

Tumut Health Service Plan 2006-2011

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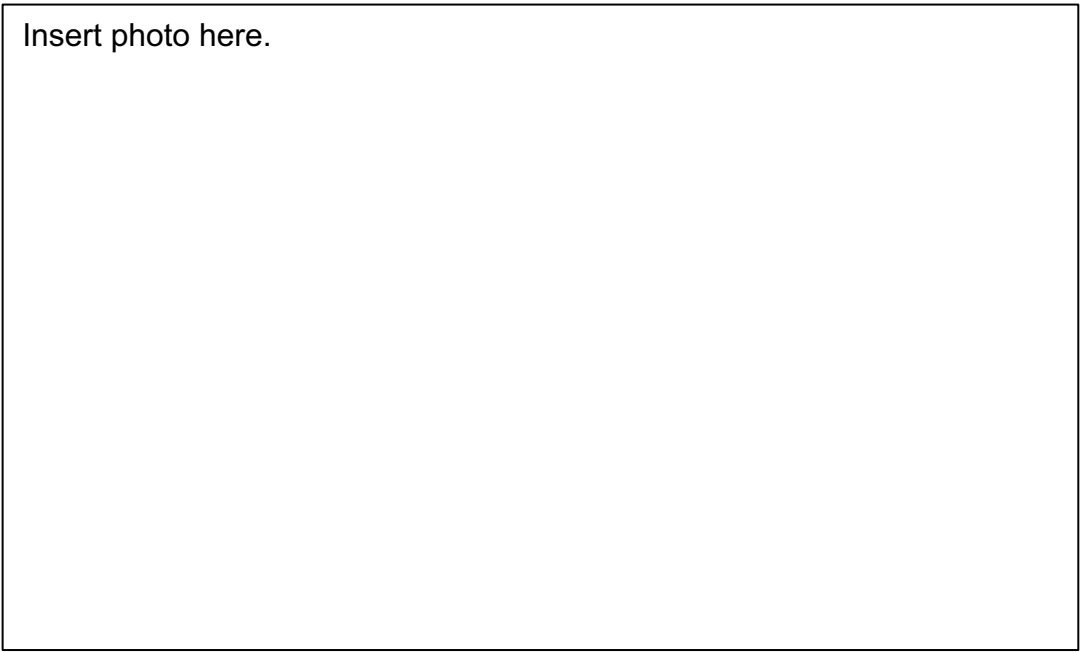


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EXECUTIVE SUMMARY

Introduction

The purpose of the Tumut Health Service Plan is to provide an outline of the health care services to be provided in the Tumut Local Government Area to meet the current and future health needs of the Tumut community. The Services Plan will provide a framework that will guide service development, facility planning, workforce development and IT/asset planning.

The plan has been developed in partnership with the Tumut Health Service Plan Steering Committee and has been based on consultation with committee members, health service staff, local service providers and community members.

People and health facts

The Shire of Tumut includes the townships of Tumut, Adelong, Batlow and Talbingo and has a population of 11,228 recorded at the 2001 census.

Information about the population highlights a number of factors that may influence planning decisions:

- Although the Department of Planning, Infrastructure and Natural Resources predicts a slightly decreasing population, local Government and industry information suggests that there will be an increase in job opportunities and that the population may increase in association with this. This may result an increasing workforce likely to be accompanied by young families, who may require access to obstetric and child and family health services.
- The population of Tumut is also ageing with a predicted increasing proportion of people over 65. This may increase the demand for services to meet the needs of those with chronic and complex conditions and may also increase the demand for residential and community based aged care.
- The relatively low socioeconomic profile for Tumut LGA may influence the rate of private health insurance and may increase the demand for public health services.
- There may be an increased likelihood of farm and industrial accidents associated with the high levels of employment in agriculture, manufacturing and construction.
- The relatively high proportion of Aboriginal people is likely to result in an increased demand for some health services as many indigenous people experience much poorer health than non-indigenous Australians.

The major reasons for death and hospitalisation for residents of Tumut are circulatory disease, cancer, respiratory disease and injury. Information about the health of the population of Greater Southern Area Health Service (GSAHS) shows that compared with NSW, there is a high incidence of asthma and obesity and a relatively high rate of alcohol risk drinking behaviour.

This information highlights the opportunities for a population health approach to enhance health promotion and prevention with a particular focus on reducing the risks for cardiovascular disease and diabetes, and improving coordination of care for those with chronic disease.

Health services in Tumut

Tumut Health Service provides a comprehensive range of services that meet the needs of the local community. These services include the Tumut District Hospital which provides emergency care, surgery, obstetric services and medical care and the Tumut Community Health Service which has a range of local and visiting community based services.

The Tumut District Hospital is a 34-bed facility that provides a mix of emergency, surgical, obstetric and medical services. In 2003/2004 the hospital provided:

- 2089 separations (services to inpatients)
- 145 births
- 306 surgical and other procedures
- 4136 emergency department services.

For these services:

- The average length of stay was 3.6 days
- There was a 61% occupancy rate
- 91% of the surgical activity was elective
- 87% was provided for local residents.

For residents of Tumut Shire who required hospital services:

- 55% received hospital treatment at Tumut
- 24% went to Wagga Wagga Base
- 6% went to ACT hospitals
- 8% went to Batlow hospital (mainly residents of Batlow or Adelong).

Community Health Services are provided by the former Greater Murray Network 5 Community Health Service based in Tumut. Local services include Aboriginal Health, Aged Care, Mental Health, Child & Family, Drug & Alcohol, Allied Health and Women's Health. A number of more specialist services can be provided on outreach from Wagga Wagga. In 2003/2004 there were 24,748 non-admitted patient occasions of service provided by Network 5 Community Health.

Other primary care services in Tumut include 7 General Practitioners, 2 Dentists, a pharmacy and a range of private allied health and other non-government or volunteer support agencies.

Issues relating to local health services include:

- Recruitment and retention of health professionals - in particular there are shortages in GPs, GP proceduralists, GP obstetricians, anaesthetists and allied health staff.

- The provision of effective emergency, mental health, allied health and maternity services is significantly affected by the poor facility condition at the Tumut District Hospital site.
- The local x-ray service is well supported and available free to public patients. However there is only a limited ultrasound service available in Tumut through a private provider – users raised concerns about the high costs involved in accessing this service and the more specialist service in Wagga Wagga.
- A number of community members mentioned that there was a lack of information about local health services and that often people travelled out of Tumut due to lack of knowledge about local options.
- Aboriginal people raised concerns about difficulties in accessing some services in Tumut and gave examples where there seemed to be a lack of understanding about their particular cultural issues.
- Many community members and staff highlighted the opportunity to enhance health promotion activities.
- There is no integrated chronic and complex care program or coordinated rehabilitation program available locally.
- Dental health promotion was raised as an issue with a particular concern regarding the lack of fluoridation of the local water supply.
- There are many examples of good partnerships between service providers and opportunities to enhance links particularly with ambulance and the private sector.

Future directions

The Tumut Health Service plan reinforces the continuing role of Tumut Hospital in providing services consistent with a role delineation level 3 service. It also highlights the important role of the Community Health Service in providing access to primary prevention, early intervention and treatment services. The plan has identified current services, projected demand, issues in service provision and has made a number of recommendations for service change or enhancement. These recommendations can be found in Chapters 7 & 8 of the plan and are summarised below:

a) Local services

This plan confirms the continuing role of the Tumut Health Service in providing local inpatient and community based services and supports the increased integration of services across these two domains. The plan identifies the following areas for changes in the models of care and/or enhancement:

- The option to introduce rehabilitation and/or transitional care programs will be investigated.
- Maternity services will be reviewed and new models of care explored. Criteria for admission if no anaesthetist is available will be introduced.
- The option to increase local surgical services to support improved access to surgery and increased self-sufficiency will be investigated.
- A multi-disciplinary approach to diabetes will be developed in partnership with local GPs and the Riverina Division of General Practice and Primary Care.
- The service will review local models of chronic disease management and develop case management/care coordination services.

- An inter-agency approach to addressing depression and mental illness will be developed.
- There will be a focus on promoting healthy aging with programs to include falls prevention, physical activity and community activities.
- The service will work with the Tumut council and inter-agency forum to develop a local services directory.
- The Schools as Community Centres project will be implemented and will increase access to services in the community.
- The service will work with other agencies to develop an integrated approach to the planning and implementation of primary prevention programs.
- Opportunities to support an “innovative” wellness centre will be explored.
- Options to increase the level of local pharmacy support for the health service will be identified.
- The health service will support efforts to increase access to ultrasound services.

b) Workforce

The maintenance of a skilled and supported workforce is a key priority for Tumut Health Service. Strategies to support staff will include:

- A focus on the recruitment of additional GPs, GP proceduralists/obstetricians, GP anaesthetists and allied health staff
- The development of an annual training calendar to include training in emergency and mental health care, chronic disease management, the care of older people in the acute setting and cultural awareness
- Participation in clinical networks to provide opportunities for staff to access support and training from other sites
- An annual review of workforce needs.

c) Infrastructure

The poor condition of the facilities at both Tumut Hospital and Community Health are affecting the ability of the service to provide appropriate care. This plan recommends that:

- A facility review and a site master plan be developed to outline possible short term (3-5 years) solutions to the current infrastructure problems at Tumut Hospital and Community Health Centre. This would include as a priority improvement of the emergency department environment, improved access to Community Health and consideration of the relocation of the maternity wards within the hospital.
- The complete redevelopment of Tumut Health Service be included on the NSW Health capital works program and that planning for a new facility should commence within the next 3-5 years.

Benefits

This plan is designed to improve the delivery of health services in Tumut and the implementation of the recommendations of the plan will provide the following benefits for the users and staff of the Tumut Health Service:

- an increased focus on maintaining good health and preventing disease through projects that target physical activity, good nutrition and social support
- more coordinated services through partnerships between the Health Service and local Council, other service providers and the community with an emphasis on chronic disease management, integrated diabetes management and mental health
- improved service facilities through the development of a site master plan to recommend short and medium term solutions to current facility issues, and through a long term plan to include Tumut Health Service on NSW Health's capital works program
- increased access to services through the better use of telehealth and health related transport and through consideration of new services including, where supported by GSAHS, additional surgical activity, local pharmacy services, access to public ultrasound and local transitional care and rehabilitation services
- a more supported workforce through the development of an annual training program, participation in clinical Networks across the Southern Slopes cluster and with Wagga Base Hospital, and new recruitment strategies aimed at attracting General Practitioner, anaesthetic and allied health staff
- support for healthy aging through the introduction of programs including falls prevention, physical activity and community activities
- improved access to information about local health services through the development of a web-based local service directory
- an increased focus on mental health through an interagency approach to addressing depression and mental illness
- increased support for families with young children through the establishment of both the Tumut Schools and Community Centres project and the Integrated Perinatal Care program.

Review

The Tumut Health Service will work with other local service providers, the Tumut Shire Council and the local Health Council to develop an annual implementation plan based on this Health Service plan. This implementation plan will identify key actions that will occur in order to progress the recommendations of this plan. A formal review will occur each 12 months and the results of this review will be made available to members of the Tumut Community.

A new Service Plan will be developed 3 years after the commencement of this plan.

1 INTRODUCTION

1.1 Purpose

The purpose of the Tumut Health Service Plan is to provide an outline of the health care services to be provided in the Tumut Local Government Area to meet the current and future health needs of the Tumut community. The Services Plan will provide a framework that will guide service development, facility planning, workforce development and IT/asset planning.

The Plan proposes a model of care consistent with NSW Health and GSAHS strategic directions and complements initiatives already in place across the health sector in line with current and emerging trends in health service delivery. It underpins work already being done, focuses on strengthening service delivery and provides clear service outcomes and strategies for the next five years from 2005 until 2010.

