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Ms Natasha Exel
Secretary
Legislative Council Government Administration Subcommittee A Inquiry into Acute Health Services in Tasmania

By email: hst@parliament.tas.gov.au

Dear Ms Exel

I am writing to provide a submission, by letter, to the Legislative Council Government Administration Subcommittee A Inquiry into Acute Health Services in Tasmania.

This submission is separate, but complementary, to the Tasmanian Government submission that will be provided shortly. As Minister, I support and endorse all elements of that submission but given that people and groups external to the process will inevitably attempt to politicise these important issues, I feel it is necessary to provide some additional, political, context for the Committee.

As Minister for Health, the continual improvement in the delivery of acute health services in Tasmania is of great importance to me, and I welcome the interest of the Committee in this topic.

I look forward to engaging positively with the Inquiry and in a productive dialogue about how the Government is addressing Tasmania's long-term health system challenges. This Inquiry is commencing in very different circumstances to the 2012 Cost Reduction Strategies in Health Inquiry, which was convened in the wake of budget savings measures that exceeded $500 million and included cuts to front line services, including elective surgery and acute inpatient bed closures.

That Inquiry suffered from procedural challenges, with the former Labor-Green Government refusing to participate in the Inquiry, with the report noting, *"Of most concern to the Sub-Committee has been the refusal of the Minister for Health to cooperate with the Inquiry in order to clarify a range of important questions"*. This Inquiry also found that the former Government's actions had *"led to adverse outcomes for patients, the Department's workforce and the Tasmanian community"*.

In short, the former Government inflicted damaging budget cuts and then refused to front up to the Inquiry to defend its decisions. In contrast, the Government has continually increased funding for Tasmania's health system, to record levels, and has worked hard to address the long-term challenges faced – challenges which were exacerbated by the actions of the former Government.

To be very clear, in contrast to the conduct of the former Labor-Green Government in 2011, I am very willing to appear and give evidence to the Committee, should it wish that I do so.

This Government has made some very important improvements in Tasmania's health care system, with an increase in frontline[1] hospital staffing of more than 300 full-time equivalent staff in the Tasmanian Health Service, a record investment in health of more than $7 billion - more than $1.3 billion more over the next four years, compared to the previous government's last budget.

Repeated claims that 2014 budget savings strategies led to current pressures our health system are demonstrably false and not supported by the facts. The Government purposefully targeted back-line efficiencies and directed funding toward the frontline, and during 2014-15, we maintained the number of doctors and nurses, increased bed numbers, and admitted more patients from Emergency Departments.

Elective surgery waiting lists are now at record lows and much more importantly, there are significant reductions in the time Tasmanians wait for their surgery. There are improvements to emergency care, mental health services and our ambulance services.

However, there is no doubt that demand and pressure on Tasmania's acute health care system is continuing to grow, and for many Tasmanians what they experience at Tasmania's hospitals is far from acceptable. Too many people wait too long in our Emergency Departments; we still are not treating everyone in time for elective surgery; and whilst there have been gains; the waiting times for outpatient care remain too long in many specialities.

As Minister, I have held approximately twenty public meetings around Tasmania over the past three years, which has helped me to learn about the challenges people face accessing health care in Tasmania informed improvements to the system. I see the Inquiry as a valuable part of that ongoing process, and I am very happy to be able to contribute both with this and the Tasmanian Government submission and I would be happy to speak directly to the Committee if desired.

Tasmania's Health System – Demand and Capacity

Tasmania has a very busy health system. The past year saw more than 155 000 Emergency Department presentations, almost 120 000 admissions to hospital, over 88 000 ambulance dispatches, more than 19 000 admissions for elective surgery, and more than 520 000 non-admitted patient service events, such as outpatient clinic appointments.[2]

Our public hospital system had 1 314 beds in 2015-16, with increases in both 2014-15 and 2015-16, which followed a decrease of one bed over the period 2011-12 to 2013-14.[3] This, of course, commences after the well reported ward closures undertaken by the former Government. It is important to note that of the increase in 2014-15, a significant proportion of the reported growth related to reclassification of beds, but there was nevertheless a small increase in actual bed numbers.

In term of meeting population need, Tasmania has 2.54 beds per 1 000 people, which is a greater number than Queensland, Victoria, Western Australia and South Australia, falling just below the national average of 2.56 beds per 1 000 people. This is a significant increase on 2011-12 levels, where Tasmania reported 2.32 beds per 1 000 people, well below the national average and the lowest number reported in Australia.

