

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE



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Creating conversations about end-of-life care

Boosting telehealth in aged care

Growing social connection in a greenhouse

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Content warning: Aboriginal and Torres Strait Islander people should be aware that articles in this magazine may contain the names of deceased persons.

Cover image: Artist Jo Heald, 'death café' participant Kathy Beatrix Perkins and volunteer Karen Zabiegala (story on page 6)

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



Many of us understand how important community is for our mental wellbeing, however we might not tie feelings of community with our physical health and wellbeing.

In the rapidly evolving landscape of health care, community-driven innovation is proving to be a cornerstone in providing high-quality care to Tasmanians.

This, our 18th issue of *Primary Health Matters*, shines a light on how some of our most remote communities are driving healthcare innovation and improving health outcomes through community spirit and collaboration.

On truwana/Cape Barren Island, the social and emotional wellbeing program run by the Cape Barren Island Aboriginal Association Incorporated (pages 14 to 15) has had a remarkable impact. By building a greenhouse, the team has not only improved access to fresh produce but also strengthened social connections through communal gardening. This initiative highlights how community efforts can enhance both physical and emotional wellbeing.

Similarly, the Royal Flying Doctor Service Tasmania runs an exercise class on Flinders Island for people with chronic conditions (pages 18 to 19). This program has significantly improved participants' quality of life and health outcomes, and is a testament to the benefits of tailored healthcare solutions in rural areas.

In the realm of palliative care, community-driven initiatives like the Tasman 'death cafés' (pages 6 to 7) and Care Beyond Cure's 'Faces of Help' (page 8) are making a profound difference. These programs encourage open, supportive conversations about end-of-life care, breaking down stigma and providing support to individuals and their families. They exemplify the important role of community involvement in navigating sensitive healthcare journeys.

Our feature on Dr Alex John from the Ochre Medical Centre on Flinders Island (pages 22 to 23) showcases his commitment to cultural safety and being embedded in the community. His work is an inspiring model for all healthcare professionals striving to deliver culturally safe care.

Likewise, Dr Prashanth Reddy from the Beaconsfield Family Medical Practice (pages 12 to 13) is a shining example of community-centric care in this golden-hearted town. His compassionate approach was deeply influenced by his community, who showed deep support from the start.

This is just a sample of the articles in this edition of *Primary Health Matters*. This issue is a tribute to the strength of community-driven health care, showcasing how local efforts can lead to better health outcomes. I hope these stories inspire you as much as they have inspired me. Happy reading! ■

Phil Edmondson
CEO
Primary Health Tasmania

Virtual services yield real benefits

How one aged care home is increasing access to health services through telehealth

AN AGED care home might not be the first place that comes to mind when thinking about cutting-edge technology in health care. But Snug Village in the state's south is full of surprises.

Its nursing staff are warm, friendly, and committed to providing a high standard of care and innovation.

So much so that they tested their brand-new telehealth equipment on themselves to make sure they were completely comfortable using it before trying with a resident for the first time.

The machine was purchased under a small grants program aimed at increasing the uptake of telehealth services by aged care homes.

In 2023 and 2024, Primary Health Tasmania offered grants of up to \$10,000 each which homes could use to improve internet connectivity, buy equipment or software, or undertake minor building improvements such as soundproofing a telehealth consultation room. A total of 49 aged care homes around the state received funding.

Primary Health Tasmania will also be delivering a telehealth training program for residential aged care homes across Tasmania from mid 2024. The program will be introduced by a local training provider, will include online and face-to-face training, and will then be available on-demand for all organisations.

The training has been designed to provide support for all aspects of telehealth for participants at both ends of the line, such as the residents, their families, aged care staff, and healthcare professionals providing care – including GPs, specialists and allied health professionals. The modules have been deliberately kept small and highly relevant, taking only six minutes each to complete.



Snug Village resident Ray Munro, GP Anna DeVries, nursing staff Josh Levett and Teena Joy

Snug Village's medical staff say their new equipment is helping improve access to health appointments and coordination of care for residents.

Teena Joy is a registered nurse who is leading the charge on using the machine.

"The first time we used it, we were suspecting urinary retention of a resident, but we didn't want to send the resident to the hospital," Teena explains.

"So doctor Anna (De Vries) and I used the ultrasound facility of the telehealth machine to check if the resident had urinary retention.

"After a training session we did a test run on ourselves, then we took the machine to the resident's room and used it there, and it was actually a really good experience.

"We don't have any other ultrasound facilities here, and as the resident has stage one dementia, we weren't sure how they would cope at the hospital."

GP Dr Anna De Vries, who works exclusively with aged care residents, visits Snug Village once a week.

She says if something comes up when she can't be there in person, being able to interact with the resident through high-quality video is game-changing.

"Telehealth in the past has just been phone calls and that sort of thing," she says.

"With this, I can see the patient – there's a camera, where we can actually get nice and close and see an actual wound.

"It just makes it more of an interactive, human experience, rather than sending photos back and forth."

Anna says telehealth will provide residents with much quicker and easier access to specialists, which is where the machines will make the greatest difference.

"It's a big deal to get an aged care resident to the clinics," she says.

"It's expensive, there are long wait times, it relies on family a lot of the time, and we've got to get a maxi taxi half the time.

"It's great for people to have that option of telehealth. To be able to see their specialist, thanks to the camera.

"And if the specialist wants some observations done, they can get them done in real time."

Janine Fyfe, executive manager of resident services at Christian Home Tasmania (the organisation that runs Snug Village), says the home is always looking for ways to move forward with the care it provides – "which includes keeping up with modern technology".

"Telehealth makes it easier for our residents," she says. "They come into residential care very frail and have rather complex health issues. Therefore, at times they find it difficult to attend specialist appointments.

"Telehealth removes these barriers.

"Instead of the resident missing out on much-needed services due to poor health or the inability to physically get to an appointment, they can access telehealth within the facility and still have their family attending for support.

"Ultimately the resident receives much-needed medical care and we maintain continuity of care." ■



Care finder Heather Ross and COTA team leader Emma-Jean Jatan (image by Brooke Potts)

'Care finder' Heather helps Robin navigate support

How a statewide program is helping vulnerable older people connect with services

ROBIN* first made contact with COTA Tasmania's care finder service in December 2023.

A range of life challenges, including a period of homelessness, had led to barriers for them in accessing aged care and other support services.

Services received in the past hadn't taken account of Robin's individual circumstances and history, and had lapsed. Robin was now having difficulties functioning in the local community.

It was 'care finder' Heather Ross's job to help re-establish entry level support services to meet Robin's needs.

Care finders help vulnerable older people who don't have a trusted family member or friend to help them, and who need intensive support to navigate aged care and other local services. People might be considered vulnerable for a range of reasons including language or literacy problems, finding it difficult to understand information and make decisions, and being reluctant to engage with government agencies.

"Robin had experienced a lifetime of discrimination as a First Nations person and felt disrespected and misunderstood by some services in the community, and that was a huge barrier for them to access services," Heather says.

"Any service that was involved with Robin needed to know and understand their life history. Because that very much impacted on the way they interacted with services and there were certain things that would make things work better if the services were on board."

Robin had elected to engage with mainstream service providers, rather than those specifically supporting Aboriginal people.