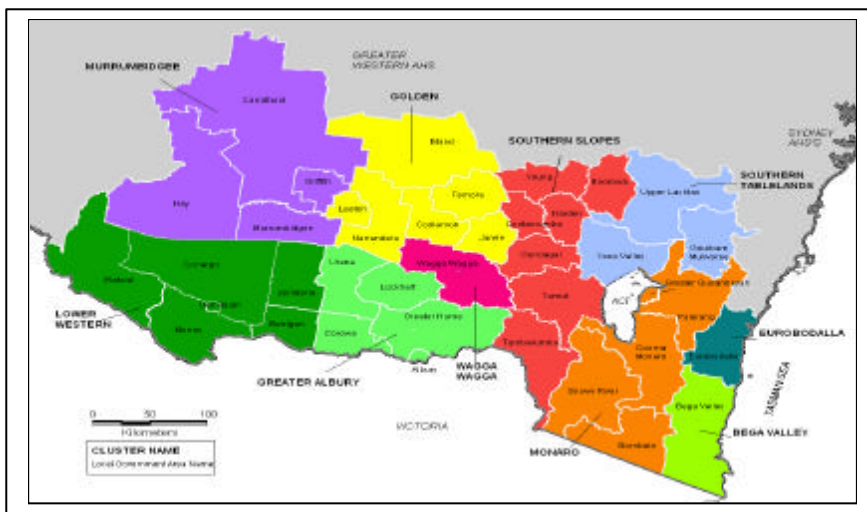
1.2 Greater Southern Area Health Service Profile

The GSAHS was formed on January 1, 2005 by combining the former Greater Murray and Southern Area Health Services. The GSAHS has 47 hospitals, over 60 community health centres, covers an area of 166,000 km², has a population of 460,000 and approximately 5,940 full time equivalent (FTE) staff.

The Area covers a third of NSW and extends from the NSW coast, across the Great Dividing Range and the Snowy Mountains, to the south-west slopes, Riverina and Murrumbidgee regions and Murray border areas.

Greater Southern Area Health Service has been divided into 10 cluster groups based around clusters of local government areas. The map below shows the area covered by GSAHS, the sites of the 47 hospitals and clusters.

Figure 1 – GSAHS



1.3 Background

The Tumut Health Service Plan is informed by the Greater Southern Area Health Service Strategic Plan and Healthcare Services Plan. The mission statement for GSAHS is:

To promote and deliver accessible quality health services for all people living in the Greater Southern Area through an integrated health system.

This mission will be achieved through an increased focus on clinical governance, by using knowledge and innovation to continuously improve, by making the best use of resources and by enhancing working partnerships.

1.4 Key Planning Considerations

Factors that need to be considered in planning health services for Tumut include:

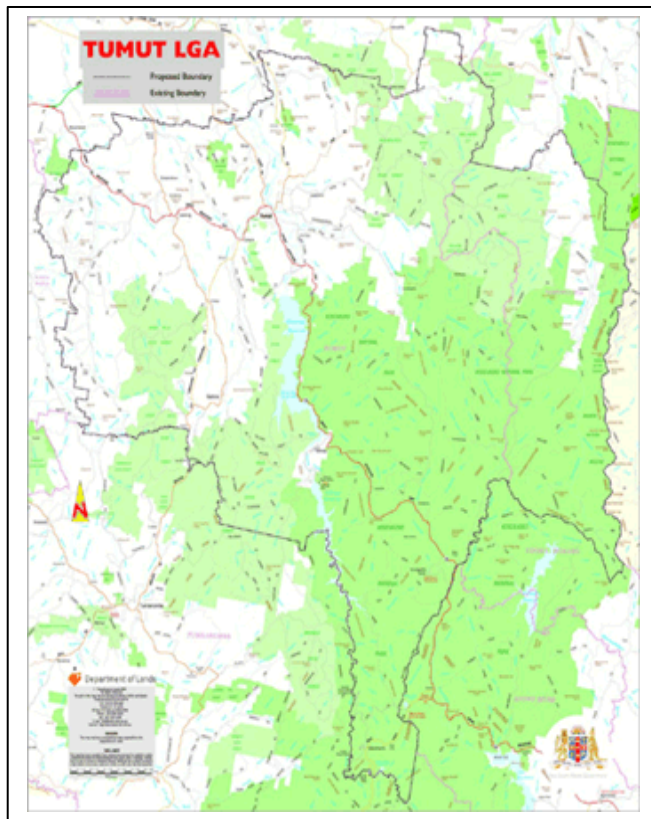
- Difficulties in recruiting health professionals to the region, with particular shortages in General Practitioners, GP anaesthetists and allied health staff.
- Opportunities to increase surgical activity in key areas to reduce the pressure on Wagga Base Hospital and to address outflows to the ACT
- Strong regional growth in industries including forestry and manufacturing with a resultant increase in the local workforce
- Opportunities to enhance or formalise clinical networks with Wagga Base in areas including surgery, obstetrics and medical care
- The poor state of the health service facility in Tumut with particular effects on provision of emergency services, mental health support, community health and maternity services.

2 CONTEXT

2.1 Location

Tumut township lies in the Tumut Shire that is located in the “Southern Slopes” cluster of Greater Southern Area Health Service in South-Eastern NSW. Tumut Shire includes the townships of Tumut, Adelong, Batlow, Brungle and Talbingo and has an estimated resident population of 11588 people. The Local Government Area of Tumut covers 3760 square kilometres and is one of 44 local government areas in the Greater Southern Area Health Service.

Figure 2 – Tumut LGA



Source: http://www.dlg.nsw.gov.au/dlg/dlghome/dlg_Regions.asp?regiontype=2&slacode=2750®ion=SE

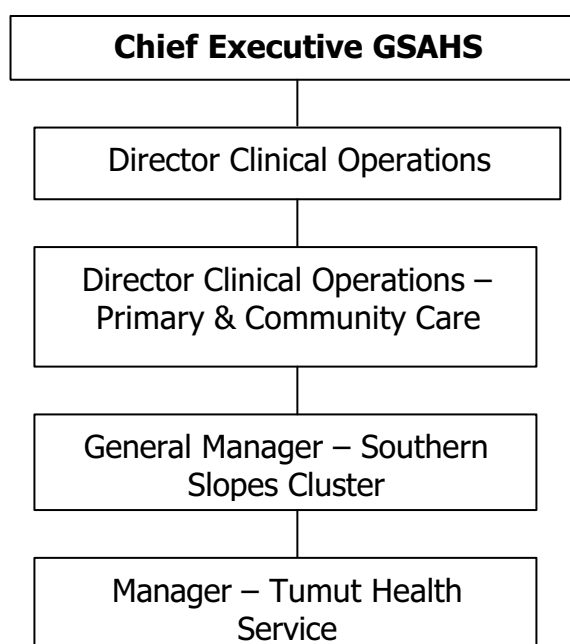
2.2 Profile of Tumut Health Service

Tumut Health Service is one of 47 hospitals and 62 Community Health Services provided by Greater Southern Area Health Service. Tumut Health Service is located in the Southern Slopes cluster, which includes health services at Young, Cootamundra, Murrumburrah-Harden, Gundagai, Tumut, Adelong/Batlow and Tumbarumba. (See Figure 1)

2.2.1 Organisation Structure (proposed)

The Manager of Tumut Health Service reports to the General Manager of the Southern Slopes cluster who, in turn reports to the Director Clinical Operations – Primary & Community Care. The organisation structure is shown below:

Figure 3: Proposed organisational structure Southern Slopes cluster



2.2.2 Budget profile

In 2004/2005 the budget for the Tumut Health Service included:

- Tumut District Hospital – \$3.7 million
- Tumut (Network 5) Community Health - \$1.6 million

2.2.3 Staffing profile

There were a total of 64.4 staff – 38.2 at Tumut District Hospital and 26.2 at Community Health. The staffing profile is shown in the table below:

Table 1: Summary of FTEs for Tumut Health Service 2004/2005

Service		Staffing category	FTE
Tumut District Hospital		Health Service Manager	1.0
		Nursing Unit Manager	3.0
		Registered Nurses	10.8
		Enrolled Nurses	11.2
		Administration/clerical	2.3
		Hotel Services	6.5
		Engineering & maintenance	1.0
		Other (radiographer)	1.4
Tumut Community Health		Health Service Manager	1.0
		Team leader(s)	0.5
		Community nurses	8.5
		Early childhood nursing	2.0
		Allied Health	4.0
		Administration/clerical	2.2
		Mental Health	4.0
		Other	4.0

Source: Tumut Health Service

2.3 Health Networks

The community of Tumut has access to a comprehensive range of local health services and is able to access more specialist services from the regional centre of Wagga Wagga, 97 kms to the west. A number of smaller communities use health services in Tumut – these include Gundagai, 36 kms to the north, Batlow, 32 kms south and Adelong, 20 kms to the west. Tertiary health services are available from Canberra or Sydney.

Local services and service networks include:

- Primary & Community Care – Tumut Community Health Service
- MPS/Community Hospitals – Gundagai, Batlow and Tumbarumba
- District Health Services – Tumut District Hospital
- Rural referral health service – Wagga Base Hospital
- Tertiary referral health service – Sydney/ACT

2.4 Transport Networks

The Sturt and Snowy Mountains Highway are the main roads between Tumut and Wagga. Distances and travelling times by road to relevant communities are included in the following table:

Table 2: Distances and travelling times from Tumut

Town	Distance from Tumut (Km)	Approx travelling time
Adelong	20 km	15 minutes
Brungle	21 km	24 minutes
Batlow	32km	25 minutes
Talbingo	42 km	30 minutes
Wagga Wagga	97km	1 hour 10 minutes
Gundagai	36km	30 minutes
Canberra	197km	2 hours 40 minutes
Sydney	404km	5 hours

Road conditions are generally good although there are sections where the roads are steep, narrow and winding. In winter the road between Tumut and Batlow is occasionally blocked by snow.

2.4.1 Bus, rail & plane transport

Bus services to and from Tumut can link with other bus services en route to Canberra, Sydney and Melbourne.

A bus/rail service is available Sunday to Friday via Gundagai and Cootamundra to Sydney. This service is not available on Saturday although there have been frequent requests from the community for a daily service.

Tumut has an aerodrome with no passenger service other than private charter. There are regular flights to Sydney and Melbourne from Wagga airport, approximately a 1 hour drive from Tumut.

2.4.2 Public transport

There are no bus services in Tumut other than community transport and courtesy buses from the local Bowling, RSL & Golf Clubs.

There is a private taxi service.

2.4.3 Community transport

Tumut and Talbingo Community transport is funded under the Home & Community Care program (Department of Ageing, Disability and Home Care) with a small amount of additional funding from NSW Health for health-related transport and from the Ministry of Transport for services for Aboriginal people. The service is auspiced by Tumut Shire Council and has 4 vehicles including a wheel chair accessible vehicle and a commuter van. The service funds 52 hours administration, in Tumut and 12 hours in Talbingo and 38 hours driving – the rest of the service is supported by volunteers and by fund-raising to replace vehicles as required. The service provides transport for health, shopping and social needs.

2.4.4 Emergency transport

Emergency transport services for Tumut LGA include emergency medical retrieval services, including helicopter retrievals to Canberra, and Ambulance services located in Tumut. There is a helipad at the hospital (its construction was supported by local community groups) – between May 2002 and May 2005 there were 39 helicopter retrievals, mostly to Canberra.

2.5 Community concerns

The Tumut Shire Council completed a **Social Plan** for 2002-2006 in consultation with the Tumut Community. From this consultation, the following concerns relating to health services were raised:

- The need for a new hospital in Tumut and an MPS in Batlow
- The need for increased community involvement in the health service including health service planning
- A requirement to clarify the need for respite care and identify options for service provision
- The need to focus on recruitment and retention of health professionals for Tumut LGA.

The council resolved to lobby both NSW Health and the former Greater Murray Area Health Service to address these areas of concern.

A revised Social Plan is currently being developed – issues raised in consultation for this new Social plan include those listed above and further concerns about mental health issues, access to specialist services, frequent vacancies at Community Health and the constant turnover of allied health staff. Some of the suggestions made include a whole of community response addressing mental health and suicide with a focus on de-stigmatising mental health problems and introducing local measures that are suited to the rural environment. An increased focus on health promotion and better coordination of services are also suggested.

The ***Tumut District Hospital Development Committee*** was established in May 1999 in response to a public meeting that raised concerns about the inadequacies of the current Tumut District Hospital to service its present and projected community.

The committee consists of doctors, health professionals and general community members. The objective of the committee is to ensure that the Tumut District Hospital is replaced by 2009 and has met with a number of key health service personnel over the past 5 years to lobby for inclusion of Tumut in the Area's capital works program. Most recently, the committee met with the then Deputy Administrator of Greater Southern Area Health Service, Dr Joe McGirr, in late 2004. The outcome of this meeting was an agreement to undertake a service plan and facility review as the first steps of a planning process for a new facility at Tumut.

