

Health and community care

Service delivery

- 6.1 The Federal Government provides funding for health services in the Indian Ocean Territories.¹ Health services are administered by the Indian Ocean Territories Health Service (IOTHS) which is funded and managed by the Commonwealth through the Christmas Island Administration. The Western Australian Department of Health provides support and advisory services under a service delivery arrangement with the Department of Transport and Regional Services.²
- 6.2 The Indian Ocean Territories Health Service is essentially a general practitioner service. Visiting health professionals provide a range of services, including surgery. A service delivery arrangement with the Western Australian Department for Community Development provides for specialists such as psychologists and psychiatrists to visit the Indian Ocean Territories. Patients who cannot be treated on the Islands are assisted with travel to and accommodation in Perth for treatment under the Western Australian Patient Assisted Travel Scheme. Childbirth services are not provided in the Indian Ocean Territories.

1 Department of Transport and Regional Services, *Annual Report 2001-2002*, p. 151.

2 Department of the Premier and Cabinet, Western Australia, Submissions, p. 141.

- 6.3 Health facilities in the Indian Ocean Territories are modern and well-equipped. The Christmas Island hospital, which was completed in 1995, was designed for a population of 10,000 and is therefore well resourced. There are two health centres on Cocos (Keeling) Islands, one on Home Island and one on West Island.³
- 6.4 The Indian Ocean Territories Health Service is managed by a Health Services Manager who reports to the Christmas Island Official Secretary. It also employs a Director of Nursing, two full-time general practitioners on Christmas Island and one full-time general practitioner on Cocos (Keeling) Islands. The doctors are supported by registered nurses, health workers and other staff.⁴ Since November 2001, the Rural Women's General Practitioner Service, a fly-in-fly-out service aimed at improving access to primary health services for women in rural and remote communities by providing them with the choice of a female doctor, has provided services to the territories three times per year.⁵ Until June 2003, Island residents received dental treatment from a visiting locum.

Previous reports

- 6.5 Two recent reports on the delivery of health services in the Indian Ocean Territories are relevant to this review. As a precursor to service delivery arrangement negotiations with the Western Australian Government, in 2001 the Department of Transport and Regional Services commissioned the *Indian Ocean Territories Health Services Development Project* (the Bath report).⁶ This project was intended to identify the best health programs and models of health service delivery to meet the current and future needs of the communities. Following this, in September 2002, Dr Michael Kwek, Medical Director of the Indian Ocean Territories Health Service, produced a report on the budgetary implications of future options and associated management structures (the Kwek report).⁷ These options included

3 Bath, R, April 2002, *Indian Ocean Territories Health Services Development Project*, report to the Department of Health, Western Australia, Perth, p. 3.

4 Kwek, Dr M, September 2002, *IOTHS Review*, p. 10.

5 See the Commonwealth Department of Health and Ageing Website <http://www.health.gov.au/ruralhealth/services/rfds.htm>

6 Bath, R, April 2002, *Indian Ocean Territories Health Services Development Project*, Report to the Department of Health, Western Australia, Perth.

7 Kwek, Dr M, September 2002, *IOTHS Review*.

maintaining the present health care delivery system or its full privatisation.⁸

- 6.6 Several issues raised in those reports were again raised when the Committee visited the Territories in March 2003. These included difficulties of recruiting and retaining staff, economic management, community nursing and public health programs, and privatisation. An additional matter was raised with the Committee - the supply of Class A pharmaceuticals.

Staffing – recruitment

- 6.7 The Administration has difficulty in attracting dentists, doctors, nurses and managerial staff to work in the Indian Ocean Territories.⁹ The Bath report identified a number of human resource practices which may have contributed to the difficulties of attracting and retaining medical staff in the Indian Ocean Territories. These included outdated employment conditions, delays in contract extension, lack of structured orientation and professional development and a lack of performance management procedures.¹⁰ The General Secretary of the Union of Christmas Island Workers, Mr Gordon Thomson, referred to the difficulty of recruiting and retaining qualified nurses and doctors.¹¹
- 6.8 During the Committee's visit to Christmas Island, the Christmas Island Women's Association voiced its concern about the lack of a proper dental service on Christmas Island. There had been no routine dental checks on-island for 12 months, with the only dental service provided by locums on an ad-hoc basis. Community groups on Cocos (Keeling) Islands also commented on the lack of dental services in that Territory. This is of particular concern to the Committee, given the Bath Report's finding that:

8 Kwek, Dr M, September 2002, *IOTHS Review*, p. 2.

9 See Bath, R, April 2002, *Indian Ocean Territories Health Services Development Project*, report to the Department of Health, Western Australia, Perth; and Kwek, Dr M, September 2002, *IOTHS Review*, p. 18.

10 Bath, R April 2002, *Indian Ocean Territories Health Services Development Project*, report to the Department of Health, Western Australia, Perth, p. 4.

