

service mapping

Primary care Rural Innovative Multidisciplinary
Models (PRIMM) Project

East Coast Tasmania

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background

This service Mapping document is one of four key background documents developed for the scoping phase of the Primary care Rural Innovative Multidisciplinary Models (PRIMM) project on the East Coast of Tasmania. The purpose of the PRIMM project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside an acute setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
- **Needs Analysis** – to provide a broad overview of the primary health needs
- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
- **Service Mapping** – to identify all primary health services delivered in the GSB LGA

These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

The aim of the service map is to demonstrate a basic analysis of what health services are available within the municipality and attempt to delineate what services are available for residents in each major town centre. This paper should be read in conjunction with the funding mapping paper which describes and quantifies the funding sources for services for GSB.

These four documents constitute the scoping phase of the PRIMM project and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

key considerations

The GSB LGA covers an area of 2,592 square kilometres and stretches from Buckland in the south to Denison in the north, with some services managed from each direction (Hobart-Launceston).

Services are largely provided in the three towns of Bicheno (B), Swansea (S) and Triabunna (T). Coles Bay and Swanwick residents most often utilise services in Bicheno, while Orford residents access Triabunna services.

There are also smaller population settlements with servicing centres in brackets. They include but are not limited to: Denison (B), Cranbrook (S), Dolphin Sands (S), Lake Leake (S), Royal George (S), Pontypool (T), Buckland (T), Wielangta (T), Little Swanport (T). Additionally, Seymour, Chain of Lagoons and Little Beach – while not in GSB are geographically close and residents choose between Bicheno and St Marys.

For acute and emergency care, Swansea residents are most likely to present at May Shaw Health Urgent Care Centre (UCC) in Swansea and, if required, are transported to hospitals in Hobart or Launceston. Residents of Triabunna and Orford are more likely to be taken to Hobart. Depending on various factors, residents of Bicheno, Coles Bay and Swanwick may present at Swansea UCC, St Mary's Community Health Centre or opt to travel to St Helen's District Hospital for emergency and acute care.

collection of information

Categories for defining services are listed as *GP and Nursing, Allied Health, Mental Health, AOD, NDIS and Aged Care*.

Annually visiting services such as the Breast Screen Bus and Bone Density Bus were omitted from mapping. To reduce complexity, private v public access was omitted from this initial map, as well as access and contact details for services. This information was noted in raw spreadsheet data.

This primary healthcare mapping has focused largely on clinical and allied health service provision. Community and human services such as employment, social support and community groups have not been included. Description of services provided are as accurate and comprehensive as possible at the time of writing.

methodology

Information gathered for this service mapping was gathered and tested through the following:

- **Informants/stakeholders:** Bicheno Health Group Inc, the Village (East Coast Regional Development Association), Glamorgan Spring Bay Health and Wellbeing directory, GP and THS staff, PHT commissioned services staff, allocated NDIS providers for the region, Break O'Day Mental Health Services Directory, peak body contacts.
- **Collection of service mapping data:** Direct email and phone calls, discussion with health care providers e.g., GPs, community nurses, NDIS providers, government websites.
- **Data cleaning/service checking:** sharing of initial data with community representatives; this needs to be further refined to ensure there is no missing or inaccurate information. Service presence can also change regularly so mapping must be checked and modified accordingly.
- **Reliability and validity:** It is difficult to ensure there are no gaps in information, with no centralised health service and north/south service provision boundary issues. Some services may provide outreach in the form of home visits (e.g., Community adult mental health, NDIS) meaning health care providers may be unaware of each other's presence. Multiple sources were contacted to attempt workable coverage throughout the municipality¹.

complexities of understanding service provision particular to GSB

The disparate nature of the three major towns providing health services means there is no centralised understanding of what services come in and out of the community. For example, private practitioners may live in one town and choose not to service another – there is speech pathology regularly available in Bicheno but not Swansea or Triabunna; there are no specialist medical services visiting Bicheno – only allied health, and yet Swansea has regular visiting cardiology and gerontology. This is often reflective of community or GP-led initiatives to encourage certain services dependent on required need and demographic of their town, as well as Swansea's greater capacity for complex service provision and centralised location (despite its verified remoteness).

Proximity to the larger towns of St Helen's in the north and Sorell in the south mean some limited-service extension into the municipality. This does not necessarily imply that residents will go out of the municipality to these towns to access services – Bicheno residents may not go to St Helens as it is not on the way to the greater service centre of Launceston, likewise in the south residents may choose to drive through Sorell and continue to Hobart where they are accessing greater breadth and more specialised services. Transport to neighbouring LGAs can also be an issue. Knowledge about what services visit proximal towns may not be readily available.

