In the SA Advertiser recently there was an article entitled: *Internet Quackery Drives Docs Mad*. I quote: Australians are turning to the internet to self-diagnose in a growing ‘doctor in the mouse’ trend that has been labelled alarming.

Doctors are concerned by a new survey which shows three in four people admit they have surfed the net to diagnose symptoms. One in five admitted misdiagnosing themselves after relying on health advice from the internet. Research for Medibank’s Health Advice Line also found nearly a third of people resorted to the ‘social diagnoser’ and sought health advice on Facebook.

AMA president Dr Steve Hambleton said that while some health websites could be helpful they should only be visited after a doctor has delivered a diagnosis.

‘Too often people can leap to the wrong conclusion if they try to diagnose themselves by symptom surfing on the internet’ he said. ‘If you look up headache, the first thing you’re going to see is a brain tumour.’

In another publication: *Let Patients Help!* By ‘e-Patient Dave’ deBronkart with Daniel Z Sands, MD, MPH. It is noted:

‘There is a wealth of online health information, most of which is of good quality and is available free. But amid the gold there’s also garbage: it may be bad information or may be biased, sometimes because the author is peddling something or may have a fixed false belief, or because of commercial sponsorship with no clear editorial guidelines that create a clear dividing line between sponsorship and medical content. Don’t take an online diagnosis seriously until confirmed by a healthcare professional. It may be accurate, but it could make you worry about something much more serious than you have (or the other way round). Especially avoid online diagnosis if you have a tendency to be anxious.’

It seems that it is ok to go online, BUT talk to your health care professionals and also let them know that you have been surfing the net..

*Marg Brown*
Accommodation at Darwin Hospital

Back in May we told you of a possible stoush between Health Minister Tanya Plibersek and her Northern Territory counterpart - Robyn Lambley. Regular readers know the background to this dispute only too well but, for those who came in late, the Commonwealth Government was basically annoyed that the NT Government was not using their new 100 bed facility (built in the grounds of Darwin Hospital with $18 million of Commonwealth funds) for the purpose for which it was intended i.e. to provide accommodation for bush patients needing treatment at the hospital. Instead, the building will house people detained under new state mandatory alcohol rehabilitation laws.

Interestingly, we understand that only two people have been sent to the facility so far... and apparently one of them escaped.

The Territory Government has been insisting they could not afford the on-going costs of running the facility as a so –called medi-hotel, estimated to be around $5.5million a year. The overall cost of the mandatory alcohol rehabilitation scheme is believed to be about $100 million a year.

Federal Health Minister Tanya Plibersek got serious a few weeks ago and demanded that the Northern Territory Government return the $18.6 million in Commonwealth funds spent on building the facility by the end of this month, saying that mandatory rehabilitation is not an appropriate use of the facility. She said the Federal Government would reinvest the money in other health programs in the Darwin and Palmerston areas.

Rather ominously, it sounded as if Mrs Lambley was in no mood to accede to the request saying that the medi-hotel was now in 'Territory hands'.

I don't know why she (Ms Plibersek) is sticking her nose in Territory affairs.

Them’s fightin’ words! Better get the women and children inside! Cue the twangy guitars and get a close-up of those itchy trigger fingers and steely gazes. Looks like there’ll be gun play.

But wait... what’s this? On 21st of August (conveniently a week or so before the Minister Plibersek’s deadline) Ms Lambley issued a cleverly –worded media statement announcing that:

Darwin’s Alcohol Mandatory Treatment facility will be relocated to an improved and secure facility at Darwin Correctional Centre’s low-security accommodation, once the construction of the Darwin Correctional Precinct is completed mid-next year.

She now refers to the facility in the grounds of Darwin Hospital as a short-term site for the Darwin Alcohol Treatment Service, implying the NT Government had this planned all along. Right at the very end of the statement (almost as an afterthought) we are told that the facility

...will revert back to its original purpose...

In other words, all the kerfuffle and sabre-rattling of the past few months has come to naught. As it should, the building will eventually be used for the
purposes for which it was intended. No standoff, no fight. Not as exciting perhaps but still - good outcome. Well done everybody!

**PATS Increase for N.T.**

Northern Territory Health Minister Robyn Lambley had some *more* good news for Territorians living in rural and remote areas this month.

