

# Select Committee on Transfer of Care Delays (Ambulance Ramping)

**Submission from Primary Health Tasmania**  
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# Primary Health Tasmania

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Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks program. Nationally the objectives for PHNs are:

- 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.

We have strong working relationships across government and with a broad range of private, public and community sector organisations traversing primary, acute, aged and social care. This puts us in good stead in our push for a coordinated, primary care-focused health system delivering the right care in the right place at the right time by the right people.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice - as the cornerstone of the health care system - and other community-based providers to deliver the best possible care for Tasmanians.

Our clinical and community advisory councils help ensure clinical leadership and community perspectives feature strongly in our governance and inform our engagement and priorities.

Our activities are based on national priorities set by the Australian Government as well as the identified needs of local communities and priority population groups. They focus on service delivery, provider support and system improvement in the areas of:

## **Aboriginal health**

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### **after hours care**

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### **aged care**

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### **alcohol and other drugs**

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### **cancer screening**

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### **connecting care**

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### **chronic condition management**

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### **digital health**

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### **disease prevention**

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### **emergency management**

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### **general practice and primary care provider support**

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### **immunisation**

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### **intellectual disability (enhancing primary care)**

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### **mental health**

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### **palliative care**

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### **potentially preventable hospitalisations**

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### **rural primary health**

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### **suicide prevention**

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## Executive summary

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Primary Health Tasmania welcomes the opportunity to provide a submission to support the Select Committee on an inquiry on Transfer of Care Delays (Ambulance Ramping). The public interest and media headlines highlighting ambulance ramping as a significant issue is no doubt a backdrop to this inquiry, together with our concerning health statistics that - we are older, sicker, fatter, poorer and sadder than other states in Australia. The Tasmanian health system is under increasing pressure to deliver right care at the right time to the right people. Transfer of care delays among other growing healthcare delivery related concerns are a symptom of the ever-growing pressure applied to how, when, and to whom care is delivered.

As the single Primary Health Network (PHN) for Tasmania our organisation has a responsibility to work closely with the Tasmanian Government to help fill gaps in health services and these 'gaps' are identified and prioritised through the assessment and understanding of local community needs. In undertaking this role, Primary Health Tasmania understand that the incredibly complex health care environment, including the policy settings and planning for improvement, is no longer able to be addressed with single interventions by one government agency or service deliverer. A collaborative and integrated approach that requires consumer, service provider and systems partners solution finding is needed.

Primary Health Tasmania's remit - through our objectives - highlight the importance of whole of system responses to health reform. Primary Health Tasmania views as detailed in the terms of reference for this inquiry distil to six overarching points:

1. Transfer of care issues and their compounding effects go beyond only first response care, ambulance service delivery.
2. Solutions need to be found as part of a whole of system approach and cannot be solved by targeting policy, funding or services at one part of the health system, for example, tertiary, acute, or primary care.
3. Integrating current and future healthcare reform will support addressing transfer of care delays but will also require the Tasmanian health system to work together and look at different ways of using resources that connect the service system, service providers and their workforce.
4. Not all solutions need excessive or additional funding to address transfer of care delays, it is worthwhile to pause and to consider integrating and building on what already exists, rather than creating new additional solutions.
5. Information sharing, data sharing, collaboration and joint planning is paramount to addressing key concerns and find integrated solutions that best address community need and support effective transfers of care.
6. Consumer voice and perspectives, particularly in addressing health literacy and supporting service navigation, play an important role in addressing causes for transfer delays and associated issues.

Primary Health Tasmania supports the Tasmanian Government in the planning and implementation of actions outlined in the Long-Term Plan for Healthcare in Tasmania 2040. Specifically, and most relevant to this inquiry, sub action 1.1.3 'Develop a service framework to guide the future direction of after hours primary healthcare and urgent care services in Tasmania', which will offer the opportunity to undertake in depth review, joint mapping, and integration of a services framework in Tasmania.

Primary Health Tasmania is very willing to support the Select Committee in its efforts to strategically collate ideas that will help address a complex issue in a consultative way and hope that this submission will add value to the inquiry. We would welcome the opportunity to present to the committee if required.

