



# Progress report and where to next...

Strong, Liveable West Coast Tasmania – working with communities to understand local health and health service needs

*Talking to locals about local health issues*

## Acknowledgements

Participatory approaches and consumer and community involvement are not possible without the support of locals. The West Coast locals are asked a lot of questions and complete a lot of surveys. They feel that improving health services is talked about a lot, but positive change is rarely experienced (*People are sick of filling out shit and nothing eventuates. Nothing changes G2(2)*).

Thank you to the original community members on the research team that set the project up and helped with the concept development, planning and ethics.

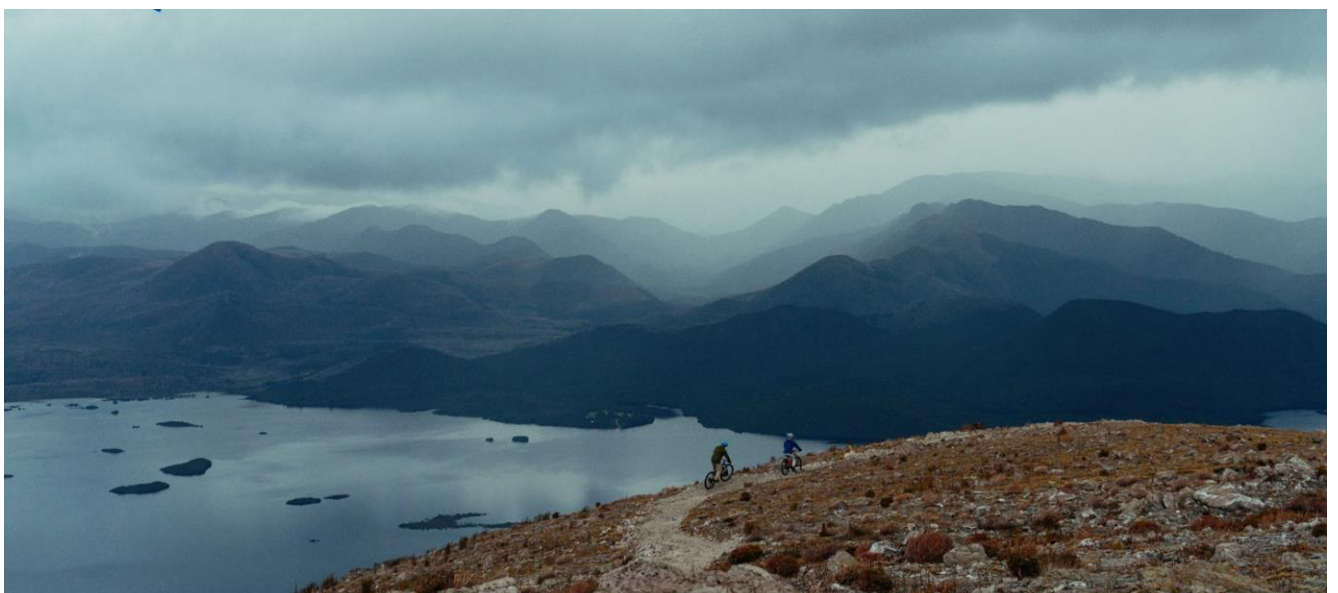
Thank you to the West Coast Council Growth and Change team who picked up this project and worked with me to progress it with limited resources.

Thank you to the Community Facilitators who attended training and those who connected with your locals to chat about health and health service priorities.

I would like to say a special thank you to everyone who shared their stories and the stories of those around them to help us understand what locals are feeling and experiencing about the current health services.

Thank you to collaborators at Department of Health – Tasmania, Primary Health Tasmania and Health Consumers Tasmania in your part to play progressing this research. In particular, Primary Health Tasmania for completing the Environmental Scan.<sup>1</sup>

This project received funding from Primary Health Tasmania, Access to Health and The Tasmanian Collaboration for Health Improvement.



## Background

Rural communities have worse health outcomes compared with inner regional areas<sup>1,2</sup>. West Coast Tasmania is a widely dispersed rural local government area.<sup>1</sup> Anecdotally, locals expressed concern about the access to health services. The West Coast Council (WCC), the Liveable Communities Advisory Committee committed to testing a process for connecting with pockets of the community who have felt their views are not considered when it comes to understanding and prioritising health needs in the region. Some of the community groups who are not generally engaged with community consultation activities include LGBTQIA+, Aboriginal and Torres Strait Islander Peoples, Cultural and Linguistically Diverse community members, those who live 'out-of-town', and older community-dwelling people. By hearing the voices of community groups, including those often marginalised or underrepresented, the research intended to identify meaningful and relevant community priorities that can effectively inform health service planning and policies.

Translational research, including Consumer and Community Involvement (CCI), has gained momentum in health research<sup>3-5</sup>. It emphasises the value of involving consumers from the early stages of research to the translation of evidence into practice<sup>3</sup>. The Tasmanian Collaboration for Health Improvement (TCHI)<sup>6</sup> is recognised by the National Health and Medical Research Council (NHMRC) as an emerging Research Translation centre<sup>7</sup> with four key partners (University of Tasmania, Department of Health - Tasmania, Primary Health Tasmania, Health Consumers Tasmania). TCHI aims to improve CCI in Tasmania to inform research, health service planning, and implementation. The West Coast Council, the Liveable Communities Advisory, TCHI, Primary Health Tasmania, Health Consumers Tasmania and Access 2 Health (Department of Health - Tasmania) collaborated to progress this project.

## Aim

The project aimed to implement a community-led process on Tasmania's West Coast to capture the perspectives of local residents regarding their health priorities and health service needs.

## Research design

The project utilised participatory approaches and Action Research methods to ensure broad community participation and empowerment<sup>8,9</sup>. The qualitative research was based around four questions about health and health service priorities, which were developed by a group of local community facilitators. True to translational research principles, an environmental scan was also completed to understand the local context. The findings will benefit the WCC through contributing valuable insights from locals to inform broad health research and planning in the area. The goal is to create a systematic and inclusive approach that empowers the community to be active participants in shaping their healthcare priorities and services.

