



District Council of Lower Eyre Peninsula

Working with our Rural and Coastal Communities

Final report

Health and Ageing in Our Community

July 2018



Cummins District
Community Bank®
Branch

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1 Background

Health care has changed significantly in recent years with a trend towards centralisation of services with impacts on the quality of life in rural communities. People living in rural and remote areas

“have lower life expectancy, higher rates of disease and injury than people living in urban areas do. More people die of coronary heart disease or diabetes and the rate of death by suicide is four times that of cities.”¹

Timely access to appropriate and quality health services has a direct impact on the health, wellbeing and productivity of communities. Inadequate access to GPs, dentists, pharmacies and other primary health facilities in Australia’s rural and remote areas is estimated to lead to more than 60 000 preventable hospitalisations every year.²

A recent report released by the Regional Australia Institute (RAI) showed that small towns have an average of 83 doctors per 100,000 people, which increased between 1981 and 2011, but it is still less than half the national average of 202 doctors per 100,000 people. Availability of nurses in small towns is 10 times more than that of GPs – highlighting the vital part that nurses play in regional health systems.

The report also highlighted the challenge of attracting and retaining health service delivery professionals in small towns, noting that “very few towns have health specialists within their communities, including psychologists and dentists, even though mental health and dental health are nationally significant service priorities.”³ Further, for these types of health services, the gap between small towns and the rest of Australia is growing. This is despite billions of dollars of government investment to support professionals to work in small places.

Compounding this disparity in service levels is the nation wide issue of an ageing population. With the Commonwealth Government’s strategies to help people ‘age in place’ there is a need to ensure that appropriate and timely health and aged services are available now and in the future.

In 2016 the District Council of Lower Eyre Peninsula’s Strategic Planning process identified concerns in the local community about the down-scaling of local health services, including GP and allied health services and future planning for access to primary health services, in-home support services and residential aged care. There was a sense that centralisation is impacting negatively on the sustainability of hospitals and rural medical practices and making it increasingly difficult to attract and retain health professionals, with flow on effects for the whole community.

In 2011, 8.5 per cent of the Australian population lived in small towns (population between 200 and 5000) and they “continue to punch above their weight in the economy..... home to primary producing industries, including agriculture, mining and some manufacturing, which together accounted for 22 per cent of the Gross Domestic Product in 2010 and 16 per cent of national employment.”

Bourne, K., Nash, A., Houghton, K. (2017) *Pillars of communities: Service delivery professionals in small Australian towns 1981 – 2011*. The Regional Australia Institute.

DCLEP commissioned this research project in 2017 to take a proactive approach to meeting the health and ageing needs of its residents. It is a partnership between DCLEP and Cummins District **Community Bank[®]** Branch.

1.1 Project goals

The goals of the Health and Ageing Project were to:

- Improve the quality of life for residents in relation to health and aged care
- Grow the business of aged care in the district providing economic stimulus within townships by way of increased population and increased local employment of professional people

1.2 Project objectives

The objectives of the Health and Ageing Project were to:

- Identify and document the health and ageing needs of the communities within the District Council of Lower Eyre Peninsula
- Improve the levels of medical and allied health services provided at a local level by government agencies
- Identify solutions to the current and future accommodation needs of the aged sector
- Develop a business case to support the business of health and aged care, while recognising the role of Local Government and the community in supporting our residents.

1.3 The project process

The project officer Kaye Ferguson was appointed by interview as part of a selection process. A steering committee was formed to oversee the project at the strategic level. Members were appointed by targeted invitation. The project officer carried out project stages, reported regularly to the steering committee and consulted frequently with steering committee chair and Council CEO. The project officer also provided updates to community members at community engagement sessions and budget public consultation meetings. Administrative support was provided by the DCLEP administration team.

1.3.1 Steering committee members

The project steering committee consisted of the following 10 members.

Chair: Rod Pearson (CEO DCLEP)

Secretary: Julie Crettenden (Community Engagement Officer DCLEP and Cummins community member representative) and Bonnie Puckridge (Executive Assistant DCLEP)

Project Officer: Kaye Ferguson (DCLEP)

Committee members: Diana Smith (Boston community member representative), Jade Ballantine (Regional Development Australia Whyalla and Eyre Peninsula), Leith Blacker (Manager Development & Environmental Services DCLEP), Peter Mitchell (DCLEP Councillor and Coffin Bay community member representative), Wendy Holman (DCLEP Councillor and Lower Eyre Health Advisory Council member), Whitney Wright (Cummins District Community Bank[®] Branch), Anthony Ryan (Regional Director of Nursing, Eyre and Far North)

1.3.2 Steering committee meetings

Steering committee meetings were held on the following dates:

27 April, 2 June, 26 September, 24 November 2017 and 13 February 2018.

2 Engagement and research

The stakeholder engagement and research phase of the project included:

- a community survey on health and ageing needs of DCLEP residents
- meeting with approximately 35 stakeholders to document services provided, including government bodies, not-for-profit service providers, public and private practitioners and community bodies
- extraction of demographic data for DCLEP.

Throughout this phase a wide range of online and in-print publications were also consulted which are appropriately referenced throughout this report.

2.1 Community survey

A community health and ageing survey was produced using SurveyMonkey® and sent out to 3,325 DCLEP ratepayers in hard copy with the August 2017 rates notices. The link to an online version was also made available. The survey was also promoted via Facebook (DCLEP page; Cummins Community Notice Board page; and Coffin Bay Community Notice Board page); flyers on noticeboards at Cummins IGA and Coffin Bay Post Office; Cummins Area School newsletter; Lake Wangary Primary School newsletter; Cummins & District Enterprise Committee; and Cummins Ramblers and United Yeelanna football budgets during the survey period. Hard copies were also left at Cummins Library and Coffin Bay Library Depot. The project officer also conducted one-on-one interviews with eight residents of Cummins Homes.

The response rate to the survey was outstanding with responses received from 547 households. This represented 28.4% of the occupied private dwellings in DCLEP⁴. Eighty per cent (437) of the responses were returned as hard copies which were then manually entered into survey monkey. The remaining responses came via links on DCLEP's website (51) and Facebook page (59).

2.1.1 Survey results

2.1.1.1 Household characteristics

Location (Q1)

Responses were received from throughout the DCLEP. Figure 1 shows the percentage of responses that came from each locality and the actual number of responses in brackets. The highest numbers of responses were received from Cummins (140), Coffin Bay (103) and Boston (56).

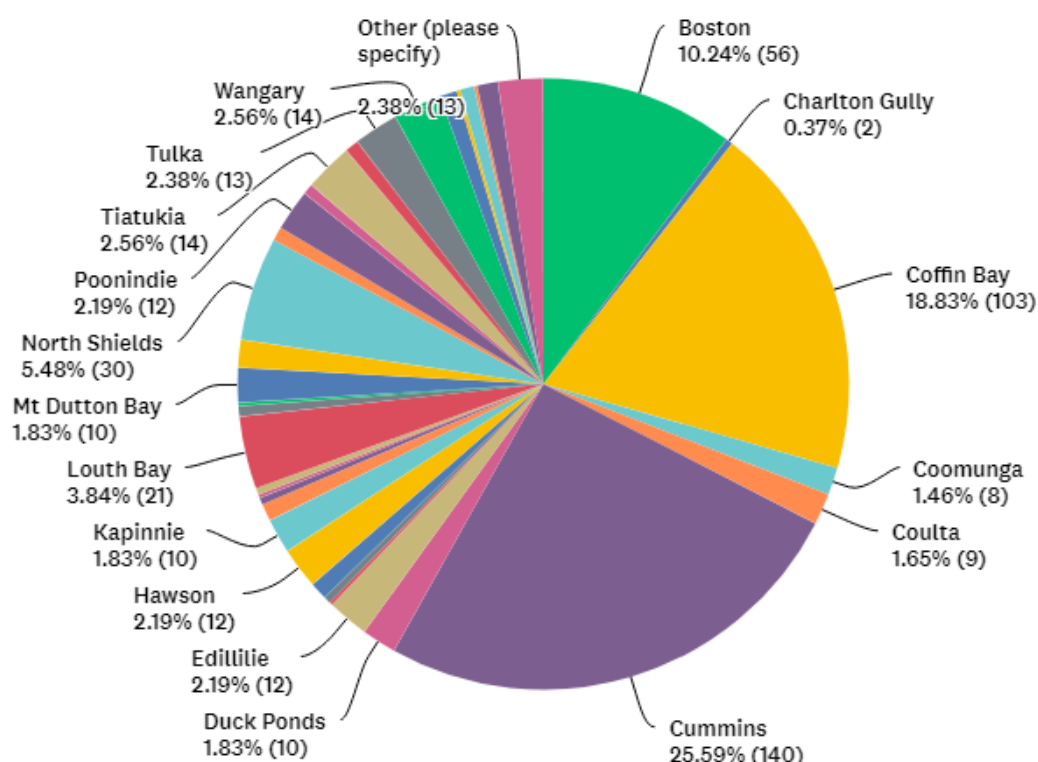


Figure 1 Location of households who responded to health and ageing survey

Number and age of household members (Q2)

Responses were received from households with members ranging from 0 to over 76 years old (Figure 2). The pattern of responses reflected the general age pattern for the population of DCLEP (Figure 22), indicating that the data accurately reflects the general population of the Council area.

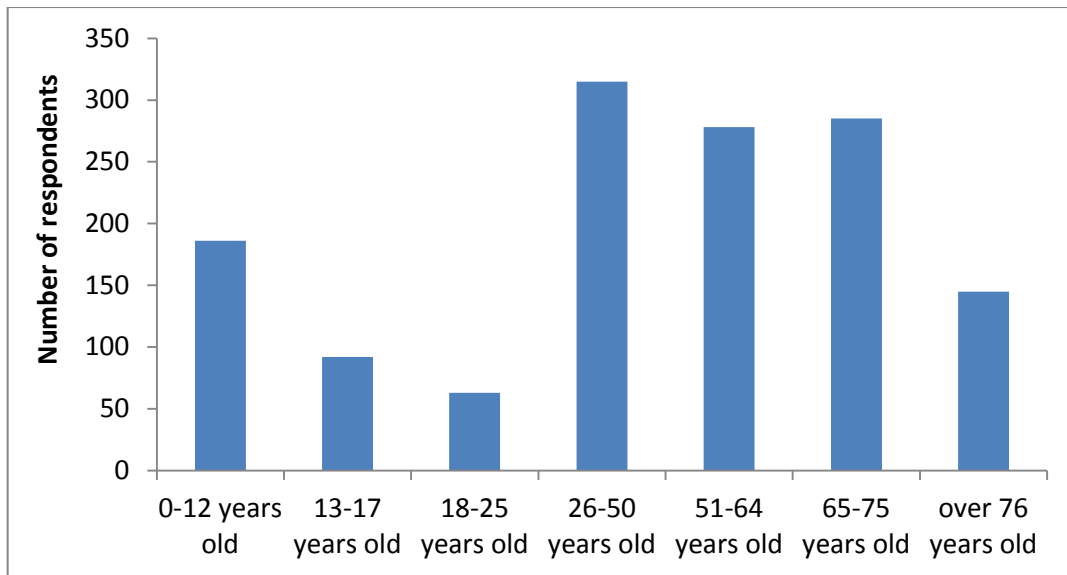


Figure 2 Age range of household members of survey respondents

2.1.1.2 Health and ageing needs

What is important close to home (Q3)

Respondents were asked to rate the importance of having various services as close to home as possible on a scale of 1 to 5, where 1 was not important and 5 was extremely important.

Respondents rated ambulance and General Practitioner (GP) services as the most important services to have as close to home as possible. Ambulance was rated as extremely important by 347 households and very important by 131 households. A GP was rated as extremely important by 313 households and very important by 153 households. Specialist, allied health, aged care facilities and mental health services rated as moderately to very important (Figure 3). Alcohol and drug programs and school dental were ranked lowest, rated as slightly to moderately important.

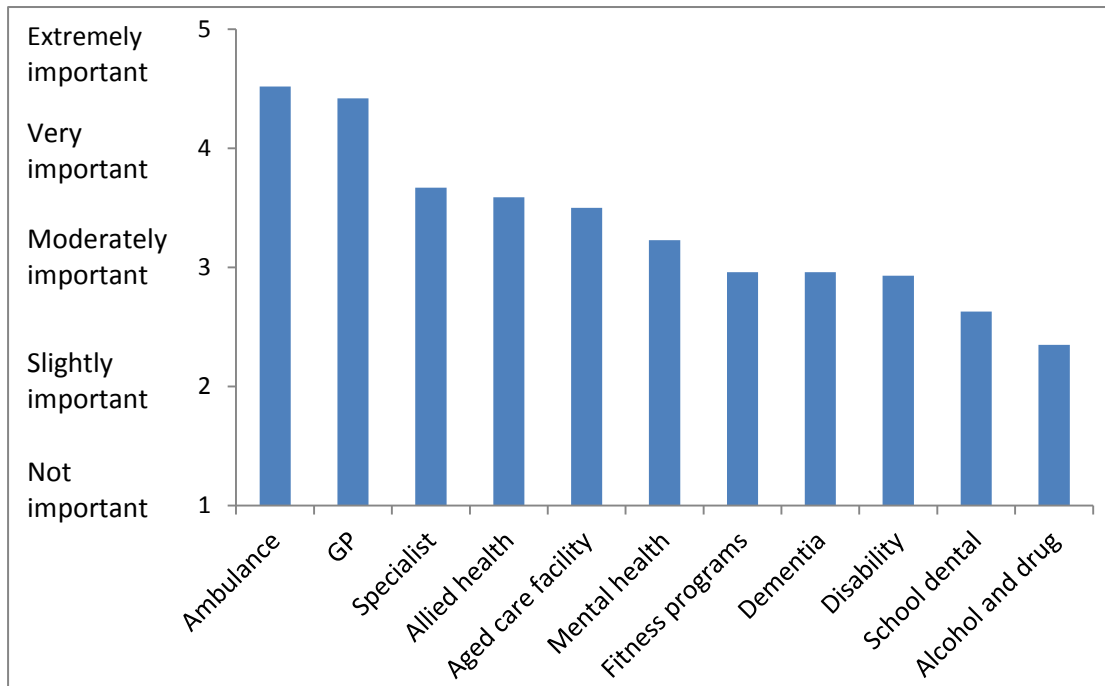


Figure 3 Importance of having health and ageing services as close to home as possible

Where households access and would like to access majority of health services (Q4 and Q5)

Respondents had accessed a whole range of health and ageing services in Cummins in the 12 months prior to completing the survey. The services respondents most frequently accessed were GP, physiotherapist, massage and gym/fitness programs (Figure 4).

Respondents indicated that GP access was adequate in Cummins, but they would like more access to other services, particularly physiotherapists, massage therapists, chiropractors and gym/fitness programs (Figure 4).

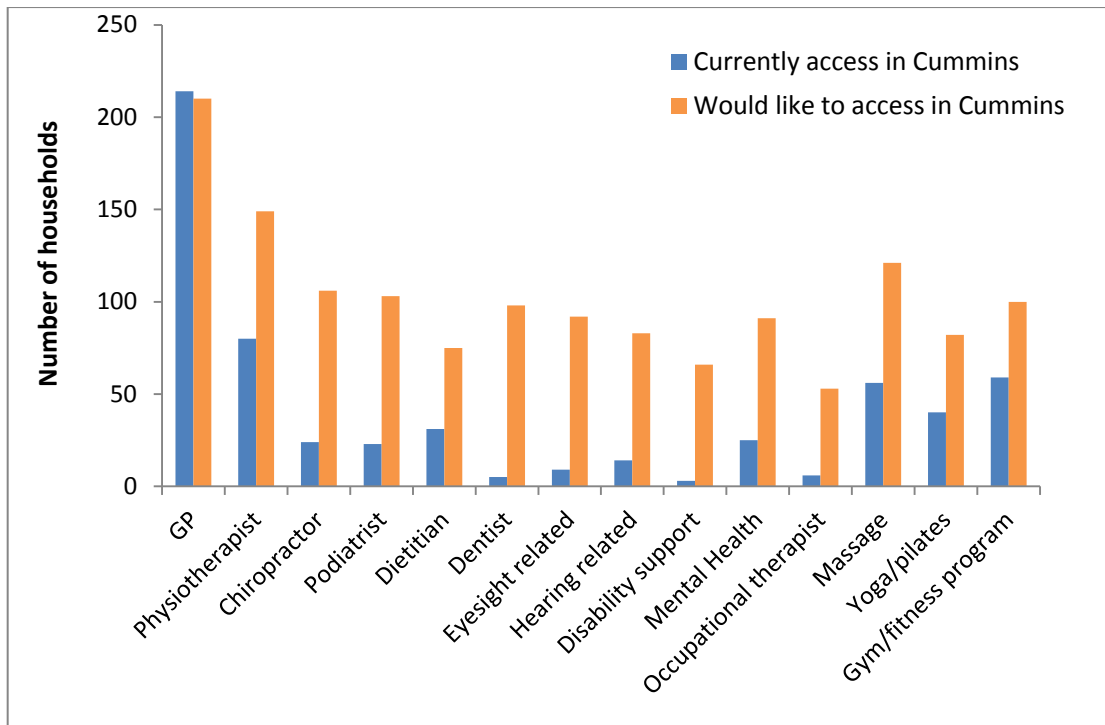


Figure 4 Number of households who currently access and would like to access services in Cummins

In Coffin Bay fewer services are available, but the main services accessed were GP, physiotherapy and massage. The responses show that residents would like more access to GP services in Coffin Bay, along with physiotherapy and massage (Figure 5).

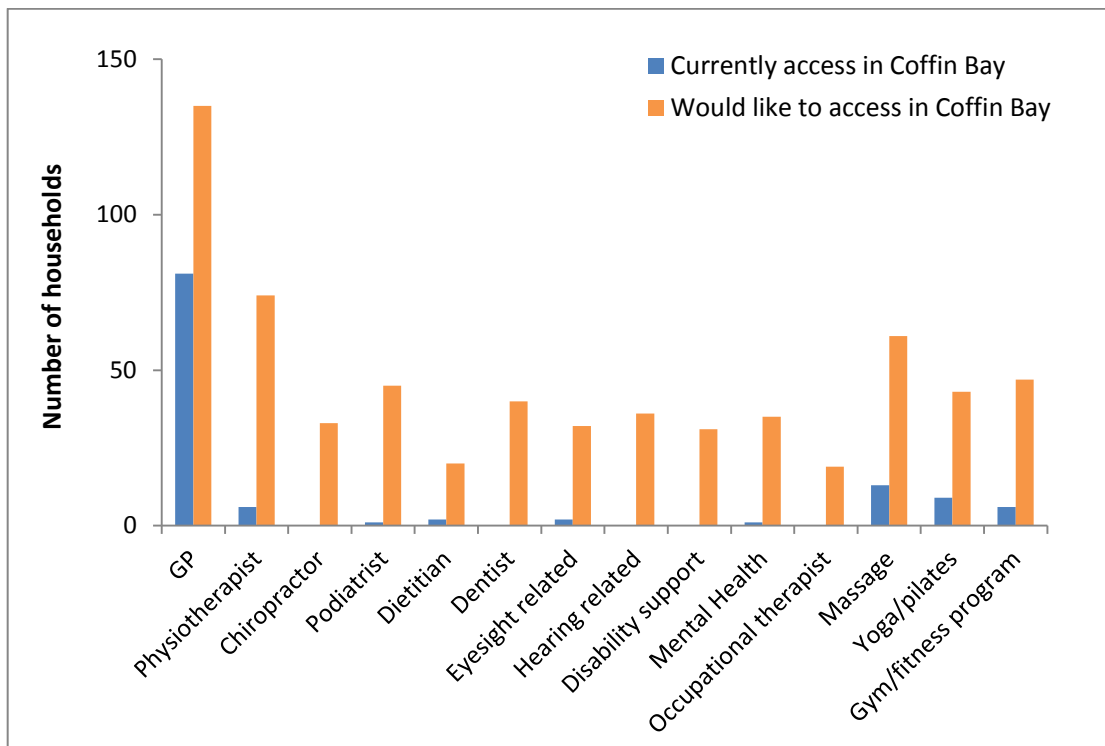


Figure 5 Number of households who currently access and would like to access services in Coffin Bay

In Pt Lincoln the pattern is reversed compared to Cummins and Coffin Bay. The data indicates many respondents currently access services in Pt Lincoln but it is not where they would like to be access services (Figure 6). This aligns well with the responses for Cummins and Coffin Bay indicating people would like access to many services closer to home.

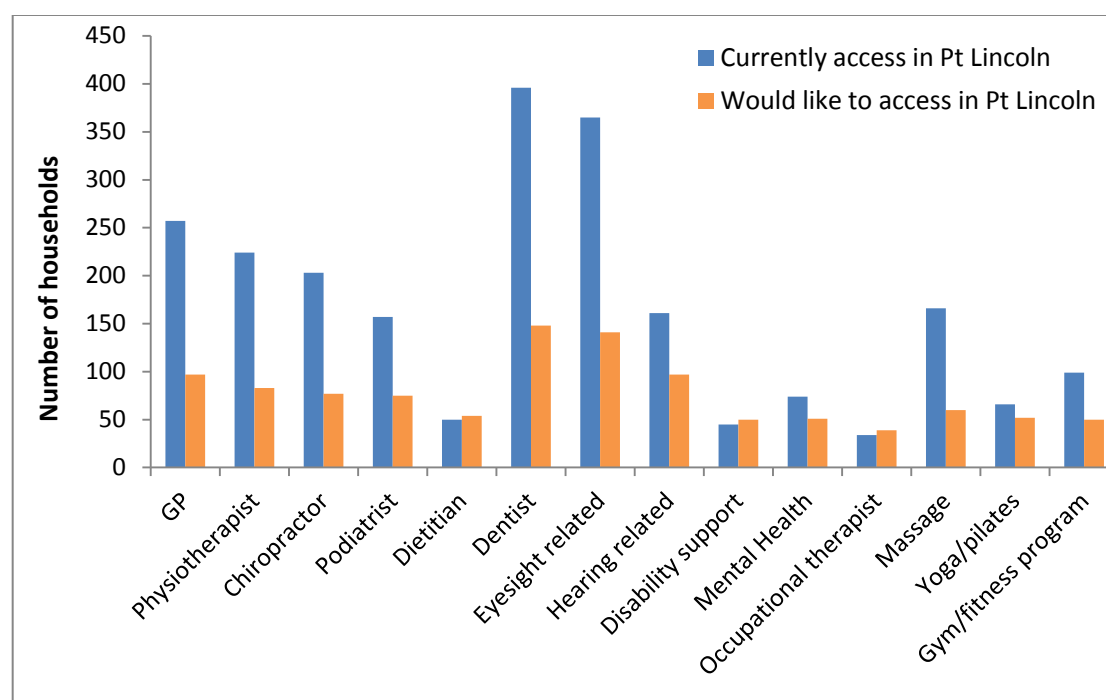


Figure 6 Number of households who currently access and would like to access services in Pt Lincoln

Only 13 survey respondents said they had accessed a GP in Tumby Bay in the past 12 months.

Specialist services close to home (Q6)

Cardiology services were given the highest rating by respondents with 205 respondents saying it was extremely important and 127 saying it was very important to have cardiology as close to home as possible. Oncology was the next most highly rated specialty with 197 respondents rating it as extremely important and 96 as very important.

Preferred way to access specialist services (Q7)

Eighty three per cent of respondents prefer to access specialist services in person in Pt Lincoln. The next highest preferences were in Cummins via telehealth (28%) and Adelaide in person (25%). Only five per cent of people prefer to access specialists in person in Whyalla.

Households unable to access a health service in past 12 months (Q8)

Seventy eight households were unable to access a health service in the 12 months prior to the survey. The main reasons were waiting lists or financial or logistical constraints preventing travelling to a specialist appointment in Adelaide.

Fourteen households were unable to access mental health services when needed, with an average 12 week wait for an initial consultation with a psychiatrist or psychologist and consultations only available via Skype.

Respondents also reported 12-18 month waiting periods to access dermatology and ear, nose and throat specialists. There was no local access to MRI, orthopaedic, urology or rehabilitation services (see 2.6.1 Visiting specialists for updated status).

Preferred hospital (Q9)

The majority of respondents preferred Pt Lincoln Hospital for accident and emergency, in-patient and out-patient services (Figure 7). Responses were also examined by filtering by respondent's locality into three categories:

- Cummins and surrounds (Cummins, Kapinnie, Karkoo, Kiana, Edillilie, Mt Hope, Warrow, Yeelanna, Mt Drummond)
- Coffin Bay and surrounds (Coffin Bay, Farm Beach, Kellidie, Little Douglas, Mt Dutton Bay, Wangary)
- Pt Lincoln outskirts.

Ninety four per cent of respondents from Cummins and surrounds preferred to access accident and emergency and in-patient services at Cummins Hospital. Ninety seven per cent preferred to access out-patient services at Cummins Hospital.

Eighty per cent of respondents from Coffin Bay and surrounds preferred to access accident and emergency, in-patient and out-patient services at Pt Lincoln Hospital.

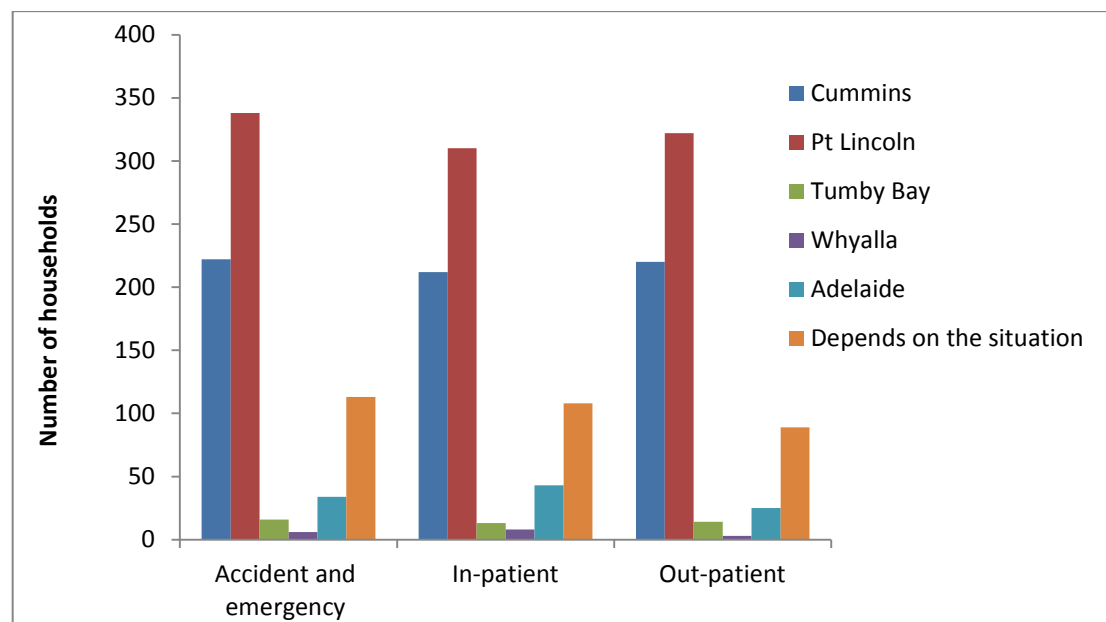


Figure 7 Preferred hospital for respondents

Gaps in health and support services for our younger residents (Q10)

Less than half of survey respondents (216) answered this question with many commenting that they weren't in a position to give informed feedback. For the 0-12 year old age range, the biggest perceived gaps were in diet and fitness. For the 13-17 year old age range approximately seventy per cent of respondents saw gaps in all services. For the 18-25 year old age range 86 per cent of respondents saw a gap in suicide prevention services, 79 per cent a gap in mental health services and 73 per cent a gap in counselling and alcohol and drug programs (Figure 8).

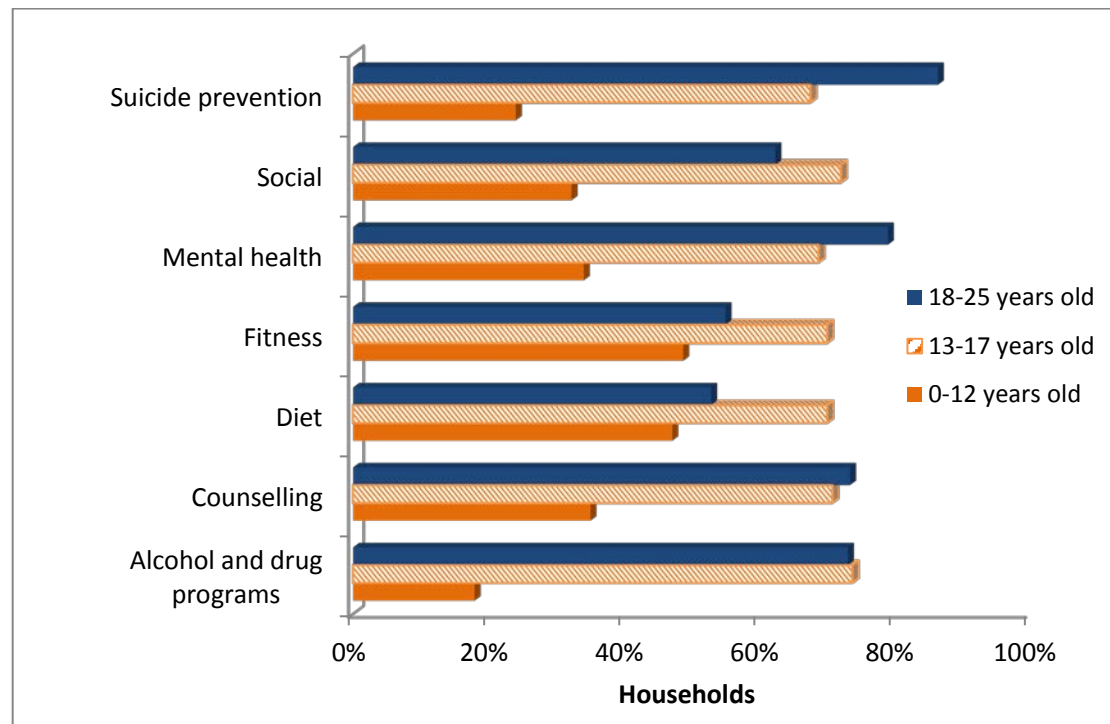


Figure 8 Perceived gaps in services for younger residents

Social or community activities (Q11)

Eighty seven per cent (478) of respondents said they were involved in some kind of social or community activity. Sport was the main activity (279 households), followed by groups of friends (272) and volunteering (269) (Figure 9).

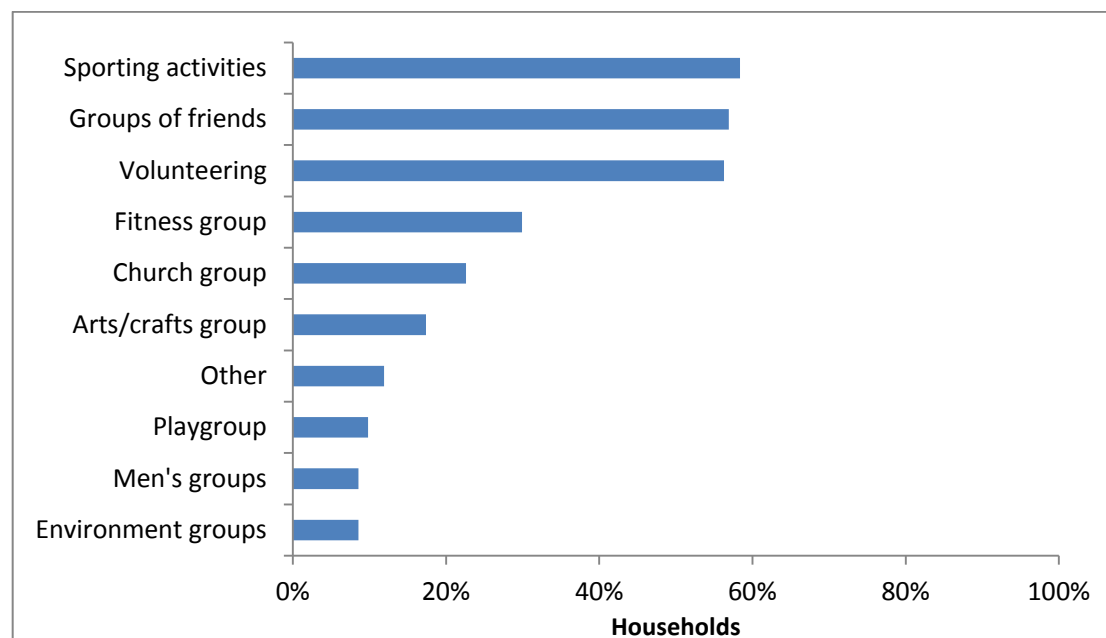


Figure 9 Social activities participated in by DCLEP residents

Community Bus Service (Q12)

Thirty three households had used the Community Bus Service, with twenty three of those saying the main reason for using the bus was for social interaction. Seven preferred not to drive or were unable to drive. Thirty one households said they were not using the bus as they were still able to drive themselves. Fourteen households said they thought the bus was a great idea and may need to use it in the future. Ten households said they lived too far away to use the bus.

Need for day centre type respite services (Q13)

One hundred and forty households see a need for day centre type respite services in Cummins. Eighty two households see a need for this type of service in Coffin Bay. Fifteen households said this type of service was needed in Pt Lincoln, three in North Shields, one in Louth Bay and one in Sleaford Bay.

Eighty eight households were not sure if this service was needed and 91 households did not see a need for this type of service.

Getting information about health and ageing services (Q14)

The most common ways that households find out about health and ageing services are through their GP (81 respondents); internet/social media (64 respondents); word of mouth (47 respondents); medical centre or hospital (47 respondents); and the Pt Lincoln Times (28 respondents).

In-home support services (Q15)

Ninety households said they were receiving some kind of in-home support service, with many households accessing more than one service concurrently. The most commonly accessed services at home were cleaning, nursing, gardening, toe nail cutting and podiatry (Figure 10).

The vast majority of the in-home services were provided by Country Health Connect (SA Health). The next two biggest providers of services were family and friends and West Coast Home Care (Figure 11).

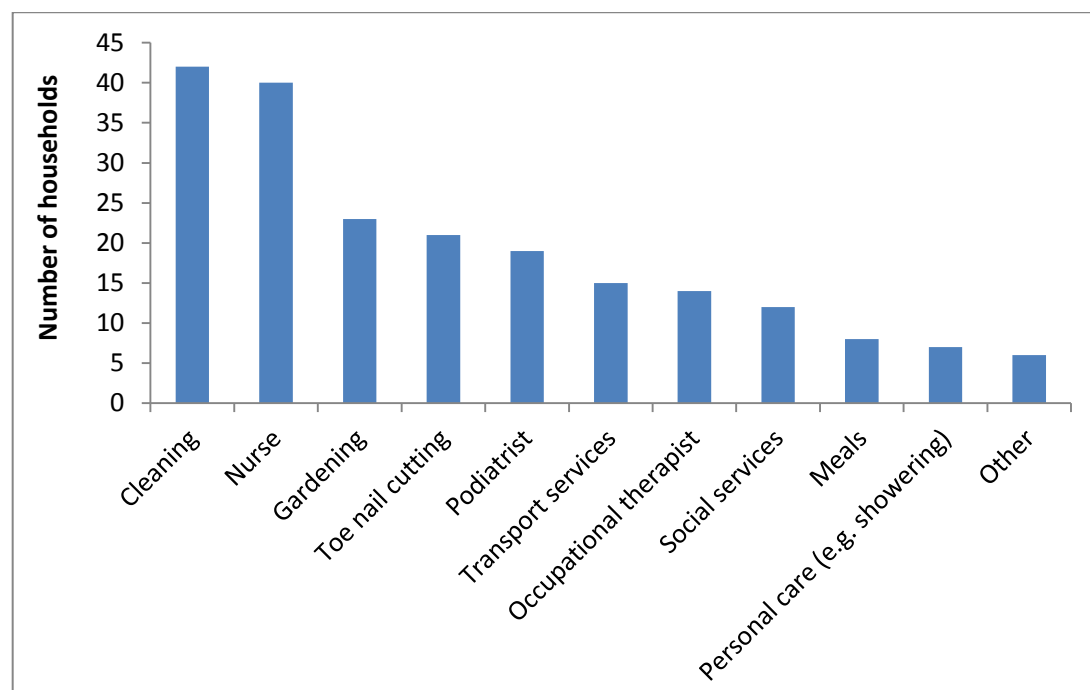


Figure 10 Type of in-home services accessed by households

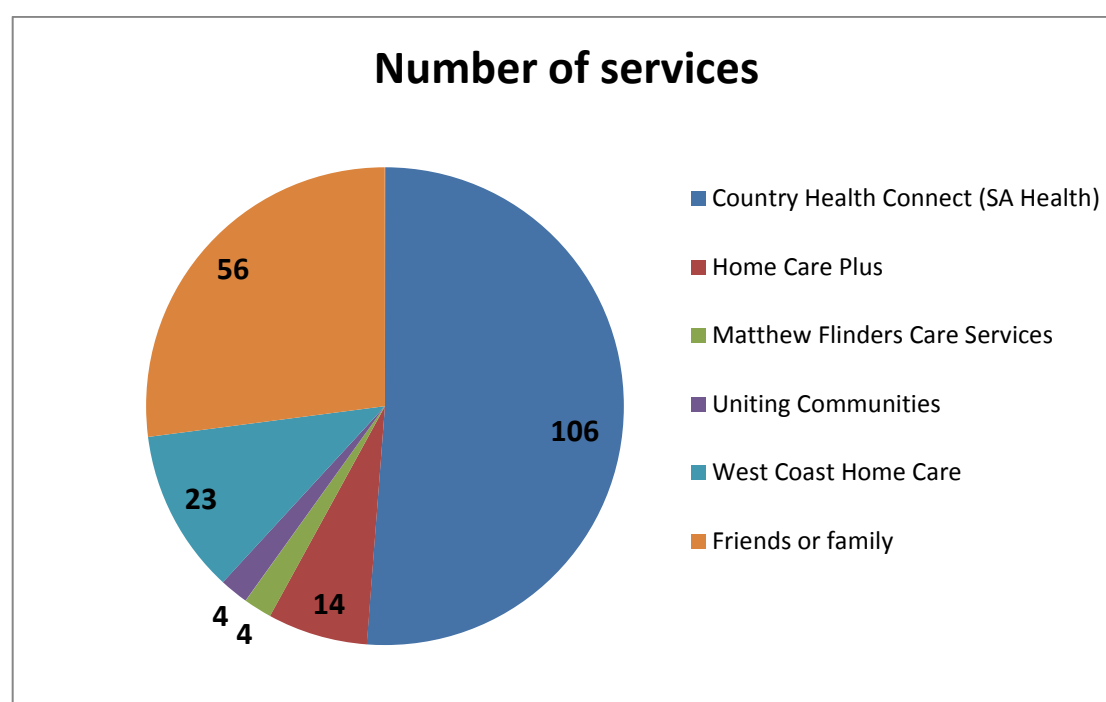


Figure 11 Number of services provided to households

When will in-home services will be needed (Q16)

The majority of households not already receiving in-home support were not sure when they would need to access these services or thought they would need them in more than five years from now.

Nineteen households said they need in-home help now with podiatry; 20 need help with toe nail cutting; 16 with cleaning and 12 with gardening (Figure 12). Fifteen households said they will need in-home help with podiatry within the next year; 11 with toe nail cutting; 8 with cleaning and 10 with gardening (Figure 13). Within the next two to five years 37 households estimate they will need in-home help with podiatry; 33 toe nail cutting; 36 community nursing; 35 cleaning and 34 gardening. Households also estimated they would need transport (24) and social services (20) within the next two to five years (Figure 14).

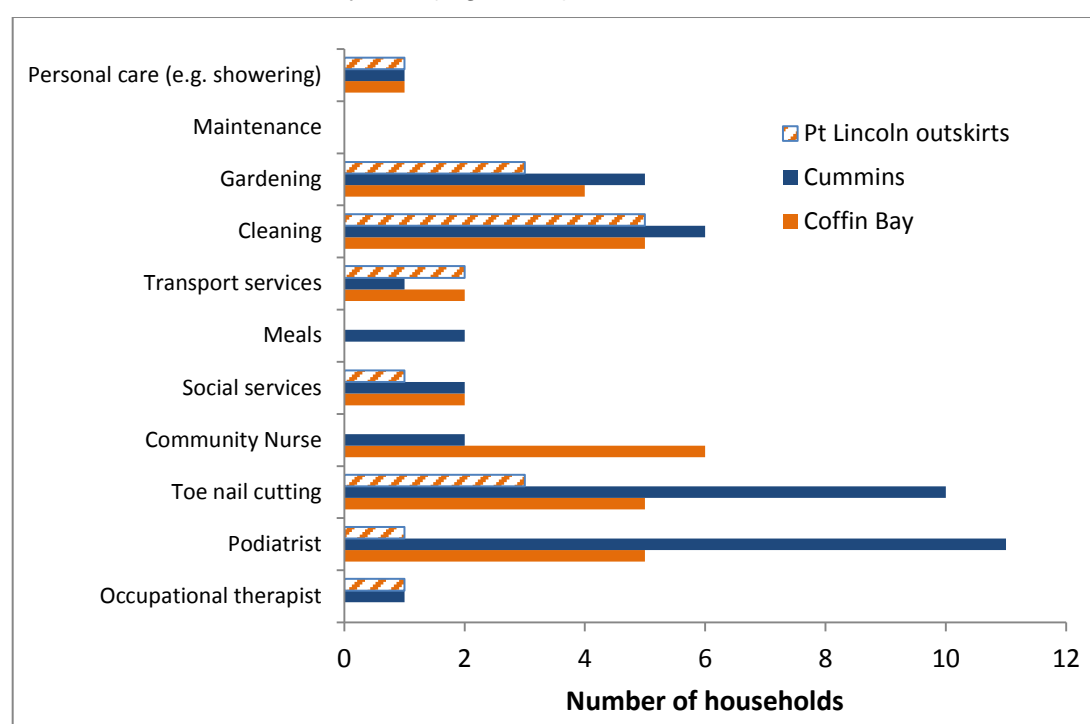


Figure 12 Number of households in community survey needing in-home support services now

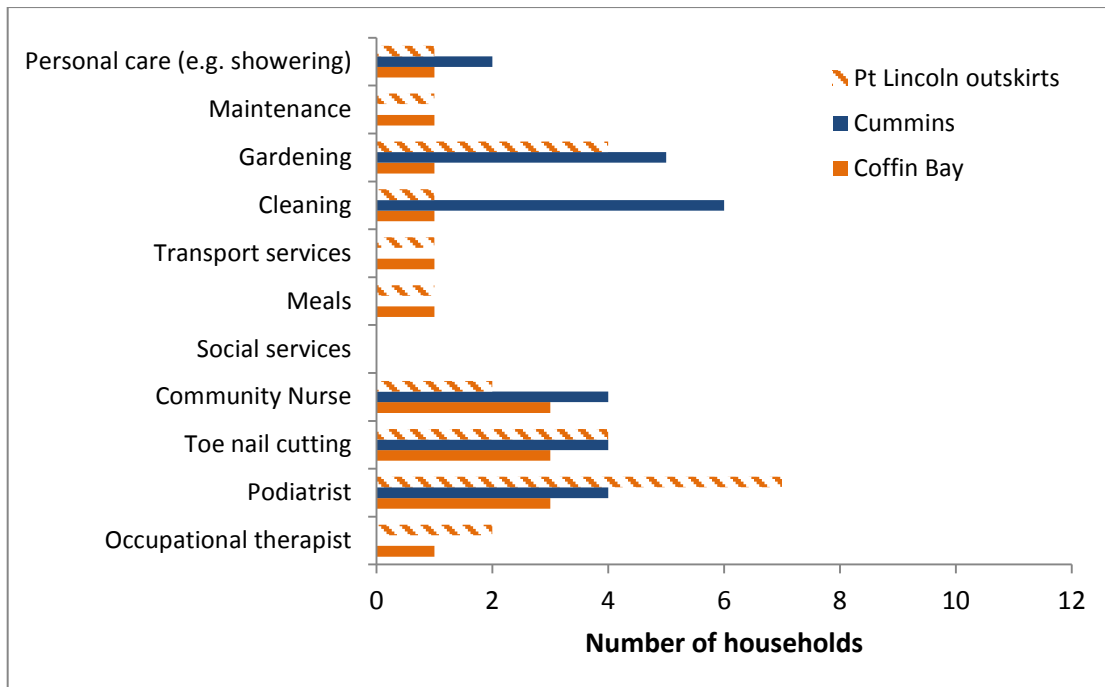


Figure 13 Number of households in community survey who estimated they will need in-home services within one year

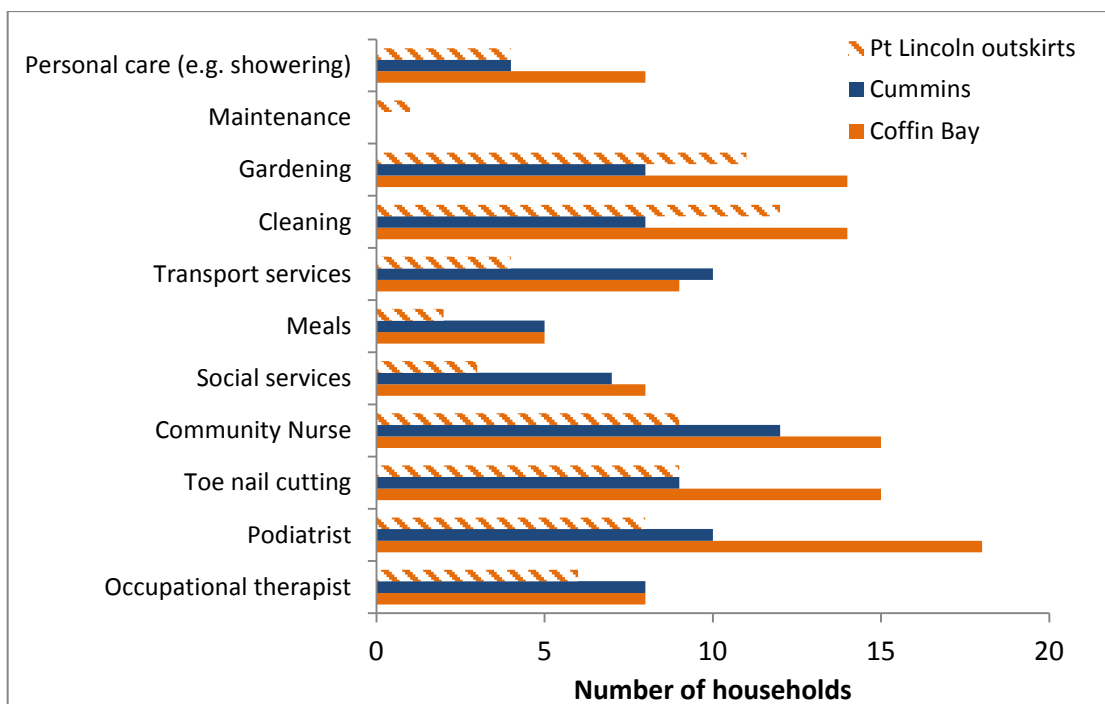


Figure 14 Number of households in community survey who estimated they will need in-home services in two to five years

Deciding where to live after 65 years of age (Q17)

Health of household members and having a hospital or medical service within 20 kilometres were the most important factors in helping people decide where they will live after 65 years of age. Volunteer commitments and caring for family were the least important influences (Figure 15).

