

**Response to**  
**Clinical Services Plan Issues Paper**

**Hon Ruth Forrest MLC RN RM FACM**

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# Response to Clinical Services Plan Issues Paper

## Question 1

### *Overview*

Overall, this issues paper addresses the majority of issues impacting on the provision of health care services, in relation to acute/major hospital services. The principles outlined in paragraph 61 broadly encompass the major objectives for the provision of a statewide health service. Deciding what is appropriate to the community's needs may be too broad and open to the suggestion from some that the 'community' where 'I' live needs all services. There may need to be some clarification that all principles apply equally.

One area that isn't included in the principles that I believe should be, is the importance of health promotion and preventative health initiatives, with a direct link to the Primary Health Strategy for Tasmania. I would suggest that these two strategies/plans should be the overarching framework for health services in Tasmania. Health promotion and preventative health initiatives/strategies must be afforded high priority in health service provision that will be evident in improvement in the health of all Tasmanians, reduction of the impact of chronic ill health/disease and a reduction in the demand for acute hospital services through the reduction of unnecessary hospital admissions. This can be further enhanced through the promotion and support for community based health services.

I agree that the proposed principles, when read concurrently, do define an appropriate balance between access to health care services and service safety, effectiveness and efficiency, however the importance of this service being cost effective and sustainable should be noted. Generally a safe and effective service that is sustainable into the longer term, generally will be provided in a cost effective manner, as a service that isn't

sustainable into the medium to long term, will generally not be cost effective or safe in the area of service provision.

This raises the issue of what actually is a 'safe' service? To those who have worked within the health service, the definition is quite clear. A broad definition of a safe service, I would suggest, is a service that is sustainable in terms of human resources (including provision of attractive recruitment and retention of staff opportunities, reasonable hours of work balanced with leisure/lifestyle opportunities, the opportunity for professional development, clinical teaching, undertaking of research, collegiate support and employment, social and educational opportunities for spouses and children), provides quality outcomes for consumers of that service, provides for a seamless service from access, whether via GP, ambulance or direct access to a hospital or other health service, through to discharge from hospital and/or community care, is cost effective (and thus sustainable into the future) and accessible to all consumers who require the service. Members of the public often view a 'safe' service more in terms of convenience of location, aesthetics, quality outcomes and 'nice' or 'good' medical staff (with 'nice' and 'good' being very broad and subjective definitions along the lines of who could be classified as a 'good' parent or a 'good' baby). Whilst all these aspects including aesthetics and convenience of location are important, it is important that the general public is aware of and informed of what a 'safe' service for them as individuals, a community, a region and a state, is and why it is important that decisions made now must meet the current and future needs of our entire State.

### ***Increasing Public Expectations***

The issues of increasing expectations of the general public in access to new technologies and pharmaceuticals have resulted in significant increases in the costs of service delivery. This is particularly true in the diagnostic fields where previously a patient may have only expected an x-ray and/or ultrasound investigation for their abdominal pain, they now expect and MRI or more.

Ready access to, and availability of, the internet has resulted in a much greater awareness within the general public of their own health and ill health issues. Subsequently more people will expect and request complex and often expensive diagnostic procedures.

The technology 'explosion' has further challenges health service delivery as the advances in technology have increased specialisation within many areas of medicine, thus increasing the challenges associated with recruitment and retention of appropriately skilled health professionals.

Increasing expectations of the general public has also appeared to provide an opportunity for some individuals to almost absolve themselves of taking responsibility for their own health. Individuals, for example, who smoke, may seek expensive treatments for the management of lung disease, but make no attempt to cease smoking or individuals at risk of, or newly diagnosed with, type 2 diabetes, may make little or no attempt to lose weight. Preventative health programs and health promotion messages, fit more clearly into the Primary Health Strategy, but should be noted here as failure to address these issues will invariably result in greater demands on the acute clinical services.

### ***Communication of Information***

A statewide approach to communication of information regarding patients individual health requirements, particularly in relation to an electronic health record and uniform unit record numbers across all sectors, has the potential to greatly improve health service delivery and reduce the risk of errors. I believe this should form part of the planning principles in a statewide health services plan. I have made further comment regarding this area in response to Question 6 under Communication and Collaboration between Service Providers.