Heather's first step was to try to build rapport with Robin, "which was not always easy because they had trust issues and I had to gain that trust. But we got there in the end".

Robin shared their story with Heather, who has undertaken training in cultural awareness and in working with people affected by trauma. Heather then worked with Robin to decide what to share with support providers to help them understand how they could provide a good service.

"It was always a discussion about 'are you happy for me to tell them this? Are you happy for me to tell them that?' Robin was always in charge and empowered."

Through hearing Robin's story, Heather suggested they needed coordinated care through a home care package – and an aged care assessment was required for this to happen.

"Due to Robin's life history, having an assessment with people who are from government caused a lot of anxiety," she says.

"Some of our very vulnerable clients will not have an assessment without the care finder there because we've built that rapport, we're a safe place and they trust us.

"So there was an advocacy and support role for me – and to their credit, the team amended the way they did the assessment for Robin. It was very culturally appropriate, very understanding. It went beautifully. Everyone went in on the same page."

Robin was allocated a home care package and a case manager, and Heather helped connect Robin to the services they needed under the package – including support with cooking and social outings.

"So I've not only walked with Robin, but I've walked with the assessment agencies and the home care package providers. I've found the ones that were willing to continue this journey that we started with Robin," Heather says.

Things didn't go entirely smoothly with one provider at first, but this hiccup was quickly addressed and has led to changes that will benefit other clients.

"The collaboration with that provider was amazing. They acknowledged there was a misunderstanding and that they had caused the client some distress," Heather says.

"They've come back to us and said 'from our experience with you and this client, we can see that we need to change the way we do some things. We think this needs to happen for all our clients, not just this person'.

"I nearly fell off my chair. That is huge. And I don't know if it would have happened without a care finder being on board.

"It's been a really lovely outcome for Robin. It's very early days, but so far the reports are very good."

Team leader with COTA Tasmania's care finder service, Emma-Jean Jatan, says care finders are working within a complex system.

"The care finder service meets people where they are at, without judgement, and with the aim of supporting them closely at a time of need," she says.

"Navigating the aged care system can be difficult, confusing and overwhelming. Care finders assist to take the stress and complexity away so that clients can concentrate on what is important – getting support in place that meet their individual needs and goals."

Robin is thrilled about the support Heather has provided. They say they have always struggled to navigate the aged care system, and Heather has been a "revelation".

"She has not tried to make me fit the program but actually heard my cultural concerns and needs and tried to make the program work in a more culturally supportive way," Robin says.

"Heather has walked with me in meeting with the appropriate people and supporting me in expressing my concerns to the program providers, never talking over or trying to diminish my cultural sensitivities and needs.

"I can't express enough my thanks to Heather for getting me my home care package and helping my cultural concerns be heard."

Heather is modest about the compliment: "I'm just doing my job."

But she acknowledges that without people like her in these roles, there would be some very different outcomes for people like Robin.

"Robin didn't need help with showering and going shopping. But they needed help so that they could engage in their community, feel comfortable in their own home, look after their own health.

"This package has done that and if they didn't get that, they'd still be back where they were." ■

**A real client features in this story, but a different name and gender-neutral pronouns have been used for privacy reasons.*

Care finder services

Free care finder services are for vulnerable older people who don't have a carer or trusted support person and who need intensive support to be connected with aged care and other services.

They are for people aged 65 years or older, or 50 years or older in the case of Aboriginal people. Different age criteria apply for people who are homeless or at risk of homelessness.

Care finders will talk to people about their needs and then help them learn about, apply for and set up support services.

They will check in with clients to ensure they continue to have their needs met.

Primary Health Tasmania has commissioned four organisations to deliver the Australian Government-funded care finder program in Tasmania.

COTA (Council on the Ageing) Tasmania provides services statewide, The Salvation Army Tasmania and Wintringham in the greater Hobart area, and CatholicCare Tasmania in the greater Launceston area and north west Tasmania.

Services may be delivered in person, by phone or online, depending on the person's preference and location.

Anyone can contact a care finder organisation about their services. No referral is needed.

Want to know more?
Go to tasp.hn/carefinderservices



Artist Joi Heald, participant Kathy Beatrix Perkins, artist Poss Chard, Tasman House coordinator Jack Webb and volunteer Karen Zabiegala

Embracing end of life through death cafés

How Tasman Peninsula residents are embracing death literacy through community coffees, crafts and conversations about end-of-life care

AS HER husband Stan's life drew to a close five years ago, Dunalley Tasman Neighbourhood House volunteer Karen Zabiegala embarked on her own journey – to learn everything she could about death, dying and the burial process.

Now she is drawing on her knowledge and experience to help others in her local community have the confronting and challenging conversations needed to improve their own death literacy.

"I looked after Stan at home at the end of life, and then kept him at home for three days on ice," Karen says. "Then we wrapped him in a shroud and put him in a coffin that my neighbour had made.

"Then we carried him across the road to the cemetery from the house he'd lived in for 41 years. We didn't have to take him off the Peninsula. We could do it our way.

"Stan was a much-loved member of the community and it was like all the village came together to say goodbye to him.

"People talked about how wonderful it was, and that it was the best funeral they'd been to."

This experience led to Karen, who would go on to win the Palliative Care Volunteer/Carer Award at the 2023 Tasmanian Palliative Care Awards, becoming the driving force behind the Tasman Peninsula's 'death cafés' –

a series of events designed to facilitate conversations around death and dying and arm people with the knowledge they need.

Funded under a joint Primary Health Tasmania/Tasmanian Department of Health grant program, the death cafés feature guest speakers discussing end-of-life practices and beliefs from different cultures, with topics including natural burials, being buried on your own property, cremations, advance care directives, and local palliative care services.

Volunteers can also be trained to help locals with documentation and services relating to end-of-life care.

"I felt like people needed to know that you can actually do it yourself," Karen says.

"Because I was so well supported by this community, I feel I have to pass that on – not only the knowledge, but also the support. It's like 'it takes a village to raise a child' – it takes a village sometimes to bury someone. And it's so much nicer if you've got support.

PALLIATIVE CARE

"It's an absolute honour to help people at the end of life, to assist families and guide people in how you can keep the body, how to wrap them in a shroud, how to bury them. To own that process is very powerful, and there's such a beauty in it."

The death café events feature shroud-making workshops run by Peninsula textile artists including Joi Heald and Poss Chard, with local botanicals – often sourced from participants' own gardens – incorporated into the lovingly crafted silk, wool and calico burial garments.

"Getting the six artists involved and having a different speaker at each café has worked well," Karen says. "There is a good variety of speakers and poets and presenters."

"The two shrouds we've completed have been used, and we've got more orders because people are keen to just be buried in a shroud, which you can legally do in Tasmania now."

"With both the shrouds we made, everyone contributed. There was so much love and energy put into that – especially when we did Jeff's."

Popular local sailor Jeff Stander was laid to rest in one of the shrouds when he passed away recently after an "adventure" with cancer. He and his partner Kathy Beatrix Perkins had been regulars at the cafés in the months leading up to his death.



Tasman House coordinator Jack Webb

"I don't think I could have done it without all of the community," Kathy says.

"The death cafés allowed us to make the appropriate preparations and at the end, when I was laying with Jeff in his bed, I had the peace of knowing that I knew what to do."

