*Submission to*
*House of Representatives Standing Committee on*

# PRIMARY INDUSTRIES
# &
# REGIONAL SERVICES


## The Coorong District Council (SA)

## AUGUST 1999

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# 1. INTRODUCTION

The Coorong District Council comprises 8,836 square kilometers of mainly rural land serviced by the towns of Tailem Bend, Meningie, Tintinara and Coonalpyn and other smaller settlements.

The resident population of the District is 6,000, with about half that number being concentrated in the towns. At any time the travelers on the main highways swell the actual number of persons in the area.

Three highways being Dukes Highway, Princes Highway and Mallee Highway pass through the District carrying heavy and general traffic between South Australia and the eastern states. The Council maintains a total of 1,800 kilometers of unsealed and sealed roads throughout the District. The Adelaide - Melbourne railway line divides the District and is met by two regional feeder lines mainly carrying grain to Tailem Bend for storage and eventual movement by rail to Port Adelaide.

The area has a growing tourism focus as people seek out the natural environment that is available through the extensive National Parks, which are a feature of the district. The Coorong National Park from which the District takes its name is of world significance as a wetland of international importance.
*Refer Appendix –1 & 5*

When considering the Terms of Reference a significant numbers of areas could be addressed and we will touch on a few of those in the latter half of the submission. We do wish to focus on Health Infrastructure and in particular the Medical Practise facilities at Meningie. You will be referred to attached appendices 1-5.

# 2. HEALTH INFRASTRUCTURE OVERVIEW

The Council district health facilities consist of the following:
*Two hospitals and 3 health Centres*.

## 2.1 TAILEM BEND

This is a low volume hospital with acute medical, state nursing home beds and commonwealth nursing home and respite beds. Community health support is provided through the hospital or the volunteer group Community House.

### *Issues facing Tailem Bend*

The present Tailem Bend hospital bus is well used for hospital and HACC purposes including day care and aged care. The Community House utilizes the bus for an extension of HACC services. The bus is frequently used for the movement of patients to Murray Bridge for hydrotherapy. The bus is overdue for replacement, yet unfunded.

Of the eight Commonwealth funded beds at the Tailem Bend District Hospital two are available for respite, this is inadequate to meet the needs in that district and as a minimum a third respite bed would be an advantage to the community.

## 2.2 MENINGIE

Meningie is a casemix hospital, with acute medical, level 1 surgical, level 1 obstetric, commonwealth and state nursing home beds. Community health is provided through the hospital.

Other agencies – Jallarah Homes 24 bed hostel

**Coonalpyn Downs Community Health Centres**
These centres and staff provide facilities and support to General Practitioners, Allied Health to ensure delivery to the community is as comprehensive as possible.

**Raukkan Aboriginal Community** (Point McLeay)
Clinic supported by the General Practitioner at Meningie and the Aboriginal Health worker at Raukkan.

This facility in the community leaves a little to be desired and a submission has been put forward to improve the clinic which will ensure.

- Confidentiality, for both the client and the visiting practitioners.
- adequate toilet facilities for clients, & staff.
- an enviroment suitable to support the extended family.

*Refer Appendix - 5*

***Issues facing Meningie***

Heliport – Meningie community is currently fund raising to provide a purpose built heliport close to the hospital. With the increase in the use of the Rescue Service there have been a number of issues that has forced us to address this problem.

- The use of limited volunteers for many hours, providing lighting, crowd control, and ambulance transport
- Safe access to and from the hospital.

## 2.3 TAILEM BEND / MENINGIE / TINTINARA/ COONALPYN COMMON ISSUES:

### Respite Care

There is a desperate need for the provision of respite for home carers, that is for people caring for a sick or elderly relative at home. This care keeps the elderly out of the main stream health system but often breaks down when the carer can no longer manage and the end result is both in hospital until sufficiently recovered to return home. The provision of 25 hours a week with transport would provide this at home respite service at the present time.

### Mental Health

There is a lack of mental health services for early intervention resulting in patients moving to an acute phase and often a round trip to Adelaide to an institution. Early intervention would result in a far more satisfactory result for the person and family involved and places less strain on the service. The need for telecommunication infrastructure to support tele-medicine and tele-psychiatry will support both the client and the health personnel attempting to provide support.
*Refer to telecommunications page 8*

### Transport

There are no commercial bus services or taxi services serving within the district. The Murray Mallee Community Transport Service that is funded through a variety of government funds provides a car and part time coordinator for the volunteer drivers. This assists with transport to Regional and Metropolitan centers.