[1] FTE increase excluding administrative staff award reduction – see Table 1 for detail

[2] Department of Health and Human Services data

[3] Australian Institute of Health and Welfare

In the context of comparatively low number of beds in 2011-12, the former Government's ward closures were clearly irresponsible and not sustainable. In contrast, this Government has presided over increasing bed numbers. Of course, these figures precede the current programme of bed openings underway across Tasmania, which will deliver additional capacity of more than 120 additional beds and treatment recliners, once fully commissioned. This will, in turn, be followed by completion of the Royal Hobart Hospital Redevelopment, which will provide additional capacity of 250 beds.

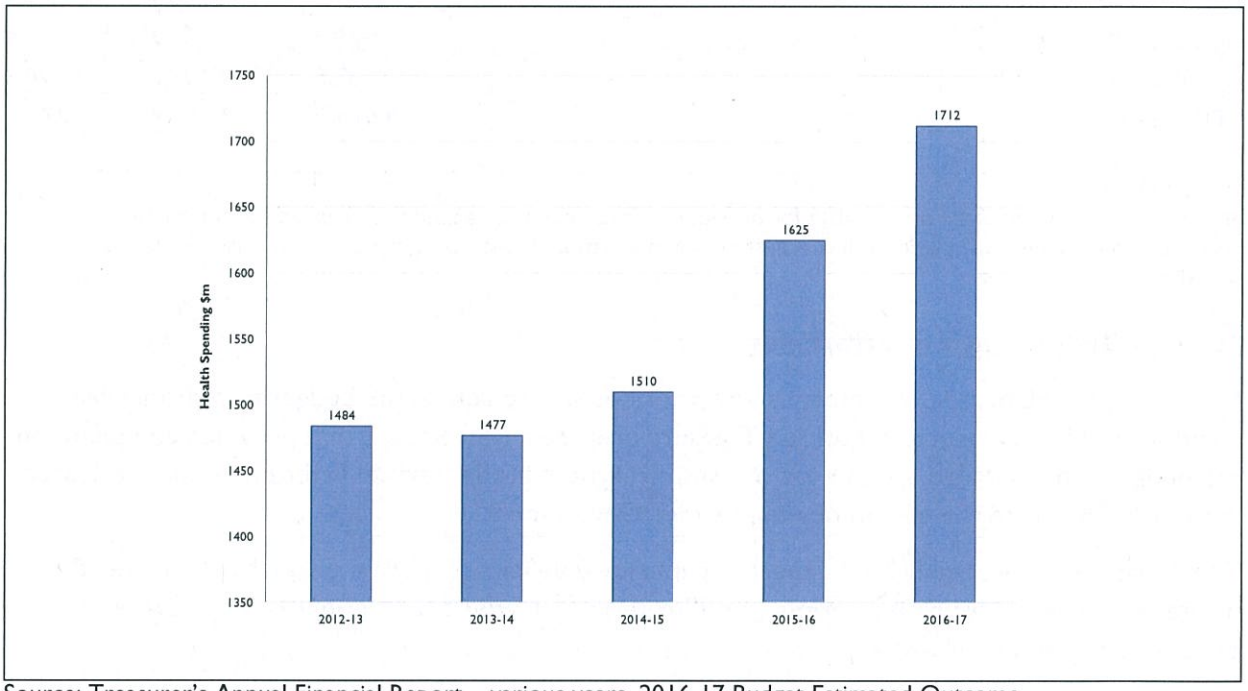
Health System Resourcing

Over the past three years, state budget annual expenditure on Health Services has risen every year, from $1 477 million in 2013-14, to $1 712 million in 2016-17.[4]

This follows a modest decrease in expenditure during 2013-14, prior to the new Government's first Budget.

Chart 1 shows actual spending on health in Tasmania over the past five years.

Chart 1: Expenditure on Health Services



Source: Treasurer's Annual Financial Report – various years, 2016-17 Budget Estimated Outcome.

Over that period, we have seen continued growth in Australian Government Public Hospital funding, from $292.4 million[5] in 2013-14, to a budgeted $385.5 million[6] in 2017-18.

This increase in expenditure matches a corresponding increase in Tasmanian Health Service staffing over the last three years, including more than 250 additional full-time equivalent nurses (FTE) and almost 40 FTE doctors, 5 FTE radiation therapists and 4 FTE allied health professionals.

[4] Treasurer's Annual Financial Report – various years; 2016-17 Budget Estimated Outcome
[5] National Health Funding Pool Administrator Annual Report
[6] 2017-18 Australian Government Budget Papers

At the same time, there, there has been a reduction in staff employed under primarily administrative awards, and Health Service Officers, which include hospital aides, orderlies and kitchen staff, have remained broadly stable. This reflects the Government's policy approach of improving efficiency and administration of corporate services where possible, whilst investing further into frontline care.