# Terms of reference

## a) Causes of transfer of care delays

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Transfer of care delays (including ambulance ramping) is a widespread issue across the Australian health system and internationally as demand for emergency hospital services accelerates faster than population growth. These issues are particularly exacerbated in Tasmania due to population health and demographic factors, a highly dispersed population, workforce shortage (including primary care workforce) and financial influences such as lower rates of bulk billing in primary care than mainland Australia. The main drivers of transfer of care delays in Tasmania are:

- increasing urgent, and non-urgent demand for hospital emergency services
- limited diversion options, particularly during after-hours periods, and
- reduced inpatient bed capacity due to discharge delays for complex patients who cannot access a GP in primary care.

Each driver is addressed in this section.

### Increasing urgent, and non-urgent demand for hospital emergency services

Tasmania's population is older, has higher level of chronic disease prevalence and socioeconomic disadvantage than the Australian average. This, combined with a GP workforce shortage and increasing costs associated with accessing general practice care places significant demand on ambulance use and public hospital emergency departments (Primary Health Tasmania, 2022).

The Review of Ambulance Tasmania Clinical and Operational Service report delivered in 2017 highlighted that the utilisation of Ambulance services per 1,000 people in Tasmania, while historically lower than the national average, has significantly exceeded the national utilisation rate with the gap continuing to grow at a rate of 14 times the population growth in Tasmania between the 2009-10 and 2015-16 years (Tasmanian Department of Health and Human Services, 2017).

Between the years 2011-12 and 2021-22, total hospital ED presentations grew from 130,119 to 166,197, an increase of 27.7% (Australian Institute for Health and Welfare, 2023) compared to Tasmanian population growth rate of 11.6% over the same time (Australian Bureau of Statistics, 2023).

In Tasmania there were 62,220 non-urgent and semi-urgent presentations over the year 2022-23 with 53,721 category 4 presentations and 8,499 category 5 presentations, this represents an important potential opportunity to understand the reasons for presentation occurring within these categories, with a view to exploring options to free up ED capacity in Tasmania through diversion of non-emergency presentations to alternative care options. An outline of potential solutions is provided in section f) further actions that can be taken by the State Government in the short, medium and long term to address the causes and effects of transfer of care delays.

### Limited diversion options, particularly during after-hours periods

Effectively servicing a highly dispersed population, in addition to increasing out of pocket costs for accessing general practice services and GP workforce shortage, place significant barriers to patient diversion to access alternative care options for non-emergency care needs.

There is fragmentation of communication between after hours and urgent care services, placing some limitations on effective use of services even when they do exist. Communication channels from ambulance and hospital to regular GPs/urgent care centres and primary care providers are limited or non-existent

meaning that pre-presentation diversion from emergency departments is not occurring routinely between services and relies on consumer awareness of alternative options via their own health providers or reliance on mainstream media and communication channels.

It should be noted that research into the effectiveness of public awareness raising campaigns is inconclusive as to effectiveness on consumer decision making when it comes to self-triaging health care urgency. Additional interventions beyond consumer awareness and education therefore must be considered.

While initiatives such as Ambulance secondary triage can help reduce non-emergency demand on emergency department services, it also increases availability of paramedic workforce and ambulance services overall. Ambulance Tasmania advertisement does however continue to send the community a message that calling 000 is a default rather than emergency option for care, particularly in after hours periods.

Workforce shortages within Tasmania and across the nation are a significant contributor across most key health professional groups currently involved in urgent care (e.g. general practice, nursing, some allied health professional groups). For example, GPs are a key point of access to medical care, the Royal Australian College of General Practice (RACGP) reports that the Tasmanian GP workforce requires at least an additional 60 FTE to meet patient growing patient demand (Woodley, 2022). This is supported by the 2022 RACGP Health of the Nation report which highlights the GP to 100,000 population ratio in Tasmania is the fourth lowest in Australia at 111.6, far lower than the east Australian states and South Australia (Royal Australian College of General Practitioners, 2022). This requires careful consideration about how we engage with a workforce under pressure, as well as considering options for alternate workforce and service models that maximise use of clinical skills.

Finally, the out of pocket cost for consumers accessing care in general practice is rising. This is due to increasing operational costs for general practices and over a decade of Medicare rebates for general practice services not being indexed to keep pace with the consumer price index. This has resulted in Tasmania having the second lowest level of bulk billing rate in Australia for GP non-referred attendances per patient at 36.5% with only the ACT being lower (Department of Health and Aged Care, 2023).

