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12 August 2021

Hon Ruth Forrest MLC
Chair, Sub-Committee Inquiry into Rural Health Services
Legislative Council Session Government Administration Committee A
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Dear Chair

Please find enclosed a copy of the Tasmanian Government's submission to the Legislative Council Session Government Administration Committee A Inquiry into Rural Health Services.

I welcome the Inquiry as an opportunity to review health outcomes and access to health services for Tasmanians living in rural and remote areas, and to gain insight into stakeholder experience of rural health services.

I look forward to reading the Committee's report.

Yours sincerely



Jeremy Rockliff MP
**Deputy Premier
Minister for Health**

Department of Health



Tasmanian Government Submission to the Rural Health Services Inquiry

August 2021

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Acronyms

AIHW	Australian Institute of Health and Welfare
CBD	Central Business District
CAMHS	Child and Adolescent Mental Health Services
CHaPS	Child Health and Parenting Service
CHC	Community Health Centre
CHNS	Community Health Nursing Services
CLN	Community Liaison Nurse
ComRRS	Community Rapid Response Service
CoNECs	Community Nursing Enhanced Connections Service
DoH	Department of Health
FTE	Full Time Equivalent
GP	General Practitioner
HEMS	Helicopter Emergency Medical Service
HiTH	Hospital in the Home
HTS	Health Transport Services
ICT	Information and Communication Technology
LGA	Local Government Area
LGH	Launceston General Hospital
MBS	Medicare Benefits Schedule
MCH	Mersey Community Hospital
MOICDP	Medical Outreach Indigenous Chronic Disease Program
NDIS	National Disability Insurance Scheme
NEPT	Non-Emergency Patient Transport
NWRH	North West Regional Hospital
OHST	Oral Health Services Tasmania
PBS	Pharmaceutical Benefits Scheme
PHN	Primary Health Network
PHT	Primary Health Tasmania
PTAS	Patient Travel Assistance Scheme
RFDS	Royal Flying Doctors Service
RHOF	Rural Health Outreach Fund
RHH	Royal Hobart Hospital

RMP	Rural Medical Practitioner
SPCS	Specialist Palliative Care Services
THS	Tasmanian Health Service
TPMN	Tasmanian Pain Management Network
TRDF	Tasmanian Role Delineation Framework

Introduction

The Tasmanian Government welcomes the first-ever Inquiry into Rural Health Services (the Inquiry), which provides an opportunity to review health outcomes and access to community health and hospital services for Tasmanians living in rural and remote areas of our state, as well as hear insights from stakeholders on their experiences of our rural health services.

The Tasmanian Government is committed to building a sustainable health system that provides Tasmanians, regardless of where in our state they live, with the right care in the right place at the right time. The 2020-21 State Budget included \$9.8 billion in health spending over the next four years, a record investment by any Tasmanian Government. This is unprecedented resourcing for our health system and is in addition to the \$391.2 million capital program being delivered across the state. As we acknowledged at the time the 2020-21 State Budget was delivered, this expenditure includes \$600 million of additional funding for the Tasmanian Health Service (THS) over the next four years in a boost to our funding base that will help meet demand in our hospitals and underpin improved health outcomes.

Furthermore, as part of this next term of government, the Tasmanian Government has committed to a suite of additional measures to improve health services and facilities in rural and remote areas, including additional staffing and important infrastructure and equipment upgrades. The Tasmanian Government has also announced several statewide initiatives relating to enhanced community care and after hours services that will benefit Tasmanians living in rural and remote areas.

The Tasmanian Government recognises that supporting timely access to high quality health care for people living in rural and remote areas of our state is a vital component in achieving a truly integrated, sustainable health system that provides safe care for all patients. This includes increasing focus on enabling the delivery of more care within community settings, closer to or within people's homes.

The first stage of the Tasmanian Government's health reform program, the *One State, One Health System, Better Outcomes* suite of reforms (*One Health System*), focused largely on improving Tasmania's acute care services and included substantial investment into our four major hospitals. Through the *One Health System* reforms the Government took the first steps toward designing and commencing implementation of a health system that functions effectively as a single statewide system, including through the creation of a single statewide THS.

As the Tasmanian Government now enters into the second stage of its health reform program, known as *Our Healthcare Future*, the focus is shifting to increasing access to health care in the community where possible, with earlier intervention that improves patient outcomes and experience of care and reduces avoidable hospitalisation. Examining opportunities to increase access to quality health services in rural and remote communities (including support for training and development of the medical workforce working with these areas and modern infrastructure to support service delivery) is a key focus of the future planning work being progressed under *Our Healthcare Future*.

The COVID-19 pandemic has presented unique and unprecedented challenges for health systems across Australia and globally. The Tasmanian Government has worked proactively and decisively to respond to the pandemic while also ensuring the THS has been able to continue delivering broader healthcare services to the Tasmanian community. Significant planning and preparation work has been undertaken to ensure our hospitals, ambulance services and supporting health infrastructure are

ready to respond to any possible future COVID-19 outbreaks in Tasmania. While the pandemic has presented significant challenges for our health system, there have also been opportunities presented by our response such as improved provision of regional care with the expansion of telehealth infrastructure and capability. We will build on these learnings and opportunities arising from the pandemic response to help drive long-term, ongoing improvements to our health system.

The Tasmanian Government is pleased to provide this submission to the Inquiry, which outlines the services available for people living in rural and remote communities and the significant investments we have made since 2014 to bolster both the level of services provided and improve the facilities of our local health services. For the purposes of this submission, 'rural and remote areas' are taken to refer to those areas outside greater Hobart and greater Launceston, as stated in the Inquiry's Terms of Reference. Additionally, it is noted that while this submission provides a broad overview of current services and initiatives, it does not include detail on every service provided in rural and remote areas in Tasmania. The submission also considers some of the known challenges associated with service delivery and access in rural and remote areas, many of which are experienced across Australia, as well as some of Tasmania's unique demographic and geographic factors which impact both the health status of our community and delivery of services. Finally, this submission also outlines planned next steps under the Tasmanian Government's *Our Healthcare Future* reform program that are expected to further support improved services for people living in rural and remote areas.

The Government looks forward to the findings and recommendations of the Inquiry and welcomes the unique opportunity for the Inquiry to assist and support the work of *Our Healthcare Future* through its recommendations.

I. Rural health services in Tasmania – the current context

I.1 Rural and remote health in Tasmania

As the Australian Institute of Health and Welfare (AIHW) has recognised, Australians living in rural and remote areas have, on average, shorter lives, higher levels of disease and injury and poorer access to and use of health services, compared with people living in metropolitan areas. The health outcomes experienced by people living in rural and remote areas may be impacted by factors including higher mortality rates and lower life expectancy; higher instances of chronic disease; higher rates of smoking and alcohol consumption; higher rates of road injury and fatality; and increased physical and occupational risk (e.g. mining and agriculture).

In Tasmania, we have a number of unique geographic and demographic characteristics compared to other Australian states and territories. These include an older and more rapidly ageing population, the lowest average annual income level, a higher rate of dependency on social welfare and the highest rates of multimorbidity.

Additionally, Tasmania's population is small and more regionally dispersed than other states and territories, with more than 50 per cent of our population living outside of the capital city. While most Australians (71 per cent) live in major cities, Tasmania has no areas classified as a major city. Around two-thirds of Tasmanians live in inner-regional locations (including Hobart, Launceston and Devonport) and around one-third live in outer-regional locations (most regional towns). A small proportion lives in locations classified as remote or very remote, such as the West Coast and the Bass Strait Islands.

These factors have widespread implications for the health status of Tasmania's population and the people and systems that support Tasmanians' health and wellbeing.

Available data indicates Tasmanians living in rural and remote areas are more likely to experience risk factors contributing to poorer health outcomes. For example, based on data published in the Report on the Tasmanian Population Health Survey 2019, of the 14 Local Government Areas (LGAs) with a proportion of current smokers above the state average, 12 are rural or remote LGAs, while the two lowest rates of current smokers were recorded in the Greater Hobart area. Of the 19 LGAs with proportions of people with a body mass index in the overweight and obese categories above the state average, 16 are in rural and remote areas. Additionally, of the 15 LGAs with the highest rates of self-reported health status being in the fair to poor category, 13 are in rural and remote areas.

In 2017-18, the age-standardised prevalence of self-reporting of some important chronic conditions in Tasmania was significantly greater than for Australia overall. These included mental health and behavioural conditions; arthritis; hypertension; and heart disease, stroke, and vascular disease. Almost 50 per cent of Tasmanian adults have three or more chronic conditions, which is the highest of any state or territory.

Many rural and remote areas of the state are experiencing changing population patterns which are different to those being experienced by Tasmania as a whole. Recent population growth in Tasmania

has largely been led by net migration from interstate and overseas, with a large proportion of this growth being experienced in Greater Hobart and other major population centres in Tasmania. Conversely, many rural LGAs are experiencing low or negative population growth, often driven by internal migration to other areas of Tasmania and low rates of natural increase (the difference between births and deaths). Additionally, many rural and remote areas of the state are more impacted by seasonal population variations, such as tourist numbers and seasonal workers. These changing population patterns in rural and remote areas are factors which influence local health service delivery, viability, and subsequent sustainability.

1.2 Rural health services in Tasmania

Across Australia, delivery of services in many rural and remote areas can be challenging due to a combination of low population numbers, low population density and the population profile.

Low population numbers, regardless of the distribution of the population, affect the viability of delivering services. For example, in the primary care sector, General Practitioners (GPs) are private entities. Low population numbers in rural and remote areas affect the financial viability and sustainability of private practice.

While also a factor affecting service viability, low population density presents additional challenges related to the logistics of service delivery and access to services by those who need them. This can lead to higher rates of potentially preventable hospitalisations in remote areas, especially for chronic conditions.

The health system in Tasmania is made up of several components ranging from public services through to private and not-for-profit, all working together to support positive health outcomes for Tasmanians. Tasmania's health system provides the full range of care types, from public health and preventative services, to primary health and community care, and intermediate and acute care.

The Tasmanian Government is responsible for delivering services through the THS. These include a diverse range of services delivered via our major public hospitals, community health centres, Ambulance Tasmania, district hospitals, mental health services, and public dental services.

The THS operates four major hospitals, each with a specific role in the statewide health system:

- the Royal Hobart Hospital (RHH) is the principal referral hospital for residents of southern Tasmania, and provides several tertiary services for the state;
- the Launceston General Hospital (LGH) is the principal referral hospital for the north and north west of Tasmania and provides several tertiary services for residents of those areas;
- the North West Regional Hospital (NWRH) in Burnie provides acute general hospital services in the north west region; and
- the Mersey Community Hospital (MCH) at Latrobe is a dedicated elective surgery centre for all Tasmanians and continues to provide a mixture of general hospital services to the local community. The Government has also committed to the establishment of a new Rural Medical Workforce Centre at MCH, supporting training of Rural Medical Generalist Specialist doctors. The Centre will provide a crucial local specialist workforce pipeline.

Subacute inpatient care is provided at the major hospitals and the THS network of district hospitals (including multi-purpose services and multi-purpose centres).

As a general rule, health services in rural and remote areas are smaller than urban services and may act as a hub for a broad range of health services, tending to be more dependent on primary care

services, particularly those provided by GPs. This is the case in Tasmania, where the majority of health services available in our rural and remote communities are primary health services.

Tasmania has 13 district hospitals in rural and remote locations across the state which provide a wide range of services including subacute inpatient care, emergency first response, outpatients and aged care (in some facilities). They operate on staffing ratios and staff work across all services. Each of these facilities has a different service profile designed around the needs of the local community and available workforce. A snapshot of the services delivered at each district hospital is shown below in Tables 1 and 2. In addition, there are rural contracted beds at four residential aged care facilities.

Tasmania also has over 20 community-based health centres across the state. These centres offer a range of services for local residents depending on local health care needs (including, for example, home and community-based nursing services, child health services, health assessments and referral to other health and community services). The THS also delivers a range of allied health services at rural primary care sites (including into people's homes) across the state.

Across all its services, the THS is committed to providing patient-centred care that is respectful of and responsive to the preferences, needs and values of patients, carers and consumers. This includes providing care that is culturally appropriate and inclusive.

The Tasmanian Government is committed to continuing to support access to health services by Aboriginal and culturally and linguistically diverse people living in Tasmania. Existing supports include, for example, providing access to professional interpreters (via the THS Interpreter Booking Service) to assist people to access and navigate health services, providing health information in languages other than English, and provision of multicultural awareness training for staff. The Department of Health (DoH) also funds the Australian Red Cross to deliver the statewide Bi-cultural Health Program which assists newly arrived people of culturally and linguistically diverse backgrounds (especially those from refugee backgrounds) to understand and access the health system.

DoH has also developed an action plan targeted at improving Aboriginal cultural respect across Tasmania's health system. The action plan has been heavily informed by consultations with Aboriginal people in Tasmania, the national Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026 and is also guided by the National Safety and Quality in Health Services Standards (second edition). The action plan aims to create welcoming environments across THS sites by improving cultural competency, promoting active participation in personal health and wellbeing, improving the collection of data and strengthening partnerships with Aboriginal health services in Tasmania. It is intended this action plan be implemented across the THS and DoH more broadly.