Some state-wide services, including the Tasmanian Health Service (THS) are divided into north, south and north-west, Glamorgan-Spring Bay being divided between both north and south. This can be a confusing element to work with, with some overlap (eg. Palliative Care in Bicheno is coordinated by THS north, yet care is delivered by Community Nurses from THS south or contracted through a private provider on behalf of the THS). There appears to be in-reach from Break O'Day municipality (St Helens)

and Sorell, where Community and Child-Health Nursing are increasingly based. Further data collection on the movements of GSB residents for specialist access may be useful to pursue. There may also be differences in service delivery models and commitment/quality of care between northern and southern-based organisations.

primary healthcare services GP

Educational data indicates a lower level of educational attainment compared with Tasmania and lower again when compared with Australia. Lowest education rates in GSB are in Triabunna.

General practices	Organisation	GP FTE	Nursing FTE
Bicheno General Practice	GSBC- East Coast Health	0.8 - 1.6	0.4
Swansea General Practice	GP Owner-operator, Acute/Emergency and sub-acute provider with MayShaw	2.4	0.4
Triabunna Medical Centre	GSBC - East Coast Health	2	0.4

Note: the CHN for Bicheno is coordinated from Break O' Day, Swansea CHN travels from Campbelltown (Northern Midlands) and Triabunna CHN service operates out of Sorell. No readily available data on Community Home Support Programme (CHSP - Bicheno) or Home and Community Care (HACC) services.

Paramedics are based in Bicheno, Swansea and Triabunna and supported by Volunteer Ambulance officers. Coles Bay remains operated by Volunteers. Bicheno, Swansea and Triabunna 1.0 FTE for each town, with Bicheno being an Extended Care Paramedic (ECP)/Intensive Care Paramedic (ICP).

primary healthcare services nursing

Nursing services	Organisation	Frequency	Location
Child Health Nurse (CHN)	CHAPS - THS	Monthly	Bicheno
		Monthly	Swansea
		Fortnightly	Triabunna
Community Health Nurse	Glamorgan Spring-Bay Community Nurses	Daily, as required	Bicheno
			Swansea
			Triabunna
School Health Nurses	Department of Education, Children, Young People and Families (DECYP)	Bicheno (BPS)	0.1 FTE
		Swansea (SPS)	0.1 FTE
		Orford (OPS)	0.1 FTE
		Triabunna (TDHS)	0.4 FTE
		St Marys (SMDHS) <i>accessed by Bicheno secondary students</i>	0.4 FTE

primary healthcare services allied health

Allied health services in GSB are organised through volunteer groups and individual practitioners. Some services make arrangements with individual providers. Some services are public and others private. Overall

allied health services are different in each town, vulnerable to individual practitioners coming and going, patchy, and lack stability. Some services are available across GSB and some on a location basis.

Type	Organisation	Frequency	Location
Audiology	Australian Hearing Service	6-weekly	Swansea
	Comfort Clean Ear	3-monthly	Bicheno
Diabetes Educator	Diabetes Australia	Will provide service visit if 5 + HP referrals received. No current caseload in GSB	Bicheno
			Swansea
			Triabunna
Dietician	Nicola Gadd Dietician -private	Fortnightly	Swansea
Exercise Physiology	RFDS	Weekly	Bicheno
			Swansea
			Triabunna
Foot Clinic	South-East Community Care	Monthly	Bicheno
			Swansea
	Feet 2 U - private	as required	Outreach

primary healthcare services allied health (continued)

Type	Organisation	Frequency	Location
Occupational Therapy	Tasmanian OT – private	Fortnightly	Bicheno
			Swansea
			Triabunna
	THS	as required	Bicheno
	South East Community Care	as required	outreach
Optometry	Eyelines - private	6-weekly	Bicheno
		Monthly	Swansea
		2-monthly	Triabunna
Palliative Care	GP managed, administered THS	as required	Bicheno
			Swansea
			Triabunna
Physiotherapy	East Coast Physio - private	Weekly	Bicheno
	Active Physio - private	as required	Swansea
	THS - RHH	weekly	Triabunna

primary healthcare services allied health (continued)