## Environmental scan

This environmental scan<sup>1</sup> complete by Primary Health Tasmania is part of this project; *Strong, Liveable West Coast Tasmania – working with communities to understand local health and health service needs*. This environmental scan report will <sup>1</sup> provide researchers, consumers, community, and key partners with a baseline of information, which can be used as a conversation starter and as a means to validate publicly available information about the West Coast local government area. Environmental scans typically stay in a draft format until the community has provided inputs and feedback to the collated information. Findings from this scan may contribute to inform medium and long-term solutions to improve access to health and health services, in line with local health need(s).

# Results

## Project Participants

The voice of 40 locals were collected using a range of methods that were suggested by community and approved by the Human Research Ethics Council (HREC). Fifteen community participants were engaged in kitchen table discussions conducted by trained Community Facilitators. The researcher (SW) led two group discussions (n=6) and three interviews. Eleven participants contributed through an online survey, while an additional five opted for participation via the paper-based survey and notes were taken at a community forum. This range of methods for collecting information ensured the project could connect with a variety of locals in a way that was comfortable for them. A well-rounded spectrum of insights from the community members was obtained. Results were analysed using descriptive statistics, deductive summary content analysis and inductive thematic analysis.

## Demographics

Thirty-nine participants, 17.5% males and 80% females (Table 1), represented five West Coast postcode areas and towns external to the region (possible FIFO/DIDO workforce): Black River, Devonport, Gormanston, NSW, Queenstown, Rosebery, Strahan, Zeehan.

The median age of participants was 50 years, ranging from 15-79 years, and 5% of participants identified as Aboriginal and Torres Strait Islander people. Among the participants 42.5% (n=17) had university education, 32.5% (n=13) completed a TAFE course and 20% (n=8) reported grade 12 as being their highest education level (Table 1).

A diverse range of employment status was represented including 47.5% (n=19) full-time, 25% (n=10) part-time, casual or self-employment roles and 9 (22.5%) people currently not employed (Table 1).

**Table 1:** A summary of demographics by number and percentage

Demographic characteristics	n	%
<b>Gender</b>		
Male	7	17.5
Female	32	80
Other	1	2.5
<b>Identify as an Aboriginal or Torres Strait Island person</b>		
Yes	2	5
No	33	82.5
Do not disclose	5	12.5
<b>Education level</b>		
Up to Secondary	8	20
TAFE	13	32.5
University	17	42.5
Missing	2	5
<b>Employment</b>		
Full time	19	47.5
Part time, casual, self-employed	10	25
No, pensioner	9	22.5
Missing	2	5

## Deductive qualitative analysis

### Identified health priorities.

Common health issues that were identified as a priority now, and into the future included mental health, age-related care and chronic conditions.

**Table 2:** Health priorities are categorised and listed in order of priority according to community.

<b>1</b>	Mental Health issues
<b>2</b>	Aged care related
<b>3</b>	Chronic conditions – prevention, management, and rehabilitation post treatment Diabetes, blood pressure, high cholesterol, kidney issues, cancer, Fibromyalgia, Asthma, cardiovascular health (heart attack and disease, stroke injury), exercising regularly, maintaining a healthy weight through exercise
<b>4</b>	Women’s health
<b>5</b>	General health service access and continuity
<b>6</b>	Injury management
<b>7</b>	Dental
<b>8</b>	All the above

### Health service needs.

Participants on the West Coast identified a range of health services that they felt were absent, not accessible or underutilised (Table 2). Locals felt they wanted more continuity of care from GP services (some reported feeling they had to start their whole history each visit because it was a new Dr) and basic healthcare services (for example, blood tests, Xray, ultrasound, removing stitches, and other health services not requiring a doctor). Apart from the other services listed in Table 2, there was mention about support when returning home from treatment, surgery or having a baby. There was also mention that some infrequent services that do visit the West Coast are far from discrete, putting people off accessing it.

**Table 3:** Health service needs listed ranked in order of priority according to community.

<b>Priority</b>	<b>Health Service</b>
<b>1</b>	GP services and regularly used health services (Pharmacist, Ultrasound, Xray) – consistency and continuity
<b>2</b>	Mental health services – counsellors, Psychologist
<b>3</b>	Aged care, including home care
<b>4</b>	Women’s health clinics, Maternity health services: Pre/post-natal care/birthing/child health services
<b>5</b>	Dental services
<b>6</b>	Allied health – Physiotherapists, Dietitians, Podiatrist
<b>7</b>	Specialists such as sleep studies, spine specialist, outpatient care, oncologist, cardiology, optometrist, hearing specialist.
<b>8</b>	Youth services
<b>9</b>	Community care to get elderly/unwell/ cancer patients to their appointments.
<b>10</b>	Injury management
<b>11</b>	More access to wellbeing options such a Pilates, yoga and other exercise classes like pool, gym and a remedial massage
<b>12</b>	Diabetes clinic

## Health service issues.

Several issues were raised that relate to rurality and recognised in the literature including consistency in healthcare access in rural areas, locum staff and continuity of care, low health literacy, and servicing a dispersed population<sup>1,2</sup>. Some other issues raised included a discrepancy between funded services and service delivery, confusion about what was available, inadequate healthcare coordination that focuses on the needs of the community, lack of essential services. A comprehensive list of issues raised can be found in Appendix 1.

*"It takes a long time to find out all the info on who visits the West Coast and when, it's not available from just one source. If these services can't come to the West Coast, the employers need to be able to give employees time off to attend appointments that doesn't come out of their sick days/annual leave."*(SO11)

*"I have elderly parents, and I believe our health system is in dire straits."*(CF1)

More specifically, participants on the West Coast identified a range of issues with current health services.

- Insufficient availability of Medical Services on the West Coast  
*"we were promised a doctor but apparently the person who said Yes has become ill himself and is no longer able to provide care. it would be awesome if this situation could be changed!"*(SO9)
- Lack of continuity in doctor-patient relationships  
*"would like to see a more permanent doctor in town and not have to see a different doctor every week."*(SO4)  
*"It's just been all this money traveling away to a specialist, and you as a Gp. You got to see here and go against specialists. The doctors are changing people's prescriptions and even specialist prescriptions."*(P17)
- Inadequate specialist access and long wait lists  
*"I'm not sure because you don't really know when you're going to see a specialist."*  
*"The issue has become to a point where my father had a stroke with all the medical stuff that was available elsewhere, other than the West Coast"*(CF1)
- Lack of qualified pharmacists and weekend pharmacy availability  
*"In your area. .. We either use this guy who either hasn't got the medications, or he's got half the dose, which he then charges you for price for and then tries to charge you for the repeat for the other half."*(P16)  
*"Not having a qualified pharmacist available or a pharmacy open on a weekend."*(SO)
- Insufficient staff and limited treatment facilities at local hospitals  
*"Seriously ill people are doomed to die. They are largely out of reach proper medical services."*(SP5)
- Inadequate cultural competency and women health carers.  
*"So there's no consideration of, you know, cultural safety"*(P24)  
*"I don't want to go in and talk to a male doctor without a nurse."*(P17)
- Cost – travel, medications, time it takes to travel for services.

