Health Consumers Tasmania

Building a Consumers Health Voice in Tasmania

Glamorgan Spring Bay Community Consultation

Kitchen Table Conversations Report

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ABC Centre, 1-7 Liverpool St, Hobart Tasmania 7000

www.healthconsumerstas.org.au

ABN: 92 637 836 321

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Introduction and Method

Health Consumers Tasmania was asked by cohealth to engage with the community as a part of a larger project called the Tasmanian East Coast Primary Care Project. This project aims to design a community-based plan to improve access to health care in the Glamorgan-Spring Bay local government area.

Health Consumers Tasmania used Kitchen Table Conversations (KTC) to seek input from community members. Through KTCs we trained key people as hosts who invited community members to have conversations about health and wellbeing. A total of 84 community members participated. The conversations were based on five core questions which helped us to understand community opinions about health and wellbeing in the region. These were summarised into this report.

Key Priorities

Community members discussed what the most important things were for their health and wellbeing. The key priorities were:

1. Access to a General Practice which met their needs. Especially important were:
    a. timeliness - being able to get an appointment when you need it,
    b. continuity of care – being able to see the same doctor,
    c. and quality of care – including quality of service, confidentiality and feeling safe, heard and respected.
2. Living in a community that support people's health. People want to live actively, stay connected and stay healthy, prevent disease and remain socially connected. This includes the physical environment (e.g. walking paths) and the social environment (e.g. being accepted in the community and be able to take part in meaningful activities/recreation)
3. Knowing what is happening in the community. People want to have information about health and wellbeing services and who is eligible for them, as well as information about local social events and activities.
4. Being able to access services locally and being able to do this into the future. People felt it was important to look to and plan for the future to be able to meet the needs of a changing population and because many doctors are close to retiring age.

People across the region experienced these four key themes in different ways depending on where they lived and what levels of connection they had to their community and their health service providers.

Barriers

Participants discussed what the most important barriers to achieving good health were. Across the community, the following main barriers were identified:

1. Some services are very limited in the region, or not available at all. Some of the most notable types of services which were limited, patchy or absent included:
    a. medical specialists,
    b. radiology,
    c. mental health,
    d. aged care,
    e. child/family health services,
    f. maternity/antenatal care,
    g. alcohol and drug counseling,
    h. chemotherapy,
    i. speech therapy and more.
2. There were difficulties with transfers and coordinating care. People did not always have good experiences transferring from one care provider to another, for example from hospital to care in the home, or coordinating multiple needs through different service providers. A lack of coordination and communication between different services stops people from being able to best manage their health.
3. Another issue is the problem of distance. Being far from a city center and living in a dispersed area means that distances are large. Travel is expensive, time-consuming and tiring. Also, there is limited public transport within the region, as well as to and from city centers. This makes it difficult for people without private transport to get to medical appointments and other activities they need to maintain their health and wellbeing.

After-hours care

There was a wide range of responses to the discussion around after-hours care. For many it was a key need, especially at the weekend. Some people had good experiences and felt like they had several options if they got sick after-hours. Others seemed to feel their only option was dialing 000. Many people had very good experiences with paramedics in cases of very urgent or emergency care, however not everyone was comfortable calling an ambulance. People described self-triaging or using paramedics or Healthdirect to help them triage into the most appropriate service. Others suggested there needed to be more local support for

triage. There was a lack of information about what was available in the area and for whom. Some knew about the after-hours and weekend service at Swansea and the Healthdirect phoneline, but many did not.

Long-term solutions

Participants were asked to consider long-term solutions to improving health in the region. The following suggestions were raised:

1. Build on the existing workforce. People would like to see the existing health professionals trained to be able to provide some services which are not currently available. Enabling all health professionals to work at the best of their ability (top of their scope) was also suggested. The discussion also included training staff/services to be more inclusive, as well as better use of existing infrastructure.
2. Make best use of telehealth/virtual care. People imagined that the issues of transport and distance might be more easily managed if local service providers could support people to connect to specialists and other services (e.g., allied health) through digital technology.
3. Expand visiting services. While people were mostly grateful for visiting and seasonal health services, there were suggestions which could improve their usefulness. These included longer stays and visiting some smaller towns, as well as more consistency for regular services. People also suggested making referrals and registration easier.
4. Improve Information Access. There were multiple suggestions on how to help people know about what programs and services are available in the area. These included sign-boards and information packs (to be distributed through GPs and real estate agents) as well as increasing the reach of existing newsletters in the community. People also felt that health service providers and reception staff could do more to link people with other services and community activities which can help to maintain wellbeing.
5. Create Healthy Communities. People want communities that allow people of all ages to be able to stay active and connected. It was noted that there should be more walking paths and other facilities that support activity and leisure.
6. Integrated, rural service provision. People wanted to see rural health hubs which were able to provide more services, as well as better integration of existing services. They suggested that service providers in the region could work together more and communicate with each other and with the community better. Some described great examples of this already happening, but this was not consistent across the area. They also wanted to see more examples of nurses and other staff being able to take on aspects of care which at present need to be organised through a GP.
7. Making new health professionals feel welcome. People felt very strongly that there could be more done to attract and retain long-term GPs and other staff. The suggestion focused mostly on offering appropriate housing, but also welcoming families into the community and marketing the benefits of a rural lifestyle.

Introduction

Background and Context

In 2022 cohealth received funding from the Australian Government Department of Health and Aged Care, through the PRIMM (Primary Rural Innovative Multidisciplinary Models) Grant to rollout the Tasmanian East Coast Primary Care Project. The goal of PRIMM grant is to help rural and remote communities analyse their primary healthcare needs and design models of care that will work for them. This project aims to develop a community designed plan for multidisciplinary primary health care services and innovative workforce solutions for the Glamorgan-Spring Bay (GSB) region.

Health Consumers Tasmania (HCT) was engaged to undertake community consultation through Kitchen Table Conversations (KTCs) across the GSB municipality as part of the community engagement process within the project. The aims of community engagement are to:

- Empower and train the community to undertake discussions on where they identify the key health and wellbeing issues, needs and gaps that exist within their community – felt needs assessment.
- Through this process, identify innovative community led solutions to address the problem of accessing improved integrated care.
- Support local community / consumer representatives to be involved in the immediate development and rollout of possible solutions in partnership with local health providers through a local governance model.
- Support local community / consumer representatives to be able to voice and advocate the views of their community to key funders and decision makers outside the region.

The project will be implemented in four phases: scoping, consultation, service modelling and consolidation. The KTCs are a part of the consultation phase and further project work will build upon the information gathered from the KTCs, as well as through the continued engagement with and connection to community members whose relationships with the project were established through the KTC process.

Methodology

Kitchen Table Conversations

Kitchen Table Conversations (KTCs) 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.

Consumer hosts were recruited through word of mouth through local community contacts, and through social media advertising. These hosts, who are members of a selected community, each invited approximately 10 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-recorded the session if appropriate. Each host reported the outcomes from 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 participants and feedback was incorporated into this final document.

