

Co-design findings: Healthcare consumers and carers



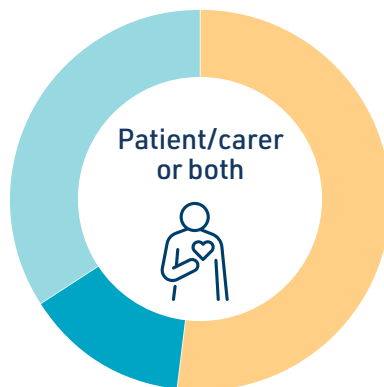
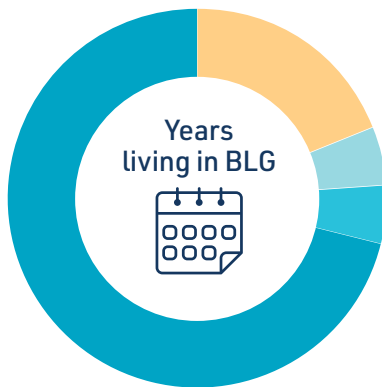
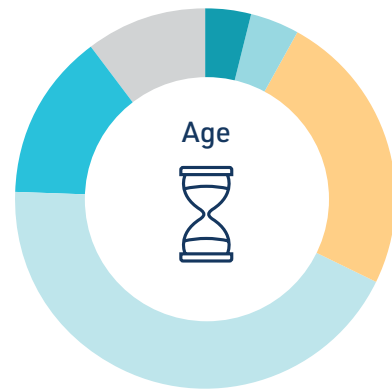
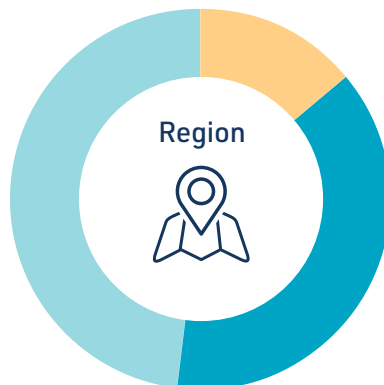
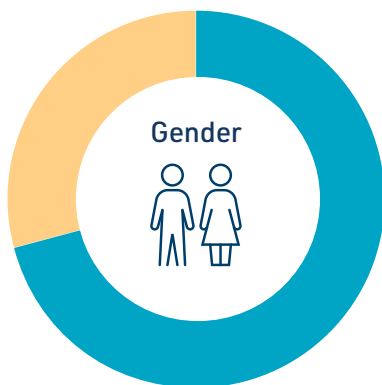
To safeguard healthcare services in the region, now and for future generations, Murray PHN together with Boort District Health, Inglewood & Districts Health Services, East Wimmera Health Services and Northern District Community Health are co-designing new healthcare strategies and services to increase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

Interviews with people from the Buloke, Loddon, and Gannawarra region were held as part of the co-design process between August-November 2022. Valuable insights and perspectives were provided by healthcare consumers, carers, parents, community leaders and volunteers. This has helped to better understand local priorities, strengths and challenges, and what factors are important for accessing services and achieving good health outcomes.

We are now seeking feedback via an anonymous survey, on the preliminary findings contained within this document. People who participated in an interview are asked to confirm or clarify what we heard. People who did not participate in an interview can still take part and provide their ideas.

Researchers are particularly keen to hear from people in Buloke to learn more about healthcare experiences in this region.

The information we receive will be used to develop locally tailored healthcare solutions to trial.



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

Total participants=21

Buloke, Loddon and Gannawarra health priorities

Three priority areas were identified by consumers. These, together with what health professionals have told us, will form part of the focus of the pilot strategies and services for the Sustainable Rural Health Project.

1



Number of GPs, accessibility and continuity of care

"The doctors change over fairly regularly in the clinic."

"The old country doctor thing would just be fabulous."

"New doctors just sign on for the time-being."

"It would be great if we had a second doctor to cover five days a week."

"Ladies would perhaps feel more comfortable talking with a female doctor".

"Our doctor has been here a long time now so he's developed relationships with his patients"

"There are no services out here for sick kids and to get into a doctor, you're waiting nearly 14 days at the moment."

"I don't think I've seen the same doctor twice."

"I don't know how to contact a doctor on Sunday morning."

2



Care of the ageing person

"We're getting to be an elderly population."

"People are getting older. They don't manage those journeys, they can't drive to Melbourne or even to drive to Bendigo ...they're stressed, they're not feeling well or they just get anxious about it."

"Our town is pretty well served as long as you're not old. Once you get older. Once you can't transport yourself, it becomes a problem."

"Support for living at home when people are able to keep living at home, but they need the services in place to help them."

"We've got an ageing population but it's that aged care in the home. And it's all very well to say, ageing in the home, but it's really difficult without service providers."

"I don't think there's enough education around when you need to get into the My Aged Care system, but by the time you go to get into it, you're already a long way down the path."

"Even in the aged care system you've got nurses that deal with accident and illness, but what happens when it's sort of those more social aspects of an aged care system?"

"I think it's the gap between losing your independence and getting to aged care, that difficult 'in between' stage. Because while you're independent you can drive to Bendigo or Swan Hill no problems. But once you lose your independence - but you're not aged care, it's just that gap."

3



Timely emergency care

"In the old days, the doctor would come down and make the decision. We can fix this here. Or yes, we're going to get the ambulance. But now the ambulance is virtually used for anything, or the doctors say get them in the car and take them into Bendigo."

"I'm honestly more surprised that kids don't die out here. Because there's a lot of asthmatic kids...at the moment with the COVID epidemic and the way that the health system is so understaffed, or it just can't keep up".