"That's so important for families – they don't want to be left with those decisions."

Interest in the death cafés has greatly exceeded expectations, with Karen fielding calls from across Tasmania and interstate.

Numbers had to be capped at 40 for the first six events, which were held at the nearby Saltwater River Hall and were fully booked.

Death cafés are still held monthly at Tasman House in Nubeena, and house coordinator Jack Webb says they will continue "as long as there's a need".

"We're an ageing community, so it makes sense," he says.

"There was a huge need in the community. People had been asking for death literacy information for a long time, but we'd previously had to tell them that we didn't have the resources to do it. So when this grant came along we jumped on it."

"I think people are now more informed than they were previously, and they're more vocal about their ideas."

"We've broken down some of the taboos around death and dying just by sharing stories, and it has encouraged people to reclaim that process. It has normalised it, which is really cool."

"As a Neighbourhood House we want to give people opportunities to create the sort of community they want to live in." ■

Palliative care grants program

In 2023, a grants program was launched to build better awareness and understanding of palliative and end-of-life care, and to improve the quality of care.

The grants program was an initiative of Primary Health Tasmania and the Tasmanian Department of Health, with funding from the Australian and Tasmanian governments.

In round one, six care and support providers were awarded grants to improve the quality of services for people living with a life-limiting condition.

In round two, a further 10 grants were awarded to local not-for-profit community-based organisations to help build social connections and facilitate opportunities for conversations around the topics of death and dying.

These stories (page 6 to 8) explore two of the projects funded under the grants program – projects which continue today.

Faces of Help

How telling stories through video is giving humanity to those giving and receiving end-of-life care

SHARING stories about palliative care, death and bereavement can be a powerful form of healing, connection and learning for many people.

Ulverstone-based support organisation Care Beyond Cure's 'Faces of Help' project is helping local community members through some of the toughest times of their lives, teaching them how to create evocative short movies that capture those emotional experiences on film.

Care Beyond Cure volunteer Mara Schneiders explored the importance of caring, and being cared for, as she faced the loss of her partner Sue in her film *Sharing*.

"Telling our story and being heard is a really powerful process," Mara says. "We all share living, and loss and end of life and death is part of living.

"Grief – whether it's from the death of someone, or an illness, or some other change in life – is a shared experience but we don't always speak about it.

"We don't always have those moments, either to express ourselves or to hear others, to sit with people and be present for them. And that's really powerful.

"There's something quite healing for ourselves in the telling but also in the hearing and the listening. It reminds us of that common experience and common humanity."

Care Beyond Cure received funding under a joint Primary Health Tasmania/ Tasmanian Department of Health grant program for the Faces of Help project, which is based on a Canadian program of the same name.

Compassionate Ottawa's Faces of Help program saw the creation and sharing of a number of personal stories from people involved in giving and receiving help when dealing with ageing, caregiving, dying and grieving.



Volunteer Mara Schneiders and partner Sue (image supplied)

Care Beyond Cure engaged a StoryCenter facilitator from Canada to host a series of group and individual sessions online, designed to help community members write and record their personal stories and select treasured images to be incorporated into a short video recording.

A local film producer was also brought in to collaborate with participants, and a local musician recorded original acoustic guitar tracks to accompany each story.

"Telling our story and being heard is a really powerful process. We all share living, loss and end of life and death is part of living. Grief (...) is a shared experience but we don't always speak about it."

— Mara Schneiders

The first phase of the Faces of Help project was a huge success, with a total of five short films completed including Mara's *Sharing* and Care Beyond Cure secretary Lynne Jarvis's contribution *Just Us*, about the loss of her son Daniel.

Mara subsequently made a second film, *Walking with Mabel* – the story of how her dog helped her "re-engage and see the beauty in the world" after Sue's death – as part of extra training she and Lynne undertook to become Community Storytelling Workshop facilitators.

The workshops are designed to provide a safe environment for people who are bereaved or living with a life-limiting diagnosis to share stories while learning the technical skills needed to write, record and edit their own films.

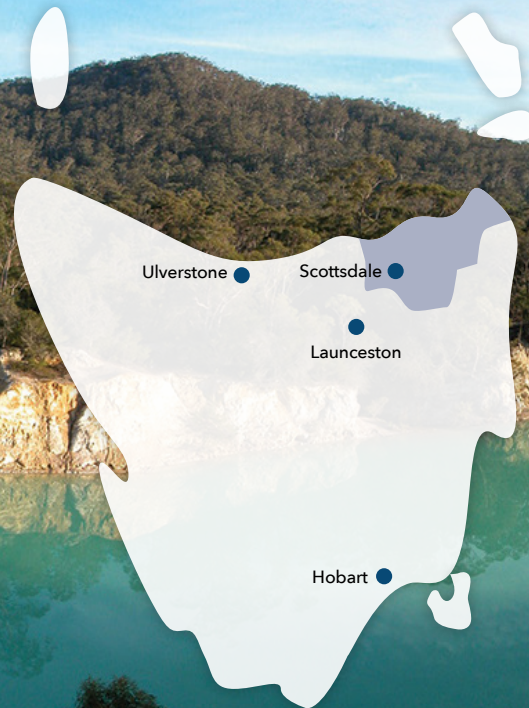
"It doesn't have to be polished – we're not pretending that we're professional film editors," Mara says.

"We've all got a story. We want to support people at each step of the process so they can come up with something they feel comfortable with.

"I shared my films with friends and family, as a way of saying 'here's a significant moment in my life'. It's a nice way to connect with your own network."

The Faces of Help films and other resources including a Leader Discussion Guide can be used as discussion-starters among community groups, and can be accessed via carebeyondcure.com.au/faces-of-help-digital-stories

Dorset



Geography

Spans 3196 square kilometres in rural north-east Tasmania

Towns include Scottsdale, Derby, Bridport and Ringarooma

Attractions include the Blue Derby Mountain Bike Trails, Mt William National Park, North East Rail Trail and Little Blue Lake (pictured)

Population

6829 people live in the Dorset municipality

Median age is 48 (state average is 42)

People aged 65+ years make up 26% of the population (compared with 21% statewide)

Aboriginal and Torres Strait Islander people make up 4% of the population (5% statewide)

Health risk factors

12% of the population rate their own health as excellent or very good (state average is 37%)

63% are overweight or obese according to Body Mass Index (state average is 58%)

9% of adults smoke daily (state average is 12%)

39% of the population have completed Year 12 and over (state average is 60%)

Immunisation

89% of children are fully immunised by the age of five (state average is 96%)

Illness

Coronary health disease, lung cancer and dementia are the leading causes of death in Dorset

Around 650 people a year visit a hospital emergency department

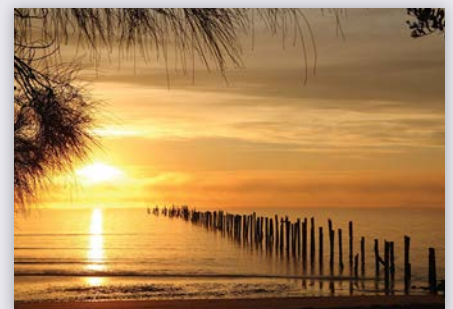
Primary Health Tasmania supporting Dorset

Commissioned services and other activity including:

- after-hours medical support
- services for people with chronic health conditions
- support to connect vulnerable older people with aged care services
- health and wellbeing services for Aboriginal people
- diabetes education and support
- alcohol and other drug treatment services
- mental health and wellbeing services
- suicide prevention services.

