cohealth
care for all

report phase 2 consultations

Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project East Coast Tasmania

cohealth.org.au

acknowledgement of country

cohealth acknowledges the Traditional Custodians of the land and waterways on which our offices stand, the Boon Wurrung, Wurundjeri and Wathaurong people, and pays respects to Elders past, present and emerging.

We acknowledge the Stolen Generations and the historical and ongoing impact of colonisation on Aboriginal and Torres Strait Islander peoples. We also recognise the resilience, strength and pride of Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander peoples' living culture is the oldest continuing culture in the world, and we acknowledge that the land and waterways are a place of age-old ceremonies of celebration, initiation and renewal.

table of contents

summary of findings

The East Coast Tasmania, Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project has four phases which are scoping, consultation, service design and consolidation. The scoping phase was completed and documented in June 2023. The four phases are occurring over a two year period and the project will be completed at the end of 2024.

The following is a summary of the key themes have that emerged from the consultation phase which involved consultations with consumers, service providers and workforce agencies. While the matters documented in this report were raised in this phase, a broader range of issues will be considered in the next design phase.

This Summary of findings section of the report will be followed by a fuller description of the consultation phase of the project. This includes the background, methodology and findings of the consultations with consumers, service providers and workforce agencies.

The key themes are:

1. Access[1]

Availability and timeliness

The availability and timeliness of primary health care services is a predominant theme. Those interviewed discussed the need for the expansion and integration of local and visiting services. Issues raised:

- more availability of GPs
- access to a GP appointment when needed
- more after hours services, including GPs and pharmacy
- reinstatement of the visiting GP and other services to Coles Bay
- more nursing services including clinic nurses, nurse practitioners and a better distribution of state funded community nurses
- an increased range of visiting health specialists
- more local allied health services including physiotherapy, podiatry, occupational therapy, counselling and psychology
- more locally available mental health and alcohol and other drug services
- more locally available dental services
- additional services for those with a disability or who are aged requiring services such as respite, personal care and home help
- greater provision of post acute care services
- further development of health promoting communities through recreation and activities such as sports, a public swimming pool, exercise classes.

[1] The theme of access has been aligned with the Dimensions of Access as outlined by Russell et al (2013) (Appendix 1), with some variation of terms.

Geography

As a rural area of over 2,500 km^2 the issue of geography is significant for Glamorgan Spring Bay. As a rural area with considerable distances between the major towns, distance and transport are a barrier to accessing health care services. Issues raised:

- the need for subsidised or free transport between towns, and to and from either Launceston or Hobart to access GP, specialist and other health appointments
- support for transfers of care from hospital back into the community.

Affordability

While the recurring theme of the need for more GP services was a major issue, affordability was not substantially raised. This may be due to the common practice of bulkbilling of GP appointments. The reality that there are a very limited range of specialists, allied health, mental health and alcohol and other drug services available within GSB may mean that affordability is a non-issue due to the lack of services. The primary issue raised is:

- the cost of travel and accommodation associated with accessing health care services in Hobart or Launceston.

Appropriateness

The appropriateness of services can be affected by a range of factors including the relationship between the consumer and health provider, the quality of the services, and the suitability of the services.Issues raised:

- the need for culturally appropriate health services for First Nations persons
- confidential youth health services
- access to a female GP.

Navigating services

There was limited feedback from the consultations about navigating primary health care system. The ease of contacting and gaining entry to navigate the health system was raised for the following areas:

- support to apply for a NDIS package
- capacity of NDIS participants to access NDIS services
- building capacity and digital skills to apply for My Aged Care package
- capacity of My Aged Care clients to access services.

Awareness

The general lack of information for consumers and practitioners about management of health conditions and availability of health services was a recurring theme. The following issues were specifically mentioned:

- the need for more information, in various forms, about self-management of health issues
- more information and communication about permanent health services, visiting health services including details on eligibility and availability
- better information and communication about preventative health activities such as social activities, exercise classes and other health and wellbeing activities.

2. Other findings

Digital health

- acceptance of the increased need for, and use of telehealth or virtual health care alongside face to face appointments
- desire for an increased use of a shared electronic record between GPs, specialists and allied health

Service integration

- improve service integration through a multidisciplinary, collaborative model of health care
- improve the collaboration and communication between GPs, nurses, allied health and other health providers
- fund rural health services that support integration

Workforce

A broad range of workforce challenges will be considered in the next phase of the project. Key issues raised included:

- campaigns to attract and welcome health professionals to the East Coast
- place based rural education opportunities for training of health care professionals
- support for health professionals to work in a collaborative and team based model in a rural setting

Infrastructure

- better access to diagnostic imaging services including ultrasound and x-ray
- better equipment for rehabilitation
- the development of integrated health hubs, including rooms for visiting health practitioners

Appendix 2 contains the themes and their alignment with key state and federal government report recommendations.

background

The purpose of Primary care Rural Innovative Multidisciplinary Models (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.

This paper is a summary of the consultation phase of the PRIMM project. The project is progressing through four stages – scoping, consultation, design, and consolidation. The scoping phase resulted in a number of key documents which are the basis for the remainder of the project including service design and consolidation and workforce partnership development. They can be found in full at: https://www.cohealth.org.au/about-us/what-we-do/improving-primary-healthcare-in-tasmanias-east-coast/.

The consultation phase was conducted over a five-month period from July-December 2023. It included consultations with consumers, service providers and workforce agencies. The consultations aimed to establish views on current provision of primary health services, gaps and ideas for improvement of services.

methodology

Consultations were conducted with consumers, service providers and workforce agencies through a range of methodologies including surveys, group discussions and individual interviews.