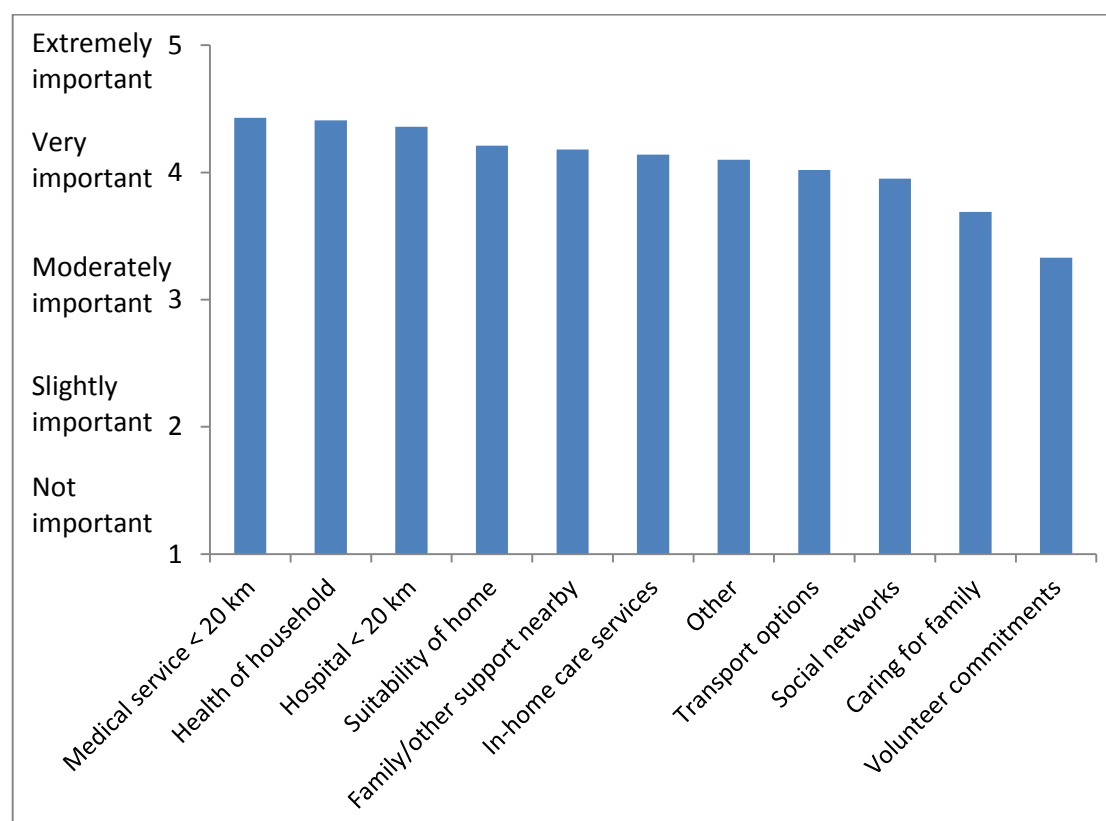


Figure 15 Importance of factors in helping households decided where they will live after they turn 65

Preferred location and type of aged care/retirement-style living (Q18)

Households indicated they would like a range of accommodation options in major townships in DCLEP and also in Pt Lincoln. Two hundred and fifty seven households said they would like independent living in Cummins, either in a retirement village (138) or individually owned units (119). Two hundred and fifteen households indicated they would like independent living in Coffin Bay – 113 in a retirement village and 102 in individually owned units. Two hundred and sixty seven households would like independent living in Pt Lincoln – 140 in a retirement village and 127 in individually owned units (Figure 16).

Within DCLEP, 111 households preferred Cummins for a residential aged care facility and 66 households preferred Coffin Bay.

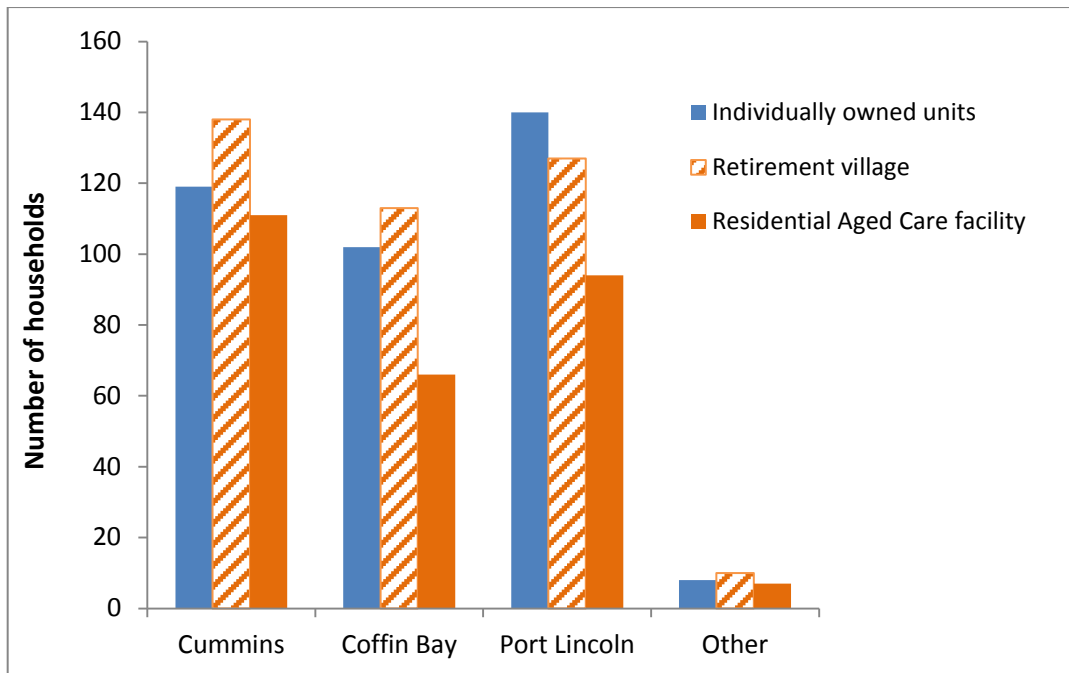


Figure 16 Preferred location and type of aged care/retirement-style living

Other comments (Q19)

Other comments were provided by 115 of the respondents. These comments could be grouped into 14 broad categories. The majority of comments related to the need for more aged care; more retirement-style living; more in-home support; and improvements to Cummins Homes (Figure 17).

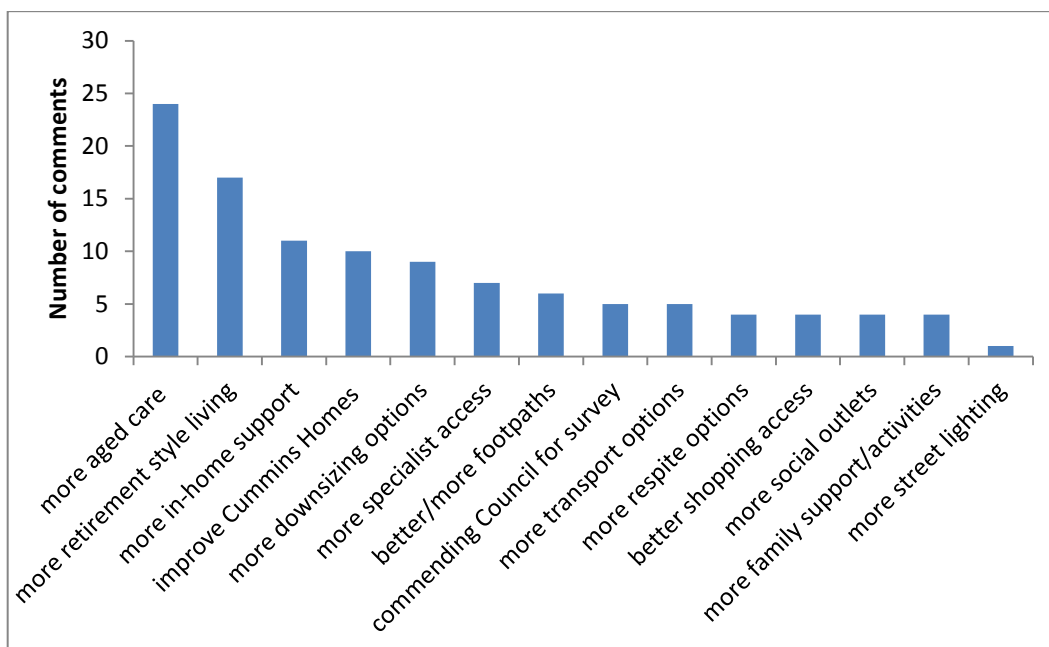


Figure 17 Summary of other comments provided by survey respondents

All survey responses including comments can be found in the Appendix.

2.2 Community bodies

2.2.1 Lower Eyre Health Advisory Council Inc.

The Lower Eyre Health Advisory Council Inc. (LEHAC) was established to advise and advocate for the community with Country Health SA on health service needs and issues within and outside the Local Area; hold assets on behalf of the State; and hold donated funds of the local hospitals on behalf of the community.

Throughout this project regular contact was maintained with the Lower Eyre Health Advisory Council Inc. particularly Presiding Member Liz Mickan and Local Government Member Wendy Holman.

Kaye Ferguson was invited to be part of the Navigating Aged Care Expo held by LEHAC in August 2017, a forum designed to help people understand the aged care system and meet face to face with a range of service providers. Follow up events are planned for 2018.

2.2.2 Cummins & District Enterprise Committee

Throughout this project regular contact was maintained with the Cummins & District Enterprise Committee (CDEC) via Community Project Officer Jenna Hughes. Discussions included assistance in promoting the community survey; potential funding opportunities for health facilities; progress of existing social connections programs; and negotiating space from which health professionals can consult.

2.2.3 Cummins Hospital Auxiliary

Kaye Ferguson spoke at the Cummins Hospital Auxiliary meeting on 20th June 2017. The purpose of the presentation was to inform the members of the Auxiliary about the project, get feedback on the proposed project activities and advertise the upcoming health and ageing survey. The committee was extremely receptive to the presentation and information provided and excited about the proactive approach being taken by DCLEP to meeting the needs of the community.

2.3 Primary health services

2.3.1 Primary Health Networks

The Federal Government's Primary Health Networks (formerly known as Medicare Local) are now located all over Australia. Country SA Primary Health Network (PHN) covers country SA and

"....is the new health network set up to service the country regions of South Australia, increasing the efficiency and effectiveness of service delivery while improving the coordination of patient care. Established by the Federal Government, we exist to bridge the gap of health inequity and access in rural South Australia by building a collaborative and responsive health care system."⁵

Country SA PHN is involved in population health planning; sourcing health services, particularly for vulnerable populations; and supporting GP practices with training and technology to help avoid preventable hospitalisations, maintain safety and quality and adopt eHealth (digital health) strategies such as telehealth. Aged care, health workforce, mental health and the health of Aboriginal and Torres Strait Islander peoples are also key priority areas.

Country SA PHN commissions Commonwealth funds to deliver primary health services in country SA. The services are generally put out to tender by Country SA PHN. For example, mental health services on lower Eyre Peninsula are delivered

by [Country and Outback Health](#) and the [Regional Access](#) online and phone service; and drug and alcohol treatment services by West Coast Youth and Community Services. Start up funding was also provided for the Empowering Lower Eyre – Suicide Prevention Network. Country SA PHN used to fund a psychologist to visit Cummins Medical Clinic which was an extremely valuable and fully utilised face-to-face service.

In July 2017 Country SA PHN launched [Health Pathways](#), an online system available to GPs and other health professionals to provide consistent and evidence-based assessment and management tools for specific health conditions. It should also make it easier for local GPs to make appropriate referrals for specific health conditions as keeping track of available visiting specialists can be difficult at times.⁶

Country SA PHN has an office based in Pt Lincoln. The Regional Manager North and West is Jane Cooper ph: (08) 8621 3803 email: jcooper@country@saphn.com.au.

2.3.2 General Practitioners

A recent review article in Australian Family Physician⁷ (Volume 43, No.7, July 2014 Pages 487-490) examined the role and challenges for GPs in rural and regional Australia.

“It is generally accepted that a focus on primary care in health systems produces better health outcomes for populations at lower cost than does a system with a focus on specialised medicine.⁸ Further, a medical workforce with a focus on generalism has been internationally and domestically recognised as an effective way of delivering health services, particularly in rural and remote areas⁹.

A rural generalist practitioner is often required to perform procedural tasks and work within a broader scope of practice than their urban general practitioner (GP) counterparts, and is also likely to work in more diverse settings (including hospitals, community and/or private practice)¹⁰. Such generalist practitioners provide essential, and sometimes the only, medical services for rural and remote communities.”

There are two GP practices within DCLEP (one with a branch in both Cummins and Coffin Bay) that are run by two local GPs. The Cummins Medical Clinic also has visiting registrars who must stay with the practice for a minimum of six months, but sometime stay nine to twelve months.

As mentioned earlier, a recent report by the Regional Australia Institute (RAI) showed that small towns have an average of 83 doctors per 100 000 people.¹¹ While much of the data analysed would include complex interactions between remoteness, lower socioeconomics, health seeking-behaviours (‘stoic country folk’) and higher proportions of Indigenous Australians, the averages hold true for GPs within DCLEP. As of January 2018, DCLEP had three GPs (two resident GPs and one GP Registrar) servicing approximately 3400 patients – equivalent to a rate of 88 doctors per 100,000 people.

The GPs working within DCLEP run busy practices providing vital primary health services to almost 3700 patients each year and the Cummins Medical Clinic also provides 24 hour 7 day a week on-call service to the Cummins Hospital. Residents of DCLEP also access GP services in neighbouring council areas, predominantly Pt Lincoln.

In the 12 months prior to August 2017, 121 survey respondents from Coffin Bay had accessed a GP, either in Coffin Bay (56.2%) or Pt Lincoln (42.2%). However, 91.7% of respondents from Coffin Bay said they would like to access a GP in Coffin Bay (Figure 5). The results suggest that residents would like more access to GP services

in Coffin Bay. Currently there is a GP in Coffin Bay 3-4 days a week. Dr Rowe is generally booked out 2 weeks in advance. Dr Quigley is generally booked out the day before and GP Registrars are not always booked out. This suggests that respondents are either seeking greater access to Dr Rowe or are unaware of the service provided in Coffin Bay by Dr Quigley and GP Registrars.

In the 12 months prior to the survey, almost all of the 178 survey respondents from Cummins and surrounds^a who had visited a GP had done so in Cummins (96.0%). Further, 99.5% of survey respondents from Cummins and surrounds said they would like to access a GP in Cummins (Figure 4).

Survey respondents from the outskirts of Pt Lincoln^b who had visited a GP had predominantly done so in Pt Lincoln (91.5%), with only 6.5% seeing a GP in Cummins. However, only 75% of respondents from Pt Lincoln and outskirts said they would like to access a GP in Pt Lincoln, 11.1% said Cummins and 13.0% said they would like to access a GP in another location (Tumby [4], North Shields [3], or Louth Bay [1]) (Figure 6).

All 8 survey respondents from Coultas who had accessed a GP in the past 12 months had done so in Cummins (100%) as well as Coffin Bay (37.5%) and Pt Lincoln (12.5%).

2.3.2.1 Cummins

Cummins Medical Clinic

The Cummins Medical Clinic (now known as Lower Eyre Family Practice) is a private practice owned by Dr Gerard Quigley and run out of premises rented from Country Health SA. The clinic generally has a minimum of two GPs – Dr Quigley and a visiting GP Registrar servicing approximately 3,288 active patients locally and from as far away as Lock, Tumby Bay, Pt Lincoln, Wangary and Coffin Bay. Dr Quigley has admitting rights at Cummins Hospital and Pt Lincoln Hospital and a GP fee-for-service agreement with Country Health SA to provide on-call services to Cummins and District Hospital. The clinic also has four practice nurses, one of whom is also the practice manager and a clear focus on chronic disease management – critical to improving health outcomes in rural areas.

Access to locum doctors is extremely important for rural GPs, particularly those in solo practice who also provide emergency on-call services to a rural hospital. It enables GPs to have planned breaks to improve work-life balance or cope in unforeseen circumstances. The RDWA runs a GP Locum Program that provided 1927 days of locum support to rural GPs in 2016-17.* This program is utilised by the Cummins Medical Clinic with the same locums often returning to Cummins.

* RDWA Annual Report 2016-17.

^a Cummins, Edillilie, Kapinnie, Karkoo, Kiana, Mt Drummond, Mt Hope, Warrow and Yeelanna

^b Boston, Charlton Gully, Coomunga, Duck Ponds, Fishery Bay, Greenpatch, Hawson, Louth Bay, Mitchell, North Shields, Pearlah, Poonindie, Sleaford Bay, Tiatukia, Tootenilla, Tulka, Whites Flat and Whites River

Like any rural or regional area in Australia, recruitment of GPs to DCLEP, particularly Cummins, is a constant and complex battle. In the past Cummins Medical Clinic has had a productive relationship with the RDWA to recruit GP Registrars but is now also beginning to recruit GP Registrars directly from the Australian College of Rural Medicine. The demands of on-call work, particularly at times when there are only two GPs juggling the load, can make it very difficult for GP Registrars or GPs to find a work-life balance and form meaningful connections outside of the work arena.

The most recent GP Registrar at Cummins Medical Clinic, Dr David Hsieh completed his time (nine months) as a GP Registrar in February 2018. He has elected to stay on Eyre Peninsula and will be joining Lincoln Medical Centre. Dr Hsieh has enjoyed his time in Cummins and the variety of work he has undertaken. Generally Dr Hsieh found good exposure to a wide range of emergency cases through on-call work. Eyre Peninsula “has grown on him” and his decision to move to Pt Lincoln is mainly to take a break from such a demanding on-call roster and to increase his social outlets and opportunities to connect with the region. At Lincoln Medical Centre he will be one of four GP Registrars and the prospect of a stronger peer support network is also appealing. Greater access to swimming; (24 hour) exercise facilities; and a need to be closer to the coast have also contributed to his decision.

As of mid- February 2018 Cummins Medical Clinic will have three GPs – Dr Quigley and two GP Registrars – Dr Ratesh Mahinderkar and Dr Peter Euler. The clinic is open Monday to Friday, 8:30 am – 1pm and 2–5 pm (closed for lunch 1–2 pm). Appointments can be made on (08) 8676 2210 or [online](#).

As of February 2018 Cummins Medical Clinic will be called Lower Eyre Family Practice.

2.3.2.2 Coffin Bay

Coffin Bay Community Health Centre

Dr Claire Rowe consults from the Coffin Bay Community Health Centre, located at the corner of Hawson St and Flinders Ave. Dr Rowe has approximately 400 active patients, approximately 350 who live in Coffin Bay, Coult and Wangary and around 50 who live in Pt Lincoln or Cummins. Patients are also able to access community nursing services located onsite (see 2.4 Community Nursing services). Dr Rowe does not have admitting rights to either Cummins or Pt Lincoln Hospital and thus encourages her patients to also have a relationship with a GP who does.

Dr Rowe consults every Wednesday from 9 am - 5 pm and every second Thursday from 9 am - 5 pm. Appointments can be made on (08) 8683 2077.

Coffin Bay Medical Clinic

Dr Gerard Quigley or GP Registrars consult from the Coffin Bay Medical Clinic (a branch of the Cummins Medical Clinic), located at 5/61 Esplanade Coffin Bay. As of mid-February 2018 the clinic is open Monday 230–5 pm, Tuesday 230–5 pm, Wednesday 230–5 pm and Thursday 930 am–1230 pm. This is partly due to having three GPs at the practice in 2018 and also in response to the results of the community survey saying residents would like more access to GPs in Coffin Bay.

Appointments can be made by calling (08) 8676 2210 or [online](#).

2.3.2.3 Pt Lincoln

Residents of DCLEP also access primary health services in Pt Lincoln. There are three medical clinics in Pt Lincoln – [The Investigator Clinic](#), [Boston Bay Family Health Practice](#) and Lincoln Medical Centre.

2.3.3 Population health

Country SA PHN produces a Needs Assessment Data report that collates population health data for the whole of regional SA. This data provides an indication of the percentage of the population diagnosed with a chronic disease – any condition which is long lasting and with persistent effects. SA is divided into Statistical Level Areas (based on ABS data) and DCLEP is included in the Eyre Peninsula and South West Statistical Level Area 3. This region also includes the Local Government Areas of Ceduna, Cleve, Elliston, Franklin Harbour, Kimba, Maralinga Tjarutja, Pt Lincoln, Streaky Bay, Tumby Bay, Whyalla, Wudinna and unincorporated SA (15%). It is important to note that rates of chronic disease are often higher in areas of high socioeconomic disadvantage. The data for Eyre Peninsula and South West includes several of the more disadvantaged LGAs which makes it somewhat difficult to interpret the data for DCLEP which is one of the least disadvantaged LGAs.

In the near future it may be possible to obtain population health data from Country SA PHN that has been collected directly from the GP practices within DCLEP. Unfortunately due to agreements between local GP practices and PHN relating to the use of the data it was not possible to obtain this data during this project.

2.3.3.1 Dementia

Dementia is the second leading cause of death of Australians.¹² It is estimated that by 2025 more than half a million Australians will be living with dementia.¹³ Several stakeholders have highlighted the need to increased people's understanding of dementia and access to appropriate support and facilities for people living with dementia in the community and in residential care.

Dementia describes

“a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease. Dementia affects thinking, behaviour and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.”

“The most common types of dementia are Alzheimer's disease, Vascular dementia, Parkinson's disease, Dementia with Lewy bodies, Fronto Temporal Lobar Degeneration (FTLD), Huntington's disease, Alcohol related dementia (Korsakoff's syndrome) and Creutzfeldt-Jacob disease.”¹⁴

Dementia is more common in people after the age of 65 years, but it can affect anyone. Deterioration in a person's abilities can happen quickly or over a number of years.

Dementia Australia is the new name for Alzheimer's Australia and represents

“... the 413,106 Australians living with dementia and the estimated 291,163 Australians involved in their care.”¹⁵

Dementia diagnosis requires a consultation with a geriatrician. Access to visiting geriatric specialists has become an issue for Cummins Medical Clinic who have out of necessity now established a relationship with a geriatric specialist based in Victoria who consults via telehealth (see 2.6.2 Telehealth consultations). Lifestyle changes and appropriate medical treatments can help manage some of the risk factors associate with dementia.¹⁶ Quality and consistent primary health care plays a vital role in managing dementia.

Conversations with the residential aged care facilities located within DCLEP and Pt Lincoln City Council area suggest more than half of the residents are living with dementia. This estimate is confirmed by the latest ABS statistics showing that 52 per cent of residents in permanent residential aged care in the EP Aged Care Planning

Region have a diagnosis of dementia.^c Facilities are struggling to cope with the demand for secure dementia spaces.

A meeting was held with Kylie Earl, Dementia Link Worker from Alzheimer's Australia (now known as Dementia Australia). Kylie's primary role is to visit people in the community who are looking for support for living with dementia and also to undertake community-based education through guest speaker roles. Kylie mainly works with people and the families of people who have a diagnosis, but can also work with people who are worried about their memory or people on a waiting list to see a geriatrician. Part of her role is determining an acceptable level of risk for people living with dementia as sometimes more harm than good would come of removing someone from their home. Kylie can also provide information and advice to Councils on creating dementia-friendly communities.

2.4 Community nursing services

Cummins

A community health nurse is available on Monday, Friday and half day Wednesday at the Cummins and District Hospital. The current community nurse Meredith Treloar is also the Lower Eyre Peninsula and Pt Lincoln stoma nurse. Phone (08) 8676 0200 or 0467 744 458.

A referral from a GP is required and services include:

- Wound care
- Blood pressure checks
- Blood sugar level checks
- Removal of stitches/staples
- General health enquiries
- Home visits for special circumstances.

Coffin Bay

A community nurse is available at the Coffin Bay Community Health Centre (corner of Hawson St and Flinders Ave) every Monday, Wednesday and Friday between 9am and 1pm (closed public holidays). No appointment is necessary. The current community nurse is Patsy Swaffer. Phone (08) 8685 4070 Mob: 0427 026 395

A referral from a GP is required and services include:

- Blood tests are available from 9am. All other services from 9:30 am
- Wound care
- Blood pressure checks
- Blood sugar level checks
- Removal of stitches/staples
- General health enquiries
- Home visits for special circumstances.

^c <https://www.gen-agedcaredata.gov.au/My-aged-care-region>

2.5 Hospital Services

2.5.1 Cummins and District Memorial Hospital

Cummins and District Memorial Hospital is part of Eyre and Western Health Services and provides a 24 hour a day seven day a week accident and emergency service; medical and surgical services including general care, day surgery, outpatient services and palliative care; community health services; and allied health services. There are also residential aged care services in the hospital (8 beds) and in the neighbouring Miroma Place (14 beds) (see 2.12 Residential aged care). Cummins and District Memorial Hospital is a Multi Purpose Service (MPS).

In DCLEP and all of regional SA hospital and aged care services are delivered by Country Health SA. Country Health SA is the only local health network in SA that provides aged care. Residents do not need an ACAT to access an aged care bed in an MPS, but at some stage it is likely all residents will need an ACAT.

South Australian Virtual Emergency Service

The Rural Doctors Workforce Agency (RDWA) in partnership with Country Health SA Local Health Network has developed South Australian Virtual Emergency Service (SAVES). This is a telehealth service now available in Cummins Hospital (and 15 other rural hospitals) where a GP on duty at the RDWA can control a remote camera in the hospital's emergency department. The current trial of the service operates from 11pm to 7am seven days a week for Category 3, 4 or 5 conditions. The decision to rely on SAVES is completely at the discretion of the local on-call GP on any given night and is designed to complement rather than replace local GP services.

To date the GPs in Cummins have used SAVES only as a back up service to consult with other GPs or MedStar in complex trauma or other acute cases, not to replace an in person on-call doctor. This is mainly because in the majority of cases people in DCLEP tend not to present to emergency overnight unless it is a life-threatening condition or severe pain or blood loss which would have to be seen by a GP anyway. If people do present with less severe conditions then it is appropriately triaged by nursing staff and attended to the next day.

The MPS system was introduced in 1990 and is designed to keep hospital and aged care services in regional and remote communities that could not support stand-alone hospitals or aged care facilities^a. It is a joint initiative of the Commonwealth and State Governments – aged care beds are funded by the Commonwealth Government and hospital services like acute (emergency) beds and community health are handled by state or territory governments. MPS facilities are designed to deliver a flexible mix of services depending on the needs of their community.

2.6 Specialist services

2.6.1 Visiting specialists

Residents of DCLEP can access visiting specialist services in person at the Pt Lincoln Hospital Visiting Specialist's clinic or via telehealth at the Pt Lincoln Hospital. SA Health does not employ any visiting specialists; all are private practitioners who enter into an agreement to provide services from SA Health's facilities. In some cases residents will have to travel to Adelaide or Whyalla to access public specialist

medical services. Travel for appointments with the nearest medical specialist is subsidised through the Patient Assistance Transport Scheme (PATS) for patients travelling more than 100 kilometres (one way).

Visiting specialties in Pt Lincoln include audiology, dermatology, ear nose and throat (ENT), gastroenterology, geriatric, gynaecology, obstetrics, ophthalmology, orthopaedics, psychiatry, psychology, radiation oncology, reproductive medicine, vascular surgery and urology.

Survey respondents reported long waiting lists (12-18 months) for ENT, and dermatology services and no local access to urology and orthopaedic services. These services have now been reinstated in Pt Lincoln, but are likely to have a backlog of appointments to work through.

2.6.2 Telehealth consultations

Telehealth consultations are conducted via a computer link up with a specialist based elsewhere. The patient and support people are able to see and hear the specialists and vice versa. Cummins Medical Clinic facilitates telehealth consultations for sleep apnoea ([MyCroft Sleep Diagnostics](#)), psychology, dermatology and neurology. The Cummins and District Memorial Hospital and Miroma Place have been collaborating with the Cummins Medical Clinic to access a geriatrician based in Victoria via [Anywhere Healthcare](#)¹⁷. Depending on eligibility there may be little or no cost to the patient. There is no cost to the referring GP.

To date the hospital and medical clinic have found this service easy to access and use. For example for one recent consultation the wait time was only two weeks and the local medical and nursing team were able to easily implement changes recommended by the geriatrician to improve outcomes for the resident. The resident's family also found the experience positive.

2.6.3 Private specialist clinics

Mortlock Clinic in Pt Lincoln has a range of visiting specialists (GP referral required) including sleep diagnostics, orthopaedics and pain medicine specialists, as well as podiatry, denture, audiology and skin cancer clinics.

Local GPs can refer patients to private specialists to reduce waiting times (compared to visiting specialists at Pt Lincoln Hospital) or accommodate patients' personal choice. However, private specialists don't perform surgery in Pt Lincoln. Therefore patients requiring surgery have to travel to Adelaide and are not eligible for PATS reimbursement if they have by-passed their nearest visiting specialist.

2.7 Allied health services

Many public and private allied health services visit Cummins and Coffin Bay and can be accessed by appointment, either through referral by a GP clinic to Pt Lincoln Health Service (PLHS on (08) 8683 2200) or for private service providers, by contacting the practitioner directly.

From June 2018 the number and type of public allied health professionals visiting DCLEP may change significantly (See 3.1.3.1 Issue: Potential decrease in public allied health services within DCLEP). As of April 2018 the following services were available.

2.7.1 Breast Care

A McGrath Breast Care nurse (PLHS) visits Cummins generally once per month, consulting from the Cummins Community Health Centre.

2.7.2 Chiropractor

Dr Jarrod Kalyvas from Pt Lincoln Chiro consults from the Cummins Community Health Centre every Tuesday morning (ph 08 8683 0899).

2.7.3 Dietician

A PLHS dietician consults from the Cummins Community Health Centre approximately once per month.

2.7.4 Occupational therapist

A PLHS occupational therapist consults from Cummins Community Health Centre approximately once per week and Coffin Bay Community Health Centre approximately once per fortnight.

2.7.5 Optometrist

Eyre Eye Centre, a private service provider consults from Cummins Community Health Centre approximately once per month (ph 08 8682 4566).

2.7.6 Physiotherapist

Three private physiotherapists consult weekly in Cummins.

Matt Hayman (EP Physio +) consults from Cummins Medical Clinic every Wednesday (ph 08 8676 2210).

Mark Cooper consults from the Cummins Community Health Centre every Tuesday morning (Lower Eyre Physio ph: 08 8682 5121).

Connie Andrews consults from the Cummins Institute on Tuesday or Thursday (ph 0439 505 201).

A public physiotherapist is available through PLHS once per week at Cummins Community Health Centre and once per fortnight at the Coffin Bay Community Health Centre. Residents are also able to visit Mark Cooper as a public patient with a GP referral.

2.7.7 Podiatrist

A PLHS podiatrist consults from the Cummins Community Health Centre approximately once per fortnight. No podiatrist currently visits Coffin Bay.

2.7.8 Social worker

A PLHS social worker consults from the Cummins Community Health Centre once per week.

2.7.9 Speech pathologist

A speech pathologist PLHS consults from the Cummins Community Health Centre and Coffin Bay Community Health Centre approximately once per fortnight.

2.8 Domestic violence support

Yarredi Services Inc. is the Port Lincoln Regional Domestic Violence Service. It provides outreach, counselling, accommodation and other support services for people experiencing domestic violence ph (08) 8683 0311 or 1800 110 617. <http://www.yarredi.org.au/>

2.9 Mental health support services

Timely access to appropriate mental health support is a nation-wide and critically important issue. While advocacy is happening at higher levels of Government to increase funding and programs, it is important to recognise local programs and support services that are available to DCLEP residents.

Local GPs can refer patients to mental health services under a mental health care plan¹⁸ that is designed to give better (and more affordable) access to psychiatrist and psychologist services. However local patients often wait up to 16 weeks to receive a letter from Country SA PHN to say they are now on a wait list for funding to access psychology services.

2.9.1 Counselling

DCLEP

West Coast Youth and Community Services provide a weekly counselling service for youth (10-25) and families in Cummins. This service is funded by Mentally Fit EP. Katie Johnson consults from the Cummins Institute every second Wednesday ph: (08) 8683 0072 or 0427 280 821.

Pt Lincoln

Counselling services are available in Pt Lincoln through:

Centacare Catholic Family Services ph (08) 8683 0733

Country and Outback Health (psychological – referral required) ph (08) 8621 3800

West Coast Youth and Community Services ph (08) 8683 0072

Yarredi Services ph (08) 8683 0311

Carers SA – Eyre ph (08) 8683 4477

2.9.2 Psychology

Patients with a mental health plan can access three free consultations (maybe more).

DCLEP

Until recently, Country SA PHN funded a psychologist to visit Cummins Medical Clinic once per month to consult with patients face-to-face. However this funding has not been continued. This service was fully booked each month and has left a major gap in the local face-to-face service.

Cummins Medical Clinic now refers patients to Christina Derbyshire from MindsPlus (21 Oxford Terrace, Port Lincoln). The clinic can also arrange telehealth consults with a local psychotherapist (Jenny Podorozhnaya).

Pt Lincoln

A psychologist (Tim Dansie) consults monthly from Investigator Clinic ph (08) 8683 0788.

A psychologist from Paragon Psychology Services (Mark Cox) visits Mortlock Clinic in Pt Lincoln ph (08) 8265 5888.

**Almost half of all
Australians will
experience a mental
health condition in
their lifetime.**

Source: Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007 (4326.0). Canberra: Australian Bureau of Statistics.

2.9.3 Suicide Prevention Network

The Empowering Lower Eyre – Suicide Prevention Network was established in 2017. Establishing local Suicide Prevention Networks is a key part of SA Health's approach to prevent suicide and start up funding was provided by the SA Government.

A 10-member committee was formed in October 2017 made up of people who are willing to carry out simple acts to prevent suicide in our community. Many of these people have personal experience of suicide. The role of the network is to:

- Raise awareness of suicide
- Start life saving conversations
- Increase individual awareness of the thoughts and feelings that lead to suicide
- Help people to support those bereaved by suicide
- Break down stigma associated with mental illness and suicide.¹⁹

Empowering Lower Eyre SPN partnered with Cummins District **Community Bank**® Branch to bring motivational speaker Chris Koch to Cummins in January 2017 for a free all ages community event. A stall was also held at the 2017 Cummins Show to raise awareness of the network.

In 2018 Empowering Lower Eyre will be working with the student welfare team at Cummins Area School to develop early intervention programs aimed at young people. More information can be obtained from Annie Maughan, Emma Gale, Tegan Stephens or John Treloar.

Suicide is the leading cause of death of Australians aged 15-44 – around 3,000 people every day.

Source: Australian Bureau of Statistics. (2016). Causes of Death, Australia 2015, preliminary data. Cat. no. (3303.0). Canberra: ABS.

2.9.4 Early intervention telephone/online support

[Regional Access](#) is a new low intensity (early intervention) telephone and online support service specifically for residents of regional, rural or remote South Australia. It was commissioned and funded by Country SA Primary Health Network and was launched in August 2017. The service is delivered by On the Line and is available 24 hours a day 7 days a week.

The service is for anyone who has a worry and wants to talk about it; is at risk of the onset of mental illness; has a moderate or severe mental condition and needs help with resilience and capacity building; have experienced symptoms of distress or mild symptoms of mental ill health for less than 12 months; or have a moderate to severe mental health condition at risk of relapse and need help building capacity.

Access at <https://saregionalaccess.org.au/> or 1300 032 186.

2.9.5 Helplines

A range of national helplines is available to residents of DCLEP, including those targeted specifically at younger people or men and those designed to help in a crisis or to provide information and support.

In a crisis

Emergency Services 000

Lifeline 13 11 14

Kids Help Line 1800 551 800 (for young people aged 5-25)

24 hr Mental Health Triage (18 yrs+) 13 14 65

Suicide Call Back Service 1300 659 467

Mensline Australia 1300 789 978

Mental health support

Lifeline 13 11 14

beyondblue info line 1300 224 636

Relationships Australia 1300 364 277

SANE Helpline 1800 187 263

Tune In Not Out <https://tuneinnotout.com/>

Headspace (for young people aged 12-25) 1800 650 890 <https://headspace.org.au/>

PANDA (Postnatal and Antenatal Depression Association) 1300 726 306

Reach Out (for young people) www.reachout.com

For Aboriginal and Torres Strait Islander people www.vibe.com.au

For Culturally and Linguistically Diverse people www.mhima.org.au

Gay and Lesbian Counselling Service www.glccs.org.au

For anyone bereaved by suicide

Living Beyond Suicide 1300 761 193

Standby Response Country North 0438 728 644

Minimisation of Suicide Harm (MOSH) 08 8443 8369

Solace Association (SA) Inc 08 8271 6366

Suicide Survivors (online) www.casa.asn.au

2.9.6 Cummins Area School

Cummins Area School (CAS) has a strong student welfare team made up of a wellbeing coordinator; counsellors for primary and secondary students; an assistant principal; and a Christian Pastoral Support Worker. The team also includes a social worker three days per week in a Child Wellbeing Practitioner role – one of 60 externally funded trial roles in SA. For the first time these roles are able to track students across schools and have access to background information including the Child Protection Database that helps schools to understand students' past history.

For students who are new to the district or who are just passing through it ensures some continuity of care no matter where they may end up. The welfare team is generally able to handle issues 'in house' but do call in other support where necessary, including the Child and Adolescent Mental Health Service (CAMHS).

2.9.7 Other local initiatives

Behind the Mind is a blog (with associated Facebook page) set up by two young health professionals who grew up around Cummins. Amelia Dahlitz (Bachelor of Psychological Science and Bachelor of Business) and Olivia Dickinson (final year medical student) designed Behind the Mind to be a safe space to normalise conversations about mental health and encourage local people to share their own mental health journeys. The blog aims to

“create a happy, courageous and resilient community through education on mental illness and promotion of mental health”.²⁰

Reading about the mental health journeys of locals may help to reduce the stigma associated with speaking up about mental health issues. The blog has included stories from local people with family members who took their own lives; experiences with suicidal feelings; depression and anxiety during pregnancy (antenatal) and after giving birth (postnatal); and coping strategies (positive and negative). The Facebook page has 578 followers (as of February 2018) and also includes statistics highlighting the prevalence of mental health issues and links to helplines and articles on other relevant topics such as dealing with grief and behavioural activation for depression.

<https://behindthemindblog.com/>

2.10 Pharmacies

2.10.1 Cummins Chemist

Cummins Chemist employs two pharmacists – Coral Wagner and Toni Haddow and four pharmacy staff, including the pharmacy manager Rachel Warner. The pharmacy is an independently owned member of Pharmacy Alliance, the largest independent pharmacy network in Australia.

Cummins Chemist provides a wide range of prescription and over the counter medications, as well as beauty and gift products. The pharmacists offer both in-home and in-pharmacy medication reviews, which are recommended for anyone on five or more medications. This Government subsidised service includes the pharmacist visiting people at home and in Miroma Place and the aged care wing of the Cummins Hospital.

The pharmacists recommend and supply [Webster-pak](#) services which are dose administration aids designed to simplify the process for people who are on several different medications that need to be taken at different times of the day or on different days. Some pharmacy customers on multiple medications are reluctant to adopt these services because they either don't understand how Webster-paks work; think that it gives them less control of their own medications; or feel that they are no longer as capable if they are not able to keep track of their own medications. It is also possible that others in the community aren't aware of the existence of Webster-paks. The pharmacy is trying to break down some of these barriers by offering short term trials to get customers more familiar with the system. Webster-pak services are subsidised for people receiving benefits through the Department of Veterans Affairs.

The pharmacists also work with local GPs and other health professionals on Team Care Arrangements that are designed to manage chronic medical conditions requiring multidisciplinary, team-based care from a GP and at least two other health

or care providers. This is designed to be a holistic approach to patient care so that all health care professionals are aware of the full range of conditions for particular patients.

The pharmacy also provides blood pressure checks; vaccination services (including flu and whooping cough) and free medication delivery service to people at home. The pharmacy is also associated with the National Diabetes Services Scheme (NDSS) and provides blood glucose testing, subsidised diabetes management supplies and diabetes education information in partnership with the diabetes educators based at Pt Lincoln hospital. These services are available to people with type 1 or 2 diabetes and gestational diabetes.

The pharmacy staff are keen to refer to, display and/or provide copies of a health services directory prepared as part of this project.

During the prolonged power black experienced by Lower EP in September 2016 the pharmacy were unable to be open, so made the decision to deliver all medication that was ready to pick up to residents in their homes. There is scope to record these kinds of *ad hoc* services as a role in an official disaster ready plan (See 2.26 Disaster resilience).

Cummins Chemist Ph: 08 8676 2057.

2.10.2 Coffin Bay Pharmacy

The Coffin Bay Pharmacy is run by owner and pharmacist Dilip Rana in rented premises next door to the Coffin Bay Post Office. Coffin Bay Pharmacy provides a wide range of prescription and over the counter medications, as well as beauty and gift products. Dilip is also able to do blood pressure checks and provide Webster-pak services. Currently Dilip is limited in his ability to provide other services due to the small size of the premises. Bigger purpose-built premises would enable Dilip to provide more services that customers ask about, including health checks and medication reviews. From Dilip's perspective it would be ideal to have these premises be part of a larger, permanent medical centre in the township.

Dilip lives in Coffin Bay and provides his mobile number for after hours requirements. He also generously sponsors various local sporting clubs and organisations.

Since opening his pharmacy in 2015, Dilip has had people come in seeking medical care because they had nowhere else to go in Coffin Bay, including people with chest pain and anaphylaxis. This is not the role of a pharmacist but as a health professional Dilip has a duty of care to provide assistance within his professional capabilities and direct people to emergency or other services as necessary.

Dilip believes that a lack of permanent medical services is hindering people's decision to move to or remain in Coffin Bay as they age. He also believes that better signage on the main road about the health services available in the township would encourage more visitors to turn off the highway and visit Coffin Bay.

Coffin Bay Pharmacy Ph: 08 8685 4080, Mob: 0448 201 707.

2.11 Retirement style living

In this context, retirement-style living means living arrangements for people who no longer need a large home, don't necessarily need in-home support (but may at some point) and aren't ready to or wanting to move into residential aged care. Options may include retirement villages (managed under the Retirement Villages Act 2016); lifestyle villages (often managed under the Residential Parks Act 2007); or privately-owned independent living units with common property like shedding or gardens

(managed under Community Title). Alternatively, it could mean 2-3 bedroom accommodation that is privately owned within the general community.

2.11.1 Cummins Homes

Cummins Homes is aged accommodation consisting of 15 one-bedroom and 1 two-bedroom independent living units that are owned and administered by DCLEP. The units are located close to Cummins and District Hospital, Cummins Medical Clinic and other town facilities. The one bedroom units are \$149 per week and the two bedroom unit is \$224 per week. People interested in occupancy are encouraged to contact DCLEP so they can be informed when a unit becomes available. Age restrictions (generally 55+) are at the discretion of the Council.

During the community survey period, the Project Officer engaged with eight of residents of Cummins Homes in person to complete surveys (twelve were occupied at the time). During this process it was noted that several residents are providing transport services for other residents for medical appointments in Cummins and Pt Lincoln and also to airport for Adelaide medical appointments.

2.11.2 Lincoln Grove

There are no retirement villages or dedicated lifestyle villages within DCLEP. The nearest retirement village is Lincoln Grove which is located in Pt Lincoln. Lincoln Grove retirement village is owned and run by Retire Australia. The facility has 84 independent living units that people purchase outright and residents then pay monthly maintenance fees, as well as utilities, contents insurance and phone/internet charges. Other services can be accessed by arrangement. Residents do not pay Council rates, water rates/usage, building insurance or building/gardening maintenance fees. The village has both two and three bedroom independent living units some with single and some with double garages.

There are also 24 care apartments in a wing of the main building. Residents of the care apartments are provided with three meals/day as well as cleaning/laundry. Personal care attendants are on hand at all times. The main building also has a bar and library run by the village social club.

Both independent living and care apartments are provided with 24 hour emergency call buttons.

2.12 Residential aged care facilities

Residential aged care facilities (previously known as nursing homes) are for older people who can no longer live at home because they need more help with everyday tasks or health care than in-home support can provide, are ill, bereaved, or the needs of their carer, family or friends have changed.

Moving into an aged care facility is often a stressful and highly emotional time for the person moving and for their family, particularly if the move is unexpected due to an acute event (e.g. fall or stroke). People moving into aged care facilities in DCLEP or neighbouring areas may be already residents of the area or move from another region to be closer to family.

According to the My Aged Care website, to move into a residential aged care facility residents must undertake the following five steps:

- 1. Be assessed for eligibility via an ACAT (ph 1800 200 422)**
 - If a resident has already been receiving CHSP or HCP then they will already have an ACAT
- 2. Find an aged care home by visiting aged care homes in person, or using the [My Aged Care Homes Finder](#) to look for aged care homes nearby**
 - Many residents or their families will already be aware of their local aged care homes
 - When searching with the [My Aged Care Homes Finder](#) people must select Multi-Purpose Service – Residential to find care within DCLEP as both Cummins and Tumby Bay Hospitals are Multi-Purpose Services (MPS)
 - Residents may have family living outside of the region who wish to move the resident closer to where family lives
- 3. Work out costs**
 - The Australian Government subsidises the cost of residential aged care, but if a resident can afford to, they will be expected to contribute to the cost of their care. The amount that people can be asked to pay is strictly regulated by the Government.
 - People should apply for an income and asset assessment as soon as possible via Department of Human Services (Centrelink) or Department of Veteran's Affairs (DVA). [More information on aged care means testing.](#)
 - People may wish to consult a financial adviser, preferably one who is familiar with residential aged care home funding models. Alternatively, Centrelink has a free Financial Information Service to help people plan for current and future needs (ph 132 300). From time to time Centrelink runs seminars locally on these services.
 - Costs of residential aged care are made up of:
 - i. A basic daily fee – covers meals, power and laundry, will be the only fee some residents pay
 - ii. A means-tested care fee – determined by the person's income and assets assessment
 - iii. An accommodation fee^d – determined by the person's income and assets assessment. Some people will have no accommodation fee (will be fully subsidised by the Australian Government); others will need to pay an accommodation contribution (partially subsidised by the Australian Government); and others will have an accommodation payment (pay full cost, no subsidy).
 - a. If a person has to make an accommodation contribution then it can be either by:
 - Lump sum – 'refundable accommodation contribution' (RAC)

^d <https://www.myagedcare.gov.au/costs/aged-care-homes-costs-explained/paying-accommodation-aged-care-home>

- Rental-style payments – ‘daily accommodation contribution’ (DAC_
- Combination of both
- b. If a person has to make an accommodation payment then it can be either by:
 - Lump sum – ‘refundable accommodation deposit’ (RAD)
 - Rental-style payments – ‘daily accommodation payment’ (DAP)
 - Combination of both
- c. People (and their families) have 28 days from the day they move into an aged care home to determine which payment method is best for them.
- iv. Additional or optional service fees – for a higher standard of accommodation or extra services.

More information on [costs of aged care homes](#) or [moving into residential aged care](#).

4. Apply to an aged care home

- People need to contact their preferred aged care home(s) directly to find out what the application process is
- People can apply to as many homes as they like and when a place becomes available they will be contacted
- After being offered a place in an aged care home people should contact Julie Kelly, Aged Care Liaison Officer for Eyre Region (ph: email: Julie.Kelly@sa.gov.au). The financial side of the process is confusing and there are many potential scenarios. Julie helps people and their families understand the options they have available, but cannot provide advice on which option is right for them – that is the role of a financial advisor.
- After accepting a place at a home, any other homes should be notified that the person is no longer applying (on wait list)
- People and their families should thoroughly review the Resident Agreement including services, fees, rights and responsibilities

5. Move into the aged care home

In DCLEP residential aged care is provided by Cummins and District Memorial Hospital and is predominantly high care. There are also two residential aged care facilities in Pt Lincoln that offer a range of independent, low care, high care and secure dementia facilities. In Tumby Bay, residential aged care is provided by the Tumby Bay Hospital.

With more residents being supported to stay at home for as long as they are able the turnover of new admissions into residential aged care homes is higher than in the past. People come into aged care homes needing a higher level of care and may not stay long before passing away. Residents of homes have security of tenure agreements for their room. They can't be moved from their room unless they want to be. It may mean that people who are unable to pay for their room are in the 'best' room because that's where they've always been. This agreement also protects people who are in a double room when one member of the couple passes away as it may be too distressing for the resident to be moved even though the space could be better utilised.

2.12.1 Cummins and District Memorial Hospital

Cummins and District Memorial Hospital has an aged care wing with eight high care beds. Two nurses are on shift at all times in the aged care wing. Some survey respondents commented that there were limited activities available for residents in the aged care wing. This feedback was passed onto Regional Director of Nursing Anthony Ryan and the situation being addressed.

Miroma Place is located in a building adjacent to the hospital and is classified as a 'hostel under a separate roof'. It has twelve high care and two low care beds, most are single rooms with ensuite facilities. There is only one double room. People with dementia are living in both Miroma Place and the hospital's aged care wing. Miroma Place is staffed 24 hours a day. Staff have been trained in Easy Moves For Active Ageing, a gentle chair-based exercise program. Miroma Place and the aged care wing of the hospital have lifestyle coordinators come in to provide activities for residents and a hairdresser also visits the facility.