11 Mr Gordon Thomson, Transcript, 11 March 2003, p. 45.

There is a high rate of dental caries amongst children...this rate can be related to a high sugar diet, particularly in the Malay communities and often poor dental hygiene.¹²

- 6.9 The Committee was informed that the water supply on Christmas Island has been fluoridated since March 2002, but that this has not occurred on Cocos (Keeling) Islands.¹³ Fortunately, a medical director, a senior medical officer and a dentist have recently been appointed.¹⁴
- 6.10 Given the Territories' isolation and the general difficulty of recruiting and retaining health professionals in rural and remote locations, there does not appear to be a simple solution to this problem. Mr Thomson has suggested that local residents should receive special support for training in the medical professions. If suitable candidates can be found, the suggestion is worth further consideration. The Committee is aware that there are Australia-wide programs aimed at encouraging medical professionals to take positions in rural areas. The Committee believes that these programs may assist future recruitment of medical professionals in the Territories.

Recommendation 7

- 6.11 **That the Commonwealth continue to consider ways of attracting suitable medical professionals to the Indian Ocean Territories, including special funding for Island residents undertaking relevant studies in health related professions, so they are encouraged to return to the Territories.**

Staffing - Management

- 6.12 The Indian Ocean Territories Health Service's budget was approximately \$5 million in 2001-2002.¹⁵ The Kwek report found that the Indian Ocean Territories Health Service had operated on

12 Bath, R April 2002, *Indian Ocean Territories Health Services Development Project*, report to the Department of Health, Western Australia, Perth, p. 17.

13 Information provided by the Christmas Island Administration.

14 Department of Transport and Regional Services, *Christmas Island Bulletin*, no.42/03, 5 May 2003.

15 Kwek, Dr M, September 2002, *IOTHS Review*, p. 7.

substantial deficits for the two most recent financial years, deficits that had to be absorbed by other areas of the Christmas Island Administration.¹⁶ It appears that the problems were due at least in part to weaknesses in the management structure and in certain management strategies and procedures.¹⁷ Mrs Kim Gossage, clinical nurse manager, Cocos (Keeling) Islands, Indian Ocean Territories Health Service, emphasised the need for better budgetary planning.¹⁸

- 6.13 The Committee is aware that at the time of the Kwek Report, the manager of Indian Ocean Territories Health Service held the dual role of health services manager and director of nursing. Persons holding the managerial position were required to have nursing qualifications which, as the Kwek report commented, may have deprived the local communities of many well-qualified professional managers who were not nurses.¹⁹ As a result of the report's recommendations, two separate positions were re-established. The Committee trusts that this change will adequately address the financial management problems of the Indian Ocean Territories Health Service.

Community and public health

- 6.14 In a comment on the health services in the Territories, the Western Australian Department of Health noted with respect to Christmas Island that it:

emphasises to DOTARS and DIMIA the need for the presence of Public Health expertise on the island eg. a Public Health Physician, Community Nurse(s), and an Environment Health Officer.²⁰

Although the comment was made at the time that a larger immigration reception and processing centre was planned, both the Bath and Kwek reports as well as evidence given to this review also indicated that there is unmet demand in the Territories for community and public health services.

16 Kwek, Dr M, September 2002, *IOTHS Review*, p. 17.

17 Kwek, Dr M, September 2002, *IOTHS Review*, p. 17.

18 Mrs Kim Gossage, Submissions, p. 316.

19 Kwek, Dr M, September 2002, *IOTHS Review*, p 18.

20 Department of the Premier and Cabinet, Western Australia, Submissions, p. 141.

- 6.15 Both the Bath and Kwek reports noted the need for home nursing care and home support.²¹ Two community groups on Cocos (Keeling) Islands informed the Committee that they were concerned with the lack of assistance on offer for aged care. One witness informed the Committee by way of a confidential submission that patients have to rely on the hospital for community-based nursing, and that this was an unsatisfactory arrangement. Mrs Gossage pointed out that:

...there were no staff permanently employed in [a community nursing role on Christmas Island] and nursing staff had to juggle service delivery with shift work and meeting roster expectation of a 24 hour hospital cover.²²

Mrs Gossage suggested that a community nurse with responsibility for aged care, child health, the health of school students, immunisation and some areas of women's health should be employed.²³

Recommendation 8

- 6.16 **That an additional community nursing position responsible for aged care, child care and aspects of women's health be established in the Indian Ocean Territories.**
- 6.17 The shires are responsible for public health in the Indian Ocean Territories, apparently with little input from the Indian Ocean Territories Health Service. Mrs Gossage stated that there was no process for the Health Service to be formally involved in public health issues and that Cocos Island Health Service involvement only occurred in an ad hoc way.²⁴ The Kwek Report also found that the Indian Ocean Territories Health Service had very little formal contact with local shires on public health issues.²⁵

21 Bath, R, *Indian Ocean Territories Health Services Development Project*, report to the Department of Health, Western Australia, Perth, p. 17; and Kwek, Dr M, *IOTHS Review*, p. 12.