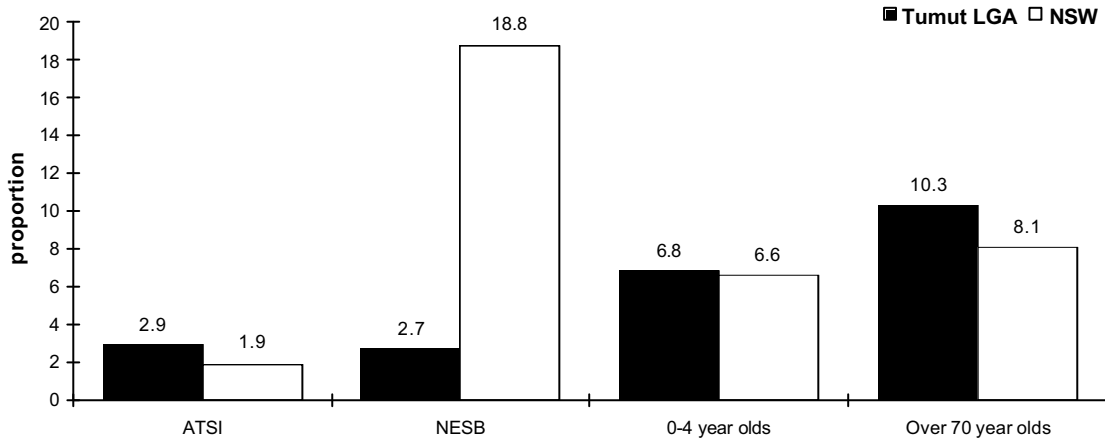
3 DEMOGRAPHIC PROFILE

3.1 Population summary

The Shire of Tumut includes the townships of Tumut, Adelong, Batlow and Talbingo. The population of the shire as recorded in the 2001 ABS Census was 11,228 with an estimated resident population of 11588.

Figure 4: Demographic profile Tumut LGA

Source: Census of Population & Housing, 2001

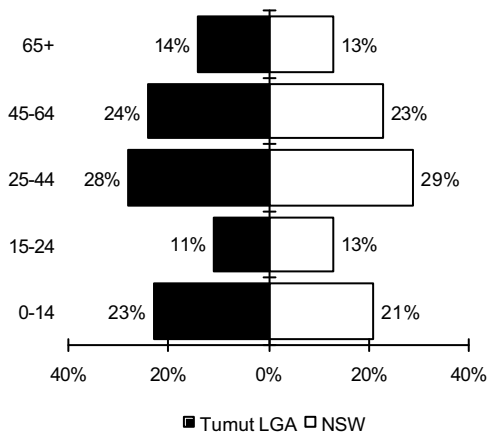


Notes: Non-English Speaking Background is based on language other than English spoken at home

The above graph shows a higher proportion of Aboriginal and people over 70 than for NSW and a significantly lower proportion of people from a non-English speaking background.

3.2 Age & Gender Profile

Figure 5 - Age Profile: Tumut LGA and NSW



Source: Census of Population And Housing, 2001

The population age structure for Tumut Shire is similar to that of NSW, although there is a slightly lower proportion of young adults aged 15–24, and a slightly higher aging population.

Of the 11228 people in Tumut on Census night, 5768 were males (51.4%) and 5460 were females (48.6%).

3.3 Indigenous population

There are 321 people who identified as being of Aboriginal or Torres Strait Islander origin in the 2001 census. This equates to 2.9% of the population, which is higher than the NSW average of 1.9%. 16.5% of the indigenous population were aged 0-4 years old – this proportion is much higher than for the non-indigenous population (6.4%). Only 13% of the indigenous population have completed Year 11 or 12 compared with 23% of the non-indigenous population. The unemployment rate for indigenous people is 32% compared with 6.3% for non-indigenous people. 39% of indigenous families had a weekly family income of less than \$500 compared with only 25% of non-indigenous people. The mean household size is 3.3 for indigenous households compared with 2.5 for non-indigenous.

It is likely that the above socio-economic disadvantages influence the health status of indigenous people in the Tumut LGA, resulting in poorer health and increased needs for culturally appropriate health services.

3.4 Multicultural population

In the 2001 census, 8.2% of people stated that they were born overseas. Of these, the three main countries of birth were the United Kingdom (2.5%), New Zealand (1.3%) and Germany (0.7%). Only 2.7% of people stated that they spoke a language other than English at home. This is significantly less than for NSW as a whole (18.8%).

3.5 Population Growth

The population of the Tumut Shire has increased slightly from 11175 in 1991 to 11228 in 2001. This represents a 0.5% increase over that period. Interestingly the population had declined in the 1996 census to 10951, but has increased by 2.5% since then.

Table 3: Census counts by Sex for Tumut LGA 1991 – 2001

	2001	1996	% change 1006 – 2001	1991	% change 1991 -2001
Male	5768	5574	3.5%	5873	1.7%
Female	5460	5377	1.5%	5502	-0.8%
Total	11228	10951	2.5%	11175	0.5%

Information from Tumut Shire Council suggests that this population growth has continued since 2001, with the estimated resident population in 2003 being 11,547 (a 2.8% increase from the 2001 census figure). The number of people on the electoral role increased by 3% in the 2 years to March 2005 (Electoral Office April 2005), and the labour force increased by 4% in the period March 2002 to December 2004 (Small Area Labour Markets Report, Dept of Employment & Workplace Relations April 2004.)

3.6 Population Projections

According to the Department of Infrastructure, Planning and Natural Resources, the total population of Tumut LGA is expected to decrease slightly from 11,470 in 2001 to 11,220 in 2021, representing a 2.2% decrease over this period. The percentage of people over 65 is expected to increase from 15% to 23% over than time, which is likely to increase the demand for health services.

Table 4 - Population Projections

Source: Department of Infrastructure, Planning and Natural Resources 2004.

Year	Population:			Sex ratio	% aged	% aged	Depend- ency ratio
	Males	Females	Persons		0-14	65+	
2001	5,830	5,640	11,470	103	22%	15%	59
2006	5,810	5,740	11,550	101	21%	16%	59
2011	5,700	5,720	11,420	100	20%	18%	60
2016	5,620	5,690	11,310	99	18%	21%	64
2021	5,560	5,670	11,220	98	18%	23%	70
2026	5,500	5,630	11,140	98	17%	26%	76
2031	5,440	5,580	11,020	98	16%	28%	82

Sex ratio is the number of males per 100 females.

Dependency ratio is the number of people aged 0-14 and 65+ per 100 people aged 15-64.

(It is important to note that population projections estimate the resident population of an area, and are not directly comparable to censal populations due to the methodology adopted for the Australian Census.)

Information from Tumut Shire Council, however, suggests that the population is increasing and that this trend is likely to continue. There are a number of significant industry expansions planned for the next few years and this is likely to result in an increased workforce and increased population. The proposed expansions include:

- \$56 million expansion of the Weyerhaeuser Tumut mill with the potential to create 30 direct and 12 indirect jobs
- \$360 million expansion of the Tumut Visy Pulp & Paper Mill will double current capacity and, it is predicted, will result in 100 direct and 450 indirect jobs
- Increase in pine plantations to cater for increased processor demands will also result in increased jobs (industry estimates are for between 670 and 1000 jobs in the region)
- Increases in tourism promotion and infrastructure will also increase employment opportunities. There are current projects for a \$750,000 expansion to a motel and for a multi million dollar fishing lodge next to the Tumut River.

Tumut Council is currently planning to release close to 200 new building blocks on to the market to help to meet the growing demands due to job growth.

3.7 Ageing

As can be seen from the table above, those aged over 65 years are expected to make up a large proportion of the total population in the future. The Commonwealth Department of Health & Ageing uses the numbers of people aged 70 and over for calculating the requirements for residential aged care. The table below therefore shows the population projections for people aged over 70 for the Tumut LGA. This shows an increase of nearly 400 people and an increase in percentage from 10.9 – 14.3%. This is likely to result in an increased demand for aged care services.

Table 5 – Population projections over 70: Tumut LGA

Source: Department of Infrastructure, Planning and Natural Resources 2004.

Year	2001	2006	2011	2016
Population over 70	1250	1330	1460	1620
Total population	11,470	11,550	11,420	11,310
% 70+	10.9%	11.5%	12.8%	14.3%

3.8 Social Determinants of Health

There is overwhelming evidence that the health and wellbeing of individuals and communities is linked to socio-economic factors. People who are more disadvantaged have more chronic illnesses, experience more risk factors and use preventive services less than those who are more affluent.

3.8.1 Socioeconomic Profile

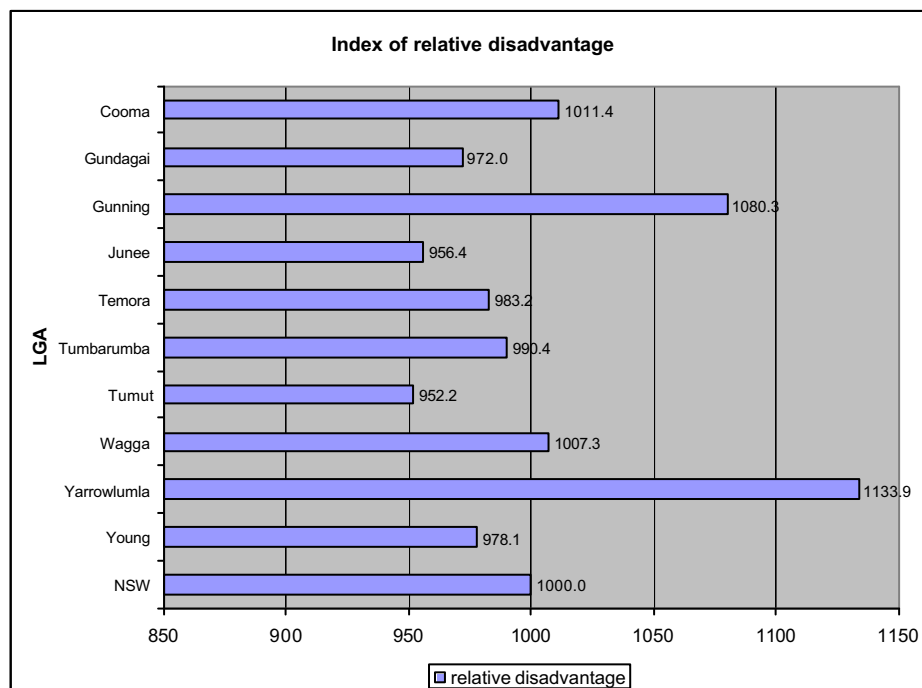
Socioeconomic indices are constructed by the Australian Bureau of Statistics and reflect attributes such as income, educational attainment, unemployment and dwellings without motor vehicles. In particular the index of socioeconomic disadvantage focuses on low-income earners, relatively lower educational attainment and high unemployment. Figure 6 presents a summary of the index of relative socioeconomic disadvantage for local government areas in Tumut region of Greater Southern AHS. The index score for NSW is 1,000.

There is large variation between the LGAs that make up Greater Southern AHS with Tumut one of the most disadvantaged areas. Yarrowlumla and Gunning were among the least disadvantaged areas¹.

¹ (N.B. Because of the variables used to calculate the Index of Social Disadvantage, it may be biased in favour of rural or remote areas resulting in a higher index figure (that is, a lower level of disadvantage). Therefore, this Index should be interpreted with caution in rural and remote areas.)

Figure 6: Index of relative socio-economic disadvantage

Source ABS SEIFA data (HOIST) Epidemiology & Surveillance Branch, NSW Health

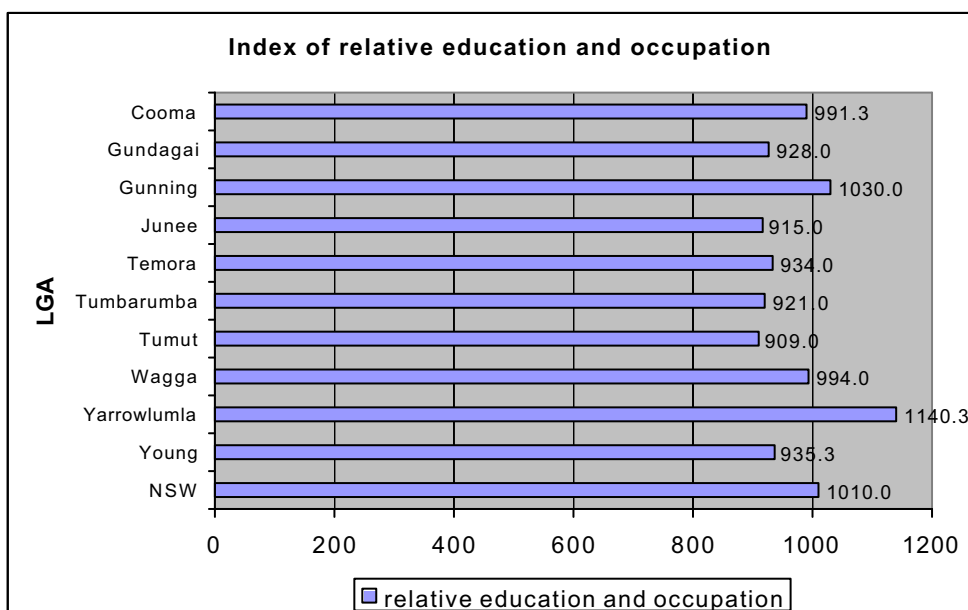


The index of relative education and occupation includes attributes relating to the proportion of people employed in a skilled occupation or the proportion of people with a higher qualification. Figure 7 below presents the index of relative education and occupation by local government areas in the Tumut region of Greater Southern NSW. The index score for NSW is 1,010.