# 3. CASE FOR INFRASTRUCTURE SUPPORT

for a Medical Centre to be co-located at the Meningie & Districts Memorial Hospital & Health Services Inc

## 3.1 MEDICAL PRACTICE

### History

Medical Practice Background. Meningie had a stable Medical Practice for some 17 years until 1995. The practice requires 3 doctors and up until the last 3 years, it had run at approximately 2.5 with continuing advertising for a third doctor.

In 1994 there was an approach made by the Doctors to the Hospital Board of Directors to purchase the existing Medical Practice building. This would enable the doctors who had provided 17 years of service to leave. The Board of Directors purchased the building and casenotes, and this became a part of the future Recruitment and Retention strategy.

The Community was then without medical practitioners for some 5 months during which time the Hospital was able to secure ad hoc locum services.

The building is a small prefabricated transportable, which was built in late 1969.

On the 18 December 1995, two doctors from Queensland (husband and wife team) arrived to take up the position of providing medical services to Meningie & Districts Memorial Hospital & Health Services Inc.

There were some clear concerns voiced which became very evident whilst recruiting doctors.

1. The current Doctors consider the facilities substandard and working from this facility would not be acceptable for long. The current Doctors indicated they would remain for a further six months whilst the community investigated the need. The time period has been extended due to the current actions of the Board, Council and Regional Office.

2. Recognised problems with existing building.
   - Size of rooms, storage, and treatment rooms.
   - Privacy/confidentiality
   - Security
   - Building has one toilet for staff and clients.
   - Asbestos
   - Heating and cooling
   - Disability access
   - Shortage of procedural space and consulting rooms
   - No staff facility
3. It was made quite clear that unless something was done they would move to a more suitable location elsewhere, which provided the facilities requested.
4. Medical Accreditation is a major issue for the current doctors, as they believe in providing a quality service and are currently working towards meeting the standards. They also believe the building may contribute to failing their Accreditation.
5. As a husband and wife team "on call" 24 hours a day, affects lifestyle. The need for consistent regular locum relief is a major factor.
6. Distance traveled to clinics.

**Service Profile**

The Medical Practice at Meningie services a wide area, which is geographically isolated from other Health units and Medical Practitioners. The town of Meningie services both the Dukes Highway and Princes Highway and feeder roads off the same. The medical practice services Coonalpyn Clinic 49km east, Tintinara 77km east, Salt Creek 61 km south, Ashville 25km north and the Aboriginal community of Raukkan 43km north / west.

Meningie, due to its location on the shores of Lake Albert and the gateway to the Coorong is seeing increasing numbers of tourists.

There is also an impact from the Keith Hospital due to its Private status.
*See attached map.*

**Action**

Discussions took place with the Board of Directors, Coorong Council and the Regional General Manager to discuss how best a facility could be provided for the community which would also meet future needs.

The key issues

- retention of the current two practitioners
- attraction of a third practitioner in the future
- how we would attract and retain doctors into the future.

This has led us to our current position.

Draft plans have been costed for location of the Medical Centre at the Meningie Hospital and the project would be ready to start within this financial year.

Discussions with the local RSL to sell their land and building with finances going towards the new premises have taken place. The only request to date, by the RSL to provide them with a meeting area.

As you can see there is obvious commitment by the Community, Coorong Council the Board of Director, and the Region to support what is a recognised need.

- The Board of Directors and Community has recently provided $305,000,00 to the Aged Care Project.
- The Coorong Council has two Health Centres, at Coonalpyn and Tintinara.
  *See attached.*
- The Hospital Auxiliary is currently working towards funding for the Hospital heli-port.

*See attached Appendix 2 & 3*

## COPIED WITH PERMISSION OF DR M. KERRIGAN

19/04/99

Attention Jim Fairbain,

Dear Jim,

There are number of reasons why the community needs a new clinic. Many of the structural reasons you know, following our discussions and in concert with the hospital Board.

1. Privacy; the current building affords the patient no privacy. The walls transmit sound clearly. This leads to patients and myself feeling limited in what we can say for fear of being overheard Therefore counseling (which is such a large part of general practice) is limited and diminished, clearly reducing the quality of counseling and advice I can offer.

2 Occupational health and safety; the cramped conditions, lack of staff areas, rest rooms and staff amenities, are having a clear detrimental effect on staff morale. We have recently had arguments between staff which all have agreed occurred due to the poor working conditions. The staff are constantly under stress and. this has negatively affected morale and productivity. The current workplace would not be tolerated by people working in the public sector, yet my staff continue to labour under these conditions.