Table 1 provides a breakdown of staffing changes over the past three years.

Table 1: Tasmanian Health Service – Full-Time Equivalent Staff

Group	June 2014	June 2017	Change
Allied Health Professionals	884.1	888.6	4.4
Dental Officers	33.3	32.2	-1.1
Nurses	3 349.5	3 602.8	253.3
Doctors	860.6	899.9	39.3
Health Service Officers	1361.7	1 360.4	-1.3
Radiation Therapist	49.3	54.7	5.4
Administration	1 537.5	1 509.2	-28.2
TOTAL	**8 076.0**	**8 347.9**	**271.9**

Source: DHHS data.
Note: Due to organisational changes, data for previous year has been remapped and adjusted for comparison purposes, and payroll data subject to final adjustment and variation. Some totals may not sum perfectly due to rounding.

2014-15 Budget Savings Strategies

One of the new Liberal Government's key priorities was to return the budget to a sustainable position, and the Treasurer requested Treasury prepare a Risk Report that provided an update on the budget and a detailed assessment of risks highlighted in the Revised Estimates Report released in the month before the election by the former Government.

The Treasury report highlighted expected cumulative deficits of more than $1.1 billion over the budget and forward estimates period that, if materialized, would have crippled the delivery of essential services in Tasmania.

Action was taken and, in total, the task faced by the former Tasmania Health Organisations was $103.1 million over a four-year period. A similar target was applied to the Department of Health and Human Services, which contains a large number of administrative staff and has a very limited role in frontline acute health service delivery, with the clear exception of Ambulance Tasmania – where paramedic numbers have grown under this Government.

Of the THO savings, $19.9 million applied to the first year, with increases of $6.7 million and $2.3 million in the years thereafter.

Put simply, the vast majority of savings were made in the first year, with only very small levels of savings required in later years. In delivering the savings task, every effort was made to focus on the back office, not the frontline, and as a result the level of doctors and nurses was maintained across 2014-15[7].

[7] Treasury Update on General Government Sector Employment 2014-15

There were reductions in administrative and clerical staffing numbers under the Health and Human Services Award, i.e. 'back office' staff. This was an important achievement in the year that had the majority of the budget task. In addition, as shown earlier in this submission, the levels of clinical staffing have increased significantly since that time.

Importantly, elective surgery volumes were maintained through this period, with more elective surgery provided during 2014-15 than the year before. In that year, an additional 1 979 Tasmanians were admitted to hospital from the Emergency Department, an increase of 5.3 per cent on the prior year, and we saw hospital bed numbers increase.[8]

Former Government's 2011-12 Budget Savings Strategies

In 2011-12, the former Labor-Green Government announced budget savings strategies, totalling $520.6 million over four years, for Health and Human Services.

Unlike the 2014-15 budget savings strategies, which were targeted toward the back-line, the 2011-12 Budget savings had a clear, direct, impact on frontline patient care and outcomes.

These strategies included, among other measures, the closure of hospital beds around Tasmania, widely reported as more than 100 beds, including Ward 4D at the Launceston General Hospital, as well as beds at the Royal Hobart Hospital, significant frontline staff reductions, and reductions in elective surgery.

The detail of these savings were the subject of an extensive Legislative Council Inquiry, with key findings[9] including:

- *The Budget savings task for the Department was too severe and not achievable, particularly under year 1 of the strategy for 2011-12*
- *Patient outcomes have been adversely affected by the strategy;*
- *Elective surgery volumes have dramatically decreased as a result of the strategy;*
- *Ward closures have increased the incidence of bed blockages within the major hospitals;*
- *While the strategy may have delivered some short term savings, the long term costs associated with the strategy are likely to be much higher*

At the time, a wide range of clinicians and stakeholders made their views on these strategies clear, with statements including:

Australian Medical Association:

- *.....we are down an extraordinary number of beds, but you see the cuts are both to surgical beds and medical beds, and we have no elective surgery happening at the minute, so the place is full after the cuts because we have lost the beds.*
- *I understand that about 23 operating sessions have been cut each week at the Royal Hobart Hospital and about 21 surgical beds have been closed in an attempt to save $17.3 million from the Southern Tasmania Area Health Service budget and, not surprisingly, this has led to a reduction in services*

Australian Nursing and Midwifery Foundation (with regard to mental health patients)

- *The risks for staff and clients and their families are going up and we're seeing more presentations to DEM, longer waiting times in DEM and more people being discharged earlier because there is more pressure on beds. There is a lot more bed blocking now than there used to be.*

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[8] DHHS and AIHW Data

[9] Legislative Council Inquiry Into Cost Reduction Strategies of the Department of Health and Human Services Report

RHH Medical Staff Association

- *It is clear that there is a striking concordance of views in these following areas;*
  1. *The severity and long-term implications of the cuts.*
  2. *The range of impacts; clinical service provision, teaching and training and the reputation of the Royal Hobart Hospital, its training positions, and the medical school.*
  3. *The moral imperative that doctors have to point out the long term ramifications to politicians, bureaucrats and, most particularly, to the public.*
- A further comment from the submission was that "*the financial system may recover in 2 or 3 years but it could take a decade or more for the RHH (and the medical school) to recover*".