While general practice capacity is currently constrained and costs are increasing, the Strengthening Medicare Reforms and Medicare Urgent Care Centre program recently announced Australian Government reforms aiming to:

- encourage patient registration with a regular GP
- strengthen bulk billing incentives for vulnerable populations
- increase capacity and multidisciplinary teams in general practices, and
- provide additional primary care options for urgent care needs at no cost to the public.

Further information on these initiatives is outlined in section f) further actions that can be taken by the State Government in the short, medium and long term to address the causes and effects of transfer of care delays.

## **Reduced inpatient bed capacity due to discharge delays for complex patients**

Reduced inpatient bed capacity due to discharge delays (also known as bed block) for complex patients remains a key issue in Tasmania and results in reduced bed capacity for patients presenting to emergency departments who need to be admitted to hospital.

The two primary factors contributing to bed block in Tasmania have been reported (Jeremy Rockliff, 2022) as:

- Delays in finding appropriate medical support (e.g., a GP) for transition of care for residents of aged care facilities who are medically ready to be discharged from hospital.

- Delays processing National Disability Insurance Scheme supports for patients with a disability to facilitate post discharge transition planning.

Increasing primary care capacity to support care transition could significantly influence the first point, however, that GP workforce shortage in Tasmania is one of the contributing factors to increased non-emergency demand on hospital emergency departments. Anecdotal feedback from GPs also highlights the time required to take on new residential aged care patients to their complexity.

Increasing primary care capacity in Tasmania will take time, development and utilisation of expanded workforce models and therefore interim solutions are needed to meaningfully address the issue of bed block.

Achieving this requires effective and ongoing engagement with the primary care system, and related sectors such as aged care, to clearly understand the breadth of issues contributing to emergency department use and bed-block, including those that exist within the primary care system. Then jointly planning and testing different strategies that address barriers as well as shaping new models of collaborative care that support more appropriate use of the health system and improved consumer outcomes.

This could include opportunities to build in interim care strategies that support a timelier transition, whilst longer term service arrangements are implemented, as well as investigating ways to improve access to specialist services, so that people who have complex needs can be supported by primary care, who is in turn supported by timely access to targeted specialist advice and support.

This is not a one-size-fits all approach and requires focusing on the needs of specific priority population groups who might be more frequently using emergency departments and/or acute care beds, and working to design solutions to address these needs.

## **b) Effects of transfers of care delays (patient care and outcomes, ambulance response times and availability, wellbeing of healthcare staff, emergency department and other hospital functions)**

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Transfer of care delays result in patients waiting in ambulances outside emergency departments, sometimes for hours, while their condition may deteriorate, or they may miss out on timely treatment resulting in longer hospital stays (Chalfin, et al., 2007).

Transfer of care delays also reduce the availability of the ambulance fleet to respond to other emergencies, with remote and rural areas being at particularly high risk for this given the already limited number of ambulance and paramedics in these regions.

This is further exacerbated in Tasmania due to the state's dispersed population and geographical distance/travel time between ambulance stations. The effect of transfer of care delays is particularly felt by both healthcare providers and people in rural areas and sometimes affects how, or even if emergency services are accessed.

Consultations undertaken by Primary Health Tasmania in southern Huon identified that consumers and health providers avoid phoning an ambulance due to lengthy and unpredictable wait times, with non-emergency primary health care providers (such as the local GP or Pharmacist) often being contacted for after-hours advice and care instead. Brief discussions in a similar community recently identified some consumers who spoke about people waiting until after hours and calling an ambulance as the only means to access health care if they can't get into a doctor locally and can't find other transport to get to an alternate provider.

These approaches ultimately exacerbate transfer of care delays and erode the trust and confidence of the public in the health system, as it is can be perceived as inefficient, unsafe, or uncaring. These perceptions can be amplified by political messaging and mainstream media coverage.