*“you've got people that can't afford to go and pay this money to the doctor”(CF2)*  
*“this is where our a lot of our problems coming from, it's a cost to get to the hospital cost to get to a doctor, not only that cost of the medication,”(CF2)*

- Waiting list inequality
  - Travel required for support
  - Have to take time off work to travel
  - Early morning/late afternoon appointments not possible
  - Last minute cancellations impact people on the West Coast who have to travel.

*...“he's had a prostate and his pancreas now he's got to go get like considered like just ultrasounds make sure all the checks, but he has to travel from like on base and Rosebery has to travel from Rosebery drive thru Burnie has to go to Lonnie to get scans and tests because nowhere does it either down... Oh, a lot of pressure, especially when he's on a pension and has to pay rent as well costs and living and then he's got to pay for fuel to get up there. Or if the vehicle services booked out, he's gonna try and get to that appointment and he's not in the best health.”(GP16)*



## Inductive analysis

Inductive analysis means that we look at responses across all of the questions, group similar concepts into categories and then develop themes.<sup>10, 11</sup> The previous results showed specific health and health service priorities. The inductive analysis draws out the broad sentiment from locals about health care. It explores what locals are experiencing and feeling. This topic was important to the community and they had many thoughts and stories to share. For the purpose of capturing as many of those voices as possible, an appendix is including to show the range of issues raised.

Five main themes were developed, with sub-themes, from various sources of data collected. There was a lot of negative emotion shared relating to a lack of doctor continuity and access to other local health care services locally. Some of the health care concerns were about basic care that may not require a GP per se (X-rays, ultrasound, blood tests), and other care related to access to specialist services (mental health, allied health, maternity). It was clear that a centralised health services on

the West Coast using locum doctors is not working for locals as the main towns in the area are dispersed and the impact of travel was raised in relation to time, cost and level of illness. Other issues that locals expressed in relation to locum GPs were around the impact of constant medication changes. Overall, there was an overarching theme that locals are suffering (*These are real stories, people are going through stuff because we don't have the services CF1(6), We're all Australians, we all pay our taxes. We're all just as good and equal as everyone else. But we've got people who are literally in chronic pain, suffering like proper suffering, and it shouldn't be that way. CF1(6)*).

The themes and sub-themes are outlined below.

**Theme 1 - Place-based care is about understanding the local context through the eyes of the locals.**

Locals want to have access to local healthcare that is meaningful for the community. There was a sense that they feel forgotten, there was a lot of heartbreak, anger and stress around healthcare (*Support to access surgery - my mum waited in pain for 3 years to get back surgery and then her discs fused and they told her there was nothing they could do anymore. She cried in pain often and wanted to commit suicide. SO7, What makes me angry is that there is services that could easily be delivered here, and it is the ...the bureaucracy and the structural barriers that are imposed that actually impede it. Well, it's actually basic services that could easily be resolved. P24*). There were four subthemes that described areas of the system that community felt strongly about, however, community do not want to have to move. They want the services to improve rather than leaving their home.

**a. Community has lost faith in the system, and they want to see change.**

*Seriously ill people are doomed to die. They are largely out of reach proper medical services. One doctor, formally on the West Coast. Said he feared for his personal safety while he was here. SPB(5)*

*Right as a sovereign Australian that will want access to good health care, hospital care, you know, doctors... We're all Australians, we all pay our taxes. We're all just as good and equal as everyone else. But we've got people who are literally in chronic pain, suffering like proper suffering, and it shouldn't be that way. CF1(6)*

*Send a team of people that actually give a shit about the people that are here that aren't judgmental. P17*

**b. A lot of money is being made from the West Coast but little money is spent supporting the health of the community or delivering services.**

*How much money do you reckon mining pumped into the Tasmanian industry economy? I thought it was somewhere in the vicinity of 60%? We'd bet yeah ...mining happens on the West Coast of Tasmania, right? All the wealth generated here. And so Western Australia has a programme called royalty for regions which acknowledges the founding a lot of the money that is made within their economy, royalties, mining, so they have a Royalties for Regions. So it goes directly back into those areas CF3(4)*

*...the State health hospital systems that they supposed to provide you with 6 weeks of post hospital support, so that you can go home... So the referral goes in. They send the referral acknowledgment back, and then their own documentation that they actually contact you within 2 days they didn't contact me until the fourth week. P24*

**c. Important aspects of care that are important to the community are being overlooked.**

*We need female doctors for women's health visit more regularly SO4*

*And you got to wait for an ambulance to get here because it's only sort of one main ambulance on the west coast. So if they're outside with ...or there's an issue or other episode. He has to wait for someone... Sorry. Um, I know you're in a lot of pain. There's nothing we can do until the ambulance gets here. Its heartbreaking. G1(4)*

*... no consideration of culture no consideration for needs. They all funded this in home services. and yes, they're not providing in home care. P24*

**d. There are challenges on the West Coast, but the community don't want to be forced to move.**

*...we all enjoyed living here, we wouldn't be here we wouldn't be exactly figuring out ways to sort of alleviate the issues we're having. We'd be moving to a place where those issues don't exist. Yeah, so good health can also mean that we enjoy living here. And we want to stay living here but we just want better services CF1(6)*

*Mental health- isolated area, harsh environment regarding weather and neglect in the community/landscape SO10*

*So a lot of fresh food is of inferior quality, quite old, expensive. And it means that we well, a lot of people would probably not buy it. And if you're not buying fresh food then your health is probably going to be suffering. CF1(6)*

*...they're actually forcing people out of their communities. They're forcing them out of their friendship networks. They're forcing them out of the fact that, you know. ... those important networks actually being lost because I go to a strange environment in Burnie, or else where they've got to have these services. And they've been all their life here. P24*

**Theme 2 - Current models of health care services are having a negative impact on the health of locals.**

A significant theme from the data includes the experiences of locals with the current system of using GP locums, the cost and confusion associated with changes to medications and the impact that travel is having on locals accessing health services. Community also talked about a lack of communication between services and towns, additionally the coordination of services is an issue with confusion about what is available or meant to be available.