## ***Contemporary Health Service Delivery***

I also believe it is important that the focus of health service provision is contemporary and looking to the future. A greater emphasis must be placed on health promotion (as discussed in paragraph 35-36 and the need for this highlighted in paragraphs 46-50) and keeping people out of hospital. This is vital if we are to rein in health service provision costs. This can be achieved through a greater focus on day surgery and community based services.

An area that requires greater support and focus on treatments that can be provided within the community, is renal dialysis. With the appropriate support for the service and service providers, many of patients requiring renal dialysis could receive their treatment at home. This would also allow these patients to undertake their dialysis overnight and have more opportunities for maintaining employment and living independently.

Expansion of the capacity for day surgery, further discussed below, is an important component of a contemporary clinical services plan.

## ***Day Surgery Facilities***

Day Surgery facilities are currently a growing area in the provision of surgical health services. A 'state of the art' day surgery unit/s must be considered in the future planning of health services for the state. I believe more than one such facility could be provided within the State. These facilities are not impacted by 'emergency' cases that arise unexpectedly and 'tie up' operating theatres and staff, emergencies that result in the postponement of elective surgery cases. This has a flow on effect of increasing waiting times and lists as well as inconvenience to patients, who generally have fasted and often traveled considerable distances to access the service, resulting in public dissatisfaction with health services and potential deterioration of the medical condition for which they are seeking treatment.

As medical and surgical services continue to evolve and less invasive techniques are used in more procedures, 'day' admissions and surgery will become more prevalent and accepted by the community. The other important aspect to support the growth of 'day' health services is the provision of quality discharge care and community follow-up and support. A seamless transition from community to health service and back to the community is imperative if this service is to be effective.

### ***Primary Health Care/Community Based Services***

I acknowledge the Primary Health Strategy for Tasmania discussion paper does cover many of the issues and needs for an integrated and contemporary approach to service delivery. However, as stated previously, I do not believe clinical services or primary health should be considered in isolation, nor should any recommendations or plans be developed that do not intricately link these components of health care that also must be extended to include mental and dental health, disability and GP services, family, child and youth health and adolescent health services, to name a few. Whilst it could be argued that all these services will fall under the umbrella of either clinical or primary health services, mental and dental health services are not considered or mentioned or referred to in either paper. Primary, community and preventative health services generally are currently based in the community but must be considered as an integral part of the overall plan for health services for Tasmania.

### ***GP Services***

To reduce the reliance on the Departments of Emergency Medicine (DEM) in all hospitals in dealing with non-urgent medical conditions and medical condition that do not require admission to hospital, a 24 hour GP service with access to a family and child health nurse, would ensure that only cases that require the services of a DEM actually present there in the majority of cases. If the number of patients who present to hospital,

particularly for health issues that are generally managed as well, if not better by a GP service, or visiting medical service (such as services provided to residents residing in an aged care facility, within that facility), is decreased, then the number of avoidable admissions should also be reduced (as noted in paragraph 57), particularly during the night. This issue must be factored into the statewide plan for health services.

## ***Summary***

I believe all Tasmanians would agree that it is vital that Tasmania has a safe, high quality, efficient and cost effective service. After all we all pay for this service. How that is provided into the future does require careful planning, not just in hospital services but also primary, community and allied health services, transport access and infrastructure and the education and training considerations of the future. Health services, particularly those provided in hospitals, should not be considered in isolation.

## **Questions 2, 3 & 4**

### ***General Service Design Principles***

I have provided comment on questions 2, 3 and 4, under the headings of Local, Regional Referral and Statewide services to avoid repetition of comments and highlight my views in the area of providing a safe, effective (including cost effective), accessible, efficient, appropriate and patient focused or centered health service. I would agree that generally paragraphs 62-80 provide comprehensive design principles, however clarification is required in several areas, particularly with regard to local and statewide services.