Consumer consultations

Online survey

A broad based consumer survey was undertaken through the platform, survey monkey [2]. The survey was broadly advertised through social media, local newspapers, posters, networking meetings and word-of-mouth. Surveys were completed online or via a paper copy which was collected. A total of 181 survey responses were received.

Kitchen Table Conversations

In order to ensure that a diverse range of consumers were consulted, Health Consumers Tasmania was engaged to undertake Kitchen Table Conversations across the region. Local Kitchen Table hosts were recruited and trained by Health Consumers Tasmania to facilitate the groups.

A total of 84 participants were consulted through 8 Kitchen Table Conversations - two in Orford, one in Triabunna, two in Swansea, one in Coles Bay, and two in Bicheno.

These consultations provided a further level of feedback from consumers that might be considered 'harder to reach'. 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.

Service provider and workforce agency consultations

Individual structured interviews were held with service providers and workforce agencies. A total of 25 service providers and seven workforce agencies were interviewed, including GPs and nurses, pharmacists, paramedics, allied health practitioners, health associations, academics and mental health and alcohol and other drug providers.

Additionally, service providers were requested to complete a survey, through survey monkey. The 15 responses provided quantitative data with information on their professional pathway as a regional health practitioner.

A cross section of service providers were consulted including those across various locations, residents or non-residents, permanent or casual, and private or public sector providers.

[2] https://www.surveymonkey.com/home/

Workforce agencies were selected to represent various health professionals, local expertise and speciality recruitment agencies.

Interviews were conducted face-to-face or online, they were recorded, and AI transcription utilised. Transcribed interviews were loaded into AtlasTi software[3]. Thematic coding was applied to all transcribed interviews by a single project officer with coding reviewed by a second project officer. Results from provider consultations are summarised thematically and reference to area of practice has been removed to ensure anonymity.

[3] https://atlasti.com

findings

The consultations provided a range of findings, both quantitative and qualitative and a summary of the findings is provided below.

Consumer consultations

The community consultations indicated an overall satisfaction with primary health services. Concerns were expressed primarily around GP, specialist and other primary health service availability and the need for more visiting services to meet health needs on a local level.

Consumer survey

A broad based consumer survey was undertaken through the survey monkey (see questions in Appendix 3). There are 181 respondents, and the key demographics of the respondents are:

- 75% are female
- 70% are over 55 years of age
- 55% are from Bicheno, 18% Triabunna and Orford, 6% Swansea
- 46% are employed, 52% not in the labour force
- 43% have a pensioner or concession card,
- 95% live permanently in GSB.

Access to services

"Wait times to get services are excessive, preventative health care not good enough either. Waiting more than a year to see a specialist is not good enough."

Consumer

The following is a graphic from the consumer survey and provides a high level overview of key services currently accessed in GSB, compared with what consumers identify should be available in GSB.

Table 1 Services currently accessed in GSB (n=174)

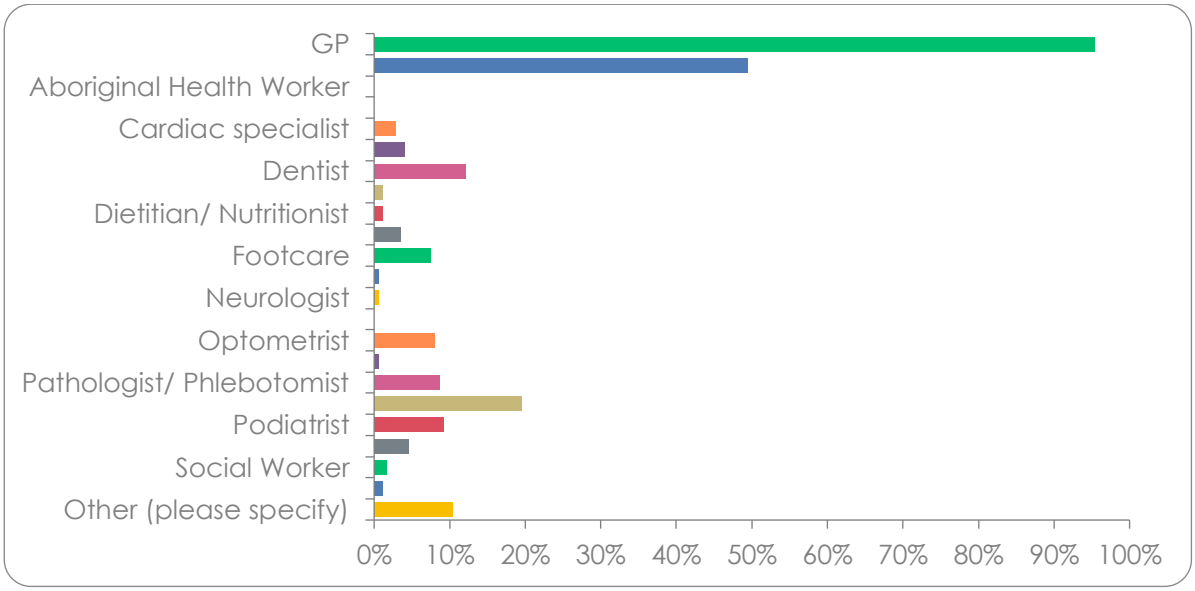
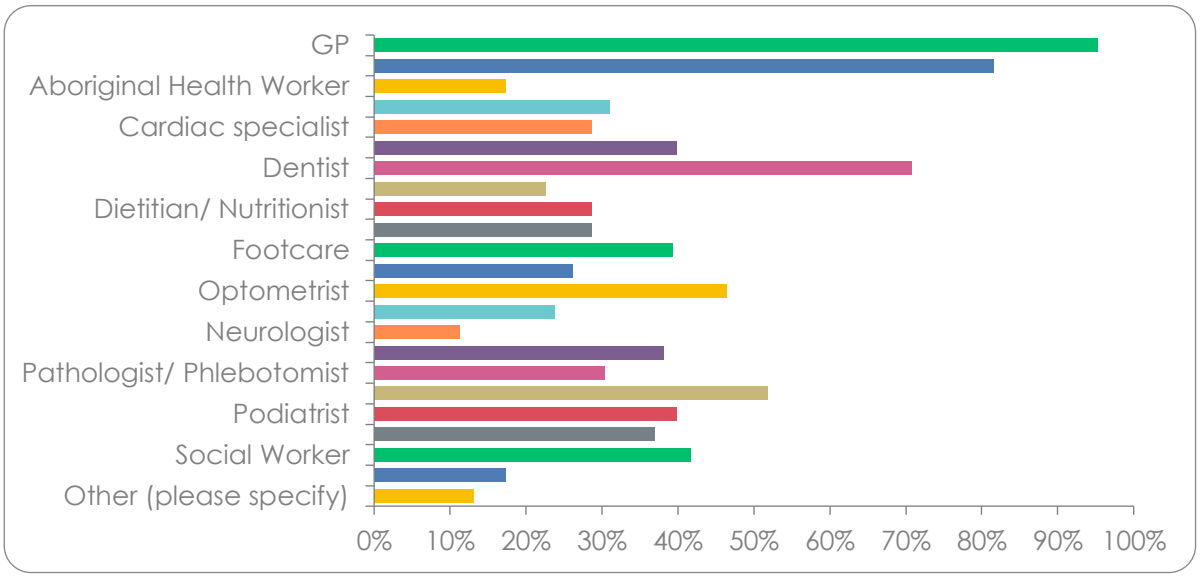