**a. Locals want to see the same Doctor in their own community (continuity of care)**

*I have elderly parents, and I believe our health system is in dire straits. Going to a doctor, as you'd expect ... old people to do just about on a weekly occasion with a all sorts of health issues, and to be seen by different doctors on each occasion... pretty alarming. CF3(4)*

*Right. So every time I go there, I gotta explain again what's happening and previous GP hasn't written down what I've explained to them and what I'm requesting and start again to start again. G1(4)*

*Because we don't have the permanence and the consistency, he's not getting a chance to build any kind of relationship with a doctor. He doesn't know from one moment to the next whether he's going to get a good one or a bad one. P16*

**b. Constant medication changes are costly and confusing.**

*Locums don't know the community. They say things like 'Why are you on that medication – who gave you that?' This is confusing for people and Oldies don't like to ask/question about medication prescribed. G1(2)*

*So the so this the doctors at the moment are changing a lot. The the doctors are changing people's prescriptions and even specialist prescriptions... It's just been all this money traveling away to a specialist, and you as a Gp. You got to sit here and go against specialists. P17*

*...cost of the medication, you know, you're going to look at in regards to, you know, it's not as if, you know, pensions and whatever gone up, but when you look at our rates and rates and everything has skyrocketed, so you know, people are desperate. CF3(6)*

**c. Travelling is expensive, unsafe and stressful.**

*Having access to health services locally. Not having to travel and stay away, adding stress-financial + emotional perhaps transport for health services. CF(6).*

*Take a whole day off work to attend appointments in another city, that are only 30 minute appointments! SO11*

*...we have to travel to Queenstown. but to actually have patients who are sick having to travel through our bad roads and weather, and all the rest of it. P24*

**d. Communication between services is fragmented.**

*...so if I went to Queenstown because of some urgent case because I couldn't get [seen locally]. It's closed .... The fact that then the hospital is co-located with the Queenstown clinic. and they don't even have an interaction with each other either. So we're remote, and the model is actually completely broken P24*

*And another thing that I noticed was the lack of communication between each doctor surgery. So, if you go to Rosebery, get something done at Zeehan they don't communicate with each other. CF3(4)*

*There needs to be a designated building for visiting specialists/medical services. It takes a long time to find out all the info on who visits the West Coast and when, it's not available from just one source. If these services can't come to the West Coast, the employers need to be able to give employees time off to attend appointments that doesn't come out of their sick days/annual leave. SO10*

**Theme 3 - Healthcare is more than GPs – do not lose sight of the big picture. Locals want access to basic healthcare (not GP) when they need it locally (equity of access)**

There was a lot of discussion about other health care services that were not GP based. In particular, locals wanted basic health services such as x-ray, ultrasound, blood tests, accident and injury care, and allied health. There was also discussion about hospital-based services and access to specialists. Concern was also raised about the ability to manage accident and injury on the West Coast.

*Used to have a 24/7 community nurse clinic, it was amazing and worked well for the community. '3 yr' do-gooders' closed it down and now there are no nurses on a regular basis. G2(2)*

*...you can't break a bone unless it's a Wednesday because I haven't got the X ray machine CF3(4)*

*And she's been told she needs physio no point trying here. So she's paying probably privately to drive to Burnie in pain from Queenstown. CF1(6)*

*There's no no health, mental health care for teenagers. So obviously, you're gonna have to take it*

*home and probably be back tomorrow. ...And we still have not got a follow up call from any service. G1(4)*

*...didn't do enough homework for the hospital.... The hospital you think, for the rest of my life. But the hospital, you can't have babies in this hospital, you can't have X rays in this hospital. So there's no CT scans. It's just a sleepover. CF1(6)*

#### **Theme 4 - Cost of healthcare is not just about paying the Medicare gap on the West Coast**

There was a lot of discussion about the range of costs associated with accessing health care. This included to cost of travelling, accommodation, staying longer to accommodate for morning appointments, changes in medication, specialist appointments and for some, time off work without pay. Families also have to plane to move to Burnie for 3 weeks prior to birthing, and if Mums feel like they are not ready to move away from health care, they have to pay for accommodation after the allocated time. The social disadvantage is high on the West Coast (refer to Environmental Scan<sup>1</sup>) and these extra costs to get basic care came up in all conversations.

*Have to travel a long distance, have to stay overnight – expensive, have to get people to look after pets and people, its stressful. CF1(6)*

*I got referred for a specialty scan, it cost \$500 out of pocket, they didn't tell us, we drove all the way to Launceston CF1(6)*

*At one point, they did suggest to [...] about seeing a specialist. But at that point, I wasn't working and he was self employed. We couldn't afford to see a specialist. Yeah. Okay. Because, you know, it's the cost of going away. Most of the time, it's an overnight trip because we specialists are generally in one system over or they insist on making appointments at nine o'clock in the morning.*

*...cost of the medication, you know, you're going to look at in regards to, you know, it's not as if, you know, pensions and whatever gone up, but when you look at our rates and rates and everything has skyrocketed, so you know, people are desperate. CF3(6)*

*Community transport doesn't facilitate enough support for everyone in the community and it's very costly. Regional hospitals require community members to travel for appointments, but they financially cannot afford this. It's a vicious circle that needs to be addressed. SO8*

#### **Theme 5 – The very young and the very old are not getting the right care in their community.**

Although specific health issues have already been discussed, there was specific concern for health services available for the very young and the very old. Maternity services, pre and post-natal care was highlighted. Community want to see this changed. Youth and mental health issues were discussed, as well as the inadequate care for the elderly.

