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To the Committee Secretary

Submission to the Federal Parliamentary Inquiry into the Provision of General Practitioner and Related Primary Health Services to Outer Metropolitan, Rural, and Regional Australians.

Kimba is a strong, vibrant and proud agricultural centre on the Eyre Peninsula, situated half way across Australia, approximately 450kms by road to Adelaide, 150kms to Port Augusta, 140kms to Whyalla and 215kms to Port Lincoln. We are well positioned on the national Eyre Highway with an unemployment rate below the national average and the agricultural sector making up 46% of the workforce. Kimba's Gross Regional Product was \$62 million for the year ending 30th June 2020 with a population of 1056, 20% of which are over the age of 65.

Our recent awards include:

- Local Government Professional Award for Excellence in Environmental Leadership and Sustainability for the Roora Water Catchment Project.
- Grey Nomads Awards, Best Council Free-stay Campsite 2 years running (2019 and 2020)
- South Australia Sustainable Community Award 2018
- South Australia Best Medium Town Award 2018
- Finalist SA Agricultural Town of the Year 2020

ABS data from 2016 also shows Kimba with the highest proportion of volunteerism, per capita, in the nation. We believe this supports our experience of a community that loves the town and has a shared vision of can-do, while willing to contribute towards better experiences and services for all. This attitude is also shown with many locally developed tourism strategies, including Silo Art, The Big Galah, (recently re-vitalised), Halfway Across Australia sign, Roora Reserve Natures Walking Trail, Edward John Eyre Sculptures, Mosaics and murals, Whites Know Lookout, Central Park All-abilities Playground and Workshop 26 – a not for profit group that encourages and showcases micro business startups and is "Kimba's Creative Quarter". The National Radioactive Waste Management Facility will further strengthen Kimba Tourism opportunities and the likely development of a visitor center will add significantly to visitor numbers and also provide further employment for the community.



Population growth into the future for Kimba is assured through the upcoming development of the National Radioactive Waste Management Facility. Our community has raised its hand to support the internationally recognised Nuclear Medicine industry in Australia. Ironically, whilst offering solutions that support the health needs of all Australians, the most basic of health services is not guaranteed for residents of Kimba. There are also two major mining operations currently seeking appropriate licensing and approvals for separate mining operations near Kimba. These are expected to also support strong population growth in the Kimba township and wider community. The District Council of Kimba has also successfully sought grant opportunities to employ an Economic Development Officer to support its long-term vision to grow a vibrant strong and successful community. Further, a separate grant engaged Workforce Blueprint to develop a Kimba Future Workforce and Training Plan, to favourably position Kimba and develop sustainable long-term growth.

Until the past decade, Kimba has had very few issues attracting GP services to our community. Most GP practitioners were resident, providing both GP and emergency medical coverage as required. Almost all of these doctors stayed for many years and all reported a supportive and thankful community that provided a safe and enjoyable residential experience. Sadly, our recent experiences have been far more difficult and District Council of Kimba residents and ratepayers are left feeling somewhat abandoned, double-taxed and significantly less important than *any* city or suburban resident.

From this strong and stable base, health services to Kimba have degenerated to crisis point. We have had less than 2 years out of the past 6 with any resident GP services. Locum services have been engaged to fill the void, but this is expensive, deficient and unsustainable. We find continuity of care is one of the greatest issues. Residents with chronic or complex medical conditions are poorly managed and often have to start again, telling their story from beginning to end multiple times and often receiving conflicting advice from multiple locum's. Even simple medication management is often poorly controlled and decisions on changes not understood by locums that follow any initial consult. Services have been cancelled at the last minute many times due to covid cross border restrictions, giving rise to distrust and anxiety in the system. We believe residents are not seeking timely medical advice, with it being simply too hard to get an appointment or raise sensitive issues with doctors who are strangers. The provision of services as a whole, in Kimba has become reactionary by nature instead of a more pragmatic and proactive approach with minimal capacity for Chronic Disease Enhanced Primary Care (Care Planning). Accessing specialist services is also a challenge with long distances travelled to regional centres required. We question how the extra budget required by using locums for this expensive short-term solution can never be put into incentives or advertising budgets to search for a sustainable solution. Also, the extra demand for locum services takes more GP's out of the system, further compounding the chronic shortage of available GP's for rural communities. It was reported in the Adelaide Advertiser newspaper that the health minister had a plane load of International medical officers flown in to cover shortages at city hospitals, when our rural communities continue to suffer and are in the greatest need.



Our Council has invested strongly in attempts to recruit and retain GP and emergency medical services for our community. Our efforts include purchasing a four-bedroom house provided rent free to prospective doctors. Rent free use of our council owned medical centre, including a significant upgrade to the building in 2017. We also provided computers, printers, fax and medical equipment along with office furniture. Costs were also covered for the practice accreditation. Use of a second brand new two-bedroom unit for doctors and locums as required. And recently council has committed to a massive upgrade and extension to our medical centre of almost \$1M. All this from a council with no responsibility or requirement to provide GP or medical services. We respectfully point out to the committee that no city or suburban council would need to provide ratepayer money or resources towards a service that should be facilitated by State and Federal government. No Kimba resident receives tax refunds for this and in fact often must travel for services or receive a lower standard of care than most other South Australian residents. Rural residents are often disadvantaged in respect to costs for services or travel requirements and medical services as a whole are no different.

The Modified Monash Model in our experience fails to address inequity and the limited incentives offered are insufficient to encourage GP's into areas of greatest need. In addition, it fails to acknowledge the greater needs of small rural communities in comparison to the bigger regional centres. Rural communities large enough to support one or more full time GP should not be left with no, or inadequate, medical services. Strong incentives need to be developed for these communities to be seen as desirable destinations for doctors and other health professionals. The Northern Eyre Peninsula has many of these communities and we estimate at least 30 doctors are needed in this area to enable sustainable, reliable and viable ongoing service. This service gap is a blockage to growth and economic development for communities and is a strong disincentive to professionals in other industries moving to these communities to take up vacant positions. New technological advancements including telehealth do offer support and alternate avenues for some services, but in no way could they replace the need for GP on ground service in rural communities such as Kimba.

Currently the Mid Eyre Medical Practice, which provides services to Kimba, consists of a model which poses a barrier to the long-term attraction and retention of resident GP's. This relates to the structure of the after hours on-call services, doctors remuneration and employment, working conditions and the general lack of peer support arrangements. Initiatives proposed in the Stronger Rural Health Strategy somewhat fails to meet the mark given smaller communities inability to provide the supervision some of these initiatives require. A number of these mechanisms are also long-term solutions which do not address the current and urgent needs of communities such as Kimba.



Our community receives medical services which are precarious at best and comes with a high level of uncertainty. Continuing down this path of no sustainable medical delivery is skirting on the edge of unpalatable outcomes and possibly even fatalities. It is Council's belief that the best opportunity to circumvent these outcomes is in the provision of financial and other incentives in order to motivate GP's to relocate to the regions and in particular Kimba. In moving forward, the community of Kimba is willing to do what it takes to secure and retain a doctor but we need the help of State and Federal Governments and associated organizations to do this.

Council would like to thank the Committee for the opportunity to contribute a submission to this inquiry and we look forward to positive outcomes to the benefit of smaller rural communities like Kimba.

Yours sincerely

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