There are waiting lists for residential aged care beds at Cummins and District Memorial Hospital and Miroma Place. However, there are some people on these lists that are not yet ready for care – they just 'have their name down'. In contrast, some people are never actually on a wait list but due to an acute event or greater needs are accepted to a facility ahead of someone on a wait list.

A number of discussions were held with Day Parkhurst, Executive Officer and Director of Nursing for the Lower Eyre Health Service (covering Cummins and Tumby Bay hospitals). Permanent nursing or carer positions are generally filled but there is some difficulty in attracting casual staff. Currently there is no specifically funded hostel manager position in Cummins; the role is filled from the general nursing budget. Both the hospital and Miroma Place would benefit from more nursing staff specifically trained in aged care, particularly in caring for people with dementia and mental health issues.

The MPS classification is important when people are searching for residential aged care via the My Aged Care website. People must select Multi-Purpose Services – Residential to find Cummins and District Memorial Hospital. The MPS classification also means that the hospital can accept people into an aged care bed without an ACAT.

2.12.1.1 Potential role for aged care nurse practitioner

In the past 10 years there has been a marked increase in the number of residents aged 55-74 in DCLEP. Compared to the SA average, DCLEP and the neighbouring Councils (CPL and DCTB) have a higher percentage of residents aged 55 to 74 (2.27.1.2 Age distribution). The Regional Aged Care Committee has been discussing the need for a regional aged care nurse practitioner for some time. A nurse practitioner is a registered nurse with a number of years experience and a Masters degree. Aged care nurse practitioners undertake medical assessments but also examine the person's home environment and social and emotional wellbeing. They can use more complex assessments than registered nurses and are able to diagnose, prescribe, refer and order investigations. Research has shown that aged care nurse practitioners are able to spend more time with the elderly than GPs; can

increase access to care by visiting less mobile people in their homes; reduce unnecessary poly pharmacy by undertaking medication reviews; advocate for advanced care planning directives (end of life care); and play an important coordination and communication role between the elderly person, other health professionals and their families. All these factors resulted in more timely and accurate care interventions that reduced unnecessary transfers to hospitals and ambulance costs (many of which are carried out by volunteer ambulance staff); hospital bed days; and hospital costs.²¹ From an economic perspective it reduces hospital and ambulance costs. From a personal perspective, it can mean the elderly person is able to remain in their home or residential aged care facility – less disruption means improved wellbeing.

In collaboration with local GPs, a regional aged care nurse practitioner could provide holistic high quality and consistent care to the increasing ageing population across Lower EP. Particularly in the light of limited visiting geriatrician services and the lack of a palliative care specialist. The Australian Nursing and Midwifery Foundation are also advocating to increase the number of nurse practitioner positions to improve aged care in residential and community settings.²²

2.12.2 Matthew Flinders Home Inc.

Matthew Flinders Home has 68 beds, including 13 beds in a secure dementia wing (Waratah), 12 in shared rooms and four beds reserved for high care short term respite. The majority of the long stay beds are high care.

With Matthew Flinders Home now at capacity, plans are underway to expand the facility in 2018, adding another story which will include 12 new rooms. Twelve existing double (shared) rooms will also be upgraded to single rooms with ensuites so that all residents have their own room.

As of November 2017 there were 20 people on the wait list for a bed at Matthew Flinders Home.

CEO Mike McKeown is a big advocate for continued social engagement for ageing people. He has many years of experience in the aged care sector both in Australia and overseas and cites social isolation as a major factor in the decline of people's physical and mental health as they age. Matthew Flinders Home provides a day centre service supporting people over the age of 65, or over 50 for Aboriginal or Torres Strait Islander people. The program aims to help people maintain or regain independence and allow them to stay in their own homes for as long as possible. The day centre offers social activities on and off site and also a memory loss support group. A bus is available to transport people to and from the day centre and provide transport for social outings. Meals are provided.

Subsidised allied health services including physiotherapy and podiatry are available via the day centre as well as the Easy Moves For Active Ageing exercise program, men's shed, craft, cooking and personal care. The month of activities is planned in advance and the program is available from reception on request. More information can be found at <http://www.mfh.com.au/our-services/day-care-center/>.

Access to the day centre must be arranged through My Aged Care. The resident will either be referred directly to the day centre by the My Aged Care team, or assessed further by a Regional Assessment Team and then referred. Any eligible person can access the day centre service.

2.12.3 Eyre Peninsula Old Folks Home Inc.

Eyre Peninsula Old Folks Home Inc. (EPOFH) is a residential and independent living facility located in Pt Lincoln.

Residential aged care

EPOFH has 78 residential aged care beds, approximately half of which are high care and the remaining half low care. Of these, 33 beds are in secure parts of the facility (23 in Bishop Lodge and 10 in Eyre Wing). CEO Dawn Suiter estimates approximately 60 per cent of the residents are living with dementia. The facility is staffed twenty four hours a day, with a minimum of four staff on over night. EPOFH also has five rooms available for respite, either emergency or planned. Planned respite can sometimes be available with a month's notice, but usually the wait is several months.

There are 12 people on EPOFH's waiting list for residential care (as of December 2017), most of whom already qualify for a bed as they have high care needs.

EPOFH has five activities officers who coordinate a range of activities for residents and there are also bus outings once or twice/week.

Independent living

EPOFH has 44 independent living units – 33 at Brougham Village and 11 at Pioneer Village. These are not aged care, but low cost rental accommodation for people aged 65 and over. Residents pay \$165 per fortnight plus a refundable bond. Residents are free to access in-home support services from a service provider of their choice. Most of the units are fully self-contained one bedroom units, with only a few two bedroom units.

2.12.4 Tumby Bay Hospital

Tumby Bay Hospital has a total of 22 aged care beds – 12 in the hospital aged care wing and 10 in the adjacent Uringa Hostel.

2.12.5 Unmet need in residential aged care

The EP Aged Care Planning Region includes Lower Eyre Peninsula as well as Kimba-Cleve-Franklin Harbour, Le Hunte-Elliston, West Coast (SA) and Ceduna (Figure 19). Latest ABS data for the EP Aged Care Planning Region shows that in 2016 there were:

- 517 residential care places or 78.5 places per 1000 people over 70
- 232 home care places or 35.2 places per 1000 people over 70.

The Australian Government regulates places in aged care services which includes residential aged care, in-home care and transitional care. Australia is divided into Aged Care Planning Regions and places in aged care services are allocated based on the number of people over 70 per 1000 people in each region. This is known as the aged care provision ratio. The aged care provision ratio currently sits at 113 subsidised aged care places per 1000 people aged over 70. This is split into 88 residential aged care places and 27 home care places per 1000 people over 70.

This number of residential aged care places is significantly less than planning ratio of 88.0 places and the state ratio of 89.0 places per 1000 people (Figure 18). More residential aged care beds are needed across the Lower EP and in particular there is a growing need for secure aged care beds appropriate for residents living with dementia. Latest data shows that 53.2 per cent of permanent residents of residential aged care in the Eyre Peninsula Aged Care Planning Region have a diagnosis of dementia.²³

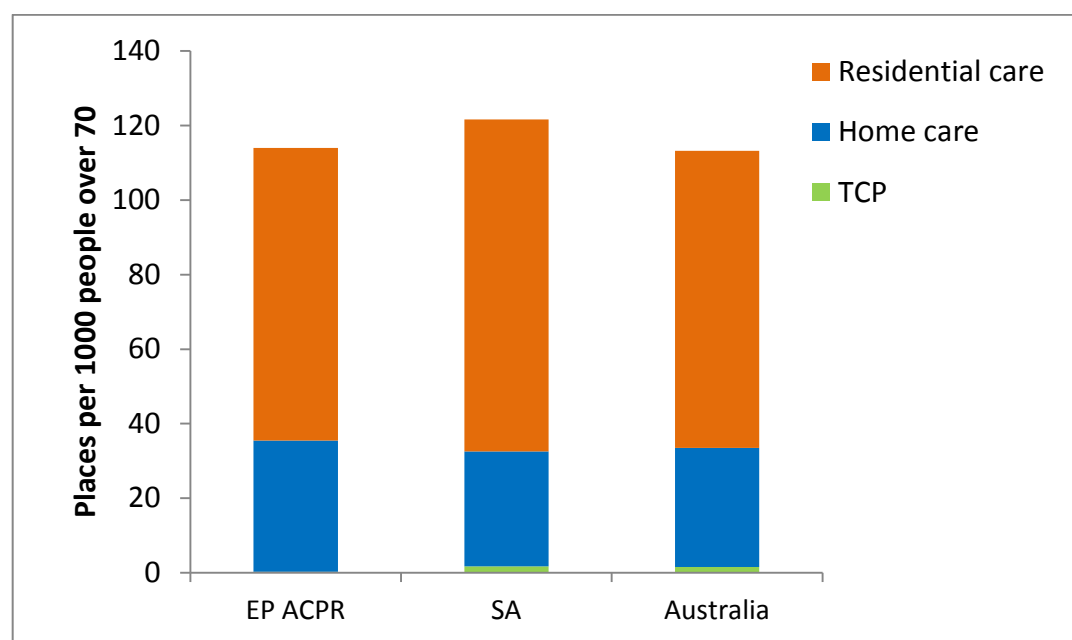


Figure 18 Number of aged care places per 1000 people over 70 in Eyre Peninsula Aged Care Planning Region (EP ACPR) compared to SA and Australia, 2016. (TCP = transition care places)

There is constant pressure on facilities within DCLEP to accept residents from other areas. Likewise residents of DCLEP also access residential aged care (both long and short term) in Pt Lincoln. Clinical needs are considered when a residential aged care facility offers a bed as well as the benefits of resident staying in their home community and near family and friends.

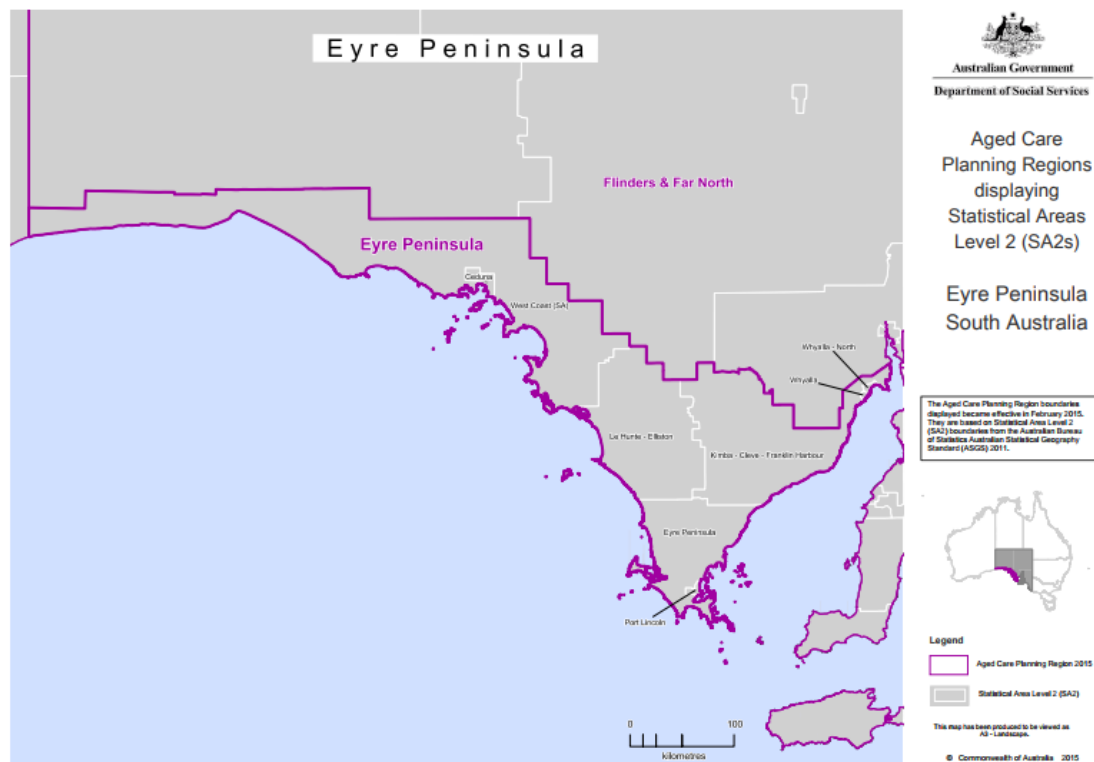


Figure 19 Eyre Peninsula Aged Care Planning Region (Source: https://agedcare.health.gov.au/sites/g/files/net1426f/documents/01_2015/acpr_sa_eyre_peninsula_401_sa2_map_1_of_1.pdf)

2.13 In-home support programs

Two types of in-home support are available to residents who wish to ‘age in place’ – the Commonwealth Home Support Program (CHSP) and Home Care Packages (HCP).

To access CHSP or HCP residents need to go through My Aged Care. Residents can either contact My Aged Care themselves, or health professionals, family, friends or neighbours can refer residents to be contacted by My Aged Care (see <https://www.myagedcare.gov.au/referral>).

2.13.1 Commonwealth Home Support Program (CHSP)

The Commonwealth Home Support Program (CHSP) (formerly known as Domiciliary Care) commenced on 1 July 2015. It consolidated the Commonwealth Home and Community Care (HACC) Program, National Respite for Carers Program, Day Therapy Centres Program and Assistance with Care and Housing for the Aged Program. It is designed to help older people remain independent and in their own homes and communities for longer²⁴. CHSP is also known as ‘entry-level’ support. The assessment process and fee policy is standardised nationally.

CHSP is a government subsidised program that aims to help older people live as independently as possible. The focus is on working with people to build strengths, capacity and goals, rather than just doing tasks for them.

Eligibility

To be eligible for CHSP people must be 65 years or older; or 50 years or older if they identify as Aboriginal or Torres Strait Islander; or 50 years or older and on a low income, homeless or at risk of homelessness.

Assessment

To access CSHP services people need to register through My Aged Care on 1800 200 422 or at <https://www.myagedcare.gov.au>. Staff from My Aged Care will ask about the resident's needs and circumstances and determine if they are eligible for in-home services and need an assessment.

Once a resident is determined to be eligible for in-home services they will be referred to the Regional Assessment Service to be approved for care. Regional Assessors are based locally in Pt Lincoln (in the Uniting Communities building 41 Edinburgh St Pt Lincoln). A Regional Assessor will contact the resident to organise a time to visit and will ask if the resident would like to have another person present to help during the assessment. The assessor may also request permission to talk to anyone who currently provides the resident with support.

The Regional Assessor will work with the resident to develop a home support plan, focusing on strengths and difficult areas and what the resident would like to achieve.

If the resident requires services the Regional Assessor will work with the resident to identify the local service provider, public or private (see 2.13.3) who will be able to meet their needs. If a resident has already chosen a provider then the Regional Assessor can send the resident's information directly to the service provider. Alternatively residents can meet with service providers in person after their assessment to determine the right provider for them.

A comprehensive assessment (also known as an Aged Care Assessment Team or ACAT) assessment is not required to access CHSP services. However, if the Regional Assessor determines that the resident needs a higher level of support than CHSP can provide they will organise a comprehensive assessment. The information collected by the Regional Assessor will automatically form part of the comprehensive assessment so that people do not have to provide the same information twice.

Services

The services available via CSHP are:

- **Community and home support** including cleaning; laundry; help with showering or dressing; minor home repairs; minor installation of safety aids like ramps or rails; nursing care; social support; and transport to shopping or appointments.
- **Food services** including helping with shopping and preparing meals; delivering meals to the resident, providing meals at a community centre.
- **Allied health support services** including physiotherapy, podiatry, speech pathology, occupational therapy, and dietician.
- **Respite care** for while a carer takes a break.

Fees

If a resident can afford to, they will be expected to contribute to the cost of their in-home services. An income assessment is not required and accessing CHSP services will not affect a resident's age pension. CHSP fees are subsidised by the Australian Government to keep them affordable. If a resident is unable to pay their fees due to hardship their service provider should provide a fee policy arrangement.

More information about eligibility, assessment, services and fees can be found at <https://www.myagedcare.gov.au/help-home/commonwealth-home-support-programme>.

2.13.2 Home care packages

A Home Care Package (HCP) provides a higher level of in-home support than CHSP. It helps residents live independently in their home with care, services and case management tailored to their needs.

Since 1 July 2015 all HCPs are delivered on a Consumer Directed Care (CDC) basis. CDC is aimed at giving more choice and flexibility to residents. The resident can choose which service provider delivers their package of care. It is based on a partnership approach, encouraging participation by residents in meeting their needs; increased transparency from service providers; a bigger focus on wellness and re-ablement; and ongoing monitoring of care needs, including formal reassessment where required.

To register for HCP residents need to contact My Aged Care on 1800 200 422 or at <https://www.myagedcare.gov.au>. If the resident's needs are determined to be complex or they are considering moving into an aged care home, the My Aged Care staff will organise a comprehensive assessment by an Aged Care Assessment Team (ACAT).

To receive support through HCP residents need to complete the following steps in order:

1. be assessed as eligible (see Assessment below)
2. choose a service provider (see 2.13.3)
3. be assigned a home care package of funding
4. enter into a home care agreement with a service provider
 - a. Once a person has been assigned a HCP they receive a letter and have 56 days to enter into an agreement with a provider of their choice.
5. manage their services.

Is an ACAT needed?

Residents will need an ACAT assessment and approval if they have complex aged care needs and want to access:

- HCP
- Transition care
- Respite care
- Residential aged care

<https://www.myagedcare.gov.au/eligibility-and-assessment/acad-assessments>

Eligibility

To be eligible for HCP people must be 65 years or older; or 50 years or older if they identify as Aboriginal or Torres Strait Islander; or 50 years or older and on a low income, homeless or at risk of homelessness.

Assessment

My Aged Care staff will organise for an Aged Care Assessment Team (ACAT) to visit the resident at their home. Information already provided to My Aged Care staff will form part of the ACAT assessment so it does not have to be repeated by the resident. The ACAT will determine if the resident is eligible for a HCP and which level best meets the resident's needs. There are four levels of HCP:

- Level 1 – basic care needs
- Level 2 – low-level care needs
- Level 3 – intermediate care needs
- Level 4 – high care needs.

The type of services and care available are the same under each level, but the number of hours of care delivered increases with each level. For example a level 4 package provides for more hours of care than a level 3 package.

Level 1 and 2 packages are not intended to deliver comprehensive clinical or health services. Level 3 and 4 packages can deliver more complex care in the home, including more clinical care where appropriate.

The ACAT assessment will also assign the person a priority level – medium or high. People assigned high priority are “at risk of rapid physical, mental or cognitive decline in absence of timely services” and “should only apply to a small number of consumers.”²⁵

Services

The services available under a HCP are:

- **Personal services** including showering, toileting, dressing, communication.
- **Nutrition and hydration** including assistance with and meal preparation, special diets, feeding assistance.
- **Continence management** including assistance in using commode chairs, catheters and other aids and equipment
- **Mobility and dexterity** including provision and assistance using of crutches; walking aids; mechanical bed and chair lifts; and pressure relieving mattresses
- **Nursing, allied health and other clinical services** including speech therapy, podiatry, occupational therapy, physiotherapy, hearing and vision services.
- **Transport and personal assistance** including help going shopping or attending medical and allied health appointments and social activities.
- **Management of skin integrity** including help with bandages and dressings.
- **Telehealth** including video conferencing and digital technology like remote monitoring to improve care access
- **Assistive technology** including aids and equipment that help a person perform a daily living tasks
- **Aids and equipment** including custom made aids directly associated with a person's care needs like motorised wheelchairs or scooters. These may be leased or purchased depending on package funds available.

HCP funds cannot be used for items that would normally be purchased out of general income mortgage or rental payments; home modifications unrelated to care needs; holiday costs; or entertainment activities.

Costs

Each level of HCP provides a different subsidy amount which is paid directly to the residents' chosen service provider. Residents are expected to contribute to the cost of their care where able. An income assessment will determine if a resident has to pay only a basic daily fee, or for those on higher incomes, a basic daily fee plus an income-tested care fee. Income assessments are conducted by the Department of Human Services. Anyone on a means-tested pension will not need to lodge an income assessment as the Department of Human Services will already have the information they need to calculate the income-tested care fee. More information on income assessments can be found at <https://www.myagedcare.gov.au/costs/help-home-costs/income-assessment>.

Residents can talk directly with service providers to determine the fees for care and services. Residents can also pay extra for any services that exceed their subsidised care allocation or have the option of being completely self-funded.

More information on eligibility, assessment, services (and restrictions) and fees can be found at <https://www.myagedcare.gov.au/help-home/home-care-packages/about-home-care-packages>.

2.13.3 Service providers with local offices in Pt Lincoln

There are no providers of in-home support services with offices based in DCLEP. However, several service providers are based in Pt Lincoln and have carers that will travel throughout DCLEP. Some providers have enquired about space to set up office space in Cummins or Coffin Bay. There is limited space available in both townships and demand is not currently at a level that requires a full time presence. Despite extensive advertising by local service providers, uptake of services has been relatively slow.

As the demand for services increases, service providers may find it more necessary and viable to have a permanent presence within townships in DCLEP. This is something that DCLEP should support where appropriate.

2.13.3.1 Country Health Connect

Country Health Connect is the name of Country Health SA's in-home support service. It used to be known as Domiciliary Care and is the State Government in-home support service.

The local office of Country Health Connect is at 39 Oxford Tce Pt Lincoln (in the Pt Lincoln Hospital). Call 1800 944 912 or go to <http://countryhealthconnect.sa.gov.au>.

Country Health Connect provides CHSP and all four levels of HCP.

Carers

Country Health Connect employs qualified carers and nurses. Staff are employees and are assigned fleet vehicles to visit clients and may sometimes use their own approved vehicles to transport clients.

2.13.3.2 Matthew Flinders Care Services

Matthew Flinders Care Services is run by local Pt Lincoln organisation Matthew Flinders Home. Matthew Flinders Home began as a residential aged care facility over

35 years ago and has since expanded into providing day centre, respite and in-home support services. Matthew Flinders Care Service is a community-owned not for profit organisation.

The office of Matthew Flinders Care Services Community Care is located at Shop 2/60 Liverpool St Pt Lincoln. Call 08 8683 3970, email homecare@mfh.com.au or go to <http://www.mfh.com.au/our-services/home-care-packages/>.

Matthew Flinders Care Services provide all four levels of HCP.

Carers

Matthew Flinders Care Services has two qualified carers (2 Cert III) and 2 nurses (2 RN or ENs) who are employees, not sub-contractors. Carers use their own vehicles to travel to clients or to transport clients. Fleet vehicles may also be used to transport clients. All carers vehicles are RAA inspected and carers are paid a travel allowance.

2.13.3.3 Uniting Communities

Uniting Communities are a state-wide not for profit organisation with a local office located at 41 Edinburgh St, Port Lincoln. Call 1800 615 677 or 08 8682 3571, or email AgedCareReferrals@unitingcommunities.org.

Uniting Communities provide CHSP and all four levels of HCP.

Carers

Uniting Communities has 13 qualified care workers (Cert III) who are employees. Carers use fleet vehicles to travel to clients or are paid a travel allowance if using their own full inspected vehicle. Uniting Communities will broker services out to other local service providers where necessary (e.g. gardening/maintenance).

2.13.3.4 West Coast Home Care

West Coast Home Care began in Pt Lincoln in 1987 and is a not-for-profit organisation. The office is located at 4 Eyre St Pt Lincoln. Ph: 08 8682 2177, email info@westcoasthomecare.com or go to <http://www.westcoasthomecare.com/>.

West Coast Home Care provides CHSP and HCP.

West Coast Home Care also have 'Charlie' – a vintage caravan (funded by the Pt Lincoln Branch of Bendigo Bank) that operates as a mobile office. It is available to visit local towns in Lower Eyre Peninsula to promote services and provide information about access to services.

Carers

West Coast Home Care use approximately 70 independent appropriately skilled and screened contractors who undertake a range of home and community care services to support people living independently in their home.

2.13.3.5 Helping Hand

Helping Hand Country Community Care Eyre Peninsula is part of Helping Hand, an Australia-wide not for profit organisation. The local office is at 15 Liverpool St Pt Lincoln. Call (08) 8683 0804 or 1300 653 600 or email info@helpinghand.org.au.

Helping Hand provides CHSP and HCP.

Carers

Helping Hand employs Cert III carers and an RN and will broker out services where necessary.

2.13.3.6 Relationships between service providers

In the past local service providers, both public and private used to collaborate well to determine who would provide the services needed by a particular client. In February 2017 the system was deregulated. More private service providers became registered to provide HCPs and existing providers expanded their capacity. There have also been several larger providers who have now established a presence on Lower Eyre Peninsula.

Where local providers used to work well together the environment is now more competitive and somewhat less communicative. The process of contacting new clients is now handled by the Commonwealth through a single central system. When a Regional Assessor or ACAT determines that a person is eligible for a HCP they refer the client to the HCP program in one of three ways:

- an electronic referral in order of client preference (which requires that the client have some knowledge local service providers)
- broadcasting the referral to all providers through My Aged Care, if the client has no preference
- a referral code that the client takes directly to the provider of their choice.

Clients that choose to be given a referral code rather than electronic referral can visit different service providers to discuss their needs before choosing a service provider.

Individual service providers monitor the broadcast referrals, put holds on those they can service and then contact the client directly. The holds process means that only one service provider can contact the client at a time to avoid clients becoming overwhelmed with phone calls from multiple providers.

Referrals are given a priority level (low, medium or high) and service providers must action referrals (accept, reject or waitlist) within three calendar days of receiving the referral. There is a set time frame in which the service providers must commence delivering services after accepting a referral – two calendar days for high priority, five calendar days for medium priority and ten calendar days for low priority.

Not all local providers are able to provide all the services required by the client from within their own organisation. For example a provider may provide personal care and transport services and then sub-contract gardening or maintenance to another local service provider. In this sense local service providers are still collaborating well, often based on previous existing working relationships.

2.14 Respite care

The results from the Health and Ageing Survey show that the second biggest provider of in-home support for respondents was family or friends. In addition, 140 respondents saw a need for day centre type respite services in Cummins and 82 in Coffin Bay. Currently day centre respite care is offered in Pt Lincoln by Matthew Flinders Home.

In 2008 the Productivity Commission highlighted five key areas of concern for people in informal caring roles for aged:

- access to information about support services for those they care for and for themselves
- the structure and adequacy of financial support
- access to respite and other care services
- flexibility of their own workplaces
- training and assistive technologies²⁶.

Respite care (also known as short-term care) supports carers and the person they are caring for. It can mean that carers are able to care for their loved one for longer because they have more flexibility, training, financial support and opportunity for breaks. It may also mean a carer can continue working for longer, attend a conference or wedding, or go on a trip. Respite is available through a variety of means and can be for a few hours, a few days or weeks. It can be provided in a resident's home, in a respite cottage, a day centre or in a residential facility.

2.14.1 Emergency respite care

Emergency respite care is available to residents whose carers have to go away or are ill. If a resident needs care every day it is called 'residential respite care' and can be organised in response to an emergency or planned in advance. An ACAT is required to access emergency respite care.

Emergency respite can be provided in a residential aged care facility for up to 63 days each financial year. An extension of 21 days can be granted in some circumstances. The location of the care will depend on where a bed is available and the level of care required. Matthew Flinders Home and Eyre Peninsula Old Folks Home Inc. have designed respite care beds that can be booked in advance. Cummins and District Memorial Hospital does not have set respite care beds, but may be able to offer short term respite depending on the individual situation.

2.14.1.1 Emergency respite care funding for residents with memory loss

In 2017 Country SA PHN funded a six-month trial of emergency respite care for Lower Eyre Peninsula residents caring for someone with memory loss. This program was primarily aimed at carers of residents with dementia, but also supported people caring for residents with other kinds of cognitive decline. The emergency respite funding was available to residents who weren't receiving any services; were waiting to access subsidised care from the government; waiting for a bed in a residential aged care facility; or had an emergency need.

This care was provided by Matthew Flinders Care Services and was either individual or group respite care. Over the six month trial the program provided over 900 hours of emergency respite care, filling a much-needed gap in the respite care area. Unfortunately the funding was not ongoing.

2.14.2 Planned respite care

Planned respite care is available through the Commonwealth Home Support Program (CHSP). CHSP can provide subsidised access to a variety of respite types²⁷:

- **in-home respite** - a carer comes to the resident's home so that carer can leave for a few hours. Or they may take the resident out for a few hours so the carer can have a break. It can be provided during the day or overnight.
- **day centre respite** – at a day centre or club and provides personalised structured activities or small group outings. It may include transporting the resident to and from the day centre.
- **overnight or weekend respite** – can be provided in various settings, including a cottage respite house (see 2.14.3) or a host family's home.
- **community access respite** – activities to give residents a social experience, individually or in a group, during the day or overnight.

2.14.3 Cottage respite program

Cottage respite is offered locally by Uniting Communities and West Coast Community Care.

Uniting Communities holiday houses

Uniting Communities offers cottage-based respite for people who are caring for a family member or friend who is over 65, frail or is living with dementia. Respite is available for up to four nights. Uniting Communities provides 24 hour care by trained staff in their holiday houses located in Coffin Bay, Tumby Bay and Pt Lincoln (ph 8682 3571).

West Coast Community Care cottage

West Coast Community Care makes Jack Martin Court Unit available for respite care arranged by the resident (ph 8682 2177).

2.14.4 Support for carers

[Carers SA](#) has a local office in Pt Lincoln ph (08) 8683 4477, who can provide advice, emotional support, counselling, social outlets and respite options for local carers.

The nearest branch of [MyTime](#) is located in Pt Lincoln. The program provides free support for parents and carers of children with disability, developmental delay or a chronic medical condition. It is designed to provide a supportive space for carers to unwind and talk about their caring experiences. A crèche is provided for children 5 years and under. For more information contact Group Facilitator Colleen Lynch ph: 0417 774 993.

The Commonwealth Government's Carer Gateway can also help people access local carer support services at <https://www.carergateway.gov.au/> or ph: 1800 422 737 (Mon to Fri 8 am – 6 pm).

2.15 Transition care

If a resident has been in hospital and is ready to be discharged but needs more help than usual they may access a Transition Care Package (TCP). This type of care is short-term (usually up to 12 weeks but can be extended to 18 weeks in some circumstances) and focuses on physiotherapy, occupational therapy, speech therapy, dietician, podiatry, counselling and social work services. It is designed to help residents regain their independence and support residents and their carers while they determine the best living arrangement for the longer term.

Transition care can be provided by Country Health SA or private service providers. It is subsidised by the Commonwealth Government but residents are expected to contribute to the cost of their care if they are able. A daily fee may be charged.²⁸ Cummins and District Memorial Hospital delivers numerous TCPs to residents each year that are residential, home-based or a combination of both.

An ACAT assessment is needed to access a Transitional Care Package. ACAT assessments are prioritised for residents who need to access to a TCP.

2.16 Palliative care

Palliative care is provided by West Coast Regional (Lower Eyre Peninsula) Palliative Care Service (ph 08 8683 2200).

Out of ours palliative care is available 24 hours a day seven days a week through the Eyre Peninsula Home Hospice. The hospice is a partnership between the Eyre Peninsula Community Foundation and Matthew Flinders Home who provide the on-the-ground specialist carers. It is an adjunct to the service provided by West Coast Regional Palliative Care Service. For more information on the palliative care services at Matthew Flinders Home ph: Dianne Tohill ph: 08 8682 4122.

In Cummins palliative care services are generally provided by GPs and practice nurses from the Cummins Medical Clinic in combination with community nursing services. Some nursing staff at the clinic are trained in palliative care.

There are no designated palliative care beds in DCLEP or Pt Lincoln. This situation is incredibly distressing for people in the end stages of life, their families and the facilities that are forced to provide palliative care for people in acute beds or residential aged care beds. People are often moved around between different facilities at a time when they need consistent and specialist care.

2.17 Disability support services

According to Census data the number of people living in DCLEP with a profound or severe disability^e has increased between 2006 and 2016 (Figure 20)²⁹. This figure may not take into account the number of residents with less severe disabilities who also need some kind of assistance. An indication of that percentage of the population is provided by figure on the number of people providing unpaid assistance to person with disability in last two weeks – 495 people (11.2% of residents)³⁰.

2.17.1 National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS)

“will provide all Australians under 65 who have a permanent or significant disability with the reasonable and necessary supports they need to enjoy an ordinary life”³¹.

^e People with a profound or severe disability are defined as those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age.

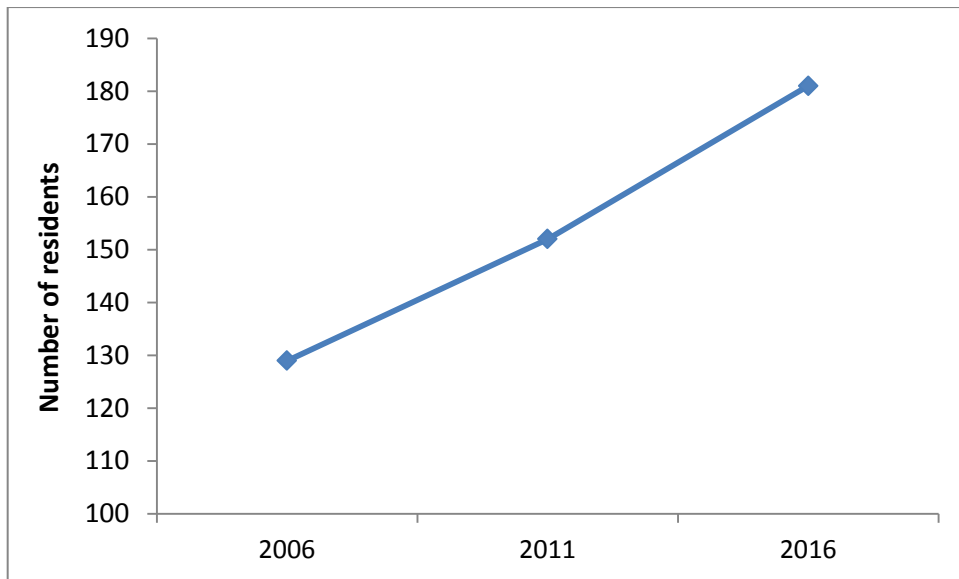


Figure 20 Number of DCLEP residents who are living with a profound or severe disability^e

It is predicted that by 2019 the NDIS will support approximately 460 000 Australians living with disability.

To access the NDIS people must:

- have a permanent disability that significantly affects their ability to take part in everyday activities or need early intervention for a permanent disability^f;
- be aged less than 65 when they first enter the NDIS^g;
- be an Australian citizen or hold a permanent visa or a Protected Special Category visa; and
- live in Australia where the NDIS is available³².

Every eligible person receives an NDIS plan based on information provided by the person, health professionals, teachers, carers and informal supports. The NDIS funds supports that are tailored to each individual to help the person be more independent, including help with personal care; finding work or joining social groups; transport; support workers; allied health professionals; and equipment and aids to improve mobility and communication.

People aged 14 years and under in DCLEP (part of Eyre and Western Region) have been eligible to enter the NDIS since 1 February 2016 and people aged 15 to 17 since 1 January 2017. People aged 18 to 64 became eligible from 1 January 2018. People were eligible to apply to meet the access requirements from six months prior to this date.

People who are already receiving disability support from the State Government will be contacted by phone and in writing to transition directly to the NDIS.

^f Disability can include intellectual, physical or mental (psychosocial) condition

^g If a person turns 65 whilst on the NDIS they will have the choice to stay with the NDIS or transition to Commonwealth aged care support programs (See 2.13 In-home support programs).

To find more information or to apply for the NDIS Ph: 1800 800 110 or go to www.ndis.gov.au.

2.17.2 Local Area Coordinator

The role of NDIS Local Area Coordinator is to help people to understand and access the NDIS; create a first NDIS plan; connect with local support services; and activate and review plans. Local Area Coordinators do not provide case management or advocacy, nor approve plans.³³

Local Area Coordinators also play a role in creating a more inclusive community for people living with disability. Mission Australia has been appointed as the Local Area Coordinator for the Eyre Western region. It is expected this position will be up and running by March 2018. <https://www.missionaustralia.com.au/>

2.17.3 NDIS Workforce Project Manager

Regional Development Australia Whyalla and Eyre Peninsula (RDAWEP) is taking an active role in educating local people about the employment opportunities that will arise as a result of the NDIS. RDAWEP has developed a Disability Workforce Hub for Whyalla and Eyre Peninsula to “help secure a sufficient and diverse workforce supply as the region moves towards full implementation of the NDIS”³⁴. The hub is designed to be a “one stop shop’ for organisations, workers and job seekers looking for support and assistance across the disability sector” and will help in “building workforce capacity and capability, ensuring local people are employed and to help regional South Australian employers secure skilled and experienced workers”.³⁴

Ms Bronwen Caple commenced work in December 2017 as the NDIS Workforce Co-ordinator. Ms Caple is based in RDAWEP’s Whyalla office. She can be contacted at Bronwen.Caple@rdawep.org.au or ph: 08 8645 7811.

2.17.4 Locally-based disability support service providers

2.17.4.1 West Coast Home Care

West Coast HomeCare began in Pt Lincoln in 1987 and is a not for profit organisation. The office is located at 4 Eyre St Pt Lincoln. Ph: 08 8682 2177, email info@westcoasthomecare.com or go to <http://www.westcoasthomecare.com/>.

West Coast Home Care is a registered provider of NDIS services for people living with disability.

West Coast Home Care also have ‘Charlie’ – a vintage caravan (funded by the Pt Lincoln Branch of Bendigo Bank) that operates as a mobile office. It is available to visit local towns in Lower Eyre Peninsula to promote services and provide information about access to services.

2.17.4.2 HomeCare+

HomeCare+ was established in 1989 and is a Division of the Paraplegic and Quadriplegic Association of South Australia, a not for profit organisation.

The local office is at 25 Napoleon Street (by appointment only). Call (08) 8683 3188, email info@homecareplus.asn.au or go to <http://homecareplus.asn.au/>.

HomeCare+ carers have a minimum Cert III qualification.

2.17.4.3 Novita

Discussions were held with Cathryn Blight, Manager of Regional Services with Novita and Anna Chapple Team Leader Eyre Peninsula. Novita provide disability supports

and services for people from birth to 24 years of age. Novita have been providing outreach services based in Pt Lincoln for a number of years but in November 2017 opened a full time office in Pt Lincoln.

The locally-based Novita team includes three physiotherapists, a social worker and an occupational therapist. These health professionals are able to travel throughout Eyre Peninsula and currently see children in numerous areas in DCLEP. However, funding travel outside of Pt Lincoln is challenging under the NDIS.

Speech pathologists, psychologists and orthotists will continue to come over from Adelaide. It also means an expansion to their children's rehabilitation as well as hydrotherapy services which are based at the Pt Lincoln Leisure Centre.

As an organisation Novita aims to understand the needs of the local community and be responsive to these needs. Three of these professionals employed at Novita's Pt Lincoln office currently live within DCLEP. Ms Blight is excited about finding opportunities to use their local base to expand outreach services into surrounding areas. One of Novita's biggest growth areas is in autism support, which is an area that is somewhat lacking on Lower Eyre Peninsula.

The organisation is also examining whether their traditional model of only delivering services to people 24 years or younger is too restrictive in regional areas.

Novita's Pt Lincoln office is located at 2/18 King St, ph: 1300 668 482. Cathryn Blight, Manager of Regional Services can be contacted at cathryn.blight@novita.org.au or Anna Chapple, Team Leader Eyre Peninsula at anna.chapple@novita.org.au.

2.18 Social support services

A range of local groups provide social outlets for people in DCLEP including mosaic, craft, stitchers, bowls, playgroups, exercise and fitness groups. Information on these groups can be found in the two monthly newsletters – the Cummins Connection and The Coffin Bay Sun.

There are also community organisations based in Pt Lincoln that provide specific social services for older people.

2.18.1 Red Cross

Red Cross Regional Centre Pt Lincoln runs a range of different social groups including:

Early bird – weekly walking group

Klickity Klack – weekly sowing and knitting group

Friendship group – monthly group

'Insiders' group – weekly games or chat

My Story – capturing people's stories, volunteers meet the participant out of the house to make it a social outing as well.

More information on Red Cross' social support groups can be accessed by calling (08) 86830551 or 1300 306 551.

2.18.2 Creating Connections

DCLEP in partnership with Red Cross was awarded an Age Friendly SA grant to deliver a program of activities for over 50s with an emphasis on visiting different regions of DCLEP and learning new skills. The program commenced in February 2018.

2.19 Transport services

Several options are available for DCLEP residents who need help with transport.

2.19.1 Red Cross

Red Cross Regional Centre Pt Lincoln runs a Transport Support Service. It is available to all residents of Eyre Peninsula who have no other means of transport. This transport service is funded by the Commonwealth Government through the Community Passenger Network until 30 June 2018. Red Cross has been providing this service since 1998.

Transport to and from Tumby Bay makes up 70 per cent of this service. It is currently not well-utilised by DCLEP residents. Red Cross does not currently have a car in DCLEP, but sometimes uses DCLEP cars to transport residents. Ideally, Red Cross would like to have a car based in Cummins to increase the profile of this service.

Red Cross will also transport people to Whyalla for medical appointments, including staying overnight if necessary. Further, Red Cross can arrange transport from Adelaide Airport for medical or social needs.

Transport services can be accessed by calling (08) 86830551 or 1300 306 551.

2.19.2 Community Bus

DCLEP leases a bus from the Cummins and District Enterprise Committee which was purchased by the Cummins District Community[®] Bank (current lease arrangement until November 2019). The bus is available for use by the community and can be hired by organisations, groups or businesses within DCLEP, or individual residents of DCLEP. If the scheduled journey is to begin outside of Cummins then DCLEP subsidises the cost of getting the bus to and from the starting point, to ensure that residents living outside of Cummins have fair and equal access to the bus.

The bus is wheelchair accessible with a capacity of:

- 19 passengers with no wheelchair occupant
- 19 people plus one wheelchair occupant
- 17 people plus two wheelchair occupants.

Initially the bus was hired by Red Cross to run a monthly outing from Cummins to Pt Lincoln with pick ups in Edillilie and Wanilla. Originally this service also went via Coffin Bay but only one Coffin Bay resident utilised the service in the first six months of operation so the stop was removed. Red Cross are no longer running this monthly trip due to lack of interest.

More information on rates, policies and drivers is available on the [DCLEP website](#).

2.19.3 In-home care packages

Transport services are also available through resident's in-home care packages (CHSP or HCP) and can be tailored within individual's care packages. Transport may include trips to shopping or appointments or social outings.

2.20 Telephone support services

Red Cross Regional Centre Pt Lincoln provides two types of regular telephone support services:

- **Telecross** is a daily call at a set time and is mainly a welfare check service. It can be provided on a temporary or respite basis when family or other carers are away.
- **Telechat** is a periodic, pre-booked service for welfare checks and social inclusion. It is often provided once a week.

To register for these services ph: (08) 8683 0551.

Red Cross' Pt Lincoln office has approximately 40 volunteers who make phone calls on a rostered basis. Each day approximately 40 calls are made.

A special service is also available to assist vulnerable and isolated people during heatwaves:

- **Telecross REDi** calls people daily during declared heatwaves. It is activated by the SA Department for Communities & Social Inclusion when an extreme weather event is declared.

Vulnerable and isolated people include those who live alone, are living with a disability or mental illness, are frail or aged, recovering from an illness or have a chronic disease.³⁵

2.21 Meals

2.21.1 Meals on Wheels

To sign up for Meals on Wheels residents need to be registered with My Aged Care. An intake officer visits the resident to enrol them in the service and if the resident is not already registered with My Aged Care will arrange a referral to My Aged Care. This allows the resident to have access to subsidised meals. Meals are \$9.50 and paid for via direct debit from the resident's nominated account. Meals can also be paid for as part of a residents home care package, if funding allows. Meals on Wheels recipients must have Ambulance Cover.

Cummins

Cummins and District Memorial Hospital prepares food for Meals on Wheels recipients which is delivered by volunteers. In Cummins the local Meals on Wheels intake officer is Yvonne Laube (ph 0427 339 757). There are currently seven recipients of Meals on Wheels registered with the Cummins branch, including one who lives out of town and collects frozen meals.

Coffin Bay

Pt Lincoln Hospital and Health Service prepare meals which are then delivered frozen by hospital employees on as needed basis. There are currently two recipients.

Pt Lincoln outskirts

Pt Lincoln Hospital prepares food for Meals on Wheels recipients which is delivered frozen by volunteers. Currently Meals on Wheels delivers to two clients in North Shields. Anyone interested in accessing Meals on Wheels in the Pt Lincoln outskirts should contact the Pt Lincoln intake officer Adele Whittaker 0419 704 536.

2.21.2 Private services

Coffin Bay

Coffin Bay TakeAway provides affordable homemade food with free delivery to resident's homes. This service provided by a local community-minded business and is not government subsidised or endorsed (ph 0458 248 725).

2.22 South Australian Ambulance Service

There are two Ambulance Stations located within DCLEP – Coffin Bay and Cummins and both are staffed by volunteer Ambulance Officers. Neither station is at full capacity for volunteers. Crews from these stations respond to incidents in Coffin Bay and surrounds and Cummins and surrounds. For residents on the outskirts of Pt Lincoln an ambulance would likely be dispatched from the Pt Lincoln Ambulance Station which is staffed by Paramedics. Pt Lincoln will also respond in Coffin Bay and surrounds when the Coffin Bay has no volunteers available to respond, which could result in an increase in response time. On occasion a Cummins crew will be dispatched to Tumby Bay or vice versa. The Cummins crew may also be dispatched to Coffin Bay if Pt Lincoln are unable to respond, which could mean a response time of 45 minutes or more. A Paramedic Regional Team Leader operates across Lower EP and is dispatched when nearby to urgent cases to support local crews as required. Paramedic crews from Pt Lincoln may also be dispatched to assist local crews in Coffin Bay and Cummins.

Local ambulance stations appreciate the annual financial support provided by DCLEP and the coordination role played by Council if ovals or other open spaces are needed to extract patients via helicopter.

2.22.1 Coffin Bay Ambulance Station

Coffin Bay has eight qualified Ambulance Officers (AO) as well as Ambulance Assist students who are qualified to drive the ambulance and assist AOs as a second crew member. Coffin Bay has a crew on call for most nights during the week and days and nights over the weekend (often single responder only on weekends so in these cases a crew from Pt Lincoln will also be dispatched). Generally Coffin Bay only has a day crew once or twice a week. Another four to six volunteers, particularly those with day-time availability would enable Coffin Bay to roster a full crew on most days and nights.

From 1 January to 31 December 2017, there were 70 incidents in the Coffin Bay Ambulance Station catchment area. Three of these incidents were dispatched as Priority 1 (Immediately life threatening requiring emergency response) and 49 as Priority 2 (Increased risk of mortality or morbidity requiring emergency response)^h There is no hospital or permanent on-call GP in Coffin Bay, so in high priority incidents paramedic crews from Pt Lincoln are often dispatched to support volunteer crews from Coffin Bay.

For the Coffin Bay catchment area the majority of the workload in 2017 was traffic/transportation incidents (6); unconscious/fainting (near) (7); breathing problems (5); and allergies (reactions)/envenomation (stings, bites) (5)^h.

2.22.2 Cummins Ambulance Station

Cummins has 12 qualified Ambulance Officers. Cummins generally has full roster coverage day and night during the week and weekends. The crew could benefit from two to three new member each year to enable current members to move out of the team rather than feel obliged to stay on longer than they would like.

From 1 January to 31 December 2017, there were 141 incidents in the Cummins Ambulance Station catchment area. One of these was dispatched as Priority 1 and 32 as Priority 2.^h

In 2017 the majority of the workload for Cummins was transfers from Pt Lincoln Hospital to Cummins Hospital or vice versa (59); transport for out patients appointments (17); falls (12); and unconscious/fainting (near) (8).

