

Logical Ideas Pty Ltd

Report

for the Greater Murray Health Service
on consultations with the community of

Jerilderie

about **future health service needs**

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Background

This is the report of a consultancy undertaken for the Greater Murray Health Service (GMHS) to identify health service needs for the community of Jerilderie. It follows from the recommendation of the GMHS that high priority be given to the redevelopment of services in the town on the model of a Primary Health Centre.

The Town and Shire

Jerilderie is a **town** of about **900 people** in a **shire** with a predicted stable **population of about 1850**.

The Hospital

It currently has a **15 bed hospital** (8 acute, 7 long stay) with only 2 long stay in-patients. This situation results from the decision of GMHS not to allow further admissions until the future direction of the service is decided. A delegation from the town to the NSW Health Minister was told that this would remain the situation until the minister reviewed it after a decision about whether the town should receive approval to operate the facility under the Multi Purpose Service (MPS) program.

Average occupancy rates for the hospital for the past three years were:

| | |
|--------|-----|
| 1994/5 | 7.5 |
| 1995/6 | 6.3 |
| 1996/7 | 5.0 |

Acute Care

Jerilderie residents presently use **Finley Hospital** for acute care services and **Albury or Shepparton for more specialised acute care and surgical procedures**. The local General Practitioner has been offered inpatient visiting rights at Finley and emergency visiting rights at Jerilderie. Jerilderie residents report some difficulties in accessing acute care services at Finley if they are not on "on one of the local doctors' lists".

General Practice

Like many parts of rural Australia, Jerilderie has had difficulty securing the services of a resident medical practitioner until **March this year when a new doctor arrived**. The doctor has indicated that inpatient visiting rights at the local hospital were important to his decision to accept the post.

Allied Health & Community Care

Jerilderie has fairly good access to allied health services by comparison with similar towns.

- Community nursing,
 - Dentistry,
 - Podiatry,
 - Physiotherapy,
 - Audiometry, and
 - Early Childhood services
- are supplied locally.

Aged Care services are co-ordinated from Finley. This includes:

- Delivered Meals,
- Home Maintenance,
- Friendly Visiting, and
- Home Care services.

School Health, Social Work and Occupational Therapy services are also provided from Finley.

- Mental Health services,
 - Respite & Palliative Care,
 - Drug & Alcohol services,
 - Women's Health and Sexual Assault services, and
 - Health Promotion
- are outreached from Deniliquin.

Many of these services are provided on a fractional basis, and there is a clear perception in the community that it would be better to have many of them co-ordinated and supplied locally.

Pharmacy

The closure of the local pharmacy in the recent past, and the

establishment of a **local agency arrangement with once or twice daily delivery** has created some difficulty for those accessing general practice in town.

Ambulance Services

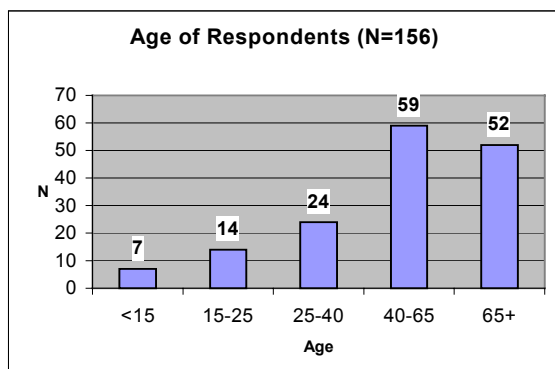
There is a **24 hour ambulance service** in the town with access to both an emergency retrieval vehicle and an inter-hospital transport service. The service is staffed by one highly skilled and paramedically trained officer.

Ambulance Service planning allows for higher staffing levels although these have never been provided. Some concerns exist about the skill levels of replacement or volunteer drivers and the level of the service if it were to remain the town’s sole emergency response service.

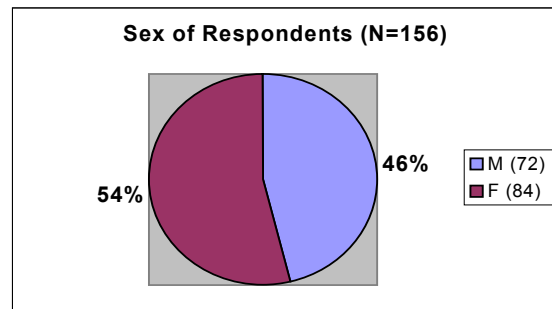
Survey

Local health workers had arranged for questionnaires to be distributed widely in the town and surrounds prior to the consultation and they were returned to the Hospital up until 5 May, 1998. **162 questionnaires were returned** with 6 forms being uncodeable.