After the completion of a review of Patient Assisted Travel Scheme (PATS), the Minister said:

*I am very happy to announce the outcomes of this review and in being able to offer Territorians much more generous support at a time when it is most needed.*

Improvements to the PATS scheme, which will come into effect from September, include:

- Updated guidelines available online for the first time – not hidden away in the department.
- Fuel subsidies for patients travelling 400km or more per week for treatment.
- Making the ground transport subsidy available for intrastate travel.
- Increase in commercial accommodation from $35 to $60 per person per night.
- Doubling the private accommodation subsidy from $10 to $20 per person per night.
- Increasing the fuel subsidy from 15c per km to 20c per km.
- Improvements to escort eligibility to allow more parents to travel with their children.
- Claims can now be lodged up to three months after travel, instead of the current 28 days.

Funding for PATS in the Northern territory will increase by $7.5 million a year. That’s two good decisions this month. Well done Minister Lambley...and Minister Plibersek too we suspect.

**The Cap’s Been Scrapped (Sort of)**

See? We told you everything would be all right. While others were working themselves up into a lather about the proposed cap on work-related self-education expenses, HCRRA remained an island of tranquillity amidst a storm of angry press releases and Scrap the Cap campaigns.

In his recent economic statement, new Treasurer Chris Bowen announced:

*The Government has decided to defer the introduction of the $2,000 cap on work related education expense deductions until 1 July 2015. This will allow for further consultation on how best to target excessive claims while ensuring the impact on university enrolments and genuine continuing professional development is minimised.*

Some will say that this change of heart was a result of their ferocious lobbying. They may be right to some extent but we are here to tell you the policy was clearly flawed from the outset and was just never going to get up in its original form.

Lobby groups now have a whole extra year to prowl around the corridors of Parliament House...
and convince policy makers that their particular sector would be totally and irrevocably ravaged if the $2000 cap were to be introduced.

We remain confident that the only outcome of all this will be to get rid of a few obvious tax rorts and that can’t be a bad thing. No individuals genuinely trying to improve their qualifications will be harmed in the process.

We Had a Field Day

Speed is not a town. It is actually a locality in the North West of Victoria about 140kms south of Mildura. For our interstate or urban-centric readers, think about 400kms up from Melbourne. What makes it special is that every year at this time around 8500 people congregate at Speed to have a look at, amongst other things, new agricultural machinery, tools, hardware, arts and crafts and, most importantly to our way of thinking, learn a bit about health.


HCRRRA’s Victorian rep – Bev Cook – has been participating in this event for ages, but this year we asked her to see if she could persuade some of the crowd to fill out a small questionnaire relating to health services in their area.

The tent I was in is run by Malle Track Health and Community service based in Ouyen. The girls were great taking blood pressure and testing people for diabetes. When they came my way I asked if they’d be interested filling out a survey form...

Our thinking was that most people there would be from rural communities and (apart from a couple of interlopers from Horsham and Mildura) we were right. In the main, respondents lived in the West/Northwest of Victoria, in or near towns like Yapeet, Wycheproof, Nandaly, Brim, Rupanyup, Colbinabbin, Berriwillock, Warracknabeal, Walpeup, Underbool and Tarranyurk.

Is it just us or is anyone else starting to hum the tune of Lucky Starr’s ‘I’ve Been Everywhere Man’?

What We Learned

Now let’s be very clear about this. Our little questionnaire was not, by any means, a real ‘survey’ - not even close. There were no correlation coefficients or standard deviations involved and, in all probability, the data will be skewed by any number of in-built biases, but we really just wanted to ask rural people a few questions OK? Bearing that in mind (and assuming that all the statisticians have already stomped off in a huff), we did come up with a few interesting results.
Of the 50 people that filled out the questionnaire, only 3 (6%) rated their access to health services as Poor or Very Poor; 8 (16%) described it as Average and so the big surprise was (and the mathematicians among you will have figured this out already) a whopping 39 (78%) rated their access to health services as Good or Very Good. Wow! When asked about dental services, respondents were slightly less positive. A few did not respond to the question but 20% rated their access as Poor or Very Poor, 7% as Average and 66% as Good or Very Good.

Despite all the limitations of our questionnaire, these are still very pleasing and fairly surprising results. It seems western Victoria is the place to be if you’re feeling crook. Perhaps social scientists could provide us with an explanation – the relatively high number of regional hubs in the area perhaps – but we’ll leave it for you to ponder that one.

About half of those surveyed felt there had been some improvement in health services in their area recently. We got comments like:
- Services are better than they were a while ago...
- There’s a dental clinic open now...
- Lots of services come to our area now that we never had a few years ago.
- We now have a community nurse 5 mornings a week...

Again, a fairly positive response but it wasn’t all good news.

Thirty per cent felt that health services had actually deteriorated recently. We received a number of comments suggesting the need for a full time physiotherapist in the area, and the fact local GPs were retiring or moving on.