2.22.3 Potential role for community paramedic

A Community Paramedic is a type of Extended Care Paramedic who specialises in community-based medicine. Their role is to complement existing healthcare services and plug gaps in a region to help reduce unnecessary hospital admissions. Community paramedics have intensive skills enhancement and training that qualifies them to attend emergencies to support volunteer crews, but also to work in a community healthcare setting. This could include conducting primary care assessments and providing population healthcare and minor injury and wound care. Community paramedics are also able to refer to other health professionals such as GPs.

For DCLEP the main goals could be to support volunteer emergency teams and fill gaps in community-based aged care to support existing community nursing, GP and emergency services. Ceduna has had two Community Paramedics for the past 18 months who have successfully helped fill gaps in Aboriginal community healthcare and aged care.

2.23 Ancillary health services within DCLEP

2.23.1 Massage

Natural Therapies Clinic, Coffin Bay – Beth and Susan 0427 854 259

Reflexology/Reiki, Coffin Bay – Virginia 8685 4112

2.23.2 Pilates

Adore your Core Pilates, Cummins and Coffin Bay - Alyssa 0438 021 638 (during school term)

Keep fit classes and pilates, Coffin Bay Yacht Club every Tuesday and Thursday – Colleen 0429 696 000

^h SAAS Operational Information Unit

2.23.3 Tai chi

Tai chi, Coffin Bay Yacht Club every Saturday morning – Carol 8685 4442 or 0400 854 441

2.23.4 Gyms and fitness classes

Aqua Fit, Cummins and District War Memorial Swimming Pool (summer months only). Hayley 0400 660 882

Iron Grit Gym and Boot Camp, Warrow Rd Cummins. Gym open daily from 5am to 9pm, scheduled gym and outdoor classes, online programs. Kate 0427 977 414

Mt Hope Gym, Mt Hope Hall – Sallyann 0429 900 007

Zumba class, Coffin Bay Yacht Club every Thursday – Colleen 0429 696 000

2.24 State Government

2.24.1 Peter Treloar MP for Flinders

The Project Officer met with Peter Treloar and discussed issues surrounding health and aged care in DCLEP. Mr Treloar stated that in his experience retirement living is not something that people think about early enough and very few people make ‘early’ decisions or make transitions between big family homes and aged care.

When Mr Treloar was first elected PATS was the single biggest issue that people were coming to his office with. It is less of an issue now as people have learnt to navigate the system a little better and the system is also more ‘user friendly’, but it remains an issue.

Mr Treloar agreed that GP recruitment is a major issue and an issue he sees throughout his electorate. The decision to become a country GP is very much a lifestyle decision, not just a job. Recruitment of other health professionals is also an issue throughout the electorate.

Mr Treloar commended DCLEP on their proactive approach to health and ageing needs and looked forward to seeing outcomes of the project. His office also advertised the link to the community survey to increase reach.

2.25 Regional Development Australia Whyalla and Eyre Peninsula

Jade Ballantine from Regional Development Australia Whyalla and Eyre Peninsula (RDAWEP) has been a representative of the steering committee since April 2017. Regular contact has been maintained through informal meetings with Ms Ballantine who has interacted with many local councils across Eyre Peninsula throughout 2017. For all councils on Lower Eyre Peninsula the three big and ongoing issues are health care, aged care and child care.

2.26 Disaster resilience

A discussion was held with Anne Ellis, Community Development Officer Emergency Services – SA with the Australian Red Cross. Red Cross are working on a project funded by the State Recovery Office and have drafted a disaster resilience framework for people most at risk. This state-based strategic framework is designed to support organisations help people most at risk during an emergency.

Red Cross can work with interested communities to determine what local services are already in place and identify any gaps in services. This could include documenting the role of each emergency service, community organisation and business, so that it is clear for example who sets up the generator and where, and who will call vulnerable older residents. It is also about considering what happens in the event that local emergency services are stretched to capacity.

Anne is based in Adelaide but is interested in visiting DCLEP to facilitate workshops with emergency services and talk to existing networks. Her contact details are Ph: (08) 8100 4664; Mob: 0428 428 089 email aminion@redcross.org.au.

2.27 Demographic data

Population data in this section is taken from the Census of Population and Housing which is conducted every five years by the Australian Bureau of Statistics. The 2016 Census figures were released in June 2017, during this project, and thus are the most recent Census figures available at the time. Comparisons are made throughout this section with two neighbouring Councils – Pt Lincoln City Council (CPL) and the District Council of Tumby Bay (DCTB) as well as with South Australia.

2.27.1 Population trends

2.27.1.1 Population growth

According to Census data, the population of DCLEP grew 35.2% between 2001 and 2016 with an extra 1434 residents in the local government area (Figure 21). In comparison, the population of CPL grew by 6.6% and DCTB by 6.4%. Lower Eyre Peninsula had the highest annual population growth (2.5%) of all regional local government areas. This can mainly be attributed to the increase in residential development in Boston.³⁶

The population of DCLEP is projected to grow annually by 1.2% in the next 15 years to over 6,300 people in 2031.³⁷

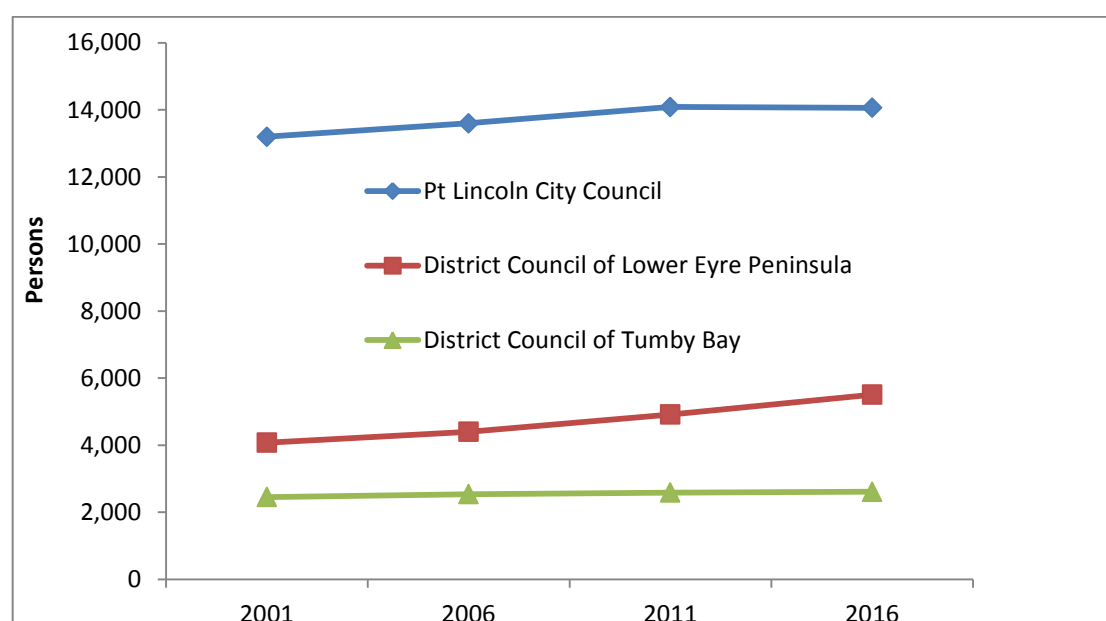


Figure 21 Population data for 2001-2016 for District Council of Lower Eyre Peninsula and neighbouring council areas Pt Lincoln City Council and District Council of Tumby Bay. Source: ABS 2016³⁸

2.27.1.2 Age distribution

Since 2006 age distribution trends in DCLEP have remained similar for persons aged 0-44 years. However, since 2006 there has been a marked increase in the number of persons aged 45-74 living in DCLEP (Figure 22).

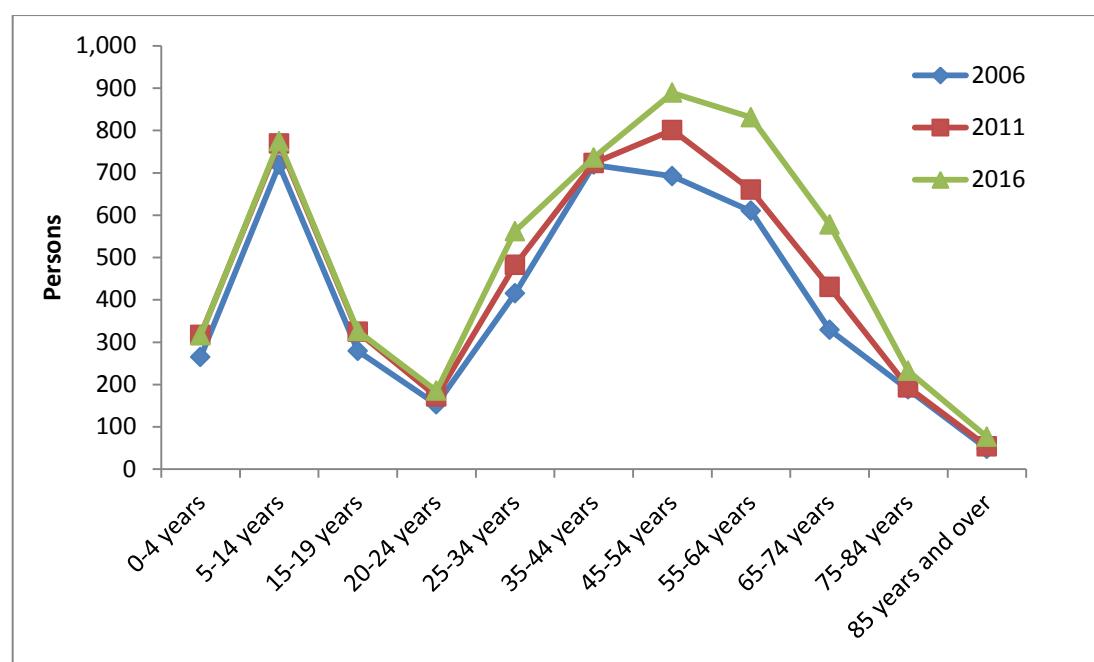


Figure 22 Age distribution for District Council of Lower Eyre Peninsula 2006-2016.
Source: ABS 2016a³⁹

Population peaks in DCLEP are in 5-14 years age group and 45-59 years age group. In comparison CPL has a higher percentage of residents in the 20-34 bracket and 75+ bracket and DCTB has higher percentage of residents aged 55+. Compared to the SA average, DCLEP has higher percentage of residents aged 5-14 and 45-69.

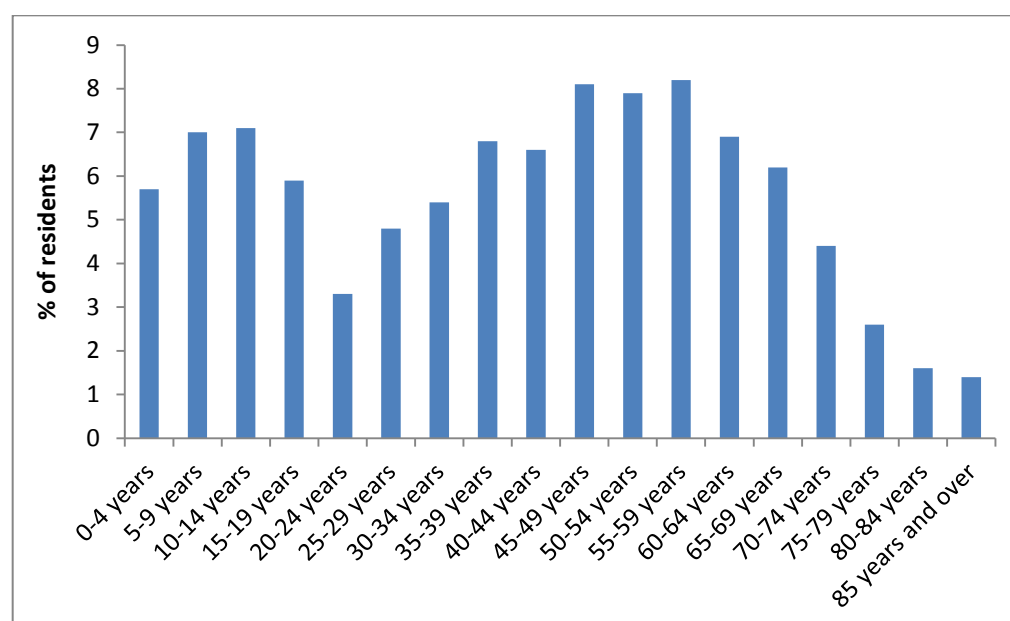


Figure 23 Age structure of residents in District Council of Lower Eyre Peninsula Census 2016 (Source: ABS 2016a)

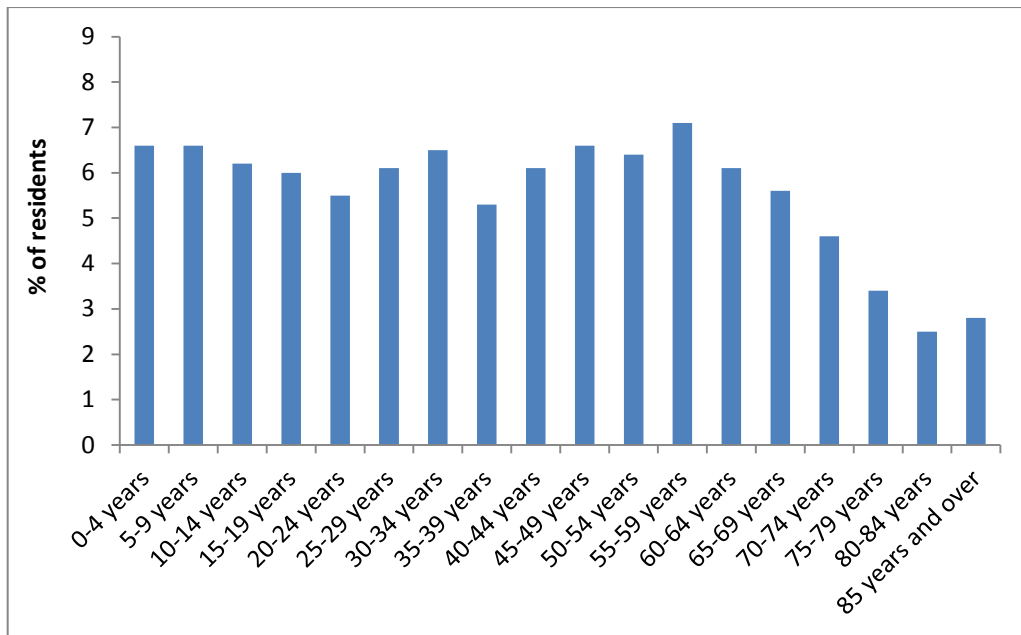


Figure 24 Age structure of residents in Pt Lincoln City Council Census 2016 (Source: ABS 2016a)

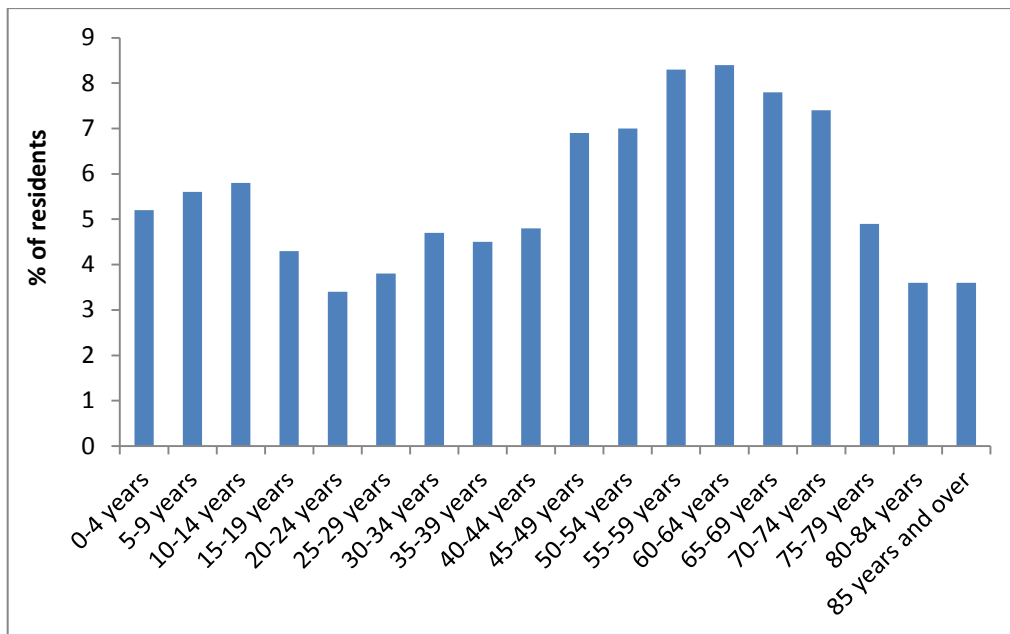


Figure 25 Age structure of residents in District Council of Tumby Bay Census 2016 (Source: ABS 2016a)

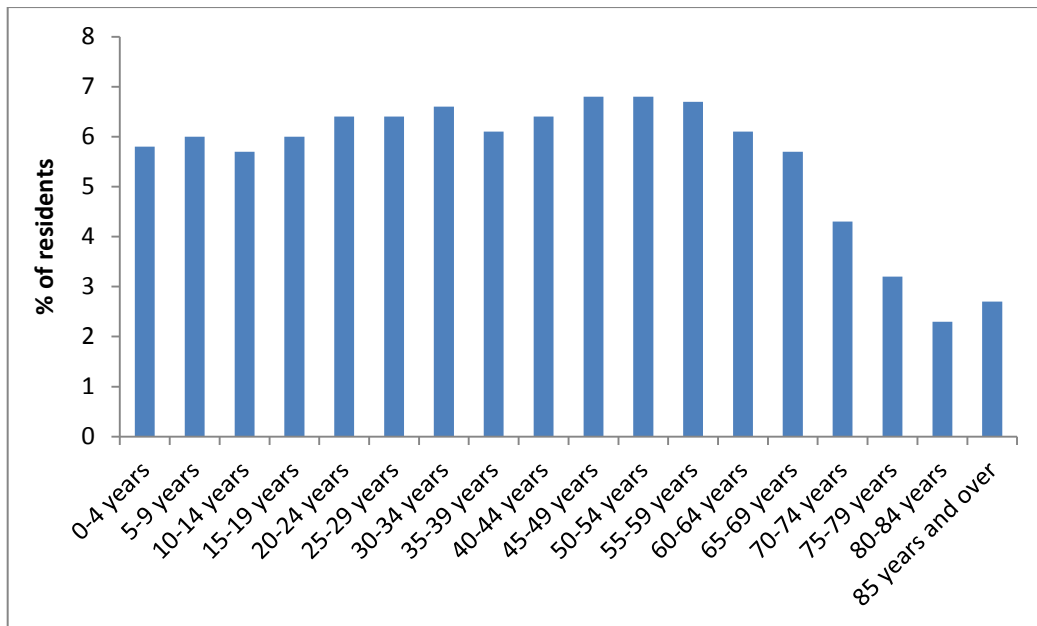


Figure 26 Age structure of residents of South Australia Census 2016 (Source: ABS 2016a)

2.27.1.3 Median age in townships in DCLEP

A comparison of the median age of townships within DCLEP reveals that the Coffin Bay has the highest median age and Poonindie the lowest median age (Table 1).

Table 1 Median age of residents in locations within DCLEP

| Location | Median age | Total residents |
|---------------|------------|-----------------|
| Coffin Bay | 54 | 603 |
| Louth Bay | 53 | 121 |
| North Shields | 50 | 357 |
| Hawson | 47 | 124 |
| Wangary | 47 | 178 |
| Tulka | 46 | 124 |
| Cummins | 42 | 963 |
| Edillilie | 40 | 131 |
| Tiatukia | 39 | 263 |
| Boston | 36 | 974 |
| Coulta | 35 | 194 |
| Poonindie | 34 | 189 |

(Source: ABS 2016a)

2.27.2 Location of older residents

As of the 2016 Census, DCLEP has 552 residents aged over 70, consisting of 389 residents aged 70-79 and 163 residents aged 80 or over. Most of the 70-74 year olds are in Coffin Bay, Cummins or Boston (Figure 27); 75-79 year olds in Coffin Bay, Cummins and North Shields (Figure 28); 80-84 year olds in Cummins (Figure 29); and 85+ year olds in Cummins (Figure 30).

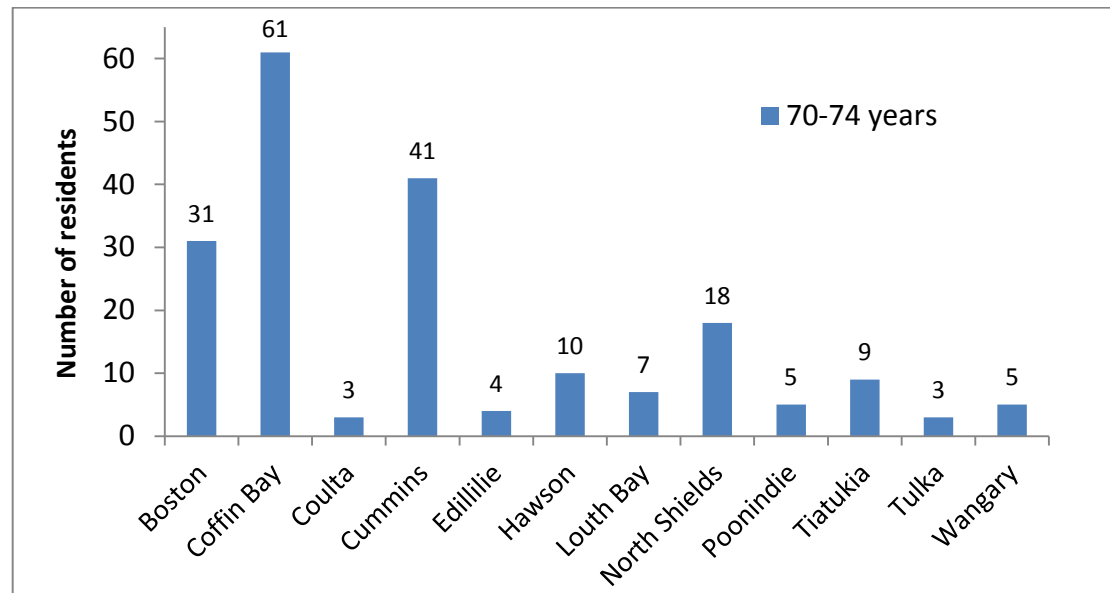


Figure 27 Location of DCLEP residents aged 70-74 years (Source: ABS 2016a)

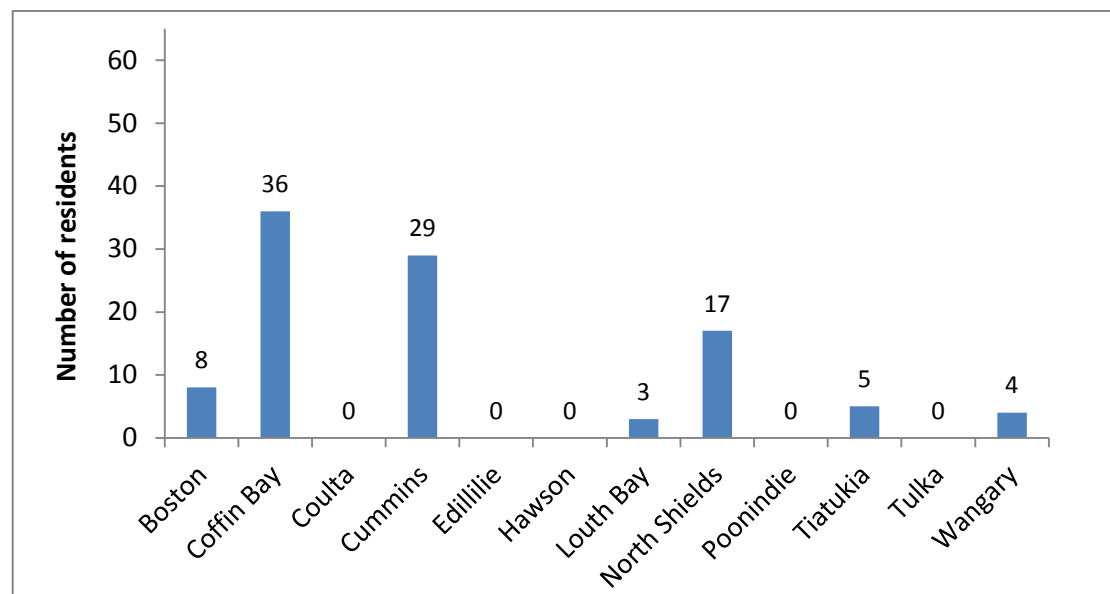


Figure 28 Location of DCLEP residents aged 75-79 (Source: ABS 2016a)

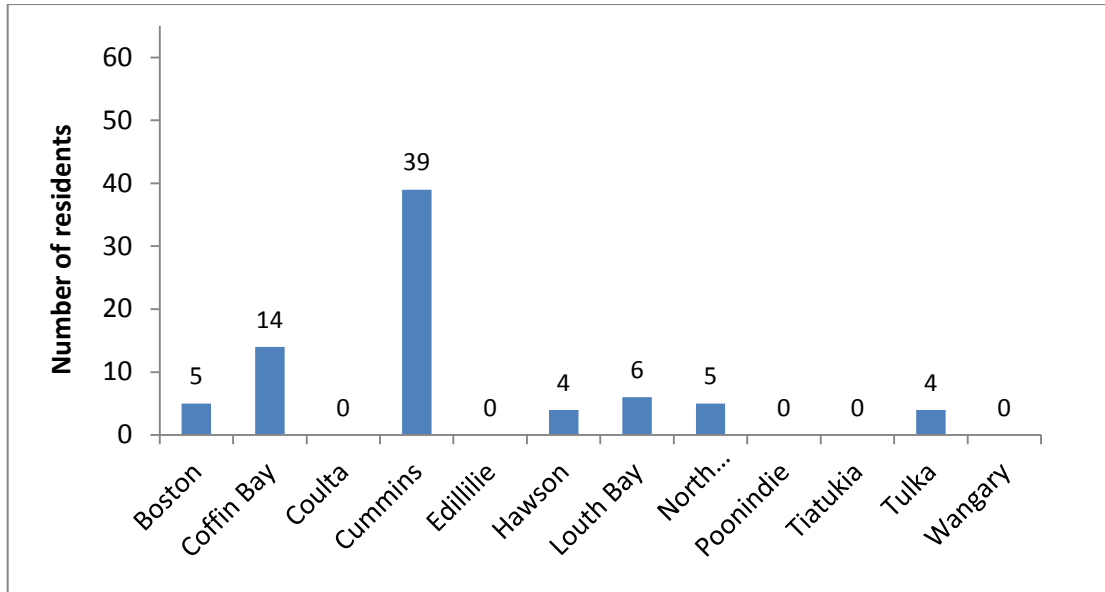


Figure 29 Location of DCLEP residents aged 80-84 (Source: ABS 2016a)

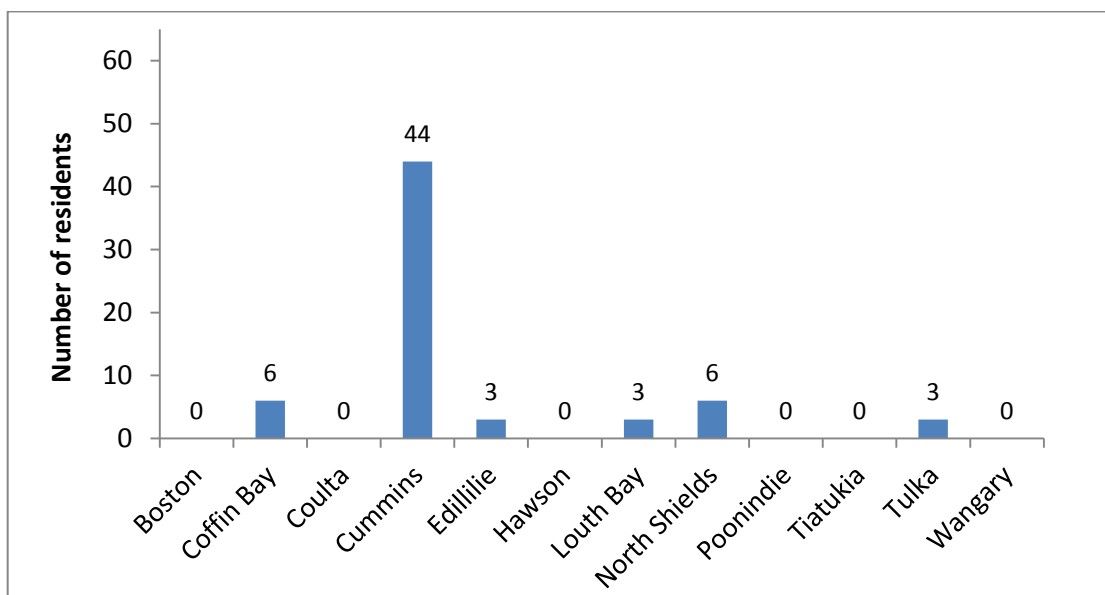


Figure 30 Location of residents aged 85 and over (Source: ABS 2016a)

2.27.2.1 Unpaid assistance to person with disability

According to Census 2016, 495 DCLEP residents provided unpaid assistance to family members or others with a disability, long term illness or problems related to old age⁴⁰. This equates to 11.2% of the population of DCLEP which is on par with Pt Lincoln City Council (11.8) and the national average of 11.3%, but lower than District Council of Tumby Bay (13.4%) and the SA average of 12.2%.

2.27.3 Employment in health care and social assistance sector

The Health Care and Social Assistance sector which includes hospitals, GPs, aged care and child care is now the largest industry by employment in Australia, employing an average of 12.9 per cent of the working population. Employment in the industry

grew by 16 per cent between the 2011 and 2016 Census. Of the States and Territories, South Australia has the largest proportion of the working population employed in the industry at 14.8 per cent.⁴¹

For residents of DCLEP, Health Care and Social Assistance is the second biggest employer by industry (259) after Agriculture, Forestry and Fishing (597) (Figure 31). The percentage of DCLEP's working population employed in the Health Care and Social Assistance industry has increased from 7.9 per cent in the 2006 Census to 10.2 per cent in the 2016 Census.⁴² It should be noted that a significant proportion of these DCLEP residents are likely employed in other Council regions, particularly Pt Lincoln City Council.

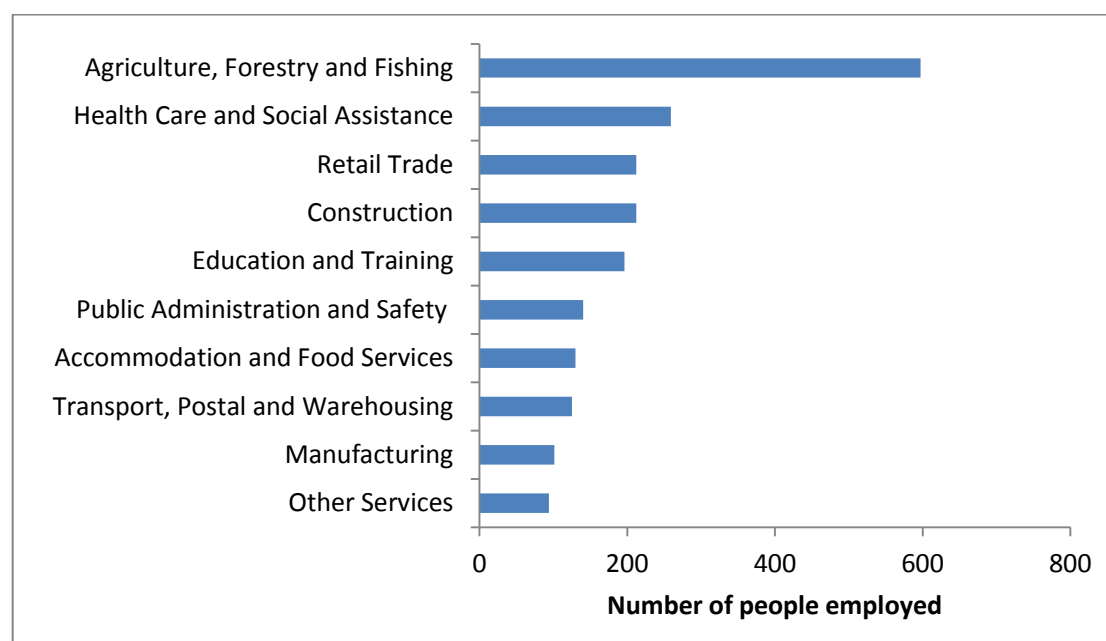


Figure 31 DCLEP residents by industry of employment (Source: ABS 2016)⁴³

3 Major issues and proposed actions

A number of issues have been identified during this research project which are summarised in Table 2 (see 3.7 Summary of issues) and detailed in the following sections. The proposed approach to addressing these issues is based on the approach used by the City of Unley's Active Ageing Strategy. The City of Unley was the first Council in South Australia to become a member of the WHO Global Network of Age-friendly Cities signifying that "it is a place where people are able to contribute and flourish whatever their age". Unley Council allocated roles for each action required under the following headings:⁴⁴

- Informer – communicating information, educational material and referrals
- Provider – directly responsible for implementing
- Partner – working with other organisations to deliver initiatives
- Advocate – not directly able to effect change; take an influencing role.

Table 2 also outlines the proposed time frame for each action based on the priority and the potential time required to implement the action.

3.1 Health services

3.1.1 Information provision

3.1.1.1 Issue: No central directory of services available within DCLEP

Throughout this project it has become apparent that many residents are unaware of the health and ageing services that are based in or travel to DCLEP. For example residents frequently ask via local community Facebook groups if there is a physiotherapist available that day or who does massage where and when.

A range of public allied health professionals visit both Cummins and Coffin Bay medical clinics on a regular basis. There are also private allied health professionals visiting Cummins weekly.

In the aged care sector, the My Aged Care website is supposed to provide information about local service providers. However this information is not always reliable and can quickly become confusing. The community survey indicated that most people get their health and ageing information from their GP, online or via local print media.

Council role: Informer

Compile a services directory that includes medical, allied health and ancillary health services, both public and private, that are located in or visit DCLEP. Investigate options for hosting and biannual review of services directory e.g. via Cummins School Community Library information provision role. The directory could be hosted on the DCLEP website and also available in hard copy via DCLEP offices and health service providers. The onus will be put on service providers to update Council of changes to contact details or times and a biannual or annual review conducted to ensure information is up to date. Examples of online directories can be found for [Griffith City Council](#) and also for [Lake Macquarie City Council](#).

Cummins Chemist has already expressed interest in having copies of the directory available at the pharmacy and also using it as a reference point for their own staff.

There is also the potential to explore production of a regular health news newsletter in partnership with Lower Eyre Health Advisory Council and local health professionals. This could potentially be a quarterly contribution to existing local

newsletters (Cummins Connection and The Coffin Bay Sun) to update people on health information and advertise the services directory.

3.1.1.2 Issue: Ageing residents unaware of need to register with My Aged Care or finding it difficult to register or search for local service providers

Many residents unaware of where to start when it comes to registering with My Aged Care and the whole process can be extremely confusing. The service finder facility on the My Aged Care website can be quite misleading. There are large Adelaide-based or state wide service providers who according to the My Aged Care website provide services in DCLEP, but actually have no office or staff in DCLEP. For example, a search via the My Aged Care's service finder facility for domestic assistance (general cleaning) in Coffin Bay yields 72 matches for service providers. Only four of these matches actually have offices in Pt Lincoln. Some of the 'out of town' providers may subcontract to local service providers, but the sheer number of matches on the list makes it potentially overwhelming and confusing. This is an issue that Country Health SA is working with the Commonwealth Government to resolve, so that the information on the directory is accurate and locally relevant.

There is also advertising by providers in print and on television who are not providing care locally yet. These providers may be looking to expand into this region, but are not currently delivering services. Residents who sign up with these service providers may experience unnecessary delays in accessing care.

GPs or other health professionals can put in a referral directly with My Aged Care to contact a resident requiring registration. My Aged Care then only makes two attempts to contact the resident. If there is no contact then the referral is deleted from the system. Residents may miss calls or may be naturally wary of giving out information to someone who has just randomly called.

Council role: Informer

Direct residents to Red Cross Regional Service's Pt Lincoln office for help registering with My Aged Care either online or over the phone. Kerry Schubert from Red Cross has also offered to organise visits to townships in DCLEP to sit down with residents individually and help them complete the registration process. This would also provide an opportunity to sign residents up to Red Cross' telephone support and transport services where appropriate.

Inform GPs and other health professionals of the My Aged Care help service offered by Red Cross.

Identify any other options for getting people used to using My Aged Care website to access information.

3.1.1.3 Issue: Limited understanding of types of in-home help services, slow uptake of services or unnecessary delays in accessing services

The consumer directed care model of in-home care works if people know what they want or what's possible. There is still a misconception amongst residents that service providers won't travel to DCLEP and that the services are for 'people who need them'. People have very limited understanding of the services for which they may be eligible which could range from basic gardening or cleaning help periodically as part of a Commonwealth Home Support Package up to high level nursing care as part of a Home Care Package. The flexibility and cost of services is also not well understood.

In the community survey conducted as part of this project, households estimated when they might need in-home services (2.1.1.2 Health and ageing needs). For most respondents the initial priorities will be podiatry; toe nail cutting; and gardening. If care needs are a little further off it is worth residents familiarising themselves with the process so that is clear what they need to do when the time comes. There is also a perception in the community that these services are for 'people who need them'. Pride may also be a barrier for people who have always coped on their own and having a carer come into their home may be seen as a sign of defeat.

Residents who have informal care or support arrangements with family or friends may not see the need for in-home care. But formalised support can actually be a great support for informal care arrangements and mean that these informal care arrangements can continue for longer. Carers are less likely to 'burn out'; have access to respite periods; and may be able to focus again on their own careers, family or other interests. It can also ease any concerns held by the person needing support that they are a burden to their family or friends. Informal carers are able to contact in-home service providers directly to discuss options for accessing in-home care. In instances where the residents is not receptive to receiving in-home care it is important for the informal carer to know what the local options are and how packages can be tailored to ease a resident into the in-home care space.

Council role: Informer

Numerous locally-based service providers already deliver in-home support services to DCLEP residents and several are actively advertising to expand their services. A list of service providers with a local (Pt Lincoln-based) office is provided in this report (See 2.13.3 Service providers with local offices in Pt Lincoln) which could also be included in the services directory.

Partner with LEHAC in delivering a follow up to their Navigating Aged Care Expo and ensure service providers know the type of information residents need. Consider advocating for forum to be held in Cummins, Coffin Bay and Pt Lincoln.

3.1.2 GP services

3.1.2.1 Issue: Residents would like more access to GPs in Coffin Bay

The community survey indicated that residents would like more access to GPs in Coffin Bay.

Council role: Informer

Communicated survey results to local GPs. Cummins Medical Clinic adding two more half days of consulting in Coffin Bay from February 2018. Ensure GP consulting hours are up to date in services directory.

3.1.2.2 Issue: GP recruitment

The community survey identified the extreme importance of having a GP as close to home as possible. Dr Quigley has been based in Cummins for 28 years and was originally recruited to the town by the Cummins Hospital Board. Over these years he has persevered through major changes in the health system from local control to centralisation and continued to provide locals and visitors with a consistent, trusted and high quality primary health service. Early exposure and strong connections are proven to attract medical professionals back to rural areas. Dr Quigley has also trained many GP Registrars during this time, making a vital contribution to exposing GP Registrars to rural general practice. Dr Rowe chose to establish a practice in Coffin Bay after deciding to settle in the area after her GP Registrar training at

Cummins Medical Clinic and will continue to run a busy practice in the foreseeable future. Residents of Pt Lincoln and fringes also travel to see GPs in Cummins and Coffin Bay.

Recruitment of future GPs to Cummins to provide clinic and on-call services is currently under review. It is important to consider that the next model of GP service might look very different from how things have run in the past e.g. a walk-in, walk-out practice model, rather than long-term commitment to the region. If doctors do decide to become a GP Registrar in small busy rural GP practice associated with a hospital, they often struggle to maintain a healthy work-life balance, which limits their ability to make binding connections in the community. If a better offer arises, there is little to hold them in the region.

The current (and probably future) generation of rural GPs are more mobile – they are likely planning to stay for only 5-10 years in one place (still an important contribution to a community) and looking for walk-in, walk-out type practice arrangements; flexible rural training pipelines; employment opportunities for spouses; quality primary and senior schooling for children; access to locum support; flexible workforce models to reduce on-call pressures and improve exposure; and easier access to continuing professional development.⁴⁵

Proactively developing a model that works for each community is important because if left solely to Country Health SA, the community may not like the model they get. For example after unsuccessful attempts to recruit a GP, Country Health SA Local Health Network set up Mid Eyre Medical which provides ensures that Cleve, Kimba and Elliston have access to a GP. However it means there is no longer a GP in each town every day.

Council role: Partner/Advocate

As in any rural area, recruitment of GPs needs to be a partnership between the GP/medical practice, Council, RDWA, Country Health SA, PHN, LEHAC and the community. GP, allied health and nursing recruitment, retention and support is Rural Doctors Workforce Agency's (RDWA) core business.

DCLEP is partnering with other local Councils the EPLGA Health Working Party (Cr Wendy Holman representative). A survey of rural doctors in Australia was undertaken by the Australian Medical Association in 2016, information that should be considered by the EPLGA Health Working Party. The survey asked doctors to rank potential policy initiatives designed to improve rural health care. For rural GPs the top five policy proposals were:

- access to high-speed broadband for medical practices, encompassing general practice and specialist practice
- extra funding and resources to support improved staffing levels, including core visiting medical officers, to allow workable rosters
- ensure GPs with recognised procedural skills can access appropriate hospital credentialing and facilitiesⁱ
- ensure that rural hospitals have modern facilities and equipment
- increase the available support for infrastructure, resources and supervision to support the training of more doctors in rural areas.⁴⁶

ⁱ e.g. anaesthetics, obstetrics or emergency medicine

A discussion about GP succession on lower Eyre Peninsula was held with Dr John Williams, an associate at Investigator Clinic in Pt Lincoln and a rural GP representative for the Australian Medical Association South Australia (AMASA). Dr Williams highlighted some gaps in the current training system and had some suggestions for improving the experience of rural GPs.

Having a rural background is a significant positive influence when making the decision to practice in a rural area.⁴⁷ Dr Williams expressed concerns about the loss of connection with medical students after their fifth year and believes that continuing the connection with students is also vital to attracting them back to country areas. Fifth year medical students who undertake GP placements in rural medical clinics for the most part have a successful and rewarding experience. After this students currently have to return to a major city hospital to undergo an intern year (that includes rotations in medicine, surgery and emergency medicine) and then a junior (resident) year. Doctors can then choose a speciality and become a registrar – GP, medical, surgical or other. So there is a two year (sometimes longer) gap where junior medical officers can lose connectivity with rural areas and be lured into other potentially more attractive specialities in the city, or form personal relationships that deter them from returning to rural areas. As there is already a Rural Health School in Pt Lincoln and there could be the potential to put a program in place where intern, if not junior years could be undertaken in Pt Lincoln to maintain professional and personal connections in the region.

GPs and their effective working relationships with other private and public professionals are a crucial to the health outcomes of DCLEP residents. The GP practices within DCLEP work collaboratively with other health professionals based in their town, particularly allied health professionals and pharmacists but there is potential to develop more collaborative relationships between GP practices. This could expand opportunities to expose GP Registrars and GPs to a wider range of work, including procedural work.

Local government can take on an advocacy role to ensure that State and Federal Governments understand the needs of their community. Long term research by the Regional Australia Institute research suggests that policy makers need to consider a number of strategies that could improve health service delivery in small towns:

- Support community led initiatives that bypass State and Commonwealth processes to attract service delivery professionals e.g. attractive housing or low-rent business premises as part of professional support programs
- Use virtual service delivery to complement face-to-face services provided by GPs but not replace outright
- Target incentives to where they are really needed i.e. remote areas, not inner regional areas.⁴⁸

Several of these strategies are already implemented to some degree within DCLEP, including pharmacists being able to provide vaccinations and the telehealth and SAVES systems available in Cummins. However, more support could be provided for communities who are looking at creative strategies to attract health professionals and greater advocacy for funding to target remote areas like DCLEP.

3.1.3 Allied health

3.1.3.1 Issue: Potential decrease in public allied health services within DCLEP

Public allied health services in DCLEP are currently provided by Country Health SA and are based on a monthly roster that sees many professionals only visiting Cummins or Coffin Bay once a month at worst, or once a week at best. Lack of podiatry services is a major issue within DCLEP and it appears to be a constant

issue to recruit a podiatrist to Country Health SA. There are no public visiting audiology, diabetes education, dentist, naturopath, continence nursing, cardiac rehabilitation, or autism support services in DCLEP. All of these services can be accessed via local or visiting professionals in Pt Lincoln.

Commonwealth funding for public allied health and community nursing services is managed and distributed by Country SA PHN. In 2018 this funding for Eyre Peninsula was reduced from \$2,767,000 to \$1,440,000. Country Health SA (Eyre and Far North) did not tender to Country SA PHN to continue to provide allied health services within DCLEP in 2018. Country Health SA cited past issues with staff recruitment that meant they were unable to meet PHN targets; and funding reductions that would negatively impact service quality and leave Country Health SA unable to meet community expectations.

The tender for Eyre Peninsula was awarded to Country and Outback Health who will be providing services for DCLEP from August 2018. The project officer has had initial discussions with Andrea Triggs, Clinical Programs Operation Manager with Country and Outback Health, who is overseeing the transition and appointing an Assistant Manager who will be based in Pt Lincoln. Country and Outback Health intend to communicate mostly with GPs regarding the allied health services available but are open to direct communication with DCLEP to keep the services directory up to date.

In addition, Country SA PHN has signed Cummins Medical Clinic up to the new Health Care Homes program, but without adequate allied health services available locally these arrangements will be difficult to manage in practice.

Council role: Advocate

Continue to liaise with Country and Outback Health to advocate and Country SA PHN to prioritise services needed within DCLEP, based on community survey results and discussions with GPs.

GPs can also write Team Care Arrangements for patients which can make private allied health services like physiotherapy services more affordable.

3.1.3.2 Issue: Limited space for private allied health professionals to practice within DCLEP

The community survey indicated residents would like more access to allied health professionals in Cummins and Coffin Bay. During this project discussions have been held with private health professionals who found it extremely difficult to find space to set up a business in DCLEP. Due to current levels of demand and/or personal needs to only work part time, it is not viable for these professionals to rent space full time that may only be actually needed for one day a week or fortnight.

Council role: Informer/partner

Inform private health professionals of results of community survey (i.e. respondents wanted more access to physiotherapists, chiropractors, podiatrists, massage therapists, gym/fitness programs). Liaise with health professionals looking to find suitable space from which to consult. Ensure all allied health service visiting DCLEP are included in services directory.

3.1.4 Mental health services

3.1.4.1 Issue: Limited face to face mental health support services in DCLEP

The community survey identified a gap in mental health support services in DCLEP, particularly for young people. Several respondents highlighted the minimum 12 week wait for an initial appointment with a mental health professional. PHN used to fund a psychologist to visit the Cummins Medical Clinic monthly for face to face consultations. However this funding is no longer being provided. Cummins Medical Clinic now refers patients to visit a private psychologist based in Pt Lincoln.

Council role: Advocate/Partner

Advocate with Country SA PHN to reinstate funding for visiting psychologist at Cummins Medical Clinic. Assist suitable organisations willing to deliver face-to-face services within DCLEP.

3.1.4.2 Issue: Support newly formed Suicide Prevention Network

The community survey identified a perceived gap in suicide prevention services for 13-25 year olds. Cummins has now established Empowering Lower EP - Suicide Prevention Network.

Council role: Informer/Partner

Be a leader in normalising conversations about mental health. Inform residents about online, phone and face-to-face services and supports through social media and services directory. Communicate results of community survey to Empowering Lower EP and continue to support this local group.

3.1.5 Ambulance services

3.1.5.1 Issue: Cummins and Coffin Bay Ambulance stations need more volunteers

The majority of respondents to the community survey identified having an ambulance as close to home as possible as extremely important. Maintaining these services in Cummins requires at least one or two new volunteers each year. In Coffin Bay four to six new recruits are needed so that better roster coverage can be achieved.

Council role: Partner

Assist Regional Team Leader Chris Morgan to inform community of the need for more volunteers and promote the positives of becoming a volunteer ambulance officer.