The age groups of respondents is shown in the figure below:



The sex of respondents is shown in the table below:



The survey form invited people to rate their health service needs in the following terms:

This list of 60 Medical Services may be useful to help you think of what your Health Service needs might be – please number from 1 to 60, 1 being your highest priority.

20 health services were rated with 50 percentile ranks of 20 or below. (A 50 percentile rank indicates that half the rankings supplied were above and half below the rank shown in the table.)

| SERVICE | 50%ILE RANK |
|--------------------------------|-------------|
| Med Practitioner (Residential) | 1 |
| Ambulance | 2 |
| Accident & Emergency | 3 |
| Inpatient Services | 4 |
| Pharmacy | 7 |
| Aged Care Accommodation | 8 |
| X Ray | 8.5 |
| Immunization | 10 |
| Community Nurses | 11 |
| Meals on Wheels | 14 |
| Nursing Home | 14 |
| Dentistry | 15 |
| Women’s Health Clinic | 16 |
| Physiotherapy | 17 |
| Aged Units | 17 |
| Palliative Care | 18 |
| Respite Care | 19 |
| School Health Screening | 19 |
| Men’s Health Service | 20 |
| Community Transport | 20 |

Community Consultations

A series of 14 open invitation community meetings were held at the Jerilderie Community Health Centre on 4, 5 & 6 May 1998. **237 people attended**, 151 women and 86 men. 10 of the meetings were held during working hours, which may have explained this apparent imbalance.

The groups included representatives from local business, service groups, health service providers, health staff, and the local high school.

In addition, **specific meetings** were held with the Jerilderie Community Health Council, the local General Practitioner, the acting Nurse Manager of the hospital, and the GMHS Network 8 Community Health Sector Manager.

Summary of Meetings

The consultations revealed a similar pattern of needs and concerns to those implicit in the results of the survey. This pattern can be summarised in four major points:

1. Local response in times of illness or emergency:

The presence of a resident general practitioner, an ambulance service, and an Accident and Emergency Unit were often mentioned in this context.

Historically, the town had put significant fund-raising effort into establishing and sustaining these services. Their availability was seen as vital to dealing with major trauma including road injuries and the prevalence of asthma, even though present practice would see such serious cases by-pass Jerilderie Hospital.

The time and distance involved in accessing other facilities in the region, and problems with admissions and access to medical services at Finley

Hospital reinforced the belief that these services were important locally.

The maintenance of acute care beds was seen as critical to securing the services of a resident GP. The presence of each is perceived as a component ensuring the survival and amenity of the town as a regional centre and tourist destination.

2. Quality local primary care services:

There is a clear appreciation of the range of primary care services provided and their importance, but a parallel concern that more such services should and could be provided locally. The possibility of an expansion in services with increased availability of community nursing was understood, but not seen as a substitute for some emergency care centre in the town.

3. The ability to care for the frail aged and terminally ill locally:

People who took part in the consultations argued cogently that the ability of a community to care for its frail older members and to provide services to those who are dying **locally** is "a right" of people in rural areas

As one participant put it:

*All this stuff about **homelike** buildings. What's the point of being homelike if you can't be **at home**, if you're miles from your family and friends.*

It was pointed out in discussions that most older people would need very little access to institutional care, and that many services to support older people and their carers in their own home can be supplied if funds currently used for under-utilised services are freed up.

Nonetheless, there is a clear community perception that some supported residential care services are

needed for respite, convalescence and for some very dependent people locally.

Towards the end of the consultations, the need for collaborative discussions among communities in the towns of the Jerilderie and Berigan Shires about the pattern of aged care services in the whole region emerged as a priority.

4. Improved access to transport when care is required away from town:

There was a deal of discussion of the difficulties confronted by people in need of care, their families and carers when they needed to access services that are not available in town. Issues raised included the absence of any form of public transport, the cost of the limited scope of community transport and the time and distance involved in such travel. There was a clear assessment that these issues needed to be addressed urgently even in the present service system, and would need even more attention if the service system were to be further changed.

The Way Forward

1. A Multi Purpose Service?

It was clear from the consultations that **the community of Jerilderie's preferred option**, if the currently approved mix of services at the hospital is to change, is for the establishment of a **Multi Purpose Service**. The consultations did appear to have succeeded in correcting some misunderstanding of the functions of such a service, especially the assumption that it is a *de facto* acute care facility.