## **Local Services**

I believe that if local services are to be provided in all local areas, Scottsdale, Queenstown, Rosebery, King Island, Smithton etc., could and perhaps, should be included and be considered in this debate/consideration. Whilst these rural services may predominantly fall within the primary health service area, I believe these services must be considered in the planning of health care services within the communities that they provide services for. These services should be provided under the framework of a regional director/executive officer, who reports to the secretary of the Department of Health and Human Services, but has the authority to direct and oversee all levels of health service provision for that region. This position would require the support of a board/committee, comprising clinical service directors, clinicians and key stakeholders, with community representation to ensure the provision of a holistic, and un-fragmented health care service across the 'local' region.

I support the view that a level of emergency medical services should be provided at these rural/regional facilities, even though in some settings in the event of a significant medical event or injury, this may in practice mean that the patient is stabilised whilst awaiting transfer to a specialist centre. However I would suggest that any facility that offers general, orthopaedic and gynaecological surgery, that is not considered minor in nature, should only be conducted at a facility that has access to an intensive care unit. The issue of integration with other elements of the health care system is addressed more thoroughly in paragraphs 108 – 111. I support the need to consider the wider sector of health care services, particularly the community based services and those that have a health promotion and preventative health focus. The more people that can avoid admission to hospital and experience improved health in latter years, the less drain financially and practically on the public hospital system.

In the discussion of local services, general medicine and general surgery can in themselves be quite broad with general surgeons for example undertaking some surgery that may be a part of a specialist surgical service. Surgery including minor vascular,

gastroenterological, breast and urological surgery, to name a few, are ably undertaken by general surgeons. However these areas are becoming more specialised and in the future it may be important to consider what the capacity of each 'local service' is.

It would be lacking vision to be too prescriptive in what surgery is appropriate for local settings as some surgery that may often be conducted within a specialty may also be performed competently, efficiently and without expensive equipment, within the local service.

As stated above, a structure should be developed to provide for an appropriate group of key stakeholders, primarily clinicians, under the direction of the 'regional director,' to regularly review and recommend services that are provided within the local services. This is particularly important on the North West Coast to ensure there is regular review and decision making, by clinicians, in consultation with the administrative sector of the Department, at a local level, with the authority to implement appropriate change without the need for all decisions to go through the Minister. I believe that the establishment of such a body to review and oversee the implementation and efficacy of this service is crucial to the success of services provided at a local level in the North West Region.

## **Regional Referral Services**

I support the design principles for the regional referral services. It is very important that both patient transport services and support given to visiting medical specialists on a regular basis to the regional areas within the referral areas, are integral and fundamental aspects of this service. However for the regional referral service to actually function effectively, it must be adequately resourced with suitably qualified medical staff.

A case in point is the oncology service provided for the North of the State from Launceston. With only one Medical Oncologist employed to provide a service to the entire North of the State (incidentally with >50% of Tasmania's population, and the

support of 2 Haematologists, this compares very poorly with the 5-6 such specialists in the South. This shortfall in staffing has meant that these specialists can no longer travel to the North West Coast to provide a service. With an additional Medical Oncologist commencing in the South of the State mid 2007, the inequity of this situation is highlighted.

## **Statewide Services**

I fully support the view that some services can and should only be provided as a statewide service, in particular those services that require access to very expensive equipment and infrastructure to provide and/or the expertise of highly specialised medical staff to provide the service and/or operate the equipment. The other issue, as described in paragraph 59, that indicates the need for a statewide service is within areas where patient volumes are lower and the need for a central facility is required to ensure a safe and sustainable service with adequate patient throughput can be maintained. Services such as cardiothoracic and neurosurgery, were identified in paragraph 71, neonatal intensive care and paediatric surgical services are other areas I believe should be a statewide service.

Having stated that paediatric surgical services should be a statewide service, it is very difficult to maintain such a service with only one specialist who provides this service. Therefore realistically, unless patient numbers can support a second specialist, only an elective surgery service can be consistently provided and emergency services need to be supplied from interstate. In such cases, the question must be asked whether this does provide a sustainable, safe and cost effective service into the long term. One specialist alone cannot provide 24 hour per day, 7 day per week service, and if such a specialist was required to provide a regular after hours emergency service, the safety of that service could be compromised through fatigue.