3.1.6 Infrastructure

3.1.6.1 Issue: No permanent or purpose-built medical centre in Coffin Bay

Currently the two GP practices in Coffin Bay operate out of privately owned rented premises – one that is rented to Cummins Medical Clinic) and one that is rented to Country Health SA (Dr Claire Rowe). Lack of a purpose built facility may impact on recruitment of GPs and allied health workers to Coffin Bay.

One issue with attracting private investment into medical centres is that SA Health's budgets only project 12 months in advance which is often not enough to attract

private investment. For example Country Health SA would only be able to commit to staffing a medical centre with community nurses or allied health professionals in 12 month blocks.

Council role: Advocate

Consult with existing GPs working in Coffin Bay to determine their preferred approach in future. Ensure that buildings remain suitable for GPs and allied health professionals. Consult with RDWA, Country Health SA and PHN where necessary. Retain area of land in Section 669 in Coffin Bay currently set aside for health purposes. Determine if previous health centre plan could be updated to 'shovel ready' stage to take full advantage of external funding opportunities as they arise. Examine if portion of funds from sale of Esplanade blocks could be used to leverage funding for health centre.

In other regions local councils have invested in community-owned medical centres that offer GPs a walk in-walk out practice model. One highly successful example of this can be found in NSW Hunter Valley region with the [NSW Rural and Remote Medical Services](#).⁴⁹ The District Council of Streaky Bay (population 2,074⁵⁰) recently decided to purchase the town's medical practice to assist in attracting more GPs to the town after the retirement of one GP and the other moving to another position.

Hay Council in NSW (population 2946⁵¹) offers subsidised medical and dental services out of Council buildings as well as funding counselling and mental health support. Temora Shire Council (population 6,100⁵²) also in NSW adapted Council buildings into a medical centre and offered low cost rent to attract GPs and private business. This concept grew into Pinnacle Community Services that now includes in-home and community care for ageing and disability support.

3.1.6.2 Issue: Ensure Cummins Medical Clinic remains suitable for GPs and allied health professionals

Cummins Medical Clinic rents clinic infrastructure owned by Country Health SA at subsidised rate. Size of facility may impact on recruitment of GPs and allied health workers to Cummins in future.

Council role: Advocate

Consult with existing GPs working in Cummins to determine their preferred approach in future. Ensure that suitable premises are available GPs and allied health professionals. Consult with RDWA, Country Health SA and PHN where necessary.

3.1.6.3 Issue: Lack of community-owned GP housing

Currently GP Registrars are accommodated at the rear of the hospital which is suitable for these short term appointments. However there is a lack of suitable and/or community-owned GP housing for long term GPs which is already having a major impact on recruitment and will become an increasing problem in the future.

Council role: Partner

Purpose-built, community-owned and attractive housing could form part of a highly competitive recruitment package for a new GP. Work with LEHAC and RDWA to examine funding opportunities to build new housing as part of a GP recruitment package. Ceduna Council built accommodation on the town's foreshore as an incentive to help attract GPs. This accommodation is now managed by SA Health.

3.1.6.4 Issue: Limited options for residents looking to downsize or expand housing (rent or buy)

The community survey has helped quantify demand for independent living options in Cummins (257 respondents), Coffin Bay (215 respondents) and Pt Lincoln (267 respondents) (Figure 16). There is a high level of demand for retirement village and individually-owned units in all three locations. This is a different subset of the population to those looking for walk in-walk out type low cost rental accommodation.

Ten respondents to the community survey indicated that improvements were needed to Cummins Homes. There is also increasing interest in two bedroom units and the majority of the people now on the expressions of interest list are looking for a two bedroom unit.

Council role: Provider

DCLEP has developed draft concept plans for developing residential land in Cummins and Coffin Bay for residential living. The concept plans align with the demand indicated in the community survey for downsizing options.

DCLEP has developed concept plans for Section 669 Coffin Bay (on the corner of Lear St and the Esplanade). The draft concept plan includes 10 large allotments under Torrens Title along the Esplanade and a further 20 smaller allotments with common areas held under Community Title between the Esplanade and Lear St. It is proposed to sell off the allotments along the Esplanade to provide funding to develop the smaller allotments at the rear of the land. Consideration should be given to retaining land in Section 669 for potential rental accommodation for aged residents (i.e. two bedroom units).

DCLEP has developed draft concept plans for Lot 10 in Cummins, located south of the Cummins Hospital. The plan includes a mix of small allotments and large allotments as well as an area set aside for supported aged care. It is a model that promotes intergenerational housing. Consideration should be given to retaining land in Lot 10 for potential rental accommodation for aged residents (i.e. two bedroom units).

As of December 2017, 15 of the 16 units at Cummins Homes were occupied. In the 2017-18 financial year, the bathrooms of two more units will be renovated. In addition Council will renovate the kitchens in all of the one bedroom units, with the cost subsidised by Council through general revenue. A program is also in place to renovate all bathrooms. The Cummins Homes Committee and DCLEP are actively pursuing funding opportunities to accommodate the demand for two bedroom units.

Affordable rental housing with ready access to a range of subsidised in-home support services would seem an ideal model for meeting the needs of a significant proportion of DCLEP's aged residents. Council should ensure that age friendly design principles are adopted in any rental accommodation developed (Adaptable Housing Design) to avoid having to make costly modifications later. These design principles facilitate movement within the residence and also make it easier to add mobility and stability aids as people's needs change. Energy efficient design principles should also be adopted to reduce costs of living, including heating and cooling.⁵³

Such purpose-built accommodation, in combination with an accessible and appropriate program of in-home and social support services, could be a stand out for helping residents stay within their home communities as well as attracting residents to the region.

3.1.6.5 Issue: Major townships within DCLEP not as age-friendly as could be

Connectivity between spaces is important for helping people access shopping areas and medical centres. Accessibility is a bit factor in helping people maintain activities that are an important part of their daily routine (e.g. walking to get the newspaper). The age-friendliness of the major townships within DCLEP could be improved. In many cases this would also improve the friendliness of the space for young families. For example a footpath that is suitable for a wheelchair or 'gopher' will also be suitable for a pram or a safe space for small child on a bike.

Council role: Partner/Provider

Review footpath plan to increase connectivity of ageing residents with town centres, shopping areas etc.

Consult [‘Age-friendly Neighbourhoods Guidelines and Toolkit for Local Government’](#) produced in 2012 by SA Health to assist councils looking to create age-friendly communities based on the World Health Organisation guidelines.

Partner with CPL and DCTB in region-wide Active Ageing Strategy as part of Age Friendly SA Grant.

3.1.7 Specialist services

3.1.7.1 Issue: Long waiting lists, no local access, lack of choice in PATS system

In the community survey residents reported 12-18 month waiting periods for access to dermatology and ear, nose and throat specialists visiting Pt Lincoln. There was also no local access to orthopaedic and urology services. These services have now been reinstated in Pt Lincoln, but are likely to have a backlog of appointments to work through.

3.1.7.2 Issue: Ability to choose where see specialist

The community survey showed that the vast majority of respondents prefer to access specialists in person in Pt Lincoln (83 per cent), followed by Cummins via telehealth (25 per cent) or Adelaide in person (25 per cent). Only five per cent of respondents preferred to access specialists in Whyalla. The PATS system also reduces choice as PATS assistance is not available to someone who bypasses the nearest specialist to visit another. Therefore there is no allowance for professional or personal issues with nearest visiting specialist. The little choice available for a start is made even less, especially for those who are also financially disadvantaged.

Council role: Informer/Advocate

Consult with Country Health SA about which specialities are priorities for DCLEP residents and how residents prefer to access based on community survey results.

3.2 Aged care services

3.2.1 Subsidised aged care places

3.2.1.1 Issue: Inadequate access to long term residential and short term respite care beds in DCLEP

The Commonwealth Government's Aged Care Provision Ratio currently sits at 113 subsidised aged care places per 1000 people aged over 70. Subsidised aged care places include residential aged care and home care packages. The Aged Care

Provision Ratio is set to increase to 125 places by 2021, but the ratio of home care and residential aged care will also change. Home care places will increase from 27 to 45 but residential aged care places reduce from 88 to 78 by 2021. To meet these targets the Government will need to provide 68,000 more HCPs and 49,000 residential aged care places by 2021.⁵⁴

One issue with the Aged Care Provision Ratio is that it is calculated for the Eyre Peninsula Aged Care Planning Region, a vast area with varied needs. There is under-allocation of residential aged care beds within the EP Aged Care Planning Region based on national targets and compared to SA as a whole. It is imperative that any residential aged care facilities built within DCLEP are suitable for secure dementia aged care beds as current facilities are stretched to capacity.

Council role: Advocate

Between now and 2021 the Government will be providing 49 000 more residential aged care places. Now is the time for Council in partnership with LEHAC to be a strong and consistent voice about under allocation of residential aged care in DCLEP and the need for secure dementia aged care facilities. Council and LEHAC should also advocate with Federal MP Rowan Ramsey to ensure DCLEPS's case is heard consistently and often.

3.2.2 Staffing

3.2.2.1 Issue: Attracting and retaining staff

All aged care facilities consulted during this project cited sourcing staff as an ongoing issue, particularly with nursing (both registered and enrolled) but also Cert III carers. Issues particularly arise with attracting casual staff and staff specifically trained in aged care, including dementia and mental health support. The facilities have existing relationships with TAFE SA and high schools for placements and work experience, but finding people with a natural aptitude for the physically and mentally demanding caring work is difficult. In metropolitan areas it is often easier to access agency staff to access to fill gaps.

Creating opportunities for new professionals to make meaningful connections with the people and the environment of DCLEP is critical to retaining staff in the region. A new 'Welcome to Cummins' initiative by CDEC is aiming to fill this gap with a community tea to welcome new professionals working at the medical clinic, hospital, school, church and in businesses.

Council role: Informer/Advocate

Inform EPLGA Health Working Party of staff shortages in DCLEP. Ensure aged care staffing is included in discussions with EPLGA Health Working Party, including incentives for residents with aptitude for work – potential local scholarship program or returning early career professionals. Scholarships are available through RDWA for medical, nursing and allied health professionals in remote and rural areas. The first round of these scholarships in 2018 will be targeted based on the results of RDWA's needs assessment. For more information contact Barbara Wright at RDWA Ph: (08) 8234 8277 or Barbara.Wright@ruraldoc.com.au.

Advocate with LEHAC for peer support programs for health professionals on LEP. Assist CDEC in programs welcoming new professionals to DCLEP.

3.2.3 In-home care services

3.2.3.1 Issue: Delays in release of Home Care Packages

In September the Department of Health released a review into the first four months of the Home Care Package system. The review provides data on queues for release or upgrade of HCPs and outlines key changes to improve equitability for consumers and approval for providers.

A national prioritisation queue has now been introduced to ensure equitable treatment of people no matter where they live. Previously people waited on queues of individual providers. This national system will provide a better understanding of the demand for and delays in release of HCPs. This queue predominantly made up of people who were approved for a HCP prior to 27 February 2017.

As of 30 March 2017 70,629 people nationally are on HCPs, with 47,729 HCPs released between 27 February and 30 June 2017.

As of 30 June 2017 a total of 88,904 people were awaiting the release of the HCP for which they have been approved.

- 53,750 people nationally are awaiting release of a HCP for which they have been approved
- A further 35,154 people nationally are on lower level packages awaiting release of a higher level package
- In SA there are 9,782 people on the national prioritisation queue⁵⁵.

The number of people in the Eyre Peninsula Aged Care Planning Region (see Figure 19) already receiving a HCP (as of 30 June 2017) is:

- Level 1 ≤10
- Level 2 139
- Level 3 33
- Level 4 49⁵⁶.

The number of people in the Eyre Peninsula Aged Care Planning Region who had been approved for care but were in the queue (national prioritisation queue) for a package (as of 30 June 2017) is:

- Level 1 ≤10
- Level 2 57
- Level 3 13
- Level 4 60⁵⁷.

Once a person has been approved for a Home Care Package there can be a significant delay in the funding actually being allocated to the individual. A recent article in Community Care Review (produced by Australian Ageing Agenda) reported that the Federal Government said most consumers could expect a maximum wait time for a HCP of “more than 12 months”.⁵⁸

Council role: Advocate/Informer

Liaise with Federal MP Rowan Ramsey to ensure that delays in release of HCPs are and continue to be, at the forefront of health and aged care discussions.

There will be significant demand for in-home services in the next year to five years and residents need to take into consideration that there will likely be delays in accessing funding packages. DCLEP could play a role in informing residents about these delays and encouraging residents or their families to begin the application process or at least begin researching My Aged Care and the providers involved.

3.2.4 Respite care

3.2.4.1 Issue: No day centre-type respite care available in DCLEP

The community survey identified interest in day centre-type respite care within DCLEP. There is currently no such care available which could mean that informal caring arrangements (e.g. where a person is caring for an ageing parent) become less tenable due to carer burn out. There is also potential for residents to become socially-isolated if they only have contact with a very limited number of people.

Council role: Informer/Advocate

Inform service providers of community survey results. However more information is needed about how and where residents would like to access day centre services. Advocate to interested local service providers to create suitable models of care.

One potential solution is to use Miroma as a day centre respite facility which would help people form connections with the facility. The vast majority of people going into residential aged care do so with no previous experience of the facility. If people haven't been adequately prepared for the shift into aged care then it can create a negative experience for the person as well as their family. Having respite care within existing DCLEP's existing aged care facilities would help familiarise people with facilities so it is potentially an easier transition if/when has to be made. Costs and staffing would have to be worked out in consultation with Country Health SA.

Respite care could also potentially be funded within people's existing Home Care Packages.

3.3 Disability

3.3.1 Local support services

3.3.1.1 Issue: More access needed to disability support services in DCLEP

The community survey suggested that residents would like more access to disability support services in DCLEP. Currently there are limited providers but several do travel to major townships in DCLEP including Cummins and Koppio.

Council role: Informer/Advocate

Include disability support in services directory. Liaise with service providers who are already coming to DCLEP's townships (e.g. West Coast Home Care, Novita and Home Care+) to ensure appropriate space available. Liaise with any other service providers looking to provide services in DCLEP.

3.4 Transport

3.4.1 Community services

3.4.1.1 Issue: Lack of knowledge in relation to availability and potential uses of Community Bus

The community survey indicated that there was some confusion about how the Community Bus could be used. Many respondents indicated that they had no need for the bus at this time, but would likely need it sometime in the future.

Council role: Informer/Partner

Wider advertising of the Community Bus would be valuable to address inaccurate perceptions picked up in the community survey that it is a Cummins only service. Better explanation of the subsidies offered for use outside of Cummins would be

beneficial. Develop initiatives under which the bus will benefit health outcomes e.g. as a social outlets or transport to medical appointments.

3.4.1.2 Issue: Lack of awareness of transport services offered by Red Cross

Many residents unaware of the range of services offered for transport-disadvantaged people in DCLEP. Elderly residents of Cummins Homes are driving other elderly residents to appointments in Cummins and Pt Lincoln.

Council role: Informer

Inform residents of transport services provided by Red Cross both locally and in other cities where residents have to travel for medical needs e.g. Whyalla and Adelaide. This includes driving people to and from the Pt Lincoln airport and arranging for people to be picked up from the airport in Adelaide and driven to and from medical appointments.

Facilitate the work of Red Cross' Community Development Officer and expansion of Red Cross services across DCLEP where appropriate. Continue to provide access to DCLEP vehicles for Red Cross use.

3.5 Social services

3.5.1 Social isolation

3.5.1.1 Issue: Risk of social isolation for people 'ageing in place'

Social isolation is an increasing problem for people as they age – they lose the incidental interactions involved in going to work, lose life partners and friends and may become less mobile and less confident in making new connections or trying new activities.

A local GP estimates that thirty per cent of their work involves trying to get patients to realise that they are experiencing a level of loneliness that is impacting on their physical and mental health. Residents in DCLEP have access to a whole range of social outlets but taking the first step can be daunting or impossible if people don't recognise there is a problem. Recognising that they are lonely is the first barrier for people, then knowing how to make a plan to reduce their loneliness.

In 2014 *beyondblue* commissioned research into social isolation in older people and as a result developed an information booklet called [Connections Matter](#) to "help older people improve their social networks and stay socially active".

Council role: Informer/Provider

DCLEP could make copies of [Connections Matter](#) available at the Council's offices in

beyondblue's Connections Matter

Loneliness impacts negatively on people's mental and physical health^a. Research from all over the world shows that when compared to non-lonely people, lonely people:

- are more likely to report symptoms of depression
- are admitted to hospital more
- have twice the obesity risk
- have higher blood pressure and risk of heart attack.

^aHeinrich, L. and Gullone, E. (2006) 'The clinical significance of loneliness: A literature review', *Clinical Psychology Review*, vol.26(6), pp.695-718; Victor, C. and Bowling, A. (2012) 'A longitudinal analysis of loneliness among older people in Great Britain', *The Journal of Psychology: Interdisciplinary and Applied*, vol.146(3), pp.313-331; Warburton, J. and Lui, C. (2007) 'Social isolation and loneliness in older people: A literature review', *Australasian Centre on Ageing*, The University of Queensland: Brisbane; Cacioppo, J. and Cacioppo, S. (2014) Social 'Relationships and health: The toxic effects of perceived social isolation', *Soc Personal Psychol Compass*, vol. 8(2), pp.58-72

Cummins and Pt Lincoln, the Coffin Bay Health Centre and Cummins Medical Centre. Also inform people how to [download or individually request a copy of the booklet](#).

DCLEP was recently successful in being awarded an Age Friendly SA grant in partnership with Red Cross to provide a program of social events to engage ageing residents; reconnect them with their community; learn new skills and make new connections. Called Creating Connections, this program commenced in early 2018 and has been well patronised to date.

3.6 EPLGA Health Working Party

In December 2017 DCLEP voted to have Councillor Wendy Holman as a representative on a new EPLGA Health Working Party examining attraction and recruitment of health professionals to the region. Relevant information from this project will be forwarded to Cr Holman for discussion at the working group (See Table 2).

3.7 Summary of issues

The research and engagement outlined in Section 2 Engagement and research identified numerous issues with current and future service provision. Table 2 summarises the focus area; current situation; goal; potential role(s) for Council in addressing the issue; and actions. Suggested time frames for taking action are also included – immediate (within 6 months); short term (6 months to 1 year), medium term (1-2 years) long term (3-5 years).

Table 2 Issues with health and ageing services identified during District Council of Lower Eyre Peninsula's Health and Ageing Project

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|--|--------------|--|-----------|--|
| Information provision – services directory (See 3.1.1.1 for more detail) | No central directory of services available within DCLEP. Residents and visitors are potentially unaware of some services available in DCLEP | Increase awareness of all health and ageing services available in DCLEP. | Informer | <p>Develop a services directory that includes:</p> <ul style="list-style-type: none"> • GPs • community nursing • allied health • mental health support • aged care • disability support • transport services • social services <p>Investigate options for hosting and biannual review of services directory e.g. Cummins School Community Library</p> | Immediate | Draft complete. To be published when allied health services program available from Country and Outback Health. |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|---|---|--------------------|---|-----------|--|
| Information provision – My Aged Care (See 3.1.1.2 for more detail) | Ageing residents unaware of the need to register with My Aged Care or finding it difficult to register or search for local service providers. Residents either aren't registering or are delaying registering which is delaying access to in-home or residential care. | Residents are more familiar with the My Aged Care process | Informer/ Advocate | <ul style="list-style-type: none"> • Direct people to visit Red Cross for help and inform GPs and community nurses of this service. • Facilitate a My Aged Care assistance day in DCLEP to be run by Red Cross (in consultation with Kerry Schubert) • Identify any other options for getting people used to using My Aged Care website e.g. more information through next Navigating Aged Care Expo (LEHAC) | Immediate | Meeting held July 2018. Plan to start program to help residents in October 2018. |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|--|---|---|--------------|--|-----------|------------------------------------|
| Information provision – in-home support (See 3.1.1.3 for more detail) | Many residents have limited understanding of types of in-home help services ; the flexibility of services; cost; or the long waiting periods to access funding to subsidise services. Residents either aren't getting in-home support or will experience long delays in getting support. | Residents have better understanding of how in-home support packages can be tailored to individual needs and used in conjunction with informal care arrangements. Break down misconception that service providers won't travel to DCLEP or that services are 'for people who need them'. | Partner | <ul style="list-style-type: none"> Partner with LEHAC in delivering a series of follow up forums to their Navigating Aged Care Expo and ensure service providers know the type of information DCLEP residents need. Investigate possibility of forums being held in Cummins, Coffin Bay and Pt Lincoln outskirts. | Immediate | Ongoing by DCLEP |
| GP access (See 2.1.1.2, 2.3.2 and 3.1.2.1 for more detail) | Community survey indicated respondents would like more access to GPs in Coffin Bay | Increase GP access in Coffin Bay | Informer | <ul style="list-style-type: none"> Communicate survey results to GPs in DCLEP Ensure GP consulting hours are up to date in local publications | Immediate | Final report sent to GPs in DCLEP. |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|--|--------------|---|-------------|------------------|
| GP recruitment (See 3.1.2.2 for more detail) | Recruitment of GPs in DCLEP under review | Be actively involved in recruitment strategies | Advocate | <ul style="list-style-type: none"> Where necessary liaise with current GPs, RDWA, Country Health SA and PHN to develop an attractive recruitment package for new GPs. Participate in EPLGA Health Working Party Determine role of LEHAC in GP recruitment. | Medium term | Ongoing by DCLEP |
| Allied health – public (See 2.7 and 3.1.3.1 for more detail) | Country Health SA has not tendered to deliver allied health services into DCLEP. Potential decrease in public allied health services after June 2018. | Improve allied health service provision in DCLEP | Advocate | <ul style="list-style-type: none"> Discuss allied health service provision with Country Health SA and Country SA PHN to prioritise services needed within DCLEP based on results of community survey and discussions with GPs. | Immediate | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|--|---|--|-------------------|---|-------------------------|-----------------------------------|
| Allied health – private (See 2.7 and 3.1.3.2 for more detail) | Community survey suggested respondents wanted more access to physiotherapists, chiropractors and massage therapists. Limited suitable space for private allied health professionals looking to practice within DCLEP (particularly part time). | Increase opportunities for private health professionals to work within DCLEP | Informer/ Partner | <ul style="list-style-type: none"> Inform private health professionals of results of community survey and liaise about access to suitable space within DCLEP. | Immediate (and ongoing) | Project Officer to do August 2018 |
| Mental health – visiting services (See 2.9 and 3.1.4.1) | Limited face to face access to mental health professionals e.g. counselling or psychologists. | Increase access to visiting mental health professionals in DCLEP | Advocate/ Partner | <ul style="list-style-type: none"> Advocate with Country SA PHN to reinstate funding for visiting psychologist at Cummins Medical Clinic. Assist other appropriate organisations willing to deliver face to face services within DCLEP. | Immediate | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|---|---|-------------------|--|-------------------------|------------------|
| Mental health – local strategies (See 2.9 and 3.1.4.2) | Newly formed Empowering Lower EP – Suicide Prevention Network. Community survey perceived gap in suicide prevention services for 13-25 year olds. | Reduce stigma around mental health issues and seeking help. Increase awareness of range of support service. . | Informer/ Partner | <ul style="list-style-type: none"> • Be a leader in normalising conversations about mental health • Inform residents about online, phone and face to face services through services directory and social media. • Communicate results of community survey to Empowering Lower EP. | Immediate | Ongoing by DCLEP |
| Ambulance services (See 2.22 and 3.1.5.1 for more detail) | Community survey identified ambulance as extremely important. Cummins and Coffin Bay ambulance stations need more volunteers. | Increase recruitment to ambulance services | Informer | <ul style="list-style-type: none"> • Assist Regional Team Leader Chris Morgan to inform community of the need for more volunteers and promote the positives of being a volunteer ambulance officer. | Immediate (and ongoing) | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|--|--|---|--------------|--|------------|------------------|
| Infrastructure – medical clinic Coffin Bay (See 2.3.2.2 and 3.1.6.1 for more detail) | No permanent medical centre in Coffin Bay. One GP practice currently delivered out of privately owned premises rented to Country Health SA and another rented to Cummins Medical Clinic. Lack of purpose built facility may impact on recruitment of GPs and allied health workers to Coffin Bay. | Ensure suitable premises available for provision of GP and allied health services | Advocate | <ul style="list-style-type: none"> Consult with existing GPs working in Coffin Bay to determine their preferred approach in future. Discuss outcomes from GP discussion with RDWA, Country Health SA and PHN. Retain area of land in Section 669 in Coffin Bay currently set aside for health purposes. Determine if previous health centre plan could be updated to ‘shovel ready’ stage to take full advantage of external funding opportunities as they arise. | Short term | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|---|--------------|---|------------|------------------|
| Infrastructure – medical clinic Cummins (See 2.3.2.1 and 3.1.6.2 for more detail) | Cummins Medical Clinic rents clinic infrastructure owned by Country Health SA at subsidised rate. Size of facility may impact on recruitment of GPs and allied health workers to Cummins in future. | Ensure suitable premises available for provision of GP and allied health services | Advocate | <ul style="list-style-type: none"> Consult with existing GPs working in Cummins to determine their preferred approach in future Discuss outcomes from GP discussion with RDWA, Country Health SA and Country SA PHN | Short term | Ongoing by DCLEP |
| Infrastructure – GP housing (See 3.1.6.3 for more detail) | Lack of community owned GP housing which could impact on future potential to recruit GPs. | Suitable GP housing available | Partner | <ul style="list-style-type: none"> Work with LEHAC to investigate funding opportunities to build new housing as part of a GP recruitment package. | Short term | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|---|--------------------|--|---------------------|------------------|
| Infrastructure – housing options (See 2.1.1.2, 2.11 and 3.1.6.4 for more detail) | Limited options for residents looking to downsize or expand their housing (rent or buy). Renovations and larger units needed at Cummins Homes. | Maintain availability of land in DCLEP and make improvements to Cummins Homes | Provider/ Advocate | <ul style="list-style-type: none"> • Make range of land available that is suitable for private ownership in Cummins and Coffin Bay. • Consider retaining land in Section 669 in Coffin Bay and Lot 10 in Cummins for potential rental accommodation for aged residents (particularly 2 bedroom units). • New kitchens and plans to renovate all bathrooms in Cummins Homes. | Short – medium term | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|---|--|--------------------|--|------------|---|
| Infrastructure – age-friendliness (See 3.1.6.5 for more detail) | Major townships within DCLEP not as age-friendly as could be. | Make townships more age friendly. | Partner/ Provider | <ul style="list-style-type: none"> Partner with Pt Lincoln City Council and District Council of Tumby Bay in region-wide Active Ageing Strategy as part of Age Friendly SA Grant. Council to consult Age-friendly toolkit produced by SA Health⁵⁹ Review Council's footpath plan to increase connectivity of ageing residents with town centres, shopping areas etc. | Short term | Ongoing by DCLEP |
| Specialist services (See 2.6 and 3.1.7 for more detail) | Long waiting lists or complete lack of some visiting specialist services on Lower EP. No provision for personal choice in specialists. | Improve access to visiting specialists | Informer/ Advocate | <ul style="list-style-type: none"> Consult with Country Health SA about which specialities are priorities for DCLEP residents and how residents prefer to access based on community survey results. | Immediate | Project Officer to include in advocacy letter August 2018 |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|--|--------------------|---|-----------|---|
| Aged care – residential aged care beds (See 2.12 and 3.2.1.1 for more detail) | Inadequate access to long term residential and shorter term respite care beds in DCLEP. Residents stay on HCPs longer than ideal or have to leave the district for respite or long term care. | Increase number of aged care beds in DCLEP | Advocate | <ul style="list-style-type: none"> Discuss aged care bed allocation with Federal MP Rowan Ramsey, Day Parkhurst and Anthony Ryan Retain section of Lot 10 in Cummins set aside for supported aged care. | Immediate | Project Officer to include in advocacy letter August 2018 |
| Aged care – staffing (See 3.2.2.1 for more detail) | Shortage of qualified staff including RNs, ENs and Cert III carers to provide consistent high quality care. | Grow employment in aged care within DCLEP | Informer/ Advocate | <ul style="list-style-type: none"> Inform EPLGA health working party of staff shortages in DCLEP. Ensure aged care staffing is included in discussions with EPLGA Health Working Party, including incentives for residents with aptitude for work. Advocate with LEHAC for peer support programs for health professionals on LEP. Assist CDEC in programs designed to welcome and include new professionals in DCLEP. | Immediate | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|---|--------------------|--|------------|---|
| Aged care - In-home support services (See 2.13 and 3.2.3.1 for more detail) | Significant delays in release of funds for Home Care Package (HCP) once approved | Increase number of eligible residents applying for HCPs in timely manner. Increase rate at which HCPs are released. | Informer/ Advocate | <ul style="list-style-type: none"> Inform residents of the delays in accessing HCP funding and encourage them not to leave it to crisis point to begin the application process. Advocate to Rowan Ramsey MP to increase number of HCPs released. | Immediate | Project Officer to include in advocacy letter August 2018 |
| Aged care – Respite care (See 2.14 and 3.2.4.1 for more detail) | No day centre type respite care for people in informal caring arrangements. Informal care arrangements becoming less tenable due to carer burn out. Residents may become socially isolated. No emergency respite care for residents with memory loss. | Examine options for day centre and emergency respite care. | Advocate/ Informer | <ul style="list-style-type: none"> Advocate to Country Health SA, PHN for day centre respite care services within DCLEP. Review suitability of existing buildings for day centre model, including Miroma Place. Advocate to Country SA PHN for funding for emergency respite care for memory loss Inform private service providers of community's interest in day centre model. | Short term | Project Officer to include in advocacy letter August 2018 |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|--|---|---|--------------------|---|-----------|---|
| Palliative care (See 2.16 for more detail) | Restricted palliative care beds on Lower EP | Increase access to funded palliative care | Advocate | <ul style="list-style-type: none"> Advocate to State and Federal MPs | Immediate | Project Officer to include in advocacy letter August 2018 |
| Disability support (See 2.17 and 3.3.1.1) | Community survey suggested more access needed to disability support services | Improve access to disability support services | Informer/ Advocate | <ul style="list-style-type: none"> Include disability support in services directory Liaise with service providers who come to DCLEP's townships to ensure appropriate space available | Immediate | Ongoing by DCLEP |

| Focus area | Current situation | Goal | Council Role | Actions | Timeframe | Status |
|---|--|--|-----------------------|---|-----------|------------------|
| Transport – community services (See 2.19, 3.4.1.1 and 3.4.1.2 for more detail) | Lack of local knowledge in relation to availability and potential uses of the Community Bus and Red Cross transport services. Community survey suggested that people see bus as a valuable asset that will definitely be needed in the future. | Increase awareness of Community Bus and develop initiatives under which bus will benefit health outcomes e.g. transport to medical or allied health appointments | Provider/ Informer | <ul style="list-style-type: none"> Partner with Red Cross in programs to expand the use of the Community Bus. Work with other service providers to find other ways to use the bus. Inform residents of Red Cross' transport services | Immediate | Ongoing by DCLEP |
| Social services (See 2.18.2 and 3.5.1 for more detail) | Potential for residents 'ageing in place' to become socially isolated | Increase awareness of social outlets and opportunities to engage with community | Informer/ Provider | <ul style="list-style-type: none"> Include information on social outlets in services directory. Partner with Red Cross to provide Creating Connections program | Immediate | Ongoing by DCLEP |

4 Outcomes and benefits of taking action

4.1 Employment

The Health Care and Social Assistance sector, which includes hospitals, GPs, aged care and child care is the second largest employer of DCLEP's working population.⁶⁰ Employment for DCLEP residents in this sector increased from 7.9 per cent of the population (159 people) in the 2006 Census to 10.2 per cent (259 residents) in the 2016 Census.⁶¹ It is likely that a significant proportion of these residents work in health care, aged care or child care facilities in other council areas, particularly Pt Lincoln City Council.

The increase in employment in this sector reflects a nation-wide trend that is in line with the needs of our ageing population. Demand for aged care will increase over the coming decades, even more so in regional areas where the population is ageing faster than metropolitan areas.⁶² New funding arrangements for aged care and disability support (individualised consumer-directed care) provide an ongoing income source for service providers and their employees.⁶³ Therefore the opportunities for employment growth in this sector in regional areas are significant. Aged care work can be in a residential facility, community centre or in people's homes and more than 90 per cent of the workers in the Health Care and Social Assistance sector are female.⁶⁴

4.2 Community

Timely access to appropriate and quality health services has a direct impact on the health, wellbeing and productivity of communities. Inadequate access to GPs, dentists, pharmacies and other primary health facilities in Australia's rural and remote areas is estimated to lead to more than 60 000 preventable hospitalisations every year.⁶⁵ Better access to health and ageing services will improve health outcomes for DCLEP residents of all ages, particularly ageing residents who wish to remain within their home community close to family and other support networks.

Development plans that allow for a variety of housing options, ranging from larger family homes to smaller units for people looking to downsize will help create diverse community spaces with DCLEP's townships that are friendly for people of all ages.

Improved access to health and ageing services will not only attract visitors to DCLEP's townships but will also encourage them to stay for longer. In particular, the ageing population that regularly travels (i.e. grey nomads) will be more likely to visit regions and towns that are well-supported by emergency medical services, as well as GPs, pharmacies, community nursing and allied health services. Good access to these services along with housing options suitable for retirees could help attract people to retire in DCLEP, thereby increasing the population to a critical mass that attracts and retains essential health, ageing or other services (e.g. shopping).

4.3 Environmental

Development regulations that encourage efficient housing design can help minimise electricity and gas costs for residents of all ages. Safe, versatile and accessible outdoor spaces will help connect residents with the natural environment with increased opportunities for incidental social interactions and positive flow on effects for physical and mental health.

5 Strategic importance

5.1 Local importance

DCLEP's Health and Ageing Project is part of a proactive approach to health and ageing service provision in our region. Although not a direct provider of health and ageing services, DCLEP is in a position to play an important role in tackling many of the issues identified during the Health and Ageing Project. This will help ensure that no matter their age, residents can access the majority of services and supports they need within DCLEP or in neighbouring councils and that local employment in the aged and health care sector continues to grow.

The Health and Ageing Project is helping to start conversations amongst families in the DCLEP community about the choices they may have to make in the future and how people see themselves living out their later years. For families of ageing residents the need for in-home care or residential care can often arise after a crisis like a death, or an unexpected incident like a fall or stroke. Talking about the options and services available before these life-changing events occur could help make accessing residential care or in-home care less confusing and traumatic.

It is often the case that people don't know what services are available until they have to go looking for them. Or people may think they know the services that are available, but mistakenly believe they are not available in their current area. *Ad hoc* conversations with residents throughout this project have already begun to change the perceptions that in-home service providers won't travel to townships within DCLEP. These concerns have been relayed to service providers throughout the project to help inform their communication strategies. In addition, the service directory will help to inform a much wider audience about what is available to residents now, including allied health, tailored in-home support programs or social support.

Building and maintaining relationships with service providers who are looking to employ locals to care for local people will help ensure that residents who wish to remain in their own homes have access to all the services and support they need.

5.2 Regional importance

To a degree the different Local Government Areas (LGA) on EP are in competition to recruit GPs and other health professionals. However, collaborations between Councils (such as the EPLGA Health Working Party and the Age Friendly SA Grant partnership between Pt Lincoln City Council, District Council of Tumby Bay and DCLEP) will help develop region-wide recruitment strategies to position EP as a proactive, vibrant and diverse place to live and work. Attracting more GPs to all regional Council areas on EP also means more opportunities for peer support and training and the chance for Registrars to spend time on EP and form lasting connections.

6 Conclusions

This Health and Ageing in our Community Project has documented gaps and issues with the current health and ageing system in DCLEP and identified what role Council and the community can play in addressing shortfalls. Traditionally DCLEP has not been a provider of health and ageing services and in the foreseeable future this will likely remain the case. However, there are many opportunities where even small contributions from Council can significantly improve health outcomes and lead to sustainable long term solutions for the community.

Residents of DCLEP currently have access to a wide range of health services either within the DCLEP or in neighbouring Council areas. With many of these services there is a 'use it or lose' it aspect. Whether public or private, if a service is not viable then it is very difficult to maintain. A services directory; an increasing reputation as a central point of call for health information; and initiating conversations about strategies for attracting and retaining health professionals are just a few examples of the role Council can play. Partnering with and facilitating access by private service providers for the benefit of the community is also critical, as is advocacy with higher levels of government to ensure that State and Commonwealth Government health bodies are aware of, and constantly reminded about, major gaps in health and ageing services in our community and wider region.

There are numerous significant benefits of taking action to address health and ageing issues in DCLEP. These include better health outcomes; more local control of health and ageing services and therefore more flexibility to find innovative solutions to recruitment etc.; increased local employment; a more age-friendly and therefore family friendly Council area; retention and attraction of people to live in and visit DCLEP; and a reputation as a leader on Lower EP in health and ageing service access.

Access to appropriate health services, residential aged care, in-home support, employment, housing options, disability support, transport and social services will help ensure that residents of all ages and abilities can continue to enjoy a fulfilling lifestyle in DCLEP surrounded by familiarity, family and friends.

7 Contact persons

| Organisation | Contact person | Role | Phone | Email |
|--|-------------------|---|---|--|
| Community Organisations | | | | |
| Lower Eyre Health Advisory Council Inc. | Liz Mickan | Presiding member | Mob: 0428 372436 Home: 08 86885072 | mickan2@bigpond.com |
| Cummins & District Enterprise Committee | Jenna Hughes | Community Project Officer | Work: 08 8676 0400 | cdec@dclep.sa.gov.au |
| Primary Health Care | | | | |
| Cummins Hospital Auxiliary | Jan Phelps | Committee Chair | Mob: 0427 765 043 | |
| Country SA Primary Health Networks | Jane Cooper | Regional Manager - North & West | Work: 08 8621 3803 Mob: 0458 444 110 | JCooper@countrysaphn.com.au |
| Country and Outback Health | Andrea Triggs | Clinical Programs Operations Manager | | atriggs@cobh.org.au |
| Cummins Medical Clinic (now known as Lower Eyre Family Practice) | Dr Gerard Quigley | Practice owner and GP | Work: 08 8676 2210 | |
| Coffin Bay Community Health Centre | Dr Claire Rowe | Practice owner and GP | Work: 8683 2077 | |
| Cummins and District Memorial Hospital | Day Parkhurst | Executive Officer / Director of Nursing, Lower Eyre Health Service | Mob: 0477 326 625 | Desiree.Parkhurst@sa.gov.au |

| Organisation | Contact person | Role | Phone | Email |
|--|----------------|---------------------------------------|---|--|
| Community Health (Community Nursing and Allied Health) | Ronda Smith | Program Manager | Ph: 1800 944 912 | Ronda.Smith@sa.gov.au |
| Dementia Australia | Kylie Earl | Dementia Link Worker | Mob: 0429 594 641 | kylie.earl@alzheimers.org.au |
| Mental Health | | | | |
| West Coast Youth and Community Services (WCYCS) | Jo Clark | CEO | Work: 08 8683 0072 | wcyics@wcyics.com.au |
| Empowering Lower Eyre Suicide Prevention Network | John Treloar | Chairperson | Mob: 0428 762 064 | |
| Cummins Area School | Lauren Foster | Wellbeing for Learning Coordinator | Work: 08 8676 2388 | Lauren.Foster238@schools.sa.edu.au |
| Pharmacies | | | | |
| Cummins Chemist | Rachel Warner | Pharmacy Manager | Work: 08 8676 2057 | cummins@pharmacyalliance.net |
| Coffin Bay Pharmacy | Dilipsinh Rana | Owner and pharmacist | Work: 08 8685 4080 Mob: 0448 201 707 | dilip3755@gmail.com |
| Retirement living | | | | |
| Cummins Homes | Julie Elliot | Senior Works Administration, DCLEP | Work: 08 8676 0400 | juliee@dclep.sa.gov.au |
| Lincoln Grove | Dianne Ottery | Village Manager | Work: 1300 687 738 | lincolngroveinfo@retireaustralia.com.au |

| Organisation | Contact person | Role | Phone | Email |
|------------------------------------|-----------------|-------------------------------------|--------------------|--|
| Residential aged care | | | | |
| SA Health | Julie Kelly | Aged Care Liaison Officer | | Julie.Kelly@sa.gov.au) |
| Miroma Place | Tania Hammond | EFN Aged Care Portfolio Nurse | Work: 08 8676 0200 | tania.hammond@sa.gov.au |
| Matthew Flinders Home Inc. | Mike McKeown | CEO | Work: 08 8682 4122 | mike@mfh.com.au |
| Eyre Peninsula Old Folks Home Inc. | Dawn Suiter | CEO | Work: 08 8682 1868 | admin@epofh.com.au |
| In-home support providers | | | | |
| Country Health Connect | Ronda Smith | Program Manager | Work: 1800 944 912 | Ronda.Smith@sa.gov.au |
| Matthew Flinders Care Services | Kate William | Manager, Home Care Packages Program | Work: 08 8683 3970 | kate@mfh.com.au |
| Uniting Communities | Leanne Johnston | Senior Customer Service Coordinator | Work: 08 8682 3571 | LeanneJ@unitingcommunities.org |
| West Coast Home Care | Deanne Hartwig | CEO | Work: 08 8682 2177 | ceo@westcoasthomecare.com |
| Disability support services | | | | |
| NDIS | | Local Area Coordinator | Work: 1800 931 543 | LACWhyalla@missionaustralia.com.au |
| | Bronwen Caple | RDAWEP Workforce Project Manager | Work: 08 8645 7811 | Bronwen.Caple@rdawep.org.au |
| West Coast Home Care | Deanne Hartwig | CEO | Work: 08 8682 2177 | ceo@westcoasthomecare.com |

| Organisation | Contact person | Role | Phone | Email |
|--|------------------|---|---------------------|--|
| HomeCare+ | | | Work: 08 8683 3188 | info@homecareplus.asn.au |
| Novita | Cathryn Blight | Manager Regional Services | Work: 1300 668 482 | cathryn.blight@novita.org.au |
| | Anna Chapple | Team Leader Eyre Peninsula | Work: 1300 668 482 | anna.chapple@novita.org.au |
| Transport and telephone support | | | | |
| Red Cross Regional Centre Pt Lincoln | Kerry Schubert | Regional Areas Coordinator EP | Work: (08) 86830551 | kschubert@redcross.org.au |
| | Dianne Graham | Community Development Officer | Work: (08) 86830551 | digraham@redcross.org.au |
| Meals | | | | |
| Meals on Wheels | Yvonne Laube | Cummins local intake officer | Mob: 0427 339 757 | N/A |
| | Adele Whittaker | Pt Lincoln outskirts local intake officer | Mob: 0419 704 536 | N/A |
| Coffin Bay TakeAway | Tracey Mattheson | Local business offering meal delivery service | Mob: 0458 248 725 | N/A |
| Ambulance | | | | |
| SA Ambulance Service | Chris Morgan | Regional Team Leader | Mob: 0428 822 031 | Christopher.Morgan@sa.gov.au |
| | | | | |

8 Appendix

Q1. In which township/locality is your household?

| Answer Choices | Responses | |
|----------------|-----------|-----|
| Boston | 10.24% | 56 |
| Charlton Gully | 0.37% | 2 |
| Coffin Bay | 18.83% | 103 |
| Coomunga | 1.46% | 8 |
| Coulta | 1.65% | 9 |
| Cummins | 25.59% | 140 |
| Duck Ponds | 1.83% | 10 |
| Edillilie | 2.19% | 12 |
| Farm Beach | 0.18% | 1 |
| Fishery Bay | 0.37% | 2 |
| Fountain | 0.00% | 0 |
| Greenpatch | 0.91% | 5 |
| Hawson | 2.19% | 12 |
| Kapinnie | 1.83% | 10 |
| Karkoo | 0.91% | 5 |
| Kellidie Bay | 0.37% | 2 |
| Kiana | 0.18% | 1 |
| Little Douglas | 0.37% | 2 |
| Louth Bay | 3.84% | 21 |
| Mitchell | 0.55% | 3 |
| Mt Drummond | 0.18% | 1 |
| Mt Dutton Bay | 1.83% | 10 |
| Mt Hope | 1.46% | 8 |
| North Shields | 5.48% | 30 |
| Pearlah | 0.73% | 4 |
| Poonindie | 2.19% | 12 |
| Sleaford Bay | 0.55% | 3 |
| Tiatukia | 2.56% | 14 |
| Tootenilla | 0.73% | 4 |
| Tulka | 2.38% | 13 |
| Wangary | 2.56% | 14 |
| Wanilla | 0.91% | 5 |
| Warrow | 0.18% | 1 |
| Whites Flat | 0.73% | 4 |
| Whites River | 0.18% | 1 |
| Yeelanna | 1.10% | 6 |

| | | |
|------------------------|-------|----|
| Other (please specify) | 2.38% | 13 |
|------------------------|-------|----|

| | |
|-----------------|------------|
| Answered | 547 |
| Skipped | 0 |

| Other location | | Other (please specify) | |
|----------------|----------------------|------------------------|--|
| Respondents | Response Date | | |
| 1 | Sep 05 2017 05:14 PM | Port lincoln | |
| 2 | Sep 05 2017 04:52 PM | Port Lincoln | |
| 3 | Sep 05 2017 04:51 PM | Cockaleechee | |
| 4 | Sep 05 2017 11:00 AM | didn't specify | |
| 5 | Aug 31 2017 01:03 PM | respondent didn't say | |
| 6 | Aug 30 2017 07:50 PM | Cockaleechee | |
| 7 | Aug 29 2017 10:13 PM | Pt Lincoln outskirts | |
| 8 | Aug 27 2017 02:55 PM | Pt Boston | |
| 9 | Aug 24 2017 01:08 PM | Pt Lincoln | |
| 10 | Aug 22 2017 03:30 PM | Pt Lincoln | |

| | | |
|----|----------------------|--------------|
| 11 | Aug 22 2017 01:32 PM | Pt Lincoln |
| 12 | Jul 31 2017 12:19 AM | Koppio. |
| 13 | Jul 27 2017 10:09 PM | Port lincoln |

Q2. How many people in your household are in the following age categories?

| | 1 | | 2 | | 3 | | 4 | | 5 or more | | Total | Weighted Average |
|---------------|--------|----|--------|-----|--------|----|-------|---|-----------|---|-------|------------------|
| 0-12 years | 31.18% | 29 | 44.09% | 41 | 19.35% | 18 | 4.30% | 4 | 1.08% | 1 | 93 | 1.74 |
| 13-17 years | 56.67% | 34 | 35.00% | 21 | 6.67% | 4 | 1.67% | 1 | 0.00% | 0 | 60 | 1.45 |
| 18-25 years | 76.00% | 38 | 22.00% | 11 | 2.00% | 1 | 0.00% | 0 | 0.00% | 0 | 50 | 1.24 |
| 26-50 years | 33.69% | 63 | 65.24% | 122 | 0.53% | 1 | 0.00% | 0 | 0.53% | 1 | 187 | 1.67 |
| 51-64 years | 50.00% | 91 | 48.90% | 89 | 0.00% | 0 | 0.55% | 1 | 0.55% | 1 | 182 | 1.51 |
| 65-75 years | 50.00% | 95 | 50.00% | 95 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 190 | 1.5 |
| over 76 years | 63.21% | 67 | 36.79% | 39 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 106 | 1.37 |
| Answered | | | | | | | | | | | 544 | |
| Skipped | | | | | | | | | | | 3 | |

Q3. How important is it for your household to have access to the following health services as close to home as possible?

