

Consultation Report

Future development of health services in the Wentworth Local Government Area

June 2014

Table of Contents

1. Overview	1
2. Service Gaps Identified	1
3. Service Priorities	3
4. Suggested Hub and Spoke Locations	4
5. Broad direction	5

1. Overview

Consultations on the redevelopment of health services in the Wentworth Local Government Area (LGA) were undertaken by the Far West Local Health District (LHD) in May 2014. A discussion paper was distributed to support community consultations and meetings with stakeholders.

The Chief Executive of the LHD introduced each session with the mission of the LHD: Excellence in Rural and Remote Health, and provided background information on the current status of health facilities, as well as projected changes in population across the region.

Following this, participants were invited to identify service gaps and priorities, and express their views the location and configuration of future services. Additional comments and feedback from community members and stakeholders were also able to be provided to the LHD through written submissions, a survey and email.

The information received in the face to face consultations and written submissions have been used to inform this report. Only one response was registered for the survey.

2. Service Gaps Identified

2.1 Wentworth

The consultations held in Wentworth identified the following service gaps in relation to accessing:

- cancer nurses such as breast cancer nurses;
- chronic disease management for diseases such as asthma;
- diabetes educators;
- detox facilities;
- early child services;
- home/domiciliary help services;
- palliative care;
- psychology and psychiatry services;
- screening services;
- short term inpatient and supported living care for mental health patients;
- stomal therapy; and
- teleconferencing and videoconferencing facilities.

Additional comments and concerns were raised in regard to the need to develop the workforce, in particular:

- to increase the number of nurse practitioners;
- the low palliative care staffing numbers;
- the recruitment of appropriately skilled people to manage services; and
- the ability to succession plan.

2.2 Dareton

The consultations held in Dareton identified the following service gaps in relation to accessing:

- endocrinology;
- timely access to public dental services;
- drug and alcohol detox beds;
- mental health, drug and alcohol services especially an on-call, out of hours service;
- an out of hours palliative care service;
- perinatal, antenatal and post-natal mental health services;

- ongoing specialist aged care; and
- psychogeriatric and child psychiatry.

Additional comments were made about the need for the health service to address community isolation and improve consultation with the Dareton community. The need to have purpose built meeting and 'child-friendly' interview/consult rooms. A request was also made around the ability for the LHD to develop a New South Wales equivalent to the Victorian 'Safety Link' personal emergency response system.

2.3 Buronga/ Gol Gol

The consultations held in Buronga/Gol Gol identified the following service gaps in relation to accessing:

- dementia specific services;
- health clinics for babies;
- medical grade bottled oxygen; and
- pulmonary rehabilitation.

Additional comments were made about increasing access to 'Enable NSW', particularly around the eligibility criteria, and increasing support for Hospital Admission Risk Program (HARP) patients.

2.4 General Service Gaps

There was general consensus amongst stakeholders across the LGA around identified service gaps in relation to:

- dietetics;
- GP services;
- convalescence/transitional care;
- occupational therapy;
- podiatry;
- physiotherapy;
- public dental;
- social work;
- speech therapy; and
- timely and appropriate access to services.

In addition the consultations identified the need for:

- sub-acute and urgent care services in Wentworth;
- a continence service, haemodialysis and dialysis facility, and access to timely physiotherapy in Wentworth and Dareton;
- provision of regular and consistent transport to health facilities in Dareton and Buronga/Gol Gol, with one suggestion made about establishing a free transport system.
- advertising available health services in local media, newsletters and community noticeboards in Dareton and Buronga / Gol Gol.

2.5 Aged care considerations

A number of stakeholders voiced concerned about the provision of aged care facilities and services for the region. These concerns related to primary support and outreach services, and ensuring adequate residential aged care beds to meet projected demand. Provision of

residential aged care facilities and services is a Federal Government responsibility and not an area in which the LHD operates.

2.6 Mildura

In addition to the comments identified in the 'General Service Gaps' section of the background paper, consultations undertaken in Mildura identified a need to improve outreach services to the Wentworth LGA and build capacity to manage patients on the autism spectrum.

It was also suggested that a GP service be attached to any developed sub-acute facility. Most clinical orientated stakeholders stated a desire to establish, improve and promote professional links with NSW service providers. In particular it was noted that if sub-acute services were to be developed it would be important for relationships to be developed with doctors at Mildura Base Hospital who may refer patients to ensure there was clear communication and confidence around the services to be provided.

It was also noted that if the LHD were to develop a facility at the eastern end of the LGA, inclusion of space or facilities that could be used by other service providers, including NGOs based in Mildura would aid the provision of services across the border into NSW.

3. Service Priorities

The priorities for the development of services were relatively consistent across meetings and discussions.

Access to allied health services, particularly physiotherapy, social work, occupational therapy and speech therapy was consistently identified as a priority for service development. It was noted this could and should occur independently of any capital developments. The development of locally based services, rather than expanding arrangements with Robinvale, was emphasised, given the clinical time lost in travel.

Early childhood services were identified as a particular priority for the eastern end of the LGA.