22 Mrs Kim Gossage, Submissions, p. 312.

23 Mrs Kim Gossage, Submissions, p. 312.

24 Mrs Kim Gossage, Submissions, p. 312.

25 Kwek, Dr M, September 2002, *IOTHS Review*, p. 18.

- 6.18 Dr Kwek advocated the need for greater consultation between the Indian Ocean Territories Health Service and the shire on public health issues. Mrs Gossage suggested returning to a team approach to public health issues with a formal delineation of roles to ensure optimal standard of service delivery, and that "a health representative should attend shire meetings where public health or environmental health issues are discussed."²⁶ Mrs Gossage also suggested "the development of strategic plans to bring about these outcomes; from a health service perspective as well as a shire perspective."²⁷

Recommendation 9

- 6.19 **That a formal process be established whereby representatives from the Christmas Island and Cocos (Keeling) Islands' Shires meet regularly with representatives from the Indian Ocean Territories Health Service (IOTHS) and other relevant bodies to discuss public health issues and delineate responsibilities for dealing with them.**

Privatisation of the Health Service

- 6.20 The Kwek Report's principal recommendation was that the management of the Indian Ocean Territories Health Service be contracted to a private health organisation.²⁸ The review of the service delivery arrangement by the Western Australian Department of Health stated that the Department of Transport and Regional Services is moving towards the use of private providers for the delivery of health services.²⁹
- 6.21 There were some concerns that the recommendation could lead to a fee-for-service regime in the Territories. Mrs Gossage, for example, stated that if privatisation occurred, the private practitioners would have to be supported financially to cover overheads, as inadequate revenue is possible due to resident numbers. She considered that the residents on Cocos (Keeling) Islands would not be able to afford

26 Mrs Kim Gossage, Submissions, p. 312.

27 Mrs Kim Gossage, Submissions, p. 312.

28 Kwek, Dr M, September 2002, *IOTHS Review*, p. 21.

29 Department of the Premier and Cabinet, Western Australia, Submissions, p. 141.

private health care.³⁰ Fees-for-service are not proposed in the Kwek Report, but there is a view that:

...one step in the direction of privatisation of the health service [is] the beginning of many steps which would result in the privatisation of all, or most of, the functions of the health service.³¹

- 6.22 The Committee has not formed a view on the desirability of privatising the management of health services in the Indian Ocean Territories. It has not been asked to judge precisely how services are to be delivered, and does not have the data to make such a judgement. The relevant issue for this review is whether health services delivered to the communities of the Indian Ocean Territories are comparable with those available to other remote communities in Australia. The Territories' isolation and their unique needs mean that it is difficult to make such comparisons. The evidence suggests, however, that there are shortcomings, especially in community nursing resources and public health generally.

Supply of Class A Pharmaceuticals

- 6.23 Supply of narcotic medications in the Indian Ocean Territories is governed by the *Customs Act 1901* (Cth), which requires that the pharmacist on-island who is ordering the drug must obtain an import licence and the supplying company on the mainland must obtain an export permit. This procedure applies only to the external territories and has led at least on one occasion to a week's delay in providing a patient with urgent and much-needed pain relief.
- 6.24 The pharmacist on Christmas Island, Mr Baldock, gave some examples of delays that had occurred in processing export permits. The following is the most significant:

Import permit 2314 was issued by administration on Christmas Eve 2002...the export permit approved by the TGA was on 8 January 2003. That is a 15-day delay. The reason given was that TGA was on their Christmas break. Unfortunately this caused undue suffering to the patient, who, as you can understand, did not appreciate that there

30 Mrs Kim Gossage, Submissions, p. 313.

31 Mr Gordon Thomson, Transcript, 11 March 2003, p. 46.

was a Christmas break as far as his pain management was concerned.³²

- 6.25 Mr Baldock informed the Committee that he keeps stocks of narcotic analgesics for emergencies, but the pain treatment for certain patients can change rapidly and he cannot hold stocks of every narcotic for every potential situation.³³
- 6.26 The Director of the Office of Chemical Safety, Therapeutic Goods Administration (TGA), Dr Margaret Hartley, provided an explanation of how the incident described by Mr Baldock occurred.³⁴ Dr Hartley also gave details of new procedures the TGA had instituted to guard against any recurrence.³⁵ The Committee has noted the prompt action taken by the TGA. It trusts that the new procedures will be effective and that the TGA will continue to monitor the situation to ensure that there is no recurrence.

32 Mr Mark Baldock, Transcript, 11 March 2003, p. 56.

33 Mr Mark Baldock, Transcript, 11 March 2003, p. 57.

34 Dr Margaret Hartley, Transcript, 12 May 2003, p. 218.

35 Dr Margaret Hartley, Transcript, 12 May 2003, p. 219.