Finally, we asked people about the activities of their Medicare Local. Sadly, 41 out of the 50 people (82%) were not aware of anything their Medicare Local had done. Many did not know what it was. Only two people felt they had been given the opportunity by their Medicare Local to have a say about the provision of local health services.

Many were confused regarding medicare locals, mixing them up with their Medicare card. I tried to explain that it was a Government initiative replacing Divisions of General Practice but most people hadn’t heard of them...

That’s probably a bit of a wakeup call.
Comments like:

- Promote what the Medicare Local does
- Would like to know what a Medicare Local is
- Just let us know what Medicare local is providing

probably need to be taken on board but don’t be too critical just yet – we’ll have more to say on this later in our report from Gayndah.

HCRRA would like to sincerely thank all those who took the time to participate.

Royalties for Regions

Sometimes it can be a bit difficult for those living in the eastern states not to be just a wee bit jealous of our prosperous cousins in the west and their Royalties for Regions program. Royalties for Regions is a policy formulated by the WA Nationals in 2008 which involves a percentage of government spending assigned specifically to rural areas. This spending is funded by setting aside a percentage of the state’s mining and petroleum royalty revenue.

The WA government this month brought down their state budget for 2013-14 and allocated $144 million to regional health investment:

Royalties for Regions is providing better health care with a major investment in regional health. This includes commencement of the North West Health Initiative, which will provide $161million between 2013-14 and 2016-17 to improve health and aged care facilities in key towns across the North-West.

Newman, Tom Price, Onslow and Roebourne hospitals and the Paraburdoo Nursing Post will be upgraded and refurbished with funding to improve services and facilities. Funds will also be invested into telehealth, staff recruitment, dialysis facilities and transport for patients.

Other new Royalties for Regions-funded health initiatives include a $6.99million Regional Dialysis Service Expansion (2012-13 to 2015-16); an $8million (2013-14 to 2016-17) expansion of Regional Telehealth services; and $400,000 (2013-14 to 2016-17) for the Fitzroy Kids Health program in the Kimberley to invest in foetal alcohol spectrum disorder research.

Existing health initiatives will continue with $9.7million for continuation of the Patient Assisted Travel Scheme in 2013-14; $2million for the Rural Generalist (Practice) Pathways; and $72.3million for the continued roll-out of the Southern Inland Health Initiative.

Regional health infrastructure projects, including Busselton Health Campus, Carnarvon Hospital, Karratha Health Campus, Esperance Hospital and Exmouth Clinic will receive $34million in 2013-14 with a further commitment of $449million over the four years to 2016-17.

Apparently Queensland has also introduced a Royalties for Regions scheme recently but we are wondering if it would be viable in other (less resource-rich) states as well...
Another Snippet from the NT

This came in this month from a HCRRA member living in the NT:

_There has recently been an announcement that the GP Service which has been provided to the town of Tennant Creek (500 kms north of Alice Springs) by the RFDS - and which rotated the provision of male and female doctors, is to cease. The NT Health Department has announced that it will provide a GP position at the Tennant Creek Hospital in the future. One wonders how this will work when it is so important to Aboriginal people to have access to culturally appropriate services._

Interesting question.

Out and About in the Bush

HCRRA has been busy this month – mostly flying around in alarmingly small planes in very high winds. In conjunction with the Consumers Health Forum and the Commonwealth Department of Health and Ageing we helped organise two Rural Consumer Information Sessions/Forums – the first at Campbell Town (midway between Hobart and Launceston) and the second at Gayndah (about two hours south-west of Bundaberg).

The thing that always impresses us at these types of meetings is the zeal and enthusiasm of those attending. You can’t help but feel energised by their passion and...well...general gusto.

We won’t go into too much detail here but will try and give you a feel for both meetings. They were each very interesting in their own right.

Campbell Town:

In Tasmania, consumers raised a number of issues:

- The high suicide rate in North – West of the state and the need to address social issues
- Losing medical students to the mainland.
- Patient transport – no link to the west
- The need more community nursing services
- Health education and the benefits of having community nurses in schools.

For us, the quote of the day was:

_I was born with a dislocated hip. I suffer from a bit of depression and have a few problems with alcohol. I’m fairly average._

You may recall we told you last year that the bailout of the Tasmanian health system came with one very big string attached – The Commission on Delivery of Health Services in Tasmania – set up by the Commonwealth and tasked with reforming the health system in that state to make it more sustainable.

The formidable Michelle Kosky has been employed by the Commission to enable consumer input into the reform process. Michelle came to our meeting to garner the views of those present and float the idea of a Tasmanian consumer organisation which would pull together under one umbrella a number of smaller organisations to give them some
combined punching power.

