

Co-design findings: Healthcare professionals



To safeguard health care services in the region, now and for future generations, Murray PHN together with Boort District Health, Inglewood & Districts Health Services, East Wimmera Health Services and Northern District Community Health are co-designing new health care strategies and services to increase rural health system sustainability.

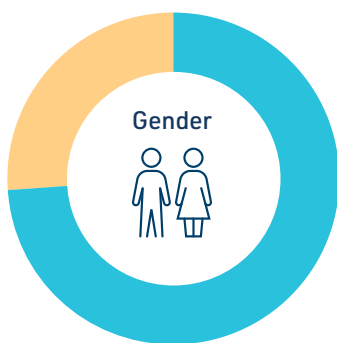
Conversations with health and medical professionals working in the Buloke, Loddon and Gannawarra (BLG) regions were held as part of the co-design process in July-October 2022. This process has helped to obtain important insights and understanding of local health priorities, the enablers and barriers to health system sustainability and possible solutions that can be trialled in the region.

We are now seeking feedback via a survey on the preliminary findings and proposed pilot strategies and services contained within this document. This information will help us to decide what to prioritise and how the findings can be translated from research to practice.

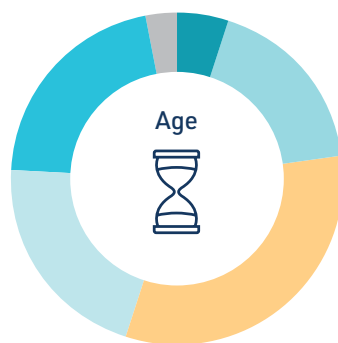


To learn more about this project or to fill in the survey, visit: www.murrayphn.org.au/sustainableluralhealthproject

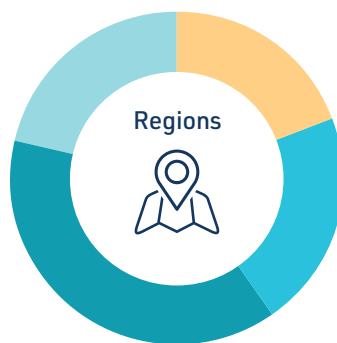
Healthcare professional participants



74% Female
26% Male



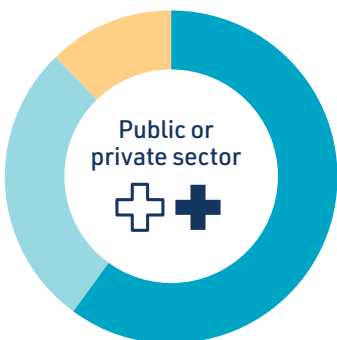
5% 20-24
18% 25-34
32% 35-44
21% 45-54
21% 55-64
3% 65-74



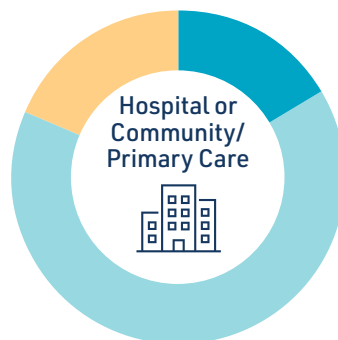
19% Buloke
21% Loddon
38% Gannawarra
21% More than one region



7% < 1 year
27% 2-5 years
25% 5-10 years
30% 10-20 years
10% >20 years



60% Public or not for profit
28% Private
12% Both



14% Hospital
67% Community/Primary Care
19% Both



29% Leadership/management role
40% Clinical role
31% Both



24% Medicine
26% Nursing
40% Allied health
10% Other professional staff

*Where socio-demographic surveys were not returned relevant information was retrieved from the interview transcripts where available. N=42 with 90% survey response rate. Percentages may not total 100% due to rounding.

Buloke, Loddon and Gannawarra health priorities

Three priority areas were identified by health and medical professionals. These will become the focus of the pilot strategies and services for the Sustainable Rural Health Project.

1



Healthcare accessibility and affordability "Healthcare close to home"

- Assistance with patient transport
- Improving access to GPs, allied health services and specialists
- Increasing healthcare affordability
- Assistance with complex care navigation

Assistance with patient transport

"We really need to be looking into travel for some of our patients that can't afford it. I had a local patient who came back from Bendigo and was meant to come and see me but couldn't afford the fuel. So she was left for a week or more. We finally did a visit and she was in poor condition and I felt like we'd failed her. How can we fix this?"
- Nurse

Improving access to GPs, allied health services and specialists

"I think one of the biggest challenges I have faced is the severe shortage of specialist and certain allied health professionals. It's really hard to get anybody to see a counsellor. There's only one practice in the immediate vicinity and they are very limited when you take into consideration the number of people with mental health needs. It's also very hard to get a physiotherapist appointment and can be a few weeks wait." - GP

Assistance with complex care navigation

"I think a barrier is that the families just don't have capacity to source their own healthcare and advocate for themselves, let alone understand the system."
- Allied health professional

2



Health priority areas "Our young and our old"

- Mental health
- Early childhood intervention
- Aged care
- Chronic conditions

Mental health

"With the rise in mental health problems, we need extra mental health workers. We've got one but it's not enough." - GP

Early childhood intervention

"All the kids that I see, don't access any other services. They've all been on waiting lists for 6-12 months. I've got kids who have significant needs and if I don't go, some might not achieve walking." - Allied health professional

Aged care

"Older people have longer stays in hospital because of the lack of transitional supports or available beds, which contributes to rising healthcare costs. There is also a lack of private services for older people due to inadequate funding, so even if older people have packages to pay for services there aren't existing services to provide what they need locally. Nobody is going to come from Bendigo to give a client a shower." - Nurse