Tumut is one of the lowest ranking LGAs in the region with fewer people in skilled occupations or holding higher qualifications.

Figure 7: Index of relative education and occupation

Source ABS SEIFA data (HOIST) Epidemiology & Surveillance Branch, NSW Health



3.8.2 Income

At the time of the Census, residents of the Tumut Shire aged 15 years or over were more likely to have gross incomes of less than \$500 a week and less likely to have incomes of \$1500 and over, than the average for NSW.

The median weekly individual income for people in Tumut was \$300 - \$399, the same as for NSW. However, the median family income was \$700 - \$799, less than the NSW median of \$800 - \$999 and the median household income was \$600 - \$699, again less than the NSW median of \$800 - \$999. This would suggest that there may be more single income families and households in Tumut than on average across NSW.

In April 2005, the Australian Tax Office released average income per capita figures for 2002/2003. Tumut's average income of \$37,992 was 13% below the State average of \$43,651 and below the National average of \$40,826. However, of the 12 largest towns in the Riverina, Tumut's average income ranked second, marginally behind Wagga Wagga (\$38,078). This may reflect the higher than average incomes received in the timber processing organisations, with an increasing requirement for technical and skilled operators.

3.8.3 Unemployment rate

The unemployment rate for Tumut LGA is 6.8%, which is lower than the rate for NSW as a whole.² Council information suggests that there is likely to be an expansion of a number of local industries and this should help to keep the unemployment rate low.

² Unemployment rate is a percentage of the labour force, not the entire population

3.9 Local industries

Major industries within the Tumut LGA are agriculture & forestry, manufacturing, retail and construction. There is, however, a difference between the sexes with agriculture, forestry and manufacturing being the major sources of employment for men, and the retail trade and the health and community services sector being the major employers for women.

Industry growth due to local factors was strongest in the construction (158 jobs created between 1996 and 2001), manufacturing (78 jobs) and transport and storage (42 jobs) industries. Local Council information suggests that there will be continuing work opportunities in the manufacturing and construction industries as the timber and paper mills expand. There may also be increasing job opportunities in retail, with a planned expansion of the local Target store, and tourism, with new motel and fishing lodge facilities planned for the region.

Table 6: Industry of employment by sex – Tumut LGA

Source: Census Of Population and Housing, 2001

Industry	Males	Females	Total
Agriculture, Forestry and Fishing	621	238	859
Manufacturing	695	136	831
Retail Trade	260	382	642
Construction	331	36	367
Health and Community Services	39	293	332
Education	77	189	266
Wholesale Trade	145	103	248
Accommodation, Cafes and Restaurants	80	163	243
Property and Business Services	108	126	234
Transport and Storage	130	33	163
Government Administration and Defence	84	39	123
Personal and Other Services	59	63	122
Electricity, Gas and Water Supply	99	9	108
Not stated	44	36	80
Finance and Insurance	18	42	60
Cultural and Recreational Services	29	27	56
Communication Services	20	10	30
Non-classifiable economic units	22	8	30
Mining	4	0	4
Total	2,865	1,933	4,798

3.10 Discussion

The above demographic profile highlights a number of factors that may influence planning decisions.

- Although DIPNR predicts a slightly decreasing population, local Government and industry information suggests that there will be an increase in job opportunities and that the population may increase in association with this. This may result an increasing workforce likely to be accompanied by young families, who may require access to obstetric and child and family health services.
- The population of Tumut is also ageing with a predicted increasing proportion of people over 65. This may increase the demand for services to meet the needs of those with chronic and complex conditions and may also increase the demand for residential and community based aged care.
- The relatively low socioeconomic profile for Tumut LGA may influence the rate of private health insurance and may increase the demand for public health services.
- There may be an increased likelihood of farm and industrial accidents associated with the high levels of employment in agriculture, manufacturing and construction.
- The relatively high proportion of Aboriginal or Torres Strait Islander people is likely to result in an increased demand for some health services as many Indigenous people experience much poorer health than non-Indigenous Australians.

4 HEALTH OF THE POPULATION

4.1 Mortality trends

Information about the cause of death is available for the years 2000 – 2003 for the Tumut LGA. In this time, there were 361 deaths with the most common cause of death being circulatory disease, followed by cancer and respiratory disease. For males cancer accounted for 28% of all deaths, compared with 22% for women. Circulatory disease was a stronger factor for women (49% of all deaths) than for men (30% of all deaths).

Table 7: Causes of death 2000 – 2003: Tumut LGA

Source: ABS mortality data (HOIST) Epidemiology and Surveillance Branch, NSWHealth

Cause	Female	Male	TOTAL	%
Circulatory disease	79	61	140	38.8
Cancer	36	57	93	25.8
Respiratory disease	11	25	36	10
Accident or injury	5	14	19	5.3
Endocrine disease	6	12	18	5
Digestive disease	5	8	13	3.6
Genitourinary disease	8	3	11	3
Mental Health conditions	6	3	9	2.5
Intentional injury		6	6	1.7
Nervous system disorders		4	4	1.1
Infectious disease	1	2	3	0.8
Musculoskeletal disease	2	1	3	0.8
Perinatal conditions		3	3	0.8
Congenital disease	1	1	2	0.6
Other		1	1	0.3
Grand Total	160	201	361	100

4.2 Major causes of hospital admissions

With the exception of pregnancy the main causes of hospitalisations for males and females are similar in GSAHS and Southern Slopes³. The most common causes were digestive disease (12.9% males, 13.2% females), factors influencing health (15.0% males, 13.1% females), accidental injury (13.5% v 9.2%), cardiovascular diseases (11.2% v 8.3%) and respiratory diseases (9.4% males, 6.5% females). More southern Slopes males were admitted for respiratory and cardiovascular diseases than GSAHS males.

At a local level the major reasons for admission to hospital include surgery, obstetrics and respiratory medicine (see Table 8 below):

³ This information is only available at cluster level.

Table 8 - Tumut District Hospital Top 10 SRGs 2003/2004

Source: FlowInfo Version 5.2 – Statewide Services, NSW Health, 2004

SRG	Separations	Beddays
54 Non Subspecialty Surgery	240	489
72 Obstetrics	199	555
24 Respiratory Medicine	184	868
11 Cardiology	175	457
27 Non Subspecialty Medicine	158	536
74 Unqualified Neonate	137	397
49 Orthopaedics	93	245
99 Unallocated	92	247
15 Gastroenterology	88	211
21 Neurology	88	227
52 Urology	88	131
Other	585	2,355
Total	2,127	6,718

4.3 Health status

The latest NSW Health Survey provides information about particular health conditions for GSAHS residents. This survey shows that 82% of GSAHS residents reported that their health was excellent, very good or good. This figure was highest for those aged 25-34 (86.9%) and lowest for those aged 75+ (75.2%). There are a number of health problems that are of particular concern in GSAHS:

- 11.7% of the population aged 16 years and over reported that they had asthma. This is slightly higher than the NSW rate of 10.9%.
- 7.4% of people aged 16 years and over reported that they had diabetes or high blood sugar, (cf 6.3% NSW).
- 53.4% of people reported overweight or obesity (cf 48.4% NSW). A total of 61.5% of males reported overweight or obesity.
- 23.8% of GS residents reported difficulties in getting health care when they needed it compared with 13.3% for NSW.

4.3.1 Environmental determinants of health

A number of environmental factors can affect health, including water and air quality, sun protection and immunisation rates. The following information is from the NSW Health Survey 2003:

- 78.9% of Greater Southern residents had smoke-free households.
- 74.5% of residents aged 65 years and over were vaccinated against influenza (cf. 76% NSW).
- 42.2% of residents aged 65 years and over were vaccinated against pneumococcal disease (cf 47% NSW).

4.3.2 Behavioural determinants of health

There are a number of behavioural risk factors that are particularly high in GSAHS:

- 42.4% of people aged 16 years and over reported any alcohol risk drinking behaviour (cf 35.6% NSW). This was particularly high for males – 51% GS compared with 41% NSW.
- Only 30% of GS males reported adequate daily fruit intake (cf 39 % NSW).
- 42% of GS residents reported adequate physical activity (45% NSW).
- 24% of GS smoke (22% NSW).

4.4 Discussion

The above information shows that there are many opportunities for a population health approach to enhance health promotion and prevention actions for the Tumut community. In particular, the high prevalence of overweight and obesity in the GSAHS population and the high percentage of people who reported alcohol risk drinking behaviour are areas for concern, given the importance of these risk factors in the incidence of diseases including cardiovascular disease and cancer.

There is also a high incidence of chronic diseases including diabetes, asthma and cardiovascular disease. These illnesses require an integrated service model to ensure that patients' care is coordinated and evidence supports the development of case management or self-management programs.

5 EXISTING NETWORK OF HEALTH AND RELATED SERVICES

5.1 Existing Hospital Services

Tumut District Hospital is a 34-bed facility with 26 acute beds, 4 obstetric beds and 4 cots.

Service provision at Tumut District Hospital meets level 3 role delineation, (NSW Health Role Delineation Guidelines, 3rd Edition 2002). This is consistent with its role as a District Hospital providing surgical and obstetric services. A full list of services and role delineation is provided at Appendix 1.

Table 9: Tumut District Hospital Activity summary 01-04

Source: NSW DOHRS Report Jul 2004, COPE unit

Activity	Program	01/02	02/03	03/04
Separations	Emergency	134	316	325
	Overnight Acute	1697	1633	1676
	Rehab & Extended	63	89	88
	Total Separations	1894	2038	2089
Occupied Bed Days	Emergency	138	331	338
	Overnight Acute	5323	5218	5088
	Rehab & Extended	1190	739	1416
	Total For Year	6651	6288	6842
	Occupancy Rate %	66.5	55.7	61.1
Average Length of Stay	Overnight Acute	3.7	3.7	3.6
Daily Average	Emergency	0.4	0.9	0.9
	Overnight Acute	13.7	14.3	13.9
	Rehab & Extended	3.3	2.0	3.9
	Total	17.4	17.2	18.7
Number of Babies	Overnight Acute	103	156	145
	Same Day			
	Total Babies	103	156	145
Number of Operations	Emergency Operations	15	28	27
	Elective Operations	393	386	279
	Total Operations	408	414	306

Trends apparent in the activity are:

- A reasonably stable level of activity, with a slight increase in overall separations.
- A relatively low occupancy rate of around 60% showing some capacity for increased activity at the site
- Greater than 100 births per annum, sufficient to support a viable obstetric service

- A decrease in the number of operations in 2003/2004 associated with the retirement of two local surgeons.

5.1.1 Supply of services by Tumut District Hospital:

Of all the patients at Tumut District Hospital approximately 85-87% were from within the Tumut Shire. The remaining patients came mainly from the Gundagai Shire (4-5%) with few inflows from outside the GSAHS.

Table 10: Supply of hospital services by Tumut District Hospital

Source: FlowInfo Version 5.2 – Statewide Services, NSW Health, 2004

LGA	2001/2002	2002/2003	2003/2004
Tumut	1666	1828	1805
Gundagai	79	84	107
Tumbarumba	38	17	53
Wagga Wagga	52	66	48
Other GSAHS	41	43	52
Total GSAHS	1876	2038	2065
Other NSW/IS	35	34	47
Victoria	14	6	8
ACT	5	9	7
Total supply	1920	2087	2127

5.1.2 Service demand for Tumut Shire residents

Tumut District Hospital has been providing about 55% of the acute hospital care for its residents. Wagga Wagga Base Hospital provides a further 23 – 24% of services with another 8% provided by Batlow Hospital (predominantly for residents of Batlow and Adelong). There are about 6% of services being provided by hospitals in the ACT and about 5% by Victorian services.