Table 2 Services that should be available in GSB (n=168)



After hours

The reported most frequently used after hours service is the paramedics at 25% (n=35/139) followed by the Swansea Urgent Care Centre by 18% (n=25/139) of respondents.

In response to the question of other services that would be used after hours if available this was overwhelmingly GPs (n=23), followed by dentist (n=8), pharmacy (n=7) and a closer urgent care centre (n=5)

Barriers accessing health services

When presented with various barriers to accessing health services the following were identified as a barrier on a 'frequent' or 'very frequent' basis:

- Timeliness of appointment 44% of respondents (n=68/154)
- Cost 21% of respondents (n=31/150
- Transport 16% of respondents (n=25/153)
- Quality 14% of respondents (n=20/142)

Telehealth

70% had used telehealth (n=119/169)

82% would be likely to use it if it was offered (n=137/167)

Views on health services

A series of statements were offered to gain sentiments on agreement or disagreement. The following are the percentage of respondents who 'agree' or 'strongly agree' with the statements.

The Government needs to act to improve the number of health services.	87%	n=144/166

The overall quality of health services is excellent.	44%	n=73/167
The types of health services available are what you should expect in a country area.	42%	n=69/166
I have found it hard to negotiate my way around the health system.	41%	n=11/27
I believe that health services are adequate to meet my needs.	31%	n=51/167
Access to health services is excellent	27%	n=45/167

The statements support the view that the number and range of health services should be increased. The question of quality indicates that over half of respondents think the quality of health care is less than excellent and this issue requires further exploration.

Ideas for service improvement

In response to a question on how health services could be improved or delivered differently 161 comments were received. These could be largely grouped into the following areas.

GP and nursing

The overwhelming comments by respondents called for more and increased availability of GPs, including more after-hours and female GPs (n=81/161). There was a strong call for less reliance on locums, to address the issue of continuity of care. There was a reported need to attract, retain and support GPs to stay in the area. There was also a need for more nursing time including nurse practitioners, community nursing availability and a better distribution of state funded community nursing. This should include better availability of pathology services.

"It would be good to have access to a female GP sometimes It would be good to have access to a dental prosthetist sometimes."

Consumer

Specialists

The second most commented upon issue was the need for more frequent visiting specialists across various fields including children's services, skin care, cancer care.

Allied health, mental health and alcohol and other drug services

There was a need expressed for more allied health support options including physiotherapy, speech therapy, occupational therapy and podiatry. Respondents identified mental health as an issue and called for relationship counselling, psychology, and trauma specialists. These are services that were reported to be needed locally. This was particularly for mental health where there was some distress expressed at the need to travel to Hobart or Launceston and perhaps then not be treated.

Dental and optometry

Dental health and optometry are identified as gaps, particularly in Bicheno. There is a need for additional services such as monthly dental clinics to prevent situations becoming urgent and seeking emergency treatment.

Diagnostic imaging

There is a need for access to diagnostic equipment such as ultrasound and x-ray. Currently, the closest available is in St Helens.

Awareness of services

There is a lack of awareness of visiting health services and a general need for more information, both online and hardcopy, about health services and resources.

> **"Access & info & access to all visiting services is essential eg bone density bus only came to area because local resident knew it was visiting other area and asked why it was not coming here."**
>
> Consumer

Transport

Transport issues were raised as a major challenge. There is a need for greater access to subsidised/free transport between services, and also the provision of funded transport to and from either Launceston or Hobart for diagnostics such as x-ray and other specialist clinics as required.