Community health checks for every Tasmanian local government area are available at tasp.hn/communitychecks

Images: Dorset Council





Moreton outreach assistant Conor Lavelle and mobile clinic coordinator Kristina Mullins

A successful script for supporting vulnerable Tasmanians

How a mobile health service is helping people experiencing homelessness access vital medications

AS THE housing crisis worsens, more and more people are forced into housing instability and homelessness. The number of Tasmanians estimated to be homeless in the 2021 Census was 2350, up from 1622 in 2016.

According to Primary Health Tasmania's needs assessment report*, people experiencing homelessness have significantly higher rates of premature death, disability and chronic illness than the general population.

With the current waits on social housing, the stigma associated with asking for help and the rising cost of living, it is becoming increasingly difficult for vulnerable people to prioritise their health.

A medication program for homeless people aims to help address this issue. It's a national program funded by the Australian Government and delivered by organisations around Australia that provides access to free Pharmaceutical Benefits Scheme (PBS) medicines for people who fit criteria of primary and secondary homelessness.

In the Greater Hobart area, the program is delivered by Moreton Group Medical Services, which runs a mobile primary health clinic helping vulnerable people access health care.

The after-hours component of the mobile clinic is funded by the Australian Government through Primary Health Tasmania to provide interim primary

health care at no cost to the patient after 6pm, Monday to Thursday. The Tasmanian Government funds afternoon clinic sessions, Monday to Friday.

At the mobile clinic, patients can access a free consultation with a GP or nurse practitioner, have their health needs addressed and essential medications prescribed and sent directly to one of five participating pharmacies. The patient then goes to the pharmacy, which will dispense the medication at no cost to the patient as the co-payment is paid by the Australian Government.

Kristina Mullins is a nurse practitioner and the coordinator of the mobile clinic, and explains that there is a multitude of barriers to accessing medications, making this kind of service vital.

"When you're living rough, you might lose your medications, or they might get stolen," she says.

"A lot of these people do have mental health issues, unstable housing or have been pretty poverty stricken growing up.

"Cost is obviously a huge barrier. Especially for some of the medications.

"Hepatitis C is a great example. The treatment is cheap, but it's still more expensive than a lot of these people can afford.

PRIORITY POPULATIONS

"So being able to provide that free of charge is just fantastic.

"If they're getting their health needs addressed, they're not passing (hepatitis C) on to other people, so it's a public health benefit."

One person who has been helped by this service is Allie Bracken. She says both the mobile clinic and the medication program are making a real difference to people's lives, helping them manage their health so they can find stable housing and a better life.

"If I don't get my psych meds, I'll get a bit loopy. So, if it wasn't for Kris, I'd be (redacted)," Allie says.

"I was homeless for five years, up until about a year ago, and she's been there for me all the way through.

"If it wasn't for Kris, I wouldn't have a doctor to prescribe my medication, then I wouldn't be able to keep my place because I wouldn't be stable enough. So yeah, it's a really important service."

Kristina says helping people experiencing the most challenging conditions of their lives takes a whole-of-healthcare-system approach and all medical professionals need to work together.

"It's amazing when people come together, how much better the care is. It's just fantastic," she says.

"We're seeing the positive benefit of having a collaborative approach to health care and that's what needs to be done.

"We often get pharmacists ring us saying 'we've got this person here today' and we liaise with them and organise Webster-paks, so we work really closely with them to achieve medication compliance and positive outcomes.

"The participating pharmacies do Webster-paks for a lot of the places, the shelters and interim accommodation, and the services they offer are just fantastic."

Kristina says the clinic has seen an 'astronomical' increase in need.

"Nearly three years ago when I first started with the mobile clinic, we were seeing around 50 people a month. Now we're seeing well over 150," she says.

"People living in sheds and cars who aren't often visible; people who've worked their whole lives and end up on the street at 55 due to rental instability.

"In the last six months I've seen a lot more children, which we haven't traditionally seen.



"A few weeks ago I helped a 13-year-old that was living on the streets – and we're seeing that more and more."

Kristina says that health professionals need to work together, but also need to wrap support around people experiencing homelessness to address all their areas of need.

"It needs to be all services working together because (just) one thing like getting someone a house is not going to address the problem," she says.

"You've then got to address the behaviours, determinants of health and the physical health of the person. So, it's not just one solution, it's got to be a collaborative effort.

"Annie, who is with the Salvos, comes out with us every Monday night, making sure people have access to support, Medicare, housing and much more.

"We work with a lot of services like the community houses, Salvos, Uniting Church, City Mission.

"I'd love every patient to have a primary GP because we know that gives them the best chance of a good life.

"We're quite happy as well for GPs to refer to us for medications or other services if they do know patients that need that extra support.

"A lot of people aren't in a place to engage with a primary provider. So we're trying to get them ready to be engaged."

Kristina says the clinic is actively seeking other practitioners to provide the mobile health service, as well as pharmacies to be involved in the medication program.

The mobile clinic team currently comprises Kristina who is full time and coordinates the services plus three GPs, a GP registrar, and another nurse practitioner who work part time, as practitioners have the option to choose their hours. She says it's incredibly fulfilling work.

"In the model of care that we use, we'll use and need any practitioners, but especially social workers, drug and alcohol workers and physicians," she says.

"We all work together to provide collaborative care. We are training registrar GPs as well through the Australian College of Rural and Remote Medicine to educate the next generation of the issues surrounding health in Tasmania. We've got physios helping out, foot care nurses and other allied health to ensure all aspects of health are addressed.

"It's traumatic, it's stressful, it's heart wrenching. And it's really challenging because the health system in Tasmania is really siloed.

"But the clients make it worthwhile. They're great. They thank us. And you do get some really positive results; it happens more frequently than you'd think."

Kristina says it's important for the clients to know that someone's got their back; that someone does care.

"One day, hopefully, they'll get to a space where they don't need you anymore – and that's really fantastic," she says.

"But we'll be here in the meantime." ■

*Our needs assessment report can be found at tasp.hn/healthneeds



Beaconsfield Family Medical Practice GP Dr Reddy

From India to Beaconsfield

How a golden-hearted community adopted its new GP

DR PRASHANTH Reddy Gangapuram, or Dr Reddy as he is affectionately known, is a true Beaconsfielder. Never mind the fact he is originally from India.

He exudes a warmth and generosity, a golden glow – typical of the people of Beaconsfield.

A small town in regional Tasmania is probably not the first place people think of settling down and building a life when migrating to Australia.

However, Dr Reddy says it was the golden hearts of the local people that helped cement Beaconsfield as his family's second home when he bought and took over the Beaconsfield Family Medical Practice at the start of 2023.

Dr Reddy was initially concerned that the community would have reservations about trusting a GP from a different country, especially considering the legacy

left by Dr Anthony Lyall – who had diligently served the community from the practice as a solo GP for three decades before retiring.