Method and Timeline

The project commenced in mid-2023. Five questions for the KTC were written by HCT, based on the imperatives of cohealth around capturing knowledge and experiences of health and wellbeing in the GSB municipal area. These questions were:

1. What is most important to you when it comes to your health and wellbeing?
2. What are the barriers to receiving health care and how has this affected you?
3. What do you think are the long-term solutions to receiving the health care you need?
4. What do you do when you are feeling unwell after hours?
5. Is there anything else you would like to add?

Eight KTCs were held with a total of 84 participants, which reached a wide demographic of Tasmanians. Geographically, the focus of this consultation was on the whole of the GSB area, focusing on the towns of Swansea, Triabunna, Orford and Bicheno, as well as outlying areas including Swanwick, Coles Bay and Dolphin Sands.

The following KTCs were held:

- Two in Orford
- Two in Swansea
- One in Coles Bay
- Two in Bicheno
- One in Triabunna

A diverse cross section of the community was represented, including participants who identified as:

- Older people
- Parents of young children
- Aboriginal and or Torres Strait Islander
- Part of the LGBTIQA+ community
- on low incomes
- at risk of homelessness
- culturally and linguistically diverse community
- having chronic illness, mental ill-health and or disability.

Key community members were trained as KTC hosts by Health Consumers Tasmania in September and October 2023. Hosts conducted their KTCs in October 2023.

Key Priorities for Health and Wellbeing

Participants were asked to discuss what they thought was most important for their health and wellbeing in their region. The main themes arising were:

1. Access to primary health care services, in particular General Practitioners (GPs)
2. Living in a community that is supportive of health and wellbeing (activities and infrastructure)
3. Access to information that is current and relevant to the local community
4. Ensuring 'future-proofed' local service delivery

These key points were often discussed in the context of strengths of the local community, but also considering the barriers to achieving the ideal level of access or care. It should be noted that people also mentioned after-hours access to services as an important need for local health and wellbeing. Conversations on after-hours care are discussed in their own section (p. 32).

1. Primary care - General Practitioners

Many participants indicated that access to primary health care services, in particular a GP practice that meets their needs, was a key influence on their ability to maintain health and wellbeing. People described varying experiences of care with their GP, which depended largely on their geographical location, and which practice they were registered with. Nevertheless, values seemed to be consistent across the locations. People valued:

- Timeliness of Care
- Continuity of Care
- Quality of Care

Case study: Healthcare affordability in GSB

In contrast to many other consultations on health care access and the general trends in bulk-billing in Tasmania, it was notable that in this consultation the cost associated with accessing local primary health care services, including GPs, was not mentioned in any of the KTCs. This may be because all three clinics bulk-bill local residents and that therefore cost is not an access barrier in the region.

Cost is mainly mentioned as a barrier in relation to travel costs and even accommodation in Hobart or Launceston for access to imaging, specialists and procedures such as colonoscopies.

The lack of access to bulk-billed imaging is considered a barrier to care by some.

Timeliness

People want to be able to make appointments within a few days, or sooner for minor emergencies and urgent care. While some are happy with the availability of their GP, others describe having to wait for too long (up to 2-3 weeks) for a GP appointment.

> *"Coming to Coles Bay is a lifestyle choice. I usually feel fit and fabulous at fifty. But am concerned about services as I age. Recently I couldn't get into the doctor when I needed to. I finally got in after two weeks. By that time, I was really ill with bronchitis. If you are really not sure you need to turn up. But it's hard when you've been told by reception that there is no one available. This is really frustrating.", Participant - Coles Bay*

It is important for people to know that they can get care when they need it. Especially those who are elderly, have children, or have chronic illnesses.

> *"As an older community we need access to doctors when we need it. Sometimes takes up to three weeks to get an appointment.", Participant - Orford*

> *"I need to be able to get timely appointments, so that my medical condition or concern can be addressed. This leads to peace of mind. Currently, the unavailability of doctors at Bicheno has meant that appointment availability has blown out to over 5 days.", Participant - Bicheno*

> *"It must be difficult for people with kids as the doctors are hard to access.", Participant - Orford*

Long wait times to access primary care has the additional effect of creating the impression of an overburdened system, which might make people less likely to access care when they need it. This issue seemed particularly prominent in Bicheno:

> *"Long wait times make me uncomfortable calling for an appointment. I need to feel that my issue is worth making an appointment for, so that I am not wasting the doctors' time.", Participant - Bicheno*

Having to wait long periods to access services [is a problem]. As a result of this I am seeking consultations less and less, which is adding to my chronic illness. My general wellbeing and health suffers. ", Participant - Bicheno

[when asked what the biggest barrier to health is] "Triaging self, as the perception is that the practice is overloaded. Not seeking GP assistance in a timely manner, which often leads to compromising my health outcomes.", Participant - Bicheno

Because many other services require a referral from a GP, waiting for a GP appointment can have the knock-on effect of restricting access to other services, in particular those that are time-limited in the area, or sporadic (e.g. the bone scan bus).

Others described having no access to a local GP at all with books being full when they arrive to the region. This is particularly frustrating for residents when they must continue to pay the council medical levy.

"As a new resident, we were told the books were full. We pay the medical levy. Do they do telehealth? ", Participant - Orford

Wait times at the practice can also impact on people. Some described waiting a long time in the waiting room and not knowing if their appointment was running on time or not.

"I am a carer, so am responsible for getting my partner to appointments. Shorter waiting times are essential, particularly when I am accompanying my partner, or an older person to the surgery. Wait times have an impact, particularly on people who have dementia.", Participant

Consumer Suggestion:

To improve the service experience, it was suggested that text message appointment reminders could be sent, as well as notifications if the GP was running significantly behind schedule.

Continuity of Care

People valued continuity of care very highly. Generally, they described wanting one GP who knew their history, whom they liked and had a rapport with:

> *"Continuity of care is important to me. Having people who know you so you don't have to repeat information every time.", Participant*
>
> *"We need a GP who knows us and is there for us.", Participant*

Having a consistent local GP also meant that they were more familiar with the local region and what was available:

> *"Interstate locums don't know the specialist network in Tasmania.", Participant*

Many people described seeing locum GPs regularly and while they were generally considered to provide quality care for acute health issues (and useful for a second opinion), they were not perceived to be able to provide continuity of care especially for the effective management of complex and/or chronic illness. Practices which relied more heavily on locums tended to have more difficulty providing continuity of care.

> *"I want a medical practitioner who knows my history. Specific issues are not well dealt with by locums. At our age there is a need for someone who knows your history rather than an ad hoc approach to medical intervention e.g. drugs. Since [former Bicheno doctor] left the clinic, I have felt abandoned, so I transferred to Swansea clinic. This is not an option for most people as usually their books are closed. I was lucky to get in when open for a small window.", Participant - Coles Bay*
>
> *"I've never had a problem getting into the doctor but changing GPs means difficulty in getting new referrals for specialists.", Participant - Orford*

Some participants described having a permanent GP, however this was not everyone's experience. Some people describe moving from one local practice to another to get the care

they need. However, others may not know that this is possible, or may not be able to, depending on availability.