## **c) Adequacy of the State Government's data collection and reporting for transfer of care delays**

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Assessing needs and determining local priorities is a key part of Primary Health Tasmania's work. We do this by collating and analysing population health data - inclusive of general practice - and from our commissioned service providers, including but not limited to, informing an annual needs assessment. The analysis and consultation then pave the way for informed decisions about health service solutions with the best possible impact alongside our partners, health providers, and community. Primary Health Tasmania encourage the Tasmanian Government and Ambulance Tasmania to enter into data sharing agreements with us to ensure health data is shared to help build a more comprehensive view of service utilisation and consumer journeys across the health system.

In the current environment, transfer of care delays are typically communicated through mainstream media and social comment with little information available to primary care services regarding hospital capacity and level of operation. It is difficult to help solve a problem when awareness of the problem is retrospective, and data is not available to correctly understand pressure points and measure the impact of interventions or other changes.

The Tasmanian Health System has a dashboard which highlights key measure of performance for the Tasmanian Public Health System - [Health system dashboard | HealthStats \(dhhs.tas.gov.au\)](#)

As a practical recommendation, Primary Health Tasmania recommends this dashboard:

- is updated to provide information in real time in addition to monthly longitudinal statistics
- is shared with Primary Health Tasmania as part of a cross organisational agreement outside publication on this dashboard to inform system level planning and reform
- is expanded to depict information that includes but not be limited to:
  - number of patients with transfer of care delays (Ambulance ramping) and for how long
  - level of hospital bed availability
  - number of residential aged care patients ready for discharge who are unable to be transferred due to not having a regular GP
  - number of patients who presented to ED and were diverted to an Medicare Urgent Care Centre.

## **d) State Government's response to transfer of care delays and its effects to date, and the efficacy of these measures**

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Primary Health Tasmania does not feel best placed to respond to this item of the terms of reference, however, we would like to stress that the issue at hand will not be addressed through state versus federal thinking and debate, particularly given the fragmentation of health system funding between the Tasmanian and Australian governments.

Transfer of care delays significantly impacts on the health and wellbeing of Tasmanians but uniquely affects health system staff in Tasmania. Yet new initiatives have been implemented during the time of increase in emergency department use as outlined. These include Ambulance Tasmania Secondary Triage, COVID@home virtual care service (Tasmanian Government) and most recently the current establishment of Medicare Urgent Care Centres (Australian Government). The impact of these initiatives needs to be further understood, including opportunities for better use of these types of resources.



An improvement of the current situation will not derive from a range of recommendations and further actions that continue to add to a fragmented health system, it will only eventuate if the health system is reformed in a joined up and collaborative manner. Addressing the issues holistically requires strong collaboration, political courage, transparency and bipartisan between political parties and health system leaders.

## **e) Measures taken by other Australian and international jurisdictions to mitigate transfer of care delays and its effects**

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One of the main aims of PHNs around Australia is to improve coordination of care to ensure people get the right care in the right place at the right time. Primary Health Tasmania promotes these values when striving to make a person's health journey as seamless as possible. For that reason, we consider ourselves as innovators and connectors for initiatives supporting streamlined care including improving transfers of care between acute, primary care and aged care services. We understand from our national PHN colleagues and primary care stakeholders that the most important ways of mitigating transfer of care delays and its effects are through reducing demand on emergency departments by providing accessible primary care options and choices for people seeking care. Increasing access to primary care, both urgent and non-urgent, during and after hours, will have a positive impact on the transfer of care delays and the flow on effects.

Primary Health Tasmania has been leading the testing and implementation of local solutions that through increased collaboration and innovation are resulting directly or indirectly in improved access to care. Some of those - with potential to mitigate transfer of care delays - are:

- Primary Health Tasmania in collaboration with Tasmanian Health Service and Health Consumers Tasmania have made a long-term commitment in working alongside three local government areas (Tasman, Central Highlands, southern Huon Valley) to explore options to increase access to primary care to mitigate exacerbations of health status. Local Community and Clinical Services Action Group stakeholders consisting of health professionals (including GPs and Ambulance Tasmania branch paramedics) have extensively researched local health care needs. The groups have investigated and actioned approaches that support better access to primary care.
  - The Tasman group, for example, have further strengthened the relationship between the Nubeena General Practice and the local Ambulance Tasmania branch. Initial conversations suggested an exploration of diversion of non-urgent presentation to the General Practice and the local Multi-Purpose Service. It was thought that this would positively impact patient outcomes and experience through prompt, responsive, and local care delivery. Discussions also included potential cost savings through local primary care rather than transfers of care to a major hospital such as the Royal Hobart Hospital. There is strong interest in progressing these discussions from local stakeholders to look at alternate models of care with Ambulance Tasmania and other funding and policy development partners.
  - One of the recommendations identified in the community engagement and consultation process driven by Primary Health Tasmania in the Tasman was that an i-STAT machine would be beneficial for several uses, particularly testing troponin levels when assessing and triaging chest pain. The machine has now been purchased by the Tasmanian Health Service and delivered to the local Multi-Purpose Service, where staff have been trained to use the potentially life-saving device. This equipment allows additional point of care testing to occur locally thus reducing unnecessary Ambulance Tasmania call-outs and subsequent visits to the Royal Hobart Hospital.
- The Healthcare Connect North service is a joint initiative between Primary Health Tasmania, Tasmanian Health Service, Tasmanian Department of Health, the University of Tasmania, and health consumer representatives. The service is a result of a comprehensive co-design process with key stakeholders and represents a customised, locally adapted approach to the delivery of accessible, comprehensive primary health care to people with complex care needs. The service specifically targets a small group of



Tasmanians with multiple chronic conditions who consume a large proportion of hospital resources (frequents hospital admissions) with care needs exceeding the capacity of usual general practice business and access models. The Healthcare Connect team contacts patients identified through the hospital system and obtains consent to undertake a comprehensive assessment to determine the extent of multidisciplinary team-based care required. The service then provides targeted support at home or in the community, coordination of care, and determines goals of care over an agreed timeframe. This service has worked with over 50 people to date, with preliminary findings projecting a reduction in use of hospital bed days. As a new service, a formal evaluation is being simultaneously conducted as the service is established.

- eReferrals are another example of how Primary Health Tasmania led the way to send secure electronic referral communication between primary healthcare providers, hospitals, specialist and allied health practitioners. The eReferral system improves the quality and efficiency of the referral process by reducing delays, errors, and duplication. As the eReferral system being gradually rolled out in Tasmania there are opportunities for this model to be expanded to support Ambulance Tasmania connection with other healthcare providers.

Examples of work occurring nationally are below, noting that many of these are in trial phase and would require careful consideration of their appropriateness and feasibility in Tasmania.

- The Western Australia Primary Health Network (WAPHA) is currently trialling a GP Urgent Care Clinic Network, which commenced on 10 September 2019 and aims to enhance the capacity of community-based GPs to care for patients with urgent but non-life-threatening medical conditions. The network allows patients to book online appointments with participating practices that can treat conditions such as skin infections, minor fractures, urinary tract infections and abdominal pain. The network aims to reduce the pressure on hospital emergency departments, as a cross-sectional study found that between 200,000 and 400,000 patients in Western Australia with non-life-threatening conditions could have been seen by GPs instead of hospitals. The network is supported by the Royal Australian College of General Practitioners WA Faculty and the Australian Medical Association (WA) and is being evaluated by the University of Western Australia and Curtin University. It is not clear if the network is still operating after the establishment of the Medicare Urgent Care Centre program (WA Primary Health Network Alliance, 2019).
- In Victoria, a community paramedics trial is currently in the evaluation stage with early feedback reporting that it has had a tangible impact on lowering ED and urgent care centre presentations (Mallee Track Health & Community Service, 2022). The trial utilises community paramedics working in partnership with local health services.
- In Queensland, a randomised control trial was undertaken with 12 residential aged care facilities to assess the impact of preventing unnecessary hospital admissions which can have a positive impact on bed block (Carter, 2021) by reducing number of residents requiring transition back to aged care facilities.
- In South Australia, a Respiratory Rapid Access Service is supporting respiratory patients with a history of frequent presentation to hospital with the option to call and access either a phone call, telehealth or in-person appointment with a specialist instead of needing to attend the emergency department. At the date of the release the clinic trial has avoided 90 emergency department presentations, 42 hospital admissions and facilitated 20 early hospital discharges (Government of South Australia, 2023).
- Another example of a successful alternative model for emergency department diversion implemented by other Australian jurisdiction's is the virtual ED triage service. Australia's first ever Virtual ED at Northern Hospital Epping in Victoria resulted in nearly 90% of patients using the virtual ED avoiding an ambulance trip. The model has had similar success across other Australian jurisdictions.
- Similar trials have been conducted internationally with specific hospital diversion programs trialled for people with chronic conditions using outpatient care to proactively provide supports and strategies to reduce utilisation of emergency services (Greater Green Bay Community Hub, 2009).