The issues of access to such a statewide service were well addressed and would require clear and specific pathways to ensure ready access to these services from anywhere in the

State, with minimal administrative hurdles that take the treating medical professionals away from the patient in order to organise a transfer. This is an area that will require very close scrutiny as delays are often experienced due to non-urgent transfers and lack of vehicles or aircraft to provide a timely service in practice. If we are to provide a safe statewide service, delays in accessing the service that is able to meet the specific health needs of a patient will increase the risk of poorer and/or adverse outcomes.

I acknowledge the varying views expressed in paragraph 76, however I do believe it is important not to undermine in any way the tertiary training hospital status of the Royal Hobart Hospital. This can be achieved by ensuring that the three major hospital facilities in Tasmania, Royal Hobart, Launceston General and Burnie Hospital, are essentially three campuses of the one Tasmanian Hospital service, much the same as UTAS has the major campus in Hobart, with other expanding campuses in Launceston and Burnie (Cradle Coast Campus), and these hospitals are recognised, and function as, training facilities. This will be particularly important if any statewide services are provided/located only in the North of the State.

The comment in paragraph 79, that Hobart, as thus the RHH, is accessible from all areas of the State, with appropriate transport and retrieval support, is true only if transport and retrieval services are reviewed and upgraded. Consideration of the location of a new RHH and road access must be a major consideration for the location of a new facility, comments I have previously made in response to the RHH Redevelopment Site consultation, and express again the importance of access for patients from the whole state, especially if the RHH is to provide statewide services, as being the most important consideration in site selection. The CBD of Hobart is not the most appropriate location for patients from anywhere outside the immediate inner Hobart area to access, especially when increasing population and traffic will further impact on the issue of access into the future.

Comments made in paragraph 79 fully support this view. I believe that the establishment of a group comprising representatives from each geographic area of the State, particularly

with representation from the clinicians who are involved in arrangements associated with transfer of patients both intra and interstate, to review and oversee the implementation and efficacy of a statewide service, to ensure the issues of concerns and the needs of the North of the State, is crucial to the success of a statewide service.

## **Question 5**

### ***New Clinical Services***

I am personally unaware of new clinical services, other than PET and cardiac electrophysiology, that potentially could be provided in a cost effective way that would benefit Tasmanians within Tasmania, rather than seeking these services interstate. However, even these proposed services will require very careful scrutiny to ensure that a critical mass of patients exists in Tasmania to sustain such a service in a cost effective manner. There are frequent new advances in this area, as with most other areas of medicine, as ongoing research and development continues and there are clinicians much better placed to make such recommendations.

## **Question 6**

I have made comments in relation to this question in my responses to questions 2 - 4, and will provide comments to this question with regard to the service planning principles surrounding the North West Regional Hospital. Whilst I acknowledge there have been significant issues surrounding health service delivery on the North West Coast for many years, similar challenges have plagued other hospitals in the State and have not come under such close scrutiny in this paper. To illustrate this point, the problems experienced at the RHH in attracting and in particular retaining a Director/Professor of Obstetrics and

Gynaecology and Chief Executive Officers to the RHH has been a ongoing and costly challenge that should also be the subject of close scrutiny when considering a statewide health services plan.

### ***Communication and Collaboration between Service Providers***

The importance of communication and collaboration between health services to optimise health service provision and quality cannot be underestimated. High quality, integrated and contemporary ITC facilities and services must be central to the planning of future health care services as well as peer support and education and training.

Many health care providers in rural and regional areas become frustrated and 'burnt out' through the lack of collegiate support acceptable workloads/hours of work, unrealistic expectations and poor communication and subsequently do not remain in the rural or regional settings.

I fully support the comments of paragraph 85, where concerns regarding the risk of the loss of accreditation for programs that may occur as the requirements of professional colleges continue to be revised and increased, to meet the increased demands that new technologies, procedures and practices bring to the medical profession. It is very important that the health service of Tasmania is structured to ensure not only our students of medicine and other health disciplines are able to meet the requirements of an ever changing landscape, but also longstanding members of the medical profession also require ongoing acceptable levels of exposure and experience within their field to ensure they provide high quality care. This issue also affects midwives and nursing staff who work in specialist areas. The maintenance of skills across their discipline is vitally important, especially when currently working in settings where they do not utilise the full range of their skills. Rotation of these staff members through facilities that will enable regular updates and clinical practice opportunities must form part of a statewide health service.