The Tasmanian Government provides funding for several community-based organisations that work with LGBTIQ+ people across Tasmania, including in rural areas. This includes, for example, funding for the Working it Out organisation, which provides face-to-face and online support in the south, north and north west of Tasmania for individuals, families, organisations and schools. The DoH LGBTIQ+ Reference Group, which includes representatives from DoH, community organisations and Primary Health Tasmania (PHT), works collaboratively to improve health outcomes and access to inclusive services for LGBTIQ+ people across Tasmania including those living in rural areas. This work includes, for example, professional development for staff, networking for staff with diverse sexualities and gender identities, and improved information systems to enable recording of diverse sexuality and gender identities.

Table 1: District Hospitals FTE, Bed Types and Clinical Support Services

District hospital	Direct care staff FTE*	24 hour emergency first response	Inpatient beds	Residential aged care beds	Palliative care beds	Pathology service**	Pharmacy service**	Medical imaging**
West Coast District Hospital	21.30	✓	9	16	Available	✓	✓	✓
King Island Hospital and Health Centre	19.04	✓	6	14	Available	✓	✓	✓
Smithton District Hospital and Community Services	15.41	✓	12		Available	✓	✓	✓
Beaconsfield District Health Service	21.30	✓	4	18	Available	✓	✓	✓
Campbell Town Health and Community Service	24.02	✓	6	20	Available	✓	✓	✓
Deloraine District Hospital	18.13	✓	20		Available	✓	✓	✓
Flinders Island Multi-Purpose Centre	17.22	✓	5	9	Available	✓	✓	✓
George Town District Hospital and Community Centre	17.22	✓	15		Available	✓	✓	✓
North East Soldiers Memorial Hospital	17.22	✓	18		Available	✓	✓	✓
St Helens District Hospital and Community Centre	15.41	✓	9		Available	✓	✓	✓
St Marys Community Health Centre	13.60	✓	8		Available	✓	✓	✓
Midlands Multi-Purpose Health Centre	22.21	✓	4	18	Available	✓	✓	✓
New Norfolk District Hospital	17.22	✓	14		Available	✓	✓	✓

(inpatients only)

* These FTE figures are as at 27 June 2021 and comprise Registered Nurses, Enrolled Nurses and Personal Care Attendants/Health Care Attendants. Permanent/non casual and casual staff are included in the figures.

** The level of these services available at the individual facilities varies depending on factors such as the facility size, patient activity and available staff.

Table 2: District Hospital Visiting Specialist Services*

District hospital	Allied health services**	CHaPS	Community continence service	Diabetes education	Mental health services	Maternity care	Oral health (children)	Oral health (adults)	Palliative care	Wound care
West Coast District Hospital	✓	✓		✓		✓	✓			
King Island Hospital and Health Centre	✓	✓		✓	✓	✓	✓	✓		
Smithton District Hospital and Community Services	✓	✓			✓	✓	✓			
Beaconsfield District Health Service	✓	✓	✓	✓		✓				✓
Campbell Town Health and Community Service	✓	✓	✓	✓			✓	✓	✓	✓
Deloraine District Hospital	✓	✓	✓	✓		✓	✓	✓	✓	✓
Flinders Island Multi-Purpose Centre	✓				✓		✓	✓		
George Town District Hospital and Community Centre	✓		✓	✓			✓	✓	✓	✓
North East Soldiers Memorial Hospital	✓	✓	✓	✓	✓		✓		✓	✓
St Helens District Hospital and Community Centre	✓		✓	✓	✓	✓	✓	✓	✓	✓
St Marys Community Health Centre	✓		✓	✓		✓			✓	✓
Midlands Multi-Purpose Health Centre	✓	✓		✓			✓	✓		
New Norfolk District Hospital	✓	✓	✓		✓		✓	✓	✓	

* The visiting specialist services outlined in this table are a snapshot and do not include all services available at each district hospital. These services are a mixture of Australian Government and state funded services.

** Allied health services may include occupational therapy, physiotherapy, podiatry, psychology, social work, optometry and speech pathology, noting the services provided at individual facilities vary.

1.2.1 Australian Government responsibilities

In considering the health services available in rural and remote areas of Tasmania, the role of the Australian Government is a key factor. The Australian Government has responsibility, and provides significant funding for, general practice and primary health care (including primary mental healthcare), as well as the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS), and aged care services.

Given the centrality of primary care services, especially GPs, to rural and remote communities, Australian Government policy and funding decisions have significant influence on health care in these areas. Due to Australian Government responsibility for primary care and general practice, there is limited capacity for the Tasmanian Government to influence factors such as GP availability.

However, the Tasmanian Government is committed to working in collaboration with the Australian Government to best support the health needs of Tasmanians living in rural and remote areas. DoH works to improve communication and collaboration with GPs, and there are a range of projects and programs to provide alternatives to inpatient and hospital care. For instance, the Tasmanian Rural Generalist Pathway (discussed further below in Section 2) facilitates the training of aspiring rural GPs to meet the current and future health care needs of rural and remote communities.

As part of its responsibility for primary care, the Australian Government also contributes funding to multidisciplinary and specialist programs in Tasmania. Often these programs are provided on an outreach basis and are important in helping people access services earlier and avoid hospitalisation. These are discussed further in Section 2 below.

1.2.2 Primary Health Networks (PHNs)

PHNs are funded by the Australian Government. Tasmania has one PHN, PHT. It is a non-government, not-for-profit organisation with the following nationally set objectives:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

PHT has a key role in identifying and responding to the needs of local communities and priority population groups across the spectrum of primary care including Aboriginal health; after hours care; alcohol and other drugs services; cancer screening; managing chronic conditions; digital health; mental health, including suicide prevention; GP and healthcare provider support; potentially preventable hospitalisations; palliative care; and rural primary health.

The Tasmanian Government recognises PHT has an important role to play in supporting a holistic, integrated and sustainable health system. As part of *Our Healthcare Future*, discussed further below in Section 4, the Tasmanian Government will continue to work in partnership with PHT and other key stakeholders, with a key focus on improving the interface between hospital and primary health care.

1.3 Challenges for health service delivery and access in rural areas

There are known challenges that impact both service delivery and access for Tasmanians living in rural and remote communities which are discussed further below. While many of these are longstanding issues for which there are no simple fixes, as well as unique challenges presented by the unprecedented COVID-19 pandemic, the Tasmanian Government has made many positive advances towards improving access, availability and timeliness of health services for Tasmanians living in rural and remote areas through the introduction or expansion of multiple initiatives. Key initiatives are outlined further in Sections 2 and 3 below.

1.3.1 Increasing demand for health services

As the *Our Healthcare Future* consultation paper recognises, demand for healthcare services, both primary and acute, has continued to rise across Tasmania. In addition, increasingly complex patients with multiple chronic conditions – requiring a higher level of care, the care of multiple healthcare professionals, and/or care for multiple conditions related to their illness – are presenting a new challenge for the health system. These patients are at a higher risk of poor health outcomes, and their care is more likely to be at a higher cost to the system.

The challenge of increasing service demand in Tasmania's larger acute care facilities presents associated implications for district hospitals and other rural and remote health services in terms of patient flow, length of stay and increased demand for higher acuity care and subacute care. Additionally, from a service sustainability perspective, rural and remote health services tend to have significantly higher costs because of fixed costs and an inability to achieve economies of scale with smaller catchment populations.

There are several factors contributing to the increasing demand for health care services in Tasmania, including the state's unique demographic factors of our ageing population, a higher proportion of households receiving welfare benefits, and lower levels of literacy and health literacy compared to the national average. Lower health literacy contributes to poorer health outcomes, as people are not equipped to easily access, use and understand health information, and to make informed choices to support good health outcomes. This in turn contributes to a higher level of care being required and exacerbation of health conditions that may otherwise be able to be effectively managed through self-management approaches, and/or early intervention.

As discussed further in Section 4 below, a key component of the Government's *Our Healthcare Future* reforms is providing care for patients in the most appropriate setting to help balance service provision across acute and community services and meet increasing demand. Part of this process will be looking at how we maximise and enhance existing services in the community such as district hospitals, recognising their key role in Tasmania's health system to provide care in rural communities and support the four major hospitals to meet the increasing demands on acute care services.

1.3.2 Access to services

Across Australia, accessing health services can be challenging in rural and remote areas. There are fewer available GPs, specialist nurses and allied health professionals, as well as more limited access to specialist services and major hospitals. Many rural and remote areas are also less likely to have private providers, which increases reliance on public health services. Many areas may be more reliant on 'visiting' health professionals, or residents are required to travel further to access health services.

While not unique to Tasmania, available data points to lower levels of available services and health professionals for rural and remote areas of the state compared with more urban areas. For example, according to data compiled for the *2021 Report on Government Services*, Tasmania had 2.1 public hospital beds per 1 000 people in remote and very remote areas in 2018-19, compared to 2.8 per 1 000 people in inner and outer regional areas. Additionally, in 2019 there were 92.7 full time equivalent (FTE) GPs per 100 000 people in outer regional, remote and very remote areas of Tasmania, compared to 112.2 per 100 000 in inner regional areas. Similarly, in 2019 there were eight FTE dentists per 100 000 people in remote and very remote areas of Tasmania, compared to 11.6 in inner regional areas.

Costs can be a barrier for people accessing health services, regardless of where they live. In terms of out-of-pocket costs incurred by patients, the most recent available data from the AIHW indicates that for both non-hospital Medicare services and GP attendances, the percentage of patients with out-of-pocket costs is higher in inner regional areas in Tasmania and lower in outer regional areas of the state. The actual costs incurred by Tasmanian patients with out-of-pocket costs also shows a pattern of being higher in inner-regional areas and lower in outer-regional areas. It is acknowledged the AIHW data does not necessarily reflect the additional costs people living in rural and remote areas incur in accessing health services, such as travel, accommodation and time away from home or work. As discussed further in Sections 2 and 3 below,

expanding the use of telehealth in the THS has been a key priority of the Tasmanian Government to increase access to services and reduce the need for patients to travel.

Timeliness is a key component of accessing health services. In terms of accessing outpatient and elective surgery services within the THS, all patients are placed on a waiting list according to their clinical need as indicated by their urgency category (urgent, semi-urgent and non-urgent), regardless of where in the state they reside.

The THS is currently progressing a range of initiatives to enhance the management of wait lists in Tasmania. These include an update of statewide operational policies and protocols, application of patient-focused bookings and implementation of alternative models of care for patients who do not require an acute care pathway. The THS is implementing HealthPathways and Clinical Prioritisation Criteria to ensure alternative models of care are available for people who do not need to take an acute care pathway, including acute and community hospital avoidance strategies.

The most recently published figures for both the outpatients waiting times and the elective surgery waiting list numbers reflect the impacts of the national suspension of non-urgent elective surgery in March and April 2020, as well as fewer outpatient appointments during the COVID-19 activity restrictions.

While often the first level of contact with the health system, access to primary care can be challenging in rural areas. As *Our Healthcare Future* recognises, lower levels of available primary and community care may see people present to hospitals for treatment that could have been provided by a primary care clinician. This may be due either to immediate challenges in accessing primary care or, through cost or access conditions, delaying care so that diseases or conditions deteriorate to the point where hospital attendance is required. This may result in hospitalisations that could have been avoided (potentially preventable hospitalisations). It may also result in undue pressure being placed on emergency services in rural areas and emergency departments in urban areas.

As noted above, the Tasmanian Government has limited capacity to directly influence the availability of GPs, which is more prominently influenced by Australian Government policy and market factors. However, *Our Healthcare Future* acknowledges further improvements to primary and community care are key factors in the sustainability of major hospitals in Tasmania and improving health outcomes for the community. Care in the community is better for people and better for our health system, and improved community care, including in rural and remote areas, is a key focus of the Government's health reform agenda moving forward, which is discussed further in Section 4 below.

1.3.3 Workforce

Recruitment of health professionals, particularly in regional and rural areas, remains a significant challenge for Tasmania. This contributes to the unequal distribution of the health professional workforce across the state, with the north west in particular having lower numbers of allied health professionals, medical professionals and nurses and midwives than other areas of Tasmania. For example, in southern Tasmania there are approximately 600 allied health professionals per 100 000 people, compared to approximately 400 per 100 000 people in the north west.

While there have been significant steps taken to address this issue, recruitment and retainment of health workforce in rural and remote areas remains an ongoing challenge. There are also indications that reforms in other service sectors, such as in the introduction of the National Disability Insurance Scheme (NDIS), has had some unintended workforce distribution impacts, with movement of qualified professionals from the non-disability sector into NDIS roles. Again, these issues are more pronounced in rural and remote areas where there are existing 'thin' markets and already small workforces.

From a primary health perspective, Tasmania has seen improvements over the past six years in the number of GPs across Tasmania. As demonstrated in the *Report on Government Services*, Tasmania has had a 10 per cent increase since 2014 – from 95.9 FTE GPs per 100 000 Tasmanians in 2014 to 105.4 FTE GPs per 100 000 Tasmanians in 2020. Despite these improvements, the state remains below the national average,

with attraction and retention in rural and remote communities an ongoing challenge. Additionally, a significant proportion of practising GPs are over the age of 60, which foreshadows an imminent worsening of workforce challenges, and must be incorporated into workforce projections and responses.

While advances in telehealth (as discussed in Sections 2 and 3 below) have helped, telehealth consultations are not always appropriate, and are still constrained by the number of health practitioners available to provide services.