##### **a. There is a need to nurture future generations.**

*...maternity services and health services for children are super important to me now. Yeah. And I suppose in the future of my children's children, I want them to have proper access to maternity care, obviously, my newborn care and all that I felt like it was very difficult to get to appointments and having my ... baby here arrive, ... need to have a birthing suite here. CF1(6)*

*... the day in regards to that went through to Burnie no beds available in the birthing suite. Send them through to Launceston. You can imagine the distress of the poor parents in regards to ... the rest of the kids when she's gone....I would have loved to have my kids on the West Coast. CF3(4)*

*So only because there's been pregnant ladies here that have to go all the way to where is it Burnie or*

*any, they have to have their baby actually go all the way but it's just painful for the like the family members, people who are working or whatever. G1(4)*

*Have had to move to Burnie 3 weeks before due date for 21 years but there use to be neonatal care. Now only allowed in hospital for a day, if want to stay longer for extra care, have to pay for accommodation. This includes first time mums. But then there is no support on the West Coast.G2(2)*

**b. Youth need more support.**

*If we can help the smalls before they become troublesome bigs, yeah, and there might be a certain bracket here in town CF1(6)*

*Conversations about birth control and should be high on the list for teenagers mental health so that they can do more in their lives and personal health as well. CF1(6)*

*...teenager [...] ... suffers from suffers from mental health issues. rocked up home one night, [...] was self harming .... So we've we've contacted services took her up to the hospital that night ..., which was great and appreciate what they do till we get to the hospital. nothing they could do, you're on a waiting list. G1(4)*

**c. Inadequate care for the elderly.**

*With the aging population, there should be care plans available for elderly and local support services in place. Travelling to Hobart, Launceston + Burnie for special care is unfortunately very difficult for older people at the West Coast. As a healthy resident who has I found the lack of services very concerning. CF2(5)*

*I have elderly parents, and I believe our health system is in dire straits.CF2(5)*

*We're starting to run out of beds there for the senior people in the in Queenstown ... I'm sure. It was talking about aged care facilities there for a while and when that's gone, but you know, what's available for everyone else in the other towns? CF3(4)*

*...there is a little support there. But it could be better than what it is as well. Because you know, the whole idea is try and keep these people at home as long as they can before they go into a home so to speak. So, you know, it was within everyone's best interest to keep them at home. CF3(4)*



## Summary to date

This process has allowed many voices to be heard from each of the main West Coast towns, capturing deep discussions and experiences about what is happening in reality for the community. While the process has enabled some of the 'quieter voices' to be heard, who would not usually complete a survey or attend community meetings, there have been many delays along the way.

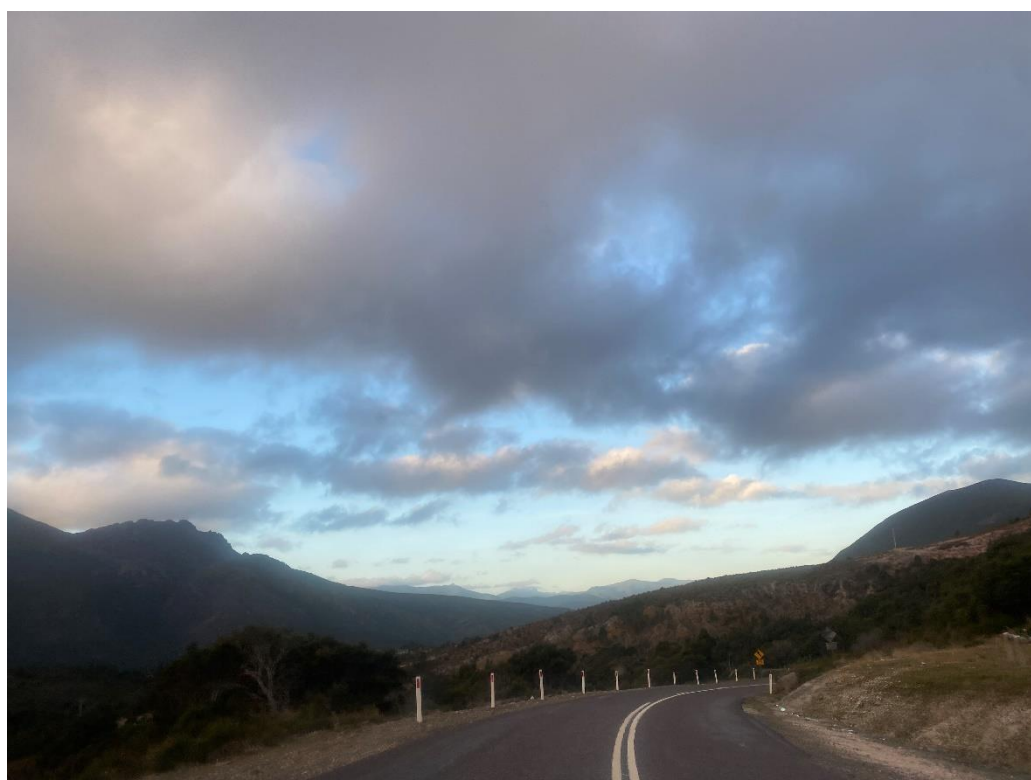
These learnings will allow us to refine the planning processes and understand the resources required (time and cost), however, the information collected is necessary for planning meaningful health care into the future for the West Coast. Addressing the inadequate access to health care is meaningful for the community now, and it is important for them to improve services for future generations.

## There is more to be done.

### Priority testing with community

The next step in the project is to host a community forum in each of the major towns (Queenstown, Strahan, Zeehan and Rosebery) and present them with the lists of health issues (Appendix 1, Table 4) and health service needs (Appendix 2, Table 5 and Appendix 3, Table 6) that have been gathered. The same lists will be shared back with participants of interviews and group discussions (survey responses were anonymous). This process will be facilitated by a local Community Facilitator. Each session will provide an opportunity for locals to vote on which health issue, health service and health service issue is the most important priority. As the West Coast is so dispersed, this may differ in each town. This process is based on the Priority Setting Partnership and the findings of the process should be considered alongside the results from the qualitative analysis presented in this report and the Environmental Scan.

In addition, a database of all past and current health related projects can help the Growth and Change team have a central record of projects.



## Next steps

At this point, information will be shared with the key collaborators and the project will be ready to move forward to phase two. Phase two - *Strong, Liveable West Coast Tasmania- working with community to improve local health and health service needs*, will involve taking the priority issues and health services back to community group/s to co-design 1-2 health service models to pilot and evaluate.