Aged Care

There is an identified need for support to navigate the complexities of the aged care system. It was noted that more services are needed locally such as respite care, personal care, home help, and post acute support. The issue of access was reported including travel support to access specialists.

Health promotion

Promotion and preventative health services were commented on by respondents calling for a public swimming pool, wholistic health care centre and exercise classes.

Infrastructure

There was a call for the resumption of visiting GP and other services to Coles Bay. There were comments regarding the need for a health hub in the area. There was also a call for additional rooms for visiting specialists and accommodation to encourage them to stay overnight. Telehealth was also noted as an option to address access (transport) issues.

Kitchen Table Conversations

The Kitchen Table Conversations were conducted by Health Consumers Tasmania. A total of 84 people participated across eight groups.

The groups explored four areas in order to capture knowledge and experiences of health and wellbeing in GSB:

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 do when you are feeling unwell after hours?
4. What do you think are the long-term solutions to receiving the health care you need?

Below provides a summary of the key themes emerging from the discussions.

What is most important to you when it comes to your health and wellbeing

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. The key points were:

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

Many participants in the groups 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.

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. Information access is seen to be vital to support access to services, but also to maintain wellbeing through healthy lifestyles.

> **"A community health blog or online resource with interesting, timely information directly relevant to our local community including access to services and availability."**
>
> Consumer

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.

What are the barriers to receiving health care and how has this affected you

The key barriers to good health care access which were described in the groups were:

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

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.

> **"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"**
>
> Consumer

> **"Interstate locums don't know the specialist network in Tasmania"**
>
> Consumer

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 My Aged 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:

Visiting services were perceived to fill a gap, however, they were not always accessible or practical, especially if the service is very infrequent.

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.

What do you do when you are feeling unwell after hours

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).

Participants 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 Swansea Urgent Care Centre after-hours service, to ringing an ambulance. Participants who had good relationships with their GP practice, also experienced good care.

Participants felt very happy about their ambulance service and relied on the care their paramedics provided and described positive experiences. This applied particularly in Triabunna, Swansea and Bicheno which have a permanent paramedic staffing model. Where the ambulance is staffed by volunteers (Coles Bay) people were reluctant to call, especially in the middle of the night.

It is quite clear though, that not everyone is aware of what after-hours services are available locally or statewide via telehealth. There is, for example, a need for more information that Healthdirect is available 24 hours a day and what is available locally through the Swansea Urgent Care Centre and who is eligible for this service.

What do you think are the long-term solutions to receiving the health care you need

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:

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

> **"Government needs to invest more in incentivising medical staff to move to regional areas to work. Pay them more!"**
>
> Consumer

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

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 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.

It was suggested that the visiting services could be more regular, and/or consistent over time and be expanded to different towns and stay for longer. It was 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.

A common suggestion was that of an information pack about health and wellbeing services which could be distributed through GP practices and other organisations. It was important that this publication included information about health services, healthy behaviours, and also community activities which allow people to live well and actively participate.

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

A long term solution was suggested that visiting specialists could come on a regular basis to a "super clinic" which might also include local hospital-type services. 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.

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.

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. 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.

Service provider consultations

Service provider survey

A survey of the service providers was undertaken to explore their professional pathway as a rural practitioner. A total of 15 responses were received.

Of the respondents 53% (n=8) have been working more than 6 years in their professional role. Equally 8 reside outside the Glamorgan Spring Bay area but work in the area and 8 undertook a student placement in a regional area.

Some of the challenges cited for both living and working in the Glamorgan Spring Bay area are:

- access to schooling for children
- accommodation
- work opportunities for the partner
- access to suppliers for equipment trials with clients
- the scarcity of services in the area, as well as how sparsely located the available services are
- remoteness and access to healthcare, fresh food, shopping, supplies and services such as car servicing.

When asked if they had received professional support for working in a regional area 47% (n=7) said they had received no support. Three respondents cited that they had received a state or commonwealth funded scholarship.

Service provider interviews

Five key questions formed the basis of service provider interviews and were adapted to suit the providers area of practice and expertise (Appendix 4). Providers included Medical Doctors, nurses and midwives, mental health workers, physiotherapists, occupational therapists, dietitians, exercise physiologists, volunteers whose roles interface with primary health care services and teachers and child development workers supporting families and children with additional health needs.

Despite the diversity of service providers, key similarities emerged around areas of challenge and opportunities for innovation. Providers also shared examples of existing local and regional innovation.

Table 3 The top five most frequently discussed themes that were also identified as challenges to health service delivery and/or the healthcare workforce

Challenge area	Count
Collaboration and communication	21

Workforce support	10
Service boundaries	10
Transport	9
Workforce shortages	9

Table 4 The top five areas most frequently cited for possible innovations

Area for innovation	**Count**
Mental Health and social and emotional wellbeing services	16
Funding	16
Collaboration and communication	13
Allied health services	9
Care co-ordination	9

Collaboration and communication

Providers talked about feeling that there is a lack of communication from external services, programs and providers when they have referred a client and that a significant amount of time and effort is expended in ensuring critical referrals are actioned. Whilst these concerns were spread across the breadth of organisations and specialties, aged care, alcohol and drug and mental health services were the most frequently mentioned.

Providers also discussed delays in the sharing or availability of health information that is critical to care delivery. Examples of areas where communication delays were identified as occurring include:

- manual scanning of reports into medical records at general practices
- discharge summaries from hospitals, most concerning for discharges occurring later in the week
- sharing of information and collaboration between Medical Specialists when a consumer is under the care of more than one specialty.