Recognising these longstanding challenges, the Government's long-term workforce strategy, discussed further in Section 4 below, includes a number of proposed actions that are focused on improving health services in rural and remote communities. Additionally, the Tasmanian Government has committed to support the retention and recruitment of rural doctors in the North West by establishing a new Rural Medical Workforce Centre at the MCH. This new Centre will drive the Rural Generalist Training Pathway in Tasmania and provide a crucial local specialist workforce pipeline.

While acknowledging the impact of demographic and geographic factors, as well as known challenges for service delivery and access in rural and remote areas, providing high quality health services to Tasmanians living in these communities is a key priority of the Tasmanian Government. The following two sections outline the services and initiatives relating to primary and community care, and acute, emergency and tertiary services, in rural and remote areas.

2 Supporting access to rural health services in Tasmania – primary and community care

The Tasmanian Government recognises the importance of having high quality and accessible primary and community health care services available to all Tasmanians, including access to preventative health information and supports targeted at promoting healthy lifestyle options and supporting individuals to make healthy changes in their lives.

Having access to high quality, and timely multidisciplinary care, including preventative health information and services in the community is vital as patients care starts in the community. Increasing community-based services and supports available to patients at the start of their health care journey has major benefits both for the individual and for the community as a whole, including but not limited to:

- improved patient experience of care and health outcomes
- prevention or early intervention and management of health conditions
- prevention of exacerbation of conditions that would otherwise lead to hospital admissions (supporting hospital avoidance)
- reducing admission to hospitals for treatment that can safely and effectively be provided in the community, closer to or within a person's home
- providing support to patients following discharge (in turn reducing avoidable readmissions)
- reducing length of hospital stays
- reducing pressure of acute care facilities.

As previously highlighted, a key focus of the Tasmanian Government's *Our Healthcare Future* reforms is on providing care for patients in the most appropriate settings. The Tasmanian Government's significant investment in new acute care beds in response to growing service demand has been essential, however there is also a need to obtain the right balance between acute and community services to ensure the need for access to acute services is not a result of a lack of access to community-based options. This includes access to primary health services, particularly in rural and remote communities where community-based options can be delivered closer to people's homes.

While the Australian Government is responsible for primary health care services delivered through GPs and other private providers, the Tasmanian Government recognises all components of the Tasmanian health system are interdependent and have flow on impacts to others. The Tasmanian Government is working hard to improve coordination, collaboration with, and integration of, primary and community health (including general practice, mental health and aged care) with acute services and community based alternatives to hospital care, where it is safe and appropriate to do so. A key example is through implementation of measures targeted at providing increased access to better and earlier care in the community to support early intervention and management of chronic conditions, which are key contributors to potentially preventable hospitalisation in Tasmania.

In 2017-18, 49.8 per cent (7 886) of potentially preventable hospitalisations in Tasmania related to chronic conditions. In the north, potentially preventable hospitalisations for chronic conditions (2 697) were significantly higher than for acute conditions (1 497), moderately higher in the north west for chronic conditions (1 877) than acute conditions (1 633) and in the south there was minimal difference for chronic conditions (3 312) and for acute conditions (3 335). These figures indicate a higher impact of potentially preventable hospitalisations for chronic conditions in north and north west Tasmania. People with multi-morbid chronic conditions typically require a higher level of multidisciplinary care to manage these. Increasing access to multidisciplinary care within the community supports earlier intervention and management of chronic conditions.

Highlighted below are a range of services including new and planned Tasmanian Government initiatives to address the known barriers and challenges (as outlined under Section 1) that impact access to health services by people living in rural and remote areas, and improve access to health care in the community.

Also outlined in this section are some key Australian Government initiatives the Tasmanian Government is engaged in which are also targeted at improving access to health services in rural and remote communities.

2.1 Community Rapid Response Service

The Community Rapid Response Service (ComRRS) initiative was established by the Tasmanian Government as part of its *One Health System* reforms. ComRRS is targeted at providing high quality, accessible, flexible and responsive care in the community or in the person's home for people with a range of conditions including acute illness, injury or an exacerbation of a pre-existing condition where safe to do so, to deliver better patient outcomes, and reduce avoidable hospitalisation.

The services operate within the THS Community Health Nursing Services. The highly skilled ComRRS teams are nurse practitioner led. Where clinically appropriate ComRRS provides prevention, investigation, diagnosis, treatment and management of a range of conditions. ComRRS works within a shared care model based around the principle that a patient's care is shared between their usual GP, community nursing and other health professionals. To access ComRRS a person must be referred by a GP.

ComRRS was established in the north of the state in 2016. Following the successful trial in the north, the Tasmanian Government committed funding of \$6.9 million over six years to make ComRRS North a permanent service. The Government also extended ComRRS to the north west and south in 2019; committing funding of \$11.2 million over three years to roll out ComRRS pilots in these regions (\$5.6 million per region). The Tasmanian Government has recently committed an additional \$27.5 million for ComRRS and to pilot other hospital-in-the-home services across the state.

ComRRS North West provides significant reach into rural and remote communities in north west Tasmania. The north west service was initially located in Devonport but was relocated to the Central Coast Community Health Centre in Ulverstone which has allowed service delivery parameters to be extended to reach more rural and remote areas. The current reach of ComRRS North West includes provision of services across a 25-minute radius from the Burnie central business district (CBD) as well as to Wynyard, and Devonport CBD to Sheffield and Port Sorell.

While ComRRS North mainly covers the Greater Launceston region, it also visits outlying areas to provide services where needed (and possible), for example into rural areas such as Longford, Perth, Legana and Dilston. ComRRS South operates from the Glenorchy Health Centre and covers communities within a 30 minute radius.

There is a high level of GP confidence in the ComRRS service. ComRRS North West received approximately 172 referrals from 93 individual general practitioners in its first six and a half months of operation last financial year. Referrals are increasing commensurate with GP confidence in the new service, as evidenced by 220 additional referrals received from 1 July to 31 October 2020.

2.2 Telehealth

Expanding the use of telehealth in the THS has been a key part of the strategy to reduce the need for patients to travel for services under the *One Health System* reforms. Telehealth has become an increasingly important part of Tasmania's model of delivering health care where clinically safe and appropriate.

Telehealth services enable people in rural communities to access vital health services closer to where they live (for example via tele or video conference). This has resulted in improved access to, and timeliness of, care for patients in rural and remote locations, in turn helping to reduce potentially avoidable hospital admissions, length of stay in hospital, readmissions and unnecessary presentations to emergency departments.

The Tasmanian Government has expanded the state's telehealth infrastructure and capacity in recent years, both as part of the *One Health System* reforms and through the Government's response to the COVID-19 pandemic (with a 100 per cent increase in demand for telehealth services from January 2020 to May 2020). This has included significantly expanding appointment capacity across Tasmania with 20 virtual rooms expanded to accommodate up to 5 000 virtual appointment bookings. It is estimated that for the

period from March 2020 to February 2021, this expansion of telehealth resulted in 793 400 kilometres (approximately 9 705 hours) of patient travel saved.

The expansion of public telehealth services, along with the extension of the Australian Government's MBS rebates for telehealth services, has supported improved provision of care in rural and remote areas. Telehealth services enable patients to connect from their local health service through to their medical specialist elsewhere in the state, reducing the need for patient travel through the provision of specialist services remotely to people in their local area.

Within the community care setting Tasmania Government telehealth services are used for a range of services including (but not limited to):

- antenatal classes
- diabetes education
- community nursing assessment, care and review
- allied health therapies
- Child Health and Parenting Service
- Hospital in the Home, to support community palliative care.

Ongoing use and expansion of telehealth and virtual healthcare has the potential to significantly improve patient care and patient experience of care for those people living in rural and remote communities, through increasing access to high quality, timely health care, closer to people's homes. This is a key focus of the next stage of the Tasmanian Government's health reform agenda and is discussed further under Section 4.

2.3 Child Health and Parenting Services

DoH's Child Health and Parenting Service (CHaPS) provides services to all areas of Tasmania, including providing clinical and outreach services to rural and remote communities. CHaPS provides child health and parenting information, support, assessment and advice. Clinical services provided by CHaPS include information related to children's health, growth and development including parenting support for breastfeeding and nutrition, sleep and settling, growth and development screening and assessment. CHaPS also provides screening and health promotion and support related to perinatal mental health. CHaPS works in partnership with families of children aged 0-5 years.

Following the birth of all babies in Tasmania CHaPS nurses contact families within 48 hours of maternity discharge to offer a home visit or clinic appointment. All families with newborn babies in Tasmania are offered appointments within recommended timeframes for assessment, regardless of where the baby is located. CHaPS currently offers services from approximately 70 different clinic locations across the state, including the provision of services to King Island, Bruny Island, Flinders Island and Cape Barren Island.

In 2018-19, CHaPS began piloting the use of telehealth to increase access to services such as sleep and settling groups in rural and remote communities. In 2019-20, CHaPS also used telehealth to conduct health checks with families on infants and children in response to COVID-19; however, it is noted that some components of these checks are best done in person where possible, such as a physical assessment of the baby. Utilising telehealth for elements of child health assessments and parenting supports have an emerging evidence base and align with national programs of health service delivery.

Potential opportunities to further increase the reach of CHaPS are being considered as part of broader work on the development of the Tasmanian Government's Child Health and Wellbeing Strategy as outlined under Section 4.

2.4 Community Health Nursing Services

The THS Community Health Nursing Services (CHNS) deliver a range of nursing care services across the state in clinical settings (e.g. within community health centres) and in clients' own homes, targeted at maintaining or improving the health and wellbeing of Tasmanians. CHNS are located within, and/or provide

services out of clinics in a number of rural and remote locations including in:

- South - Bruny Island, Ouse, Oatlands, Triabunna, Huonville and Cygnet.
- North - Longford, Westbury, Deloraine, Campbell Town, Beaconsfield George Town, Scottsdale, St Helens, St Marys and Flinders Island.
- North West – Rosebery, Queenstown, Smithton, Burnie, Devonport, King Island, Ulverstone and Wynyard.

CHNS provide services for a range of clinical conditions and care needs such as:

- wound care and post-acute treatment
- palliative care
- catheter and continence management
- support to manage chronic conditions (including self-management programs)
- medication management
- assessment and development of agreed care plans
- health education and promotion

Key initiatives introduced by the Tasmanian Government and delivered through CHNS (in addition to the ComRRS service outlined above) to support access to care within communities, that are of relevance and importance in rural and remote communities include:

- *Hospital in the Home (HiTH)* - HiTH has been provided by CHNS since 2017 under the 'Neighbourhood Model' – Right time, Right place, Right Care, Right Team. HiTH is a service for hospital-admitted patients of the NWRH and MCH. Patients are inpatients of the NWRH or MCH allocated to a virtual ward and remain under the governance of the consultant during their episode of care with HiTH, with that care provided in the patient's home rather than in an acute care hospital. HiTH services are only available where the care required is safe and practical to deliver in the home.
- *Community Nursing Enhanced Connections Service (CoNECS)* – CoNECS provides enhanced access from hospital emergency departments to CHNS. It is a non-admitted alternative for the provision of clinical care following emergency department presentation, assessment and initial treatment. CoNECS has been successfully introduced at the MCH and NWRH (as well as in the north at the LGH). Client satisfaction with the CoNECS service is reported to be high.
- *Community Liaison Nurse (CLN) NWRH and MCH* - The CLN position was developed and implemented to improve the acute-community interface. The CLN assists and supports appropriate discharge to the community, promotes awareness of all community services and prepares the client prior to the client departing the hospital.

The above services, along with CHNS more broadly, support the provision of appropriate care within or closer to a person's home, preventing or reducing the need to travel to Tasmania's major hospitals to access care (where care can be safely delivered in the community). Having access to services within the community is particularly important for people living in rural and remote communities when travel to the closest major hospital may be significantly further or more challenging.

2.5 Allied Health Services

The Tasmanian Government, through the THS, delivers a range of allied health services at rural primary health sites across Tasmania. This includes services such as occupational therapy, physiotherapy, podiatry, speech pathology and social work services. Other allied health services such as audiology, dietetics, prosthetics and orthotics and psychology are generally provided as inpatient, outpatient, subacute and/or rehabilitation services at tertiary hospitals.

Provision of allied health services at THS rural primary health sites is commonly done through an outreach

service model, with services operating out of a 'regional hub' based at one or more sites in greater Hobart, greater Launceston or Devonport. For example, community-based occupational therapy services provide outreach services into clients' homes, workplaces and into rural inpatient facilities. Other allied health professionals may be based at a rural primary health site and provide services at that site and/or within a geographical area. As with other health professionals, recruiting to site-based positions in regional areas is challenging which can impact service availability.

The Australian Government also funds and commissions a range of allied health services in primary health settings. For example, this includes services under Medicare Chronic Disease Management Plans, through PHNs such as PHT and through the TAZREACH program administered by DoH. Changes to services commissioned by the Australian Government can also change which allied health services are available in rural and regional Tasmania.

Allied health services generally require a health professional (GP, medical specialist, nurse or other allied health professional) referral for a client to access the service (with the exception of social work services which accepts self-referrals). Once received, referrals are triaged to determine acuity. Priority is given to highest acuity referrals to ensure patients with the greatest clinical need are prioritised for access to the relevant allied health service. If a high acuity referral is received by an allied health service and access to an appointment cannot be provided at the closest rural primary health site (for example, due to the interval between scheduled visits or availability of appointments), an appointment at an alternative site would generally be offered. For eligible clients, community transport could be arranged to support access to services at an alternative site. This approach supports patients to access allied health services when they need them and seeks to prevent deterioration in health status.