**Figure 1:** Strong Liveable West Coast Phase one and two.

## Phase two project design recommendations

The project aims to use a translational action research approach to co-design, trial and extensively evaluate a multi-disciplinary model of care to address health issues and health service needs in the West Coast Local Government Area. This project will build on a community-led process (Phase 1 - *Strong, Liveable West Coast Tasmania- working with community to understand local health and health service needs*) on Tasmania's West Coast that has occurred, which has captured the perspectives of local residents regarding their health priorities and health service needs. This used a combination of Kitchen Table discussions, ad hoc discussions, a survey and a priority setting partnership process.

This next phase will utilise translational research methods (participatory approaches and Action Research) to ensure broad community participation and empowerment in the co-design process. It will engage with a diverse range of community groups, including those historically less engaged in consultations, such as LGBTQIA+ individuals, Aboriginal and Torres Strait Islander Peoples, Cultural and Linguistically Diverse community members, and older community-dwelling people.

By hearing the voices of all community groups, including those often marginalised or underrepresented, the research will incorporate five essential components of translational research:

**Understand the current evidence** – a scoping review should be completed to evaluate what models of care have been effective in rural areas to improve the health of rural populations.

**Understand the current context** – along with the findings from phase 1 (including an environmental scan of the people, health prevalence data and health services available on the West Coast), all the relevant reports, health surveys and other activities from various service providers should be summarised in one document.

**Listen to the locals** – Findings from Phase one - *Strong, Liveable West Coast Tasmania – working with communities to understand local health and health service needs.*

**Co-design and test** a multi-disciplinary model of care that is relevant and meaningful for the West Coast – this will involve a series of workshops and other opportunities to participate. For example, locals have expressed the community needs more regular access to basic care. There is currently a nurse practitioner model in Southern Tasmania that could be the basis of a local co-design process. There is a similar process occurring in the Tasmanian North West Region to reduce hypertension that community have embraced. A similar process could be used.

**Planning evaluation and research translation** - Resourcing should include funds to support a research element to this process, this will ensure that the process and outcomes are evaluated in a meaningful way with planned translation to practice. This also provides an opportunity to build local research capacity.



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# APPENDICES

## APPENDIX 1

**Table 4. Health issues mentioned by participants (not listed in any particular order).**

	<b>Health issues and priorities</b>
<b>1</b>	GP access and continuity of care
<b>2</b>	Dental
<b>3</b>	Mental health – teens and adults
<b>4</b>	Accident/injury without enough local care and diagnosis options
<b>5</b>	Women’s health general
<b>6</b>	Rehabilitation from injury or illness
<b>7</b>	Cancer
<b>8</b>	Hearing
<b>9</b>	Drug and alcohol and rehabilitation
<b>10</b>	Diabetes
<b>11</b>	Optometric issues
<b>12</b>	Heart diseases
<b>13</b>	Aging population
<b>14</b>	Asthma
<b>15</b>	Fibromyalgia
<b>16</b>	Menopause problems
<b>17</b>	Kidney issues
<b>18</b>	Hypertension
<b>19</b>	Dental problems
<b>20</b>	High cholesterol

## APPENDIX 2

**Table 5. Health service needs mentioned by participants (not listed in any particular order).**

	<b>Health Service Needs</b>
<b>1</b>	Regular GPs
<b>2</b>	Dentist
<b>3</b>	Chemist – open on weekends
<b>4</b>	Kidney health services
<b>5</b>	Ultrasound
<b>6</b>	Aged care facilities/service
<b>7</b>	Mental health services
<b>8</b>	X-ray locally
<b>9</b>	Cardiology services
<b>10</b>	Women’s health professionals
<b>11</b>	Services for teens
<b>12</b>	Oncology services
<b>13</b>	Physiotherapy
<b>14</b>	Social services
<b>15</b>	Basic health care
<b>16</b>	Family counselling
<b>17</b>	Community nurse in each town
<b>18</b>	Women’s health 50+
<b>19</b>	Midwifery Pre/post natal care/birthing - Care for babies.
<b>20</b>	Home care for aged care
<b>21</b>	Dietitian
<b>22</b>	Gynaecologists
<b>23</b>	Drug and alcohol and rehabilitation
<b>24</b>	Podiatry
<b>25</b>	Blood pressure monitoring
<b>26</b>	Injury management
<b>27</b>	Hearing specialist
<b>28</b>	Ambulance services/ extra paramedics
<b>29</b>	Psychologists
<b>30</b>	Optometry services
<b>31</b>	Dementia clinic
<b>32</b>	Diabetes check up
<b>33</b>	Staffed hospitals
<b>34</b>	Breast screening
<b>35</b>	Female Drs
<b>36</b>	Culturally safe care

### APPENDIX 3

**Table 6: Health service issues mentioned by participants (not listed in any particular order).**

Issue	<i>Direct quote from data</i>
Public transport	<p><i>If unwell after hours there is no taxi to take you to the hospital and back.</i></p> <p><i>Two years ago I transferred to RHH with a heart condition. On being told I was for discharge I was sent to the discharge lounge to wait hours for my daughter take a day off work and to drive from Burnie to Hobart then from Hobart to Queenstown. I sat in the discharge lounge in my Pyjamas and dressing gown as that was all I had. I've heard stories of patients being discharged home in pyjama that have been sent to a bus station to get home. The hospital arranged my transfer to RHH why are they not arranging transport back to Queenstown! There is no bus service to Queenstown. I'm a pensioner and a taxi back to Queenstown cost \$800 which I don't have.</i></p>
No services available for autism	<p><i>...talking to someone they had been in the Zeehan area for I think they said 30 old years have moved recently because child's been diagnosed with autism. Now, there's no services, there's no services available. There was no services even available for diagnosis. It was travelled backwards and forwards, backwards and forwards doc therapy and everything else to get diagnosis. But now they've got diagnosis. There's no they know that there's nothing available here. And so they have to move.</i></p>
Transporting people to health appointments on the West Coast and beyond	<p><i>Community transport doesn't facilitate enough support for everyone in the community and it's very costly. Regional hospitals require community members to travel for appointments, but they financially cannot afford this. It's a vicious circle that needs to be addressed.</i></p> <p><i>Recently attended Dr surgery with an eye condition. Dr made referrals to ophthalmologist in Burnie but I couldn't go as I had no way of getting to Burnie for appointment. Community service transport service is only available for 3 months then you have to re-apply.</i></p>
Have to go Burnie or Launceston to see specialist	<p><i>At one point, they did suggest to [...] about seeing a specialist. But at that point, I wasn't working and he was self employed. We couldn't afford to see a specialist. Yeah. Okay. Because, you know, it's the cost of going away. Most of the time, it's an overnight trip because we specialists are generally in one system over or they insist on making appointments at nine o'clock in the morning.</i></p>