The comments of paragraph 86 regarding the destructive nature of unhealthy levels of competition must be noted and acknowledged. I have witnessed as a health professional the unhelpful and counterproductive effects of unhealthy competition and fully agree that this form of competition should not form any part of a statewide health service.

With regard to paragraph 87, I would suggest that a 'flatter' management structure, with clinicians responsible for clinical service provision and decision making is more appropriate than have administrators being involved in this area as currently occurs in many health care service sectors. Advice from the health service providers, at all levels of service provision, should guide this process.

### ***Geographic Considerations***

Much comment has been made within the medical profession, particularly by experts in the field, that health and wellbeing outcomes are much better for patients, particularly those with significant and major illness or injury, if they receive medical care within the so-called 'Golden Hour'. This is particularly true for victims of road crashes or other accidents where significant injury has occurred. It must be noted that if the major facility equipped to provide the medical treatment, including highly skilled and appropriately trained medical staff, is located in Burnie for the North West and West Coasts, rather than Latrobe, a higher proportion of residents from these regions within Tasmania will be able to receive appropriate treatment within this 'Golden Hour' and thus outcomes will be improved and overall costs significantly reduced.

This is further illustrated by the fact that North West Coast residents who live, or sustain injuries or illness, one hour or most East of Burnie are quite likely to be within one hour of the Launceston General Hospital that provides the level of medical care required to achieve these outcomes.

These comments highlight the importance of an efficient ambulance service, staffed with highly qualified ambulance officers. A review of this service will be required, but I believe that overall, the level of service currently provided by the Tasmania Ambulance Service is able to meet this need, particularly if a more effective non-urgent patient transport service is investigated and implemented to avoid the use of ambulances for non-urgent medical transfers. This is acknowledged in paragraph 103 of the issues paper.

I would also suggest that consideration be given to encouraging and supporting more Tasmanians to undertake basic first aid training. This measure alone could reduce the need for urgent patient transports to hospital, if other persons in attendance when injuries or medical conditions are sustained or experienced, can be adequately and appropriately managed by a person with basic first aid skills. Training could be incorporated into the learner driver program for example.

### ***Proximity to UTAS Cradle Coast Campus***

The Cradle Coast Campus of the University of Tasmania (UTAS) continues to expand and provide access to many more courses. It is ideally located within 1km of the Burnie Campus of NWRH. UTAS Cradle Coast Campus provides access and support for students of the UTAS Medical School undertaking their clinical placements and has the opportunity to provide other health related courses in the future. The close proximity of these two important facilities consolidates and reinforces the importance of the NWRH Burnie Campus becoming the major specialist health facility on the North West Coast.

### ***Proximity to Rural Clinical School***

The co-located Rural Clinical School is providing an effective training opportunity for medical students to be educated, and receive qualifications in a regional and rural setting. Statistics clearly demonstrate that all regional, rural and remote areas of Australia are experiencing major challenges and difficulty in attracting and retaining doctors, and other

allied health professionals, in these areas. 2006 saw the first graduates from this facility and having these graduates obtain their education and experience in such a settings, they are much more likely to remain in the rural and regional areas of Tasmania.

It is therefore very important that the opportunities of these students isn't limited or restricted, as doctors working in rural and regional settings must be prepared, and able, to manage almost any medical condition that presents. They are required to assess, stabilise and when necessary consult and refer patients that present to a tertiary health facility. The opportunity to witness and be immediately involved in the first line management of a wide range of medical conditions, may be restricted if specialist services are not maintained and enhanced, at the Burnie Campus.

### ***Proximity to Private Health Facilities including Hospital, Radiology, Pathology, Nuclear Medicine and Medical Centre***

A major health facility, providing specialist services requires timely and readily available access to diagnostic services including pathology, radiology, nuclear medicine, etc. As these services are all co-located with the NWRH Burnie campus currently, this can reduce the incidence of delays in accessing these services and provide a prompt and effective service.

### ***Opportunity for future expansion***

The current site of the NWRH Burnie Campus is ideally located with spectacular views and ready road access from the Bass Highway. This purpose built facility is less than 15 years old. Public transport services will require close scrutiny and review to ensure that those who rely on public transport to attend this facility for treatment, diagnostic services or to visit relatives and/or friends, are provided with an appropriate and timely service.