> *"[previous practice] has been through troughs and peaks with doctors, leading to lack of consistent care. This makes chronic condition management difficult. I have moved to another practice to achieve continuity of care.", Participant*

Quality of Care

Quality of health care:

People value good quality health care, especially from their main primary care providers.

> *"[In response to Q1] Firstly access to good health care!", Participant - Orford*

Many people are happy with the care they receive, in particular if they have a regular GP that they like:

> *"The GP I go to locally is best I've ever been to.", Participant - Orford*

Other services were also described favourably:

> *"I also echo responsiveness of the people [medical personnel] here because I discovered in transition that, somehow, I caught COVID. It was a Saturday that I discovered this, and May Shaw [Swansea General Practice] had closed but there was an out of hours number and they were terrific. There was a nurse and she organised anti-virals and just 'made it happen' and I was pretty impressed with that.", Participant - Swansea*

However, there were some concerns about poor quality care received from visiting service providers as well as through local GP practices. There were some comments about the importance of skilled non-medical staff (e.g. reception staff) and that poor customer service

impacts on consumers ability and willingness to access the services they need. It is also important to consumers that they feel listened to and that their concerns are taken seriously.

> *"Twice I have had to convince medical services that illnesses are serious enough to get attention. Children's health issues are serious and require a dedicated response and not to be fobbed off. Twice I have had to rush to hospital because I left it too long. I shouldn't need to feel that my issues are not important by my doctor. I need to get confidence that the medical service providers that I have access to respect me and respond to my needs.", Participant*

Confidentiality in a small community:

For some people being in a small community was beneficial for their experience of health care, because of the familiarity they could achieve with their primary care providers.

> *"What I'm appreciating about being in a smaller regional community – you're known, you walk in, doctors know or anticipate what you're there for; personalised care.", Participant - Swansea*

Others were worried about their confidentiality, especially if they were from populations that experience injustice and discrimination.

> *"I need continuity of care and confidentiality. I also need the option to see a doctor outside of the area.", Participant*

Appropriate and Safe Care

There were some concerns that service providers may not always be able to provide care staff of a consumer's preferred gender. It was considered important for women, for example, to be able to access a female GP, especially for certain conditions, or for men to access mental health supports delivered by other men.

"We have RAW available for mental health support. They only have two female workers now which can be an issue for many men accessing support.", Participant

"We need female doctors as some women prefer a female doctor.", Participant - Orford

Being able to access safe care was also identified as a concern by people who are LGBTIQA+. There may be a limited understanding by GPs and a lack of specific services (see Case Study Box, p. 17).

2. Communities that support health

Many participants in the KTCs discussed the importance of disease prevention and wanting to maintain lifestyles that are conducive to health and wellbeing. People often described their communities as being supportive and that this is a strength of rural areas. The factors which were seen to contribute to the ability of communities to support wellbeing were intangible factors like social engagement and inclusion, as well as more tangible aspects like community activities and infrastructure.

Social environment

People in GSB describe some strong instances of community connectedness, in which people support each other formally and informally for their daily needs and wellbeing. Examples of these can be everyday neighbourly activities as well as organised volunteer activities like Men's Shed and food assistance.

"[I'm] lucky to have my own home so I'm not in danger of homelessness and most importantly my friends and volunteering and I agree that where we live is so important", Participant

"[in response to Q1] Mental health – right next door to us is one of the great things in Swansea for men's mental health; it's very positive [Swansea Community Hub & Men's Shed].", Participant - Swansea

Others relied on community activities to keep them active and connected. However, participants realise that not everyone has adequate social networks and connection to meet

their needs and that there are some people who are not able to access social activities (see Barriers, p. 23). Some participants described their own lack of social inclusion negatively impacting on their health:

> *"[In response to Q1] To live in a supportive, caring community that isn't homophobic because that has a very bad effect on one's health, which I say from experience, it can kill you.", Participant*

Case study - Living rurally when you are LGBTIQA+

One KTC in particular provided a safe space for LGBTIQA+ people to share their experiences which allowed robust discussion of issues which were particular to this group. It was clear that their experiences of care services as well as their inclusion in the community was affected by how they were treated regarding their gender identity and/or sexuality.

There were descriptions of homophobic encounters in regional health care services and in the community more generally, which greatly impacted on people's wellbeing.

"...As a man who has sex with other men... which if you were to be found out in this community would be nothing short of deadly."

One participant describes the relief experienced during their treatment in the city:

"About 2008 my ex-partner was dying in the Royal. I just said to them, who's going to be with her tonight? Took her to a private room to die with dignity. They said we'll be checking her every half hour. So, I stayed with her all night. They were absolutely wonderful. Those nurses treated me with great respect. In Hobart, I never had to hide who I was. Up here, I've only told one person but I'm a 'dangerous' person."

People who experience homophobia once are likely to avoid using the service again, and in a small rural area this can be problematic as alternative service providers may not be available.

"[Barrier to access] Homophobia – things have got a lot better but, in the past, I didn't go to the doctor (blessed with good health in those days). I didn't get health care because the whole community was suffering from extreme homophobia. Just lucky that I didn't need health care at that time. I just relied on nature cures."

It was felt that health service staff did not always understand the unique needs and experiences of people with diverse gender identities and sexualities. This was further impacted by the lack of LGBTIQA+ specific services in the region.

"I personally need grief counselling and someone who can help me though it and dealing with a heterosexual person, as much as she's trying to understand, I don't think she does understand."

"As a bisexual male, there are certain things I cannot and will not talk to my GP about and that of course leads to certain things weighing on me and increases my depression. And it's very difficult to find someone who actually understands what you're talking about. "

Physical Environment and infrastructure

Participants discussed the importance of the natural environment and that this has the potential to be a great source of wellbeing if people can access it and enjoy it. People described the importance of staying active outdoors, especially into older age. Many used the natural environment, however, for some, particularly in the Coles Bay discussion, the built environment limited access to the outdoors:

"[Responding to Q1] The ability to get out and about. You are limited by lack of foot paths and beach access. When you are walking you get social access as well. Safe places to go for a walk are important for mental and physical health. We don't require footpaths everywhere, but we are restricted.", Participant - Coles Bay

"…organising some sort of community focus on preventative good practice, a walking club at Spring Bay. In some way in terms of long-term solutions this could be a proactive approach on a community basis. Anyone of us could organise it. But there are limited walking tracks or footpaths…. We need to cater for all ages and need to remember that a lot of people are in their 80s. So, we also need short walks; we need to cater for all. There are no bike paths for kids to ride to school. That's where it starts. Outdoor activity is so important for mental health.", Participant - Swansea

3. Information Access

Participants placed a lot of value on knowing what is happening in their community. This includes information about social events and activities, leisure/sport activities (e.g. Pilates), permanent services, visiting services and details about who is eligible for what service and when. This included both in hours and after-hours services (after-hours information access is further discussed on p. 34). Often the KTCs served as an information sharing session as

many participants described learning about what services exist in the area through their conversations with others at the KTC. Information access is seen to be vital to support access to services, but also to maintain wellbeing through healthy lifestyles.