| | Not important | | Slightly important | | Moderately important | | Very important | | Extremely important | | Total | Weighted Average |
|--|---------------|-----|--------------------|----|----------------------|-----|----------------|-----|---------------------|-----|-------|------------------|
| General Practitioner (GP) | 0.75% | 4 | 2.81% | 15 | 9.18% | 49 | 28.65% | 153 | 58.61% | 313 | 534 | 4.42 |
| Allied health services (physiotherapy, podiatry, occupational therapy etc) | 8.11% | 40 | 8.92% | 44 | 25.56% | 126 | 31.03% | 153 | 26.37% | 130 | 493 | 3.59 |
| Aged care facility | 14.60% | 73 | 10.20% | 51 | 17.00% | 85 | 26.60% | 133 | 31.60% | 158 | 500 | 3.5 |
| School dental service | 39.66% | 186 | 9.17% | 43 | 14.93% | 70 | 21.32% | 100 | 14.93% | 70 | 469 | 2.63 |
| Mental health services | 19.71% | 94 | 12.37% | 59 | 19.08% | 91 | 23.27% | 111 | 25.58% | 122 | 477 | 3.23 |
| Specialist services | 6.43% | 32 | 9.44% | 47 | 23.29% | 116 | 32.13% | 160 | 28.71% | 143 | 498 | 3.67 |
| Ambulance | 1.14% | 6 | 1.90% | 10 | 6.26% | 33 | 24.86% | 131 | 65.84% | 347 | 527 | 4.52 |
| Fitness programs/classes | 15.53% | 75 | 19.25% | 93 | 31.88% | 154 | 20.08% | 97 | 13.25% | 64 | 483 | 2.96 |
| Alcohol and drug programs | 41.94% | 195 | 14.41% | 67 | 18.92% | 88 | 16.34% | 76 | 8.39% | 39 | 465 | 2.35 |
| Disability support | 28.48% | 137 | 11.43% | 55 | 18.92% | 91 | 21.00% | 101 | 20.17% | 97 | 481 | 2.93 |
| Dementia programs | 28.72% | 137 | 10.90% | 52 | 16.77% | 80 | 22.43% | 107 | 21.17% | 101 | 477 | 2.96 |
| Other (please specify type of service and level of importance) | | | | | | | | | | | 24 | |

| Q3 Other comments | | |
|-------------------|----------------------|---|
| Respondent | Response Date | Other (please specify type of service and level of importance) |
| s | | |
| 1 | Sep 05 2017 05:17 PM | DENTAL |
| 2 | Sep 05 2017 05:16 PM | Home care and Palliative care support, extremely important |
| 3 | Sep 05 2017 05:11 PM | Access to travel: extended bus service from Pt. Lincoln to North Shields. |
| 4 | Sep 05 2017 04:47 PM | home help,meals gardening services,so people can stay in their own homes. |
| 5 | Sep 05 2017 04:36 PM | Given the severe lack of rain in our district I think more mental health support/prevention services is critical. |
| 6 | Sep 05 2017 11:17 AM | Pathology for regular INR blood test (monitors blood clotting) |
| 7 | Sep 02 2017 05:17 PM | Renal Services |
| 8 | Aug 31 2017 12:07 PM | Other specialists that do no consult in Pt Lincoln e.g. urologist and have to drive to Whyalla and elderly find this challenging |
| 9 | Aug 29 2017 10:37 PM | Chemotherapy access? More access to different specialists - not needing to go to Adelaide. |
| 10 | Aug 29 2017 10:29 PM | Port Lincoln |
| 11 | Aug 29 2017 09:13 PM | Anticipate the items ranked 'slightly important' may become 'moderately important' in next 5 years or so as we age. |
| 12 | Aug 29 2017 05:23 PM | Alcohol and drug, disability support and dementia programs could well become very or extremely important |
| 13 | Aug 29 2017 05:05 PM | Disability support is critically important I feel it is unrealistic to expect specialist services in each little township. I would like specialist services to be available in Pt Lincoln. |
| 14 | Aug 28 2017 10:01 PM | Chemotherapy for more patients in Pt Lincoln |
| 15 | Aug 28 2017 04:22 PM | Pt Lincoln isn't far away for these services |
| 16 | Aug 28 2017 02:21 PM | Hospital is extremely important |
| 17 | Aug 24 2017 01:29 PM | My dad needed palliative care but its was bear mimium availability. |
| 18 | Aug 20 2017 02:32 PM | Aged Care and Dementia programs response in regard to elderly family member already a resident in Miroma |
| 19 | Aug 16 2017 04:37 PM | Palliative care, extremely important |
| 20 | Aug 15 2017 08:53 PM | Church access |
| 21 | Aug 10 2017 12:42 PM | Hospital |
| 22 | Aug 08 2017 05:31 PM | |
| 23 | Aug 08 2017 03:20 PM | |
| 24 | Aug 02 2017 06:46 PM | Endocrinology (Diabetes) Very Important |

Q4. In the past 12 months where has your household accessed the majority of its health services? (Leave blank if not applicable)

| | Cummins | | Coffin Bay | | Pt Lincoln | | Tumby Bay | | Whyalla | | Adelaide | | Other | | Unable access | to | Total | |
|---|---------|-----|------------|----|------------|-----|-----------|----|---------|----|----------|----|-------|----|---------------|----|----------|-----|
| GP | 41.00% | 214 | 15.52% | 81 | 49.23% | 257 | 2.49% | 13 | 0.57% | 3 | 4.60% | 24 | 1.34% | 7 | 0.00% | 0 | 522 | |
| Physiotherapist | 26.32% | 80 | 1.97% | 6 | 73.68% | 224 | 2.30% | 7 | 0.00% | 0 | 3.62% | 11 | 0.99% | 3 | 0.00% | 0 | 304 | |
| Chiropractor | 10.30% | 24 | 0.00% | 0 | 87.12% | 203 | 1.72% | 4 | 0.86% | 2 | 2.15% | 5 | 0.00% | 0 | 0.00% | 0 | 233 | |
| Podiatrist | 12.23% | 23 | 0.53% | 1 | 83.51% | 157 | 0.53% | 1 | 0.53% | 1 | 5.32% | 10 | 0.53% | 1 | 0.00% | 0 | 188 | |
| Dietitian | 36.05% | 31 | 2.33% | 2 | 58.14% | 50 | 2.33% | 2 | 1.16% | 1 | 2.33% | 2 | 2.33% | 2 | 0.00% | 0 | 86 | |
| Dentist | 1.17% | 5 | 0.00% | 0 | 92.31% | 396 | 1.17% | 5 | 0.47% | 2 | 6.76% | 29 | 0.93% | 4 | 0.00% | 0 | 429 | |
| Eyesight related | 2.07% | 9 | 0.46% | 2 | 84.10% | 365 | 0.46% | 2 | 3.69% | 16 | 13.59% | 59 | 0.46% | 2 | 0.00% | 0 | 434 | |
| Hearing related | 7.37% | 14 | 0.00% | 0 | 84.74% | 161 | 0.00% | 0 | 0.00% | 0 | 12.11% | 23 | 0.53% | 1 | 0.00% | 0 | 190 | |
| Disability support | 5.77% | 3 | 0.00% | 0 | 86.54% | 45 | 0.00% | 0 | 0.00% | 0 | 19.23% | 10 | 0.00% | 0 | 0.00% | 0 | 52 | |
| Mental Health support | 24.04% | 25 | 0.96% | 1 | 71.15% | 74 | 0.00% | 0 | 0.96% | 1 | 11.54% | 12 | 0.96% | 1 | 0.00% | 0 | 104 | |
| Occupational therapist | 13.64% | 6 | 0.00% | 0 | 77.27% | 34 | 0.00% | 0 | 0.00% | 0 | 13.64% | 6 | 0.00% | 0 | 0.00% | 0 | 44 | |
| Massage | 24.56% | 56 | 5.70% | 13 | 72.81% | 166 | 0.00% | 0 | 0.00% | 0 | 4.39% | 10 | 1.32% | 3 | 0.00% | 0 | 228 | |
| Yoga/pilates | 33.33% | 40 | 7.50% | 9 | 55.00% | 66 | 0.00% | 0 | 0.00% | 0 | 0.83% | 1 | 5.83% | 7 | 0.00% | 0 | 120 | |
| Gym/fitness program | 34.30% | 59 | 3.49% | 6 | 57.56% | 99 | 0.00% | 0 | 0.58% | 1 | 2.33% | 4 | 5.81% | 10 | 0.00% | 0 | 172 | |
| Other (please specify service and location) | | | | | | | | | | | | | | | | | 48 | |
| | | | | | | | | | | | | | | | | | Answered | 533 |
| | | | | | | | | | | | | | | | | | Skipped | 14 |

Q4 Other comments

| Respondents | Response Date | Other (please specify service and location) |
|-------------|----------------------|---|
| 1 | Sep 19 2017 12:53 PM | Specialist - Adelaide |
| 2 | Sep 19 2017 12:39 PM | Mt Hope |
| 3 | Sep 05 2017 11:17 AM | Alternative and natural health practitioners - Pt Lincoln |
| 4 | Sep 05 2017 11:10 AM | Vein specialist - Adelaide |
| 5 | Aug 31 2017 01:49 PM | Gynaecology - Adelaide |
| 6 | Aug 31 2017 01:01 PM | Ceduna |
| 7 | Aug 31 2017 12:07 PM | Urologist - Adelaide as not one in Whyalla at the time |
| 8 | Aug 31 2017 11:57 AM | Spine specialist - Adelaide |
| 9 | Aug 31 2017 11:37 AM | Bone align |
| 10 | Aug 31 2017 11:21 AM | Cardiologist - Adelaide. |
| 11 | Aug 30 2017 08:03 PM | Specialist (ENT) - Adelaide |
| 12 | Aug 30 2017 07:59 PM | Specialists - Adelaide |

| | | |
|----|----------------------|---|
| 13 | Aug 29 2017 11:20 PM | Rehab - Adelaide Calvary Joint replacements – Adelaide. Specialised Xrays and injections - Adelaide |
| 14 | Aug 29 2017 10:54 PM | Specialist - Whyalla and Adelaide |
| 15 | Aug 29 2017 10:48 PM | Yeelanna |
| 16 | Aug 29 2017 10:37 PM | Dermatologist – Adelaide, Lung/respiratory specialist - nearest is Adelaide and its a long trip, travelling is hard on bodies with back problems. PATS helps but doesn't cover fuel costs even closely. X-rays/CAT scans - Pt Lincoln |
| 17 | Aug 29 2017 09:18 PM | MRI - Whyalla and Adelaide |
| 18 | Aug 29 2017 09:13 PM | Annual scans and check up re breast health - Adelaide |
| 19 | Aug 29 2017 04:54 PM | Gym/fitness program - Mt Hope |
| 20 | Aug 29 2017 04:00 PM | Specialist - Adelaide |
| 21 | Aug 28 2017 10:13 PM | Waits for podiatrist to contact her about podiatrist appointments. Supposed to be every 3 months but sometimes more like 6 months. |
| 22 | Aug 28 2017 10:09 PM | Really like Janine - podiatrist I see in Pt Lincoln |
| 23 | Aug 28 2017 10:01 PM | One of us uses a doctor in Coffin Bay, the other in Pt Lincoln |
| 24 | Aug 28 2017 04:22 PM | Adelaide for specialist rheumatologist appointments |
| 25 | Aug 28 2017 03:11 PM | specialist in Adelaide |
| 26 | Aug 27 2017 03:39 PM | X-rays - Pt Lincoln Dermatologist - Pt Lincoln |
| 27 | Aug 27 2017 03:10 PM | Pathology - Pt Lincoln |
| 28 | Aug 26 2017 12:50 PM | Osteo alignment - Port Lincoln |
| 29 | Aug 24 2017 05:01 PM | Heart specialist – Adelaide Lung specialist - Adelaide |
| 30 | Aug 24 2017 04:52 PM | Speech therapist - Pt Lincoln |
| 31 | Aug 24 2017 04:27 PM | Visit Pt Lincoln |
| 32 | Aug 24 2017 01:38 PM | Rheumatology in Adelaide |
| 33 | Aug 24 2017 01:29 PM | Hospital in Pt Lincoln and Adelaide |
| 34 | Aug 22 2017 04:56 PM | Cleve |
| 35 | Aug 22 2017 04:48 PM | Podiatrist not reliable in Cummins. Doctors Adelaide - Chemo |
| 36 | Aug 22 2017 04:22 PM | Specialists in Adelaide |
| 37 | Aug 22 2017 03:16 PM | Mt Hope |
| 38 | Aug 22 2017 03:07 PM | Orthopaedic surgery in Adelaide |
| 39 | Aug 22 2017 01:29 PM | Specialist in Pt Lincoln |
| 40 | Aug 22 2017 01:21 PM | Once a week at Coultas Hall |
| 41 | Aug 21 2017 05:58 PM | Haematologist in Adelaide |
| 42 | Aug 17 2017 02:39 PM | Hydrotherapy at Pt Lincoln YMCA |
| 43 | Aug 17 2017 01:00 PM | My 13-year-old daughter was on a waiting list for several months for Government-funded mental health support. In the end we had to go privately at a considerable cost. The service was great with a visiting psychologist coming to Cummins, but it was only once a month. |
| 44 | Aug 16 2017 04:37 PM | Pilates at Coultas, Gym at Mount Hope |

| | | |
|----|----------------------|--|
| 45 | Aug 16 2017 01:23 PM | Specialist services in Port Lincoln and Adelaide (Physician & ENT) |
| 46 | Aug 12 2017 09:55 AM | Specialist Adelaide |
| 47 | Aug 11 2017 12:55 PM | MRI Whyalla Surgeon Adelaide |
| 48 | Aug 08 2017 05:31 PM | Red Cross car comes to pick them up for Lincoln appointments |

Q5. Which health services would your household like to be able to access and where?

| | Cummins | | Coffin Bay | | Pt Lincoln | | Other | | Total |
|--|---------|-----|------------|-----|------------|-----|--------|----|-----------------|
| GP | 49.76% | 210 | 31.99% | 135 | 22.99% | 97 | 4.03% | 17 | 422 |
| Physiotherapist | 49.01% | 149 | 24.34% | 74 | 27.30% | 83 | 5.26% | 16 | 304 |
| Chiropractor | 48.85% | 106 | 15.21% | 33 | 35.48% | 77 | 5.53% | 12 | 217 |
| Podiatrist | 44.40% | 103 | 19.40% | 45 | 32.33% | 75 | 8.19% | 19 | 232 |
| Dietician | 48.39% | 75 | 12.90% | 20 | 34.84% | 54 | 9.68% | 15 | 155 |
| Dentist | 32.45% | 98 | 13.25% | 40 | 49.01% | 148 | 9.27% | 28 | 302 |
| Eyesight related | 32.17% | 92 | 11.19% | 32 | 49.30% | 141 | 10.84% | 31 | 286 |
| Hearing related | 35.62% | 83 | 15.45% | 36 | 41.63% | 97 | 12.02% | 28 | 233 |
| Disability support | 44.59% | 66 | 20.95% | 31 | 33.78% | 50 | 7.43% | 11 | 148 |
| Mental Health support | 51.12% | 91 | 19.66% | 35 | 28.65% | 51 | 7.87% | 14 | 178 |
| Occupational therapist | 46.90% | 53 | 16.81% | 19 | 34.51% | 39 | 8.85% | 10 | 113 |
| Massage | 52.16% | 121 | 26.29% | 61 | 25.86% | 60 | 5.60% | 13 | 232 |
| Yoga/pilates | 47.13% | 82 | 24.71% | 43 | 29.89% | 52 | 8.62% | 15 | 174 |
| Gym/fitness program | 49.75% | 100 | 23.38% | 47 | 24.88% | 50 | 8.96% | 18 | 201 |
| Other (please specify which service and where) | | | | | | | | | 43 |
| | | | | | | | | | Answered |
| | | | | | | | | | 450 |
| | | | | | | | | | Skipped |
| | | | | | | | | | 97 |

Q5 Other comments

| Respondents | Response Date | Other (please specify which service and where) | Categories |
|-------------|----------------------|--|------------|
| 1 | Sep 19 2017 03:49 PM | Potentially palliative care and domiciliary care to home | |
| 2 | Sep 19 2017 12:39 PM | gym is at Mt Hope | |
| 3 | Sep 05 2017 04:38 PM | paediatrician – Cummins. bariatric specialist/surgeon - Port Lincoln | |
| 4 | Sep 05 2017 11:27 AM | Other services - as close as possible when needed. Massage = luxury! | |
| 5 | Sep 05 2017 11:21 AM | GP - Tumby Bay also | |

| | | |
|----|----------------------|--|
| 6 | Sep 01 2017 06:39 PM | Eyesight - Its too expensive to purchase glasses in Port Lincoln. Its cheaper for me to drive to Whyalla to Specsavers and get two pairs of glasses, and what they charge at OPSM for one pair of glasses I would still have money left over. Recently my mother went to OPSM and she was charged 125.00 just for consult and they wanted 860.00 for 1 pair of glasses. She can get 2 pairs for around 500.00. |
| 7 | Aug 31 2017 01:49 PM | Gynaecology - Coffin Bay, Cummins and Pt Lincoln |
| 8 | Aug 31 2017 01:01 PM | Eyesight - Adelaide |
| 9 | Aug 31 2017 12:37 PM | Pt Lincoln |
| 10 | Aug 31 2017 12:00 PM | Tumby Bay |
| 11 | Aug 30 2017 07:59 PM | All in Pt Lincoln |
| 12 | Aug 30 2017 07:50 PM | We use a lot of above services in Lincoln and would want to still see our regular specialists - not change. |
| 13 | Aug 29 2017 11:04 PM | Tumby Bay |
| 14 | Aug 29 2017 11:02 PM | Whyalla |
| 15 | Aug 29 2017 10:48 PM | Female doctor in Cummins |
| 16 | Aug 29 2017 10:37 PM | In later years an 'outreach' nurse?? |
| 17 | Aug 29 2017 09:13 PM | Currently Whyalla GP and dentist and undecided re change |
| 18 | Aug 29 2017 04:54 PM | Gym/fitness program - Mt Hope |
| 19 | Aug 28 2017 05:08 PM | No gym/fitness program available for my age group |
| 20 | Aug 28 2017 04:38 PM | Poonindie/North Shields |
| 21 | Aug 28 2017 03:02 PM | Closer to Louth Bay |
| 22 | Aug 27 2017 03:45 PM | Adelaide |
| 23 | Aug 24 2017 06:16 PM | Adelaide |
| 24 | Aug 24 2017 06:10 PM | Tumby Bay |
| 25 | Aug 24 2017 06:06 PM | I would like to see home visiting services to Sleaford |
| 26 | Aug 24 2017 05:58 PM | Easier to go to Lincoln for it all |
| 27 | Aug 24 2017 04:43 PM | North Shields |
| 28 | Aug 24 2017 04:33 PM | We would go to Pt Lincoln for anything else needed. I do go to Cummins for GP - this is a quality issue not a proximity issue. |
| 29 | Aug 24 2017 01:29 PM | Hospital - Pt Lincoln |
| 30 | Aug 24 2017 10:52 AM | North Shields |
| 31 | Aug 22 2017 04:07 PM | Our family accesses specific services - allied health in Pt Lincoln. Reason is they are high quality and suit our needs. |
| 32 | Aug 22 2017 03:32 PM | Skin care - cancer screening and treatment |
| 33 | Aug 21 2017 06:05 PM | Pt Lincoln |
| 34 | Aug 21 2017 03:45 PM | It is easier for us to go to Pt Lincoln than Coffin Bay because Airport Lane is so bad. |

| | | |
|----|----------------------|---|
| 35 | Aug 17 2017 02:25 PM | Pt Lincoln? |
| 36 | Aug 17 2017 02:21 PM | No answers provided |
| 37 | Aug 17 2017 02:16 PM | Pt Lincoln? |
| 38 | Aug 16 2017 01:23 PM | Speech Pathology - Cummins |
| 39 | Aug 10 2017 02:54 PM | Pt Lincoln? |
| 40 | Aug 10 2017 02:39 PM | Pt Lincoln? |
| 41 | Aug 08 2017 03:20 PM | Tried to go to podiatrist in Cummins but it was too hard - service wasn't regular enough so never knew when was coming. |
| 42 | Aug 02 2017 06:46 PM | Endocrinologist Port Lincoln |
| 43 | Jul 26 2017 03:36 PM | It is ok to travel for some services |

Q6. Please rate the importance of accessing the following specialist services as close to home as possible? (Leave blank if not applicable)

| | Not important | | Slightly important | | Moderately important | | Very important | | Extremely important | | Total | Weighted Average |
|--|---------------|----|--------------------|----|----------------------|----|----------------|-----|---------------------|-----|-----------------|------------------|
| Cardiology | 5.02% | 21 | 3.59% | 15 | 11.96% | 50 | 30.38% | 127 | 49.04% | 205 | 418 | 3.37 |
| Dermatology | 15.28% | 46 | 15.95% | 48 | 33.55% | 10 | 19.27% | 58 | 15.95% | 48 | 301 | 3.38 |
| Ear, nose and throat (ENT) | 8.82% | 32 | 6.89% | 25 | 27.27% | 99 | 30.58% | 111 | 26.45% | 96 | 363 | 3.49 |
| Gastroenterology | 12.71% | 38 | 9.36% | 28 | 27.09% | 81 | 27.09% | 81 | 23.75% | 71 | 299 | 3.41 |
| Geriatric | 14.74% | 46 | 8.33% | 26 | 17.63% | 55 | 29.49% | 92 | 29.81% | 93 | 312 | 3.32 |
| Gynaecology | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Obstetrics | 28.20% | 75 | 6.02% | 16 | 14.66% | 39 | 20.30% | 54 | 30.83% | 82 | 266 | 3.07 |
| Ophthalmology (eyesight) | 5.61% | 21 | 6.42% | 24 | 21.12% | 79 | 36.10% | 135 | 30.75% | 115 | 374 | 3.52 |
| Orthopaedics | 12.00% | 36 | 10.67% | 32 | 24.33% | 73 | 29.00% | 87 | 24.00% | 72 | 300 | 3.41 |
| Paediatrics | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Psychiatry | 16.38% | 47 | 7.67% | 22 | 19.51% | 56 | 25.44% | 73 | 31.01% | 89 | 287 | 3.29 |
| Oncology (cancer) | 8.20% | 30 | 4.92% | 18 | 6.83% | 25 | 26.23% | 96 | 53.83% | 197 | 366 | 3.25 |
| Reproductive medicine | 34.80% | 87 | 11.60% | 29 | 23.20% | 58 | 15.60% | 39 | 14.80% | 37 | 250 | 3.04 |
| Other (please specify which service and level of importance) | | | | | | | | | | | 58 | |
| | | | | | | | | | | | Answered | 478 |
| | | | | | | | | | | | Skipped | 69 |

| Q6 Other comments | | | | |
|-------------------|----------------------|--|-----------------------------------|------------|
| Respondents | Response Date | Other (please specify which service and level of importance) | | Categories |
| 1 | Sep 05 2017 05:17 PM | Gynaecology - moderately important | | |
| 2 | Sep 05 2017 05:17 PM | Gynaecology - extremely important | | |
| 3 | Sep 05 2017 05:16 PM | Palliative care , very important | Gynaecology - extremely important | |
| 4 | Sep 05 2017 05:15 PM | gynaecology - very important | | |
| 5 | Sep 05 2017 05:14 PM | Gynaecology - very important | | |
| 6 | Sep 05 2017 05:14 PM | Gynaecology - extremely important | | |
| 7 | Sep 05 2017 05:12 PM | Gynaecology - extremely important | | |
| 8 | Sep 05 2017 05:11 PM | Gynaecology - very important | | |
| 9 | Sep 05 2017 05:10 PM | Gynaecology - slightly important | | |
| 10 | Sep 05 2017 05:09 PM | Gynaecology - very important | | |
| 11 | Sep 05 2017 05:08 PM | gynaecology - extremely important | | |
| 12 | Sep 05 2017 05:08 PM | Gynaecology - slightly important | | |
| 13 | Sep 05 2017 05:07 PM | gynaecology - very important | | |
| 14 | Sep 05 2017 05:06 PM | gynaecology - slightly important | | |
| 15 | Sep 05 2017 05:05 PM | gynaecology - extremely important | | |
| 16 | Sep 05 2017 05:05 PM | Gynaecology - moderately important | | |
| 17 | Sep 05 2017 04:56 PM | Gynaecology - extremely important | Paediatrics - extremely important | |
| 18 | Sep 05 2017 04:54 PM | Gynaecology - very important | Paediatrics - very important | |
| 19 | Sep 05 2017 04:52 PM | Gynaecology - moderately important | | |

| | | |
|----|----------------------|---|
| 20 | Sep 05 2017 04:50 PM | gynaecology - very important |
| 21 | Sep 05 2017 04:50 PM | Gynaecology - very important |
| 22 | Sep 05 2017 04:49 PM | gynaecology - extremely important |
| 23 | Sep 05 2017 04:48 PM | Gynaecology - moderately important |
| 24 | Sep 05 2017 04:47 PM | Gynaecology - moderately important |
| 25 | Sep 05 2017 04:46 PM | gynaecology - moderately important |
| 26 | Sep 05 2017 04:45 PM | gynaecology - moderately important |
| 27 | Sep 05 2017 04:44 PM | gynaecology - extremely important |
| 28 | Sep 05 2017 04:43 PM | Gynaecology - very important |
| 29 | Sep 05 2017 04:42 PM | Gynaecology - slightly important |
| 30 | Sep 05 2017 04:41 PM | gynaecology - moderately important |
| 31 | Sep 05 2017 04:40 PM | Gynaecology - moderately important |
| 32 | Sep 05 2017 04:39 PM | Gynaecology - very important |
| 33 | Sep 05 2017 04:39 PM | Gynaecology - moderately important |
| 34 | Sep 05 2017 04:38 PM | Bariatric specialist, paediatrician |
| 35 | Sep 05 2017 04:37 PM | Gynaecology - extremely important |
| 36 | Sep 05 2017 04:36 PM | Gynaecology - extremely important |
| 37 | Sep 05 2017 04:35 PM | Gynaecology - extremely important |
| 38 | Sep 05 2017 04:33 PM | Gynaecology - very important |
| 39 | Sep 05 2017 04:31 PM | Gynaecology - moderately important |
| 40 | Sep 05 2017 11:17 AM | Pathology - extremely important |
| 41 | Sep 02 2017 05:17 PM | Renal Unit |
| 42 | Aug 31 2017 01:49 PM | Gynaecology closer to home with permanent specialist who can perform surgery in hospital closer to home instead of Adelaide. |
| 43 | Aug 31 2017 12:07 PM | Urologist - extremely important Urinary/prostate specialist access - very |
| 44 | Aug 29 2017 10:37 PM | important Respiratory (lungs) - extremely important |
| 45 | Aug 29 2017 09:30 PM | Psychiatry extremely important |
| 46 | Aug 28 2017 10:01 PM | I feel it is unrealistic to expect specialist services in each little township. I would like specialist services to be available in Pt Lincoln. |
| 47 | Aug 28 2017 04:22 PM | Rheumatoid specialists in Pt Lincoln |
| 48 | Aug 28 2017 03:11 PM | Renal services - extremely important |
| 49 | Aug 24 2017 04:33 PM | Quality of services MUCH more important than proximity!! |
| 50 | Aug 24 2017 01:29 PM | Renal care (dialysis) - extremely important |
| 51 | Aug 22 2017 04:22 PM | Important if the standard is as up to the specialists in Adelaide |
| 52 | Aug 16 2017 01:23 PM | Neurology |

| | | |
|----|----------------------|---|
| 53 | Aug 16 2017 12:04 PM | Rheumatology - slightly important |
| 54 | Aug 15 2017 12:37 PM | As long as these services are accessible in Port Lincoln then I'm fine. |
| 55 | Aug 08 2017 03:43 PM | Don't need any of these services at the moment so not sure |
| 56 | Aug 08 2017 03:20 PM | Haven't had to access any specialist services for a year or more now. |
| 57 | Aug 02 2017 06:46 PM | Endocrinology(Diabetes) Very Important |
| 58 | Jul 26 2017 03:36 PM | Our daughter accesses a number of different specialties at wch- while it would be great to access them closer to home I think it highly unlikely due to the unique combination of specialists she sees |

Q7. Ideally, how would your household prefer to access specialist services? (Some consults cannot be done by Telehealth (video conferencing), so please select all that apply. For example if your ideal scenario is initial consult in Cummins via Telehealth and then surgery in Pt Lincoln, please select both of those options).

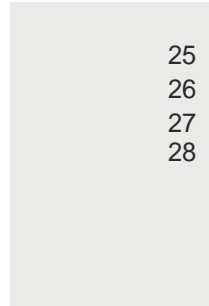
| Answer Choices | Responses | |
|---------------------------|-----------|------------|
| Cummins via Telehealth | 28.10% | 145 |
| Coffin Bay via Telehealth | 14.73% | 76 |
| Pt Lincoln via Telehealth | 16.67% | 86 |
| Pt Lincoln in person | 82.75% | 427 |
| Whyalla in person | 5.23% | 27 |
| Adelaide in person | 25.00% | 129 |
| Answered | | 516 |
| Skipped | | 31 |

Q8. Has your household been unable to access any health services, including specialists, in the past 12 months? If so, please explain which services and why?

Answered 166

Skipped 381

| Respondents | Response Date | Responses |
|-------------|----------------------|--|
| 1 | Sep 19 2017 12:53 PM | Access only available if you travel to Adelaide - increased costs due to travel and accommodation |
| 2 | Sep 19 2017 12:50 PM | no |
| 3 | Sep 19 2017 11:58 AM | no |
| 4 | Sep 19 2017 11:55 AM | n/a |
| 5 | Sep 19 2017 11:52 AM | no |
| 6 | Sep 19 2017 11:05 AM | n/a |
| 7 | Sep 05 2017 05:12 PM | ENT. The referral wasn't given |
| 8 | Sep 05 2017 05:11 PM | Delays in Neurology services due to Adelaide Neurologist being away. |
| 9 | Sep 05 2017 05:10 PM | N/A |
| 10 | Sep 05 2017 05:08 PM | hearing tests for children. I have been advised that there is no where on the eyre peninsula that will do children's hearing tests and that i would have to take them to Adelaide for that to happen. Very frustrating and cost involved to do so is not easy to afford. Thankfully they have now been put on a waiting list to have their hearing tested at school, which i am thankful about.. One of our daughters is also on a waiting list to see an eye specialist at Womens and Kids and has been on the waiting list for 2 yrs now. It would be really helpful if we were able to access the services we need over here. |
| 11 | Sep 05 2017 05:05 PM | School dental. None in Cummins. Can't get to Port Lincoln easily to access it there because I am a single parent who works full time. |
| 12 | Sep 05 2017 05:05 PM | I was fortunate when I had to see a specialist in Adelaide my family helped me with the travelling expenses iff they didn't help me I would have had to miss o |
| 13 | Sep 05 2017 05:04 PM | Yes - MRI - had to go to either Whyalla or Adelaide |
| 14 | Sep 05 2017 04:46 PM | Allergy specialist - allergy testing n bnb |
| 15 | Sep 05 2017 04:45 PM | MRI, no facilities in Port Lincoln. Have to travel |
| 16 | Sep 05 2017 04:44 PM | no |
| 17 | Sep 05 2017 04:40 PM | No |
| 18 | Sep 05 2017 04:39 PM | mental health care has been required for my daughter but it is so difficult to access. |
| 19 | Sep 05 2017 04:38 PM | Unable to access a physiotherapist recently as the visiting physio was away that week, and I was unable to drive due to my injury. |
| 20 | Sep 05 2017 04:36 PM | Yes ortho and cardiologist. Unable to wait for appointments locally, and not in Cummins or Port Lincoln. |
| 21 | Sep 05 2017 04:35 PM | Psychology & psychiatry. Ridiculous waiting times for appointments, up to 12 weeks for an initial consult The cardiologist visits from Adelaide and sometimes not very regularly when he says he will do so. I had a battery changed in Adelaide for my Pacemaker. The cardiologist was away on the day and did not see the positioning until six months later. First consult was via teleconferencing so the site was not seen. Now he wants it shifted because it protrudes some. |
| 22 | Sep 05 2017 12:45 PM | |
| 23 | Sep 05 2017 11:27 AM | MRI scans needed - had to go to Adelaide and see Sportsmed |
| 24 | Sep 05 2017 11:21 AM | GP - when children are sick - tried GPs in Cummins, Tumby Bay and Pt Lincoln - often unable to access a consultation for at least 1-2 |



days.

- 25 Sep 05 2017 11:08 AM Marriage guidance counselling - not available in this area
- 26 Sep 05 2017 11:05 AM no
- 27 Sep 05 2017 10:46 AM no
- 28 Sep 01 2017 06:39 PM Nerve Study - only do it in Adelaide. And too costly to fly over there etc, so I cancelled the appointment.

| | | |
|----|----------------------|---|
| 29 | Aug 31 2017 01:56 PM | no |
| 30 | Aug 31 2017 01:49 PM | Too long with appointments and always a waiting list and over a month to have your spot booked, just too long waiting and its getting annoying and frustratin |
| 31 | Aug 31 2017 12:46 PM | Optomologist - eye surgery |
| 32 | Aug 31 2017 12:43 PM | outpatient in Coffin Bay in peak season |
| 33 | Aug 31 2017 12:34 PM | Cummins limited - forced to travel to Pt Lincoln or Whyalla |
| 34 | Aug 31 2017 12:24 PM | no Urologist - kidney stones - Adelaide - supposed to be a urologist at Whyalla but at the time when needed noone consulting out of Whyalla. |
| 35 | Aug 31 2017 12:07 PM | Former urologist had retired and hadn't been replaced. |
| 36 | Aug 31 2017 11:35 AM | no |
| 37 | Aug 31 2017 11:21 AM | Cardiologist in Adelaide - next follow up check in 12 months time |
| 38 | Aug 31 2017 10:44 AM | no |
| 39 | Aug 31 2017 10:39 AM | Oncology - Adelaide only. Cancer treatment and ongoing check ups and support. |
| 40 | Aug 30 2017 07:59 PM | Orthopaedic surgery - 6 months wait in Pt Lincoln. Cardiac - no specialist physician comes to Pt Lincoln |
| 41 | Aug 30 2017 07:23 PM | Just go to Pt Lincoln |
| 42 | Aug 29 2017 11:22 PM | Neurologist and urology Hydrotherapy vital for joint replacements post-operative. Arthritis and balance conditions e.g. MS, Parkinsons, mental problems (down syndrome). |
| 43 | Aug 29 2017 11:20 PM | I travelled to Whyalla pool for 4 days in their pool. Can use Pt Lincoln now. |
| 44 | Aug 29 2017 11:08 PM | n/a |
| 45 | Aug 29 2017 11:02 PM | Waiting lists. Hospital balls ups. |
| 46 | Aug 29 2017 10:50 PM | n/a |
| 47 | Aug 29 2017 10:48 PM | no |
| 48 | Aug 29 2017 10:25 PM | n/a |
| 49 | Aug 29 2017 10:20 PM | Podiatrist |
| 50 | Aug 29 2017 10:13 PM | n/a |
| 51 | Aug 29 2017 10:09 PM | no Unable to access urologist services in short term in Pt Lincoln - forced to go to Adelaide |
| 52 | Aug 29 2017 10:03 PM | Mental health - only by Skype |
| 53 | Aug 29 2017 09:59 PM | Dermatology - over 12 month wait had to go to Adelaide |
| 54 | Aug 29 2017 09:55 PM | no |
| 55 | Aug 29 2017 09:43 PM | no |
| 56 | Aug 29 2017 09:16 PM | Reproduction |
| 57 | Aug 29 2017 09:13 PM | no |
| 58 | Aug 29 2017 05:23 PM | no |
| 59 | Aug 29 2017 05:14 PM | no |
| 60 | Aug 29 2017 05:05 PM | Rehabilitation not provided south of Whyalla, not provided in Pt Lincoln. |
| 61 | Aug 29 2017 04:57 PM | Dermatology - 12-18 month waiting list |
| 62 | Aug 29 2017 04:54 PM | Colonoscopy - Pt Lincoln |
| 63 | Aug 29 2017 04:11 PM | no |
| 64 | Aug 29 2017 04:09 PM | no |

| | | |
|-----|----------------------|---|
| 65 | Aug 29 2017 04:00 PM | Specialist unavailable in Pt Lincoln - had to go to Adelaide |
| 66 | Aug 28 2017 10:09 PM | Had to go to Whyalla for hip surgery |
| 67 | Aug 28 2017 10:01 PM | no |
| 68 | Aug 28 2017 09:52 PM | Yes - mental health support - eventually found a private practitioner |
| 69 | Aug 28 2017 09:49 PM | Gynaecology and X-ray for broken foot |
| 70 | Aug 28 2017 09:33 PM | Podiatry is very hard to access in Cummins through the public system. |
| 71 | Aug 28 2017 05:08 PM | PATS refused financial assistance for operation performed by specialist of our choice and for test performed in Adelaide. |
| 72 | Aug 28 2017 04:52 PM | no |
| 73 | Aug 28 2017 04:47 PM | no |
| 74 | Aug 28 2017 04:42 PM | n/a |
| 75 | Aug 28 2017 04:31 PM | Skin specialist - can't get an appointment in a period of 12 months at Pt Lincoln. Have to make an appointment in Adelaide. |
| 76 | Aug 28 2017 04:22 PM | Have to go to Adelaide for specialist rheumatologist |
| 77 | Aug 28 2017 04:15 PM | n/a |
| 78 | Aug 28 2017 04:12 PM | We had to travel to Adelaide to ENT specialist and have tonsils out in Adelaide as we weren't able to get them out in a timely manner in Pt Lincoln Actually the opposite has been true. My wife had a moderate stroke in January and during the next 6 months spent about 6 weeks in the rehab centre at Whyalla. Since then she has been able to access a wide range of services at Cummins with some at Tumby Bay and Pt Lincoln. |
| 79 | Aug 28 2017 03:50 PM | no |
| 80 | Aug 28 2017 03:33 PM | no |
| 81 | Aug 28 2017 03:29 PM | no |
| 82 | Aug 28 2017 03:19 PM | Specialist haematology/oncology service |
| 83 | Aug 28 2017 03:09 PM | no |
| 84 | Aug 28 2017 02:57 PM | no |
| 85 | Aug 28 2017 02:54 PM | no |
| 86 | Aug 28 2017 02:24 PM | Reproductive specialist appointments can be seen here but procedure couldn't be done here in Lincoln. Flew to Adelaide. |
| 87 | Aug 27 2017 04:15 PM | Thankfully none needed |
| 88 | Aug 27 2017 03:50 PM | Orthopaedic and cardiology |
| 89 | Aug 27 2017 03:29 PM | Ophthalmologist - cataract surgery and macular degeneration |
| 90 | Aug 27 2017 03:10 PM | no |
| 91 | Aug 27 2017 02:47 PM | no |
| 92 | Aug 24 2017 06:16 PM | no |
| 93 | Aug 24 2017 06:06 PM | No or limited services to diagnose autism. Need more paediatricians and paediatric psychologists. |
| 94 | Aug 24 2017 05:58 PM | Pregnancy/stillborn/miscarriage - we've miscarried 2 times in last 12 months and there are NO supports, groups, specialised counsellors here. |
| 95 | Aug 24 2017 05:49 PM | Burns specialist - had to go to Adelaide |
| 96 | Aug 24 2017 05:44 PM | Husband had a stroke - cannot regain his driver's licence although his GP cleared him because no one local or visiting is qualified to assess him via a driving test. He is unwilling to go to Repat Hospital and sit it. Very different to here. Shame. |
| 97 | Aug 24 2017 05:22 PM | no |
| 98 | Aug 24 2017 04:33 PM | no |
| 99 | Aug 24 2017 04:29 PM | no |
| 100 | Aug 24 2017 04:23 PM | no |
| 101 | Aug 24 2017 01:50 PM | no |

| | | |
|-----|----------------------|---|
| 102 | Aug 24 2017 01:46 PM | no |
| 103 | Aug 24 2017 01:29 PM | Orthopaedic specialist - had to travel to Adelaide. Cardiologist - had to travel to Adelaide. MRI - had to travel to Adelaide |
| 104 | Aug 24 2017 12:58 PM | GP melanographer |
| 105 | Aug 24 2017 12:41 PM | Podiatry - no one comes to Cummins |
| 106 | Aug 24 2017 12:36 PM | no |
| 107 | Aug 24 2017 11:30 AM | Bone density testing |
| 108 | Aug 24 2017 10:52 AM | N/A |
| 109 | Aug 22 2017 05:03 PM | no |
| 110 | Aug 22 2017 05:01 PM | Sleep disorder specialist - none available |
| 111 | Aug 22 2017 04:48 PM | Podiatrist very unreliable, not here regularly so book Lincoln then they ring up for appointments |
| 112 | Aug 22 2017 04:40 PM | Dermatology - had to go to Adelaide |
| 113 | Aug 22 2017 04:07 PM | no |
| 114 | Aug 22 2017 03:59 PM | No |
| 115 | Aug 22 2017 03:49 PM | ENT - specialist comes to Pt Lincoln. Had to wait for 4 months. Got referred to Adelaide by Dr as was more important to address sooner rather than later. |
| 116 | Aug 22 2017 03:42 PM | Mental health support - depression - counsellor |
| 117 | Aug 22 2017 03:39 PM | ENT in Pt Lincoln retired, no replacement yet, still waiting for consult. |
| 118 | Aug 22 2017 03:35 PM | No |
| 119 | Aug 22 2017 03:22 PM | no |
| 120 | Aug 22 2017 03:19 PM | No |
| 121 | Aug 22 2017 02:05 PM | Orthopaedics for compound fracture - Adelaide |
| 122 | Aug 22 2017 01:48 PM | No |
| 123 | Aug 22 2017 01:46 PM | No |
| 124 | Aug 22 2017 12:48 PM | N/A |
| 125 | Aug 22 2017 12:07 PM | No |
| 126 | Aug 22 2017 12:04 PM | No |
| 127 | Aug 22 2017 12:01 PM | Have been able to drive to Adelaide for services but won't always be possible to travel that distance. |
| 128 | Aug 22 2017 11:56 AM | Specialised gyno services |
| 129 | Aug 22 2017 12:36 AM | No |
| 130 | Aug 21 2017 06:07 PM | Access to a female doctor in Pt Lincoln |
| 131 | Aug 21 2017 05:44 PM | Bonescan, dermatology - not available at short notice Mental health services. |
| 132 | Aug 21 2017 05:38 PM | Waiting weeks to see a specialist. |
| 133 | Aug 21 2017 04:59 PM | ENT - waiting for over 6 months |
| 134 | Aug 21 2017 04:30 PM | Had to see a specialist in Adelaide |
| 135 | Aug 21 2017 04:25 PM | Allogest |
| 136 | Aug 21 2017 04:06 PM | No |

Q9. Where would your household prefer to access the following hospital services? Please select all that apply (Leave blank if not applicable)

| | Cummins | | Pt Lincoln | | Tumby Bay | | Whyalla | | Adelaide | | Depends on the situation | | Total |
|---|---------|-----|------------|-----|-----------|----|---------|---|----------|----|--------------------------|----------|-------|
| Accident and emergency | 41.89% | 222 | 63.77% | 338 | 3.02% | 16 | 1.13% | 6 | 6.42% | 34 | 21.32% | 113 | 530 |
| In-patient | 41.49% | 212 | 60.67% | 310 | 2.54% | 13 | 1.57% | 8 | 8.41% | 43 | 21.14% | 108 | 511 |
| Out-patient | 42.64% | 220 | 62.40% | 322 | 2.71% | 14 | 0.58% | 3 | 4.84% | 25 | 17.25% | 89 | 516 |
| Please provide any other relevant details | | | | | | | | | | | | | 6 |
| | | | | | | | | | | | | Answered | 530 |
| | | | | | | | | | | | | Skipped | 17 |

| Q9 Other comments | | | |
|-------------------|----------------------|--|------------|
| Respondents | Response Date | Please provide any other relevant details | Categories |
| 1 | Sep 05 2017 05:11 PM | Due to our daughter's health conditions we need access to: G.P.,Neurologist, Neurology Surgeon, Endocrinologist, Oncologist, Audiologist, Gynaecologist, Physiotherapist etc. The list goes on! | |
| 2 | Sep 05 2017 05:08 PM | Considering that i have anaphylaxis to a number of foods it is VERY important for me to be able to have access to emergency medical services at a hospital wherever i am. This was taken into consideration when we moved to the Eyre Peninsula from Adelaide and I am thankful for the hospitals we have here that can help me if needed. | |
| 3 | Sep 05 2017 04:36 PM | Best GP (DR QUIGLEY) in SA | |
| 4 | Aug 19 2017 07:40 PM | Coffin Bay | |
| 5 | Aug 14 2017 11:06 PM | Been told many times to travel to Whyalla but it actually costs more to do so e.g. driver and their accommodation. In Adelaide I can fly, have someone pick me up and have accommodation. all it costs is the flight | |
| 6 | Jul 26 2017 03:36 PM | Cummins would be preferred but as we often need radiology at this stage pl is more convenient | |

Q10. Does your household see any gaps in health and support services for our younger residents? (Leave blank if not applicable)

| | 0-12 years old | | 13-17 years old | | 18-25 years old | | Total |
|---------------------------|----------------|----|-----------------|-----|-----------------|-----|-------|
| Alcohol and drug programs | 17.95% | 28 | 73.72% | 115 | 73.08% | 114 | 156 |
| Counselling | 35.06% | 54 | 70.78% | 109 | 73.38% | 113 | 154 |
| Diet | 47.14% | 33 | 70.00% | 49 | 52.86% | 37 | 70 |
| Fitness | 48.75% | 39 | 70.00% | 56 | 55.00% | 44 | 80 |
| Mental health | 34.09% | 60 | 68.75% | 121 | 78.98% | 139 | 176 |
| Social | 32.26% | 30 | 72.04% | 67 | 62.37% | 58 | 93 |
| Suicide prevention | 24.03% | 37 | 67.53% | 104 | 86.36% | 133 | 154 |
| Other (please specify) | | | | | | | 13 |
| Answered | | | | | | | 216 |
| Skipped | | | | | | | 331 |

| Q10 Other comments | | |
|--------------------|----------------------|--|
| Respondents | Response Date | Other (please specify) |
| 1 | Sep 05 2017 05:17 PM | SUICIDE PREVENTION FOR ALL AGES |
| 2 | Sep 05 2017 05:17 PM | All areas are equally and extremely important in todays increasingly complex and rapidly changing society. |
| 3 | Sep 05 2017 05:04 PM | Unsure what's available as we don't have children at home |
| 4 | Sep 05 2017 04:38 PM | Availability of a paediatrician close to home. Visiting paediatrician services seem to be reducing. |
| 5 | Sep 05 2017 12:00 PM | No alternatives to mainstream sports e.g. footy/netball etc. |
| 6 | Sep 01 2017 06:39 PM | Not sure, live out of town |
| 7 | Aug 28 2017 03:50 PM | I do not know enough to make an informed comment locally but mental health and suicide prevention are common |
| 8 | Aug 28 2017 02:21 PM | WCYCS do a great job |
| 9 | Aug 27 2017 03:01 PM | Not sure what we have |
| 10 | Aug 24 2017 10:52 AM | People are people, same service for all |
| 11 | Aug 22 2017 04:32 PM | Have no one in this group at Cummins Area School |
| 12 | Aug 14 2017 11:06 PM | these are just the services I have looked for |
| 13 | Aug 11 2017 11:42 AM | not tough enough on punishment for drug offences |

Q11. In which social or community activities is your household involved?