This site, whilst currently unable to physically meet the challenges of providing specialist services for the entire North West and West Coasts, can be expanded at the current site. Car parking capacity can also be increased, which can be partially offset with an improved public transport service for residents of the entire North West Coast including the Far North West and West Coasts.

### ***Low risk maternity services***

The Australian College of Midwives Inc (ACMI) in consultation and collaboration with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), have developed contemporary and comprehensive guidelines for consultation and referral for childbearing women receiving midwifery care during the antenatal, intrapartum and postpartum periods. Therefore, a safe, cost effective and convenient low risk maternity service, can, and should be provided at the both the Mersey Campus of NWRH with obstetric support provided through the Burnie Campus and the Burnie Campus as components of a high quality obstetric service. I believe that it is important, and in the best interests of families, that when it is safe to do so, women should be able to give birth close to home, if not at home, with the appropriate midwifery and obstetric support.

An obstetric service, that by its very nature requires immediate access to an intensive care unit, can only be provided at the one central location on the North West Coast to ensure women and their families from the Far North West region and West Coast are not further disadvantaged by having to travel an extra 30 - 40 minutes over trips of 2 - 3 hours to access this level of service, it is logical to base this service at the Burnie Campus.

### ***Practical Implications of Implementation***

When considering specific service planning issues, it is vital that current evidence is the basis for decision making. As noted in paragraph 95, in order to provide a safe, effective

service of high quality, the number of occasions of care in a particular area is important. Members of the public, who often comment on the desire to have all services available to them close to where they live, often overlook the importance of this issue. Quality and safety of health service provision has never been more important, especially in the highly litigious environment of health care service provision.

Implementation of change, and thus reduction of some services at one facility, must be on the back of a commitment to improve access to those services where necessary.

As far as recruitment and retention constraints, as discussed in paragraph 97, I understand that the major issue in this area is not the amount of money paid to the professional, but it is more about lifestyle and work conditions. Family friendly work hours and on-call requirements, opportunities for professional development, collegiate support, employment opportunities for spouses, educational opportunities for children and social and leisure time opportunities as just as, if not more, important to the recruitment and retention of medical staff, particularly in regional areas. One major facility on the North West Coast in Burnie, where the UTAS Cradle Coast Campus is located, and there are a number of opportunities that address the other issues raised, would assist greatly in this challenging area.

To provide one specialist obstetric service in Burnie, with maternity care provided at the Mersey Campus, Smithton Hospital and opportunities for some antenatal and postnatal care in Queenstown and on King Island, requires a coordinated approach. Currently public maternity services are provided through North West Private Hospital under contract with the Department of Health and Human Services (DHHS). To provide a cost effective, safe and high quality service, with appropriate support from anaesthetic services, physicians and endocrinologists, intensive care specialist services to name a few, it would be more appropriate to return public birthing services to the public sector. It is also very important to enable collaboration, cooperation, effective staffing levels and maintenance of skills for midwives, through the return of all public birthing clients to care within the public sector. Furthermore, an obstetric service is not one of the higher

expense services to provide and should be able to be provided in a more cost effective manner if provided within the public facility.

As discussed under question 2 - local services, I believe it would be unwise to be prescriptive at this stage about what particular services are provided at each campus, except to develop the Burnie Campus as the major North West facility, a centre of excellence, that provides specialist medical, surgical, obstetric, critical care, and anaesthetic services, which have critical functional relationships (further discussed below), and that the other health facilities on the North West Coast, including Smithton, Latrobe, King Island and the West Coast including Rosebery and Queenstown, are considered within the planning for the broader delivery of health services.

As stated under question 2, the development of a structure to provide for an appropriate group of key stakeholders to regularly review and recommend services that are provided within the local services is essential on the North West Coast to ensure that regular review and decision making, by clinicians, in consultation with the administrative and finance sectors of the Department, with the authority to implement appropriate change without the need for all planning and implementation decisions to go through the Minister.

### ***Critical Functional Relationships***

The nature of critical functional relationships between services, as raised in paragraph 101, must be understood and recognised in the planning of a regional health service. Much of the public comment highlights the fact that the general public are either unaware of or fully understand these issues.