Chronic disease

"Chronic disease management is a problem everywhere and this becomes even harder when your spots are limited... especially when you're lacking in nursing staff, because chronic disease management plans involve a nurse doing some of that work for you." - GP

3



Other determinants of health

- Housing
- Health literacy
- Socioeconomic status
- Childcare, early childhood education and schools
- Declining populations
- Social and cultural participation

Declining communities

"It's hard to advocate for services, like pregnancy services for example, when you have ageing and declining populations." - Nurse

Health literacy

"But if they don't get that education in the first place and they don't understand why it's important, then they won't do it." - Nurse

"While our aged care systems do a bloody great job, we lack the education, we lack the training, we lack doctors and everything we need to be putting prevention in before they get unwell. And again that comes back to education. If you teach them how to prevent, for example falls, then we can strengthen them and then they can stay in their homes for longer."
- Nurse

Regional health system strengths and challenges

Health and medical professionals identified regional health system strengths and challenges which provide important insights to inform the Sustainable Rural Health project pilots, including resources that can be harnessed and challenges that need to be addressed and overcome to achieve sustainability.



Strengths

1. Enjoy working with rural people and communities
2. Rural practice is innovative, interesting and engaging
3. Supportive workplaces

"No day looks the same as the other." - GP

"I admire what the GPs do out here. I think it's much, much harder than trying to do the same thing in larger centres. The contribution that they make is huge." - Leadership/management

"There's a misconception that rural health is a bit sleepy. I think a lot of regional and metro hospitals, don't look at us as if we're skilled or well trained and it's absolutely incorrect. Especially in rural health, when you have nurse practitioners and RIPERN nurses, nurses that are way more highly skilled than I've ever experienced in any other health facility." - Leadership/management

"I find all of the health services very approachable and friendly. The CEOs are all very enthusiastic and so are the directors of nursing or directors of clinical services. All the interactions I have with the GPs are positive." - Leadership/management

"A highly motivated team of people, from the CEO all the way to reception... but that is also one of the things that made me want to continue to work here is the incredible support." - GP



Challenges

1. Travel costs
2. Workforce shortages
3. Professional and social isolation
4. Poor access to specialists and allied health, and fewer healthcare providers
5. Community expectations
6. Community isolation and self-reliance

"We've got an overstretched workforce." - Leadership/management

"It's a snowballing effect. Not having adequate staffing numbers means that the staff that you have are put under strain, and then they leave, and then that puts more under strain." - GP

"The towns within Buloke, particularly Birchip, Wycheproof, Charlton and Donald are like our four bigger towns and they're kind of their own little cities because of the distance that makes it difficult to travel in between towns. While it can be a great thing because they are very self-reliant, and there are people that will do just about anything for that town, it's not a sustainable way for us to move forward." - Nurse

"Being a solo practitioner can be challenging and isolating." - Allied health professional

"Networking is quite tricky because you're a long way from anywhere, and even to go somewhere for an after work meeting means getting home quite late." - Allied health professional

Barriers and enablers to sustainability

Healthcare professionals described the following enablers and barriers to sustaining health care in the Buloke, Loddon, and Gannawarra region, which need to be targeted through the Sustainable Rural Health Project.



Proposed health care strategies and services to increase health system sustainability

Allied Health Assistants	Grow the AHA workforce by embedding training pathways and service provision models.
Care Coordinator	Employ local Care Coordinators who can assist providers with locating appropriate services for referral and help community members to navigate the complex regional health and community service system.
Regional casual nursing workforce pool	Create a casual nursing workforce pool that is used in addition to agency nursing staff, which ensures appropriate staffing for safety and quality, reduces administrative burdens of finding and orienting new staff, and creates new recruitment opportunities.
GP rotational relief	Employ a GP on salary for rotational relief, for example a GP registrar, which reduces costs of employing GP locums, which are increasingly expensive and hard to find.
Build capacity of local community leaders	Up-skill local leaders to provide assistance and support roles that address health service gaps, e.g. developmental screening by pre-school teachers via micro-credentialing.
Attractive GP employment package	Employ GPs on salary to increase recruitment and retention given the significant difficulties of maintaining viable private GP practices in the region. An attractive package is needed with remuneration to represent the significant value GPs provide to communities, which includes family supports.
Local and regional health integration	Strengthen local and regional healthcare integration, for example by establishing community hubs with GPs, nurses and allied health, and a regional healthcare network using existing and developing models e.g. Grampians Health model.
Joint funded roles	Implement and evaluate joint funded roles that create substantive, full-time positions supported by multiple funding sources with a single employer and contract, developed through relational commissioning.
Patient transport and/or Mobile clinics	Explore options for funded patient transport and mobile clinics where this can increase access to primary care services for people with limited community mobility or no access to transport.
Sustainable Urgent Care Centres (UCCs)	UCCs in the region are supported by My Emergency Doctor and private GPs but the model is not sustainable. Need to better use and further develop advanced scope roles for UCC staffing e.g. RIPERN, nurse practitioners and community paramedicine.
Nurse Practitioner and advanced scope nursing roles	Better use existing Nurse Practitioner workforce in the region that is not working to full scope by creating a viable employment model in both primary care and urgent care, with embedded training pathways.
Rural Generalist (RG) training and employment pathways	Explore options for RG training and employment pathways which could include leadership and management, and teaching and research roles.
Attractive allied health career pathways	Create advanced and full scope allied health roles and employment pathways e.g. allied health rural generalist pathways, which have value for primary care and public/private partnerships, and that can be developed and implemented in partnership with regional centres.
Regional business support and mentoring for private general practice clinics	Enhance place-based supports for private general practice clinics that increase business management and accreditation supports through regional networking and skill sharing.

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries, following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young people for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuing cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us. We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations peoples. We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander peoples