Table 11: Demand for hospital services from Residents of Tumut

Source: FlowInfo Version 5.2 – Statewide Services, NSW Health, 2004

Hospital	2001/2002	2002/2003	2003/2004
Tumut	1666	1828	1805
Wagga Wagga	720	752	702
Batlow	210	222	184
Albury	28	38	43
Other GSAHS	50	47	53
Total GSAHS	2674	2887	2787
ACT	180	178	na
Other NSW/IS	144	158	146
Victoria	49	68	na
Total public demand	3047	3291	2933*
Private hospital	788	895	901
Total demand	3835	4186	3834*

* does not include interstate outflows

5.2 Emergency Department Services

There were 4136 presentations to the Emergency Department at Tumut in the year 2003/2004. Of these, most were for Triage category 4 & 5 (non-urgent presentations) with only some 10% of presentations for Categories 1 & 2 (the most urgent presentations).

5.3 Outpatient services

Table 12 below provides a summary of all emergency and outpatient services provided by Tumut District Hospital in 2003/2004.

Table 12: Outpatient services by clinic and practitioner.

Source: NSW DOHRS Report Jul 2004, COPE Unit

Program #	Clinic Name	Practitioner	Total OOS	Private Ref
1	SWISH	Nurse	74	0
2	D&A Services Methadone	Nurse	116	0
3	General Outpatients	Nurse	285	0
3	General Outpatients	GP	50	0
3	Maternity Outpatients	Midwife	93	0
3	Radiology General	Multi Discipline Team	0	2994
4	Emergency General	Multi Discipline Team	3412	0
4	Emergency General	Nurse	724	0
4	Pathology Emergency	Multi Discipline Team	375	0
4	Radiology Emergency	Multi Discipline Team	269	0
4	Emergency Telephone Triage	Nurse	837	0
			6235	2994

5.3.1 Pharmacy

There is no pharmacy service provided at Tumut District Hospital. Pharmacy services are provided from Wagga Base Hospital when required and pharmacy stores available from the Materials Management Unit.

5.3.2 Imaging

A locally based radiographer provides emergency radiology services at Tumut District Hospital. Other services are provided by a private service on contract from Riverina Regional Imaging. This includes the provision of a private ultrasound service 1 day per week.

5.3.3 Pathology

South West pathology has a laboratory on site at Tumut District Hospital. Routine testing including haematology, clinical chemistry, blood bank serology and microbiology is available. Local staff include 3 technical staff, a clerical assistant and a laboratory assistant. There is 7-day, 24hr on-call cover provided for emergency pathology testing.

Tumut District Hospital also provides a daily (M-F) outreach pathology service to Batlow, Gundagai and Tumbarumba hospitals. There is also a weekly collection service at Adelong and Tarcutta Community Health Centres.

A private pathology services also provides a collection service from a main street location.

5.3.4 Telehealth

There is videoconferencing equipment available at Tumut District Hospital. It is used regularly to provide Mental Health (both adult and Child & Adolescent) and drug and alcohol services. It is also used to support local involvement in the Area critical care committee and maternity forums.

5.3.5 Other

Tumut District Hospital also provides outpatient drug & alcohol services (methadone), midwifery consultations and newborn hearing testing.

5.3.6 Total outpatient services

The table below provides a summary of all out-patient services for Tumut District Hospital by program for the past 3 years.

Table 13 - Non-admitted patient occasions of service - Tumut District Hospital

Source: DOHRS Report Jul 2004, COPE Unit

Activity	Program	01/02	02/03	03/04
NAPOOS*				
	Population Health			74
	Primary and Community	708	327	116
	Outpatient Care	319	601	428
	Emergency Services	3741	4866	5617
	Total NAPOOS	4768	5794	6235

5.4 Aboriginal Health Services

The GMAHS completed a purpose built health facility in the Brungle village in December 2004. The Brungle Health and Community Centre, managed by a local committee, offers a wide range of services provided by GSAHS, the Riverina Medical and Dental Aboriginal Corporation, local medical practitioners, community education groups, and inter-agency community groups.

Local health services for the Tumut area include;

- Aboriginal Educational Officer - 1 FTE including;
State-wide Otitis Media screening and health education / liaison

- Visiting specific Health Promotion programs from within the Greater Southern Area Health service ie Diabetes workshops, Sexual Health and Women's Health
- Families First supported playgroup in the Brungle village.
- Riverina Medical and Dental Aboriginal Corporation-Outreach services include Men's Health, eye clinics, dental and immunisation.

5.5 Community Health Services

Tumut Community Health services are located on the site of the Tumut District Hospital in the old nurses home. Services are provided across the South-West Slopes Network (Network 5) including the towns of Gundagai, Adelong, Batlow and Tumbarumba.

The type and frequency of service provided by the Tumut Community Health Service, including visiting & outreach services are shown in the following table.

Table 14: Type and frequency of health services provided to the Tumut community:

Service	Level of service
Aboriginal Health Education Officer	1.0 FTE – based in Tumut service to cover South West Slopes (SWS), includes services to Brungle Health and Community Centre
Aged care assessment / Asthma Education	Shared 1.0 FTE for SWS area
Child and Adolescent Mental Health	1.0 FTE- Tumut based, required to provide outreach to SWS
Child and Family / Immunisation	1.0 FTE Home visits- Monday, Tuesday, Thursday Clinics -Wednesday, Friday
Community Domiciliary Midwife	0.6 FTE. Provides daily home visits Mon-Frid Childbirth and Parenting education weekly
Community/ Domiciliary Nursing	2.5 FTE Tumut area
Counselling	1.0 FTE- Tumut based, required to provide outreach to SWS MAHS (Riverina Division)- one day per week service
Day Care	Aged day care services provided Mon to Friday at Blakeney Lodge Aged Care Hostel
Diabetes Education/ Resource	Resource Nurse- 0.2 FTE MAHS (Riverina Division)- one day 2 nd monthly
Dietitian/ Nutritionist	1.0 FTE Tumut based, required to provide outreach to Gundagai, Adelong/ Batlow MAHS (Riverina Division)- Tumbarumba 2 nd weekly
Drug and Alcohol/ Detoxification and Methadone	1.0 FTE Tumut based, required to provide outreach to SWS
Mental Health Worker	2.0 FTE- Tumut based, required to provide outreach to SWS
Psychologist	MAHS (Riverina Division)- 2 workers one day weekly
Occupational Therapy	1.0 FTE- Tumut based, required to provide outreach to SWS
Physiotherapy	1.0 FTE- Tumut based, required to provide outreach to SWS
Speech Pathology	1.0 FTE- Tumut based, required to provide outreach to SWS
Women's Health	1.0 FTE- Tumut based, required to provide outreach to SWS
VISITING SERVICES	

Physical Abuse & Neglect Of Children	Outreach from Wagga one day per week
Podiatry	GMAHS/CSU service 2 days 6-8 times per year Private service- 1 day per month
Sexual Assault service	Outreach service from Wagga 1day per fortnight

5.6 Greater Southern Dental Health Services

The Tumut Dental Clinic is located at Tumut Primary School, is open 4 days per week and provides services for school age children. There is also a fortnightly visiting dentist for pension holders. Clinic staff also visit Batlow and Tumbarumba for assessment only with school children.

There is no free denture clinic available in Tumut. The nearest clinic is in Wagga where there is a waiting list of 2 or more years.

5.7 Community Health Non-Admitted Patient Activity

Non-admitted patient occasions of service for Tumut include all Network 5 Community Health program activity.

Table 15 - Non-admitted patient occasions of service – Network 5 Community Health

Source: DOHRS Report Jul 2004, COPE Unit

Activity	Program	01/02	02/03	03/04
NAPOOS*				
	Population Health			3871
	Primary and Community	10338	9546	6957
	Dental	0	0	0
	Aboriginal Health	55	1052	862
	Outpatient Care	4057	2982	3016
	Mental Health	958	1164	877
	Rehab & Extended	7741	7668	9165
	Total NAPOOS	23149	22412	24748

5.8 GSAHS Community Health Network Services

Residents of Tumut have access to a range of specialist Community Health Services from Wagga Wagga. These include Sexual Assault, Child Protection, the Aged Care Service at the Forrest Centre, and Palliative Care.

Podiatry services are provided from Albury through a contract arrangement with Charles Sturt University. Students from CSU visit Tumut 6-8 times per year to provide assessment services for people identified at risk.

5.9 Other (non-GS) Primary Care Services

5.9.1 GP services

As at July 2005 there were 7 General Practitioners in Tumut equating to 4.1 equivalent full time positions. This equates to a GP: population ratio of 1 GP for every 2662 people – significantly above the national average of 1 GP for every 1400 people. There have been a number of recent resignations of local GPs which has resulted in significant increases in workload for the remaining GPs. Local GPs report that they rely heavily on GP locum support and the employment of additional practice nurses to help to absorb some of the workforce issues. They also are concerned that the reducing numbers of GPs will affect their ability to be able to provide outreach and on-call services.

All GPs are Visiting Medical Officers at Tumut District Hospital - 2 are GP obstetricians and 1 is a GP surgeon. There are currently no GP anaesthetists located in Tumut following the recent relocation of the only remaining practitioner.

Doctors from Tumut provide outreach services to the small community at Brungle at the new Aboriginal community centre. These services are provided on a bulk billing basis. Outreach services are also provided to Talbingo.

5.9.2 Private Pharmacy services

There is one private pharmacy in Tumut with a delivery service to Adelong and a branch at Batlow.

5.9.3 Private Dental services

There are 2 private dentists in Tumut and one dental prosthetist available 2 days per week.

5.9.4 Blood bank

Monthly services from Wagga Blood Bank operate from Tumut District Hospital. The service is supported by Red Cross volunteers.

5.9.5 Allied health

Private allied health services include:

- 3 physiotherapists
- 2 chiropractors
- 3 remedial massage therapists
- 1 acupuncturist
- 1 visiting podiatrist (1 day/month)

5.9.6 Other

- Can Assist – Tumut branch. Raises funds locally to assist local people with cancer. Provided support, information and financial assistance
- Tumut Cancer Support Group
- Mercy Health Service – Palliative care volunteers group
- Riverina Division of GPs – after hours palliative care services for Talbingo.

5.10 Health transport services

NSW Ambulance Service has a 5 person station at Tumut, located in Fitzroy St, some 0.5km from Tumut District Hospital. The station has 4 vehicles including 2 AWD vehicles and a Toyota Landcruiser. The case load for Tumut Ambulance Service is approximately 120 – 140 cases per month. The coverage area is large and includes Tumut Shire and the surrounding regions of Kiandra, Mt Selwyn and Talbingo. Most transfers from Tumut are to Wagga Wagga but there are also occasional retrievals to Canberra or Sydney.

The Isolated Patient Accommodation & Travel Assistance Scheme (IPTASS) is available to support patients who need to travel more than 200km for health-related services. It is of limited support to residents of Tumut as the main referral centre of Wagga Wagga is within the 200km radius.

5.11 Aged care services

5.11.1 Residential aged care

The following table summarises the Commonwealth funded residential aged care services available in Tumut LGA:

Table 16 – Residential aged care services – Tumut LGA

Source: DOHRS Report Jul 2004, COPE Unit

Service Name	Provider Name	Service Type	Places Operational	Non operational	CACPS	
Amity at Tumut	Amity Group Pty Ltd	High	64	64	0	0
Amity at Tumut	Amity Group Pty Ltd	Low	30	0	30	0
Blakeney Lodge	The Trustees of the Roman Catholic Church for the Archdiocese of Canberra and Goulburn	Low	30	30	0	0
Forrest Community Services	Forrest Community Services	N/A	19	0	0	19

Commonwealth planning ratios are based on a total of 110 places per 1000 population greater than 70 years. In 2001 the Tumut LGA was estimated to have 1220 people greater than 70 years. This would suggest a need for a total of 104 places for the Tumut LGA, including 49 nursing home places, 61 hostel places, 17 Community Aged Care Packages (CACPs) and 7 EACH places⁴. As can be seen from the above table, Tumut LGA has a total of 113 places and is well served with high care places but is under the recommended level for low care places. Amity Lodge has provisional allocation of an additional 30 low care places which will help to meet this demand. Building has recently commenced for this additional accommodation. There are no

⁴ Tumut LGA includes the town of Batlow. At present the Batlow hospital provides 6 nursing home type places – an MPS is planned for the town and when complete, will include 8 high care places and 10 low care places.

current EACH (Extended Aged Care in the Home) places available for the Tumut LGA. There is an identified need for additional CACPs with a waiting list for current places.

5.11.2 Home and Community Care

A range of HACC services are provided from Tumut. These include:

- Meals on Wheels – available for clients with a functional disability. A coordinator works with a team of volunteers to deliver meals 5 days per week.
- Home Care – the Tumut office employs 12 care workers and 2 coordinators/administrative staff. The service provides personal care, domestic assistance and respite.
- Tumut & Talbingo Community Transport – the service has 4 vehicles including wheelchair access. There is a full time coordinator and driver who work with volunteer drivers and carers (see 3.3.3 for more information).
- Adelong & Batlow Community Transport – based in Batlow but providing outreach services to Adelong clients.
- Valmar Home Modification and Maintenance Service – this service provides home modification and gardening and domestic maintenance.