Costly services such as intensive and critical care, complex surgery or surgery that requires the use of expensive equipment such as microscopes, can only be provided at one site (in some cases, very expensive equipment will only be able to be provided at one

location in the State). The Intensive Care Unit at the Burnie Campus is of adequate size, modern and well resourced. However, constant advances in medicine, particularly in the monitoring, diagnostic and treatment of serious medical conditions are occurring. Therefore only one unit on the North West Coast can or should be a part of the North West Health Service. This will ensure that this unit continues to provide a contemporary, adequately resourced, both in terms of human and capital/infrastructure resources, that will be well place to meet the health needs of this region well into the future.

I support the suggestion that the Burnie Hospital should be the centre for specialist services that require the back up and support of intensive care and diagnostic services at a co-located facility. Therefore the Burnie Hospital would provide complex surgery, including general, orthopaedics, vascular, gastroenterology, urology, gynaecology and breast surgery, that require more than a day admission. Some of these services may be dependent on attracting the appropriately qualified specialist medical staff and may need to be provided at the Launceston General Hospital and Royal Hobart Hospital. I have provided comment regarding these services under comments on question 3.

An obstetric service, that by its very nature caters for high risk pregnancies, must have ready access to an Intensive Care Unit. Therefore, even though maternity services are not a particularly costly service to provide, safety in the service provision is a major consideration when determining the location for an obstetric service that caters for high risk pregnancies. There is significant evidence based research that demonstrates that low risk birthing could be efficiently and safely provided at a health facility/hospital, when a major obstetric service is less than one hour away.

As stated in this issues paper, patient transport services must facilitate reasonable access to all services. This is particularly important if some services currently offered at the Mersey Hospital are transferred to Burnie and vice versa.

## **Transport and Retrieval Services**

Comments made in relation to transport and retrieval services in paragraphs 102 – 107 highlight a number of concerns for patients in the North West currently accessing services that are not available within their local area. The need to thoroughly assess and implement effective, efficient and reliable non-urgent patient transport services must form an integral part of the clinical services plan. Provision of public and private transport access to health facilities must be provided with consideration given to parking for private vehicles for patients and/or relatives that may have had up to a 5 hour drive to access a facility. I would suggest that a joint approach between the Department of Health and Human Services and the Department of Infrastructure, Energy and Resources, to produce a 20+ year plan for road infrastructure, particularly with regard to accessing a new RHH, is an important consideration and a fundamental part of the planning process to support the clinical services plan.

I fully support the inclusion of a helicopter retrieval service, particularly to service the West Coast, King Island, Far North West and area in the North East. The mining industry, predominantly located in the West Coast can be very isolated and at least 2 - 3 hours by road from a major health facility. Helicopter retrieval services, with a helicopter based in the North/North West of the State, would address many of the access and retrieval issues that have been raised. It should be noted that Western Aviation based at the Burnie/Wynyard airport have provide a full time flying school that offers training up to Commercial Pilot level, including helicopters.

## **Integration with other Elements of the Health Care System**

### ***Public/Private Collaboration***

I have addressed many of the issues raised in paragraphs 108 -115 in other sections of my response. With regard to paragraph 114, I acknowledge that public/private agreements/partnerships are important to provide a health service that everyone is able to access. The public system would be totally unable to cope with the demand for elective surgery and some medical treatments if these were not provided within the private sector. However, as I discussed under *Practical Implications for Implementation*, the need to only contract public services to the private sector when the services provided by the private sector are very costly to provide, particularly in relation to expensive infrastructure. Maternity services do not fit into this category.

### **Encouraging Support for Local Services**

A significant issue in encouraging Tasmanians to use a local service, as opposed to seeking the same service interstate, is the issue of ensuring a Tasmanian service remains sustainable with the required throughput of patients accessing these more complex medical and surgical services. To encourage patients to utilise Tasmanian services, particularly if the service is provided a significant distance from the patient's residential location, review and upgrading of the Patient Travel Assistance Scheme is essential and the provision of accommodation for the accompanying relative or friend, in close proximity to the facility providing the service, if that service requires an overnight stay, needs to be provided. One of the noted guiding principles is that services are patient focused, in cases where the service is provided a significant distance from the patient's home, the patient focus must include the immediate support person/family member, who often has to drive the patient significant distances to access the service, and provide this

person with the necessary support they may require. This is becoming increasingly more evident in the current population demographic that is highlighted by an aging population and reduction of family supports due to the dispersion of immediate and extended family members to interstate or international locations.