## **f) Further actions that can be taken by the State Government in the short, medium, and long term to address the causes and effects of transfer of care delays**

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As a single state PHN, Primary Health Tasmania looks forward to collaborating with the Tasmanian Government on actions outlined in the Long-Term Plan for Healthcare in Tasmania 2040. We understand that the Long-Term Plan provides the blueprint for how the Tasmanian Government works together to achieve the outlined vision. There are various action areas that are of high importance to Primary Health Tasmania to potentially co-lead and partner in the planning, implementation, and evaluation of these initiatives. These include, but are not limited to:

- Action Area 1 - A single, integrated, statewide system (Strengthening our relationship with primary care, Improving how we use our service network, Working together to enhance care).
- Action Area 2 - Providing the right care, in the right place, at the right time (More care delivered in the home and community, Optimising planning, Planning rural health services).
- Action Area 4 - Investing in our future to deliver sustainable and environmentally responsible services (Value-based healthcare).
- Action Area 5 - Enabled by digital technology and infrastructure (Digital health transformation).
- Action Area 6 - Delivered by a valued and supported workforce (Implementing our Health Workforce 2040 Strategy, Increasing capacity, Improving workforce distribution, Workforce flexibility).

Of particular interest to Primary Health Tasmania is the Long-Term Healthcare Plan's sub action 1.1.3 – 'Develop a services framework to guide the future direction of after hours primary healthcare and urgent care services in Tasmania'. This sub action builds on the Primary Health Care Strategy and Action Plan that is under development for Tasmania. Primary Health Tasmania is a significant contributor and funder of the after hours healthcare system and has undertaken initial reform consultations with consumers, primary care providers and health systems partners. Learnings and direction from these consultations are invaluable in the planning of a statewide services framework that defines, maps and integrates after hours primary healthcare and urgent care services across Tasmania. As a funder of after hours health service delivery, we see ourselves as a partner in the development of the proposed services framework.

Similarly, we note that the Strengthening Medicare Reforms led by the Australian Government, with implementation to some extent to be supported by PHNs, will set policies and initiatives that aim to improve the quality, accessibility, and affordability of primary health care for all Australians. These reforms include:

- A \$750 million Strengthening Medicare Fund to implement the recommendations of the Strengthening Medicare Taskforce, which was established in July 2022 to provide concrete proposals for improving patient access to general practice, multidisciplinary team care, prevention and management of chronic conditions, and reducing pressure on hospitals.
- A \$2.9 billion package to address immediate challenges in primary care, such as increasing the number of nurses, expanding the roles of pharmacists and paramedics, enhancing after-hours care, and supporting rural and remote health services.
- A commitment to deliver long-term Medicare reform based on the vision and principles of Australia's Primary Health Care 10 Year Plan 2022-32, which outlines a person-centred, integrated and sustainable primary health care system.

The Strengthening Medicare Reforms present an important opportunity to modernise the payment model for primary care through Medicare, and are over time, expected to increase the capacity of primary care, and reduce costs for vulnerable patient groups, such as older people, people with chronic conditions, Aboriginal and Torres Strait Islander people, people living in rural and remote areas, and people experiencing socioeconomic disadvantage.

While the Strengthening Medicare Reforms will provide a significant opportunity to bolster primary care capacity and person-centred care, these reforms must be supported with wholistic role delineation and models of care to maximise the benefits of these initiatives and ultimately to support safe, appropriate and timely patient diversion from hospital emergency departments.

Leveraging these national and state initiatives to reduce transfer of care delays in Tasmania will require:

- strong and meaningful partnership and collaboration with the Tasmanian Government, the Australian Government, and Primary Health Tasmania to enable a whole of system approach including collaborative investment
- sustained funding and workforce models, particularly in rural areas challenged by GP recruitment and retention issues
- evidence-based, efficient and integrated models of care
- meaningful and innovative use of existing digital health technology and infrastructure, and
- consideration of how health information for people accessing Tasmania's ambulance and hospital services will be available to primary care providers involved in delivering patient care in the community.