> *"To echo what others have said, [what's important is] information on how things work and what's available and what course of action to take. Given the technology that we have now, information shouldn't be a problem. Getting that information available and up to date and maintained is important.", Participant*

In most KTCs participants had conversations and questions about which services are available and for whom. At times there was confusion around specific details for different services. There was also a lack of knowledge about what different health and community services provided for people.

> *"There is a lack of information available within the community about what is available in terms of health care professionals, the role of paramedics, etc. Also, a lack of information about equipment and skills available in Bicheno.", Participant - Bicheno*

The visiting, transient and/or intermittent nature of many services and community activities can make it difficult for people to know what is available locally and for whom.

> *"[We need] coordination of services so you can go to a one stop shop to find out what there is. We've tried to look at the services lots of time and find out what's going but somebody leaves, and it takes ages to fill the gap.", Participant*

How to access visiting services (referral pathways) and other services like allied health is also not clear or consistent. Not knowing this information can discourage people from trying to access them:

> *"The physio availability is not clear. We need more services for rehab etc. There seems to be services in the area, but no-one really knows about it. Nurses should be able to organise referrals etc. but currently can't or won't", Participant*

Some described their experience of how not being able to know about and access services affected them:

> *"Getting any services whatsoever, that has been a major barrier. When I was a carer, I went to see every single person in the municipality who had any connection with any idea of health care. I begged. There was no help whatsoever, none, zero. Over 20 years of 24 hour/day very intensive care with no support because there were no services. I was told that if I was old, someone could come and clean my floor and my toilet. The floor and the toilet were not the problem. That has affected my health very, very much. Just about killed me. I just got out alive by the skin of my teeth. This is not an exaggeration… Knowing what is available. There might have been stuff available that I haven't known about.", Participant*

It was acknowledged that sharing information with everyone in the community is not easy and that there are existing efforts to build upon.

> *"[in response to Q1] Communication of what is available; the trouble is you don't take notice until you need it.", Participant*
>
> *"There is a booklet put out by the community health people, but most don't know it exists.", Participant*

Digital literacy is also perceived to provide a barrier for people to receive information that is disseminated electronically, or which requires digital methods of access (e.g. MyAged Care).

> *"Some services require IT skills, which many in our community don't have.", Participant*

4. Robust local services into the future

People value having services that are available in their own region because they are closer, more accessible and more relevant to their own experience of everyday life. Many people

are reluctant or unable to leave the area for services even when they are urgent or require a specialist.

> *"With an older demographic we need local services. When coming out of hospital and needing help – what do I do? We need someone who knows what you need and do it. Apparently, we can access palliative care in the home – set up by the RHH – but again how do we find out these things?", Participant*

> *"If the ambulance takes a patient to town there is often reluctance. They just want to see a doctor locally. We need specialists who visit the area or have a holiday home on the coast to provide sessions on a regular basis.", Participant*

Participants want to see services continue in their local area into the future and that they are proactive in addressing the changing needs of their communities. Population ageing, as well as increasing development and an increase in younger people and families were identified as future needs that needed to be taken into consideration.

> *"The focus seems mostly on chronic health care. Additional affordable housing is being built so more people will be needing support.", Participant*

It was a common concern that the younger generation were being overlooked:

> *"We have a lot of facilities for retirees. We are looking at trying to get some leadership courses running for young people. Red Cross are going to help with soft skills and try to provide adventure challenges.", Participant*

> *"There is a drug problem in the area especially in young people. There are also issues with suicide. Whilst there are a lot of older people with chronic health conditions there is still a need to look at the needs of young people.", Participant -*

As they age, people see how their service needs are likely to increase. Some start to feel more vulnerable and others and need to make decisions:

"We're wondering whether to stay or not. We looked at pros and cons – onsite paramedics, community care and ancillary care at home. The only drawback is the health facility – [it's] not staffed at weekends. [There is] lots of community care.", Participant - Triabunna

Additionally, there is a concern, even fear, about what will happen when the current permanent GPs working in the area retire. People want to know what the plan is for the sustainable provision of health services.

Barriers to health care access

The key barriers to good health care access which were described in the KTCs, but were not related to the previous priority themes were:

1. A general lack of local service provision and/or significant gaps in provision, especially in aged care service and mental health services/support.
2. Poor integration of care and difficulties experienced though transfers of care from hospital back into the community.
3. Travel, distance and transport.

Limited/lack of local service provision

For many services, the main barrier to access was a lack of or limited service provision in the local area. Of the many services mentioned, aged care and mental health services were the most prominent. These services were available, but limited or unsuitable. Many other services were perceived to be simply not available in the local area, or not to an extent that was practical or usable.

Aged Care

Participants described multiple barriers to accessing suitable aged care services. The first access barrier is having to have the capacity and digital skills to apply through MyAged Care. However, even if people do manage to apply and are assessed for a package, some struggle to find providers. This impacts on people's ability to stay in the area:

> *"We had an aged care assessment and were approved for a package. One service for me one for [partner]. But currently there is no one in our area to deliver the services. We have decided to move because it is becoming too hard to manage without support.", Participant - Coles Bay*

Some manage to receive aged care services but find that providers do not always offer the services they need or want. Some can access services through multiple providers which could in theory cover their need, however, in practice this is not achievable:

> *"Integrated Living has care packages, May Shaw has another, but the two are completely separate and difficult to meld.", Participant - Bicheno*

In addition, while community nursing was described as a fantastic service for some, other had difficulty accessing this service as well even though they were eligible and had made contact.

> *"Community nursing is difficult to access, especially on weekends. Some nurses travel up from Hobart, and visit times and dates can be subject to change at short notice.", Participant - Bicheno*

Case Study: The Perspective from consumers in Bicheno - A summary from Bicheno the discussion on Aged Care Services provided by the KTC host.

Currently people are experiencing great difficulty accessing services and assessments, and when eligible for support and services, finding that there are insufficient qualified people who can provide these services. People generally find there is no clarity around how to access, how to navigate and how to find people in the area who are eligible to be employed to provide local care. Many local residents have packages, but there are no 'bodies on the ground' to do the work.

There is also some confusion around post-discharge from hospital, relating to nursing follow up. Who organises it? Who is eligible? How is it accessed?

Many residents are dealing with 'call center personnel', from across Australia, who have no idea about what is available in rural Tasmania. Participants expressed their concern that there is no clarity or continuity around what is available and what people are eligible for., KTC host summary, Bicheno

Mental Health Support

Many participants also expressed concern about the poor availability and/or suitability of mental health supports. While it was acknowledged that some services were available in the region, not everyone was aware of what was available and for whom.