Access to mental health service was identified as a priority in approximately half the community consultations. On further examination this in large part related to access to inpatient mental health services, which are provided through Mildura Base Hospital and services for those with mild to moderate mental illness. The need for access to social workers was highlighted in this context.

Concern about access to GP services and community pharmacy was also identified as an issue, with the suggestion that the LHD consider providing support for development of these services within the Wentworth LGA.

Transport was consistently identified as a barrier to service access across the area. It was noted that placement of services within communities was essential for many peoples access, particularly where people did not own a motor vehicle or were unable to drive. It was noted in the course of discussions that the LHD did not have a direct role in the provision of transport services.

In one discussion access to renal dialysis was noted. It was suggested that if the LHD were consider including dialysis in its services, providing facilities for self-dialysis was likely to be the preferred option given the framework for funding dialysis consumables.

4. Suggested Hub and Spoke Locations

A key component of community consultations was discussion of potential configuration of services if funding were available for an ideal redevelopment of physical infrastructure.

4.1 Wentworth

There was consensus across the LGA was that a sub-acute and convalescence/transition facility should be located in Wentworth. It was broadly agreed this type of facility should be located close to Murray to allow interaction between the services and the exploitation of any potential synergies (e.g. shared catering).

Nevertheless there was some debate about relocation of the Wentworth facility from its existing location to a more central location in Wentworth township due to the risk of flooding.

An additional consideration in the course of consultations was the need to locate community based services within any new facility and also to consider the potential for other providers to use space within the facility to expand the range of services available within the community.

It was emphasised that facilities that may be developed in Wentworth, given the likelihood that some form of inpatient capacity will be involved, such as sub-acute beds, should operate as a hub for services such as physiotherapy, occupational therapy and speech therapy. Further the presence of staff 24 hours per day provided a strong argument for the inclusion of a urgent care/treatment capacity at Wentworth for cases that may not require emergency department care available in Mildura but did require attention or urgent assessment.

Finally, it was noted the provision of services to populations in Curlwaa, Pomona and Pooncarie needed to be considered and Wentworth was well placed as a focus for these services.

4.2 Dareton

There were a diversity of views expressed in relation to the role Dareton would play in a hub and spoke service system. Although the value of the existing facility and the role it played was noted there was some discussion about the extent to which this was reliant on staff being based in Dareton.

As most of the Dareton facility staff live in Mildura, it was suggested that associated administration services be relocated to Buronga/Gol Gol as this would free up space for services and facilitate staff retention and recruitment. One participant had a difference of opinion stating that such a move "would be disastrous for Dareton".

Once it was clarified that relocation of administration would not reduce actual services, the participant stated that they were "*happy for the administration base to be relocated so long as it did not reduce or ruin services*" and suggested perhaps there would be scope to increase services due to the freed up space. The need for the facility to cater to the Aboriginal community was also identified. This included discussion about the potential risk of staff having a home base elsewhere when consumers had found it more effective to access services at their convenience, rather than on the basis of appointments.

Participants in Dareton felt that the facility should provide sufficient space for clinics and ability to provide outreach services to other communities, with a focus on the provision of mental health services. It was also stated that allied health services should be located close to aged care facilities and that current dental services should be increased to a two chair, appointment based clinic to facilitate treatment.

A request was made for the establishment of multipurpose rooms to facilitate service synergy: same day delivery of complimentary services. It was suggested that the bank space in the Dareton facility provided an opportunity to develop a physical exercise space. It was also suggested that the non-heritage part of the current facility be demolished, rebuilt and expanded to create the multipurpose offices and consultation spaces.

It was also suggested services be rebadged to emphasise that they were intended for the whole LGA, not simply one community. Additionally, it was requested that any development be child and family friendly, and sound proofed to ensure patient confidentiality.

4.3 Buronga/Gol Gol

Perceptions about the need to develop a facility in Buronga/Gol Gol differed. Most participants agreed that “the community deserve something”, however some dissent was expressed given the proximity to Mildura and perceived ability to access services there.

Additionally, it was considered that residents in Buronga/Gol Gol were more likely to access services in Victoria due to their youth and increased mobility. In contrast, Buronga/Gol Gol participants felt that the establishment of a facility was necessary due to an inability to access primary health care services, such as pap smears, in Victoria.

Participants in Buronga/Gol Gol expressed desire for a facility which enabled community run programs, such as ‘move to music’, similar to a community hall.

5. Broad direction

There was general consensus amongst stakeholders that redevelopment of services should:

- encompass two hubs situated at either end of the LGA, in Wentworth and Buronga/Gol Gol;
- the emphasis of services based from Wentworth should support an aged population and sub-acute/urgent care;
- the emphasis of services based in Buronga/Gol Gol (ideally Midway) should be on early childhood and family health; and
- a service centre with space for multiple providers and some administrative capacity in Dareton.

The extent of administrative services and staff being based in Dareton, rather than simply providing services, was an area where Dareton residents expressed a dissenting view, noting that geographically Dareton was central within the LGA. The potential for the LHD to work more closely with CHAC was also highlighted as a key consideration in the development of services and facilities in Dareton.

Independent of developing new facilities, there is a perceived lack of access to allied health services across the region which is not addressed by services available in Mildura. Addressing this gap in services should be a priority for the LHD.