"It took about 40 minutes before the ambulance came."

"We actually need more air ambulances or quicker access to help."

"If the person I care for gets really bad...We waited over an hour the other night. We waited an hour and a half for an ambulance."

"Now, if a kid breaks their arm, they've got to go to Horsham or Swan Hill, but they don't have radiology on weekends. Only for specific things. Because they haven't got 24 hour or seven day week radiographers available. So just to go and get an x-ray appointment means people have to travel distances, and for the elderly that means they've got to rely on somebody else to take them."

Regional health system strengths and challenges



Strengths

1. Local health practitioners who know the community
2. Models of care that suit the community
3. Local allied health services

"our GP was good, we really had a good relationship. He was great, he would call in whenever you needed, he'd use telehealth, he was more than happy to take advice (from specialists)"

"The nurses know locals and the nurses are local, and they are really good."

"These local nurses have a lot of local knowledge. I think that's important...it's certainly beneficial to the patients. It is a sense of reassurance. A sense of familiarity."

"You're never turned away...There's always care and empathy."

"We have had some good providers over the years. If they're easy to access and professional. That really listen to you or prompt you with questions about your health and, you know, give you a referral where necessary. Those kinds of things are important."

"Having that service 10 minutes from my house rather than 45 minutes was a massive difference."

"They have one ward with two beds in cases where someone has dementia and the carer needs to go to hospital so that they can be in the same room."

"Telehealth has been a tremendous help to people."

"I accessed an online service with a psychiatrist."

"They've got a lot of different services at the health service but limited vacancies."

"Excellent pharmacy service."

"There is a practicing psychologist in town who is very, very busy."

"I see a podiatrist every six weeks."

"I have been visiting the physio as well... the other is a dietitian."

"I have the physio woman here, if it wasn't for her, I'd be pushing up daisies by now."

"I've seen the compassion in the nurses."



Challenges

1. Healthcare workforce shortages and gaps
2. Limited infrastructure
3. Distance travelled for healthcare
4. Continuity of care and accessing multiple services

"We need to keep our good hospital and have it staffed accordingly."

"You get a relieving GP that comes up to fill in. They don't understand the demographics of an area. They don't understand where resources come from. They don't understand distance, and the complexities that go with that."

"Distance is really the biggest problem that we have."

"We haven't got obstetrics now."

"Going to the doctors, you know you're out of pocket quite a lot. It's not like what you get in Bendigo, where people have got bulk billing clinics as an option. We don't have those options here."

"The other thing I think is care of children and daycare. I know it's a separate issue, but it's all linked together."

"If you're going to try and get GPs in your area and they've got children, you've got to be able to provide childcare for them."

"One of the biggest problems with healthcare is poor mobile coverage."

"Now there's no accommodation in our town."

"The services don't talk to each other up here. That's why they're not doing too well. I think all these services need to talk to each other to be able to help the towns. It's like an octopus and you need to all the arms to stretch out to each service and talk to each other..."

"Why aren't we told when you go see Maternal Child Health: Are you aware that if you have medical issue with your children, you can show up to the urgent care after hours and they will assist you until an ambulance can be made available?"

"We don't know what's available from the hospital."

"I find that gobsmacking that I've lived here for five years and I don't know what's available."

"Health professionals don't come up here because there's no accommodation."

"Midwife wants to come back to our town, but can't get a house".

"Allied health staff seem to come but they don't stay. They don't feel supported or they don't have enough young people around them."

"We need more nurses."

Community ideas for building sustainable rural healthcare

Accessible transport for people to attend healthcare appointments	Transport that is accessible for people with disability and older people who can no longer drive themselves, can't drive temporarily due to illness, or do not feel safe driving long distances.
Bulk billed services for people who can't afford to pay	Maintaining bulk billed doctor services is important for community access.
Accessible childcare	Childcare is essential for workforce recruitment and retention including GPs. There also needs to be childcare options available for shift workers.
Effective communication between service providers	Enhance communication between services and service providers for shared care and referrals.
Support to navigate health services	Support people with multiple conditions to access healthcare from multiple providers and geographic locations. more help for people to learn how to navigate healthcare services locally and regionally, and to understand what services and resources are available to them.
Clear and up-to-date information on local health services	Provide information to communities that details the locally available services, in ways that are easy to understand and that are kept up-to-date.
Accommodation for attracting new healthcare professionals to town	Communities need accommodation options to attract healthcare professionals to live and work in the region including short- and long-term rentals and houses for sale. Older people in the region are interested in down-sizing and selling their houses but there are not enough suitable options for sale.
Reliable internet access across the region	Poor mobile internet coverage impacts on peoples ability to confidently and effectively access telehealth, which is essential for accessing specialists and preventing unnecessary travel.
Supports for older people to remain living at home and in their own communities	There is a gap in service provision for older people who are living independently at home, and who require supports to prevent deterioration and premature entry to residential aged care facilities, which could be located in another town away from family, friends and professional supports. Health and social supports are needed for older people to remain living at home and in their own communities for as long as possible, and to support people during this transition period, including support for people to navigate My Aged Care.
Mental health promotion for young people	Young people often need to travel to regional centres for mental healthcare which creates a barrier to care. Mental health promotion programs focused on prevention and education could help to improve local supports for young people at risk of mental ill-health.
Support for GPs to stay in communities over the long term	Continuity of care from a regular and known GP is important for maintaining health and wellbeing. More needs to be done to support GPs to stay working in communities over the long term.

For further information contact: Dr Nerida Hyett: nhyett@murrayphn.org.au

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