2.6 Pain Management Services

The Tasmanian Government is committed to delivery of quality pain management services. The Tasmanian Pain Management Network (TPMN) is responsible for the strategic direction and delivery of pain management services across the continuum of care in the THS. The TPMN aims to provide high-level leadership, expertise and specialist clinical advice to the THS, clinicians and other stakeholders to promote optimal health outcomes in the area of pain management services in Tasmania, establishing links with GP, consumers and other relevant state and national bodies.

DoH is also working in collaboration with PHT to develop a Tasmanian Pain Management Strategy that will provide the foundation and framework for the delivery of pain management service throughout the state and enable a collaborative, well connected network of organisations and stakeholders to progress evidence-based solutions for the Tasmanian community. Consultation has included consumers and public and private providers with an interest in pain management services. The Tasmanian Pain Management Strategy will provide an agreed framework in which pain management services are delivered equitably across Tasmania while optimising patient outcomes and experiences through providing value-based care.

For patients in the north and north west of the state, the THS has partnered with the Royal Flying Doctors Service Victoria to provide access to telehealth appointments with a pain specialist. A number of GP clinics in north and north west Tasmania have also signed up to utilise the telehealth pain management service.

2.7 Dental services

In Tasmania, public dental services are delivered through the Tasmanian Government's Oral Health Services Tasmania (OHST) at several clinic locations across the state. In addition to public services provided through OHST, the Royal Flying Doctor Service (RFDS) also provides adult and children's dental services at a range of locations across Tasmania (including on King and Flinders Islands using Tasmanian Government facilities).

OHST provides local access for children's public dental services, with OHST clinics in over 30 locations across the state. This includes a number of clinics in rural and remote areas including (but not limited to) Scottsdale, St Helens, Sheffield, Smithton, Wynyard, Deloraine, King Island and Campbell Town. There is no waiting list for children for public dental care in the community. OHST also operates a mobile preventive

dental service which travels to public schools in rural and remote areas. Public dental services for children are funded by both the Tasmanian Government and the Australian Government through its Child Dental Benefits Schedule with no out of pocket expenses for these services.

OHST also provides public dental services for adults. These services are delivered in the four major centres of Hobart, Launceston, Burnie and Devonport. OHST also contracts local private providers to deliver publicly funded dental activity in other areas, including rural and remote areas. For example, OHST currently has contracts in place with private providers in Queenstown and St Helens.

The Patient Travel Assistance Scheme (PTAS) (discussed under Section 3 below) can be accessed to support travel for rural and remote areas for emergency dental services, or for routine dental care when a patient's medical condition necessitates specialist medical backup at the time of dental treatment. Demand for adult services is high, which means emergency care must be prioritised over general care. While there are waiting lists at each major centre for general care for adults (with COVID-19 services shut downs last year contributing to wait lists) appointments to people on waiting lists for general dental care are offered based on who is at the top (i.e. has waited the longest), with waiting lists for those living in rural and remote areas no greater than those for people living in the main centres.

In addition to the services outline above, the Tasmanian Government has committed a funding injection of \$5 million to deliver an additional 20 000 dental appointments for public patients through outsourcing arrangements. The Government will work closely with key stakeholders to ensure this funding is targeted at providing care where it is most needed. Additionally, the Government signed a Memorandum of Understanding with the RFDS in April 2021, which included a commitment of \$300 000 funding in 2021-22 to support the provision of oral health services in regional Tasmania, with an initial focus on the West Coast, Huon Valley and Central Tasmania.

2.8 Healthy Tasmania

The *Healthy Tasmania Five Year Strategic Plan (2016-21)* was released in July 2016 and outlined how individuals, communities and government can work together to ensure all Tasmanians have better health outcomes.

As part of a broad range of Healthy Tasmania initiatives, the Tasmanian Government has provided over \$5 million in grant funding to communities under this plan. This funding has been provided through the Healthy Tasmania Community Innovations Grants in 2017-18 and 2018-19, and through the Healthy Tasmania Fund in 2019 and 2021. The grant funding is provided to build community connections by supporting community initiatives targeted at improving health and wellbeing. A number of rural and remote communities have received funding through the Healthy Tasmania grants. These grants have supported a range of initiatives in these communities targeted at areas including: increasing access to, and participation in, physical activity, promoting and supporting healthy eating (with a number of programs focusing on healthy eating for children), and preventing smoking uptake and encouraging and helping people who smoke to be smoke free.

Below is a summary of funding provided for initiatives in rural and remote communities across the two grant programs (Healthy Tasmania Fund Round 2 grants were announced in early June).

Healthy Tasmania Community Innovation Grants:

- Round 1 – 2018 - funding totalling approximately \$135 000 was provided for initiatives in Geeveston, Bothwell, Glamorgan Spring Bay, Break O'Day, Zeehan, Waratah-Wynyard and Devonport.
- Round 2 – 2019 - funding totalling approximately \$207 000 was provided to support initiatives in the Huon Valley, Dorset, George Town, St Helens, Flinders Island, Wynyard, Penguin and King Island.

Healthy Tasmania Fund:

- Round 1 – 2019-20 (recipients announced in December 2019) funding totalling just over \$590 000 was provided to support initiatives in George Town, Burnie, Central Highlands, and Dunalley.

The Tasmanian Government has committed \$10 million over five years towards the next phase of Healthy Tasmania 2021-2026. As well as \$8 million over four years for the Health Tasmania Fund Program. The next iteration of Healthy Tasmania will likely continue to provide opportunities to progress preventive health initiatives that will benefit people living in rural and remote communities.

2.9 Health Promotion

Health promotion supports people to improve their health and wellbeing. This includes providing people with information, resources and support to help enable people to improve their health literacy and to take positive steps to achieving better health (for example improving diet, reducing alcohol consumption, quitting smoking, exercising regularly, and participating in screening programs targeted at the prevention or early detection of disease). As highlighted under Section 1, low health literacy is a known contributor to poorer health outcomes.

Health promotion is provided in rural communities as part of the broader remit of services such as those provided through CHaPS, CHNS, and CHCs. The Tasmanian Government also employs dedicated Health Promotion Coordinators (HPCs) within the THS in each of the three regions. The HPCs work with other THS staff, non-government organisations, community service organisations, local government, schools, and other organisations. Their role includes providing support and training on health promotion planning and activities (including advice on effective health promotion and disease prevention approaches) and other initiatives (such as working in partnership with the Red Cross Bi-Cultural Health Team to facilitate cross cultural health literacy training for health workers, including health workers working outside major regional centres).

Additionally, the Tasmanian Government has committed \$4.5 million to trial three Tasmanian Community Health and Wellbeing Networks, an innovative new approach in partnership with Health Consumers Tasmania, to empower communities to improve their health literacy and awareness, and coordinate place-based preventative health initiatives. The first Community Health and Wellbeing Networks will be located in Ulverstone, Huonville and Scottsdale. The Tasmanian Government has also committed \$9 million to support community-based programs and initiatives which encourage good health and wellbeing, which is part of a \$20 million new investment in Preventative Health programs in Tasmania.

2.10 Palliative Care Services

Palliative care services are targeted at enhancing quality of life for people living with incurable conditions. Palliative care services provide a system of care which aims to enable people to live as actively and comfortably as possible and to support the person and their family. Having access to palliative care in rural and remote communities is important as it allows people in those communities to access care close to, or within, the home, improving the patient experience of care by limiting or removing the need for long and/or frequent travel to access services in larger centres.

Palliative care services are delivered across a range of settings in Tasmania. Services are delivered by a 'community of care' that includes primary care providers such as GPs, health and community services and volunteer organisations.

The Tasmanian Government funds specialist palliative care services across the state, including inpatients and community-based services. The THS has dedicated Specialist Palliative Care Services (SPCS) teams in the north, north west and southern regions (which cover their whole region, with the north west based team also servicing the west coast). These teams support palliative patients and their families across care settings.

The SPCS teams comprise medical, nursing and allied health professionals whose sole focus is palliative care. They work in partnership with health and community service organisations and groups (including volunteers and community members), that provide most of the palliative care in Tasmania.

Care provided by the SPCS teams includes symptom management, psychosocial support, bereavement support for staff and families, assistance with case conferencing, advanced care planning advice and education for staff on palliative approaches.

The SPCS teams receive referrals from GPs, consultants, other hospitals and residential aged care facilities for consultative advice on the management of patients. Upon referral to SPCS, patients receive a specialist nursing or medical assessment as required and advice is provided for complex symptom management. The SPCS provides advice and support to the patient, GP, and/or facility staff depending on the complexity of the care required (this may be via a single visit or through ongoing management). To facilitate timely assessments, particularly in rural areas, much SPCS advice is provided by phone.

As part of a 2018 Tasmanian State Election commitment, specialist palliative care clinical nurse educators have been recruited in each region of the state. These positions have proven valuable, providing essential training and upskilling across the health and aged care systems. Additional funding was allocated in the 2020-21 state budget to extend Clinical Nurse Educator positions in SPCS.

Building upon these initiatives, the Tasmanian Government has committed \$4.25 million to Palliative Care Tasmania to continue their successful GP education and training programs, workforce development and community education and awareness. The Government has also committed \$6.8 million towards better palliative care services in partnership with private hospitals and service providers, and \$10.5 million to significantly strengthen in-home palliative care and after hours care services.

In the lead up to the August 2021 State Budget the Tasmanian Government will be working with the peak palliative care and health bodies and the community sector regarding the best approach for expanding hospice at home services and state-wide after-hours palliative care support.

2.1.1 Anticipatory care project

Anticipatory care is a population approach to health care which focuses on identifying and supporting people who are at risk of developing chronic conditions with the aim of improving health outcomes for these people.

The Tasmanian Government Anticipatory Care Project (the Project) coordinated through DoH, is targeted at improving prevention and management of chronic conditions. This is an action research project to learn from local communities about the different ways anticipatory care is happening; what is working well and why, and what can be improved and further developed. The University of Tasmania, the Sax Institute and the Australian Prevention Partnership Centre were engaged by DoH to lead and support the action research.

Both Flinders Island and Ulverstone were among the four communities each allocated \$250 000 in Australian Government funding under the Project. This funding was allocated to these communities to support them to trial new ways of delivering anticipatory care, with the aim of improving the health and wellbeing in the community.

Implementation of the Project in Ulverstone involved developing a roundtable to support anticipatory care, health and social care information hubs, an online information portal for local resources, and health literacy training for staff and volunteers. Reported benefits of the Project in Ulverstone included increases in: early engagement and connections between primary care providers and the community, information sharing and understanding of the nature and makeup of the anticipatory care system.

Implementation on Flinders Island included data gathering and sharing activities, cultural competency training, alcohol awareness information provided at multiple sites including schools and service providers, and a flu vaccination clinic. Reported benefits of the Project on Flinders Island included increases in: collaborative relationships amongst service providers, cultural competency, awareness of risk factors for chronic illness, and engagement in health promoting activities.

2.12 Community Health Centres

The Tasmanian Government operates Community Health Centres (CHCs) at over 20 different locations throughout the state including a number in rural and remote areas of the state. CHCs are staffed with experienced staff who work closely with other health services (including acute, subacute, and primary health services). CHCs offer a range of services for local residents depending on local health care needs. CHCs are a critical component of delivery of health services in rural and regional areas as they provide and support access to health services, and information and advice within the local community.

As noted above, service mix differs across CHCs reflective of different community needs (with factors such as input from consumer engagement structures, distance to major centres, and workforce variations having a bearing on service mix). As outlined previously, CHaPS and CHNS services are often provided through CHCs along with a range of other services providing, health care, health assessments and referrals to other health and community services.

Table 3 below provides a list of CHCs by region (this includes some inpatient facilities that provide a community health function, such as King Island Hospital and Health Centre and the Midlands Multipurpose Centre). It is important to note that district hospitals (discussed under Section 3 below) also provide primary health services in rural areas.

Table 3: CHCs by Region and Local Government Area (LGA)

	Community Health Centre	Region	LGA
1.	Burnie Community Health Centre	North West	Burnie
2.	Central Coast Community Health Centre	North West	Central Coast
3.	Devonport Community Health Centre	North West	Devonport
4.	HealthWest - Rosebery Community Health Centre	North West	West Coast
5.	HealthWest - Strahan Community Health Centre	North West	West Coast
6.	James Muir Community Health Centre, Wynyard	North West	Waratah-Wynyard
7.	King Island Hospital & Health Centre	North West	King Island
8.	Kings Meadows Community Health Centre	North	Launceston
9.	Ravenswood Community Health Centre	North	Launceston
10.	Westbury Community Health Centre	North	Meander Valley
11.	Brighton Community Health Centre	South	Brighton
12.	Bruny Island Community Health Centre	South	Kingborough
13.	Central Highlands Community Health Centre, Ouse	South	Central Highlands
14.	Clarence Integrated Care Centre	South	Clarence
15.	Cygnet Community Health Centre	South	Huon Valley
16.	Glenorchy Health Centre	South	Glenorchy
17.	Huon Community Health Centre	South	Huon Valley
18.	Kingston Health Centre	South	Kingborough
19.	*Swansea Community Health Centre (May Shaw)	South	Glamorgan-Spring Bay
20.	Midlands Multipurpose Centre	South	Southern Midlands
21.	New Norfolk Community Health Centre	South	Derwent Valley
22.	Sorell Community Health Centre	South	Sorell
23.	Spring Bay Community Health Centre, Triabunna	South	Glamorgan-Spring Bay

* This CHC is operated by a non-government organisation but does provide some DoH services.