Increased embedding of visiting services (specialists, allied and mental health services) within General Practices in the region would increase ease of communication and collaboration between providers, ensure more cohesive and less siloed care. Providers talked about 'one-stop shops', 'embedded care', 'co-ordinated clinics'. The use and availability of a single, primary health care shared medical record was also raised as an innovation that could improve collaboration, communication and continuity of care.

Creating or increasing the availability of nursing and mental health clinician roles embedded in local General Practices was described by a number of providers as being an opportunity to

address both the availability of general and mental health related urgent care services, but also enhanced local capacity for care co-ordination and consumer support. Funded roles for peer support workers, or lay healthcare connectors were also raised as innovations that could improve access to already available services.

Allied health providers discussed the benefit that could arise from the increased use of multidisciplinary case conferences, for which there is MBS funding, however, regional workload pressure and a lack of dedicated funding for care co-ordination results in the administrative work associated with the organisation of multi-disciplinary meetings often being too great for primary health care providers in the region.

Most providers indicated that becoming and remaining aware of services and providers in the LGA and neighbouring towns was difficult due to the varied and constantly changing health funding streams, programs and the variety of organisations and private providers operating. Local/regional health service co-ordinators/navigators, a local calendar of visiting services and programs and local or regional health provider network meetings were all raised as possible solutions to this concern.

The tyranny of distance

Clinicians and frontline providers (10/25) described the challenges health care consumers have in travelling to appointments in regional centres but also locally in their own towns due to a lack of public transport options. Clinicians were aware of the availability of the community transport scheme in Bicheno, a volunteer run community car, however due to demand and reliance on volunteer drivers, these services do not wholly meet community needs. Additionally, concerns were raised regarding consumer awareness of the services, the cost of the services and also, in relation to Community Transport Services Tasmania (CTST) the eligibility criteria and registration process. They highlighted that the impact of reduced access to public transport is likely to be more keenly felt by those who cannot drive, such as young people and the very elderly.

A number of clinicians suggested that better co-ordination of transport services and outpatient appointments might improve efficiency of currently available services and that this could be achieved through the creation of local care-coordinator roles and funding to employ drivers.

They also felt that an increase in the number and type of specialists visiting the region to provide face-to-face appointments was warranted given the demographic and health profiles and the lack of transport services. The following specialties were specifically discussed in terms of increase/commencement of visiting services:

- Women's Health services, including midwifery
- Youth Health services
- Diabetes education
- Paediatrician

Further information has been obtained regarding

- car ownership data
- bus routes/ timing/ availability
- service mapping of transport services
- visiting service and Tazreach data.

This information will be analysed for inclusion in the design phase.

Commonly noted was the impact on the availability of clinical hours/appointment times due to time lost to driving by a drive-in drive-out (DIDO) workforce, this was a particular concern for the availability of community nursing and mental health worker hours.

On the flip-side providers whose roles involved travel within the region, discussed the pressure they felt as the only, or one of few, providers in their speciality/practice area in the region, expressing concern that if they left the region/service there would be significant gaps in service availability.

Increasing the total number of service providers in the region and the creation of more place-based roles were seen as possible solutions to challenges of workforce travel. Mental health clinicians, nursing, allied health services, health promotion workers and aged and disability care staff were all reported as being types of providers where there was adequate need for an increase in the number of place-based positions.

Telehealth was viewed positively by providers as reducing travel burden for both consumers and providers. However, one provider noted the broader benefit obtained when specialist providers provide a visiting service it improves their understanding of local context, service availability and results in better connection with rural and remotely based providers, assisting to decrease their sense of professional isolation.

Providers also expressed that THS and other regional North-South administrative boundaries that the LGA saddles contributes to the tyranny of distance and at times results in greater fragmentation of care. A mechanism for regional fund pooling was proposed by one provider as means of addressing the challenges created by administrative boundaries.

Interviews with workforce agencies are currently being undertaken and findings will be added once they have been completed.

Workforce agency consultations

A total of seven agencies were interviewed to ascertain their views on workforce recruitment and retention, with a particular focus on rural workforce and lessons learned to apply to the East Coast of Tasmania. Five key questions formed the basis of the workforce agency interviews and these can be found in Appendix 5. Workforce agencies included national health professional associations, academia, and identified experts in recruitment in a Tasmanian context. The following are the key themes that emerged from the interviews.

Recruitment and retention

The change in recruitment and retention over time is reflected in rural and remote areas. Workforce agencies observed that effort is required to attract health professionals through adequate remuneration, accommodation and support. Support might include access to childcare, schooling for children and work opportunities for a partner.

The friendliness of communities and offering a unique Tasmanian lifestyle was broadly discussed. There are various strategies that are in place around Australia that have been successful, and include campaigns such as teaching towns, welcoming communities and a concierge system. All are similar ideas which centre around the concept of understanding the needs of the individual and their family members and connecting them personally to groups, people and points of interest in the local community.

Support for health professionals in the rural setting was discussed, strategies such as mentoring were cited as important. The Services for Australia Rural and Remote Health (SARAH) Allied Health Rural Generalist Pathway was noted as a particularly successful program which links

education, structured supervision and support, and encouragement to innovate the service model.

Education and Training

The 'grow your own' idea was discussed as a key idea for developing rural workforce capacity. This is by now a common idea, based in evidence, that if students from specific areas train in the same region, they are more likely to be retained as local health professionals.