| Answer Choices | Responses | |
|---|-----------------|------------|
| Sporting activities | 58.37% | 279 |
| Church group | 22.59% | 108 |
| Volunteering | 56.28% | 269 |
| Arts/crafts group | 17.36% | 83 |
| Fitness group | 29.92% | 143 |
| Environment groups (e.g. Coast Care, Friends of the Park) | 8.58% | 41 |
| Men's groups | 8.58% | 41 |
| Playgroup | 9.83% | 47 |
| Groups of friends | 56.90% | 272 |
| Other (please specify) | 11.92% | 57 |
| | Answered | 478 |
| | Skipped | 69 |

| Q11 Other comments | | |
|--------------------|----------------------|--|
| Respondents | Response Date | Other (please specify) |
| 1 | Sep 19 2017 11:52 AM | health/diet |
| 2 | Sep 19 2017 10:54 AM | Book club |
| 3 | Sep 05 2017 05:17 PM | Singing. |
| 4 | Sep 05 2017 05:17 PM | POW. at Coffin Bay Community Church. Children up to school age. Christian Outreach |
| 5 | Sep 05 2017 05:08 PM | Women's groups, library activities |
| 6 | Sep 05 2017 05:05 PM | School, Book club |
| 7 | Sep 05 2017 04:38 PM | Lone Scouts |
| 8 | Sep 05 2017 12:45 PM | Community Hall committee |
| 9 | Sep 05 2017 12:00 PM | Community Hall social mornnings/preschoolers play |
| 10 | Aug 31 2017 01:49 PM | only when these things are on |
| 11 | Aug 31 2017 12:43 PM | none |
| 12 | Aug 31 2017 12:24 PM | Memory Lane |
| 13 | Aug 31 2017 12:19 PM | Red Hatters, Garden Club Pt Lincoln |
| 14 | Aug 31 2017 11:57 AM | Pt Lincoln singers choir |
| 15 | Aug 31 2017 11:37 AM | church related |
| 16 | Aug 31 2017 11:21 AM | sometimes attend football with the family to watch grandchildren |
| 17 | Aug 31 2017 10:54 AM | business |
| 18 | Aug 30 2017 08:03 PM | White Flat Community GP |

| | | |
|----|----------------------|---|
| 19 | Aug 30 2017 07:23 PM | Gardening, fishing, caravanning |
| 20 | Aug 29 2017 11:20 PM | Very lonely and hoping to move into Pt Lincoln ASAP |
| 21 | Aug 29 2017 10:13 PM | Community activities |
| 22 | Aug 29 2017 10:09 PM | Zonta, Women in Agriculture, Bureau of Agriculture |
| 23 | Aug 29 2017 09:49 PM | Gardening |
| 24 | Aug 29 2017 09:46 PM | Progress Association |
| 25 | Aug 29 2017 09:13 PM | Museum supporters |
| 26 | Aug 28 2017 03:58 PM | Baby Bounce at Cummins Library |
| 27 | Aug 28 2017 03:50 PM | No must be a couple of old hermits :) |
| 28 | Aug 28 2017 03:39 PM | Cards afternoon weekly |
| 29 | Aug 28 2017 03:02 PM | Community Club Louth Bay |
| 30 | Aug 28 2017 02:44 PM | Meals on Wheels |
| 31 | Aug 27 2017 04:08 PM | cards |
| 32 | Aug 27 2017 03:29 PM | CWA |
| 33 | Aug 27 2017 02:55 PM | International Exchange |
| 34 | Aug 24 2017 05:39 PM | Probus, Tai Chi, Men's shed |
| 35 | Aug 24 2017 05:26 PM | Probus and choir |
| 36 | Aug 24 2017 05:22 PM | North Shields Progress Association and North Shields Memorial Hall Committee |
| 37 | Aug 24 2017 04:52 PM | Community groups |
| 38 | Aug 24 2017 01:22 PM | Red Hatters and card group |
| 39 | Aug 22 2017 04:32 PM | Birdwatching, grandchildren's school activities |
| 40 | Aug 22 2017 03:30 PM | Card playing groups |
| 41 | Aug 22 2017 03:22 PM | Show ground, Xmas street party |
| 42 | Aug 22 2017 03:07 PM | Pt Lincoln Garden Club |
| 43 | Aug 22 2017 03:02 PM | Music and dance |
| 44 | Aug 21 2017 06:15 PM | Music |
| 45 | Aug 21 2017 06:07 PM | Auto Club |
| 46 | Aug 21 2017 05:44 PM | Gardening group |
| 47 | Aug 20 2017 10:35 AM | Book club, War on Waste |
| 48 | Aug 18 2017 09:41 AM | Councillor in another council |
| 49 | Aug 17 2017 02:39 PM | Probus |
| 50 | Aug 14 2017 12:48 PM | None |
| 51 | Aug 11 2017 11:42 AM | band /music |
| 52 | Aug 10 2017 02:47 PM | Service groups - Lions Club |
| 53 | Aug 08 2017 05:31 PM | Card playing group at Miroma every Tuesday - group of men who used to go to each other's houses but now go to Miroma for it |

| | | |
|----|----------------------|---|
| 54 | Aug 08 2017 03:43 PM | Walk every morning to get The Times - social and fitness. |
| 55 | Aug 08 2017 03:20 PM | Pop over to other units for cuppa. Mostly keep to myself. |
| 56 | Jul 28 2017 05:57 PM | Visiting old people |
| 57 | Jul 27 2017 09:07 PM | I would like to continue sports |

Q12. If you have used the Cummins Community Bus what was the reason why? (Please select all that apply)

| Answer Choices | Responses | |
|-------------------------------|-----------|------------|
| Social interaction | 9.75% | 23 |
| Prefer not to drive | 1.69% | 4 |
| Unable to drive | 1.27% | 3 |
| To see what was like | 1.27% | 3 |
| Haven't used | 83.90% | 198 |
| Other reason (please specify) | 34.75% | 82 |
| Answered | | 236 |
| Skipped | | 311 |

Q12 Other comments

| Respondents | Response Date | Other reason (please specify) |
|-------------|----------------------|---|
| 1 | Sep 19 2017 12:50 PM | n/a |
| 2 | Sep 19 2017 12:46 PM | Haven't required it as I drive myself |
| 3 | Sep 19 2017 12:39 PM | Have own transport |
| 4 | Sep 05 2017 05:08 PM | would like to use but unsure if anyone can use it or if it is just for the elderly. |
| 5 | Sep 05 2017 04:51 PM | Ambo training |
| 6 | Sep 05 2017 04:39 PM | I am so used to making my own way to Lincoln that I am unlikely to be a bus user - but could see a need for it later years. |
| 7 | Sep 05 2017 04:38 PM | Hired for use at local aged care facility (resident bus trip) |
| 8 | Sep 05 2017 11:27 AM | can drive self and take car seats |
| 9 | Sep 05 2017 10:50 AM | Have not been in a position to use yet but think it is a great idea. |
| 10 | Aug 31 2017 01:49 PM | live too far out of town |
| 11 | Aug 31 2017 12:51 PM | My household members drive although older family members have used the service which helps us out |
| 12 | Aug 31 2017 12:43 PM | no need - own transport |
| 13 | Aug 31 2017 12:34 PM | too expensive for 2 to travel |
| 14 | Aug 31 2017 12:07 PM | Not at present but maybe in the future |
| 15 | Aug 31 2017 11:21 AM | not needed |
| 16 | Aug 30 2017 07:51 PM | Independent mode of transport |
| 17 | Aug 29 2017 11:22 PM | Live at Coffins |

| | | |
|----|----------------------|--|
| 18 | Aug 29 2017 11:20 PM | Not found time yet |
| 19 | Aug 29 2017 10:59 PM | No need, we live in Boston |
| 20 | Aug 29 2017 10:54 PM | Still able to drive |
| 21 | Aug 29 2017 10:42 PM | Haven't needed to yet |
| 22 | Aug 29 2017 09:13 PM | Located at Louth Bay most of time and sometimes at Whyalla so we are too remote from this (or are we not?) |
| 23 | Aug 29 2017 04:57 PM | Didn't know about it |
| 24 | Aug 29 2017 04:24 PM | No need for it at present. Wonderful for residents who need it, very important for it to continue. |
| 25 | Aug 29 2017 04:06 PM | We can both drive |
| 26 | Aug 28 2017 10:13 PM | Can't walk very far when get to Lincoln so no good. |
| 27 | Aug 28 2017 10:01 PM | We are both still able to drive |
| 28 | Aug 28 2017 09:57 PM | Not in area |
| 29 | Aug 28 2017 09:33 PM | Don't have my licence |
| 30 | Aug 28 2017 05:11 PM | I have a car and do not go to Pt Lincoln often |
| 31 | Aug 28 2017 04:54 PM | Pt Lincoln |
| 32 | Aug 28 2017 04:52 PM | Not aware of it |
| 33 | Aug 28 2017 04:49 PM | Not in Cummins |
| 34 | Aug 28 2017 04:38 PM | we drive |
| 35 | Aug 28 2017 04:26 PM | Haven't had the need to date |
| 36 | Aug 28 2017 04:15 PM | No need to use at present |
| 37 | Aug 28 2017 03:54 PM | Haven't needed to |
| 38 | Aug 28 2017 03:39 PM | Extra time to visit NFH to visit partner |
| 39 | Aug 28 2017 03:29 PM | Didn't know it existed and own a car |
| 40 | Aug 28 2017 03:09 PM | Currently able to drive. Reassuring to know available if health circumstances change. |
| 41 | Aug 28 2017 02:47 PM | own transport |
| 42 | Aug 28 2017 02:44 PM | Capable of driving ourselves so far |
| 43 | Aug 27 2017 04:15 PM | Self reliant |
| 44 | Aug 27 2017 03:50 PM | Able to still drive to Pt Lincoln |
| 45 | Aug 27 2017 03:39 PM | Have own vehicle and can drive to Pt Lincoln |
| 46 | Aug 27 2017 03:01 PM | Live in Coffin Bay - have our own private transport |
| 47 | Aug 24 2017 06:13 PM | No need - own car |
| 48 | Aug 24 2017 06:06 PM | Don't live in area |
| 49 | Aug 24 2017 05:17 PM | Can drive ourselves |
| 50 | Aug 24 2017 05:09 PM | Bowls in Pt Lincoln |
| 51 | Aug 24 2017 04:57 PM | Haven't had need yet |
| 52 | Aug 24 2017 04:52 PM | Do not live in Cummins |
| 53 | Aug 24 2017 04:23 PM | We both drive our own vehicles so no need of bus (yet) but maybe later |

| | | |
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| 54 | Aug 24 2017 01:46 PM | Haven't needed to. Still independent but probably will some time in future. |
| 55 | Aug 24 2017 01:22 PM | Have own car |
| 56 | Aug 24 2017 12:51 PM | Drive ourselves at this time |
| 57 | Aug 24 2017 11:46 AM | Not interested |
| 58 | Aug 24 2017 11:43 AM | Working commitments. When have appointment in Lincoln easier to drive myself. |
| 59 | Aug 24 2017 10:52 AM | No need |
| 60 | Aug 22 2017 04:32 PM | Still able to drive. Enjoyed Christmas Community Bus Trip to Dutton and Coffin Bay |
| 61 | Aug 22 2017 03:59 PM | Have driver's licence myself |
| 62 | Aug 22 2017 03:39 PM | Don't live in Cummins |
| 63 | Aug 22 2017 03:13 PM | Able to drive |
| 64 | Aug 22 2017 01:54 PM | All shopping and services are accessed in Pt Lincoln |
| 65 | Aug 22 2017 01:29 PM | Out of that area |
| 66 | Aug 22 2017 01:26 PM | Not needed at present |
| 67 | Aug 22 2017 12:01 PM | Work full time and live in Coffin Bay |
| 68 | Aug 21 2017 04:48 PM | Haven't had the need to. Live too far out. |
| 69 | Aug 21 2017 04:25 PM | No use for it |
| 70 | Aug 17 2017 02:16 PM | Service cancelled due to lack of interest and cost. |
| 71 | Aug 17 2017 02:08 PM | Prefer to drive and not be locked into set times |
| 72 | Aug 16 2017 02:07 PM | My household does not require to use this service at this time, however, in the future it may be relevant. I have heard good reports about the service from people in Coffin Bay. |
| 73 | Aug 10 2017 02:54 PM | Can drive myself |
| 74 | Aug 10 2017 02:51 PM | Drove to Whyalla for hip surgery |
| 75 | Aug 10 2017 02:47 PM | Have an outing to Lincoln without needing own car |
| 76 | Aug 10 2017 02:34 PM | As a driver or volunteer |
| 77 | Aug 10 2017 12:34 PM | Live in Boston! |
| 78 | Aug 08 2017 05:31 PM | to do special shopping in Pt Lincoln |
| 79 | Aug 08 2017 05:05 PM | Only drive locally now. Daughter takes to Lincoln if need to go. |
| 80 | Aug 08 2017 03:43 PM | When moved here in 2001 started asking Council about bus services - came from Adelaide Hills where bus services 6 times/day. The Community Bus trip is a very long day by time go into Coffins and out again twice. Stopping at Red Cross House for cuppa was nice and could go to Kmart and Millers then too. Wendy was good driver because she parked on Tasman Tce too so could go to other shops/cafes down there. Still able to drive myself as well. |
| 81 | Aug 08 2017 03:20 PM | Good for shopping in Lincoln. Doesn't run often enough though, needs to be more than once a month. |
| 82 | Aug 05 2017 11:18 PM | A |

Q13. Does your household see a need for day centre type respite services to help provide a break for those people who are carers of family members or friends? If yes, where? (Select all that apply)

| Answer Choices | Responses | |
|---------------------------------|-----------|------------|
| Coffin Bay | 21.52% | 82 |
| Cummins | 36.75% | 140 |
| Other | 7.87% | 30 |
| Not sure | 23.10% | 88 |
| No | 23.88% | 91 |
| Other (please specify location) | | 34 |
| Answered | | 381 |
| Skipped | | 166 |

| Q13 Other comments | Respondents | Response Date | Other (please specify location) |
|--------------------|-------------|----------------------|---|
| | 1 | Sep 19 2017 11:03 AM | North Shields |
| | 2 | Sep 05 2017 05:17 PM | Will become increasingly important for the support of those supporting the increasingly ageing baby boomers and the demands on their individual lifestyles where both parents generally work and where volunteering is going to be increasingly important and vital for community sustainability. |
| | 3 | Sep 05 2017 05:14 PM | Port lincoln |
| | 4 | Sep 05 2017 05:11 PM | North Shields |
| | 5 | Sep 05 2017 05:05 PM | For young people with disabilities and their carers |
| | 6 | Sep 05 2017 04:49 PM | Cummins so I could apply to work here in my current roll instead of travelling to Port Lincoln daily |
| | 7 | Sep 05 2017 04:38 PM | Would dearly love to see an activity centre in the cummins district for the elderly, such a beneficial opportunity for both the aged, disadvantaged and carers |
| | 8 | Sep 05 2017 04:37 PM | Absolutely, this is a huge need. |
| | 9 | Sep 05 2017 12:00 PM | Tumby bay |
| | 10 | Sep 05 2017 11:41 AM | yes but not in our present situation |
| | 11 | Sep 05 2017 11:27 AM | Pt Lincoln |
| | 12 | Sep 05 2017 11:21 AM | it would be a wonderful service wherever it could be most accessible |
| | 13 | Aug 31 2017 11:21 AM | Pt Lincoln |
| | 14 | Aug 29 2017 10:13 PM | Pt Lincoln |
| | 15 | Aug 29 2017 09:13 PM | Possibly in Louth Bay. Do not know how many of the more elderly residents there are who might benefit from this. Maybe occasional? |
| | 16 | Aug 29 2017 05:05 PM | Sleaford |
| | 17 | Aug 28 2017 10:01 PM | Pt Lincoln |

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|----|----------------------|---|
| 17 | Aug 28 2017 03:06 PM | Pt Lincoln |
| 18 | Aug 27 2017 02:55 PM | Pt Lincoln |
| 19 | Aug 27 2017 02:52 PM | Pt Lincoln |
| 20 | Aug 24 2017 06:10 PM | Pt Lincoln |
| 21 | Aug 24 2017 05:26 PM | Pt Lincoln |
| 22 | Aug 24 2017 05:22 PM | Pt Lincoln |
| 23 | Aug 24 2017 04:33 PM | Yes wherever |
| 24 | Aug 24 2017 01:29 PM | Pt Lincoln |
| 25 | Aug 24 2017 11:43 AM | Miroma Place |
| 26 | Aug 24 2017 10:52 AM | North Shields |
| 27 | Aug 22 2017 02:03 PM | We don't need it but it is a critical service |
| 28 | Aug 22 2017 01:29 PM | Pt Lincoln |
| 29 | Aug 22 2017 12:26 PM | Pt Lincoln |
| 30 | Aug 21 2017 03:51 PM | Pt Lincoln |
| 31 | Aug 19 2017 07:40 PM | Coffin Bay is an area that needs to closely looked at for services for the aged especially citizens with Dementia Carers need a regular break from their caring role. It is also very difficult for carers to attend to activities like shopping, appointments etc when they have the person they are caring for with them. If a day centre is an option, I would like to see something flexible that is tailored around individual preferences and wellbeing. |
| 32 | Aug 16 2017 02:07 PM | |
| 33 | Aug 11 2017 11:42 AM | More facilities at Port Lincoln to cater for southern areas |
| 34 | Aug 10 2017 12:42 PM | No |

Q14. How do you find out about health and ageing services in your area?

Answered 390

Skipped 157

| Respondent s | Response Date | Responses |
|-----------------|----------------------|--|
| 1 | Sep 19 2017 03:49 PM | Local GP and internet |
| 2 | Sep 19 2017 01:01 PM | Mainly talking to people my age and older |
| 3 | Sep 19 2017 12:59 PM | Haven't had to so not sure but maybe GP |
| 4 | Sep 19 2017 12:53 PM | GPs and hospital staff |
| 5 | Sep 19 2017 12:50 PM | ask friends and neighbours |
| 6 | Sep 19 2017 12:48 PM | online |
| 7 | Sep 19 2017 12:46 PM | Facebook, workplace posters, community posters |
| 8 | Sep 19 2017 12:39 PM | Cummins Medical Centre |
| 9 | Sep 19 2017 12:00 PM | Local health service |
| 10 | Sep 19 2017 11:58 AM | Advertising (TV and notice boards) or word of mouth |
| 11 | Sep 19 2017 11:55 AM | Pt Lincoln Times, DCLEP |
| 12 | Sep 19 2017 11:52 AM | NOT from your website as you may think many visit regularly |
| 13 | Sep 19 2017 11:42 AM | GP |
| 14 | Sep 19 2017 11:29 AM | Community Nurse Patsy |
| 15 | Sep 19 2017 11:26 AM | we don't |
| 16 | Sep 19 2017 11:03 AM | Pt Lincoln Times |
| 17 | Sep 19 2017 10:56 AM | Cummins Hospital and Medical Centre |
| 18 | Sep 05 2017 05:17 PM | Look up social media...local papers...read pamphlets in the medical centre...library or at various community events ..ed. local showetc. |
| 19 | Sep 05 2017 05:17 PM | COFFIN BAY SUN |
| 20 | Sep 05 2017 05:16 PM | Internet, port lincoln health service |
| 21 | Sep 05 2017 05:14 PM | Local newsletters, or contact Cummins clinic |
| 22 | Sep 05 2017 05:14 PM | Doctors , google, friends,family, Facebook |
| 23 | Sep 05 2017 05:12 PM | Church leaders |
| 24 | Sep 05 2017 05:11 PM | Through Carers SA. |
| 25 | Sep 05 2017 05:09 PM | Ask at the hospital or doctors surgery |
| 26 | Sep 05 2017 05:08 PM | word of mouth mainly and asking at the drs surgery. Also have seen some things advertised in the Cummins newsletter. |
| 27 | Sep 05 2017 05:07 PM | Facebook & print media |
| 28 | Sep 05 2017 05:06 PM | GP, west Coast Care |
| 29 | Sep 05 2017 05:05 PM | Social media. Word of mouth. Cummins Connection. |
| 30 | Sep 05 2017 05:05 PM | I ask the GP or my daughter who has lived here for a long time |

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|----|----------------------|--|
| 31 | Sep 05 2017 05:04 PM | The Coffin Bay Sun |
| 32 | Sep 05 2017 04:56 PM | Social media or at the clinic |
| 33 | Sep 05 2017 04:54 PM | Paper, TV, Hospital |
| 34 | Sep 05 2017 04:53 PM | Cummins Medical Clinic |
| 35 | Sep 05 2017 04:52 PM | Newspapers, social media. Health professionals, local shop, friends |
| 36 | Sep 05 2017 04:50 PM | We need more nursing homes for those who are still young however disabled or suffer from the likes of MS. |
| 37 | Sep 05 2017 04:50 PM | Need more beds/facilities so people can stay in their own area. |
| 38 | Sep 05 2017 04:49 PM | My aged care website. Word of mouth and professional referrals |
| 39 | Sep 05 2017 04:47 PM | coffin bay sun. Word of mouth |
| 40 | Sep 05 2017 04:45 PM | Local referrals, hospital |
| 41 | Sep 05 2017 04:44 PM | Dr Quigley |
| 42 | Sep 05 2017 04:43 PM | Internet |
| 43 | Sep 05 2017 04:40 PM | Regularly |
| 44 | Sep 05 2017 04:39 PM | google buy trial a error, unfortunately. the system is so confusing, and heightened by the confusion of ill health and things like dementia. "My aged care" sort of helped out for my dad, but that was only as good as the person's knowledge on the end of the line. No one really helped continuously. I can say, with out a doubt, that my dad's dementia and his decline has had and is still having far reaching health issues for the family - at least four adults and three grandchildren are suffering stress effects still, over a year after his passing. Anything that creates support as parents age has to be a huge benefit to our society. |
| 45 | Sep 05 2017 04:39 PM | Usually word of mouth. I find private services are quite well advertised, however SA Health services are not very well advertised. |
| 46 | Sep 05 2017 04:38 PM | Hospital admission |
| 47 | Sep 05 2017 04:37 PM | Called the hospital in Cummins |
| 48 | Sep 05 2017 04:36 PM | Hospital or GP |
| 49 | Sep 05 2017 04:35 PM | The GP would be the first person to speak too and accept their referral. |
| 50 | Sep 05 2017 04:33 PM | It's available and conveniently located & accessible. |
| 51 | Sep 05 2017 04:31 PM | Online or by word of mouth, via GP or friends. |
| 52 | Sep 05 2017 12:45 PM | word of mouth |
| 53 | Sep 05 2017 12:05 PM | Local GP or Hospital |
| 54 | Sep 05 2017 12:03 PM | word of mouth |
| 55 | Sep 05 2017 12:00 PM | word of mouth |
| 56 | Sep 05 2017 11:57 AM | enquiring through Medical Centre |
| 57 | Sep 05 2017 11:55 AM | Phone |
| 58 | Sep 05 2017 11:53 AM | Internet. Nobody tells anyone, have to find out ourselves. |
| 59 | Sep 05 2017 11:41 AM | internet |
| 60 | Sep 05 2017 11:29 AM | Have seen forums advertised on Facebook and Cummins Connection |
| 61 | Sep 05 2017 11:27 AM | visits to GP or information in Cummins News leaflet |
| 62 | Sep 05 2017 11:21 AM | |

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|----|----------------------|---|
| 63 | Sep 05 2017 11:17 AM | GP or Pt Lincoln Hospital, phone book, word of mouth, ads in Pt Lincoln Times |
| 64 | Sep 05 2017 11:10 AM | rarely |
| 65 | Sep 05 2017 11:08 AM | Pt Lincoln Times, GP |
| 66 | Sep 05 2017 11:05 AM | Service providers in Pt Lincoln |
| 67 | Sep 05 2017 10:54 AM | Local GP |
| 68 | Sep 05 2017 10:50 AM | Social media - Facebook |
| 69 | Sep 01 2017 06:39 PM | Presume you ask through your GP if needed. |
| 70 | Aug 31 2017 01:56 PM | internet, Coffin Bay Sun, Pt Lincoln Times, GP |
| 71 | Aug 31 2017 01:49 PM | Not really any notice except Pt Lincoln Times if you read it |
| 72 | Aug 31 2017 01:01 PM | Medical Centre, Bupa online |
| 73 | Aug 31 2017 12:57 PM | word of mouth, Pt Lincoln Times |
| 74 | Aug 31 2017 12:51 PM | general media |
| 75 | Aug 31 2017 12:46 PM | Coffin Bay Sun |
| 76 | Aug 31 2017 12:43 PM | information pamphlets and Pt Lincoln Times |
| 77 | Aug 31 2017 12:39 PM | word of mouth |
| 78 | Aug 31 2017 12:34 PM | Cummins Connection. word of mouth |
| 79 | Aug 31 2017 12:21 PM | word of mouth |
| 80 | Aug 31 2017 12:19 PM | GP |
| 81 | Aug 31 2017 12:07 PM | Pt Lincoln Times. pamphlets in medical centre. internet |
| 82 | Aug 31 2017 12:00 PM | Tumby Bay Medical advice |
| 83 | Aug 31 2017 11:57 AM | past history |
| 84 | Aug 31 2017 11:39 AM | grapevine |
| 85 | Aug 31 2017 11:35 AM | not sure |
| 86 | Aug 31 2017 11:33 AM | Newspapers, friends, medical practitioners |
| 87 | Aug 31 2017 11:30 AM | Internet |
| 88 | Aug 31 2017 11:21 AM | through family |
| 89 | Aug 31 2017 11:14 AM | online |
| 90 | Aug 31 2017 10:54 AM | own networks |
| 91 | Aug 31 2017 10:47 AM | online |
| 92 | Aug 31 2017 10:44 AM | GP, Red Cross, family |
| 93 | Aug 31 2017 10:39 AM | word of mouth |
| 94 | Aug 30 2017 08:06 PM | we don't need to |
| 95 | Aug 30 2017 08:01 PM | Coffin Bay Clinic |
| 96 | Aug 30 2017 07:59 PM | Pt Lincoln Times but it costs us \$3.40/week to get it!!! |
| 97 | Aug 30 2017 07:50 PM | through surgery or hospital |
| 98 | Aug 30 2017 07:46 PM | GP |

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|-----|----------------------|--|
| 99 | Aug 30 2017 07:43 PM | GP |
| 100 | Aug 30 2017 07:30 PM | From friends and because we are in the process of going through the aged care mine field with ageing parents - 90 and 88 in Pt Lincoln. Making contact and enquiring from Country Health and Matthew Flinders. Have attended seminar at Lincoln Hotel. |
| 101 | Aug 30 2017 07:26 PM | From family and parents |
| 102 | Aug 30 2017 07:23 PM | word of mouth |
| 103 | Aug 29 2017 11:22 PM | Not sure |
| 104 | Aug 29 2017 11:20 PM | Word of mouth, Pt Lincoln Times, Coffin Bay Sun |
| 105 | Aug 29 2017 10:57 PM | GP |
| 106 | Aug 29 2017 10:54 PM | Radio, TV, word of mouth |
| 107 | Aug 29 2017 10:52 PM | Asking people |
| 108 | Aug 29 2017 10:50 PM | We don't need to access this information |
| 109 | Aug 29 2017 10:48 PM | word of mouth |
| 110 | Aug 29 2017 10:42 PM | Word of mouth, Community meetings |
| 111 | Aug 29 2017 10:39 PM | Word of mouth |
| 112 | Aug 29 2017 10:37 PM | Cummins Medical Clinic |
| 113 | Aug 29 2017 10:25 PM | Practitioners |
| 114 | Aug 29 2017 10:22 PM | Internet |
| 115 | Aug 29 2017 10:20 PM | Visit GP (Dr Rowe) and our SA Health Nurse (Patsy Swaffer) |
| 116 | Aug 29 2017 10:13 PM | I am a health professional |
| 117 | Aug 29 2017 10:06 PM | Lower EP telephone directory Radio, TV. Visit the hospital |
| 118 | Aug 29 2017 10:03 PM | TV, word of mouth |
| 119 | Aug 29 2017 09:59 PM | n/a |
| 120 | Aug 29 2017 09:55 PM | Coffin Bay Sun |
| 121 | Aug 29 2017 09:53 PM | Internet |
| 122 | Aug 29 2017 09:46 PM | Ask |
| 123 | Aug 29 2017 09:43 PM | GP |
| 124 | Aug 29 2017 09:39 PM | Ask GP |
| 125 | Aug 29 2017 09:34 PM | Talking to other people |
| 126 | Aug 29 2017 09:21 PM | Local knowledge |
| 127 | Aug 29 2017 09:16 PM | Internet |
| 128 | Aug 29 2017 09:13 PM | Only recently moved to Louth Bay. Will probably ask neighbours or try websites. Not sure? |
| 129 | Aug 29 2017 05:26 PM | By calling services |
| 130 | Aug 29 2017 05:23 PM | Advertising in media GP recommendations. Asking questions at local agencies/services |
| 131 | Aug 29 2017 05:19 PM | Local GPs and media sources |
| 132 | Aug 29 2017 05:05 PM | We don't, not available |
| 133 | Aug 29 2017 04:57 PM | don't |

| | | |
|-----|----------------------|---|
| 134 | Aug 29 2017 04:54 PM | Doctors surgery |
| 135 | Aug 29 2017 04:47 PM | word of mouth |
| 136 | Aug 29 2017 04:45 PM | Cummins Medical Clinic |
| 137 | Aug 29 2017 04:36 PM | Cummins Connection. Council notices |
| 138 | Aug 29 2017 04:29 PM | word of mouth |
| 139 | Aug 29 2017 04:27 PM | other people |
| 140 | Aug 29 2017 04:24 PM | GP, visiting nurse |
| 141 | Aug 29 2017 04:11 PM | Yellow pages/internet or GP referral |
| 142 | Aug 29 2017 04:06 PM | Our local GP |
| 143 | Aug 29 2017 04:03 PM | Newspaper |
| 144 | Aug 29 2017 04:00 PM | Local contacts |
| 145 | Aug 29 2017 03:54 PM | Friends, Pt Lincoln Times, TV ads |
| 146 | Aug 28 2017 10:13 PM | GP |
| 147 | Aug 28 2017 10:09 PM | GP |
| 148 | Aug 28 2017 10:06 PM | GP |
| 149 | Aug 28 2017 10:04 PM | GP |
| 150 | Aug 28 2017 10:01 PM | Pt Lincoln Times and talking to other people |
| 151 | Aug 28 2017 09:55 PM | Local GP and Pt Lincoln Times and local radio |
| 152 | Aug 28 2017 09:52 PM | GP, staff at medical clinic |
| 153 | Aug 28 2017 09:49 PM | Word of mouth or visit local GP |
| 154 | Aug 28 2017 09:42 PM | Facebook. Community flyers/noticeboards. word of mouth |
| 155 | Aug 28 2017 09:36 PM | Facebook, Medical Clinic |
| 156 | Aug 28 2017 09:33 PM | Community Notice Board |
| 157 | Aug 28 2017 09:28 PM | Cummins Medical Clinic or Cummins Hospital |
| 158 | Aug 28 2017 05:14 PM | I'm a Registered Nurse otherwise probably wouldn't |
| 159 | Aug 28 2017 05:08 PM | Recent Navigating Aged Care Expo. Cummins Medical Clinic. Oncologist in Adelaide very helpful |
| 160 | Aug 28 2017 04:54 PM | Pt Lincoln Times |
| 161 | Aug 28 2017 04:52 PM | Ask people |
| 162 | Aug 28 2017 04:49 PM | Not sure |
| 163 | Aug 28 2017 04:47 PM | Through the Cummins Hospital |
| 164 | Aug 28 2017 04:44 PM | Local knowledge |
| 165 | Aug 28 2017 04:42 PM | Internet, word of mouth |
| 166 | Aug 28 2017 04:40 PM | Internet |
| 167 | Aug 28 2017 04:38 PM | Pt Lincoln Hospital. GP |
| 168 | Aug 28 2017 04:33 PM | Inquire directly |
| 169 | Aug 28 2017 04:26 PM | Google |

| | | |
|-----|----------------------|--|
| 170 | Aug 28 2017 04:22 PM | Through Matthew Flinders Nursing Home |
| 171 | Aug 28 2017 04:15 PM | Coffin Bay Sun |
| 172 | Aug 28 2017 04:12 PM | via friends |
| 173 | Aug 28 2017 04:08 PM | GP, Community Nurse |
| 174 | Aug 28 2017 04:03 PM | word of mouth |
| 175 | Aug 28 2017 04:01 PM | Cummins Medical Centre |
| 176 | Aug 28 2017 03:58 PM | Cummins Hospital |
| 177 | Aug 28 2017 03:55 PM | Cummins Medical Clinic |
| 178 | Aug 28 2017 03:54 PM | Through Cummins Hospital Auxiliary and friends |
| 179 | Aug 28 2017 03:50 PM | Through local health services, online, through neighbours and friends, posters from service providers and community notice boards. |
| 180 | Aug 28 2017 03:39 PM | Chemist, Dr, Clinic Nurse |
| 181 | Aug 28 2017 03:33 PM | Through health practitioner |
| 182 | Aug 28 2017 03:29 PM | From family member living in Pt Lincoln |
| 183 | Aug 28 2017 03:26 PM | Phone Community Health |
| 184 | Aug 28 2017 03:23 PM | Local print media, internet |
| 185 | Aug 28 2017 03:19 PM | Internet GP |
| 186 | Aug 28 2017 03:17 PM | GP |
| 187 | Aug 28 2017 03:14 PM | GP |
| 188 | Aug 28 2017 03:11 PM | Google |
| 189 | Aug 28 2017 03:09 PM | GP, Coffin Bay Sun, Pt Lincoln Times |
| 190 | Aug 28 2017 03:06 PM | GP |
| 191 | Aug 28 2017 03:04 PM | via work and social media |
| 192 | Aug 28 2017 03:02 PM | Domiciliary Care (Country Health Connect) GP Word of mouth |
| 193 | Aug 28 2017 02:51 PM | Cummins Hospital Auxiliary My Aged Care |
| 194 | Aug 28 2017 02:47 PM | Cummins Hospital Auxiliary |
| 195 | Aug 28 2017 02:44 PM | Pt Lincoln Times Cummins Connection |
| 196 | Aug 28 2017 02:37 PM | Having ageing parents going from service to service to get help |
| 197 | Aug 28 2017 02:24 PM | we don't |
| 198 | Aug 28 2017 02:16 PM | GP |
| 199 | Aug 27 2017 04:15 PM | GP |
| 200 | Aug 27 2017 04:10 PM | Don't know |
| 201 | Aug 27 2017 04:08 PM | Contact Pt Lincoln Allied Health Services now through My Aged Care |
| 202 | Aug 27 2017 04:00 PM | Pt Lincoln Times |
| 203 | Aug 27 2017 03:56 PM | word of mouth |
| 204 | Aug 27 2017 03:53 PM | Cummins Medical Clinic |

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|-----|----------------------|--|
| 205 | Aug 27 2017 03:50 PM | Local Health Clinic Local seminars |
| 206 | Aug 27 2017 03:39 PM | GP |
| 207 | Aug 27 2017 03:33 PM | Public meetings being advertised |
| 208 | Aug 27 2017 03:29 PM | Word of mouth |
| 209 | Aug 27 2017 03:22 PM | Word of mouth |
| 210 | Aug 27 2017 03:12 PM | Coffin Bay Sun |
| 211 | Aug 27 2017 03:10 PM | Coffin Bay Sun, Internet |
| 212 | Aug 27 2017 03:06 PM | Internet, word of mouth |
| 213 | Aug 27 2017 03:01 PM | From other locals and the Coffin Bay Sun |
| 214 | Aug 27 2017 02:55 PM | TV and internet |
| 215 | Aug 27 2017 02:47 PM | Newspaper, Doctors waiting room |
| 216 | Aug 27 2017 02:44 PM | TV, newspapers |
| 217 | Aug 26 2017 12:50 PM | Ring allied health services at Pt Lincoln Health Talk with GP |
| 218 | Aug 24 2017 10:36 PM | Medical clinic, Pharmacy |
| 219 | Aug 24 2017 06:13 PM | Don't know |
| 220 | Aug 24 2017 06:10 PM | Don't know? |
| 221 | Aug 24 2017 06:08 PM | Investigator Clinic |
| 222 | Aug 24 2017 06:06 PM | GP |
| 223 | Aug 24 2017 05:58 PM | GP |
| 224 | Aug 24 2017 05:52 PM | Don't |
| 225 | Aug 24 2017 05:49 PM | TV, internet |
| 226 | Aug 24 2017 05:44 PM | Through my work |
| 227 | Aug 24 2017 05:39 PM | Word of mouth, Carers SA |
| 228 | Aug 24 2017 05:36 PM | News items, GP, health info leaflets |
| 229 | Aug 24 2017 05:29 PM | GP, nurses, friends |
| 230 | Aug 24 2017 05:26 PM | Doctors clinic |
| 231 | Aug 24 2017 05:22 PM | Enquire about services in Pt Lincoln at Doctors, Matthew Flinders, West Coast Aging and Hospital |
| 232 | Aug 24 2017 05:17 PM | Facebook, Pt Lincoln Times, TV |
| 233 | Aug 24 2017 05:13 PM | Pt Lincoln Times and internet |
| 234 | Aug 24 2017 05:09 PM | My wife |
| 235 | Aug 24 2017 05:01 PM | Newspaper, internet, friends, pamphlets |
| 236 | Aug 24 2017 04:43 PM | Google |
| 237 | Aug 24 2017 04:33 PM | Word of mouth |
| 238 | Aug 24 2017 04:27 PM | Not needed at this stage |
| 239 | Aug 24 2017 04:23 PM | Through our community and meetings |
| 240 | Aug 24 2017 01:50 PM | Ask a local |

| | | |
|-----|----------------------|--|
| 241 | Aug 24 2017 01:46 PM | Referral NAC Expo recently |
| 242 | Aug 24 2017 01:29 PM | Ask friends, neighbours, medical clinic |
| 243 | Aug 24 2017 01:22 PM | Mainly Coffin Bay Sun or Pt Lincoln Times or local radio |
| 244 | Aug 24 2017 01:15 PM | GP, internet |
| 245 | Aug 24 2017 12:51 PM | Ask Doctor or Community Nurse or read notices |
| 246 | Aug 24 2017 12:48 PM | Coffin Bay GP |
| 247 | Aug 24 2017 12:46 PM | Doctor or Facebook |
| 248 | Aug 24 2017 12:41 PM | Community meetings and medical clinic newsletter |
| 249 | Aug 24 2017 12:36 PM | Tv, Pt Lincoln Times |
| 250 | Aug 24 2017 12:16 PM | Cummins Medical Clinic or word of mouth |
| 251 | Aug 24 2017 11:46 AM | Family, Pt Lincoln Times |
| 252 | Aug 24 2017 11:43 AM | Facebook, Pt Lincoln Times |
| 253 | Aug 24 2017 11:33 AM | Mail and newspapers |
| 254 | Aug 24 2017 11:30 AM | Internet, Coffin Bay Sun |
| 255 | Aug 24 2017 10:52 AM | GP |
| 256 | Aug 24 2017 10:29 AM | Medical/Community Clinics etc. |
| 257 | Aug 24 2017 10:25 AM | Pt Lincoln Time, notice boards |
| 258 | Aug 22 2017 10:40 PM | Coffin Bay Sun, Coffin Bay community Facebook page |
| 259 | Aug 22 2017 05:03 PM | Don't know |
| 260 | Aug 22 2017 05:01 PM | Internet |
| 261 | Aug 22 2017 04:56 PM | Internet, phone call to local medical centre |
| 262 | Aug 22 2017 04:48 PM | Doctor Cummins Connection |
| 263 | Aug 22 2017 04:42 PM | Cummins Hospital |
| 264 | Aug 22 2017 04:40 PM | I work in health so am exposed to services available/not available |
| 265 | Aug 22 2017 04:35 PM | Wife |
| 266 | Aug 22 2017 04:32 PM | Pt Lincoln Time Practice Nurse at Cummins Medical Clinic Ring Pt Lincoln Hospital for services available |
| 267 | Aug 22 2017 04:22 PM | Attending NAC Expo Cummins Hospital Auxiliary |
| 268 | Aug 22 2017 04:16 PM | Ask at Medical Centre |
| 269 | Aug 22 2017 04:14 PM | Coffin Bay Health Centre |
| 270 | Aug 22 2017 04:07 PM | Community Newsletter Promotions |
| 271 | Aug 22 2017 03:59 PM | Mail |
| 272 | Aug 22 2017 03:52 PM | Attending Navigating Aged Care expo |
| 273 | Aug 22 2017 03:49 PM | Doctor, media, advertised aged care facilities |
| 274 | Aug 22 2017 03:42 PM | They don't! |
| 275 | Aug 22 2017 03:39 PM | Google |
| 276 | Aug 22 2017 03:35 PM | GP |

| | | |
|-----|----------------------|---|
| 277 | Aug 22 2017 03:27 PM | GP |
| 278 | Aug 22 2017 03:22 PM | Word of mouth |
| 279 | Aug 22 2017 03:19 PM | GP |
| 280 | Aug 22 2017 03:16 PM | GP |
| 281 | Aug 22 2017 03:13 PM | Disability SA |
| 282 | Aug 22 2017 03:10 PM | Pt Lincoln Health Services (Hospital) and GP (Investigator and Mortlock) |
| 283 | Aug 22 2017 03:07 PM | GP Clinic and Pt Lincoln Hospital Disability SA |
| 284 | Aug 22 2017 03:02 PM | Family |
| 285 | Aug 22 2017 02:03 PM | Family/friends Via medical services |
| 286 | Aug 22 2017 01:54 PM | Internet |
| 287 | Aug 22 2017 01:48 PM | Local GP in Pt Lincoln |
| 288 | Aug 22 2017 01:46 PM | White pages/yellow pages |
| 289 | Aug 22 2017 01:40 PM | By asking GP |
| 290 | Aug 22 2017 01:35 PM | We don't get any info |
| 291 | Aug 22 2017 01:32 PM | Advertising in Pt Lincoln Times Through workings at PLHS Community Health |
| 292 | Aug 22 2017 01:29 PM | Newspaper |
| 293 | Aug 22 2017 01:26 PM | Media and clinics |
| 294 | Aug 22 2017 01:23 PM | Internet |
| 295 | Aug 22 2017 01:21 PM | Through conversations with friends |
| 296 | Aug 22 2017 01:15 PM | Google, friends, TV, radio, newspaper |
| 297 | Aug 22 2017 12:48 PM | Newspaper, peers, through referrals from other health services |
| 298 | Aug 22 2017 12:01 PM | Pt Lincoln Times Coffin Bay Sun LEP Council site |
| 299 | Aug 22 2017 12:36 AM | Bad reports from clients |
| 300 | Aug 21 2017 06:15 PM | Contact hospital or doctor |
| 301 | Aug 21 2017 06:02 PM | Not sure |
| 302 | Aug 21 2017 05:51 PM | Pt Lincoln Times |
| 303 | Aug 21 2017 05:48 PM | Google |
| 304 | Aug 21 2017 05:44 PM | Local media |
| 305 | Aug 21 2017 05:40 PM | Speak to a health professional |
| 306 | Aug 21 2017 05:38 PM | Coffin Bay Sun Lincoln Times Council newsletters |
| 307 | Aug 21 2017 05:35 PM | Not exactly sure. Is there a website? |
| 308 | Aug 21 2017 05:29 PM | GP |
| 309 | Aug 21 2017 05:26 PM | Through my daughter |
| 310 | Aug 21 2017 05:22 PM | Internet |
| 311 | Aug 21 2017 05:19 PM | My mum or friends |
| 312 | Aug 21 2017 05:08 PM | Cummins Medical Clinic |

| | | |
|-----|----------------------|---|
| 313 | Aug 21 2017 05:02 PM | Local GP |
| 314 | Aug 21 2017 04:59 PM | Through local GP |
| 315 | Aug 21 2017 04:54 PM | Usually through Cummins Hospital Auxiliary or Medical Clinic |
| 316 | Aug 21 2017 04:51 PM | Social contacts. Medical clinic. |
| 317 | Aug 21 2017 04:48 PM | Internet |
| 318 | Aug 21 2017 04:35 PM | Online |
| 319 | Aug 21 2017 04:30 PM | From GP |
| 320 | Aug 21 2017 04:25 PM | Ring the Doctor |
| 321 | Aug 21 2017 04:06 PM | Family and friends |
| 322 | Aug 21 2017 04:03 PM | Websites, Doctor's clinic |
| 323 | Aug 21 2017 03:59 PM | Through GP |
| 324 | Aug 21 2017 03:51 PM | Mail |
| 325 | Aug 21 2017 03:45 PM | Ask our Doctor |
| 326 | Aug 21 2017 03:39 PM | Cummins hospital and GP |
| 327 | Aug 21 2017 03:31 PM | Phone, internet and local paper |
| 328 | Aug 21 2017 03:06 PM | community noticeboards/online |
| 329 | Aug 20 2017 03:26 PM | I work in aged care, through Port Lincoln and internet. |
| 330 | Aug 20 2017 10:35 AM | Cummins connection |
| 331 | Aug 19 2017 07:40 PM | Something needs to be attanged for Dementia patients and aged community members |
| 332 | Aug 19 2017 03:22 PM | internet |
| 333 | Aug 18 2017 01:30 PM | Local GP services Internet Word of mouth |
| 334 | Aug 18 2017 09:41 AM | Through past personal experience with aged parents. |
| 335 | Aug 17 2017 03:24 PM | Doctor's surgery (leaflets) Doctor |
| 336 | Aug 17 2017 03:10 PM | emails/facebook |
| 337 | Aug 17 2017 02:54 PM | Google |
| 338 | Aug 17 2017 02:39 PM | Directly from service or by word of mouth. |
| 339 | Aug 17 2017 02:25 PM | GP |
| 340 | Aug 17 2017 02:21 PM | Internet, TV ads |
| 341 | Aug 17 2017 02:16 PM | Word of mouth. Interaction with friends etc. |
| 342 | Aug 17 2017 02:11 PM | Coffin Bay Sun, Facebook |
| 343 | Aug 17 2017 02:08 PM | Not sought |
| 344 | Aug 17 2017 01:00 PM | GP and talking to friends |
| 345 | Aug 17 2017 11:36 AM | Word of mouth, Cummins Connection |
| 346 | Aug 17 2017 11:23 AM | Word of mouth, Cummins Connection |
| 347 | Aug 17 2017 11:14 AM | Media and newsletters |
| 348 | Aug 16 2017 08:57 PM | Hospital & Doctors surgery |

| | | |
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| 349 | Aug 16 2017 07:32 PM | Word of mouth, cummins connection, referred by GP |
| 350 | Aug 16 2017 06:21 PM | Coffin Bay Sun, Port Lincoln Times. |
| 351 | Aug 16 2017 04:37 PM | Talk to other community members. Ring the hospital to find a specific person to consult |
| 352 | Aug 16 2017 04:33 PM | Social media, newspapers |
| 353 | Aug 16 2017 02:41 PM | local GP. Advertising in local paper/newsletter |
| 354 | Aug 16 2017 02:33 PM | Via Cummins Medical Clinic and Hospital |
| 355 | Aug 16 2017 02:07 PM | I work in the industry |
| 356 | Aug 16 2017 01:51 PM | Dr |
| 357 | Aug 16 2017 01:23 PM | community publications, notice boards, facebook and word of mouth |
| 358 | Aug 16 2017 01:20 PM | Redcross |
| 359 | Aug 16 2017 12:04 PM | Navigating Aged Care forum - this should be repeated |
| 360 | Aug 15 2017 08:53 PM | Cummins Connection newsletter, from friends & other people |
| 361 | Aug 15 2017 06:04 PM | ask friends, newsletter |
| 362 | Aug 15 2017 12:37 PM | Cummins Medical Clinic and local newsletters |
| 363 | Aug 15 2017 11:12 AM | From our gp |
| 364 | Aug 14 2017 12:48 PM | By asking other Residents |
| 365 | Aug 14 2017 11:51 AM | Port Lincoln Times. Uniting Church |
| 366 | Aug 13 2017 03:41 PM | Friends, google, doctor |
| 367 | Aug 12 2017 09:55 AM | Doctors Clinic |
| 368 | Aug 11 2017 12:55 PM | Doctors, hospital or Miroma Place |
| 369 | Aug 11 2017 11:42 AM | Grape vine |
| 370 | Aug 11 2017 10:17 AM | GP |
| 371 | Aug 10 2017 05:16 PM | Cummins Connection and Cummins Medical Centre |
| 372 | Aug 10 2017 02:54 PM | Local media Medical services |
| 373 | Aug 10 2017 02:51 PM | Post office mail, GP and news |
| 374 | Aug 10 2017 02:47 PM | Through discussion with other residents. Being involved with community groups and committees. |
| 375 | Aug 10 2017 02:34 PM | GP/medical centre and word of mouth |
| 376 | Aug 10 2017 12:59 PM | Word of mouth, local newsletter, local GP |
| 377 | Aug 10 2017 12:42 PM | Ask |
| 378 | Aug 10 2017 12:34 PM | Google |
| 379 | Aug 09 2017 05:03 PM | Ask friends. Contact District Council. |
| 380 | Aug 08 2017 05:31 PM | Dr Quigley |
| 381 | Aug 08 2017 05:05 PM | Dr Quigley |
| 382 | Aug 08 2017 03:43 PM | Dr Quigley |
| 383 | Aug 08 2017 03:20 PM | Don't need to but Dr Quigley if had to. |
| 384 | Aug 02 2017 06:46 PM | Coffin Bay Sun |

| | | |
|-----|----------------------|--|
| 385 | Aug 01 2017 11:48 AM | Cummins Medical Centre |
| 386 | Jul 31 2017 12:19 AM | Visit the local hospital. |
| 387 | Jul 29 2017 09:54 AM | GP, Facebook groups (ie community notice boards) |
| 388 | Jul 27 2017 10:09 PM | Heath from our dr & haven't needed ageing services |
| 389 | Jul 26 2017 03:55 PM | Internet |
| 390 | Jul 26 2017 02:42 PM | Enquire at Medical Clinic, Hospital, via social media posts (Facebook groups such as Cummins Community Notice Board) |