2.13 TAZREACH

The Tasmanian Government, through TAZREACH, administers several Australian Government funded outreach and non-outreach programs, targeted at improving health outcomes for people living in rural, remote and some urban locations in Tasmania by supporting health professionals to provide outreach services. These include:

- *Rural Health Outreach Fund (RHOF)* –supports the delivery of outreach services by nurses, midwives, allied health professionals, medical specialists and multi-disciplinary teams. The four priority areas of the RHOF are: mental health, maternity and paediatric health, eye health, and chronic disease management including pain management.
- *Medical Outreach Indigenous Chronic Disease Program (MOICDP)* - targeted at increasing access to a range of health services for indigenous people, including expanding primary health capacity to support the treatment and management of chronic diseases. Services under the MOICDP target seven priority areas: diabetes, cardiovascular disease, chronic respiratory disease, chronic renal

(kidney) disease, cancer, eye health and mental health.

- *Healthy Ears, Better Hearing, Better Listening Program* – supports provision of ear health outreach services for Indigenous children aged 0-21 years and is targeted at reducing avoidable hearing loss and improving coordination of hearing healthcare.
- *Visiting Optometrists Scheme* - targeted at supporting optometrists and optical dispensers to provide visiting optometry services to rural and remote areas of Tasmania, including to Aboriginal organisations. Services provided include eye health screening, vision testing, optical dispensary, and referral to other eye health specialists.
- *The Bass Strait Islands Agreement* - this funding program includes a focus on enhancing primary health services to, and supporting the provision of, emergency critical care advice to clinicians during aeromedical evacuations from the Bass Strait Islands.
- *Aboriginal Eye Health Coordination scheme* - targeted at improving access to eye care services for Indigenous people through improved coordination of services and improved linkages between Aboriginal organisations and available services.

Table 4 below provides a summary of the Australian Government funding across each TAZREACH program. A detailed breakdown of TAZREACH services under each program by location and number of visits for 2020-21 is provided at Appendix I.

Table 4: Current TAZREACH Programs and funding

Program	Total Funding	Funding Agreement period
Rural Health Outreach Fund	\$5.7m	1 July 2020 – 30 June 2024
Medical Outreach - Indigenous Chronic Disease Program	\$4.8m	1 July 2020 – 30 June 2024
Visiting Optometrists' Scheme	\$1.47m	1 July 2020 – 30 June 2024
Healthy Ears, Better Hearing, Better Listening	\$120 000	1 July 2018 – 30 June 2022
Aboriginal Eye Health Coordination	\$600 000	1 July 2019 – 30 June 2022
Bass Strait Islands Agreement	\$1.05m	1 July 2019 – 30 June 2022

2.14 Tasmanian Government support for the primary healthcare sector

The Tasmanian Government continues to work with the Australian Government to improve community access to essential medical services for people living in rural and remote areas of Tasmania. This includes working with stakeholders to support progression of work under key Australian Government initiatives related to rural primary health, for example:

- *Coordination Units for the development of the National Rural Generalist Pathway* - in Tasmania, the Coordination Unit will continue the work of the Tasmanian Rural Generalist Pathway training junior doctors to become rural generalists. Rural Generalists are GPs working in rural areas with skills in emergency medicine, and an additional skillset of community need.
- *Rural Junior Doctor Training Innovation Fund* – the Australian Government has contracted Ochre Health to work collaboratively with DoH and other key stakeholders to deliver rural primary care rotations for interns and residents in locations such as King Island, Queenstown, Scottsdale and St Helens.

As part of its COVID-19 response, the Tasmanian Government committed \$5 million to assist primary care services across the state to adapt and continue to deliver care safely throughout the pandemic. This funding has been distributed to GPs and community pharmacies across the state, with approximately \$1 million provided to PHT to support a program targeted at building GP readiness and participation in Tasmania's COVID-19 response. The PHT program has a focus on building capacity in Tasmania's rural and regional areas, by helping general practices with their ongoing outbreak preparedness and management.

DoH continues to work to improve communication and collaboration with GPs. As demonstrated in some of the examples above (including ComRRS and SPCS) DoH has progressed (and continues to progress as discussed in Section 4 of this submission), a range of projects and programs to provide alternatives to inpatient and hospital care.

To further support primary care, as part of the First 100 Days implementation plan following the 2021 State Election, the Tasmanian Government has commenced good faith negotiations with the RFDS to develop a long-term strategic partnership to support health services in Tasmania. This partnership will ensure the important services the RFDS provides to rural and regional communities across the state can continue into the future, including aeromedical flight services, as well as primary health care in rural and regional areas, with a particular focus on dental and mental health.

The Tasmanian Government also provides support through the Tasmanian Rural Generalist Pathway, which facilitates training for aspiring rural GPs to meet the current and future health care needs of rural and remote communities. The THS provides guaranteed internships for all University of Tasmania domestic graduates and offers rural primary care intern and resident medical officer placements (in locations such as King Island, Queenstown, Scottsdale, and St Helens) through the Rural Junior Doctor Training Innovation Fund. As noted above, the establishment of the new Rural Medical Workforce Centre at the MCH will drive the Rural Generalist Training Pathway within Tasmania, supporting training of Rural Medical Generalist Specialist doctors by managing advanced skills rotations and engagement with relevant medical colleges.

2.15 Mental health services

People with severe mental illness can receive treatment from GPs, private psychologists and other allied health providers, private psychiatrists and publicly operated mental health services with many people accessing more than one service. The Tasmanian Mental Health Services delivers a range of community and in patient-based services to Tasmanians with severe mental illness statewide, including in rural settings. The Mental Health Services Helpline is a central point of contact of entry to Mental Health Services for all Tasmanians, providing advice, assessment and referral 24/7 via an 1800 number. In 2019-20, 71.5 per cent of people with a mental illness had their needs met by the Tasmanian Mental Health Service. This was above the target of 63 per cent.

The Tasmanian Government is committed to providing the best possible mental health care to all Tasmanians and recognises the importance of mental health as a key factor in enabling people to participate in their communities and live full lives. Significant investment has been made through the 2020-21 Budget and through 2021 State Election Government commitments, to deliver well-integrated and flexible mental health and alcohol and other drug services for the entire community. Over the 2020-21 Budget and Forward Estimates, \$595.5 million will be invested in statewide mental health services, and a further \$26 million in mental health and alcohol and drug services through the 2021 State Election.

For example, the Tasmanian Government has recently announced investment of an additional \$41.2 million over four years to fully fund Phases One and Two of the Government's response to the Child and Adolescent Mental Health Services (CAMHS) Review to support young Tasmanians to receive the best possible mental health care. This additional funding will include implementation of:

- A second service to be established for children in Out of Home Care.
- A second service to be established of the Youth Early Intervention Service.
- Capacity of Perinatal and Infant Mental Health Service to be further increased and enhanced.
- Establishment of a state-wide Youth Forensic Mental Health Service.
- Establishment of eating disorders day treatment programs.
- Securing appropriate contemporary facilities for community outpatient services.

Further, the 2020-21 Budget includes \$1.2 million for community mental health support initiatives, as well as \$2.1 million for community organisations to support individuals experiencing mental health difficulties associated with issues arising from the COVID-19 pandemic. This includes funding for organisations such as Rural Alive and Well to provide support for Tasmanians living in rural communities, with a focus on older Tasmanians. This has been supported by a further \$2.25 million over two years committed through the 2021 State Election.

A total of \$7.83 million has been committed through the 2021 State Election over three years to continue and expand innovative new services put in place through the COVID-19 pandemic, including increasing the capacity of a “Tasmanian Lifeline” to deliver a mental health phone triage service. This builds on the capacity of communities to look after their mental wellbeing by training and supporting regional coordinators and community engagers to engage with, and target, mental health literacy through local government, clubs and community groups, with a particular focus on youth and older Tasmanians.

Through the State Election, the Government also committed \$40 million for the first stage of a new Mental Health Precinct, adjacent to the NWRH, to be completed in 2025. A further \$8.5 million has also been committed over two years to fund a Mental Health Hospital in the Home pilot in the north west to enable people who may have otherwise been hospitalised, to receive intensive, short-term support in their own home. This pilot will be guided by learnings from the southern service.

The Government has also committed to recruitment of a locally based mental health specialist for the Circular Head region, with recruitment commencing in the First 100 Days implementation plan. This specialist will provide mental health counselling and outreach, as well as suicide awareness and prevention, with a focus on young people.

As outlined further in Section 4, building a best practice, integrated model of mental health services across the state remains an ongoing priority for the Tasmanian Government.

2.16 After hours care

After hours care is provided through a range of state and federal government and private sector services. In rural areas this includes after hours emergency care provided through Ambulance Tasmania and care provided after hours on site by District Hospitals, as discussed further below under Section 3.

The Tasmanian Government also provides funding to support operation of Healthdirect Australia (Healthdirect) which is a joint initiative of all Australian governments. Healthdirect provides access to a range of virtual health services and health information. This includes a health information and advice line for all Tasmanians and visitors to the state. This line operates 24 hours seven days a week, putting people in touch with a registered nurse to help the person decide the best course of action to deal with their health concerns. Healthdirect also operates to facilitate access to after hours GP medical advice. The Tasmanian Government also provides some funding to GP Assist to support the service.

Additionally, the Tasmanian Government has recently announced funding of \$3 million in additional support and incentives for primary health services, including local GPs and pharmacies, to provide after hours

services for their local communities. This will complement other initiatives such as ComRRS outlined above.

2.17 Pharmacy services

Community pharmacies in Tasmania are privately owned businesses that provide a range of services to their local communities. The Tasmanian Pharmacy Authority (the Authority) approves and registers pharmacy business premises and manages and regulates pharmacy ownership in Tasmania. There were 161 pharmacy business premises in Tasmania registered with the Authority at 30 June 2020. The Australian Government and community pharmacies hold responsibility for ensuring access to essential medicines and delivery of pharmacy services in rural and regional Australia under the 7th Community Pharmacy Agreement.

In terms of state government pharmacy services, Statewide Hospital Pharmacy in the THS provides hospital pharmacy services to patients of Tasmania's acute public hospitals through on-site pharmacy departments, and a remote service to the district hospitals. Services include clinical and specialist pharmacy services, dispensing medications, on-site doses of chemotherapy, involvement in local national and international clinical trials and specialist support services including the telehealth-based Remote Clinical Pharmacy Service. As noted above, the Australian Government is responsible for the funding and policy management of the PBS.

The Tasmanian Government has invested in and progressed a number of successful initiatives that support increased access to appropriate health care, within their own community, for people living in rural and remote areas of Tasmania.

The Government acknowledges there is still a way to go in achieving equity of access to health services for all Tasmanians within their local community (wherever safe and possible). The Government is committed to continuing to work toward this by progressing initiatives targeted at increasing access and support for primary and community care and reducing the need for avoidable and/or unnecessary hospitalisation. Improving community care is a key feature of the next stage of the Government health reform program. *Our Healthcare Future* is discussed further under Section 4.

3 Supporting access to rural health services in Tasmania – acute, emergency and tertiary services

Providing health services in our rural and regional communities is a key priority of the Tasmanian Government. Section 2 above outlined the key primary health services available for Tasmanians living in rural and remote areas supporting them to be and stay well in their communities. However, there are times where people need to access specialist, hospital or emergency care, which may be able to be provided close to where they live or may require travel to a larger hospital or other health facility. Supporting timely access to hospital, emergency and specialist tertiary care for people living in rural and remote areas of Tasmania is an important component of an integrated, sustainable health system that provides safe care for patients.

3.1 Acute, hospital and tertiary services

The THS operates a network of care delivery settings, with each setting fulfilling a defined role based on the TRDF. The levels of service are based on the degree of acuity of the patient.

The RHH is the tertiary referral hospital for the state, providing predominantly Level 6 type services for highly specialised treatment or very acute patients, as well as servicing the residents of southern Tasmania. The LGH provides predominantly Level 5 services, whilst the NWRH and MCH provide Level 3 and 4 services. District hospitals provide some Level 2 and 3 services. This structure is important from a patient safety and cost perspective.

In order to maintain clinical competency, most clinicians must treat a minimum number of patients and, in some instances, this is also a requirement for their registration with their professional bodies (such as surgery). This is an important factor in delivering quality care and supporting patient safety. From a cost perspective, it is not financially viable to provide highly specialised clinical services at all sites across the state. This means some patients with more acute conditions will need to travel to a suitable site to receive treatment.

3.1.1 Patient transport

Many Tasmanians living in rural and remote areas of the state are accustomed to traveling to access health care services, particularly for specialist medical and hospital services. A key guiding principle of the *One Health System* reforms was that clinical services would be delivered only where they can be provided safely and consistently, which means some patients may have to travel. For example, the *One Health System* reforms identified an alternative model was required in the north west in order to provide a stronger, higher quality birthing and maternity services. After extensive consultation with all stakeholders, a new service was established with public inpatient and birthing services delivered by the North West Private Hospital in Burnie and antenatal and postnatal care delivered by the THS at the MCH, the NWRH in Burnie and at a number of other rural sites via outreach services. More information on maternity services is outlined below.