> *"There are no services for mental health. There may be some services but it's hard to access – and no-one in the group knew about available services. They are private operators.", Participant - Triabunna*

Many have to go outside of the region and some have had poor experiences of mental health service providers:

"Another thing – lack of mental health care, not just in this regional area. [There is] also appalling lack of service in cities but being in a rural area, it's extra appalling. As an example, my partner who needed mental health care had to see a different psychiatrist every time and they didn't keep notes, so she had to start from the beginning every single time and that has affected her and me terribly.", Participant

"…I do suffer from depression, I'm able to see a counsellor but as far as seeing a psychologist or a psychiatrist (I saw a psychiatrist in the past but he saw main problem as being a lesbian – 10-15 years ago and that has put me off seeing a psychiatrist ever again). As far as I know, we aren't able to see a psychologist here.", Participant

Many described barriers to accessing mental health support for young people:

"We have had an experience with one of our children but no access to mental health. Some GPs are up to date… We tried emergency lines but unless my son was threatening to self-harm or to harm us, they couldn't help.", Participant

"I would really like to see more mental health things for younger people. My daughter had mental health issues big time; there's nothing for her really. The lady that comes here – it's not for her. She mentioned it to doctor. They told her that she didn't meet the criteria; now she won't come out of her house. I wish there was someone here all the time that the younger people could go to. It's not just my daughter., Participant

Some expressed a sentiment that services which support mental health and wellbeing were diminishing:

"We used to have a social worker but no more. Lots of services are not available anymore, like Relationships Australia and Hollyoak? Why?", Participant - Triabunna

Other services which are absent or hard to access

There were some services which participants used or wanted to use, but which were perceived to be unavailable by community members. This meant that people either travelled to Hobart or Launceston to access them, or that they simply did not access them at all.

Some of the key services, which people perceived to be unavailable in the area are:

- Alcohol and other drug services
- Speech pathology
- Chemotherapy
- Chiropractic
- Imaging and radiology
- Domestic violence support and housing

> *"Another thing that I need personally is a speech therapist, I but can't find anybody unless I travel for a long time.", Participant - Swansea*

Visiting services were perceived to fill a gap. However, they were not always accessible or practical, especially if the service is very infrequent, for example the physiotherapist who only visits fortnightly. Other services have some availability, but the breadth of the service is limited to one location or to a limited scope of service. At times, it is also simply difficult for people to know about services which are infrequent or intermittent.

Examples included:

- Dental and oral health (Royal Flying Doctors Service (RFDS) was not always known about)
- Limited antenatal, maternity and child/family health services
- Pathology services (full range is not available/not easily accessible for all)

> *"Another barrier is not having the right equipment for some tests. The medical center staff are sometimes not knowledgeable about, or skilled in, administering tests and using equipment required for testing, for example tests for osteoporosis.", Participant - Bicheno*

> *"One child health nurse services a vast area. It's not useful. They are good to see you for first 6 months but after that you are on your own. They are*

important in connecting relevant services particularly for new mums unfamiliar with services and needs. We need access for women in rural communities above and beyond GPs. Someone who is all about babies and mums not just general medical issues.", Participant - Coles Bay

"My main concern is Family health. This is not fully covered adequately in [my area] at the current time. I had issues during my pregnancy which meant that I had to seek appointments elsewhere. There is a current babyboom in [my area], which means that there is a need for mid-wife support locally. Ongoing care of children is important – especially for blood tests, etc. Family and child health and mental health care are all important. I suffered from Post-natal depression, at a time when there were no appointments available for six weeks with psychologists. The currently situation has improved, but there are only monthly visits from psychologists.", Participant

Transitions and Navigation

People value seamless, wrap-around care that is easy for them to access. A barrier to the consumer experience can be gaps in information, poor knowledge transfer between service providers and poor support once leaving a service (e.g., hospital). Poor integration of services across the region also affects people's ability to achieve wrap-around care. Consumers may find it difficult to know what is available and what they are eligible for when they move from one service to another. They may also be aware of different services and resources but are not always able to access them due to eligibility requirements or other reasons.

While some people had good experiences of transitions of care, others described that it was difficult to access aftercare and follow-up after discharge from hospital.

"People returning from hospital are often unable to access services. Some are unable to deal with the required paperwork (etc.) to organise support.", Participant

Case study: Transitions from hospital

One resident describes their experience of returning to the community after receiving tertiary care for a stroke. Their case shows that some services are available, but that receiving optimal care is difficult because of service unavailability and lack of coordination or navigation:

"My issues was… I got looked after in hospital and I've got a doctor here, but all the other things that I do need aren't available unless I want to go to Hobart or Launceston. For example, I really need to go back to work for money and it's important for me to be at work. There's no one here to do an assessment for going back to work safely. No one told me what to do and now I'm in pain. I don't want to go back to [GP] because I'm sure she's sick of me. I had a stroke. It's good that I was healthy before because it helps with recovery. The Stroke Foundation, they don't leave you alone. They ring me often and they are so good. They must have a check list – things that you don't even think about.", Participant

Poor coordination and communication between service providers and with consumers can be frustrating and leads to poorer care outcomes and unnecessary stress:

> *"…Coordinating other services needed in a timely manner. When my mother was needing home help through oncology it was really hard to get hold of someone. The GP sent me to the medical centre who contacted someone, but the on-care oncology support person went on leave. A few days after she [the mother] died some-one rang up about getting a special bed at my house for her. When you ring Ambulance Tasmania, I had great difficulty explaining that the GP had arranged for her to go to the May Shaw and not the Royal. It can be difficult to get the message across. I didn't feel listened to.", Participant*

There was also frustration expressed that both clinical and non-clinical personnel did not always think to pass on relevant information:

> *"And unless you ask, they don't actually give you the information. Like I had to ask.", Participant*

The problem of distance

Not surprisingly for a rural LGA, the distance both from major population centres and between locations in the area, coupled with limited public transport, means that travel and transport become major barriers for local residents in accessing health and wellbeing services as well as to maintain wellbeing through being able to partake in community activities, access essential services and maintain social connections. The two main factors are the impact on travel on health and wellbeing and the lack of transportation.

Distance and travel

> *"Distance is the biggest barrier for me, especially for non-emergency services such as radiology.", Participant - Bicheno*

Having to travel long distances for health services impacts on consumers in the area because of the cost of fuel and accommodation, the time it takes out of work and other duties and because of the energy it takes, especially for those who are very unwell or elderly.

> *"[in response to Q2] Access to specialists... long drives to attend specialists appointments.... is not ideal when one is ill and/or anxious about one's health.", Participant - Bicheno*

The time, cost and effort of travel means that many people do not seek services they need for optimal care if they are not available locally.

> *"For instance, with a case of chronic but not drastic condition, you might put it off and manage it yourself. But if specialist came here or you could get to Hobart, you might get help with management", Participant - Swansea*

People also feel there is a lack of compassion, understanding, or empathy from city-based service providers to the needs of rural people in the scheduling of appointments.