5.11.3 Respite Care

There are limited local services including:

- Family Link – outreach services from Wagga for children with a functional disability aged up to 18 years. In-home and out of home respite care available.
- Valmar Support Services – 1 respite bed for disability (not currently available).
- Blakeney Lodge – 1 respite bed for low-medium aged care.
- Riverina Murray Carer Respite Centre – outreach service from Wagga offering a residential respite booking service for emergency care.

5.12 Disability Services

Local services include:

- Valmar Support Services Ltd - Valmar is a community based organization providing a wider range of support service for people with disabilities, the frail aged and more recently youth at risk. Valmar's operations are overseen by a voluntary Board of Directors and provide services in Tumut, Tumbarumba, Gundagai and Yass Valley.

Valmar currently employs over 150 people, including 50 people with disabilities in two Business Services. A range of services include – open employment job support people with disabilities; Business Services providing direct employment for people with disabilities; School to Work Transition Services for students with and without disabilities; High Support Residential Options; Flexible respite options and Corporate Services.

- IDEAS – an information service based in Tumut available to consumers and health professionals Australia wide.
- Kurrajong Early Intervention Service – outreach from Wagga 2 days per week, KEIS provides a centre and service for children under 5 years with more than one area of developmental delay. Services include physiotherapy, speech therapy, occupational therapy, case worker and education to 32 Tumut families.

5.13 Other community Services

5.13.1 Hospital Auxiliary

Tumut District Hospital Auxiliary meets monthly. Members raise money locally to assist with the purchase of medical equipment and items for the welfare and comfort of patients at the hospital. Members also visit with patients and provide a “trolley” service once a week selling toiletries, lollies and magazines.

5.13.2 Churches

Local churches provide a variety of pastoral care programs including hospital visits, counseling, youth groups, and emergency assistance. Local churches include Catholic, Anglican Church, Uniting, Christian Fellowship and Baptist.

5.13.3 Tumut & District Women's Support & Housing Centre.

The Tumut & District Women’s Support and Housing Centre provides support to women and families at risk from Domestic Violence and Homelessness. Its work includes Counselling in cases of Domestic Violence; Wellbeing for women; Parenting & Education for isolated mothers; and support for parents affected by Drug & Alcohol and Mental Health issues. Its work is focused on early intervention strategies in partnership with other Community Service Organisations.

5.14 Discussion

The above information shows that Tumut Health Service provides a good range of services for its local community. It is also supported by a number of private and non-government agencies that build up a thorough range of primary and secondary health services.

However, consultation with community members and staff and review of the above information highlights a number of issues that require consideration:

- Recruitment and retention of health professionals is a critical issue for the local health service. In particular there are shortages in GPs, GP proceduralists, GP obstetricians, anaesthetists and allied health staff.
- The provision of effective emergency, mental health, allied health and maternity services is significantly affected by the poor facility condition at the Tumut District Hospital site. There is insufficient space in the emergency department to provide a suitable environment for emergency patients or mental health clients, and consumers identified concerns about the location of the maternity ward in the centre of the hospital, with consequent lack of privacy for all.

- The local x-ray service is well supported and available free to public patients. However there is only a limited ultrasound service available in Tumut through a private provider – users raised concerns about the high costs involved in accessing this service. They also raised concerns about the lack of a public provider in Wagga Wagga – many patients have to travel to Wagga for more specialist ultrasound and found the up-front costs quite prohibitive.
- A number of community members mentioned that there was a lack of information about local health services and that often people travelled out of Tumut due to lack of knowledge about local options.
- Aboriginal people raised concerns about difficulties in accessing some services in Tumut and gave examples where there seemed to be a lack of understanding about their particular cultural issues.
- Many community members and staff highlighted the opportunity to enhance health promotion activities.
- There is no integrated chronic and complex care program in Tumut with few examples of case management or multidisciplinary approaches to conditions such as diabetes, cardiac or respiratory disease.
- There is no coordinated rehabilitation program to support residents of Tumut who may require support following a period of acute care.
- Dental health promotion was raised as an issue with a particular concern regarding the lack of fluoridation of the local water supply.
- There are many examples of good partnerships between service providers and opportunities to enhance links particularly with ambulance and the private sector.

6 CURRENT & FUTURE SERVICES

6.1 Emergency services

Current services

Tumut District Hospital provides a level 3 emergency department service with support from local GP/VMOs. Patients are transferred to Wagga or the ACT if a higher level of care is needed.

In 2003/2004 there were 4136 presentations with only 10% of these being for triage categories 1 & 2.

The service is affected by the physical environment at the site. There is only a single room in the ED with no separate room with resuscitation facilities. This means that in an emergency, patients and staff may have to work in a very compromised environment that provides no privacy for the patients or staff.

The Hospital provides Level 3 intensive care and coronary care which means that suitable patients can receive increased nursing support in a designated high dependency area. Bedside monitoring can be provided for coronary care patients with supervision by local GP/VMOs.

Projected demand

A draft Model of Future Health Service Requirements prepared by Essential Equity for NSW Health projects emergency department growth at 2.5% per annum on top of population growth and ageing.⁵

NSW Health projects one ED treatment space per 1,500 attendances which would suggest a requirement for 3 treatment spaces at Tumut District Hospital.

Issues in service provision

The provision of effective emergency care is directly affected by the poor physical infrastructure at Tumut District Hospital. This compromises the ability to provide a safe working environment and an appropriate level of confidentiality and privacy for clients and the ability to provide effective care for mental health clients.

There is an on-going need for appropriate training for staff for emergency care and for better management of mental health clients.

⁵ Draft ACT Health Clinical Services Plan June 2004 p.57

Recommendations

6.1.1 Training in emergency and mental health care will be provided for staff.

6.1.2 A facility review will be completed for Tumut Health Service, including a review of the Emergency Department. A site master plan will be developed and where possible will provide short and medium term solutions to the current shortfalls in the physical environment in the emergency department.

6.2 Surgical services

Current services

Tumut District Hospital has one operating theatre and in 2003/2004 306 operations were reported in the GMAHS annual report. There are 3 recovery beds and 4 HDU beds to support surgical activity. Most (69%) procedures are performed on a day only basis and almost all are elective (90%). The most common surgical procedures in 2003/2004 were:

Skin procedures	58
Vasectomy	48
Caesarian	29
Circumcision	25
Hysterectomy & repair	20
Hernia	17
Appendectomy	11

Surgery is provided by 3 visiting specialists and 2 local GP surgeons who each have 1-2 sessions per month. The specialists travel from Wagga to provide general surgery and gynaecology. There has been only 1 local GP anaesthetist who has recently announced that he intends to withdraw anaesthetic services from the end of 2005.

According to the FlowInfo data base, in 2003/2004 there were 391 cases where residents of Tumut LGA had surgery or a procedure performed at Wagga Wagga Base hospital. Of these the most common types of surgery were orthopaedics, ophthalmology and endoscopy – most of these procedures would not be done at Tumut District Hospital as the level of support services required would not be available locally. However, there are some examples of services that can be provided locally being provided from Wagga – this would include certain gynaecology procedures and some general surgery.

FlowInfo also provides data regarding outflows to Canberra. For 2002/03 (the most recent data that is available) there were only 40 outflows to Canberra for surgery or procedures and almost none of these were for services that could be provided from Tumut District Hospital.

Projected demand

Assuming there is no change in the pattern of service delivery at Tumut District Hospital the APPI program which is used to project future activity, suggests that there will be a total of 446 surgical or procedural cases in 2006. This figure is based on a baseline of 445 in 2001 (higher than the actual activity in 2003/2004) and predicts that there will be essentially no change in current activity.

If a different scenario is used in the program whereby 50 % of the current outflows to Wagga for day only general surgery and 20% of the overnight outflows are returned to Tumut by 2006 there is a projected increase of 21 surgical cases at Tumut per annum. This additional activity would easily be provided from within current theatre, nursing and bed resources.

Issues in service provision

There is a critical lack of GP anaesthetists in the Tumut area with a consequent risk to the on-going provision of surgical services at the site.

There is capacity within current theatre, nursing and bed resources for Tumut District Hospital to provide additional surgery within its current role delineation. Although there are few outflows from the Tumut population to Wagga or the ACT that would be likely to be returned to Tumut, there is the potential for Tumut to provide additional surgery for residents of other areas in order to reduce waiting times at Wagga Base or to assist to reverse the current outflows to the ACT from some parts of GSAHS.

Recommendations

6.2.1 Tumut Health Service will work with all relevant partners including GSAHS, Tumut Council, local General Practitioners and the Riverina Division of General Practice & Primary Care to attract additional GPs, GP proceduralists and GP anaesthetists to the Health Service.

6.2.2 Additional surgical activity will be provided if appropriate to support the achievement of GSAHS's waiting list and flow reversal targets.

6.2.3 Local clinicians will be encouraged to participate in a surgical services Network. This may include opportunities for enhanced training, rotation of nursing and medical staff to and from other surgical sites, provision of outreach support or increased use of telemedicine.

6.3 Medical & chronic care

Current services

In 2003/2004 89% of all admissions to Tumut District Hospital were for medical conditions⁶. Average length of stay was 3.3 days and medical admissions accounted for 92% of all the beddays for that year.

The most common reasons for admission were for respiratory medicine, cardiology and non-specialty medicine. Chronic conditions including chronic obstructive airways disease and heart failure made up a significant proportion of these admissions.

At present, Tumut Health service does not offer specific chronic disease programs such as chronic disease self-management or cardiac or pulmonary rehabilitation. Tumut Community Health provides a part-time diabetes education and asthma education service and the dietitian is available to support people with chronic conditions.

Projected demand

Chronic conditions are increasing in our communities as the population ages and the effects of lifestyle factors such as smoking and poor nutrition take hold. It is estimated that in the next 25 years, new cases of diabetes will increase by 127 %, the incidence of COPD will increase in females by 9%, and the incidence of chronic musculoskeletal disorders will increase by 79%.⁷

Issues in service provision

The challenge for health services is to provide appropriate care for people with chronic disease. It is known that many hospital admissions for chronic conditions can be prevented if appropriate primary care is available. This should involve the provision of coordinated care across the primary and acute care sectors and the provision of appropriate rehabilitation or self-management programs.

Recommendations

6.3.1 A multidisciplinary approach to the prevention, early detection and treatment of diabetes will be established.

⁶ According to FlowInfo Version 6 – medical, surgical, procedural fields

⁷ NSW Health Futures Forum – The Current and future health status of the NSW population 18 July 2005.

6.3.2 The option of establishing cardiac and/or pulmonary rehabilitation programs will be explored in partnership with other services in the Southern Slopes cluster.

6.3.3 A locally appropriate case management/care coordination service will be developed.

6.3.4 Training in chronic disease management will be provided for staff to support the introduction of these new programs.

6.4 Aged & Extended care

Current services

In 2001, people over 65 made up 15% of the Tumut population while people over 75 accounted for 11% of the total population. Yet these age groups use a significant proportion of hospital services – in 2003/2004 35% of all admissions and 57% of all beddays were for people over 65.

Tumut District Hospital does not provide any long-term residential aged care as there are 2 private providers in the town offering both nursing home and hostel type care. However, there are a few occasions when there is no place available at the nursing home or hostel and the hospital becomes the “de facto” aged care provider.

The care of older people in an acute setting is an important focus area for aged care services and the introduction of programs such as Aged Services Emergency Teams (ASET) in the larger base hospitals has shown that an increased focus on the needs of the older person can reduce their length of stay in hospital and improve health outcomes.

Tumut Health Service does not provide any significant Rehabilitation program. The nearest acute rehabilitation program is at Wagga Base Hospital and geriatric evaluation and maintenance programs are provided at the Forrest Centre in Wagga Wagga and the Mercy Care Centre in Young.

Tumut Community Health provides a number of community-based aged care services. These include ACAT assessment, community nursing and day care services.

Projected demand

The population of people aged over 65 is expected to increase by 3% in the next 10 years. The trend in aged care is to provide more services in the community rather than in institutions and so it is likely that there will be continued demands for community nursing and day care services.

Issues in service provision

The Australian Government has recently provided funding for new services in transitional care and this trend is likely to continue. These services focus on providing support for older people who have had an episode of care in the hospital but who may be able to return home if interim care is available. Transitional care can be provided as a bed-based or community –based service and is being introduced in GSAHS in a number of centres.