Interviewees also noted the importance of student placements in rural areas. Some adjustments were discussed to improve the placement experience such as pairing students, shared supervision if there is only a part time professional available for supervision and extending the welcoming communities concept for students.

Workforce agencies also discussed the need for ongoing professional development and mentoring for health professionals in a rural context. This is particularly important where scope of practice may be extended due to a sole practitioner model. A community of practice platform and health professional support line was also noted as important supports for ongoing professional development.

Nursing workforce

Workforce agencies highlighted the importance of the nursing workforce. This included the importance of adequate training of primary health clinic nurses, student placements, and mentoring and support. There was also discussion about a nurse-first model where the primary health clinic nurse sees a nurse who undertakes a triage, refers to a GP as needed and is able to coordinate care as a system navigator.

Rural health model of care

Workforce agencies identified a number of factors that were specific to rural heath settings that were important to consider in a primary health care model.

The siloed nature of service funding is not conducive to health professionals working across service types. For example private practitioners noted that they would not provide NDIS services due to the administrative burden. Funds pooling to a single employer would improve the capacity to recruit and retain a workforce.

Collaboration and team care was noted as an area that required more work in a rural setting due to the more limited nature of services. The importance of defining the team and putting measures in place to ensure smooth communication was highlighted. A number of workforce agencies discussed the importance of a shared electronic record to support collaboration. Given the more disparate nature of a rural health workforce these are important measure to ensure health professionals are able to provide a good quality of care, and in turn this is a better experience for the health professional.

For practitioners that are fly/ bus/ drive in, the right support can retain these health practitioners that are important and can provide a continuity of care. This could include the provision of accommodation to stay overnight and the provision of consulting rooms.

conclusion

In conclusion, the consultation phase of the PRIMM project has highlighted the key challenges facing consumers and service providers in accessing and delivering primary health care services on the East Coast of Tasmania. While many of these challenges are common to rural areas around Australia, the report has highlighted some priority areas of action that will be considered in the design phase.

Priorities for the East Coast include adequate provision of and access to basic primary health services which have been documented in this and previous service mapping work. Additionally, the issue of transport has been found to be a major barrier for consumers, despite the relatively small distances compared to other rural and remote areas. The issue of communication, for consumers and service providers was also highlighted as a barrier.

The next phase of the project, the service design phase, will consider all the issues raised in the consultation phase, alongside best practice primary health care delivery in comparable areas in Australia.

appendices

Appendix 1 – Dimensions of Access

Dimension	Definition
Availability	As a dimension of access, availability relates to the type and amount of PHC facilities and services compared to population health needs
Timeliness	Timeliness "refers to the degree of separation by time between health care providers and health care consumers, relative to the urgency of the PHC need"
Geography	In terms of PHC access, geography relates to the ease with which people can travel the distance between their location and the location of the PHC service
Affordability	Affordability is the dimension of PHC access related to the ease with which a person can meet the direct and indirect costs of their healthcare
Acceptability Appropriateness	The acceptability of PHC services involves the relationship between consumer attributes, attitudes and beliefs about their health to provider and health service characteristics such as provider attributes and the attitudes of providers towards consumers
Accommodation Navigating services	The degree of accommodation of PHC services refers to the ease with which consumers can contact, gain entry to and navigate the service or system
Awareness	Relates to the communication of health and health system/service information between providers and consumers

Source: Russell DJ, Humphreys JS, Ward B, Chisholm M, Buykx P, McGrail M, et al. Helping policy-makers address rural health access problems. Aust J Rural Health. 2013;21(2):61–71.

Appendix 2 - Alignment of findings with key Tasmanian and Commonwealth Government health planning reports

PRIMM Project finding	Link to recommendation in report Listed below – 1, 2, 3
Access – availability and timeliness	
more availability of GPs	Rec 6.3.2 – Rural Generalist Pathway to attract, retain and support rural generalist doctors in partnership with a range of stakeholders. (2)
access to a GP appointment when needed	
more after hours support, including GPs and pharmacy	Rec 5. Adopt a strategic approach to deliver integrated, multi-disciplinary models of care, including mental health services, that: c. include the delivery of after-hours care (1)
reinstatement of the visiting GP and other services to Coles Bay	
more nursing services including clinic nurses, nurse practitioners and a better distribution of state funded community nurses	Rec 6.3.3 – Nurse Practitioner Models to increase service access and efficiency and improve patient experiences through innovative models. (2)
an increased range of visiting health specialists	Rec 6.2.2 – Improving the distribution of specialist skills through digital technologies such as telehealth, remote access to interstate service providers, and shared employment of specialists with the private sector. (2) Rec 6.3.4 – Technology assisted access to specialised health workforces in Tasmania to expand local access to highly specialised health professionals, where it is clinically safe and appropriate. (2)
more local allied health services including physiotherapy, podiatry, occupational therapy, counselling and psychology	Rec 3. Take an evidence-based approach to identify health care needs in rural and regional Tasmania and strongly advocate for additional Australian Government funding to: a. support the delivery of viable primary health services (1)
more locally available mental health and alcohol and other drug services	Rec 1.5.3 – Interface with Alcohol and Drug Services (ADS) and mental health services will continue to be strengthened for those who require continuity of care and support across both these areas, as well as the broader health system. This is work supported through our *Reform*