Low digital literacy	<i>No computing skills so unable to access hot doctor app to make an appointment.</i>
No beds available in the birthing suite	<i>So only because there's been pregnant ladies here that have to go all the way to where is it Burnie or any, they have to have their baby actually go all the way but it's just painful for the like the family members, people who are working or whatever. I'm just talking about that on behalf of someone else.</i>
No prenatal care	<i>On prenatal care to go live in Burnie for three weeks before your due time.  Have had to move to Burnie 3 weeks before due date for 21 years but there use to be neonatal care. Now only allowed in hospital for a day, if want to stay longer for extra care, have to pay for accommodation. This includes first time mums. But then there is no support on the WC.</i>
Financial strain placed on locals who have to travel a long way for care	<i>..he has to travel from like on base and Rosebery has to travel from Rosebery drive thru Burnie has to go to Lonnie to get scans and tests because nowhere does it.. So have a drive there or try and work out with public support services to community transport, and how to financially, what sort of pressures... a lot of pressure, especially when he's on a pension and has to pay rent as well costs and living and then he's got to pay for fuel to get up there.</i>
There are no nurses on a regular basis	<i>Used to have a 24/7 community nurse clinic, it was amazing and worked well for the community. '3 yr' do-gooders' closed it down and now there are no nurses on a regular basis.</i>
Stressful just organising to go to your doctor	<i>Something's happening. You. You know, we we're not getting the benefits of the medical services.  Let's just say you have to go to Bernie to get your eyes looked at. Because your eyes aren't good. You're gonna have to organise them to drive me to Bernie. So it's really complex. It's when I look at my health issues... This is a whole other layer of stress.</i>
Local health services in your own town	<i>Health Service to me is seeing the GP or a dentist in your local town.  Many services are only available in Queenstown.</i>
Not enough support for the elderly	<i>But there's got to be more support out there for our elderly people. In fact, in regards to going and see multiple doctors and ending up on multiple medications, of which are going to have a long term effect on their well being in regards to balance and those type of things.</i>
Advocacy in health appointments for the elderly.	<i>I went to the doctor in zoom, they are both different doctors, and both prescribe different medications. So you can sort of see exactly what I was talking about for an elderly person that is going to the doctor that has no voice.</i>

	<p>for an elderly person that is going to the doctor that has no voice. You know, that does struggle with their listening and, you know, that same type of skills, that they're just going along with what they've been told and not asking any questions. And you can see where it goes to the end of the line, you know, ended up taking 30 different medications</p>
<p>Insufficient availability of Medical Services on the West Coast</p>	<p><i>...we were promised a doctor but apparently the person who said Yes has become ill himself and is no longer able to provide care. it would be awesome if this situation could be changed!</i></p> <p><i>Don't bother with Drs in Strahan - never know when open. Go to Queenie but different Dr every two weeks. Dad had to re tell his issue and Dr kept changing meds. Rush people through. Dr would ask 'why are you on these meds?'. They should all go back to the same school and get on the same page.</i></p>
<p>Drs questioning medication prescribed by specialists from out of town.</p>	<p><i>It's just been all this money traveling away to a specialist, and you see a Gp. You got to see here and go against specialists. The doctors are changing people's prescriptions and even specialist prescriptions."</i></p> <p><i>The the doctors are changing people's prescriptions and even specialist prescriptions. ... It's just been all this money traveling away to a specialist, and you as a Gp. You got to sit here and go against specialists.</i></p>
<p>Changing medications</p>	<p><i>...in regards to going and see multiple doctors and ending up on multiple medications, of which are going to have a long term effect on their well being in regards to balance and those type of things.</i></p> <p><i>So basically, every time we see a different locum, yeah, first thing they want to do is play with the drugs, then six months time you go and see another, like, who wants to play with your drugs, so there's no consistency there.</i></p>
<p>Cost to see the Dr</p>	<p><i>...you've got people that can't afford to go and pay this money to the doctor.</i></p>
<p>Cost of medications</p>	<p><i>...cost of the medication, you know, you're going to look at in regards to, you know, it's not as if, you know, pensions and whatever gone up, but when you look at our rates and rates and everything has skyrocketed, so you know, people are desperate.</i></p>

	<i>So affordable medication would be good.</i>
Needing a Drs appointment to get a script for regular medicine	<i>You know, even just simple things like a asthma preventer. The kids diagnosed with asthma, but you can't go and get a preventer unless you've got a doctor's certificate, then they'll only give you enough for three or five of them. And then you got to go back again.</i>
Relying on family to transport patients to care outside of West Coast.	<i>...dad at his last fall and two o'clock in the morning, they're ringing mum on the west coast to come and get him out of hospital two o'clock in the morning drive to Burnie. You know, like, how is that possible? You know, and all that feed off? When mum rang me like at three in the morning because she had gone back to sleep. She was all upset about it.</i>
Access to help at home services.	<i>...there a problem then too with aged care down here and actually being able to access in home service</i>
Fragmented services and communication	<i>...lack of communication between each doctor surgery. So if you go to rosary, get something done got a Zeehan they don't communicate with each other...</i>  <i>so if I went to Queenstown because of some urgent case because I couldn't get here. It's closed. Anything that's happened. They got my record though. Which is highly problematic red line. The fact that then the hospital is co-located with the Queenstown clinic. and they don't even have an interaction with each other either. So we're remote, and the model is actually completely broken. so that the services are in place.</i>  <i>They haven't even read any of the details, or if I do that, they didn't have the details they need. So if you make a longer appointment because you've got complex issues. They still haven't read anything. Haven't made sure that anything done. So when you make an appointment. The administrative staff, and not even ensuring that there's the current records in place or made sure that the other okay, medical.</i>
Access to Physiotherapist	<i>I broke my hip a few months ago, and I had to stay in [...] for two weeks to get physiotherapy because there's nothing here and there was no way I could travel anyway to go into those. So that's, that's also part of the bigger issue, where the hospital told [...] to find her own physio.</i>  <i>see a physio. 6 months waiting list inadequate care, different physio, need a specialist.</i>
Mental Health Services for youth	<i>...teenager [...] ... suffers from suffers from mental health issues. rocked up home one night, [...] was self harming .... So we've we've contacted services took her up to the hospital that night ...,</i>