Primary Health Tasmania has significant relationships and expertise in population health planning, data analysis, person centred service design, change management and digital health. We welcome the opportunity to work in partnership with the Tasmanian Government, Tasmanian Health Service and Ambulance Tasmania to collaboratively explore alternative models of care undertaken by other Australian and international jurisdictions for the primary care setting.

As for more immediate and operational actions, the following short term and medium term actions have been compiled as a pool of ideas to reduce urgent and non-urgent demand for hospital emergency services.

## **Short term actions**

- Sharing health and services data with Primary Health Tasmania as part of a cross organisational agreement beyond publicly facing documents to inform and influence system level planning and reform.
- Ensuring Medicare Urgent Care Centres are well supported and scaled to meet the intended capacity goals of the initiative, particularly around access to after hours x-ray services which is an emerging service gap due to concerns of private x-ray providers on the commercial viability of operating in after hours periods.
- Ensuring that Tasmanians are educated on what constitutes an emergency, urgent and usual care need is also essential to ensure the right parts of the Tasmanian healthcare system are being accessed by the right people at the right time.
- Strengthening initiatives to increase consumer awareness of the national after hours phone number for health advice and referral.
- Ensuring Ambulance Tasmania and community pharmacists are connected to, and using the My Health Record system to upload patient care summaries and the Tasmanian eReferral system to communicate with a patient's regular GP which may reduce readmission for non-emergency care needs in the future.

## **Medium term actions**

- Commencing now sub action 1.1.3 'Develop a services framework to guide the future direction of after hours primary healthcare and urgent care services in Tasmania' in the Long Term Plan for Healthcare in Tasmania 2040, reviewing the urgent care and after hours priorities, and determining proposed future arrangements and resourcing across state, non-government and private sectors.
- Working with Primary Health Tasmania and equivalent health systems partners to find joint solutions in addressing health services need at a local and statewide level.

- Expanding the Tasmanian Role Delineation framework to include primary care services more comprehensively.
- Exploring place-based approaches to testing/implementing innovative models of care. This may include proactively supporting targeted and health needs-based solutions to issues such as responding to elderly or chronically ill patients' health care needs within the community rather than defaulting to traditional treatment pathways that often lead to inappropriate presentations to hospital emergency departments.

## g) Any other matter relevant to the terms of reference

Primary Health Tasmania wishes to highlight the following key strategic government policy documents which propose activity that intersects with the terms of reference for this inquiry.

With sustained commitment, and if implemented well, it is hoped these reforms will contribute towards reducing transfer of care delays which will have a positive, tangible impact on health outcomes for all Tasmanians.

### Long-Term Plan for Healthcare in Tasmania 2040 | Tasmanian Government Department of Health

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The Long-Term Plan for Healthcare in Tasmania 2040 and three Clinical Services Profiles outlines the key policy directions and priority actions as part of the Tasmanian Government's long term health reform agenda.



### Australia's Primary Health Care 10 Year Plan 2022-2032 | Australian Government Department of Health and Aged Care

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The Primary Health Care 10 Year Plan focuses on Australia's primary health care services provided through general practices, Aboriginal Community Controlled Health Services, community pharmacies, allied health services, mental health services, community health and community nursing services and dental and oral health services. The plan also focuses on the integration of primary health care with hospitals and other parts of the health system, aged care, disability care and social care systems.



## **Strengthening Medicare Taskforce Report | Australian Government Department of Health and Aged Care**

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The Strengthening Medicare Taskforce Report outlines a vision for Australia's primary care system of the future. The report recommends significant changes to how primary care is funded and delivered to enable high quality, integrated and person-centred care for all Australians.



## **Australian Government response to the final report of the Royal Commission into Aged Care Quality and Safety | Department of Health and Aged Care**

[CLICK HERE TO VIEW ONLINE](#)

This is the government's comprehensive response to the Royal Commission's final report, designed to deliver sustainable quality and safety in Australia's home and residential aged care services.



## **Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Quality and Safety | Department of Health and Aged Care**

The Royal Commission's final report was only recently delivered in September 2023 with the Australian Government yet to deliver its response to improving laws, policies, structures, and practices to ensure a more inclusive and just society that supports the independence of people with disability.



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