Since 2014, the Government has introduced a range of measures to improve patient transport across the state, as well as investing in telehealth services to reduce the need to travel where possible. These initiatives are designed to support patients to access the most appropriate care in the most appropriate location. Some key initiatives include:

- A new integrated retrieval and referral service has been created to provide access to timely, high quality care for critically ill and injured people.

- Construction of state-of-the-art helipads at the NWRH and MCH.
- Operation of a low-cost bus service between the NWRH and MCH.
- Enhancing Non-Emergency Patient Transport (NEPT) services across the state, with five private contractors now available to supplement Ambulance Tasmania services.

Some more information about key patient transport services and initiatives is outlined below.

3.1.2 Patient Travel Assistance Scheme

The Patient Travel Assistance Scheme (PTAS) supports equity of access for Tasmanians to specialist medical services by providing financial assistance with travel and/or accommodation costs where these services are not available locally.

PTAS is available to Tasmanian permanent residents who are being referred to the nearest dialysis/oncology treatment centre more than 50 kilometres (one-way) from their home, or a specialist medical service/lymphedema treatment more than 75 kilometres (one-way) from their home or not available in Tasmania.

Data on PTAS referrals and visits in 2019-20 for the three regions is shown below in Table 5. Each PTAS referral can involve multiple visits to medical appointments (such as patients receiving dialysis or chemotherapy treatment), meaning the number of visits is higher than the number of referrals. It is noted there are less referrals for intrastate travel from the south due to the major tertiary hospital for the state, the RHH, being located in this region.

Table 5: 2019-20 PTAS referrals and visits by region, 2019-20

2019-20	Intrastate travel		Interstate travel		Total	
	<i>No. of Referrals</i>	<i>No. of Visits</i>	<i>No. of Referrals</i>	<i>No. of Visits</i>	<i>No. of Referrals</i>	<i>No. of Visits</i>
South	499	2,930	1 446	1 478	1 945	4 408
North	4 669	9 868	1 263	1 293	5 932	11 161
North West	9 457	19 330	1 301	1 327	10 758	20 657
	14 625	32 128	4 010	4 098	18 635	36 226

3.1.3 Non-emergency patient travel services

Ambulance Tasmania's Health Transport Services (HTS) are situated in each geographical region and provide NEPT services across Tasmania. Operating from five base stations, HTS is an integrated statewide service that transports low-acuity, medically stable public patients without charge to, from and between THS facilities when the patient's condition precludes the use of alternative transport. Ambulance Tasmania NEPT can transport medium acuity patients, using a patient escort supplied by a THS facility.

The majority of HTS transfers relate to inter-facility transfers and hospital discharges to aged care facilities, supporting the effective patient flow within the public hospital system and reducing demand for emergency ambulances by transporting low acuity patients. With a referral from a health care professional, HTS also provides transport for outpatient appointments and palliative placement or discharge.

As noted above, the THS has a contractual arrangement with a panel of five private providers to undertake NEPT for low-acuity public patients. This panel exists as an overflow service for when Ambulance Tasmania is unable to meet demand. Ambulance Tasmania is the largest provider of NEPT services in Tasmania, undertaking approximately 65 per cent of NEPT work.

From the period 1 January 2020 to 28 February 2021, NEPT services provided 1 756 patient pick-ups from, and 2 186 drop offs to, rural and remote areas, with 15 451 total transfers undertaken during this period. NEPT services cover significant distances in providing patient transfers between major hospitals. During this same period, there were 313 transfers between southern and northern major hospitals; 595 between northern and north-western major hospitals; and 205 transfers between north-western and southern major hospitals.

3.1.4 Aeromedical and retrieval service

The 2018-19 Budget provided funding of \$30.3 million over three years to establish a dedicated aeromedical and retrieval service, known as the Helicopter Emergency Medical Service (HEMS), providing additional staffing consisting of flight paramedics and specialist retrieval doctors. In addition, funding of \$1.6 million in 2018-19 was provided for capital costs associated with establishing a dedicated aeromedical and retrieval service, including expanded base facilities to accommodate crew on-site and additional road vehicles so the helicopter crew can respond by road if required. HEMS was fully staffed and operational before 30 June 2020.

Helipads were installed and opened at the NWRH in 2017 and the MCH in 2019, providing a fully connected and integrated statewide aeromedical service with the completion of K Block and commissioning of the helipad at the RHH in mid-2020. The Tasmanian Government has also committed to further increase aeromedical support by installing a new helipad in Dover to support the Esperance Multi-Purpose Centre and a new helipad for the East Coast to be located near the St Helens District Hospital.

In April 2020, a larger range and capacity Bell 412 helicopter was contracted by the DoH to support the anticipated need for more critical care support to regional communities arising from the COVID-19 pandemic, particularly due to the closure of hospitals in the north west region during this period. This current contract is for two years.

The Bell 412 has the capacity to carry two patients, which has been valuable in facilitating patient transfers during the COVID-19 pandemic. The flight range of the Bell 412 helicopter has been advantageous in transport of patients to mainland centres and in the movement of multiple patients from the Bass Strait Islands.

3.2 Telehealth

As noted above in Section 2, increased access to telehealth in the THS was a key part of the strategy to reduce the need for patients to travel for services under the *One Health System* reforms. Telehealth has become an increasingly important part of Tasmania's model of delivering health care where clinically safe and appropriate, enabling people to access vital health services closer to where they live, via use of both phone and video conference.

Current activity underway as part of the Telehealth Expansion Project to support improved access to acute, subacute and specialist health services for people living in rural and remote areas includes:

- Implementation of Cardiac Rehabilitation Education via Telehealth for rural and remote patients.
- Provision of telehealth for outpatient appointments to the following specialities:
 - Renal
 - Neurology
 - Orthopaedics
 - Cardiology
 - Rehabilitation (including Tele-rehab)
 - Spinal Medicine

- Surgery
 - Cardiothoracic
 - Vascular
 - Infectious Diseases
 - Rheumatology
 - Sexual Health
 - Respiratory
 - Endocrinology
 - Allied health
- Use of telehealth to provide persistent pain services to north and north west Tasmania.
 - Upgrading clinical telehealth capability in district hospitals and CHCs.
 - Implementing telehealth outpatient consultations for patients in their home environment.

3.3 Hospital care in rural areas

As noted in Section 1 above, there are 13 district hospitals in rural and remote areas across Tasmania which provide inpatient care to subacute and stable acute patients. Access to district hospital beds not only allows people in rural areas to have care provided closer to home where possible, it is also an important component of helping to manage patient flow through the acute care system. When patients cannot go directly home, and the care required can be provided by local Rural Medical Practitioners (RMPs), patients are transferred, where appropriate, from the major hospitals to district hospitals.

At the district hospitals, hospital care may be provided by a range of health professionals, including RMPs and nursing staff. In facilities with RMPs, these are usually general practitioners who provide inpatient services including admission, review and discharge of patients in district hospitals, including acceptance of patients transferred from other hospitals; and on-call services.

Each district hospital has between four and 20 inpatient beds that may be made up of various care types depending on the need of the local community as well as capacity and capability of staff at the time of the admission. The 2019-20 occupancy levels for the district hospitals is shown in Table 6 below.

Table 6: Total Occupancy Rates (%) of District Hospitals (subacute), 2019-20

Facility	Beds	2019-20
New Norfolk District Hospital	14	76%
Midlands Multi-Purpose Centre	4	57%
Beaconsfield	4	81%
Campbell Town	6	114%
Deloraine	20	56%
Flinders Island	5	35%
George Town	15	56%
NESM Hospital Scottsdale	18	41%
St Helens	9	27%
St Marys	8	37%
HealthWest, Queenstown	9	37%
*King Island HHC	*(6) 3	27%
Smithton District Hospital	12	56%

* King Island HHC has temporarily reduced available beds during its redevelopment stage from 6 to 3.

While district hospitals typically show moderate to low occupancy levels, this is not indicative of inefficiency as they also provide many other services, including first response emergency care, a range of outpatient clinics, residential aged care, and community health services. DoH is currently considering the service delivery and staffing models for the district hospital facilities to ensure they are best configured to support quality health outcomes for Tasmanians in rural and remote areas.

As noted above, Tasmania's district hospitals have an important role to play in assisting the four major hospitals, improving patient flow between Tasmania's acute facilities, and supporting better patient outcomes for those living in rural and regional communities.

The Tasmanian Government has supported a range of projects and initiatives designed to improve patient outcomes, support innovative models of care and maximise the efficiency of our rural hospitals, particularly focusing on subacute care pathways. Some examples include:

- In late 2017, the Government increased clinical staffing and enhanced the service model at the New Norfolk District Hospital so patients could be transferred from the RHH to receive subacute and rehabilitation care. This model relies on a nurse practitioner assisting the admitting geriatrician and local GPs in rapidly assessing patients transferring from the RHH and managing increased occupancy.
- A recent pilot at Deloraine District Hospital to develop a subacute rehabilitation model of care considered how providing subacute rehabilitation beds in district hospitals allows patients to leave acute beds in a major hospital in a timely way and receive subacute rehabilitation care in or close to their own community. The benefits identified from this pilot included a significant saving in bed days at the LGH and a reduction in the number of avoidable presentations in the emergency department.
- Building on the work at the Deloraine District Hospital, DoH has initiated a further 12-month project titled 'Improving Subacute Pathways to District Hospitals', which commenced in December 2020. This project aims to manage subacute presentations more effectively, improve patient flow through the LGH, increase bed occupancy at district hospitals and provide subacute care closer to where people and their support networks live. The project will also support integration of

subacute, acute and primary health services through an expanded scope of care at district hospitals and future workforce planning.

- Adequate staffing is an essential component of increasing occupancy, providing safe and appropriate care and staff recruitment and retention at district hospital sites. The District Hospital Safe Staffing Model (District HiTS) was developed in 2019 to provide the flexibility required to staff individual district hospital sites to meet their specific mix of inpatient, emergency, outpatient and residential aged care activity. District HiTS provides a minimum staffing complement for sites and flexibility to increase staffing in times of increased occupancy and acuity. This model commenced on a 12 month trial at the end of June 2021.
- Additionally, the Tasmanian Government has committed funding for additional staffing at several district hospitals across the state, including the North East Soldiers Memorial Hospital, West Coast District Hospital, New Norfolk District Hospital, and St Helens District Hospital.

Projects and initiatives such as these acknowledge the challenges of increasing service demand in Tasmania's larger acute care facilities and the associated implications for district hospitals in terms of patient flow, length of stay and increasing demand for higher acuity care and subacute care.

In addition to these initiatives, the Government has made significant infrastructure and capital investment for Tasmania's district hospitals since 2014. These include the \$15 million Statewide Rural Hospital and Ambulance Station Upgrade Fund for capital improvements to rural and regional hospitals and ambulance stations announced in the 2018-19 State Budget, as well as additional 2021 State Election commitments for infrastructure and equipment upgrades. Some examples of specific projects and initiatives include:

- Building a new St Helens District Hospital, which opened in May 2019. The new building provides a purpose-built contemporary facility for the delivery of existing health services in a more appropriate and safer environment for patients, staff and members of the public.
- Redevelopment of the acute/subacute areas of the Midlands Multipurpose Centre in 2019 to provide contemporary patient accommodation. The Tasmanian Government has also committed \$3.5 million for further refurbishing and upgrading of the Midlands Multipurpose Centre.
- Upgrade of the day centre and physiotherapy area of the Deloraine District Hospital.
- Redevelopment of the King Island Hospital and Health Centre, which is projected to be completed in June 2021. Works include contemporary work areas in the emergency first response and subacute ward; development of consulting suites to service visiting clinicians; and expansion of the day centre to accommodate current programs.
- Funding commitments for equipment upgrades for all district hospitals, specifically:
 - \$400 000 each for the West Coast District Hospital and St Helens District Hospital.
 - \$600 000 each for the New Norfolk District Hospital and North East Soldiers Memorial Hospital.
 - \$200 000 for each remaining district hospital.

In addition to these initiatives and investments to support our district hospitals, the Government has also committed funding to improve the infrastructure and services of the four major hospitals to provide better care to all Tasmanians across the three regions of the state. Some key initiatives include:

- The next stages of the \$580 million LGH redevelopment, including construction of a new mental health precinct.

- A \$60 million stage I redevelopment of the NWRH, including \$40 million for the first stage of a new mental health precinct adjacent to the NWRH to be completed in 2025 to replace the ageing Spencer Clinic.
- Delivering a second Linear Accelerator at the North West Cancer Centre at the NWRH to meet demand for cancer patients on the Coast, investing \$8.1 million over four years to operate and staff.
- Expansion of the MCH redevelopment with a further investment of \$20 million for various upgrades, as well as a guarantee to retain the MCH and keep improving its services and facilities for the benefit of the local community.
- Delivery of the expanded Stage II of the RHH redevelopment, with over \$200 million in new facilities to meet future demand.