As it turns out, his concerns were unfounded, and the community has embraced the GP and his young family with open arms.

"It was my dream to start my own general practice," Dr Reddy explains.

"From a young age, I always was very compassionate in helping people and I have an aunt who was a doctor. I was greatly inspired by her, how she was helping people around and how she can touch the heart, even with a simple call. Like how my dad used to call her when we were sick. It always inspired me."

When Dr Reddy first visited Beaconsfield with his father, G Nageshwar Reddy, in October 2022, his father liked the town – but he himself was "not 100% sure".

"The first place I went to was the Indian restaurant, Tasty Bites, because I was surprised to see there's an Indian restaurant here," he says.

"The owner said only one thing to me and my father, and I made the decision on the spot.

"He said 'the people here, the community here, have a golden heart. You just come here. You will be looked after'."

Dr Reddy says he was reminded of these words once he had moved to the town and opened his practice, and decided to distribute some pamphlets to introduce himself to the community over multiple visits," he says.

"I went to each and every small shop nearby, and after my first visit, they already had the pamphlets on their notice boards, they already knew my name, and had already been supporting the new clinic.

"They said 'there's a new doctor coming to our community, let's support him'. And they had been distributing the pamphlets since my previous visit without me asking their help.

"I had tears in my eyes on that day, when I saw the love."

He says his feeling of responsibility to help the community doubled that day.



Dr Reddy with his wife Dr Sandhya and their children

“This is no longer just another community; this is my community. I was destined to come and settle in Beaconsfield.”

While Dr Reddy was sure that helping the people of Beaconsfield was his destiny, he had never set up a practice before and needed some support.

He reached out to rural primary health workforce agency HR+, who recommended he contact Primary Health Tasmania.

“I can tell you that’s the best thing we have done as a clinic,” Dr Reddy says.

“When I spoke with Maxine from Primary Health Tasmania, she was very helpful. She said ‘Doctor Reddy, you don’t worry. You look after your patients, and we’ll come and help you’.”

Primary Health Tasmania – Tasmania’s Primary Health Network (PHN) – provided information and support in areas including accreditation, Australian Government funding programs, digital readiness work and other programs.

“We feel like the PHN has stood as a backbone in this journey of our new medical practice,” Dr Reddy says. “And we are very thankful for that.

“What I’ve seen in this last 12 months is that not only did Primary Health Tasmania help me to set up the clinic, but it also helps me and my staff to have continuous professional development through the workshops it runs.”

Dr Reddy has made some changes to the original clinic, elevating it from a solo GP practice to a comprehensive healthcare hub with four full-time GPs and expanded services including pathology and allied health.

He also recruited staff from the town’s other general practice when it closed.

Dr Reddy says his journey to establish and manage his clinic in Beaconsfield has been made possible by the unwavering support of his family – especially his wife, Dr Sandhya – and his dedicated team, along with the assistance of Primary Health Tasmania and HR+.

Darlene Lyall, a registered nurse, is Dr Reddy’s practice manager. Darlene’s husband Dr Anthony Lyall had owned the clinic before Dr Reddy, and worked part time until December 2023 to help Dr Reddy settle into the community.

This collaborative effort reflects the strong bond and commitment shared by the Lyall family and Dr Reddy in providing quality healthcare services to the community.

Darlene has some simple advice for those thinking about starting their own practice.

“What it comes down to is you gotta love what you do,” she says.

“Dr Reddy clearly loves what he does – and yeah, I love what I do. And I know my staff love what they do. So it’s just win, win,” she says. ■

Supporting general practice

An important part of Primary Health Tasmania’s work is supporting GPs and general practice staff through a range of initiatives and programs.

Some supports include:

1. Education and training: Offering professional development opportunities, workshops and training programs including clinical education, leadership training, and courses on new technologies and best practices. Visit our events page for upcoming events at tasp.hn/events.
2. Quality improvement: Supporting practices in implementing quality improvement activities such as accreditation processes.
3. Digital health integration: Assisting practices to adopt and integrate digital health tools and systems such as electronic medical records, and connecting them to the Tasmanian eReferral system.
4. Networking and collaboration: Providing opportunities for collaboration among GPs, general practice staff, and other healthcare professionals. This includes forums, conferences, and collaborative projects aimed at sharing knowledge, best practices, and innovations in primary health care.
5. Tools and resources: Such as Tasmanian HealthPathways, deprescribing guidelines, and dementia resources for consumers.

Want to know more? Go to tasp.hn/generalpractice



krakani house health programs manager Tessa Atto

truwana/Cape Barren Island's greenhouse

Growing social connection through gardening in one of Tasmania's most remote places

TRUWANA, also known as Cape Barren Island, is about as remote as you can get.

It's an island off an island (Flinders) off an island (lutruwita/Tasmania) in the notoriously wild and unpredictable Bass Strait. It's owned by the Tasmanian Aboriginal community, and many of the approximately 70 residents identify as Tasmanian Aboriginal.

Living so remotely can have significant and far-reaching impacts on people's overall wellbeing, including on their diets and mental health, due to limitations in access that are not known to city dwellers.

On truwana, the Cape Barren Island Aboriginal Association Inc. (CBIAA) is delivering vital and innovative services for people living on the island.

These services are aimed at improving health, social and emotional wellbeing, an effective preventive health measure.

Thanks to funding by the Australian Government through Primary Health Tasmania, a brand-new greenhouse has been erected and now takes pride of place at krakani house community centre, a central gathering place that fosters wellbeing in the community.

Not only is the greenhouse having a positive influence on people's diets, but it's also having a huge impact on their mental health by strengthening social ties and growing confidence.

As the vegetables grow in the greenhouse, so do the social connections of the island's menfolk, says Tessa Atto, health programs manager, krakani house.

"It came about as a request from community, and thinking about how great it would be to grow our own produce on the island for the community," Tessa says.

"To get fresh produce here, it's quite difficult. It might look a bit tired by the time it gets here and is on the shop. Sometimes it's not useable."

Tessa says it's important that Tasmanian Aboriginal people's ideas are listened to from the beginning, not just once a project is underway.

"That's when we get the most benefit. Because they're involved through the whole process, it doesn't mean it's a decision being made about them – it's a decision that they are involved in, and it's an idea that comes from them," she says.

A very welcome positive impact of the greenhouse has been strengthening community connections and creating a space for the island's men to come together for a yarn.

Terry Maynard is one man who is enjoying the benefits of the greenhouse. He is a long-time resident of truwana, a proud Tasmanian Aboriginal man, and a keen gardener.

"It's become a gathering spot for a group of us men to meet down here and have a yarn and water our plants," he says.

ABORIGINAL HEALTH AND WELLBEING

"We've got another old bloke who lives down the road who's got a greenhouse and he comes in and we exchange ideas."

"When you get a bit of stress in your life, you tend to drift away from each other. This pulls us back together."

Terry's blood pressure recently dropped, and he attributes much of his success to a changed diet from the greenhouse and feeling more physically and mentally healthy overall.

"My blood pressure was always high. I nearly fell off my chair when the doctor told me it was now good for a person half my age. Just through eating salads and fish every day," he says.

"Only trouble we've been having is that Chris won't share his worm poo!"

Chris Mansell has lived on truwana most of his life. He tends lovingly to the garden each day and enjoys getting his hands dirty.

