

The issue of transport was central to many people across the region. Many people recognise that it is not possible to have all the services available close by, but that access to transport is essential in ensuring that local people can get to the services they require.

Many people identified that they did not drive and that there was no public transport in the region. Many rely on family to drive them to appointments at Bothwell, New Norfolk or to services in Hobart. For those that do have access to their own vehicle and are able to drive themselves, the financial cost of traveling the distances required to access health practitioners were identified as an additional barrier.

"The day before pay day and we don't have enough fuel to get there and back. They are barriers to accessing the health care we need." **Community Member, Ellendale**

People in other parts of the Central Highlands including Bronte Park, Wayatinah and Tarraleah are further impacted by the lack of transport, particularly for people who are older or unable to travel due to their health, with the road conditions identified as a difficulty.

The existing community transport service was identified as important, but the lack of availability of drivers and the notice required to book in advance made it not an option for many local people. One person spoke of using the Department of Health Patient Transport Assistance Scheme but noted the limitations in the assistance available and the difficulties for some in her community to access such a service due to literacy barriers.

Strengths and Solutions:

Current strengths:

Community Transport Car	For people able to book in advance, the free community car was essential to access some medical appointments. This service was seen as an important one that could be built on to increase the accessibility of health services for people in the community.
Financial assistance for transport costs	Some community members identified accessing financial support if they had been a patient at the Ouse GP practice and were needing to access the Bothwell Practice.
	Some community members identified the THS Patient Travel Assistance Scheme as of benefit in accessing specialist health service in Hobart.
Informal community networks	One person identified an informal way that community members were coming together to support each other to access screening services. A group of local people routinely carpool to the Breast Screen Service in Hobart to access the service and go out for lunch together. For those that have these connections in community, this is potentially an opportunity for greater accessibility, connection, and information sharing.

Community member suggested solutions:

- For the community transport service to have a paid driver was a potential solution identified by many people. The difficulty in recruiting and maintaining volunteers was perceived by people in the community as one of the reasons why the service was not as accessible as it could have been.
- Identify opportunities for greater points of connection, networks and information sharing locally. Many of the transport supports that are available are not known to people in the community, so increasing that awareness was seen as essential.

Information Sharing and Navigation:

Some community members noted that the lack of available locations for community to meet and share information informally was a barrier in understanding what was available and how to access it.

"In the cities, everyone knows about everything, there are a lot of people with a lot of knowledge. There are discussions of experiences. There is not the opportunity for social interactions to have these conversations.... People aren't even connecting with their neighbours." **Community Member – Ellendale**

For some, the lack of local connection points, also meant that the ability for people to seek assistance from others in the community was also diminished.

"The hotel in Bronte Park burnt down and it was a place to socialise, and somewhere to go if you needed help. It was the hub of the town for miles, it was such a loss."

Community Member - Bronte Park

Ash Cottage and the Central Highlands Community Health Centre programs received positive feedback from many community members. They were considered an important place of community connection, provided benefits through the programs on offer and enabled information sharing. It was noted by some that not everyone will access them for various reasons, including a lack of trust, lack of knowledge about what's available or because they are otherwise disengaged from services for other reasons. Some perceive that the services are only available for older people.

Not having a known local place that is available for support around a health issue or navigation of services was a cause of anxiety for some in the community. Some expressed that it's hard to know where to go or what to do when experiencing a health concern.

Navigation has become particularly difficult for community members across a range of areas of health including referral processes, government platforms (such as MyGov) and support systems to make access easier, such as transport assistance.

Community members understand how central a GP is to the coordination of their care and expressed frustration in how inaccessible such a key component to accessing wider supports is for them in the region. This person identified the difficulties in navigating the system when in home support is required when they are required to get referrals from a GP.

"You can't go into the Royal [Royal Hobart Hospital] unless you have a certificate to get into the doctor. In the meantime, running around after doctors.....you die. Now if you want a nurse to come and dress you and you have to get a doctor's certificate for her to come. Where do you get the doctors certificate from? Once there used to be a community nurse that went all around the place."

Community Member - Ouse

Not having a way to know what supports were available, let alone being able to complete the required paperwork to be able to access programs were noted as barriers to access.

"So many people in these out of the way areas don't know about that, I don't think. Many people, the older people, many people in these rural areas haven't had much schooling. They have lived in the area, trapping and things. They don't know how to fill in the forms. Simple things like that. Or even to find what they need.

Everything says, 'look on the net', but not everyone up here has got it and many people don't have power." **Community Member – Bronte Park**

Some areas of the region have a population that is quite fluid, with seasonal workers and those with shacks. An increase in people coming to live from other parts of Tasmania or the

mainland and some perceive that there is a lack of knowledge of what it will be like or how people can access the services that are available.

“So many people have moved out because of age, sickness, and lack of services. Many mainlanders have moved here and don’t know the history and the lack of services, and they come here and they’re kind of stuck.” **Community Member – Bronte Park**

Strengths and Solutions:

“I heard a lot of information that could be useful to people [at the kitchen table conversation]. We need somewhere we can go and ask the questions.”

Community Member - Ouse

Current Strengths:

Local services	Ash Cottage is a central place for information sharing informally amongst community members, but also a place to hear about different health conditions or preventative healthcare.
	Central Highlands Community Health Centre programs were identified as a place of information sharing amongst those who accessed them.
	Ouse Online Access Centre was identified as a point of accessing information in the community.
Highland Digest & Community noticeboards	Both the Highland Digest and local area community noticeboards in Ouse, Ellendale and Hamilton were identified as points of information sharing in the community.
Online directories and social media	For some in the community online sources of information were identified as important, including: <ul style="list-style-type: none"> • Ask Izzy • Healthdirect • Local area Facebook groups • Service Facebook pages

Community Suggested Solutions:

- Additional visiting services that are more visible in the community – e.g., the big and visible buses.
- In person navigation support that is local to the community – no wrong door.
- Hearing from more of the people that do not engage with health services and finding out the best ways to share information with them.
- Community members noted that the process of the kitchen table conversation was a way that information sharing was happening, providing more opportunities for people to connect and have discussions informally.
- Increased availability of up to date and localised information in formats that are relevant and accessible to local people.

Next Steps

- HCT will continue to work with local people and continue with a community-led approach to this work to both ensure the best outcomes from local people in terms of appropriate service provision, but also to ensure there is integrity in the process and greater trust built between the community, services, and government.
- HCT will work to continue to hear from those we have not heard from, particularly to hear more from further marginalized individuals and communities that experience access inequity.
- HCT will build greater understanding and links with HATCH and determine the best way forward for community members to work with service providers to co-design solutions.
- HCT will work to enable community members to lead in working collaboratively with the Clinical Action Group to begin the process of co-designing solutions.

Word List

Market failure – Market failure occurs when there is an uneven distribution of goods or services. In terms of primary health care means that when services are left up to themselves to decide where they operate this can often result in many areas missing out on health services and does not result in a good outcome.

Community member / Consumer – A community member or consumer is a person who is a patient, carer or any person that wishes to access a health service that lives in the local area.

Primary health care – Primary health care are health care services that people usually seek first in the community, such as GP's, pharmacy, or physiotherapist.

Virtual care – Virtual care (also known as telehealth) is any way that people may access health services using technology, such as over the phone, via video link or using other equipment, in their own home or in another setting, depending on the need of the person.