In all meetings, it was pointed out that, while the Greater Murray Health Service had put forward to the

Commonwealth the proposal for the establishment of such a service, it had not been assigned high priority, and was, in the consultant's view, unlikely to be successful in the next funding round.

Discussions ensued about the reasons for this:

- a) the absence of Commonwealth funded aged care places and the difficulty in securing any in a region already considered over-supplied;
- b) the problems of capital works funding even though substantial local contribution was expected, and
- c) the financial difficulties which would continue to face a small facility under present aged care funding arrangements.

It is, nonetheless, clear that the campaign to achieve a remix of services at the hospital as part of the MPS program will continue.

2. A Primary Health Care Service?

The political imperatives of the campaign by the Jerilderie Community Health Council to secure an MPS for the town have led to a Primary Health Care Centre being characterised as a "band aid" service in the community. The consultations were successful in clarifying the role of such a Centre and in explaining that the community had a right to quality services of the kind provided at a Primary Health Care Centre whatever the outcome in relation to an MPS.

3. Specific Issues?

1. The community of Jerilderie should have access to an expanded range of community health services with a strong local presence:

The establishment of a community health team with the following staffing levels and approximate annual costs:

| | |
|---------------------|------------------|
| 2.0 EFT RN | \$110,000 |
| 2.0 EFT EN | \$75,000 |
| 1.0 EFT Soc Worker | \$55,000 |
| Transport | \$30,000 |
| Admin & Maintenance | <u>\$70,000</u> |
| | <u>\$240,000</u> |

would enable a range of services currently outreached to be supplied locally, and for them to be expanded.

2. Priority for the expansion of these services should be given to:

- **intensive aged care,**
- **palliative care,**
- **day respite,**
- **mental health and suicide prevention.**

These new services would be additional to the present range of allied health, community health and mental health and day care services which cost of the order of \$40,000 annually.

3. GMHS should actively encourage discussions between the local communities and aged care service providers in the Shires of Jerilderie and Berigan about a co-ordinated system of residential, co-ordinated care and community care services for older people in the area.

It would be fair for questions of the viability of seeking funding from the MPS program to remain part of these discussions.

But, perhaps more cogently, Commonwealth funded Aged Care Packages provide funding at a level that enables older people to be supported in their homes “elderly units” in local communities well beyond the scope of Home and Community Care programs. The present oversupply of residential places in Network 8 needs to be

addressed if this avenue of support is to be available.

The present pattern of concentration of residential aged care may need to be addressed.

4. GMHS should initiate discussions with the NSW Ambulance Service to seek agreement about the skill, staffing and equipment levels required at the Jerilderie Ambulance Service.

In its present and projected role as the prime public health service emergency response facility in the area, the service needs to be staffed and equipped in such a way as to provide the local community with a sense of security about its emergency needs.

Current industrial relations issues do not allow more direct co-ordination of ambulance and local primary care services, but some flexibility should be sought to permit piloting of locally useful collaborative arrangements.

5. Issues related to the use of emergency care facilities, x-ray equipment etc. at the hospital premises should be resolved in discussion with the local medical practitioner.

The facility presently has an equipped dental surgery and physiotherapy unit on site and some synergies may be able to be achieved if general practice could be provided at the site as well.

6. Discussions about pharmaceutical supply needs should be commenced with the pharmacist in Finley, the Jerilderie agent, and the resident general practitioner.

The current system of supply is seen as inconvenient almost universally. The use of starter packs, and participation of public health staff in

the distribution system should be investigated.

7. Practical issues of access to acute care and emergency services at Finley Hospital identified in consultations need to be addressed in consultation between local visiting medical officers and public health administrators.

Jerilderie residents consistently reported access problems out of hours and when they were not on Finley GPs "lists". Indeed, many spoke of a reluctance to use local general practice services in the light of the longer term difficulties experienced with access to other services. The role of visiting medical officers at the Finley Hospital and their relationship to general practice seems to need some clarification.

8. Transport problems are at the heart of many of the difficulties Jerilderie residents experience in accessing health, medical and aged care services. GMHS should give consideration to piloting a system of health services transport more flexible and better resourced than current benchmarks allow. The pilot should investigate:

- **collaboration with LGAs,**
- **demand driven supply modes,**
- **cost recovery and subsidy relativities,**
- **flexible fleet arrangements, and**
- **connectivity issue.**