3 Personal; this clinic makes it very difficult to work as a doctor. The, situations described in the above paragraphs apply equally to me and my wife. It affects your psyche, we feel constantly drained, irritable and less focused on the work we have to do. This is to put it succinctly - a sick workplace. Mistakes will happen, fortunately minor errors that have occurred have been picked by our follow up systems - so far.

4 Medical Staffing; ultimately we will need another 1 - 2 doctors. We cannot however employ anyone, as there is no where for them to practise. Without a new clinic the situation in paragraph 4 will continue. This will inevitably lead to us having to make a decision regarding our futures. We cannot allow this situation to continue or we will - burnout. The only question is whether we leave before or after burnout.

I hope you do not see the above as carping negativism. That is not the intent, it is meant to show why a new clinic is so necessary. In an appropriate facility this could be a most rewarding practice for any doctor, not just us. We would look forward to a long, happy and hopefully mutually rewarding relationship-between us and the peoples of the Coorong.

Yours sincerely

Dr M J Kerrigan

## 3.1 REGIONAL AND RURAL TELECOMMUNICATIONS IN RELATION TO HEALTH SERVICES

The Coorong Council is proposing an exciting project, which will directly address the telecommunication needs of the community, including the ongoing provision of Council services, based on leveraging an alternative carrier into the region.

With the current difficulties being experienced in the health area particularly in regional and rural Australia better cheaper telecommunications are going to be essential to assist in the provision of services to remote communities.

The demand for video medicine will grow considerably as remote communities struggle to keep let alone attract doctors. Those doctors that are practicing in regional Australia will need this technology to assist them to maintain services and assist with their workload. This workload is likely to grow with an aging population and the continued difficulty of attracting doctors to regional areas.

Regional and remote communities will need to promote better telecommunications particularly in the areas of mobile phones and call costs (both voice and data) to provide regional doctors with more freedom and to help with service delivery costs.

Every effort must be made to assist regional and rural doctors with lifestyle and family commitments. The provision of better cheaper telecommunications is one way of providing some of this assistance.

In 1998 a grant application was lodged with the Regional Telecommunications Infrastructure Fund (NTN) Board and in March 1998 the Coorong District Council was notified of its success with this grant totaling $507,000. The approval required Council to extend the project and investigate opportunities to leverage an alternative carrier into the region. Council is continuing to explore State and Commonwealth funding sources to enable this project to proceed.

**SUMMARY**

In summary, while there are a range of issues that could be addressed in the Coorong Council area, any of which are seen by sections of the community as being greatly needed, the one of urgent and pressing need to assist in retaining and attracting Medical Practitioners is that of the health centre at Meningie.

Rather than repeat the information contained within, we refer you to the Dr Kerrigans letter highlighting the need and the action plan on page 7.

On behalf of The Coorong District Council and Meningie & Districts Memorial Hospital & Health Services Inc. we take the opportunity to thank you for giving us the opportunity to address you and in anticipation of your support on the matters raised today.

# 4. OTHER SIGNIFICANT ISSUES

## 4.2 VOLUNTEERS

Many community services in rural areas require volunteers to enable the services to operate. These services include Ambulance, Fire, State Emergency Services, Community Transport, Meals on Wheels. The general aging of the rural population and reduced employment opportunities for younger people or people generally is having a negative multiplier effect on the numbers of people available to fill these volunteer roles.

If these community services cease to be viable through lack of volunteers this will place greater strain on the paid services or and contribute to a making rural areas less attractive for a whole range of commercial, living and leisure activities.

## 4.3 POWER SUPPLY

The availability of adequate power particularly 3-phase supply remains a major impediment to development in the District. With the exception of Tailem Bend which is well serviced in area terms there is inadequate power to provide for major horticultural or industrial development in the District. A major olive development east of Coonalpyn is setting up to run its pumps and electricity generation by diesel power. An even larger development east of Tintinara is planning to generate its own power using diesel-powered generators. In both cases this is due to the non-availability of sufficient power in those areas and the very high cost of providing the power requirements for those industries.

## 4.4 CLEAN WATER

The recent initiative of the SA State Government to provide a filtration plant at Tailem Bend servicing the Tailem Bend Keith pipeline has brought the benefits of clean filtered water to much of the district, and for this we are very appreciative. However several smaller communities remain without clean water due to the cost of provision of a filtration. This is a health and development issue and it has clear impacts on the suitability of areas for setting up small business.

## 4.5 ROADS

The provision of an adequate road network is central for the well being and development of our whole community.