3.3.1 Maternity services

Across the state, Tasmanian women can access or be referred to the maternity services of their choice, including the THS maternity services. This service is generally the nearest service to their place of residence and one that offers the patient's preferred model of care. Pregnant women are able to assess the model of care that best meets their needs. There are a range of midwifery-led models of care that are utilised within the THS that vary across the three regions of the state. These include the Midwifery Group Practice model, where a patient is cared for by a primary (and back up) midwife who they are able to get to know well for their pregnancy, labour, birth and postnatal needs, and the Know Your Midwife or Team Midwife model, where a patient is cared for by a team of midwives, in consultation with doctors, during their pregnancy.

Across all three regions, Midwife Satellite Clinics are utilised that make these maternity services available to women within their local community.

3.3.2 Emergency care in rural areas

There are a range of emergency services available in rural and remote areas of Tasmania. Ambulance Tasmania provides emergency ambulance care and transport services and a non-emergency patient transport service across a network of 54 urban, rural and remote ambulance stations and Community Emergency Response Teams (CERTs) which are staffed by volunteers. Information on Ambulance Tasmania stations and staffing models is provided at https://www.ambulance.tas.gov.au/emergency_ambulance/ambulance_locations.

In urban fringe and rural areas, Double Branch Stations are supported by paramedics, who are rostered on over 24 hours and are supported by volunteers. Single Branch Stations are staffed by a paramedic who over a four-day period is rostered on day shifts and is available on-call after hours. Volunteer only stations are staffed by volunteers from a base station, and CERTs are volunteer only response, which are deployed from residences rather than a station.

In the north west, both the NWRH and MCH have 24-hour, seven-day emergency departments for people in this region. As at December 2020, there were 69.2 FTE at the NWRH emergency department and 57.4 FTE at the MCH emergency department. Additionally, people may present with emergency conditions at district hospitals and some facilities will experience inpatient emergencies from time to time. District hospitals are equipped to undertake some emergency services as described in the TRDF, which differ depending on the nature of the facility and availability of appropriately trained staff. Where a patient presents on-site at a district hospital, a nurse trained in life-support completes the initial assessment. Locally, the nurse will also liaise with a teletriage service or an on-call RMP who may be requested to attend after-hours to perform further assessment or management of a patient.

In a life-threatening emergency, Ambulance Tasmania will be called and in some cases the Aero-Medical Retrieval service will be required. These services can provide advice from a distance, stabilisation on arrival and retrieval of patients to a place of definitive management. Ambulance Tasmania may also utilise the emergency facilities of larger district hospitals to stabilise seriously ill patients prior to retrieval.

Data compiled for the 2021 *Report on Government Services* show the median statewide ambulance response times in Tasmania in 2019-20 was 13.8 minutes, higher than the national figure of 8.7 minutes.

There are several factors which impact on emergency response times. As noted in Section 1, Tasmania has a very decentralised population, which means a greater proportion of people live in rural and remote areas. As outlined above, local ambulance services range from local volunteer ambulance officer, ambulance officer, paramedic to extended care paramedic. In rural areas, district hospital staff may have dual roles with volunteer emergency services such as ambulance, fire and/or State Emergency Service.

The COVID-19 pandemic has impacted the availability of volunteers in many rural and remote areas, with many Ambulance Tasmania volunteers identified as vulnerable due to their age and health status. This in turn has impacted emergency response times during this period, with urban/metropolitan services required to operate outside of their primary response areas.

To help address this impact on rural and remote communities, Ambulance Tasmania has placed paramedics at Bruny Island, Triabunna and Miena. Ambulance Tasmania is also monitoring the return of volunteers to the service and considering what the longer term impact will be.

Efforts to recruit more volunteers are being undertaken, with a focus on Bruny Island, Triabunna and Miena, and areas of the West Coast. In 2019, Ambulance Tasmania reviewed and revised its volunteer onboarding and training processes, which has resulted in streamlined administrative and selection processes, as well as accelerated training, with recognition of prior learning as appropriate.

Ambulance Tasmania is also developing a volunteer strategy to better understand the changing nature of volunteering and to ensure strategies are put in place to meet the emergency ambulance demands of rural and remote communities. Additionally, the Tasmanian Government has commenced work with the Volunteer Ambulance Officers Association of Tasmania on a Memorandum of Understanding to work together on attraction, retention, training and support for ambulance volunteers. This will include ensuring volunteers are supported with contemporary training and new equipment.

The Tasmanian Government is committed to improving ambulance response times across Tasmania and easing demand pressures on paramedics in rural and regional areas. Contemporary and well-resourced ambulance services are key to supporting rural health services and providing timely and professional care and transport for patients in rural communities.

The 2018-19 Budget allocated additional funding of \$14.9 million over four years to recruit an additional 42 paramedics to reduce overtime costs, increase ambulance responsiveness, and reduce fatigue in rural and regional areas around Tasmania. A program was endorsed to employ the new positions across the state over a four-year period, with placements of the positions informed by extensive statewide consultation with key stakeholders including paramedics, volunteers, local council representatives, community members, and unions. So far, additional paramedic positions have been allocated in rural and regional areas including Wynyard, Dodges Ferry, Bicheno, St Helens, Longford, George Town and Beaconsfield.

Additionally, as part of the 2021 State Election, the Tasmanian Government has committed to recruit a further 24 paramedics in rural and regional Tasmania over the next four years, with the following specific initiatives:

- Two new paramedics each for St Helens, the West Coast and the North East.
- Three new additional paramedics for New Norfolk.

- Three new paramedics at the Sheffield, Dodges Ferry and Campbell Town stations, providing 24/7 paramedic coverage.

In addition to bolstering paramedic numbers, the Tasmanian Government is also investing in infrastructure to support the needs of ambulance services in rural and regional communities. Key projects include:

- The construction of a new state-of-the-art ambulance station in Burnie. Planning is currently underway for a new Burnie station, that will provide greatly improved facilities including dedicated staff meeting facilities, a bigger garage to ensure that service vehicles do not have to park outside, and better parking and disability access.
- A new station has been completed at a new site at Campbell Town. This project has delivered a new, contemporary ambulance station at the southern end of Campbell Town and includes accommodation for relieving paramedics.
- The construction of a dedicated training room at the Smithton station and a new two-bedroom unit for relief staff.
- Ambulance Tasmania upgrade projects have been completed at Deloraine, New Norfolk, Huonville, Zeehan, George Town and St Helens Stations, with further upgrades planned or under construction for Dodges Ferry, Queenstown, Bridgewater, Longford, Beaconsfield, Bicheno and Oatlands.
- Planned establishment of Double Branch Stations in Sheffield, Dodges Ferry and Campbell Town.

As a result of the COVID-19 pandemic, Ambulance Tasmania is completing a strategic review of the Rural Ambulance Station program projects. This review is important to ensure that lessons learned during the COVID-19 response are incorporated into the new facilities.

Sections 2 and 3 have outlined the range of services available in rural and remote areas across the continuum of healthcare, as well as the significant investment the Tasmanian Government has made to support our health system and the Tasmanians accessing care. We are committed to continuous improvement and acknowledge the importance of proactive planning for our state's future health needs. The next section of this submission outlines the Government's health reform agenda as articulated in *Our Healthcare Future*, and how this will support improved access to services across Tasmania.

4 Next steps and planning for future needs

As outlined under Section 1, the Tasmanian Government has made vital and significant investments into the health system. Despite this, demand for healthcare continues to grow, with Tasmania's ageing population and high numbers of Tasmanians living with co-morbid health conditions being major contributing factors. Limited availability and capacity of primary, community and homebased services mean Tasmania still has too many people being cared for in hospital that could otherwise be cared for in the community. Care in the wrong place is not best for those receiving the care (both in terms of their experience of care and health outcomes) and comes at a high cost to the state; approximately \$100 million is spent each year on care delivered in hospital that could have been delivered at a lower cost in the community.

Through the *Our Healthcare Future* reforms, the second stage of the Tasmanian Government's long-term reform agenda, the Tasmanian Government is committed to building a highly integrated and sustainable health service for the future. The *Our Healthcare Future* reform program is focused largely on the achievement of connected care that is well balanced across Tasmania's acute, subacute, and primary and community health sectors, and on the provision of care in the most appropriate settings.

The *Our Healthcare Future* reform program proposes three key areas for improvement: 'Better Community Care', 'Modernising Tasmania's Health System', and 'Planning for the Future'. Under these key areas are a range of initiatives, many of these initiatives will also have benefits for those living in rural and remote areas of the state. These initiatives focus on areas such as (but not limited to):

- workforce planning, including partnerships with training and education providers
- increasing support for primary health care professionals in caring for people with complex conditions in the community
- increased access to telehealth and the introduction of virtual care solutions
- improving information and communications technology (ICT) infrastructure; and
- increased and formalised mechanisms for provision of expert clinical advice to support service planning.

The *Our Healthcare Future* reform program also includes a focus on strengthening the consumer voice in health planning. It is important the voices of people living in, and/or providing services to rural and remote areas of Tasmania are heard to enable future planning and initiatives to be best targeted to meet local needs. A public consultation process was undertaken on the *Our Healthcare Future* discussion paper, to help guide future planning and a number of submissions were received from a broad cross section of the community, including consumers, clinicians, professional groups, service providers, advocacy groups, policy experts and academics. The Department has completed an analysis outlining the key themes to emerge from the submissions which found:

- wide support from respondents for the overarching themes of the reforms proposed in the Consultation Paper
- strong support for patients to be treated in the community setting where possible and appropriate, and for greater emphasis on preventative health
- an acknowledged need for digital transformation, long-term infrastructure and workforce planning to improve access to services and support new models of care.

The next step in the *Our Healthcare Future* reforms is to co-design a new long-term plan for healthcare in Tasmania. The plan will point the way towards a more sustainable health system for the future, focused on achieving better outcomes for consumers, their families and carers now and in the future.

The information in this section is focussed on key *Our Healthcare Future* focus areas, reforms and initiatives

that are of particular relevance to improving service access for people living in rural and remote communities.

However, it is important to note that in addition to the *Our Healthcare Future* reform program there are also a number of other Tasmanian Government initiatives currently in the development stages that will likely provide further opportunities to improve access to services and supports for people in rural and remote communities. As outlined in Section 2 above, this includes significant investment in crucial mental health support with a focus on delivering integrated and flexible mental health services across Tasmania, including in rural areas. For example, Rural Alive and Well will be funded to provide ongoing support to rural communities and Tasmania's CAMHS will be reformed to ensure Tasmania's children and young people receive the best possible mental health care.

This work also aligns with the Tasmanian Government's *Children and Youth Wellbeing Strategy*, Tasmania's first ever comprehensive, long-term, whole of government strategy targeted at promoting and improving the wellbeing of children and young people in Tasmania.

There are a number of immediate actions and initiative under the *Our Healthcare Future* reform program that are expected to have significant benefits for people living in rural and remote areas of Tasmania, including those outlined below.

4.1 Rapid Access to Specialists in the Community

The Rapid Access to Specialists in the Community initiative includes the development and implementation of a service that provides GPs and other primary care health professionals with rapid access to staff specialists in the north and north west of the state. This initiative is targeted at supporting GPs to provide care in the community for people with chronic and complex healthcare needs, particularly during early acute exacerbations of chronic conditions.

General medical specialists will provide the service at primary and secondary healthcare sites, such as GP practices, residential aged care facilities, district hospitals and CHCs. This will provide GPs and other health professionals with rapid access to THS specialists for advice and patient review. Additional staff specialists will be employed by the THS to provide this dedicated service.

Providing rapid access to staff specialist support will enable provision of timely and appropriate care in the most appropriate setting. This initiative is expected to support improvement in health outcomes, patient experience of care, and rates of avoidable hospitalisation, due to earlier and appropriate interventions being progressed in the community, closer to the person's home.

4.2 Telehealth and Virtual Care Strategy

The Tasmania Government has committed to the development and implementation of a Telehealth and Virtual Care Strategy for Tasmania that provides high quality patient care and integrates service delivery across acute, subacute, primary and community care.

A statewide approach to telehealth and virtual healthcare that brings together and builds on existing Tasmanian and Australian Government telehealth initiatives (including gains made as part of the COVID-19 response), has the potential to significantly improve patient care and the patient experience and increase access to primary and community based healthcare.

Continued use and increased access to telehealth is expected to have significant benefits for people living in rural and remote areas of Tasmania by enabling improved access to high quality timely health care closer to peoples' homes. This in turn will help to reduce unnecessary presentations to emergency departments, preventable hospital admissions and readmissions and the length of time a person needs to be in hospital.

4.3 Information and Communication Technology

The *Our Healthcare Future* reform program includes immediate actions to modernise ICT infrastructure. Key initiatives include the development of a Health ICT Plan 2021-2031 and the Tasmanian Government partnering with PHT to improve the interface between specialist and primary health care.

These initiatives are expected to have significant benefits for patients including (but not limited to): improved patient care, greater digital diagnostic capabilities and enhanced digital care pathways, better data to drive quality practice and improvements, and improved referral systems and information sharing between the THS and primary care.

Improvements in ICT are expected to benefit people living in rural and remote areas by supporting increased access to health services and health information remotely. Having the right information at the right time is critical to supporting health professionals to deliver the best possible care, improving clinical decision making and reducing the risk of adverse events. Improved information sharing between health providers has the potential to allow more patient care to be managed in the community, in turn reducing the need for travel to access services at Tasmania's major hospitals.