> *"Touch wood, I haven't had to face that challenge yet [travelling for specialists]. However, I have close neighbours who are always going to*

Hobart for specialists, trying to coordinate appointments on the same day. There is a lack of empathy for people who live remotely. Others stay overnight because they can't drive down and back in the one day.", Participant - Swansea

Transport

Those without easy access to private transport are particularly affected by distance, because of the lack of public transport in the area. This might include young people, people who do not have a vehicle, or do not have a licence. Public transport to and from the city is limited.

"Transport [is a problem] in general – young people are not able to get to town and back at suitable times.", Participant

Transport around the region can also be problematic. There are some community transport options and while they are often appreciated, their usefulness can be limited. Registration for CTST is through MyAged Care and this is limiting for people because of barriers to digital literacy, but also because it adds an additional layer of 'red tape':

"The Bicheno Community Car needs to be booked early as it could be going in a different direction. It's the same with the CTST car. This can be difficult to register for and use. Registration [for CTST] also lapses after 12 months if you haven't used it, but this can be renewed by phone.", Participant - Bicheno

"Transport is an issue. When it was centralised [locally controlled], it was good, but not now. You have to be registered with MyAgedCare, who organise it. Not many are, but they still have needs. Many people can't get to specialist appointments...", Participant - Triabunna

Consumer suggested solution – informal transport networks

It was suggested that communities could form informal networks between friends and acquaintances to be able to share lifts and carpool across the municipality and to urban centers.

People describe community transport being useful for regular, local appointments, but that they are less useful for longer trips into the city.

> *"...you can't rely on the community car driver to get you to town on time.", Participant - Swansea*

In addition, it was described that on trips to the city, community transport takes multiple people to different appointments, which makes a very long day out for all passengers and can be exhausting for those who are very unwell or elderly.

> *"Public transport is an issue. Not everyone is eligible for community transport. The [community transport] vehicle is used for many jobs so elderly people sometimes have to stay in town all day.", Participant - Triabunna*

Case Study – Rural residents being stranded in city centres after receiving emergency care.

Residents of the GSB region expressed frustration and concern that when they were taken into the Emergency Department of the major hospitals, they would be discharged, sometimes very late in the night, without being able to get home. This obviously leads to distress in the immediate instance but can also make people reluctant to seek emergency or urgent care. One person states:

"I'm on a pension and at 2am in the morning, they might chuck you out of the Emergency Department and expect you to find your way home. And I know heaps of people that's happened to.", Participant

While there should be support for people to get home from the hospital for those who are in need, this is not communicated to consumers:

"My experience was that I broke my arm on an RFDS exercise class. They did the leapfrog down to Hobart in ambulance – three ambulances to get to Hobart [the fracture was treated]... 'Now you can go home.' And I said – 'how am I going to do that? My wallet is at home. I can't get home. I can't stay.' And they said, 'it's not our problem?' Halfway through the night a nurse found me a bed in the palliative care room. Had to leave hurriedly the next morning. Fortunately, I had my phone and started ringing around and found out that a neighbour was in Hobart. He picked me up and brought me home.", Participant

After-hours Care:

Participants were asked to discuss what they would do if they were unwell after-hours. There were very varied responses, which were quite different between different regions. Some described quite detailed plans, especially those who are accustomed to managing exacerbations of chronic illnesses or who have plans in place with their GP. For others, after-hours access was seen as a problem, especially on weekends. Many were not certain what they would do or had simple strategies (e.g., do nothing vs. call 000 for help).

Calling 000

Many described waiting until morning if they were unwell, unless it was an absolute emergency, as they did not feel they had many options other than dialling 000 for support. In some KTCs dialling, 000 was seen by participants as the main option after-hours (e.g. in Orford).

> *"The medical center and community health center both close at 4pm so I'd ring 000. They triage patients and determine whether an ambulance is needed.", Participant - Triabunna*

However, some felt fearful of or guilty for calling an ambulance, especially in the middle of the night. This was particularly so if they knew the service relied on local volunteers (e.g. in Coles Bay).

On the other hand, many participants, felt very happy about their ambulance service relied on the care their paramedics provided and described positive experiences:

> *"I once rang on behalf of my partner at 4:30 and was told it was too late for the GP, and to contact the paramedic via 000, who was fantastic.", Participant - Bicheno*

Triage:

Many described following a process of self-triage using a range of strategies depending on the perceived severity of the illness. Strategies ranged from sleeping it off, taking over-the-counter medication, ringing Healthdirect or May Shaw Health Centre after-hours service, contacting other after-hours services in Derwent Park or Rosny, to ringing an ambulance.

It was suggested that triage and decision-making around what to do after hours needs to be supported, as it is difficult to know what is the most appropriate action.

"We need to have someone at the centre to triage patients. We need nurse practitioners or nurses with emergency experience... After-hours [care] is an issue as people are reluctant to call an ambulance.", Participant - Orford

"We have no after-hours coverage. If elderly people are unwell, often they won't call an ambulance as they want to see a doctor. They will wait until the morning. Ambulance triage could help. We need education on this – when to call an ambulance.", Participant - Orford

Integrated care:

There were some examples of integrated and well-coordinated care after-hours. Those who sought care through May Shaw Health Centre after-hours services or were directed there described good experiences:

"Depends on circumstances. I'd take the temperature...a couple of Panadol and try to get back to sleep. If in doubt, I would call the paramedic. Have called the paramedics when I had symptoms that I thought were stroke related. Was thoroughly checked at home by the Paramedics and taken to Swansea (it was a weekend) for final check by GP there.", Participant – Bicheno

"I have had the occasion to phone GP assist, when I had chest crackling, and very high temperatures. After the consultation with GP assist, I travelled to Swansea for a face to face consultation, and had access to scripts.", Participant - Bicheno

"If it were serious, I'd go to May Shaw. If I thought that I could hang on, I'd do that. If it's too bad, I'd present at A&E. I feel bad for calling the doctors in after-hours. They need their time and space as well. I only go if it's really serious.", Participant - Swansea

"My partner needed help on a Saturday night. I called GP Assist, the nurse tried to help, and was then put in touch with paramedics. Going to town would be a long wait, so May Shaw took them. Paramedics have been excellent.", Participant - Bicheno

Participants from other regions who had good relationships with their GP practice, also experienced good care. There were some great examples of multi-disciplinary care after-hours:

"They [local residents] are triaged by the ambulance and if they can remain at home and see the doctor next day, I think the ambulance services will contact the practice the next day. This is only if you are a patient of the practice. Often people won't ring the ambulance as they don't want to bother them, but should.", Participant - Orford

It is quite clear though, that not everyone is aware of what after-hours services are available locally or statewide via telehealth:

"There is an A&E service in Swansea on Saturday mornings. Again, no-one knows about it. I don't know what is available locally or in Sorell.", Participant - Triabunna

There is, for example, a need for more information that Healthdirect is available 24 hours a day and what is available locally through the May Shaw Health Centre and who is eligible for this service.