"I like coming down and looking after the veggies. It keeps you going, keeps you busy," he says.

"It sort of calms me down. Get in here, work by myself. You don't even think about anything."

"You always see people down here. People take the veggies home and eat whatever they've grown."

Building a greenhouse on a remote island was not without its challenges, says Tessa.

"It's just all trial and error, learning and sharing," she says.

"There's also lots of wonderful male bonding happening on island which is fantastic, so it's been a great project to be involved in."

"I often look out my window and see three, four or five fellas in there having a yarn, having a catch up with Chris and talking about what's working, what's not."

"You can see the happiness, and the conversations are positive. It's been fantastic for mental health across the board, I think."

"Remoteness does make things tricky but hey, we got there with this project, and we're really pleased we did." ■



Participant Terry Maynard

Social and emotional wellbeing services

Primary Health Tasmania has worked with seven organisations around Tasmania with strong connections to local Aboriginal communities to co-design services aimed at supporting social and emotional wellbeing.

The organisations are:

- the Tasmanian Aboriginal Centre
- Karadi Aboriginal Corporation
- South East Tasmanian Aboriginal Corporation
- Cape Barren Island Aboriginal Association Incorporated
- Flinders Island Aboriginal Association Incorporated
- Circular Head Aboriginal Corporation
- Rural Health Tasmania's No. 34 Aboriginal Health Service.

Want to know more? Go to tasp.hn/SEWB



Aboriginal health worker Luana Towney

Going beyond tokenism

How truwana/Cape Barren Island's health professionals work together for cultural safety and to improve Aboriginal health outcomes

TRUWANA/Cape Barren Island is a remote island in the Bass Strait, north east of mainland Tasmania.

The island is home to a close-knit community with deep Aboriginal heritage and cultural ties, with many of the islands' residents identifying as Aboriginal.

The cultural awareness and safety in practice in truwana's health service goes far beyond tokenism and is a great example for the rest of Tasmania.

Cultural tokenism is a merely symbolic act that gives the impression of inclusiveness or cultural awareness and is only surface level.

Avoiding this means engaging in a meaningful way, understanding the significance of symbols and practices, and safeguarding strong links with the community. Aboriginal health workers have a key role in ensuring this.

In early 2023, the Tasmanian Health Service, which operates the Cape Barren Island Health Centre, employed two Aboriginal health workers to provide cultural safety and a link to more mainstream health professionals, and assist with the running of the nurse-led clinic.

They work closely with the island's other health and aged care workers, including those at the Cape Barren Island Aboriginal Association Incorporated.

Aboriginal health workers perform a variety of tasks, such as coordinating care and logistics for people when they go off-island for emergencies or specialist appointments, administrative tasks involved in the running of the clinic, patient transport, health promotion, and providing on-the-ground logistical support with telehealth appointments.

Once they have completed the relevant training, the Aboriginal health workers can also perform tests such as blood tests and eye checks.

The health professionals on truwana are a shining example of how a team can come together and co-create cultural safety and be led and taught by members of the Aboriginal community themselves.

Many of the approximately 70 residents of the island have complex and specific needs.

The small community health centre is staffed by one registered nurse and one Aboriginal health worker at a time, and receives weekly GP visits and telehealth appointments from medical staff on Flinders Island, a 15-minute small plane flight away.

CULTURAL SAFETY

Luana Towney and Shannon Scown are the current Aboriginal health workers on truwana, and being members of the Aboriginal community themselves means that they live and breathe cultural safety.

Luana lives with her family on truwana, and Shannon flies in from her home on Flinders Island, working for one week on-call per month.

"I think it really helps having Aboriginal health workers here because it hopefully encourages more people to feel safe and confident in their health care and will encourage them to come into the clinic to get their health checks," Luana says.

Luana is an Aboriginal artist as well as a health worker and has her art on display in hospitals and health centres around Tasmania.

"Hospitals are so institutionalised and lots of bad things have happened to Aboriginal people in hospitals," she says. "This can create a lot of trauma for people.

"There also is inherited trauma, which is trauma that has been passed down generations from terrible things have happened in hospitals. Lots of people don't trust the system anymore.

"So, for people to come into a hospital and see Aboriginal artwork on the walls, hopefully it makes them feel a little bit safer, a little bit more welcomed and not so frightened.

"Hopefully it removes the anxiety to go in and do whatever they need to do in there. Whether it's visiting people or having check-ups or operations."

Luana says more can be done.

"It's culturally safe to have a choice of male and female health professionals, which is why it's really good when the doctors come over that there's a male and a female that alternate," she says.

"But I would really like a male Aboriginal health worker to come over, which we don't have at the moment."

Dr Alex John is a GP who lives on Flinders Island and is part of a team of three GPs who support truwana residents.

They all agree that having the Aboriginal health workers on the island is making a real difference on the ground.

"They are part of the community and have been trained to be health workers," says Alex.

"They're part of taking ownership of their health.

"It's really helped to connect us with the community, having people from there, working there.

"Having Aboriginal health workers as part of the team has really helped break down some of the barriers. It's less like 'us and them'."

For the health professionals who work across both Flinders Island and truwana, there is a continuous focus on and commitment to culturally safe practices.

There are many ways they practise cultural awareness, including displaying Indigenous artwork on the walls of the health centre to make the services feel safer for Aboriginal people.

"If we have an event, we'll have Elders who come in and give a Welcome to Country," Alex says.

"The staff at the hospital have Aboriginal art on their clothes, which helps them seem more approachable and less clinical."

"I remind non-Indigenous staff to be culturally aware and understand that we are paving the way for our community to have better health outcomes, better health promotion, better engagement."

— Shannon Scown

Shannon Scown says there has been a huge benefit to the Aboriginal community since the Aboriginal health workers were employed.

"I think for the community, our role has been amazing, to be a voice for our community and for their health," she says.

"The community has engaged with the clinic a lot more since we've been here.

"We've been able to talk and make them feel more comfortable and like there's no question too shameful to ask. And if they do feel ashamed, at least we're there to help.

"We're there to have a yarn with them, particularly if they say 'oh my god I don't want to go speak to the nurse'.

"It's amazing to see it to start up from 'what does this vision look like for us and our community' to seeing it all in action.



Aboriginal health workers Shannon Scown (left) and Luana Towney (right) (image supplied)

"We're seeing that the community are so proactive in their health now."

Shannon says an important part of cultural safety is being aware of the impact of past trauma.

"My great grandfather and Nan were from truwana" she says. "So, to have us in this role, I think the community feels confident with us being their voice and being proactive.

"I remind non-Indigenous staff to be culturally aware and understand that we are paving the way for our community to have better health outcomes, better health promotion, better health engagement.

"I remind them to just know that there is a lot of past trauma, especially in Tassie, that we may have forgotten about. It's still very real and raw.

"It's been an amazing job and role to be in."

Alex believes more health professionals should implement culturally safe practices in their organisations.

"It's not that difficult to do really," he says.

"We only began working with the Aboriginal health workers since the beginning of last year, but it's been hugely successful.

"If other places could copy that, that'd great." ■



Participant Adrian Lees

Connecting through movement

How exercise can improve chronic conditions and help shape social and emotional wellbeing

HAVING a heart attack on the remote island of Flinders Island in Tasmania's Bass Strait would be a huge wake-up call to anyone.