Other community based programs including COMPACS and pathways home services are being introduced in a number of sites in the GSAHS.

Community members reported a lack of knowledge about local health services and recommended the development of a local service directory. They also highlighted difficulties in accessing respite care services.

The GSAHS Clinical Services Plan for Rehabilitation is investigating various models of service delivery that may include provision of supported “step-down” care at sites such as Tumut.

Recommendations

6.4.1 Tumut Health Service will promote healthy aging by working in partnership with Tumut Shire Council and local aged care services to introduce programs including falls prevention, physical activity and community activities.

6.4.2 Tumut Health Service will work in partnership with the Tumut Shire Council and the interagency forum to develop a web-based service directory for the Tumut region. Information will be available directly through the internet or at key local contact points including the library, the Council offices and the health service, where directory details will be able to be provided in a hard copy on request.

6.4.3 Tumut Health Service will support the local Health Council and aged care service providers to advocate for additional respite care services for the community.

6.4.4 Training in the care of older people in the acute setting will be provided for hospital staff.

6.4.5 The “Framework for integrated support and management of older people in the NSW Health care system” will be implemented in accordance with GSAHS directions.

6.4.6 The option of providing community based transitional care services will be considered if funding is available to expand the GSAHS program.

6.4.7 “Step-down” rehabilitation services will be provided where appropriate in accordance with the GSAHS rehabilitation framework.

6.5 Mental Health

Current services

Tumut Health Service provides community based Mental Health services including adult and child and adolescent services. There are no dedicated mental health beds at Tumut District Hospital but some local mental health clients are admitted to the hospital for short periods to allow for stabilisation and support before discharge to the local community mental health team or to a higher level of in-patient service in Albury or Wagga Wagga.

Projected demand

The NSW Mental Health clinical Care and Prevention Model suggests that 9.5% of the current population will have a mild mental illness, 4.5% moderate and 2.5% severe. The prevalence of mental health disorder in NSW is predicted to increase in line with international trends – for example, the World Health Organisation predicts that mental health will account for 15% of the total disease burden by the year 2020 (currently 11%), resulting in mental illness being ranked as the second biggest health problem world-wide.

Issues in service provision

Community members raised concerns about the incidence of depression and suicide in the Tumut region and felt that there were inadequate local mental health resources. There are also issues, as raised above, with the provision of appropriate support for mental health clients in the Tumut District Hospital emergency department due to the lack of private space in the ED.

Recommendations

6.5.1 An interagency approach to addressing depression and mental illness will be developed. This will include raising community awareness of mental illness and trialing methods of prevention, early intervention and treatment appropriate for the Tumut community

6.5.2 See also recommendations 7.1.1 & 7.1.2

6.6 Maternity Services

Current services

Tumut Health Service provides an active maternity service with 148 deliveries in 2004/2005. The service is supported by 2 local GPs who provide on-call cover for the Health Service and by strong links to Wagga Wagga Base Hospital for higher levels of care if required.

There is a community midwifery program provided from Tumut Community Health with outreach services available across the catchment region.

Projected demand

The population of Tumut is relatively stable although as stated in section 4.6 of this plan, there is a projected increase in job opportunities due to expansion of local industries and this is likely to increase the number of young families in the area. It is therefore assumed that the demand for obstetric services at Tumut Health Service will continue at the same or increasing levels.

Issues in service provision

The most significant issue for the ongoing provision of obstetric services at Tumut District Hospital is the lack of a local anaesthetist. Without an on-call anaesthetist, the local service cannot offer emergency caesarians or provide services for women assessed as being at risk. This would mean that a significant proportion of the women who are currently able to deliver at Tumut would have to be transferred to Wagga Wagga. The projected population demand as described above justifies the on-going provision of a local service and so the resolution of the anaesthetist issue is of very high importance to the health service.

A number of members of the community raised concerns about the location of the maternity unit in the Tumut Hospital. The maternity unit was previously located in a separate building on the site and was moved in recent years to improve access to theatres and to provide better security and staffing arrangement. The current position of the unit is in the middle of the facility and this has resulted in concerns from both women regarding their lack of privacy and other patients regarding noise and disturbance. There may be an opportunity to reconfigure the current arrangement of the beds in the hospital to enable the maternity wing to be re-located.

Recommendations

6.6.1 See recommendation 7.2.1

6.6.2 Criteria for obstetric admission to Tumut District Hospital if an anaesthetist is not available will be developed. Other models of service delivery and education programs for local medical and nursing staff will also be investigated.

6.6.3 A review of the re-location of the maternity unit will be completed within 6 months and any recommendations regarding the physical location of the unit can be included as part of the facility review.

6.7 Child & Family services

Current services

Tumut Health Service provides a comprehensive child and family health service consistent with the NSW Health Families First project. There is one local child and family health nurse, a local allied health team including speech pathologist, occupational therapist and dietitian, and access to specialist services in Wagga. Child and family health services are provided from Tumut and at the outreach centres of Adelong, Batlow, Brungle, Gundagai and Tumbarumba.

Health promotion programs have included the Healthy Canteens program, the "Treat your tot to terrific tucker" project and the "Walk, Talk, Fork" program provided by the dietitian, speech pathologist and child and family health nurse.

Specific Aboriginal Child and Family health programs include otitis media screening for children aged 4 – 10 years and the multidisciplinary "Blow your nose" program that aims to prevent hearing loss.

Tumut District Hospital provides Level 3 paediatric surgical and medical services with one designated paediatric bed. In 2003/2004 there were 177 admissions to Tumut District Hospital for children aged 1 month to 14 years 11 months⁸. The major reasons for admission were for general surgery (58), general medicine (43), respiratory medicine (16) and orthopaedics (15). If a higher level of care is required it is available from Wagga Base Hospital or metropolitan health services. In 2003/2004 there were 73 admissions to Wagga Base for children from the Tumut LGA and 44 admissions to metropolitan health services.

Projected demand

See comments relating to Maternity Services for population projections. It is likely that the demand for child and family services will remain stable or increase in line with population changes.

Issues in service provision

Community members raised concerns about the levels of obesity in children in the community and the need to tackle primary prevention of chronic disease at a very young age to help to establish life long health-promoting behaviours.

A number of women also suggested that there were opportunities to work more closely with schools to increase access to health services and to promote healthy lifestyles.

Tumut Health Service has been successful in attracting pilot project funding to support the introduction of the Schools as Community Centres project. This projects is an interagency program supported by the NSW Departments of Community Services, Health, Housing and Education and Training and will see the development of a School as Community Centre at Franklin Public

⁸ Data source Flow Info Version 6.0

School in Tumut. A number of health related services will be provided from this new centre.

Recommendations

- 6.7.1 The implementation of the Tumut Schools as Community Centres (SACC) project will be supported through membership of the SACC management committee, provision of services from the SACC and development of interagency health promotion projects**
- 6.7.2 There will be a focus on multidisciplinary programs for promoting healthy eating, physical activity and prevention of hearing loss in Aboriginal children**
- 6.7.3 The Integrated Perinatal Care program will be established in line with the GSAHS Families First program**
- 6.7.4 The Babies with Books project will be established to promote early literacy.**

6.8 Population Health

Current services

Health promotion services

Tumut Health Service participates in a number of Area-wide health promotion programs including falls prevention, promotion of health eating, mental health promotion and reduction in exposure to tobacco.

The local Health Service has also initiated or supported a number of local projects including:

- No falls exercise program in Day Care settings
- Nordic walking program
- Gorgeous Girls program for adolescent girls targeting body image and self esteem
- SCUDAT (Sporting community against underage drinking and tobacco) program in liaison with the local rugby club
- Brungle womens' group – in liaison with Tumut TAFE addressing Aboriginal women's emotional well-being
- Riverina Leaner – Tumut Health Service supported this project that was coordinated by Riverina Division of General Practice & Primary Care

Aboriginal health services

Tumut Health Service supports a number of specific Aboriginal health programs including provision of services at Brungle Health Centre, programs designed to reduce the incidence of hearing loss, and programs targeting diabetes.

Projected demand

There is no known measure of projected demand for primary prevention programs. However, what is known is that the incidence of a number of chronic diseases is likely to continue to rise, with the predicted increase in diabetes of particular concern. The impact of a range of social, behavioural and environmental factors on health is also known and it is therefore imperative that health services invest in activities that are designed to reduce these risk factors and therefore prevent ill-health.

Issues in service provision

One of the significant themes that was raised during community consultation was the need to increase health promotion activities. Community members wanted to see more support for early intervention programs, a focus on supporting healthy lifestyles for children and the development of partnerships with other organisations including Council and sporting groups to promote physical activity. There was particular support given to the opportunity to develop an “innovative” centre in or around Tumut that would focus on wellness and preventative health.

Aboriginal community members highlighted the importance of improving access to services and raised concerns about the lack of cultural awareness of many mainstream service providers. Diabetes was identified as a significant issue and the need for an integrated approach including social supports was recognised as a priority.

Recommendations

- 6.8.1 An integrated approach to the planning and implementation of primary prevention programs will be developed. At least one joint project will be implemented in the first year.**
- 6.8.2 The Tumut Health Service will support any work done by Tumut Council or other key stakeholders to promote the development of an “innovative” health centre**
- 6.8.3 Aboriginal cultural awareness training will be provided for health service staff.**
- 6.8.4 The SCUDAT project will be extended to other sporting groups.**

6.9 Other services

6.9.1 Oral Health

The NSW Health Oral Health program is planning to change its focus significantly to include more primary prevention activities. This will include support for fluoridation of local water supplies, promotion of healthy nutrition and a focus on at-risk populations. It is likely that the local oral health service at Tumut will change in line with this statewide direction.

The current dental service at Tumut operates out of a stand alone building on the Tumut public school site. The service operates 9 days/fortnight with 8 days dedicated to children's services and the remaining day for adult services using outreach staff from Wagga Wagga. The current location is in poor condition and does not provide a suitable environment for the practice of modern dentistry.

Recommendation

6.9.1.1 The location of the Tumut Dental Service will be considered as part of the local facility review (see recommendations 7.1.2) and options will be developed regarding its possible relocation to the hospital site or to another school location as part of the Schools as Communities program.

6.9.2 Cancer services

The NSW Cancer Institute has developed a statewide plan for the enhancement of cancer services. In the GSAHS, this has seen the introduction of cancer care coordinators and social workers to improve coordination of services for cancer patients and to ensure that social support is provided. These services are available to Tumut residents through Wagga Wagga.

Members of the Tumut branch of Can Assist provide financial and informational support to cancer patients but have identified that there is a need for more emotional support for patients and their families.

After hours support for people requiring palliative care was also raised as a service gap. The local palliative care volunteers who are linked with the Mercy Health Service are available to provide support and counseling. The Tumut Cancer Support Group is also available to provide information and emotional support to people with cancer and their families.

6.9.3 Violence prevention

Services for sexual assault or the physical abuse and neglect of children are provided from Wagga Wagga on an outreach basis as required by members of the Tumut community. Child protection training is mandatory for all staff and will be included in the annual training program.

6.10 Clinical support

6.10.1 Pharmacy

There is no local pharmacy service at Tumut Health Service. A role delineation review that was completed in 2004 identified that a level 3 pharmacy service was required to support Level 3 surgical and medical services. The review report recommended that Tumut Health Service identify options to increase its level of pharmacy support.

Recommendations

6.10.1.1 Options to increase the level of pharmacy support to meet Level 3 criteria will be explored. Options may include sessional employment of a local pharmacy service, shared employment of a staff pharmacist with other local sites in the Southern Slopes cluster, or participation in an Area-wide pharmacist program.

6.10.2 Pathology

No changes are planned for the pathology service.

6.10.3 Radiology

A number of consumers raised concerns about the lack of public ultrasound services in Tumut and Wagga Wagga and the high costs that consumers must meet in accessing these services.

GSAHS is considering the introduction of a digital radiology service across the Area. If this occurs then this will change the service provided at Tumut in line with the rest of the Area. GSAHS is also reviewing the provision of specialist radiology services in Wagga Wagga and this may see the expansion of public services to include computerized tomography (CT) scanning and ultrasound.

Recommendations

6.10.3.1 The Tumut Health Service and Health Council will work with GSAHS to look at options to increase access to public ultrasound services in Tumut.

6.10.4 Telehealth

There is an opportunity to increase the use of telehealth as a means of increasing access for Tumut residents to specialist services. GSAHS is preparing a telehealth plan for the Area and will identify new services that can be provided using this technology.