We are fortunate in being served by 3 highways being National routes 1, 8 and 12. However with 1,800 kilometres of road constructed and maintained by the Council, roads are a very significant part of our budget and essential ingredient in any discussion on the suitability of an area for development.

The current basis of distribution of Commonwealth General Purpose and Local Roads Financial Assistance Grants (FAGs) places South Australian Local Governments at a severe disadvantage compared to councils interstate. This disadvantage ultimately impacts on South Australian businesses trying to compete with those interstate and the employment prospects for South Australians.

**South Australia's share of the Commonwealth's Local Roads FAGs is even lower than that for the General Purpose FAGs. SA Local Government's per capita share of Commonwealth funds for roads is the lowest in the nation and only 70% of the national average as indicated in the table below. Local Government in South Australia, and this council in particular requests that this disparity be addressed.**

The following table is based on figures for the 1999/2000 year.

| State/ Territory | Allocation per capita $ | Other States Allocation per capita relative to SA (%) |
|---|---|---|
| NSW | 17.22 | 123 |
| Victoria | 16.66 | 119 |
| Queensland | 20.38 | 146 |
| WA | 31.36 | 224 |
| SA | 13.98 | 100 |
| Tasmania | 42.63 | 305 |
| NT | 46.40 | 332 |
| ACT | 39.37 | 282 |
| National Average | 20.09 | 144 |

# APPENDIX 1

## POPULATION

Estimated Resident Population by Age, 30 June 1997

| Age | Coonalpyn Downs | Meningie | Peake |
|---|---|---|---|
| 0-4 | 103 | 301 | 57 |
| 5-9 | 112 | 341 | 50 |
| 10-14 | 124 | 317 | 79 |
| 15-19 | 73 | 216 | 58 |
| 20-24 | 88 | 221 | 29 |
| 25-29 | 83 | 243 | 60 |
| 30-34 | 109 | 289 | 41 |
| 35-39 | 133 | 310 | 58 |
| 40-44 | 102 | 261 | 63 |
| 45-49 | 103 | 243 | 77 |
| 50-54 | 115 | 260 | 68 |
| 55-59 | 89 | 222 | 44 |
| 60-64 | 76 | 183 | 28 |
| 65-69 | 48 | 172 | 25 |
| 70-74 | 49 | 163 | 26 |
| 75-79 | 20 | 82 | 18 |
| 80-84 | 16 | 56 | 5 |
| 85+ | 21 | 55 | 12 |
| Total | 1464 | 3935 | 798 |

## ROAD DISTANCE:

Road Distances (from RAA Map):

Salt Creek to Meningie - 61 km
Meningie To Tailem Bend - 53 km,
Meningie to Raukkan Community - 43 km
Coonalpyn to Meningie - 49 km
Tintinara to Coonalpyn - 28 km

# APPENDIX 2

Meningie & Districts Memorial Hospital & Health Services Inc.

*COSTINGS*

Proposed Medical Center

| | |
|---|---|
| Project Costing | $529,000 |
| less Community, Coorong Council and Hospital Board contrib. | $229,000 |
| Balance | $300,000 |

Aged Care Project

| | |
|---|---|
| Aged Care Project spent: | $689,000 |
| Less Hospital Board and Community contribution | $305,000 |
| Total | $384,000 |

# APPENDIX 3

Meningie & Districts Memorial Hospital & Health Services Inc.
*HEALTH INFRASTRUCTURE COSTS*
*COORONG DISTRICT COUNCIL*

TINTINARA HEALTH CENTRE

*Original Building 1979.* *Cost $40,000*

Funded by:

| | |
|---|---|
| Council and Community | $ 29,000 |
| St John Council | $ 10,400 |

*Extensions 1991* *Cost $220,000*

*Funded by:*

| | |
|---|---|
| Council and Community | $ 60,000 |
| St John Council | $ 25,000 |
| HACC | $135,000 |