Q15. In the past 12 months, has your household received any health or support services at home? Please indicate who provided each service. (Leave blank if not applicable)

| | Country Connect (SA Health) | Health | Home Care Plus | Matthew Flinders Care Services | | Uniting Communities | | West Coast Home Care | | Friends or family | | Total | Weighted Average | |
|--|--------------------------------|--------|-------------------|--------------------------------------|--------|------------------------|--------|-------------------------|--------|----------------------|--------|-------|---------------------|------|
| Occupational therapist | 57.14% | 8 | 14.29% | 2 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 28.57% | 4 | 14 | 2.57 |
| Nurse | 85.00% | 34 | 5.00% | 2 | 0.00% | 0 | 0.00% | 0 | 7.50% | 3 | 2.50% | 1 | 40 | 1.48 |
| Podiatrist | 73.68% | 14 | 5.26% | 1 | 5.26% | 1 | 0.00% | 0 | 10.53% | 2 | 5.26% | 1 | 19 | 1.89 |
| Toe nail cutting | 61.90% | 13 | 4.76% | 1 | 4.76% | 1 | 4.76% | 1 | 9.52% | 2 | 14.29% | 3 | 21 | 2.29 |
| Social services (e.g. phone support or social outings) | 33.33% | 4 | 8.33% | 1 | 16.67% | 2 | 0.00% | 0 | 8.33% | 1 | 33.33% | 4 | 12 | 3.5 |
| Transport services | 20.00% | 3 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 80.00% | 12 | 15 | 4.2 |
| Meals | 62.50% | 5 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 37.50% | 3 | 8 | 2.5 |
| Cleaning | 40.48% | 17 | 9.52% | 4 | 0.00% | 0 | 2.38% | 1 | 19.05% | 8 | 28.57% | 12 | 42 | 3.05 |
| Gardening | 26.09% | 6 | 4.35% | 1 | 0.00% | 0 | 0.00% | 0 | 21.74% | 5 | 47.83% | 11 | 23 | 3.7 |
| Personal care (e.g. showering) | 28.57% | 2 | 14.29% | 1 | 0.00% | 0 | 0.00% | 0 | 14.29% | 1 | 42.86% | 3 | 7 | 3.57 |
| Other | 0.00% | 0 | 16.67% | 1 | 0.00% | 0 | 33.33% | 2 | 16.67% | 1 | 33.33% | 2 | 6 | 4 |
| Other (please specify) | | | | | | | | | | | | | 45 | |
| | | | | | | | | | | | | | Answered | 90 |
| | | | | | | | | | | | | | Skipped | 457 |

Q15 Other comments

Respondents

Response Date

Other (please specify)

| | | |
|---|----------------------|---|
| 1 | Sep 19 2017 11:42 AM | Only applicable when my mother was alive in 2016/17 |
| 2 | Sep 06 2017 01:56 PM | Cafes nurse postnatal |
| 3 | Sep 05 2017 05:11 PM | Transportation: Friends. |
| 4 | Sep 05 2017 04:35 PM | Financial help for Respite care |
| 5 | Sep 05 2017 11:53 AM | also cleaning and gardening from Home Care Plus |
| 6 | Sep 05 2017 11:27 AM | community nurse/midwife |

| | | |
|----|----------------------|--|
| 7 | Sep 05 2017 11:17 AM | no we are in a remote area |
| 8 | Sep 05 2017 11:00 AM | Transport - Red Cross |
| 9 | Sep 05 2017 10:50 AM | Community nurse/midwife |
| 10 | Aug 31 2017 01:49 PM | Too far out for them to travel and also none received and have to wait 1-2 weeks to visit your house or they won't visit |
| 11 | Aug 31 2017 12:34 PM | Transport - Red Cross |
| 12 | Aug 29 2017 11:20 PM | One off pruned trees. ACAT organised - requires finishing. |
| 13 | Aug 29 2017 10:22 PM | Ambulance |
| 14 | Aug 29 2017 09:46 PM | Cleaning - Calvary Home Care |
| 15 | Aug 29 2017 05:05 PM | no no no |
| 16 | Aug 28 2017 10:13 PM | Daughter does cleaning and washing |
| 17 | Aug 28 2017 10:09 PM | Private cleaner comes once a fortnight |
| 18 | Aug 28 2017 05:08 PM | not currently accessing |
| 19 | Aug 28 2017 04:22 PM | 94 years old mother in Matthew Flinders Nursing Home |
| 20 | Aug 28 2017 04:06 PM | Community Nurse from Maternity at Pt Lincoln Hospital |
| 21 | Aug 28 2017 03:58 PM | Community Nurse/Midwife - for postnatal home visits |
| 22 | Aug 27 2017 04:08 PM | My husband used services at home just over 12 months ago - above plus physio and speech therapist |
| 23 | Aug 27 2017 03:50 PM | Cummins Medical Clinic Practice Nurse re potential obstacles in and around home |
| 24 | Aug 27 2017 03:45 PM | Community Nurse visits every 6-12 months and have private cleaner fortnightly |
| 25 | Aug 24 2017 06:06 PM | Speech pathology |
| 26 | Aug 24 2017 05:44 PM | Transport - Red Cross Pt Lincoln |
| 27 | Aug 24 2017 05:26 PM | Have a good cleaner who comes 1 day/month |
| 28 | Aug 24 2017 04:23 PM | Cleaning - house and windows |
| 29 | Aug 24 2017 01:46 PM | Used OT, nurse, social services, cleaning and personal care services for while 18 months ago after leg fracture |
| 30 | Aug 24 2017 01:22 PM | Need occasional help from Community Nurse now |
| 31 | Aug 24 2017 11:46 AM | Gardening - private service |
| 32 | Aug 22 2017 03:07 PM | OT - Disability SA |
| 33 | Aug 22 2017 12:36 AM | None |
| 34 | Aug 21 2017 05:19 PM | Just starting to get cleaning for my mum |
| 35 | Aug 21 2017 04:54 PM | Not enough podiatrist service |
| 36 | Aug 17 2017 03:29 PM | Midwife |
| 37 | Aug 17 2017 03:24 PM | I have help because of my back |
| 38 | Aug 17 2017 02:16 PM | Both cleaning and gardening services are required monthly and are 'contracted' and paid for by us |
| 39 | Aug 14 2017 12:48 PM | No |
| 40 | Aug 14 2017 11:51 AM | None |
| 41 | Aug 08 2017 05:31 PM | Physio - Country Health |

| | | |
|----|----------------------|--|
| 42 | Aug 08 2017 05:05 PM | Meals on Wheels just started last week - very nice so far. Sheryl - private cleaner. |
| 43 | Aug 08 2017 03:43 PM | Had help with cleaning when still was in family home because too big to manage. |
| 44 | Aug 08 2017 03:20 PM | Sheryl - private cleaner |
| 45 | Jul 26 2017 03:36 PM | YNA overnight in home care |

Q16. If your household does not currently receive any in-home support services, please estimate when your household is likely to need access to the following services.

| | Need help now | | Within 1 year | | Within 2-5 years | | More than 5 years from now | | Not sure | | Total | Weighted Average |
|--------------------------------|---------------|----|---------------|----|------------------|----|----------------------------|-----|----------|-----|-----------------|------------------|
| Occupational therapist | 0.45% | 2 | 0.67% | 3 | 4.91% | 22 | 31.25% | 140 | 62.72% | 281 | 448 | 3.57 |
| Podiatrist | 4.11% | 19 | 3.25% | 15 | 8.01% | 37 | 29.22% | 135 | 55.41% | 256 | 462 | 3.43 |
| Toe nail cutting | 4.39% | 20 | 2.41% | 11 | 7.24% | 33 | 29.61% | 135 | 56.36% | 257 | 456 | 3.45 |
| Community Nurse | 1.70% | 8 | 1.91% | 9 | 7.66% | 36 | 32.77% | 154 | 55.96% | 263 | 470 | 3.47 |
| Social services | 1.35% | 6 | 0.00% | 0 | 4.51% | 20 | 30.47% | 135 | 63.66% | 282 | 443 | 3.58 |
| Meals | 0.44% | 2 | 0.44% | 2 | 3.07% | 14 | 35.96% | 164 | 60.09% | 274 | 456 | 3.57 |
| Transport services | 1.08% | 5 | 0.43% | 2 | 5.17% | 24 | 34.70% | 161 | 58.62% | 272 | 464 | 3.52 |
| Cleaning | 3.30% | 16 | 1.65% | 8 | 7.22% | 35 | 35.26% | 171 | 52.58% | 255 | 485 | 3.42 |
| Gardening | 2.47% | 12 | 2.06% | 10 | 7.00% | 34 | 34.16% | 166 | 54.32% | 264 | 486 | 3.45 |
| Maintenance | 0.00% | 0 | 3.33% | 2 | 1.67% | 1 | 46.67% | 28 | 48.33% | 29 | 60 | 3.47 |
| Personal care (e.g. showering) | 0.66% | 3 | 0.88% | 4 | 3.54% | 16 | 33.41% | 151 | 61.50% | 278 | 452 | 3.57 |
| Other (please specify) | | | | | | | | | | | 33 | |
| | | | | | | | | | | | Answered | 547 |
| | | | | | | | | | | | Skipped | 0 |

Q16 Other comments

| Respondents | Response Date | Other (please specify) |
|-------------|----------------------|--|
| 1 | Sep 19 2017 03:49 PM | Potentially palliative care and domiciliary care. |
| 2 | Sep 05 2017 05:17 PM | 20 yrs time...In or 80's maybe |
| 3 | Sep 05 2017 10:50 AM | Community Nurse/Midwife |
| 4 | Aug 31 2017 01:01 PM | Currently go to Adelaide to private podiatrist |
| 5 | Aug 31 2017 12:21 PM | wouldn't know |
| 6 | Aug 31 2017 12:00 PM | Can't predict the future??!! |
| 7 | Aug 31 2017 11:21 AM | may need sometime when family not able or I am not able |
| 8 | Aug 30 2017 08:06 PM | 20+ years |
| 9 | Aug 30 2017 07:30 PM | would like to think we won't need any of these services for 5-10 years but who knows one of us will because that's the way things are if we are still alive. |

| | | |
|----|----------------------|---|
| 10 | Aug 29 2017 11:04 PM | My wife has been in Matthew Flinders Nursing Home since June 2016 |
| 11 | Aug 29 2017 10:13 PM | Do not require services and due to being eventually a self-funded retiree I doubt we will be eligible for any of the above services and if so will have to pay excessively to receive services |
| 12 | Aug 29 2017 09:13 PM | More than 10 years until need help? Unable to guess what we may need in 10-12 years as we approach 80 years of age - will we still be driving? |
| 13 | Aug 29 2017 04:11 PM | 10-15 years |
| 14 | Aug 28 2017 10:01 PM | But all are very important |
| 15 | Aug 28 2017 09:49 PM | Hopefully none will be needed |
| 16 | Aug 28 2017 04:17 PM | None of the above hopefully |
| 17 | Aug 28 2017 03:50 PM | Until my wife's stroke we used no services. Then we went to high end users for several months. Now using a little help regularly plus occasional visits from health professionals. The level of care available and the overall cost has been a very pleasant surprise, given the rural location of Cummins. |
| 18 | Aug 28 2017 02:24 PM | Not at that age yet |
| 19 | Aug 27 2017 04:15 PM | Years away hopefully |
| 20 | Aug 27 2017 04:00 PM | Might need the above services, depends on how long before our health declines, long time in the future I hope. |
| 21 | Aug 24 2017 06:16 PM | Never |
| 22 | Aug 24 2017 05:22 PM | Would be in nineties in more than 5 years so at this stage do not know |
| 23 | Aug 24 2017 04:23 PM | Not sure at this stage but one never knows what is ahead healthwise. |
| 24 | Aug 24 2017 01:46 PM | Who knows when an unexpected operation or accident that these services will be needed. |
| 25 | Aug 24 2017 01:22 PM | Occasional help from nurse now |
| 26 | Aug 24 2017 12:58 PM | Not yet fortunately |
| 27 | Aug 22 2017 04:22 PM | Assistance in filling out forms online! |
| 28 | Aug 22 2017 12:48 PM | We hope more than 15 years for those we're not sure about! |
| 29 | Aug 22 2017 12:36 AM | Won't be needing in house support from your service |
| 30 | Aug 21 2017 05:44 PM | We are part time carers for elderly mother - she needs some services now. It is still more than 5 years until we need services. |
| 31 | Aug 21 2017 05:19 PM | Is happening next week for mother who lives close. |
| 32 | Aug 08 2017 05:05 PM | Have daughter Sandy who comes if need help. |
| 33 | Aug 08 2017 03:43 PM | Can manage small space very well. |

Q17. How important are the following factors in helping you decide where you will live after you turn 65 or continue to live if you are already over 65? (Leave blank if not applicable)

| | Not important | | Slightly important | | Moderately important | | Very important | | Extremely important | | Total | Weighted Average |
|--|---------------|----|--------------------|----|----------------------|-----|----------------|-----|---------------------|-----|-----------------|------------------|
| Health of household members | 1.10% | 5 | 2.20% | 10 | 6.81% | 31 | 34.07% | 155 | 55.82% | 254 | 455 | 4.41 |
| Hospital within 20 km | 1.51% | 7 | 2.81% | 13 | 11.02% | 51 | 27.86% | 129 | 56.80% | 263 | 463 | 4.36 |
| Medical service within 20 km | 0.87% | 4 | 2.83% | 13 | 8.50% | 39 | 28.10% | 129 | 59.69% | 274 | 459 | 4.43 |
| Access to in-home care services | 2.06% | 9 | 5.49% | 24 | 15.10% | 66 | 31.35% | 137 | 46.00% | 201 | 437 | 4.14 |
| Suitability of current home | 2.68% | 12 | 3.36% | 15 | 12.08% | 54 | 33.78% | 151 | 48.10% | 215 | 447 | 4.21 |
| Closeness to family/other support network | 2.89% | 13 | 5.11% | 23 | 13.11% | 59 | 29.11% | 131 | 49.78% | 224 | 450 | 4.18 |
| Social networks | 3.09% | 13 | 5.70% | 24 | 22.09% | 93 | 30.88% | 130 | 38.24% | 161 | 421 | 3.95 |
| Volunteer commitments | 10.55% | 42 | 16.08% | 64 | 26.88% | 107 | 22.36% | 89 | 24.12% | 96 | 398 | 3.33 |
| Transport options | 4.20% | 18 | 4.43% | 19 | 16.55% | 71 | 34.73% | 149 | 40.09% | 172 | 429 | 4.02 |
| Caring for grandchildren or other family members | 12.85% | 50 | 6.17% | 24 | 17.22% | 67 | 26.99% | 105 | 36.76% | 143 | 389 | 3.69 |
| Other | 7.50% | 3 | 2.50% | 1 | 10.00% | 4 | 32.50% | 13 | 47.50% | 19 | 40 | 4.1 |
| Other (please specify) | | | | | | | | | | | 18 | |
| | | | | | | | | | | | Answered | 500 |
| | | | | | | | | | | | Skipped | 47 |

Q17 Other comments

| Respondents | Response Date | Other (please specify) | Categories |
|-------------|----------------------|---|------------|
| 1 | Sep 19 2017 03:49 PM | Distance to Pt Lincoln hospital and medical service is ok | |
| 2 | Sep 05 2017 05:17 PM | Being able to afford to stay in our existing home with accessible , affordable and suitable services with properly trained and paid staff. | |
| 3 | Sep 05 2017 05:11 PM | Transportation | |
| 4 | Sep 05 2017 04:33 PM | Distance from GP and Hospital/Health Services is much greater than 20km. Outreach Services would be very important. | |
| 5 | Sep 05 2017 11:27 AM | affordability | |
| 6 | Sep 05 2017 11:17 AM | We live 35km from Pt Lincoln and it is very important to be that close to hospital and medical services. Transport - need own car. | |
| 7 | Aug 31 2017 01:49 PM | Physically and mentally demanding job looking after elderly full time - crap pay and hours. More home help and less health services complaining of travel distance. Staff, training and facilities are important (more friendly/positive people), more on the job training more support, will never happen in small place as there's nothing and relocating starts. | |
| 8 | Aug 31 2017 12:00 PM | No services available withing 20 km of Louth Bay for 81 an 86 year olds | |
| 9 | Aug 29 2017 10:37 PM | Hospital and medical service within 45 km is extremely important. We plan on living in Mt Hope for our full lifespan. | |
| 10 | Aug 29 2017 04:36 PM | My 83 year old mother is part of our household and may need more help in future as she wishes to live in her granny flat and NOT go into residential care. | |
| 11 | Aug 26 2017 12:50 PM | Personal finances - can I afford to live in my current home? | |

| | | |
|----|----------------------|--|
| 12 | Aug 24 2017 01:46 PM | Not caring for any family members currently but may in the future |
| 13 | Aug 22 2017 01:23 PM | Access to sporting and leisure facilities |
| 14 | Aug 10 2017 12:42 PM | Church |
| 15 | Aug 08 2017 05:31 PM | Have son at Edillillie |
| 16 | Aug 08 2017 05:05 PM | Been at the Cummins Homes for a year. Family decided that husband and I should after I fractured my hip but I didn't fall it just broke when I stepped (osteoporosis-related). Needed to downsize and got 2 bedroom unit because though husband would be coming too but he's in Miroma now due to dementia care needs. |
| 17 | Aug 08 2017 03:43 PM | Moved from Adelaide Hills to house in Cummins in 2001 to be closer to daughter who is nurse at Cummins Hospital. Lost husband about 4 years ago and then moved into Homes. Worked in hospital and aged care when was younger so knows that have to make decision when you ready but also have to know what you can handle. |
| 18 | Aug 08 2017 03:20 PM | Moved from bigger house in Lock. Was going to move to Adelaide but flat ground in Cummins is better for getting around. No longer drives and Cosi (No. 7) drives her to appointments at clinic. |

Q18. In Council's 2015 strategic planning survey the community identified a need for more aged care and/or retirement-style living. What style would your household prefer? (Leave blank if no preference)

| | Cummins | | Coffin Bay | | Port Lincoln | | Other | | Total |
|---|---------|-----|------------|-----|--------------|-----|--------|----|------------|
| Individually owned units | 39.27% | 119 | 33.66% | 102 | 46.20% | 140 | 2.64% | 8 | 303 |
| Retirement village with independent living and common social spaces | 43.13% | 138 | 35.31% | 113 | 39.69% | 127 | 3.13% | 10 | 320 |
| Residential Aged Care facility (previously known as nursing home) | 48.05% | 111 | 28.57% | 66 | 40.69% | 94 | 3.03% | 7 | 231 |
| Other | 77.78% | 7 | 11.11% | 1 | 22.22% | 2 | 11.11% | 1 | 9 |
| Not sure | 33.33% | 2 | 16.67% | 1 | 33.33% | 2 | 33.33% | 2 | 6 |
| Please specify any other important details here | | | | | | | | | 47 |
| Answered | | | | | | | | | 427 |
| Skipped | | | | | | | | | 120 |

| Q18 Other comments Respondents | | |
|--------------------------------|----------------------|--|
| | Response Date | Please specify any other important details here |
| 1 | Sep 19 2017 12:59 PM | Residential aged care later? |
| 2 | Sep 19 2017 12:53 PM | location not stated |
| 3 | Sep 19 2017 11:42 AM | New modern open plan residential aged care facility in Pt Lincoln to accommodate a variety of people - "young" and old. |
| 4 | Sep 05 2017 05:12 PM | Ageing in place |
| 5 | Sep 05 2017 04:53 PM | Miroma is too small for immediate needs, application for more beds rejected. Common sense by Health Minister would fix this situation. |
| 6 | Sep 05 2017 04:36 PM | It would be fantastic to have bigger rooms in Miroma, and some double rooms for married partners, I can see this becoming a problem down the track. |
| 7 | Sep 05 2017 12:03 PM | Need more accommodation for couples in aged care so they can stay together (to make life easier) |
| 8 | Sep 05 2017 11:53 AM | own house |
| 9 | Sep 05 2017 11:36 AM | In-home support services enabling us to stay at home for as long as possible. |
| 10 | Sep 05 2017 11:08 AM | Dementia village - Pt Lincoln |
| 11 | Aug 31 2017 01:49 PM | Make a town for elderly and workers - drive, fly, overnight stays to facility - like a mining job. Work out elderly population and types of medical conditions and health level and build a facility to accommodate that (develop that in an estate instead of housing to accommodate new residents or immigrants or criminals). |
| 12 | Aug 31 2017 01:01 PM | Haven't really thought about it. My home is very suitable for me to maintain as I age and I propose to stay at home forever - or until I absolutely cannot manage. |
| 13 | Aug 31 2017 12:07 PM | New modern residential aged care with trained staff and accommodation being especially dementia friendly as believe more and more of population will have dementia. |
| 14 | Aug 31 2017 12:00 PM | Independent living is best option |
| 15 | Aug 31 2017 11:21 AM | Depends on when and where I am as well as finance and families |
| 16 | Aug 29 2017 11:20 PM | I would prefer for financial problems 2 bedroom SA Housing Commission Unit in an area close to Tasman Tce. |
| 17 | Aug 29 2017 10:57 PM | From parent's experience a retirement village is an obscene rip off! |
| 18 | Aug 29 2017 10:37 PM | Would prefer to stay in our own home at Mt Hope with maybe 'outreach' nurse if needed or something similar. |
| 19 | Aug 29 2017 10:20 PM | If possible retirement village with aged care facility and with sea views |
| 20 | Aug 29 2017 10:09 PM | Prefer to stay in own home |
| 21 | Aug 29 2017 05:05 PM | We need a young 25 to 60 disability care village in one location, also for respite units one-on-one basis. |
| 22 | Aug 29 2017 04:57 PM | Pet friendly |
| 23 | Aug 29 2017 04:54 PM | Cummins Aged Care desperately need a carer or staff person to be in the area 100% to give some stimulation to the residents. |
| 24 | Aug 29 2017 04:36 PM | We would prefer to be in our own home with outside support but failing that - in a village where a certain amount of independence can be maintained. |
| 25 | Aug 29 2017 04:00 PM | Residential aged care with transitional accommodation i.e. independent units and ability to move to high care all in the same facility plus the ability of couples to be able to live together in the same care facility. |
| 26 | Aug 28 2017 10:01 PM | It all depends on our future health and independence. |

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| 27 | Aug 28 2017 09:33 PM | 2 bedroom units in Cummins |
| 28 | Aug 28 2017 05:08 PM | More residential aged care in future. Currently see a need for more spaces in Miroma Place. In some cases our local people have been unable to access accommodation here when required and have had to relocate to other place. These are people who have supported the facility over a number of years. |
| 29 | Aug 28 2017 04:38 PM | Poonindie/North Shields |
| 30 | Aug 28 2017 03:50 PM | Would prefer to stay in our own home with support provided as needed, for as long as practical. |
| 31 | Aug 24 2017 05:01 PM | 2 bedroom unit - independent living |
| 32 | Aug 24 2017 01:46 PM | Cummins needs home in between the family home and the Council units. 3 bedroom and smaller garden. |
| 33 | Aug 24 2017 01:04 PM | The answers to this would depend on our health I would think |
| 34 | Aug 24 2017 12:16 PM | All of these options are necessary as people progress through the three as their ability to look after themselves decreases. |
| 35 | Aug 24 2017 10:52 AM | Why always Coffin Bay? North Shields cover it's township plus Louth Bay plus Wanilla, Koppio, White Flat. Stop pandering to Coffin Bay residents. Desperate for retirement living in Cummins. Already have nursing home facilities at hospital!!! Need a high-moderate care facility like Miroma but more beds. |
| 36 | Aug 22 2017 04:40 PM | Tumby Bay |
| 37 | Aug 22 2017 01:29 PM | Some lifestyle elements |
| 38 | Aug 22 2017 01:15 PM | Video cameras in all areas for client safety |
| 39 | Aug 22 2017 12:36 AM | Not specified where |
| 40 | Aug 21 2017 03:51 PM | Will probably move near relatives in Qld when we are unable to cope here. |
| 41 | Aug 21 2017 03:45 PM | Cummins badly needs to upgrade their 'below standar' units AND they need more units (i.e. 2 bedroom and decent laundy/bathroom) |
| 42 | Aug 21 2017 03:31 PM | There is no need for a retirement village or aged care facility in Coffin Bay. |
| 43 | Aug 15 2017 12:37 PM | In our current situation we would prefer individually owned units but a retirement village with residential care facility could be an advantage in the future. |
| 44 | Aug 14 2017 11:51 AM | More units at the Homes would be good. Some with nice outlook so can see trees and birds. |
| 45 | Aug 08 2017 05:31 PM | More double rooms needed at Miroma/hospital. More 2 bedroom units needed as well. |
| 46 | Aug 08 2017 05:05 PM | More units at the Homes would be good, depending on the position - like to be able to see open space and trees. |
| 47 | Aug 08 2017 03:43 PM | Definitely more double units needed. |

Q19. Please provide any other comments relating to the health and ageing needs of our community.

Answered 115

Skipped 432

| Respondents | Response Date | Responses |
|-------------|----------------------|---|
| 1 | Sep 19 2017 03:49 PM | Transport - I believe it would be tremendous benefit to have a service where groceries and medications (scripts) could be collected and then delivered to the home. Perhaps a weekly community run. Duress alarm accessibility for remote properties. Classes to learn basic mobile phone, computer and internet use. Reliable mobile phone service (critical in an emergency situation) |
| 2 | Sep 19 2017 12:46 PM | In regards to renovating aged related kitchens and bathrooms more planning and research needs to be done to make sure its aged/elderly suitable. Recycling needs to be considered - recycling bins and at a reasonable cost to consumers |
| 3 | Sep 19 2017 11:52 AM | Source more nursing homes/aged care facilities. There is money to be made here. Its a win-win situation. |
| 4 | Sep 19 2017 11:42 AM | Older people need to be close to family members for support when in their own homes and when in aged care facilities. |
| 5 | Sep 05 2017 05:17 PM | Good to see this is being addressed now as it has always been known that the babyboomers would mean a great deal of aged people needing increasing support from a smaller working population was coming fast. The design of aged villages that can be multi use and encourage the wider community to be involved on a regular basis is paramount for sustainability. |
| 6 | Sep 05 2017 05:16 PM | There are many that need respite at home. There are people that are unable to get out to respite to give there carers a break. It gets very costly for carers to be able to have a break. More Volunteers would be great to provide respite in the home. |
| 7 | Sep 05 2017 05:14 PM | The demand for aged care is high but services available very low. There needs to be more facilities available and affordable as it costs an arm and a leg now. Mental health services are lacking severely |
| 8 | Sep 05 2017 05:12 PM | Places where married couples can be together a& near friends and family |
| 9 | Sep 05 2017 05:05 PM | Don't forget young people and families. |
| 10 | Sep 05 2017 04:53 PM | All communities have to deal with ageing population - urgent issue that should have been dealt with years ago by Labour or Liberal govt. It also provides employment for local builders and importantly nurses and carers. Older people have different preferences for aged care and retirement living. We can be fine now and overnight need specific medical attention. |
| 11 | Sep 05 2017 04:45 PM | We need more facilities for assisted living with professional staff |
| 12 | Sep 05 2017 04:39 PM | we have so many retirees, who have to move on to other care communities. we are faced with that soon ourselves for my mother. |
| 13 | Sep 05 2017 04:38 PM | With people wanting to stay at home as long as possible, more in-home support is needed. Ideally, I would like to see a service that is operated in Cummins/Tumby Bay (with workers based in these towns) that could provide in-home services to the elderly and people with disabilities. Of course, this would only be viable if there is a guaranteed need (eg. older people are going to stay in the Cummins area). |
| 14 | Sep 05 2017 12:03 PM | You might need to look at more staff at times. |
| 15 | Sep 05 2017 11:27 AM | Seems too far ahead for our household to be able to contemplate decent feedback |
| 16 | Sep 05 2017 11:21 AM | Transport for residents who are not in a town such as Cummins e.g. Whites Flat. No bus visits Whites Flat/Koppio/Pt Boston |
| 17 | Sep 05 2017 11:17 AM | There appears to be a need for affordable housing for the 60+ who are quite independent but without family and networks. |
| 18 | Sep 01 2017 06:39 PM | I think Port Lincoln needs to come into the future, and by that I mean they should have a MRI machine at the hospital. So that all around the Eyre Peninsula dont have to make the trek to Whyalla. Also would like to see other specialists to be able to come across and consult and do tests here, like I said above, Nerve Study for example. |

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| 19 | Aug 31 2017 01:56 PM | <p>Social outlets for the ageing population are essential. So many physically and socially isolated people. Need a central mechanism where they can come together to connect and form social connections that then may continue outside of organised events as health professionals see these people individually and recognise the issue but aren't able to make connections between individuals. It is critical for people's mental health and also to ensure their welfare is monitored in a number of ways i.e. if they don't turn up or answer the door then someone will be worried because its out of character.</p> <p>Reduce waiting times and costs of health/medical needs. Need more people or try get more qualified health specialists that are a permanent resident and can perform medical procedures in a theatre. Less travel and accommodation costs, less time off work. Update/upgrade medical facilities and hospitals so you don't have to go to Adelaide or more fundraising for medical equipment. More on the job training with long-time qualified persons and maybe better hours/pay. Less bitching/backstabbing/complaining/liars and rumour starters. Get more friendly people who want to work with and care, not people which are negative and only care about when pay day is and also people who don't look down at your or treat you differently due to surnames or wealth. People who don't care about their mobile phones or that they have to travel (they don't pay for fuel/regio on vehicle - government does). Use more brain power and thinking instead of googling it and more communication. Please educate and train people for customer services as its crap and there crap day and attitude is not my problem or fault and less "its hard or an effort". More training with old school people as now more people are texted to book. "Oh I got my uni degree or Tafe certificate" - who cares about that, old school is dying and more unqualified and less confident people are around. Less Facebook and texting. Less people who are untidy or uniform untidy or either too big or small. Less piercings in face or stupid colours died in hard, less people who say oh I don't know I have to ask! Less "I've got a bruise on my arm" so I'll go to emergency or the doctors and waste valuable time for someone who needs it first or making waiting time longer. Better car parks maybe a little wider so you can actually get in your car and out of it!</p> |
| 20 | Aug 31 2017 01:49 PM | <p>For me living in Coffin Bay as I age will depend on my ability to keep my licence. Apart from all the services in the survey, shopping is in Pt Lincoln, as are a number of social events. I am also an avid traveller to getting to and from the airport is very important.</p> |
| 21 | Aug 31 2017 01:01 PM | I'll just add that the years I've been residing in Cummins the Medical Clinic and Hospital has been well organised thorough, respectful, all treated the same - excellent service. |
| 22 | Aug 31 2017 12:37 PM | There are no sealed footpaths adjacent to Cummins shopping centre, areas around school, swimming pool, shopping centre, gym, Walkom St, Arthur St, Walter St etc. Footpaths are not maintained, mowed or weeds poisoned. Difficult for aged to walk or exercise. Forced to walk on road and around overgrown trees. |
| 23 | Aug 31 2017 12:34 PM | wheel chair friendly footpaths and assisted walker friendly - not gravel as in Pooninidie and smooth, no bumps etc. |
| 24 | Aug 31 2017 12:07 PM | Access to GPs is important for younger residents too. |
| 25 | Aug 31 2017 11:26 AM | Most services would be good to be accessible even part when able and affordable and needed. I am managing so far with help from families for some maintenance tasks and transport when needed. I lost my husband 4 years ago and I am over 80. |
| 26 | Aug 31 2017 11:21 AM | Providing services to people living independently e.g. transport assistance etc. similar to Red Cross services. Bring people together for group sessions to help overcome loneliness - again e.g. Red Cross. |
| 27 | Aug 31 2017 10:44 AM | Aged care packages with all relevant information in relation to options, facilities, contacts available etc should be sent out to all people over the age of 65 so they know what they have access to and what's available for each service. |
| 28 | Aug 31 2017 10:39 AM | MORE services going to Pt Lincoln Hospital e.g. ophthalmologist (eye surgeon) are much needed |
| 29 | Aug 30 2017 08:06 PM | Good luck with making sense of all the responses. I see health and ageing as a State and Federal Govt responsibility, not local government. Our rates at Boston are already excessive. |
| 30 | Aug 30 2017 07:59 PM | While understanding the cost of building aged care facilities, more need to be built and soon! Most existing facilities are bursting at the seams and we know people that have to go hundreds of kms to get placements. |
| 31 | Aug 30 2017 07:23 PM | |

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| 32 | Aug 29 2017 11:20 PM | Retirement village as once muted several years ago would avoid many seniors having to move elsewhere. We need a further retirement/nursing home facility. More home units in nice areas close to facilities. Hydrotherapy pool urgent need for a separate dwelling from leisure centre - perhaps associated with hospital physio and gym and pilates style equipment. |
| 33 | Aug 29 2017 11:08 PM | Paved footpaths and decent roads. Community Bus from Coffin Bay to Pt Lincoln. |
| 34 | Aug 29 2017 10:57 PM | Would appreciate exercise hydro pool and adult exercise equipment. Pt Augusta has outdoor equipment as does Semaphore. |
| 35 | Aug 29 2017 10:48 PM | Extremely important to have aged care homes in local community so when needing this service you don't have to be removed from friends, family and familiar community - vital for mental health of those in the facility!! |
| 36 | Aug 29 2017 10:37 PM | We believe it is absolutely essential for the Cummins Medical Centre and the Cummins Hospital to remain a vital part of our region. A 200 km return trip to visit the doctor in Pt Lincoln and a week of waiting for an appointment may result in a death. Cummins Hospital and Medical Centre are both a much needed part of life in our area. |
| 37 | Aug 29 2017 10:20 PM | Retirement village overlooking the water. Overlooking the water is a must in a town like Coffin Bay. |
| 38 | Aug 29 2017 10:16 PM | Somewhere younger people with disabilities can live and be with other younger people with higher care needs. |
| 39 | Aug 29 2017 10:13 PM | Retirement style living does not offer enough activities to those living in the facilities. This needs to be addressed if another facility is to be provided. |
| 40 | Aug 29 2017 10:09 PM | More preventative medical advice |
| 41 | Aug 29 2017 09:30 PM | We have private health which ultimately takes the pressure off of the public health system however the cost of travel and lack of PATS support is beginning to make it unviable. It is too costly to take 2 to 3 days off work to drive to Adelaide and back and flights are too expensive! |
| 42 | Aug 29 2017 09:16 PM | A LOT more mental health services |
| 43 | Aug 29 2017 05:26 PM | This survey is based mostly around planning for aged care. |
| 44 | Aug 29 2017 05:14 PM | L R Edmonds 0429 200 235 |
| 45 | Aug 29 2017 05:05 PM | Robert Theakstone 8685 6005 832 Fishery Bay Rd Fishery Bay |
| 46 | Aug 29 2017 04:57 PM | Need more aged care facilities and in-home care available in rural areas, maybe rural (Cummins) office |
| 47 | Aug 29 2017 04:54 PM | There needs to be a service provided for the aged in the Cummins Hospital - boredom and a lack of stimulation are a concern. Nursing staff have too many responsibilities to be able to give the care these people need. |
| 48 | Aug 29 2017 04:47 PM | Experience with Cummins Hospital Aged Care - really needs some person full time down that end of the hospital |
| 49 | Aug 29 2017 04:36 PM | I have found the support for ageing mother has been sufficient to date and think if her needs increase there will be support available. |
| 50 | Aug 29 2017 04:24 PM | Need of a local retirement village Continuation of visiting doctors Continuation of visiting nurse Continuation of bus service to Pt Lincoln |
| 51 | Aug 28 2017 10:13 PM | Broke hip a year ago, had fall in garden while picking roses. Surgery in Adelaide then 3 months in hospital because Dr didn't refer soon enough for surgery. Was on farm for 6 years after hubby died. Didn't use walker before broke hip. Have blood taken every 2 months for tests. Think Red Cross are too hard to get hold of but wouldn't use anyway. |
| 52 | Aug 28 2017 10:09 PM | Moved from bigger house in Cummins about 8 years ago. |
| 53 | Aug 28 2017 10:04 PM | We are lucky to live close to Pt Lincoln and use their health care. Also a short flight to Adelaide. |
| 54 | Aug 28 2017 10:01 PM | The Council is to be commended and thanked for this survey, but I find them very difficult to answer. The answers depend on so many unknown variables. |
| 55 | Aug 28 2017 09:28 PM | Our preference is own home with visiting carer or nurse |
| 56 | Aug 28 2017 05:08 PM | When one partner has died/one of us would be very interested in accessing accommodation in Cummins Homes units. Several of my friends have also made this decision. However we would hope that 2 bedroom accommodation would be available within the next 7 years. The 1 bedroom units are very tiny for the next generation who have computers etc. |
| 57 | Aug 28 2017 04:12 PM | I would like to see more activities and facilities for young families and children e.g. play cafe, library activities, music sessions etc. We live at Boston but would access these services in Pt Lincoln. |
| 58 | Aug 28 2017 04:06 PM | Mental health is important for the elderly |

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| 59 | Aug 28 2017 03:50 PM | Given the size and isolation we have found Cummins to be well served. We have used all the local facilities including teleconferencing, ambulance, hospital, allied health, meals on wheels. For me it is not the quality of the physical infrastructure, but the professionalism and attitude of the people involved which we found first rate. Our only criticism would be the mismatch between paper and electronic appointments with Country Health which often leads to poor communication, double bookings or missed visits. |
| 60 | Aug 28 2017 03:39 PM | Coffin Bay has people from farming areas in retirement. Existing resident oldies who live here for years and DO NOT want to leave our town. |
| 61 | Aug 28 2017 03:23 PM | Great initiative to have this survey. Please please please ensure the results are made available/published in a timely manner (on DCLEP website and PL Times). You have engaged on an important topic. Great survey, well done, looking forward to results and analyses. |
| 62 | Aug 28 2017 02:54 PM | Just need more facilities to house the ageing community in Cummins, families will have to leave and go elsewhere to be housed as its a huge problem already. |
| 63 | Aug 27 2017 04:15 PM | It seems of limited value to invest in assisted aged care facilities unless a viable hospital, GP and specialists services are also readily available. Therefore, develop services at Cummins and close to Pt Lincoln. Coffin Bay for example only if a hospital were built first. Not gonna happen. |
| 64 | Aug 27 2017 04:08 PM | Quite happy in Cummins Homes. Its difficult for people who cannot drive to get to Doctors appointments, shopping, hair salon and other needs they have in town. |
| 65 | Aug 27 2017 03:45 PM | Moved into Cummins Homes in 2010. Goes to Pt Lincoln one day per week with her daughter. Admitted to her daughter that she shouldn't be using the vacuum anymore and daughter organised private cleaner to come in once a fortnight and Community Nurse to visit periodically. |
| 66 | Aug 27 2017 03:29 PM | Men's shed |
| 67 | Aug 27 2017 03:18 PM | I turn 90 in three weeks. At present i am in good health and I find it difficult to guess when or if my present status will change. I can still drive my car and so location of services doesn't affect me - yet. I naturally assume I will need more help later and will possibly be forced to leave this house, but like most people would like to die at home if the fates are kind. |
| 68 | Aug 24 2017 06:06 PM | Would also be good to look at youth and child health needs. |
| 69 | Aug 24 2017 05:44 PM | Pt Lincoln Hospital - great building that is under-staffed and poorly managed |
| 70 | Aug 24 2017 05:26 PM | I commend Council for looking into the district's future needs |
| 71 | Aug 24 2017 05:09 PM | We are on farm 10 km from Cummins We feel it is extremely important that there be 2 bedroom home units where Cummins only has one of these. It was most disappointing that the land was sold at the Cummins Homes as Council had been told prior to this of the need for 2 bedroom units. |
| 72 | Aug 24 2017 04:23 PM | There is land where the useless bbq was built and perhaps some could be built for sale while they live there. There needs to be a Recreation Centre where people can meet and have cards, indoor bowls and other activities. Also a taxi with back entrance for wheelchairs etc as a strain is put on relatives and friends who help as there is for them a health problem as well. |
| 73 | Aug 24 2017 01:50 PM | With increasing numbers of single people some form of checking on welfare of individuals - movement, health, all ok (neighbourhood watch). |
| 74 | Aug 24 2017 01:29 PM | Given our current ages (68 and 64) and circumstances we would like there to be an emphasis on in-home support, We would like to stay in our present home for as long as possible with in-home support if/when required. Generally speaking we feel there should be broader choice of retirement village-type options. |

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| 75 | Aug 24 2017 01:22 PM | Coffin Bay needs supermarket facilities for ageing people. Local shops don't supply all needs and are expensive. |
| 76 | Aug 24 2017 12:46 PM | Access specialist services in Cummins in person |
| 77 | Aug 24 2017 12:41 PM | We need more blocks in Cummins so we can build whatever we want in retirement. Please open up land so we can retire in Cummins. |
| 78 | Aug 24 2017 11:43 AM | For the Community Bus to pick up aged people/persons to go to social activities at the Hall, Miroma Place, Bakery for coffee, hotel for cards/meal |
| 79 | Aug 24 2017 10:52 AM | Nil |
| 80 | Aug 22 2017 04:56 PM | I believe that a residential aged care facility needs to be established at Coffin Bay and that there needs to be a planned increase in medical services, particularly a GP, offered to residents in Coffin Bay. |
| 81 | Aug 22 2017 04:48 PM | Need for more units - 2 bedroom to downsize here. |
| 82 | Aug 22 2017 04:40 PM | More aged care as it's at crisis point! Need to change Cummins Homes (individual units already there) to allow for pets for the elderly. Cummins is a wonderful caring community. It appears that some street lights are not working. Street lighting in Cummins is appalling, giving a loss of personal security and safety. Please urgently address this issue. Also DVDs at Cummins Library are extremely outdated. Thank you. |
| 83 | Aug 22 2017 04:32 PM | |
| 84 | Aug 22 2017 04:22 PM | Definitely need more accommodation e.g. similar to Miroma Place but with double rooms and also double units. |
| 85 | Aug 22 2017 04:07 PM | Everyone's needs change dependent on health/social connection/isolation. Great to see thought put into health and ageing in DCLEP. For our family we are hopefully a large number of years away from this. |
| 86 | Aug 22 2017 03:59 PM | The current health services provided in Cummins are excellent. Having to visit specialist services more than 200 km from Cummins is a bit of a pain as it usually involves a long commute with overnight accommodation. The aged care facilities in Cummins are adequate at the moment but need to be extended urgently to cater for the ageing population. Keep up the good work! |
| 87 | Aug 22 2017 02:03 PM | Glad this is being considered. Lots of recent evidence to support care at home for as long as possible. Great stress for families if they cannot place family members into care close by i.e. have to travel away for care is not a suitable option. |
| 88 | Aug 22 2017 01:32 PM | There is an increased need for respite facilities. |
| 89 | Aug 22 2017 01:15 PM | It is important for Pt Lincoln regional centre has higher level services but ensure Coffin Bay have readily available health services. |
| 90 | Aug 22 2017 12:36 AM | Need to have minimum 2 workers to 1 client at all times to protect clients vulnerability.? |
| 91 | Aug 21 2017 05:58 PM | We need to have more visiting specialists more often. |
| 92 | Aug 21 2017 05:51 PM | After many years of talk and research things have stalled in the retirement village in Coffin Bay going ahead. |
| 93 | Aug 21 2017 05:26 PM | More beds are required at Miroma Place |
| 94 | Aug 21 2017 04:35 PM | Care of footpaths to avoid falls. Day care centres for both respite and recreation. We have bought a retirement house in Coffin Bay because we consider it meets our needs for country living, health and wellbeing. We are both 68 years. |
| 95 | Aug 21 2017 04:30 PM | Cummins desperately need 2/3 bedroom units for older retired people to go in |
| 96 | Aug 21 2017 04:25 PM | Support for living with your kids |

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| 97 | Aug 21 2017 03:59 PM | It is important for us to be able to downsize and get a unit sizeable to our needs close to medical facilities. I believe that where we are can provide this but it also needs other services not just health (e.g. supermarket). We are actually contemplating moving to Tumbly Bay when time comes because it has all the services and a quiet country lifestyle by the sea. |
| 98 | Aug 21 2017 03:39 PM | Some serious developments need to happen ASAP otherwise our hospitals are going to be full of respite patients awaiting placement and there will be no room for the acutely unwell patients. Home care packages also need to be made more readily available to keep people in their homes for as long as possible before going into care. |
| 99 | Aug 21 2017 03:31 PM | Cummins is in dire need of retirement units, similar to Lincoln Grove i.e. built by Council, individuals buy unit and selling back to Council when no longer required. The units available are no more than 'dog boxes' and lack secure garages. |
| 100 | Aug 20 2017 03:26 PM | Since working in aged care, I feel some sort of retirement village in Coffin Bay would be extremely beneficial |
| 101 | Aug 18 2017 01:30 PM | As many services as possible need to be in place for the aged to live as independently as possible in the community. |
| 102 | Aug 18 2017 09:41 AM | Generally we are very well catered for. But always room for improvement |
| 103 | Aug 17 2017 01:00 PM | I feel there are government funded allied health services available but they are poorly promoted and I don't know when, where or how to access them. Aged care services are a growing issue and something that I am concerned about, but I don't expect to be in that market place for a few years yet. I can see there is a lack of aged care and small, but individually owned unit accommodation in Cummins and Coffin Bay which would be the two most likely places we would retire. |
| 104 | Aug 16 2017 08:57 PM | We definitely need to be looking at more aged care spaces made available to Cummins (& surrounds), in aged care facilities. Retirement villages a great idea, bigger aged care homes are needed, & clearly more aged care beds in hospitals. Our population is living longer & longer. To separate couples in their aging years to different towns is cruel. Let's give our aging population the respect & dignity they deserve in their aging years. |
| 105 | Aug 14 2017 12:48 PM | I only live in Coffin bay for a short period of the year, but I am planning to retire there, so I will have more to offer at that time. |
| 106 | Aug 11 2017 11:42 AM | Boston will require a local transport system in future plus a Street directory map for the whole Boston region (urgently required now) |
| 107 | Aug 10 2017 02:47 PM | A critical need to lobby for/advocate for improving the access to health and ageing services in our community. Cummins is well placed to improve the provision of services as proven through funding partnerships which have already achieved projects for the community. Thanks to Council for taking this step in preparing a case to address health and ageing needs locally. |
| 108 | Aug 10 2017 02:39 PM | Needs to be continually reviewed to meet needs and shouldn't be always a dog fight for funding whether Federal, State or Local. |
| 109 | Aug 10 2017 12:59 PM | Council owned aged care units need to be larger. Time to build newer more modern ones to attract people. |
| 110 | Aug 10 2017 12:34 PM | Agree that increased access to aged care/retirement living is required on Lower EP and the wider rural community in general. |
| 111 | Aug 08 2017 05:31 PM | Been at the Homes for 10 years. Came from Lincoln because everything they needed was here and still is. Been trying to do family history but it has got quite difficult, lost motivation a bit. Important to save stories because even if grandchildren don't appreciate now they might want to know in the future and then it will be gone. |
| 112 | Aug 08 2017 05:05 PM | I have had a few falls in the past but I don't always tell Dr Quigley if I haven't hurt myself. My daughter popped over after the last one and Pat the neighbour had already helped me up by then. Had respite time in Miroma after fractured hip. Would be good to have Red Cross help with transport if she not able to drive Betty for some reason. Have 2 walkers, one without seat for around the house and 1 with seat that take in car to Lincoln etc that has seat for resting. |
| 113 | Aug 08 2017 03:43 PM | |
| 114 | Aug 08 2017 03:20 PM | |
| 115 | Jul 27 2017 01:03 PM | |

Q20. If you would be happy to be contacted for further discussion please provide your name and best contact number or email below.

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| Answered | 74 |
| Skipped | 473 |

74 respondents provided their names and contact details. These details have not been included in this summary for confidentiality reasons.

References

All links correct at time of publication.

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<http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA43710?opendocument>
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