Recommendations

6.10.4.1 Additional opportunities to provide specialist services for Tumut residents via telehealth will be explored.

6.10.5 Transport

The lack of public transport is a significant issue for many people in rural areas and it can directly affect their ability to access health service. The use of ambulance transport for non emergency patients is also an issue as it uses up ambulance time and is not the best use of trained ambulance personnel.

GSAHS is developing a health-related transport plan which may include the increased use of community transport for non-emergency services and the introduction of alternative means of transporting hospital patients for diagnostic and other support services.

Recommendations

6.10.5.1 New opportunities to support health-related transport will be explored.

7 IMPLICATIONS OF THE PROPOSALS

7.1 Workforce

The maintenance of a skilled and supported workforce is a key priority for Tumut Health Service. The health workforce across Australia in ageing and there are likely to be on-going difficulties in recruiting and retaining specialist health staff. At Tumut District Hospital the average age of the nursing staff is 48, suggesting that there may be a significant turn-over of nursing staff in the next 5-10 years. Local strategies to support staff will include:

Training and support

This service plan recommends a number of small but significant service changes including the introduction of new services such as care coordination for chronic disease and rehabilitation programs. There are a number of areas where increased staff support and training will be required and these have been covered in recommendations 7.1.1, 7.2.3, 7.3.4, 7.4.4, 7.6.2 & 7.8.2 and can be summarised as below:

- Training for hospital staff to support emergency and mental health care
- Participation in clinical networks including, for example, the surgical services and maternity networks, that may include opportunities for medical and nursing staff to access support and training from other sites
- Training for staff in chronic disease management
- Training for hospital staff in improving the care of older people in the acute setting
- Training for all staff in Aboriginal cultural awareness to support increased access of Aboriginal people to mainstream services

Staff also requested that staff forums be used more often to provide training opportunities and this is reflected in the additional recommendation below:

Recommendation

7.1.1 Managers will encourage and support the increased use of staff forums including staff meetings to provide opportunities to discuss service issues and evidence-based practice

7.1.2 An annual review of the current staff profile will be completed in order to identify any likely issues re the ageing workforce, service gaps and training requirements.

Recruitment and retention

This service plan identifies significant shortages of General Practitioners, anaesthetists and allied health staff. The local health service will work with other key stakeholders including the Tumut Council, other service providers in the Southern Slopes cluster, local General Practitioners, the Riverina Division of General Practice and Primary Care and Wagga Base Health Service to identify strategies to address these shortages. This may include shared appointments across the cluster or across agencies, providing rights of private practice to allied health staff, considering the employment of a salaried

medical officer for the health service and/or using transport or telehealth services to support stronger outreach services from Wagga or other GSAHS sites.

Recommendation

7.1.3 The Tumut Health Service will work in partnership with other key stakeholders to identify strategies to address workforce shortages.

Changes in staffing profile

There are no proposed direct changes in staffing associated with this service plan. Clinical areas that may see a change in the longer term include chronic and complex care, rehabilitation, allied health (due to an increased focus on multidisciplinary programs) and pharmacy. Any proposed changes in these areas will be discussed with local staff and appropriate training will be provided and/or funding identified to support any new roles.

7.2 Infrastructure

The condition of the Tumut District Hospital and Community Health buildings is very poor and has a direct influence on the ability of the health service to provide safe, efficient and accessible services. The emergency department is inadequate with no private space for dealing with mental health clients, resuscitation emergencies or distressed relatives. The location of the maternity wards in the middle of the hospital results in a lack of privacy for mothers and families and for other patients. The Community Health Centre is poorly designed to meet the needs of community members and staff, and has very poor external access, particularly for people with disabilities.

Tumut Health Service was identified as a priority for redevelopment by the former Greater Murray Area Health Service, but at this stage is not included on the NSW Health capital works program. It is likely therefore that any redevelopment project is some years away. The following short and medium term actions are therefore recommended:

Recommendations

7.2.1 A facility review will be completed by the GSAHS Asset Management service and a site master plan will be developed to outline possible short term (3-5 years) solutions to the current infrastructure problems. This would include as a priority improvement of the emergency department environment, improved access to Community Health and consideration of the relocation of the maternity wards within the hospital.

7.2.2 The complete redevelopment of Tumut Health Service should be included on the NSW Health capital works program and planning for a new facility should commence within the next 3-5 years.

7.3 Role delineation

Tumut Health Service will continue to provide services consistent with Level 3 as described in the NSW guide to role delineation. The only proposed change is an increase in local pharmacy services to increase the role delineation from level 1 to level 3 in order to provide adequate support for other clinical services.

7.4 Budget

This health service plan has been developed in an environment where health services must be financially accountable. Most recommendations in the plan do not require additional funding but, rather, will see a different emphasis or use of existing resources. Those recommendations that do have financial implications are listed below:

Recommendations	Financial implications	Source of funding
6.1.2 Facility review & master plan	There will be a cost associated with undertaking a facility review. There will also be costs associated with implementation of the recommendations of the review.	GSAHS minor capital works program If there are significant costs associated with the upgrade of current facilities application will be made to NSW Health Asset Management program for additional capital works funding
6.2.2 Additional surgical activity	There will be a cost associated with any additional surgery at Tumut District Hospital. Additional activity would therefore require prior approval from GSAHS to ensure that funding is available.	If additional surgical activity was able to help to reduce flows to the ACT then funds would be available from the flow reversal strategy.
6.3.2 Establishing cardiac and/or pulmonary rehabilitation programs	These programs should be able to be introduced from within existing allied health resources. There may be some costs associated with program resources.	There may be able to be a small user charge to cover the cost of any program resources.
6.3.3 Introduction of a locally appropriate case management/care coordination service	Corowa Health Service has introduced a number of chronic and complex care programs from within existing resources – these approaches will be explored for Tumut also.	From existing resources
6.4.6 Introduction of community based transitional care services	Transitional care services are funded by NSW Health, the Area Health Service and through client charges.	NSW Health & client charges.
6.4.7 Provision of “step-down” rehabilitation services	The provision of ‘step-down’ rehabilitation programs at Tumut will require additional	This would be the second priority for any additional funding that may be available

	allied health staff.(either as staff members or through contracts with private providers). It is expected that the cost would be in the order of \$60,000 per annum.	for enhanced clinical services.
6.10.1.1 Increase pharmacy support	The cost of this service will depend on the service model that is adopted. It is expected that the cost would be in the order of \$25,000 per annum.	This would be the first priority for any additional funding that may be available for enhanced clinical services.
6.10.4.1 Provision of public ultrasound	This would be introduced as part of an Area-wide change to radiology service	GSAHS

8 COMMUNITY INVOLVEMENT

The Tumut Health Service plan has been developed in consultation with a number of key stakeholders including service providers, Tumut Council and community members.

A public meeting was held on December 13th 2004 to explain the planning process and to invite community members to raise issues of concern and to join the Tumut Health Service Plan Steering committee. Membership of this committee was advertised in February 2005 and the first meeting was held on March 1st. Members include:

- Alan Tonkin (chairperson) – Tumut Shire Council
- Chris Adams – Tumut Shire Council
- Daphne Clark – Tumut community including Can-Assit and Red Cross
- Kathleen Hetherington – Tumut community
- Isobel Crain – Adelong community & Health Council
- Louise Murphy – Tumut community
- Rhonda Blunt – Tumut community including Hospital Auxiliary, Can-Assist and Red Cross
- Trina Thomson – Tumut councillor
- Andrea Arragon (resigned) – Tumut community & allied health
- Des Manton – Network 5 Health Council
- Mary Smit – Health Service Manager Tumut District Hospital
- Jill Ludford – Network 5 Community Health Manager

The Steering Committee has met monthly during the development of the plan and has contributed to and reviewed each section of the plan. The Committee coordinated a series of consultation meetings that were held on the 4th & 5th August and included meetings with representatives of the Brungle Aboriginal community, young families, older people, health service providers, staff and Health Council members. The service plan was also discussed at the Tumut interagency meeting held on August 18th. Comments from each of these meetings have been summarized and included in section 8 of the plan.

A second public meeting will be held on September 22nd to provide the community with information about the draft plan and to invite comments on the proposed recommendations. A final meeting will be held on November 3^d when the plan will be presented to the community and the health service managers will outline the steps that will be taken in the first 12 months of the plan.

9 BENEFITS OF THE PROPOSALS

The implementation of the recommendations of this service plan will see the following benefits for the users and staff of the Tumut Health Service:

- an increased focus on maintaining good health and preventing disease through projects that target physical activity, good nutrition and social support
- more coordinated services through partnerships between the Health Service and local Council, other service providers and the community with an emphasis on chronic disease management, integrated diabetes management and mental health
- improved service facilities through the development of a site master plan to recommend short and medium term solutions to current facility issues, and through a long term plan to include Tumut Health Service on NSW Health's capital works program
- increased access to services through the better use of telehealth and health related transport and through consideration of new services including, where supported by GSAHS, additional surgical activity, local pharmacy services, access to public ultrasound and local transitional care and rehabilitation services
- a more supported workforce through the development of an annual training program, participation in clinical Networks across the Southern Slopes cluster and with Wagga Base Hospital, and new recruitment strategies aimed at attracting General Practitioner, anaesthetic and allied health staff
- support for healthy aging through the introduction of programs including falls prevention, physical activity and community activities
- improved access to information about local health services through the development of a web-based local service directory
- an increased focus on mental health through an interagency approach to addressing depression and mental illness
- increased support for families with young children through the establishment of both the Tumut Schools and Community Centres project and the Integrated Perinatal Care program

10 EVALUATION & MONITORING OF SERVICES

The Tumut Health Service will work with other local service providers, the Tumut Shire Council and the local Health Council to develop an annual implementation plan based on this Health Service plan. This implementation plan will identify key actions that will occur in order to progress the recommendations of this plan. A formal review will occur each 12 months in order to:

- Review the extent to which recommendations have been implemented
- Review the impact of the plan on workforce requirements and the extent to which these impacts have been addressed
- Review consumer satisfaction with the health service
- Assess financial implications of the plan
- Review progress towards infrastructure redevelopment
- Assess on-going relevance of recommendations and set further 12 month targets.

The results of this review will be made available to members of the Tumut Community.

A new Service Plan will be developed 3 years after the commencement of this plan.

Appendix 1: Role Delineation Tumut Health Service

CLINICAL SUPPORT SERVICES		MATERNAL AND CHILD HEALTH	
Pathology	3	Maternity	3
Pharmacy	1	Neonatal	2
Diagnostic Imaging	3	Paediatric Medicine	3
Nuclear Medicine	3	Paediatric Surgery	3
Anaesthetics	3	Family and Child Health	3
Intensive Care	3		
Coronary Care	3	INTEGRATED COMMUNITY & HOSPITAL SERVICES	
Operating Suites	3	Adolescent Health	1
CORE SERVICES		Adult Mental Health (Inpatient Care)	1
Emergency Medicine	3	Adult Mental Health (Community Care)	3
MEDICINE		Child/Adolescent Mental Health (Inpatient Care)	1
General Medicine	3	Child/Adolescent Health (Community Care)	3
Cardiology	3	Older Adult Mental Health (Inpatient Care)	1
Dermatology	3	Older Adult Mental Health (Community Care)	2
Endocrinology	3	Child Protection Services (PANOC Services)	1
Gastroenterology	2	Drug and Alcohol Services	3
Haematology - Clinical	3	Geriatrics	2
HIV/AIDS	2	Health Promotion	3
Immunology	3	Palliative Care	3
Infectious Diseases	3	Rehabilitation	3
Medical Oncology	3	Sexual Assault Services	1
Neurology	3	COMMUNITY BASED HEALTH SERVICES	
Radiation Oncology	NSP	Aboriginal/Indigenous Health	3
Renal Medicine	2	Community Health - General	4
Respiratory Medicine	3	Community Nursing	2
Rheumatology	3	Genetics	NSP
SURGERY		Multicultural Health	1
General Surgery	3	Oral Health	2
Burns	2	Sexual Health Services	1
Thoracic/Cardiothoracic Surgery	NSP	Women's Health	3
Day Surgery	3		
Ear, Nose and Throat	NSP	Source: Role Delineation review 2004	
Gynaecology	3		
Neurosurgery	3		
Ophthalmology	NSP		
Orthopaedics	2		
Plastic Surgery	3		
Urology	2		
Vascular Surgery	3		

The review that was completed in 2004 identified that services were provided consistent with the role delineation guidelines except for the pharmacy service which is provided at a level 1 yet should be level 3 to support medical, surgical, obstetrics, paediatric and emergency services.

The review process also identified that the emergency department does not meet level 3 standards as it does not have a separate resuscitation area.