4.4 Long Term Health Infrastructure Strategy

The Tasmanian Government has committed to develop a 20-year Tasmanian health infrastructure strategy (the Strategy) to support delivery of the right care at the right place and at the right time. Having the right infrastructure is a key enabler in the delivery of health care across a range of settings. The Strategy will enable Tasmania to further develop health infrastructure that is flexible and responsive to changing models of care; for example, supporting the delivery of more services (where appropriate) in community and home based settings. As highlighted throughout this submission, increased access to high quality and appropriate care in the community is of particular importance for people living in rural and remote areas.

In developing the Strategy, DoH will consider future infrastructure needs of district hospitals and CHCs (along with those for Tasmania's major hospitals, ambulance services, and mental health services infrastructure), noting Tasmania's district hospitals and CHCs are key providers of health services for people living in rural and remote areas.

Under the recent *Our Healthcare Future* consultation process, feedback from the community and other key stakeholders was sought to support development of the Strategy, including input as to what key factors should be considered in the development of modern health facilities in community settings. Key themes to emerge from the responses were a need for the Infrastructure Strategy to be underpinned by consideration of the current and future health needs of Tasmanians, current and future models of care, and health workforce needs and to consider opportunities to build on existing infrastructure. A number of key activities are underway in response to this initiative.

4.5 Health Workforce 2040 – Shaping our workforce now and into the future

The Tasmanian Government has undertaken significant work to develop Tasmania's first comprehensive draft health workforce strategy, *Health Workforce 2040*. The draft Strategy is targeted at shaping a health workforce that meets the needs of Tasmanians now and into the future.

With an ageing population creating a demand for services well above population growth, and the cost of providing health services rising year on year above the rate of inflation, planning needs to start now to build a sustainable and affordable health workforce by 2040. Our experiences with COVID-19 have demonstrated both the importance of having a flexible workforce that can respond to changing environments as well as the risks of having resource dependencies located outside the geographic region that is being serviced.

Health Workforce 2040 is designed around six focus areas, which include education and training, fostering innovation, enhancing culture and wellbeing, recruitment and effective working arrangements, and planning. The proposed focus areas are supported by key actions, a number of which have a strong focus on improving health services in rural and remote communities of Tasmania. These include (but are not limited to):

- increasing training and development opportunities for health professionals working in rural and remote services
- developing a north west health workforce plan that is responsive to health service demands
- supporting an increase in the generalist workforce
- improving local access to career pathways in the north west including working in partnership with education and training providers
- working with the University of Tasmania to identify rural training models and opportunities including supporting health professional to gain skills and professional education as well as supporting health professionals to work to their full scope of practice
- increasing the proportion of Aboriginal Tasmanians employed in nursing, medicine, and allied health
- developing a workforce that confidently uses digital health technologies to deliver healthcare
- improving the distribution of Tasmania's health workforce.

Health Workforce 2040 was released for public and key stakeholder consultation in November 2020. That consultation process closed in mid-February 2021. Further consultation on the draft Strategy was undertaken across the state through health professional forums and other consultation processes. Feedback received through the various processes will be considered in finalising the Strategy.

4.6 Mental health reform

Building a strong, sustainable and best practice mental health system for all Tasmanians is a key priority for the Tasmanian Government. As outlined in detail at Section 2, the Tasmanian Government has committed \$595.5 million in the 2020-21 Budget and Forward Estimates for statewide mental health services, including a range of initiatives that will support Tasmanians in rural communities. The Government is also progressing a range of major systemic reforms within statewide mental health services.

The review of the CAMHS was progressed as part of the broader Tasmanian Mental Health Reform Program, with the review report being released on 10 November 2020. The review found CAMHS requires significant systemic and structural change, including new models of care to be developed that better align with contemporary practice.

The review contains seven key recommendations that respond to the findings, including structural and practice changes, additional resourcing, accommodation, training and development. The Government has accepted all the recommendations and has committed \$41.2 million over four years to fully fund phase one and two of the Government's response to the review. The CAMHS reforms will ensure young Tasmanians across the state have access to the best possible mental health care.

Alongside significant state level reforms, Tasmania is working with the Australian Government and states and territories to develop a new National Agreement on Mental Health and Suicide Prevention, which will provide a guiding framework for the delivery of comprehensive, coordinated, consumer-focussed and compassionate mental health and suicide prevention services to the benefit all Australians. The Agreement will seek to ensure the particular needs of Australia's rural, regional and remote communities are equitably addressed in the delivery of mental health and suicide prevention services and supports.

Conclusion

As outlined throughout this submission the Tasmanian Government has progressed a broad range of initiatives to support improved access to health care for people living in rural and remote communities in Tasmania. Through the Our Healthcare Future reforms outlined above, and the committed investments in health as part of next term of government, the Tasmania Government will continue to make positive changes to support the provision of more care in the community, closer to people's homes, where it is safe to do so.

The Tasmanian Government recognises that having high quality and appropriate community care services available in rural and remote areas is particularly important. The Government looks forward to hearing the findings of the Inquiry which will likely provide further valuable insight to help inform future service planning and delivery.

Appendix I: TAZREACH Services List 2020-21

Speciality	Location	No. Visits	Program
Optometry	Bicheno	7	VOS
Dermatology	Burnie	10	RHOF
Exercise Physiology	Burnie	35	MOICDP
Exercise Physiology - Pain Management	Burnie	30	RHOF
Geriatrics	Burnie	10	RHOF
Neurology	Burnie	6	RHOF
Neurology (telehealth)	Burnie	45	RHOF
Optometry	Burnie	4	VOS
Paediatrics	Burnie	12	MOICDP
Personal Training	Burnie	40	MOICDP
Physiotherapy	Burnie	20	MOICDP
Psychiatry - Dual Disability	Burnie	6	RHOF
Psychology - Pain Management	Burnie	30	RHOF
Registered Nurse	Burnie	6	MOICDP
Speech Pathology	Burnie	9	HEBHBL
Optometry	Campbell Town	12	VOS
Diabetes	Cape Barren Island	2	MOICDP
Diabetes Nurse Educator	Cape Barren Island	2	MOICDP
Optometry	Cape Barren Island	2	VOS
Physiotherapy	Cape Barren Island	22	BSIA
Psychology	Cape Barren Island	20	MOICDP
Strength to Strength Exercise Program	Cape Barren Island	12	BSIA
Women's Health GP	Cape Barren Island	4	BSIA
Geriatrics	Central Highlands	6	RHOF
Dermatology	Cygnets	4	MOICDP
Diabetes	Cygnets	6	MOICDP
Mental Health	Cygnets	48	MOICDP
Optometry	Cygnets	4	VOS
Physiotherapy	Cygnets	45	MOICDP
Speech Pathology	Cygnets	9	HEBHBL
Psychiatry - Forensic	Deloraine	12	RHOF
Exercise Physiology - Pain Management	Devonport	30	RHOF
Geriatrics	Devonport	10	RHOF
Neurology - Huntington's	Devonport	4	RHOF
Neuropsychiatry - Huntington's	Devonport	4	RHOF
Neuropsychology - Huntington's	Devonport	4	RHOF
Orthoptist	Devonport	12	RHOF/MOICDP
Psychiatry - Forensic	Devonport	6	RHOF
Psychiatry - General	Devonport	24	RHOF
Psychiatry - Geriatrics (telehealth)	Devonport	24	RHOF
Psychology - Pain Management	Devonport	30	RHOF
Mental Health Worker	Dover	24	RHOF
Optometry	Dover	2	VOS
Psychiatry - General	Dover	10	RHOF
Cancer Education	Flinders Island	2	MOICDP

Cardiology	Flinders Island	2	MOICDP
General Medicine	Flinders Island	6	RHOF
Mental Health	Flinders Island	7	BSIA
Mental Health	Flinders Island	25	MOICDP
Ophthalmology	Flinders Island	4	RHOF/MOICDP
Optometry	Flinders Island	3	VOS
Orthoptist	Flinders Island	4	RHOF/MOICDP
Paediatrics	Flinders Island	2	MOICDP
Physiotherapy	Flinders Island	48	BSIA
Physiotherapy	Flinders Island	45	MOICDP
Physiotherapy	Flinders Island	45	MOICDP
Podiatry	Flinders Island	6	BSIA
Podiatry	Flinders Island	6	MOICDP
Psychology	Flinders Island	24	BSIA
Respiratory	Flinders Island	2	MOICDP
Speech Pathology	Flinders Island	6	HEBHBL
Podiatry	Geeveston	15	MOICDP
Midwifery	George Town	24	RHOF
Occupational Therapy - Paediatric Behavioural Management	George Town	6	RHOF
Physiotherapy - Paediatric Behavioural Management	George Town	6	RHOF
Psychology - Paediatric Behavioural Management	George Town	2	RHOF
Speech Pathology - Paediatric Behavioural Management	George Town	6	RHOF
Cancer Education	Goodwood	1	MOICDP
Diabetes	Goodwood	3	MOICDP
Mental Health	Goodwood	28	MOICDP
Mental Health	Goodwood	11	MOICDP
Optometry	Goodwood	6	VOS
Personal Training	Goodwood	48	MOICDP
Podiatry	Goodwood	12	MOICDP
Speech Pathology	Goodwood	9	HEBHBL
Exercise Physiology	Hobart	40	MOICDP
General Physician	Hobart	6	MOICDP
Mental Health	Hobart	15	MOICDP
Mental Health	Hobart	40	MOICDP
Optometry	Hobart	4	VOS
Paediatric Urologist	Hobart	4	RHOF
Paediatrics	Hobart	12	MOICDP
Physiotherapy	Hobart	45	MOICDP
Geriatrics	Huon Valley	6	RHOF
Dietetics	King Island	12	BSIA
Geriatrics	King Island	4	RHOF
Mental Health	King Island	17	BSIA
Midwifery	King Island	12	RHOF
Obstetrics & Gynaecology	King Island	10	RHOF
Optometry	King Island	6	VOS
Paediatrics & Registered Nurse	King Island	4	RHOF
Psychiatry - General	King Island	10	RHOF
Rheumatology	King Island	4	RHOF

Ophthalmology	King Island	4	MOICDP
Cardiology	Launceston	12	RHOF
Diabetes Nurse Educator	Launceston	12	MOICDP
Mental Health	Launceston	24	MOICDP
Neuropsychiatry - Huntington's	Launceston	8	RHOF
Neuropsychology - Huntington's	Launceston	4	RHOF
Ophthalmology - Paediatric	Launceston	6	RHOF/MOICDP
Optometry	Launceston	4	VOS
Orthoptist - Paediatric	Launceston	6	RHOF/MOICDP
Paediatrics	Launceston	12	MOICDP
Physiotherapy	Launceston	48	MOICDP
Psychiatry - Dual Disability	Launceston	6	RHOF
Psychiatry - Geriatrics	Launceston	4	RHOF
Psychiatry - Dual Disability	Newtown	6	RHOF
Psychiatry - Dual Disability	North	4	RHOF
Psychiatry - Dual Disability	North West	4	RHOF
Geriatrics	Nubeena	6	RHOF
Optometry	Nubeena	9	VOS
Optometry	Oatlands	3	VOS
Optometry	Ouse	2	VOS
Cardiology	Queenstown	6	RHOF
Midwifery	Queenstown	12	RHOF
Obstetrics & Gynaecology	Queenstown	10	RHOF
Paediatrics & Registered Nurse	Queenstown	6	RHOF
Podiatry	Queenstown	6	RHOF
Rheumatology	Queenstown	6	RHOF
Optometry	Queenstown	17	VOS
Midwifery	Ravenswood	24	RHOF
Optometry	Rosebery	13	VOS
Midwifery	Scottsdale	24	RHOF
Optometry	Scottsdale	13	VOS
Cancer Education	Smithton	4	MOICDP
Dermatology	Smithton	2	MOICDP
Diabetes	Smithton	6	MOICDP
Exercise Physiology	Smithton	12	MOICDP
Midwifery	Smithton	12	RHOF
Obstetrics & Gynaecology	Smithton	10	RHOF
Occupational Therapy	Smithton	18	RHOF
Optometry	Smithton	22	VOS
Paediatrics	Smithton	6	MOICDP
Podiatry	Smithton	12	MOICDP
Psychiatry - General	Smithton	10	RHOF
Psychology	Smithton	30	MOICDP
Psychology	Smithton	40	MOICDP
Registered Nurse	Smithton	6	MOICDP
Speech Pathology	Smithton	9	HEBHL
Psychiatry - Dual Disability	South	4	RHOF
Midwifery	South - Various	48	RHOF

Cardiology	St Helens	2	RHOF
Midwifery	St Helens	24	RHOF
Occupational Therapy - Paediatric Behavioural Management	St Helens	6	RHOF
Ophthalmology	St Helens	4	RHOF
Orthoptist	St Helens	4	RHOF
Physiotherapy - Paediatric Behavioural Management	St Helens	6	RHOF
Psychology - Paediatric Behavioural Management	St Helens	2	RHOF
Respiratory & Lung Function Technician	St Helens	2	RHOF
Speech Pathology - Paediatric Behavioural Management	St Helens	6	RHOF
Urology	St Helens	6	RHOF
Optometry	St Helens	13	VOS
Optometry	St Marys	7	VOS
Psychiatry - General	Strahan	11	RHOF
Optometry	Strahan	13	VOS
Geriatrics	Swansea	6	RHOF
Optometry	Swansea	12	VOS
Optometry	Triabunna	8	VOS
Optometry	Ulverstone	4	VOS
Podiatry	Ulverstone	6	MOICDP