Type	Organisation	Frequency	Location
Podiatry	THS - RHH	monthly	Triabunna
	Private	fortnightly	Triabunna
	Private	monthly	Swansea
	Private	monthly	Bicheno
Speech Pathology	Island Therapy - private	as required	Bicheno
	DECYP - Primary school	as needed	Bicheno

primary healthcare services mental health

Mental health services	Organisation	Frequency	Location
THS North	IAR Level 5	As required, home visits, no current caseload managed in GSB	Bicheno
THS Clarence and Eastern Districts			Swansea
			Triabunna
Older Persons Mental Health Unit (OPMHU - THS)	IAR Level 4-5	Home visits and RAC, fortnightly South only. May be serviced north if required no current caseload Bicheno	Triabunna
			Swansea
Richmond Fellowship Mental Health nurse program	IAR Level 4	As required, home visits No current caseload managed in GSB.	Bicheno
Prospect Medical			Swansea
			Triabunna
RFDS Adult Mental Health Program	IAR level 2-3	3 days/week; 1 day each service centre	Bicheno
			Swansea
			Triabunna
RFDS Youth Mental Health Program	IAR level 2-3	3 days/week, 1 day each service centre	Bicheno
			Swansea
			Triabunna

*Initial Assessment and Referral (IAR)

IAR scale 1-5: self-managed, low intensity, medium intensity, high intensity, specialist and acute

primary healthcare services mental health (continued)

Mental health services	Organisation	Frequency	Location
Crawley Clinic Psychological Services	IAR level 2-3	3 days per week, one day per service centre, 1-2 days Telehealth per week	Bicheno Swansea Triabunna
CCST (Private)	IAR level 2-3	Fortnightly	Bicheno
RAW Tas	IAR level 2-3	3 days per week throughout GSB. Outreach, home visits	Bicheno Swansea Triabunna
Sexual Assault Support Services SASS – South Laurel House - North	IAR Level 2-3	As required, no current caseload in GSB	Bicheno Swansea Triabunna
Pain Management Group Dementia Support Group Prosser House Day Centre Other varied groups not mentioned in this map	IAR level 1-2	Group work, peer support programs. No centralised programs, varied groups throughout GSB	Triabunna Bicheno Orford

*Initial Assessment and Referral (IAR)

IAR scale 1-5: self-managed, low intensity, medium intensity, high intensity, specialist and acute

primary healthcare services mental health (continued)

Emerging Services

Baptcare are developing outreach programs although no service provision has occurred at the time of writing. This includes the Horizon program for adult mental health recovery and Mindset Foundations Program for adults with significant and persistent mental health issues. Diabetes Australia report being open to Group programs/IAR level 1 support, resuming greater service scope post Covid-19 restriction.

DECYP provides School Social Work for Bicheno (0.1 FTE), none/on-call at Swansea, Orford and Triabunna (0.2 FTE) and Psychology at Bicheno, Swansea and Orford (0.1 FTE) and 0.2 FTE at each Triabunna and St Marys, which benefits Swansea and Bicheno secondary students respectively.

For those who are at risk of suicide, inpatient centres at Hobart and Launceston can be difficult to get into, and patients risk discharge a long way from home and supports. Residents may have a risk profile that is significant but does not qualify for intensive support at these centres. Creative solutions for local service provision and on-call local support may deserve exploration. Rural Alive and Well (RAW) provides regular services (weekdays) in GSB.

primary healthcare services alcohol and other drugs

Anglicare Drug and Alcohol Treatment Program (ADATS) is state-wide and will potentially provide outreach counselling support to East Coast on a case-by-case/needs basis. This service may be underutilised and has not demonstrated significant presence in GSB to date. Consistent presence in St Helens and Sorell is unknown. Accessibility and presence require clarification. Accessing services from the Tasmanian Alcohol and Drug Service requires travel to Launceston or Hobart. The Salvation Army Bridge Program (residential), is based in Hobart and Launceston and currently stretches service to Dorset, Georgetown and Meander (but not GSB).

primary healthcare services NDIS

Organisation	Services	Location
Fidler and Ford	NDIS Case coordination, psychology, social work, support services - OUTREACH	Bicheno
Mission Australia	NDIS, Local Area Coordination TBC	Bicheno
		Swansea
		Triabunna
Maxima	NDIS support coordination/ psychosocial support	Bicheno
		Swansea
		Triabunna
HR Plus	NDIS package coordination	Bicheno
SE support coordinator NDIS	NDIS, Local Area Coordination F2F for Early Childhood Intervention program (initial consultation)	Bicheno
		Swansea
		Triabunna

There is an underspend of existing plans and under-registration of participants in GSB (see funding mapping). In the north (Bicheno, Coles Bay), plan management may be fulfilled by HR Plus. Maxima (support coordination, psychosocial support) travel through the entire municipality with no current clients at time of writing. Mission Australia Partners in the Community (PITC) are the Local Area Coordinators (LAC) for the region and also provide Early childhood services and intervention.