"Another barrier to receiving timely and appropriate healthcare is the lack of community education [knowledge] around when to come to the surgery, when to call the paramedics, and the availability of other services, such as telehealth direct [Healthdirect]. The town's short term accommodation providers often send guests to the surgery in the first instance, which adds to the burden of the GPs and the waiting times. ", Participant – Bicheno

[an example] "I'd ring the medical centre after 6pm and be diverted to a national after-hours service. There is nothing between 4pm and 6pm. A triage nurse would be good between these hours.", Participant - Triabunna

Through having KTCs about health care, participants learn about what is available in their communities:

> *"I broke my leg out in the bush on Good Friday. I didn't know it was broken. I was taken out and had my ankle strapped. I sat there all Easter in considerable pain because knew that emergency services/casualty would be busy and long wait in Launceston. My partner is medically trained, but couldn't diagnose my undisplaced fracture without an xray. I was in excruciating pain but was reluctant to get driven. By Tuesday I went to St Helens for an x ray, the leg's broken! You grin and bear it. There is nowhere to go within easy reach. Now I would call Swansea and know that I would get help"., Participant - Coles Bay*

People also explicitly asked for more information about ambulance wait times in order to make decisions about their best care options:

> *"I need to know when I call an ambulance, how long will it take. And then what happens at the other end, I don't want to be ramped.", Participant*

Long-term solutions:

Participants were asked what solutions they could imagine which would improve their experience of health services and wellbeing in the region.

The key ideas expressed by consumers were:

1. Build upon existing local staff/services and infrastructure to work at their full potential and increase the skill level through training.
2. Utilise telehealth and virtual health care.
3. Expand, integrate and improve visiting services.
4. Improve information access and community knowledge (community health literacy) through multiple mechanisms.
5. Create health-promoting communities.
6. Fund integrated rural services.
7. Do more to make healthcare staff and their families feel welcome.

1. Build upon existing capacity

It was suggested that increasing the capacity of existing service providers though training could increase the availability of procedures locally, for example:

> *"I had a port inserted during cancer treatment, which had to be cleaned post treatment (for approx. 5 years). No one at the Bicheno General Practice was trained, or willing to be trained, to provide the appropriate cleaning regime. This meant that I (and others in the same situation) had to travel to cancer centers for this service (Hobart and Launceston).", Participant - Bicheno*

It was mentioned that there was a lack of nurses trained in triaging the severity of illnesses/injuries and that this was a barrier to navigating to the right service when the GP was not immediately accessible. There were suggestions that an increase in nurse practitioners or other more highly trained nurses and/or paramedics would be able to increase people's access to primary care:

> *"A well-trained nurse could prepare scripts, take bloods, triage patients.", Participant*

Non-medical staff could also be trained to provide better service to help with appropriate access to care:

> *"Medical receptionists need to be trained as medical receptionists not just admin personnel from the council.", Participant*

Those who identified as LGBTIQA+ identified the need to train staff and increase their understanding for them to be able to provide inclusive care.

> *"[Suggestion] Education about homophobia… dealing with health practitioner's own homophobia. With my ex-partner, I had to be there round the clock. One nurse was hurting her. All providers need ongoing education. As I get older and things improve and my confidence has improved, I would not allow that situation anymore but at that time, I was so kicked around and broken that I couldn't.", Participant*

2. Telehealth

While the suggestion of increasing access through telehealth was absent from some KTCs, there were several which suggested it. It is notable that virtual care is seen to be a solution when it is used in conjunction with local services and face-to-face care.

> *"There is a need for access to health consultations with specialists via video link – with the GP and patient present. Depending on need, the nurse, social worker, or other health care professional may also be involved with the patient. There is the possibility of using Telehealth as an extra add-on service to GP services. Would cohealth provide access to other cohealth practices, via Telehealth?.", Participant*

It was recognised that consumers often need support in accessing virtual care to know what is possible and in using the technology.

> *"The technology pathway is the way to go. We need help with navigation there. People need to be informed. E.g. how do I search for this? How do I get a video link to a physio class?", Participant*

There is also a need for support with the infrastructure, hardware, software and connectivity for virtual care. People living rurally may not be able to access appropriate internet connections due to blackspots and the cost of mobile data:

> *"Somewhere for people to be able to go to access telelink [virtual care]– not everybody can access it from home, especially people from isolated areas.", Participant*

People also recognise that there needs to be a change of attitude in clinical staff to be able to access virtual care:

> *"To what extent can travel to see a specialist elsewhere be dealt with online? Is that exploited to the max? Is that a possibility to deal with the issue of distance? If you ask, a lot of those things can be done. I have 6-month telehealth appointment with the Royal [Hobart Hospital]. But there needs to be some degree of us asking the question. They prefer you to be in their rooms. It's the traditional way of doing things. COVID taught us that we can do things differently… A nurse practitioner could be in touch with a specialist and could do an awful lot without the person needing to travel to Hobart.", Participant*

3. Improve visiting services

Participants appreciated visiting services and the gaps they fill, but also discussed their limitations and barriers to uptake and usefulness. Suggestions were made to improve upon these services in an integrated way across the region.

It was suggested that the seasonal visiting services, for example the Breast Screen could be expanded to different regions, especially the smaller town like Coles Bay, and stay for longer. Some commented that bookings could be hard to get into and experienced issues with the registration and referral systems:

> *"I missed out on receiving a bone density test as they didn't have room in the diary. I used the online registration, but this didn't seem to work. Those who phoned in seemed to get through though.", Participant*

Others suggested that there could be alternative methods of receiving a referral, as it was not always possible to get a GP appointment in time to get a referral for the seasonal service.

Regular visiting services like the RFDS physiotherapy service was also valued highly, but it was suggested that some needed to be more regular, and/or consistent over time. Participants described visiting services, like podiatry, coming and going over time. They wanted to see consistency of service where possible, such as replacement staff if someone is unwell, rather than having to cancel the service.

> *"My doctor referred me to the RFDS exercise scientist; he is so busy. Initially, because mine was one-on-one he saw me once a fortnight. But if something happens, he has to cancel and reschedule for another 2 weeks. [Therapy] has to be regular. It's our responsibility to do that. He gave me notes but sometimes you forget, and I wish there was someone here that can help you. They don't give you their phone numbers because they'll get too many calls.", Participant, Swansea*

4. Information Access

Better information sharing to improve service access, social connection and to enable healthy lifestyles was seen to be important. It was appreciated that there were many different things to do in the area, but that it was difficult to know about what was available and who was eligible. People wanted to know what was available across the whole area, as service availability varies within the region.

A common suggestion was that of an information pack about health and wellbeing services which could be distributed through GP practices, real estate agents and other organisations. In addition, there were several publications and community newsletters that would benefit from more publicity and wider distribution. It was important that this publication included information not only about health services, but also community activities which allow people to live well and actively participate.

> *"We need an information package or a sign letting people know what is available in the community – for example bowls, golf, social activities, table tennis, choir etc.", Participant*

"An information pack or welcome pack for all new patients when they register at the practice with details on what is available. This could also be put together and given to new residents who have bought homes in the town, through the Real Estate Agent.", Participant

It was also suggested that there was a need to increase community knowledge about healthy behaviours and how and when to access which service, especially around decision-making after hours and using the Healthdirect phoneline.