Informing the general public of the importance of supporting the 'local' service to ensure a high quality, safe and efficient service that is provided by competent and appropriately qualified professionals is maintained, may be necessary as public perceptions can be difficult to influence if the public do not understand the implications of poor utilisation of the service.

## **Other Factors Influencing Service System Sustainability**

Workforce planning is an area that requires review to ensure the replacement of health professionals who leave a particular facility within Tasmania and either re-locate intra or interstate or overseas, is timely and efficient. In the recent past this issue has been particularly evident as an issue on (but not exclusive to) the North West Coast. Many situations of a health professional providing significant notice of the intention to resign has not resulted in a proactive or timely approach to recruitment to fill the position, with the position not even advertised in some cases until the health professional has vacated the position.

Close liaison with UTAS and other training facilities must occur to consider a variety of pathways to attract nursing staff in particular, but also allied health professions and medical staff. The Rural Clinical School in Burnie is an example of this approach which is already producing good results. Education and training cannot be separated from this debate as infrastructure and access must form a comprehensive planning and implementation process.

Teaching, training and research, form a very important part of health service provision, not only in the area initial education and training of medical and allied health professionals, but also in the area of ongoing professional development and opportunities to undertake research. If teaching, training and research forms an integral part of the planning for and delivery of health services, Tasmania as a whole will have a much greater capacity to attract and retain health professionals across all disciplines. Opportunities to undertake and participate in research in a State the size of Tasmania has many advantages and is very attractive to academics and medical professionals alike and opportunities should be actively encouraged through Government support both financially and in practical applications.

The issue of information technology and system governance has been discussed above. System governance issues, particularly in relation to provision and review of services provided in the regional centers, must be streamlined and effective. The perception, or perhaps the reality, that many, if not all decisions made regarding governance and funding of health services provided outside the RHH, are made by bureaucrats in Hobart, needs to be addressed. Whilst I acknowledge that an integrated and well structured clinical governance system is essential to the delivery of a quality, safe, effective and efficient service, decision making within and clinical governance of, health services in the North and the North West of the State, should be managed and coordinated by the CEO/Regional Directors responsible for health service provision for that region. This includes issues related to risk management and accountability for performance and outcomes. Open and transparent reporting to the Minister, and thus the Parliament and to the community is also important to ensure accountability for clinical quality in the service provided.

Benchmarking against nationally and/or internationally established standards will ensure that Tasmania provides a service of the highest quality. Peer review and assessment, whilst seen as a threat by some health professionals, is an important aspect of quality assurance and should form a part of any health services plan.

I note that funding models are under review and support the seeking of advice from those with expertise in financial management, particularly in relation to health service provision, be sought in determining the most appropriate funding models.

## **Conclusion**

Health services in Tasmania are currently being provided in such a way that is unviable financially into the future. This is a situation that has been readily acknowledged by the Minister, the Department of Health and Human Services and the author of the issues paper and in taking this approach have provided a framework and pathway for change. Many explanations for this current situation have been articulated and provide the basis for which this review has and will progress. Action must be the result of this process, in that a statewide clinical and primary health services plan, or more simply and statewide health plan that encompasses all aspects health and health service provision, must not only be produced, it must be implemented. This plan must be determined by a statewide and strategic approach as this is an opportunity to not only plan for the future but also to secure a safe, effective, accessible, efficient and financially viable future in the area of health service provision.

Change is often challenging, especially when it can have a direct impact on our lives or our health. Government and the medical profession generally have an obligation to inform the public of what constitutes a 'safe' service and to provide rational and reasoned debate in this process.

It is vital that public hospital services are not considered in isolation from either other areas of health service provision, transport and road infrastructure or education and training needs. An integrated, comprehensive and contemporary approach must be taken to provide a way forward through a plan to ensure that this issue won't require this level of review again for many years.