For plan facilitation, Fidler and Ford (St Helens) services Bicheno with support coordination, support staff, exercise physiology, social work, psychology, other allied health supports including respite accommodation and support. They employ three people in GSB, with 4 participants at time of writing. South of Bicheno the delivery of NDIS support for adults is unclear and may be serviced by individuals with ABN's who do not have an easily accessible public profile.

primary healthcare services aged care

Residential Aged care services are delivered by May Shaw who provide CHSP services and Home Care Packages. They are based in Swansea and outreach to Triabunna and Bicheno. There are additional visiting specialists within the Residential Aged Care facility for eligible residents only (eg. OPMHU, Agewise) not detailed within this document.

Type	Organisation	Frequency	Location
Cardiology	Cardiac specialist	Fortnightly	Swansea
	Pacemaker support	Monthly	Swansea
	Echocardiogram	Monthly	Swansea
Gerontologist	Dr David Dunbabin	2 monthly	Swansea
			Triabunna

Note: The above aged care specialists provide service to both May Shaw residents and community members.

primary healthcare services other services

Pharmacy

Each town has a pharmacy which is open weekdays and Saturdays

Dental

Organisation	Frequency	Location
RFDS East Coast Dental Practice	Monthly	Swansea
RFDS School Dental Program	Annually	Bicheno
		Swansea
		Triabunna
		Orford

summary

- GSB is fortunate to have current stability in GP provision in all three major service centres and UCC access at Swansea. This may also be a risk, with the working knowledge and trust in current providers from patients, community and larger frameworks difficult to replace if the GP workforce changed. GSB has benefitted from an increase in paramedic and ECP provision which is supported by local volunteer ambulance. GSB GPs also offer a strong teaching program for emerging potential rural GPs.
- UTAS Allied Health expansion program may be an opportunity to “grow” practitioners working across the community, thereby ameliorating service inconsistencies.
- There is also a potential for replication of programs throughout the municipality. This includes outreach programs eg. pain self-management program Spring Bay Community and Health centre, Dementia Support Group at Bicheno, Prosser House Day Centre Orford or similar community activities.
- Coordination of client lists throughout the municipality and centralised service advocacy could encourage greater F2F attendance from diabetes education and AOD services.
- Many services with state-wide reach and State or Federal funding only attend the municipality on an as-needs basis. This has the potential to underscore demand for particular services, as rural people may need to build trust with services and know they are going to remain in the area consistently before engaging. Providers with a consistent physical presence in the community – local or visiting – are aware of each other and good at working together but there may be integration lacking from other, larger, infrequent service organisations which also may be unaware of numbers forming their potential client base.
- Transport is an issue that requires further consideration. Public transport is limited and if clients are eligible for community transport it may not address the need due to the voluntary nature of the service, and accessibility of the transport provided.
- Access to necessary devices, digital literacy and internet coverage can be an issue, and some are by personal preference unlikely to initially engage via Telehealth. Telehealth may be more suitable as a supplement to face-to-face delivery and not a replacement for.
- There are a number of areas that require further investigation to ascertain the level of service delivery. This includes barriers to accessing specialist care, the availability of opiate substitution treatment, palliative care planning and service provision and pain management services.
- According to a parliamentary report on rural health provision, Allied health provision is lowest/significantly low, and there is a significant shortage of imaging services². Some Imaging is available at St Helens to the north of GSB, and Hobart to the south.

summary (continued)

- Rural pathology is centralised to Hobart and Launceston
- There is no Neighbourhood House, Child and Family Centre (CFC), THS Community Social Work or overarching Health Promotion or care coordination, or linkage support between elements of a stepped care system with much of the responsibility for this picked up by GP centres.
- Lack of caseloads for some State-wide funded services may be partially explained by operational constraints and workforce limitations, or lack of knowledge of services by local referrers. Developing a methodology for tracking these issues, as well as residents travelling to access services, may be useful.

The Community consultation phase will be an opportunity to expand knowledge of the workings of the service map and needs analysis through lived experience of consumers. It may increase data knowledge around service use to inform future formulations of a more integrated care system for GSB residents.

references

1. Price, A., Janssens, A., Dunn-Morua, S. et al. Seven steps to mapping health service provision: lessons learned from mapping services for adults with Attention-Deficit/Hyperactivity Disorder (ADHD) in the UK. *BMC Health Serv Res* 19, 468 (2019). <https://doi.org/10.1186/s12913-019-4287-7>
2. RFDS submission (2021) Parliament of Tasmania Report on Rural Health Services in Tasmania, 2022. <https://www.parliament.tas.gov.au/ctee/Council/Reports/GAA>

working together for health and social equity