But would it be enough to get you to the gym twice a week, in your seventies?

Most of us know how important regular exercise is for our health, and how beneficial it might be to go to the gym regularly. And yet for many, it's a struggle to maintain a constant routine.

A group of septuagenarians on Flinders Island seem to have found that missing link. Their secret? Share a yarn, a laugh, and maybe the odd bit of cake.

The shock of a health event or diagnosis might have been what got them into the gym initially, but it's the camaraderie that has keeps them coming back.

The setting for all this action is the Flinders Council's community gym in Whitemark. The gym is used for a range of individual and group exercise activities, including David Heap's twice-weekly exercise class.

The class is run by the Royal Flying Doctor Service Tasmania and funded by the Australian Government through Primary Health Tasmania. It's part of a program focused on supporting people living with certain chronic health conditions in rural areas.

David Heap is a physiotherapist who works as a physical health worker with the Royal Flying Doctor Service.

He designs individual routines specifically for the chronic conditions that led his clients to the gym.

While the program aims to help people with chronic conditions better manage their health, another positive effect has been strengthening social ties and improving mood.

The class participants share the knowledge they've gained on the program, while sharing a laugh and motivating each other.

On a chilly and blustery Flinders Island morning, Beatles tunes are blaring and laughter rings through the gym.

You wouldn't think some of these older people have had serious health problems, including multiple heart attacks. But the exercise program is giving them a new lease on life.

David's passion and connection to the community is palpable, and he has been there since the program's inception in 2017.

CHRONIC CONDITIONS

"At the start there were three or four cardiac patients like Jacko and I would have just seen them in a physio room, which doesn't really work," he says.

David now has around 10 people enrolled in his class at any one time.

He explains the importance of this program to the heart of a rural community.

"When someone from the island has to go away for major heart surgery, they can come home to this program," David says.

"So they get to come home sooner, rather than having to stay in Melbourne for a month to do cardiac rehab. And they're so appreciative of this.

"It's really important for people who don't want to be off the island, who want to be with family. That's going to help their recovery."

Andrew Jackson, fondly known to the group as Jacko, credits the exercise class with keeping him alive after heart surgery.

"I've had five bypasses. I didn't have a heart attack, but I was feeling very tired," Jacko says.

"When the operation was over, David got hold of me and said 'you want to stay alive Jackson? Be in the gym on Friday morning'. Bingo.

"All of these guys, we all started together. And I wouldn't be without it.

"The conversation and the jokes and the music, it's psychological as well as physical.

"In fact, I'd say that's more important than actually doing this stuff (exercises). That's what gets you out of bed in the middle of winter on Flinders Island."

At 88, John Langdon is the oldest gym buff in the class, and has an exercise regime better than many people half his age.

"I've had a pacemaker and a knee and all that sort of stuff done, and David's been terrific," he says.

"Now I ride a bike for about 25 to 30 kilometres nearly every day. A combination of this class twice a week and riding keeps me going.

"Socially too, it's terrific. Everybody knows one another. We all have a bit of a joke, and we all look after one another. We're very appreciative."



Participants Anne Campbell and Rodney Pitchford

Gerard Dilger started the class after he had a kidney transplant.

"I had to live in Launceston before, on dialysis machine for two years, waiting for a transplant. So it's good to be home," Gerard says.

"The kidney is going really good, 100%.

"I'm born and bred on the island. It's pretty good over here, we're very lucky actually.

"It's really good".

Anne Campbell, another exercise class participant in her seventies, says coming to the gym is a vital part of her week.

"I think it's great for us senior people to have somewhere to go because if you don't use it, you lose it," she says. "And you can have fun doing it."

These islanders seem to have cracked the code on how to stay motivated to go to the gym. And the solution might just be social connection.

In an increasingly disconnected world, any opportunity for social connection is priceless. It can stave off loneliness and improve our quality of life and health outcomes. Combining it with exercise? Well, that might just be the secret to a long and happy life. ■

Rural primary health services

Primary Health Tasmania has commissioned four organisations to provide a range of free services to support people with chronic health conditions living in rural parts of Tasmania.

Funded by the Australian Government, the services are available in 21 of the state's 29 local government areas.

The organisations are:

- Royal Flying Doctor Service Tasmania – supporting people with specific conditions in rural areas of northern and southern Tasmania
- Rural Health Tasmania – supporting people with certain conditions in rural areas of north-west and western Tasmania
- Corumbene Care – supporting people with certain conditions in rural areas of southern Tasmania
- Diabetes Tasmania – providing diabetes education and support services to people with type 2 diabetes in all 21 rural local government areas.

No referral is required.

Want to know more?
Go to tasp.hn/ruralhealthservices



Patient Carol Jackson and pharmacist Kristina Fox in a consultation pod

Prescribing complete care

How a Hobart pharmacy is using innovation and collaboration to ensure person-centred care

A NURSE practitioner, lactation consultants, private consulting ‘pods’, and even a robot – they’re all part of an innovative model helping a Hobart pharmacy keep locals well and out of hospital.

Key features of the approach taken by the Complete Care Pharmacy at Rosny Park are working as a team – both within the pharmacy and with other primary care services such as GPs – and putting the patient at the heart of all they do.

When a patient walks through the doors, they are greeted by a pharmacist who triages them depending on whether they need advice or to fill a prescription.

If the patient seeks health advice, has a new prescription, needs a vaccination or more, then a pharmacist working on the floor will take the patient into a small private consultation room called a ‘pod’.

The pharmacist can then privately recommend treatments for their health issue or, if they have a prescription, they can dispense the medication while they are in the pod, with the medication being delivered to the pod by the robot. If the issue is out of their scope of practice, the pharmacist can refer to the appropriate health professional.

Kristina Fox, community pharmacist and pharmacy co-owner, says the innovative model was born of necessity.

“The model is radically different to your traditional community pharmacy style,” Kristina says.

“We no longer have any conversations about health on the shop floor. We conduct our consultations in the pharmacist pods, ensuring patient privacy.

“In these rooms, we can do everything – we can vaccinate, we solve minor ailments, we can dispense prescriptions immediately.

“It’s much more rewarding from a professional perspective, as patients open up about their health concerns which enables us to effectively use our clinical knowledge and provide the best solutions to our patients.”

Kristina says collaboration is a huge part of the new model.

“Being able to work alongside other allied health professionals, who have a broader scope than us, allows us to offer the complete solution to our patients,” she says.

“We’ve got lactation consultants, a diabetes educator, a continence nurse and now a nurse practitioner.

MODELS OF CARE

"Patients can come in and get scripts renewed from our nurse practitioner if they can't get in to see their GP in a timely manner."

Kristina says the pharmacy is responding proactively to the current healthcare environment.

"We're providing a solution to patients so that they don't have to go to emergency for something that is relatively minor," she says.

"Our new model works complementary to traditional GP practices, and we get a lot of referrals from them."

The Rosny Park pharmacy piloted this model of care, which is now being replicated in communities across Tasmania, and even extending to mainland Australia. A number of pharmacies are currently undergoing a change in their layout and using custom-built software to facilitate the model.