Just a word to anyone thinking about opposing Michelle on this – give up now.

HCRRA’s Tasmanian rep – Mary Downie – ended the consultation on an upbeat note by asking those attending what they thought were some of the positives about the Tasmanian health system. It proved to be an excellent idea.

Even though it was fairly late in the day, Tasmanian consumers found time to say plenty of good things about health initiatives in their state. The word that we kept hearing was community. Maybe because of the relatively small distances involved, it seems Tassie may have some comparative advantage in the use of community groups. Community – based programs are apparently working well and there had been a lot of success in terms of reaching areas with smaller populations. The Health Services Commission would do well to take note.

Gayndah:

After the, well... let’s call them invigorating temperatures of Tasmania, the warm, balmy breezes of Gayndah (about a two hour drive south-west of Bundaberg) were quite a change. HCRRA’s Queensland representative – Moya Sandow (who appears to know everyone north of the border) – organised the event and, once again, rural people were very generous with their time. As was the case in Tasmania, there was a presentation from The Department of Health and Ageing during the morning session on reviews to the Medical Benefits Schedule and the Consumers Health Forum told us about their interactive consumer website – Our Health Our Community:

http://ourhealth.org.au/

Burnett River, Gayndah

Both were informative sessions but for us, the big one was after lunch when representatives from the Wide Bay Medicare Local took the floor. Armed with the knowledge gained from our little survey at the Speed Field days (see earlier article) and supported by the views of Gayndah locals which basically were that no one knew what a Medicare Local was, we started asking some tough questions.

Instead of cringing in the corner and offering their profuse apologies, the folks from Wide Bay were not at all surprised that the majority of consumers were not aware of their work. Their job, they said, was to connect health care professionals in their jurisdiction and, although they had consulted with local consumer groups to help identify service
gaps, their role was really one of service delivery. They then went on to demonstrate a detailed knowledge of local health issues and a passionate determination to improve service delivery to the community.

Somewhat abashed, we tried another tactic – *What about patient transport?* we demanded with a confident smirk. That’s always a tough question. Over the next five minutes the representatives from Wide Bay patiently explained all the work they had been doing to assist those needing to travel for treatment, including in one extreme case a staff member using their own car to drive a patient to their appointment. There were certainly efficiencies to be gained by co-ordinating some existing services but they were already looking into them. And yes – they were only too happy to assist people with paperwork.

Enough said. These guys were not health bureaucrats – they were caring people who were crammed full of local knowledge and champing at the bit to improve health services in their area.

**Notes and Quotes:**

**Tanya Plibersek:**

There are people basically jailed on the grounds of the Royal Darwin Hospital.

**Chris Bowen:**

The Government has decided to defer the introduction of the $2,000 cap on work-related education expense deductions until 1 July 2015.

**Rural Doctors Association of Australia:**

We urge Labor and the Coalition to pick up the policy bat and hit some solid home runs on rural healthcare, to bring home the team on election day.

**Steve Hambleton, AMA President:**

There are still some fundamental aspects of the design that means the PCEHR is not useful from the medical practitioners’ perspective.

**Sabina Knight:**

Find people who hold dissenting views and LISTEN. If you’re surrounded by people who think the same your focus will be narrow.

**Labor Media Release:**

The Rudd Labor Government today issued an all-points bulletin for the safe return of Shadow Minister for Health, Peter Dutton… he hasn’t been seen since the Mid-Winter Ball.
Keeping You Posted

Join the happy throngs following us on twitter

https://twitter.com/HCRRA

What’s new on the HCRRA website this month?


- Aboriginal people living with mental illness in four remote Northern Territory communities will soon have greater access to mental health support with almost $6 million in Commonwealth Government funding over the next three years to 30 June 2016.

- A report by the AIHW on Indigenous early childhood development is a bit of a mixed bag but there have been significant improvements in many areas. Read the summary.

- The RDAA wants the major parties to commit to a National Advanced Rural Training Program. We think this is one of those ‘seamless transition/pipeline things.

- The Greens have announced their rural health policy. It reads pretty well. ‘Streamlining the accreditation of overseas doctors’ is interesting...

- They also wrote to Marg Brown – HCRRA’s National Chair – about their plans to improve mental health care in Rural Australia. Nice to hear from you Penny.

- NT Health Minister Robyn Lambley announced improvements to the state’s Patient Travel Scheme. From villain to hero in a matter of weeks.

...and remember

In a twin-engine aircraft, the purpose of the second engine is to supply the pilot with enough power to fly to the scene of the crash.
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