"I think we could do better in educating the community about health matters and how to access services when needed. We have defibrillator training regularly but needs to be reinforced.", Participant

There were some suggestions to have health information sessions about chronic conditions. However, it was also acknowledged that these had been held previously with poor attendance, indicating that the implementation of this idea may need to be revised.

People also suggested that clinical staff and medical receptionists could do more to actively refer or direct people to social and community activities as well as visiting services in a 'social prescription' type model:

"Referrals from GPs is so important …to social groups, sporting groups, walking groups, RFDS services, RAW etc. Otherwise people don't know what is available.", Participant

5. Healthy Communities

People wanted to live in communities which support their health. People were aware that the social and physical environment around them can be either supportive or not supportive of health. Some long-term solutions therefore centred around improving physical infrastructure as well as increasing opportunities for engaging meaningfully in their community. It was recognised that these need to focus on the needs of people from all different ages.

Many suggestions for physical infrastructure were around improving walking paths in and around towns/settlements:

"We've been travelling around outback Queensland. Some of those towns - amazing money that's been put into them, e.g. footpaths 10kms long. Here it's difficult to walk or ride without being on the road. There's no real encouragement to get outdoors.", Participant - Swansea

Similarly, other recreational infrastructure was also commonly suggested:

"All the outback little towns have great big skate parks, but we've got nothing for our kids. A swimming pool would be good, but council don't want maintenance responsibility…", Participant - Swansea

6. Integrated Rural Service Provision

People wanted to see health care integrated across the GSB region as well as more access to services locally.

Regional health hubs:

A key need is to have better access to specialists, radiology amongst other absent services. It was suggested that visiting specialists could come on a regular basis to a "superclinic". Some suggested this could be in Swansea at May Shaw Health Centre and at another existing local service, whereas others have suggested Campbelltown as a convenient location, which may suit most and be more convenient for the service providers.

People also wanted to see more local hospital-type services, including suggestions to expand services at centres like May Shaw Health Centre and also to expand short stay options to different areas in the region:

"There is a need to refund local hospitals. That would cover funding for specialists, nurse practitioners… additional staff. It's a crisis – we are throwing more good money after bad for big hospitals; it's a bottomless pit. Bring funding back [rurally] and free up rooms in the hospital. Then you'll have specialists coming up here and lots of services could be offered. We wouldn't be taking up room on roads and in the hospitals…", Participant - Swansea

"There are short stay rooms at May Shaw. We need something like that here, even though it would be a cost – on balance this would probably be more cost effective. Or May Shaw could be expanded.", Participant - Triabunna

There were also suggestions about improving outreach into some of the more regional areas like Coles Bay for community nursing, child health and blood tests. It was also suggested that there are underutilised clinic rooms there.

Better integration:

There was a sense that human resources could be better utilised across the area and between towns/services:

"There needs to be an integrated approach to provision of services, like shared services across two practices (eg. Swansea and Bicheno).... More coordination, like, sharing the community nurse function that comes to Coles Bay on a particular day each month. In small communities there needs to be more of this. ", Participant - Coles Bay

Another specific opportunity identified for greater integration across the region is palliative care. It is perceived that in some areas palliative care can be great, but that it depends on where you live specifically and what services you may be eligible for.

"Really good palliative care. My darling friend died without adequate palliative care. A senior nurse at the May Shaw had to go to help them out before work in her own time and she had small children. We are an old demographic. We need enough district nurses. Like most people, I want to die at home if at all possible. Especially important because of my sexuality. I will be needing those services and so will many other people.", Participant

"[when asked about long-term solutions] Coordination of services – funding of all types of home care and coordinating them rather than 'this group does this', 'this group does that'. Some services only go to Bicheno. When I looked after my friend who was dying at Beaumaris we had marvellous people come and we got things that only an RN could do, they'd come. None of the other people came. It was left to me and the family to look after him and do the palliative care which luckily had been a

job of mine. One of the palliative care groups 'fell over' while he was needing them. There was no communication between groups. You just have to have people to do the coordination.", Participant

Multi-disciplinary care:

There were some very strong examples of well-coordinated care in some regions and people wanted this to be extended across the region:

"I'd like to see the medical center and community health center working together, and the paramedics there to assist the GPs. All services should be coordinated and co-located.", Participant - Triabunna

People also suggested improving access to chronic health management plans by having staff dedicated to working with consumers to develop them, without using too much of the GPs time:

"GP management plans are important for those with chronic health problems – we need the plans in place and these could be done by nurses – [this is] not currently done.", Participant - Orford

"We need someone dedicated to developing health plans and signed off by a doctor. This will save time for doctors.", Participant - Orford

7. Welcoming Health Staff

Community members greatly value their local permanent health workforce and felt very strongly about wanting to make new health staff and their families feel welcome in the area.

"The community needs to embrace the doctors and their families. The local table tennis group welcomed one family.", Participant

They recognise that health professionals, especially GPs and allied health professionals, are in high demand and that for the area to be able to retain the workforce in the long term, it needs to be a place they can live comfortably and feel like they are a part of the community:

"Dr [name removed] is about to leave the medical center. Living out of a suitcase was too hard.", Participant

It was suggested that accommodation offered to the health staff needs to be of a high standard with the flexibility of choice to attract and retain workers.

"If you want to attract a doctor for 5 years then it needs to be a house they can be in for 5 years, not a demountable at the back of a caravan park. I wouldn't live in that unless I had to. They don't have to. There's plenty of GP jobs in cities and specialists don't need to come down here. If they have a family it needs to have a bedroom for each kid. This is what they would have if they lived and worked in a city. They need to have reasons to come here and feel welcome. They need to be comfortable living here and want to stay. They may want the accommodation in a separate town to get separation from work. Eg. if they're in Bicheno, maybe they want to live in Coles Bay. Or if they work in Swansea, maybe they want to live in Bicheno or Dolphin Sands.", Participant

It was suggested that there could be a marketing campaign targeted at GPs and other health professionals, which advertises the beautiful landscapes and relaxed lifestyle the region has to offer.

Consumer Suggested Solution – Teaching facility at Triabunna

Participants at Triabunna suggested that re-establishing the medical practice as a teaching facility for involving UTAS medical students, interns and student nurses on placements could be effective. It was previously successful and might be a solution to attract staff to the area.

Conclusion:

Eight Kitchen Table Conversations were used to engage and consult community members in the Glamorgan-Spring Bay area about health and wellbeing issues, with a total of 84 local participants. Community leaders were trained to host conversations which covered priorities for health and wellbeing, barriers to service access, after-hours care and suggested long-term solutions to improve health and wellbeing.

To continue to clarify the priorities for consumers, as well as to 'flesh-out' suggested solutions, a community workshop will be held for consumers in the first quarter of 2024. The workshop will build upon this document which provides a broad picture of consumer sentiment, to provide more clarity in the consumer priorities and solutions.