	Agenda for the Alcohol and Other Drugs Sector in Tasmania. (2)
more locally available dental services	
additional services for those with a disability or who are aged requiring services such as respite, personal care and home help	
greater provision of post acute care services	
further development of health promoting communities through recreation and activities such as sports, a public swimming pool, exercise classes	Rec 2.4.1 – Prioritising preventive health at all levels of the organisation, including leading by example as a healthy organisation and the ongoing implementation of the *Healthy Tasmania Five-Year Strategic Plan 2022-26*. (2)
Access – geography	
the need for subsidised or free transport between towns, and to and from either Launceston or Hobart to access GP, specialist and other health appointments	Rec 1. Adopt a long-term strategy to address the poorer health outcomes experienced by Tasmanians living in rural and regional areas, with a particular focus on: e. removing access barriers (1)
support for transfers of care from hospital back into the community	Rec 1.6.2 – Clinical transport will be optimised through investment in new and upgraded transport infrastructure, development of a Patient Transport and Interfacility Coordination Unit, alternate care pathways for lower acuity Ambulance Tasmania pathways, and the use of Extended Care Paramedics and Community Paramedics to avoid emergency medical transport where it is not appropriate. (2)
Access – affordability	
the cost of travel and accommodation associated with accessing health care services in Hobart or Launceston	Rec 1. Adopt a long-term strategy to address the poorer health outcomes experienced by Tasmanians living in rural and regional areas, with a particular focus on: e. removing access barriers (1)
Access – appropriateness	
the need for culturally appropriate health services for First Nations persons	Rec 2.4.2 – Supporting priority population groups through a range of strategies including: *Improving Aboriginal Cultural Respect Across Tasmania's Health System (2)*
confidential youth health services	
access to a female GP	
Access – navigating services	

support to apply for a NDIS package	Rec 13. Consider the employment of a Health Systems Navigators, particularly in rural and regional Tasmania, to assist individuals and families to find and engage with appropriate health professionals and services. (1)
capacity of NDIS participants to access NDIS services	
building capacity and digital skills to apply for a My Aged Care package	Rec 1.7.2 – Partnering with the Australian Government, including through the Tasmanian Aged Care Collaborative to improve the timely access to residential aged care and NDIS support services, and enhance aged care service capabilities in areas of specialised care needs such as dementia. (2)
capacity of My Aged Care clients to access services	
Access – awareness	
the need for more information, in various forms, about self-management of health issues	Rec People can reduce their chances of developing a chronic condition by reducing risk factors that are in their control to change. This includes smoking, drinking, being overweight, not being physically active, and consuming too much alcohol. Supporting people to manage their own health can improve health status and symptom management and reduce health service use. (3)
more information and communication about permanent health services, visiting health services including details on eligibility and availability	Rec 12. Ensure all communications related to the availability of health services in rural and regional areas of Tasmania, are clear, contemporary and accessible. (1)
better information and communication about preventative health activities such as social activities, exercise classes and other health and wellbeing activities.	Rec 2.4.5 – Increasing the dissemination of preventive health information using digital health platforms, partner organisations, peer approaches and tailored messaging to give people access to trusted health information that is relevant to them. (2)
Digital health	
acceptance of the increased need for, and use of telehealth or virtual health care alongside face to face appointments	Rec 11. Work with the Federal Government to improve access to digital health care in rural and regional Tasmania through: a. ensuring rural communities have access to modern digital infrastructure and associated technology in rural health facilities; and

	b. a targeted, community centred approach to investment in digital literacy (1) Rec 2.2.1 – Establishing central virtual care hubs to strengthen and better coordinate the delivery of home and community-based services across a range of care areas, including intermediate care, subacute care, and HiTH. (2) Rec Action 5.1 – Digital 5.1.1 – Implementing the Digital Health Transformation Strategy health transformation 10-Year Program of work to enable the key digital advances of virtual care, eReferral and a statewide Electronic Medical Record (EMR). (2)
desire for an increased use of a shared electronic record between GPs, specialists and allied health	Rec We will continue to work with providers to increase eReferral and shared electronic health record adoption to enable delivery of better care for chronic conditions. (3)
Service Integration	
improve service integration through a multidisciplinary, collaborative model of health care	Rec 2. Working with the Australian Government, establish collaborative and innovative funding models to meet the specific needs of individuals living in rural and regional areas particularly the: (b). active support of multi-disciplinary models of care. (1) Rec 3. Take an evidence-based approach to identify health care needs in rural and regional Tasmania and strongly advocate for additional Australian Government funding to: b. deliver community-centred alternative models of health care (1) Rec 6.1.3 – Making the best use of our non-clinical and support staff by trialling and implementing new ways of working that increase delegation of non-clinical tasks to non-clinical workers and partnering with TAFE Tasmania and other vocational education providers to boost this important workforce. (2)
Improve the collaboration and communication between GPs, nurses, allied health and other health providers	Rec Using technology, particularly electronic communication and information-sharing, will reduce the administrative burden on clinicians and increase the availability of information for

	clinical decision support, and contributing to improving the patient experience of care. (3) Rec Our priority is to enable health information continuity between providers. Information and data continuity between providers is essential for the delivery of coordinated care for chronic conditions. (3)
fund rural health services that support integration	Rec 2. Working with the Australian Government, establish collaborative and innovative funding models to meet the specific needs of individuals living in rural and regional areas particularly the: a. consideration of a dedicated rural health fund (1)
Workforce	
campaigns to attract and welcome health professionals to the East Coast	Rec 9. To address specific workforce shortages in rural and regional Tasmania, including: c. consider alternate funding models and remuneration of health professionals in areas of high workforce shortage (1)
place based rural education opportunities for training of health care professionals.	Rec .2.1 – Improving geographic workforce distribution in generalist service areas through strategies including incentivising practice and professional development in rural areas, new training opportunities in rural areas, and working with educational partners to rebuild the general workforce in medicine, nursing and allied health. (2)
support for health professionals to work in a collaborative and team based model in a rural setting	
Infrastructure	
better access to diagnostic imaging services including ultrasound and x-ray	
better equipment for rehabilitation services	
the development of integrated health hubs, including rooms for visiting health practitioners	Rec 2.3.2 – Optimising rural service delivery in partnership with communities by mapping healthcare capacity across the rural health network, strengthening resources and infrastructure in rural areas, and developing health service optimisation plans through the place-based approach. (2)