As part of the model expansion, software is being developed to ensure the advice the Complete Care team gives their patients is shared with the patients' GPs.

Carol Jackson is a new patient of the pharmacy and decided to book an appointment with nurse practitioner Hazel Bucher for a time-sensitive concern.

"I thought, well I'll ring the doctor, but I'm not going to get in for weeks," Carol says.

"Then I realised they had a nurse practitioner here, so I rang and got in to see Hazel for the first time last week. I was very impressed."

Hazel says having a nurse practitioner working at the pharmacy makes a big difference for patients.

"The majority of the patients I see are on-the-day appointments or walk-ins – in fact it's 69% of my work," she says.

"I can write scripts and treat infections, and often though it's the nursing perspective that makes a difference.

"I take the time to talk to people and help them understand their diagnosis and I help translate health information – something I've been doing all my career but now I hold extra qualifications and I am also able to offer treatments as needed.



Nurse practitioner Hazel Bucher and patient Richard Gawthorpe in the nurse practitioner clinic room

"It's just a convenient one stop shop for the patient, they can come and see me, and the pharmacists complete the visit with dispensing the prescriptions or other supportive products."

Hazel explains how she works with different health professionals to coordinate care for one of her patients, Richard Gawthorpe.

"We're providing a solution to patients so that they don't have to go to emergency for something that's relatively minor."

— Kristina Fox

"Richard is seeing me regularly and information goes between his health professionals such as his wound care nurses," Hazel explains.

"For another example, Richard has seen his cardiologist, so I'll receive a copy of those notes, as I wrote the referral, as does his doctor, so we're all on the same page.

"When his doctor takes any leave, Richard continues with his regular appointments and I continue manage his healthcare needs, addressing any concerns."

Richard, who suffered a stroke two years ago and is now in a wheelchair, is moved to tears when speaking of the level of care he experiences here.

"I've been looked after by the girls in the pharmacy for many years," Richard says.

"We've built up a really good relationship and I can talk about anything.

"And when I met Hazel, I was just wrapped up in a nice tight bundle. It's actually fantastic."

Richard has regular appointments with Hazel.

"If something's not right, we can get to it almost straight away, and then Hazel will ring my GP," he says.

"She'll talk to him and there's liaison between the two.

"I don't want to have another stroke. I don't want to go back to hospital.

"I want to make sure I've got good health professionals around me as an umbrella, working together, knowing what's going on to prevent anything else from going wrong.

"I spent eleven months in the hospital so to come out and have people care about you and your health care, that's important to me.

"It's been such a blessing." ■



Dr Alex John in his clinic room on Flinders Island

Get to know: Dr Alex John

DR ALEX John is a rural generalist with diverse medical experience. He completed his medical studies at University College London in 2002, completed a three-year surgical rotation in England, and passed examinations to become a Member of the Royal College of Surgeons of England.

Since arriving in Australia in 2008, Alex has been practising as the principal GP on remote islands, drawn to the unique lifestyle they offer. This includes Norfolk Island in the South Pacific and King, Flinders and Cape Barren islands in Tasmania.

Currently, Alex is a GP at the Ochre Medical Centre on Flinders Island, runs the island's small hospital (part of the Flinders Island Multipurpose Centre), and provides emergency care to both Flinders Island residents and the Indigenous community on nearby truwana/Cape Barren Island.

Alex was named Ochre Health 2023 Tasmanian Doctor of the Year, and also won the inaugural Dennis Pashen Ochre Australian Doctor of the Year award.

Content warning: Aboriginal and Torres Strait Islander people should be aware that this article contains the name of a deceased person.

What is it like being a GP on Flinders Island?

It's remote medicine; it's not like a normal GP job in a city or big town. We're kind of all-rounder doctors, to use a cricket metaphor: we bat, bowl, field and are sometimes the wicket keeper too! We're on call 24 hours a day, and we live here, we're part of the community.

There's lots of stuff we can do here and get to manage by ourselves. It's different to being in a city where everyone has really defined roles. If somebody has a heart attack and they come in, as the transfer time can be long, we do the initial management, meaning we thrombolysed them, and then we wait for the Royal Flying Doctor Service plane to come in and transfer them to cardiology.

GET TO KNOW

Occasionally babies get born here, although not very often, which is good as it is stressful!

We have an aged care facility at the hospital, which is called Shearwater Haven. Of course, people die here, so we do palliative care. That's one of the beautiful parts of the job, helping people you have known in the community at the end of their life.

moekatan (Australian name Bernice Condie or 'Aunty Bea'), who was one of the Elders in the community, donated a traditional shell necklace to the community hospital. I was actually down at the beach with my kids one day when Aunty Bea was collecting these shells. She showed us how to do it and then I looked after her when she died.

I have a beautiful necklace made of echidna quills that has pride of place in my clinic room. The echidna necklace was made by Aunty Vicky (maikutena Vicki-Laine Green). She is still alive and is one of the Elders. It's amazing and has pride of place in my clinic room.

Do you work in the hospital and the GP practice?

Yes, we do both. It's kind of an artificial thing to say that they're separate. Either we're here in the hospital most of the day, or in the practice. They're conjoined, so it doesn't even need to have that distinction. It's just really to do with funding.

What is the work like on Cape Barren Island?

truwana/Cape Barren Island is such a cool place. Most of the island is actually owned by Aboriginal people of the island, which I think is unique in Tasmania.

We give phone advice to the island's residents and then we travel over there once a week by plane. And it's hard work. To give you an idea, there's 100 people living on truwana. Then on Flinders, there's 1000 people. We get as many calls from truwana as we do from Flinders.

The chronic disease burden is complex, and I do feel like they get forgotten about over there.



Dr Alex John with traditional necklaces by Corrie Fullard, Dulcie Greeno and Bernice moekatan Condie

What are the hardest things about the work and living in the community?

I'm here on the islands all the time, and I'm not very connected to what's going on off-island.

We turn up at conferences and it often feels as if nobody knows us; it'd be great if people could think about us a bit more, and if we could be a bit well known. Particularly the people on truwana.

Probably the hardest thing is looking after yourself and family, or if you or your family gets sick. I haven't totally worked that one out yet.

How do you work with other health professionals?

We've got a really good team here, really great nursing staff, three really good doctors and are well supported by Ochre Health. Which is really fortunate in rural Tasmania.

I work with Dr Lynne Davies and Dr Emilie Willcox, the other doctors. Lynne, her son, his wife and Lynne's granddaughter all live here.

Emilie has a young family, and they live here too. Her husband's a teacher at the school.

I worked here on my own for about seven or eight years and since they've been here, it's been brilliant. I really appreciate them both.

I reckon we're a model for everywhere. We sit down, we have meetings, we talk in the morning, we do research. We're always learning and evolving.

We'll have the doctors, the community nurse, hospital nurse, Royal Flying Doctor Service staff, people from the Flinders Island Aboriginal Association Incorporated (FIAAI) come together. We sit around the table, and we discuss what can we do to help the different clients. We do case conferencing at least once a month. And I go to FIAAI every two weeks.

Somehow, we've managed to build this team.

It was hard to get it going at the beginning, but it's gaining a bit of momentum, so a lot has changed. We've got loads of ideas. Stuff is happening and changing and getting better. ■

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