	<i>which was great and appreciate what they do till we get to the hospital. nothing they could do, you're on a waiting list. But that was in January.</i>
No youth centre or social stuff for the teenagers	<i>Go around and see what people have got to do. We used to have hockey. We used to have network. We used to have softball. We used to have football. We used to have partnership,...</i>
Adhoc Cardiology service	<i>So cardiology services there and there's apparently a cardiologist comes whenever he feels like there's no actual set time for cardiologist to come from I don't even know where that come from.</i>
No able to see the same Dr	<p><i>So every time I go there, I gotta explain the game what's happening and previous JP hasn't written down what I've explained to them and what I'm requesting and start again to start a game.</i></p> <p><i>Because we don't have the permanence and the consistency, he's not getting a chance to build any kind of relationship with a doctor. He doesn't know from one moment to the next whether he's going to get a coupon or a bad one.</i></p> <p><i>It was a life threatening issue. And because you're seeing locum, not the same guy. they don't even do an examination. All they do is take your blood pressure.</i></p>
There is no access to basic health services that do not require a GP	<p><i>Limited pathology rotation, only can get bloods on certain days. No one can take bloods if child under 10.</i></p> <p><i>So every family member has to go all the way ... to get the blood test in Burnie. This is how bad the services are here. ... What makes me angry is that there is services that could easily be delivered here, and it is the brought, the bureaucracy and the structural barriers that have been imposed that actually impede. Well, it's actually basic services that could easily be resolved. Then we've got the services that we should have here that are needed here. that actually should be a fundamental right to have.</i></p>
Practitioners who are not familiar with the community	<i>Locums don't know the community. They say things like 'Why are you on that medication – who gave you that?' This is confusing for people and Oldies don't like to ask/question about medication prescribed.</i>
Discretion around visiting health services in a small town	<i>No privacy – A psych used to come occasionally, and everyone knew their care and who went in to see them. No confidentiality. They used the GP surgery so patients were in the waiting room,</i>

	<i>everyone knew who was having an appointment with the psych. Even booking an appointment, there was no privacy as they ask questions at the counter.</i>
People are not getting better because of the change in Drs	<p><i>People are always going back to these doctors because they're still sick....And it's not because they're busy. They just not fix anyone right.</i></p> <p><i>So if you have a like that doesn't know you and you got a 15 min appointment. They haven't even read any of the details, or if I do that, they didn't have the details they need. So if you make a longer appointment because you've got complex issues. They still haven't read anything. Haven't made sure that anything done. So when you make an appointment. The administrative staff, and not even ensuring that there's the current records in place or made sure that the other okay, medical.</i></p> <p><i>...my father had a stroke with all the medical stuff that was available elsewhere, other than the West Coast, it was basically told he showed warning signs for up to 12 months prior. And they believe that if you'd had a regular doctor, this doctor would have been able to pick that up.</i></p>
Lack of access to funded services	<p><i>need to modify their approaches and their models because they they're funded but they not delivering.</i></p> <p><i>Lack of reliable &amp; available medical health on the West Coast resulting having to travel access health providers such as appointments, dental, physiotherapy to name some.</i></p>
Access to dialysis	<i>and even people with dialysis. They're not even being told that they could have the the dialysis in their home. But what if they set up where they can have it out of the clinic. Those clinics have room. The hospital has rooms that should be actually told... if they can't afford to have a dialysis machine themselves in their home, they should at least be able to have them down at the clinic.</i>
People having to move to access services	<i>they're actually forcing people out of their communities. They're forcing them out of their friendship networks. They're forcing them out of the fact that, you know. ... those important networks actually being lost because I go to a strange environment in Burnie, or else where they've got to have these services. And they've been all their life here.</i>
Cost and time to get to appointments out of town	<p><i>Long distance to access to health services. Cannot make early/late appointment times. Cost and the fact I need to take time off work to travel to Burnie or further.</i></p> <p><i>Oh, a lot of pressure, especially when he's on a pension and has to pay rent as well costs and living and then he's got to pay for fuel to get up there.</i></p>

Early morning appointments out of town	<i>No services here for her and they say she has to go to Burnie and then they make a 9am appointment for her. No consideration for us here.</i>
Access to pharmacy out of hours	<i>Not having a qualified pharmacist available or a pharmacy open on a weekend.</i>
Access to X-ray	<i>We can access X-ray or pathology once a week and lets face it. we cannot pick a day to hurt ourselves or be sick.</i>  <i>...what's extra is you can't break a bone unless it's a Wednesday because I haven't got the X ray machine.</i>  <i>... You can't get an x ray locally, either. Unless it's on a Tuesday or Wednesday. Right. Okay. Even though we have a brand new X ray machine.</i>
The logistics of travel	<i>Weather road conditions when accessing out of town medical appointments.</i>  <i>travel to medical services. Rosebery to Burnie more than 1 and half, Queenstown to Burnie more than 2 hours. To Launceston 3 hours. To Hobart 5 hours</i>
Support to access specialists/surgery	<i>Support to access surgery - my mum waited in pain for 3 years to get back surgery and then her discs fused and they told her there was nothing they could do anymore. She cried in pain often and wanted to commit suicide.</i>
Rehabilitation support	<i>...the healthcare system was inadequate to give me support for the injuries that are sustained in the motor vehicle accident.</i>
Not enough female Drs	<i>No regular female Drs.</i>  <i>We need female doctors for women's health visit more regularly</i>
Lack of care for people with diabetes	<i>...diabetics here that should have been referred to specialists, and they not? So that? And a lot of undiagnosed, there's a lot of shit going on that should be diagnosed.</i>