	Rec 5.2.2 – Implement an Asset Management System and Health Facility Planning and Delivery Process to apply a lifecycle asset management approach to DoH facilities and ensure that all new and upgraded health facilities are fit for purpose, future focused and enable high quality and safe care. (2)

Links to reports:

(1) Parliament of Tasmania, Legislative Council Government Administration Committee "A" Report on Rural Health Services in Tasmania, 2022

(2) Department of Health, Long-Term Plan for Healthcare in Tasmania 2040, Tasmanian Government, March 2023

(3) Primary Health Tasmania, Health in Tasmania, Primary Health Tasmania Health Needs Assessment 2022–23 to 2024–25, November 2021

Appendix 3 - Consumer survey questions

Consumer Survey

Question 1.

Could you tell us a bit about yourself?

1a. Where do you live?
1b. What is your age group?
1c. How do you describe your gender identity?
1d. What is your employment status?
1e. Do you have a pensioner/ concession card?
1f. Do you live permanently in Glamorgan Spring Bay?

Question 2.

Residents might access health services on the East Coast or might travel to areas where there are larger populations. What services do you currently access in the Glamorgan Spring Bay area?

GP
Nurse
Aboriginal Health Worker
Alcohol and Drug Worker
Cardiac specialist
Child Health and Parenting Service
Dentist
Diabetes Educator
Dietician/ Nutritionist
Exercise Physiologist
Footcare
Maternal and Child Health Service
Midwifery
Neurologist
Occupational Therapist
Optometrist
Palliative Care
Pathologist/ Phlebotomist
Physiotherapist
Podiatrist
Psychologist
Social Worker
Speech Pathologist
Other (please describe)

Question 3.

Do you access a health service outside of Glamorgan Spring Bay even though it is offered locally? If so, which services and why.

Question 4.

Many health services are only available during business hours (weekdays 9am-5pm). Have you needed to access health services after hours or on weekends? Which of the following have you used after hours or on weekends?

Paramedics
Urgent Care Centre, Swansea
St Helens District Hospital
St Mary's Community Health Centre
Emergency Department in Hobart or Launceston
HealthDirect phone line
After hours visiting GP
Other (please describe)

Question 5.

Thinking about health service you access, have you experienced any of the following barriers?

	Very Frequently	Frequently	Occasionally	Rarely	Never
Transport					
Wait times					
Cost					
Quality					
Cultural appropriateness					
Confidentiality					

Other barriers (please describe)

Question 6.

What services do you think should be locally available to you? (Same list as question 2)

Question 7.

During the pandemic many of us became more familiar with online or telephone consultations. Have you used telehealth? Would you be likely to use it if it was offered? If no, what are the barriers for you?

Question 8.

The following are statements that various people have made about health care services in Glamorgan Spring Bay. Please tell us if you agree or disagree with them.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The types of health services available are what you must expect in a country area.					
Access to adequate health services is excellent.					
The Government needs to act to improve the number of health services					
The overall quality of health services is excellent.					
I believe that health services are adequate to meet my needs					

Question 9.

Do you have any ideas on how health services could be improved or delivered differently to meet your health needs?

Appendix 4 - Service provider interview questions

PRIMM Project Consultations – Service provider interview template

Date of Interview:

Organisation:

Interviewee:

Interviewer:

1. How could your service (or other services you are closely involved with) be further developed to better meet the needs of the community?

2. Do you have any examples of best practice or innovations that could be applied to health services in GSB to improve their efficiency and effectiveness?

3. Please describe any legal or organisational limitations on your scope of practice that you feel impede/reduce your ability to fully contribute to the provision of health services in the region.

4. What would you like to see changed to achieve an integrated service model, what is stopping collaborative care happening?

5. How could other stakeholders and healthcare providers better work with you to promote collaborative primary health care and improved continuity of care in the region.

Appendix 5 - Workforce agency interview questions

PRIMM Project Stakeholder Workforce agency interview template

Date of Interview:

Organisation:

Interviewee:

Interviewer:

1. Why in your view is it difficult to recruit and retain a health workforce in Glamorgan Spring Bay?

2. For each of the following primary health care service groups, what do you think needs to be done to address this issue?

2.1. GPs and nursing

2.2. Allied health

2.3. Mental health

2.4. Alcohol and other drugs

2.5. Dental

3. There are various workforce incentives associated with the Modified Monash Model classification of Triabunna (MM5) and Swansea and Bicheno (MM6). In addition, the Strengthening Medicare Bulk Billing Incentive is due to commence on 1 November 2023. Do these Commonwealth incentive policies work?

4. Are there any innovations in attracting and retaining a rural and regional primary health workforce that you think could be applied to Glamorgan Spring Bay?

5. How could other stakeholders and healthcare providers better work with you to promote collaborative primary health care and improved continuity of care in the region.