*Further extensions 1998* *Cost $116,419*

Funded by:

| | |
|---|---|
| Council | $116,419 |

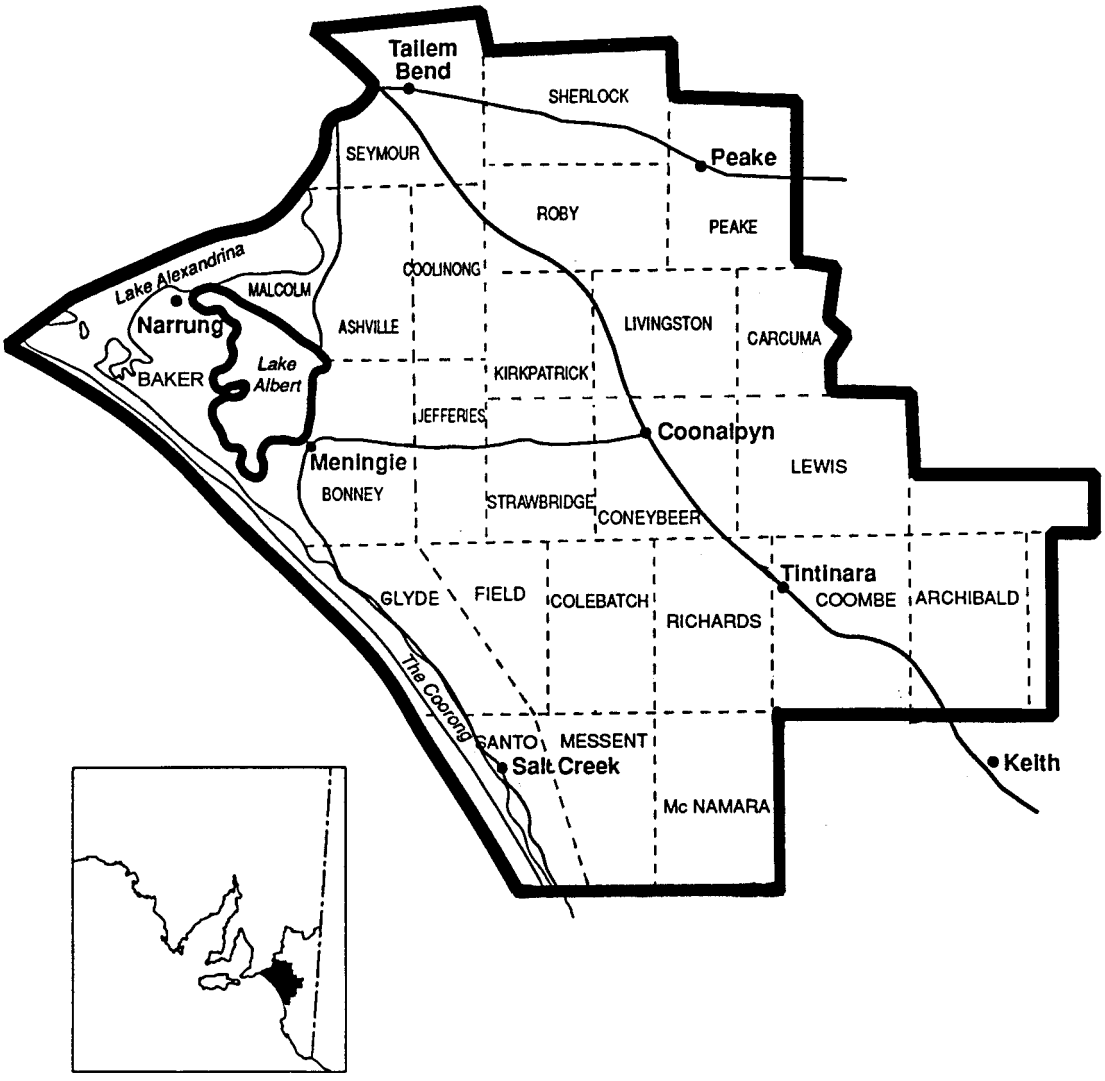
COONALPYN HEALTH CENTRE

*Original Building 1982* *Cost $90,000*

Funded by:

| | |
|---|---|
| Council | $ 65,700 |
| St John Council | $ 24,300 |

# APPENDIX 4


Tailem Bend
SHERLOCK
SEYMOUR
Peake
ROBY
PEAKE
Lake Alexandrina
COOLINONG
MALCOLM
Narrung
ASHVILLE
LIVINGSTON
CARCUMA
BAKER
Lake Albert
KIRKPATRICK
JEFFERIES
Coonalpyn
Meningie
LEWIS
BONNEY
STRAWBRIDGE
CONEYBEER
Tintinara
GLYDE
FIELD
COLEBATCH
COOMBE
ARCHIBALD
RICHARDS
The Coorong
SANTO
MESSENT
Salt Creek
Keith
Mc NAMARA

# APPENDIX 5

Photos of Raukkan Aboriginal Community (Point McLeay) Clinic building

# APPENDIX 5 cont.

Photos of Raukkan Aboriginal Community (Point McLeay) Clinic building