These comments are on the record and help emphasise why it was so important this this Government took a different approach, working to protect frontline care while improving efficiency so that we get the best value out of investment in our healthcare system.

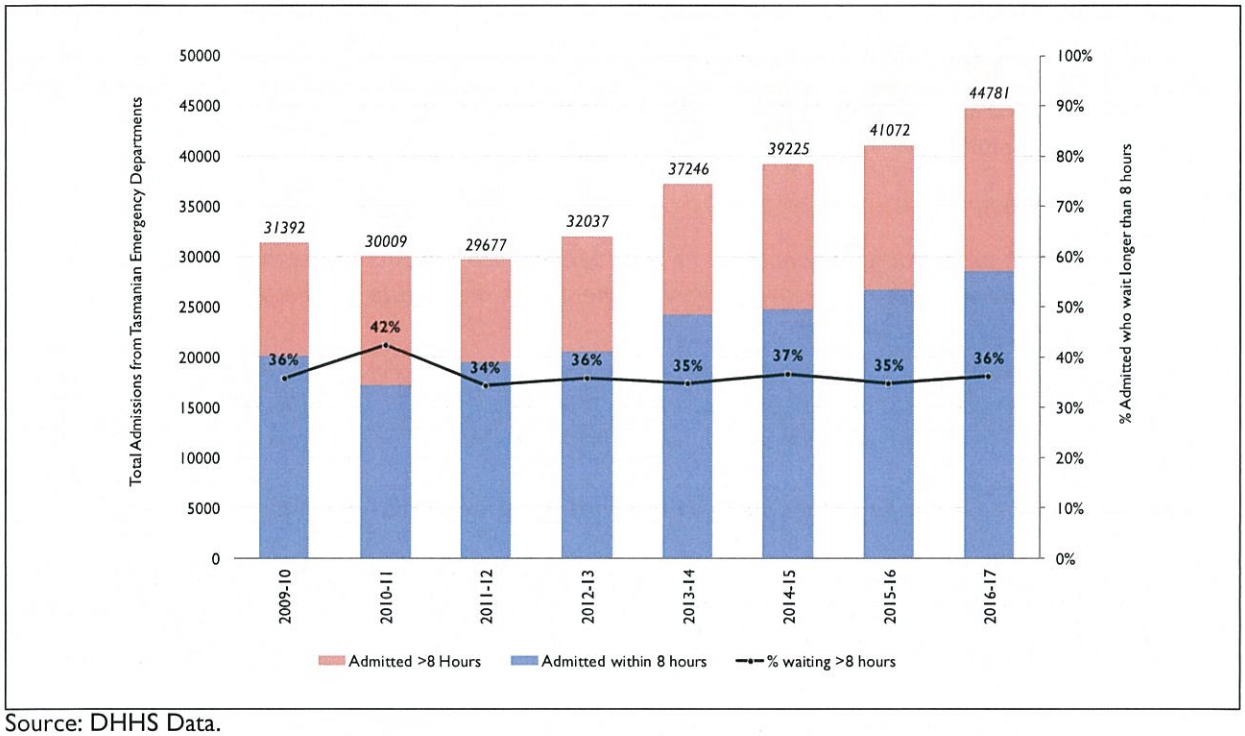
Hospital Access Block and Ramping

A widely recognised definition of bed block is the situation where patients who have been admitted to the ED and need a hospital bed are delayed from leaving the Emergency Department due to lack of inpatient bed capacity, with an accepted measure being admitted patients who spend longer than 8 hours in the ED from the time of their arrival.

Tasmania's performance has been poor on this measure for many years and in 2016-17 a total of 36 per cent of admitted patients waited longer than eight hours. This is an increase of 1 per cent, compared to 2013-14. Importantly, the number of people admitted within eight hours increased every year, showing growing capacity, but the number who had to wait longer than eight hours increased as well.

The chart below shows this is a long-term problem, which has remained relatively stable in recent years, despite a significant growth in the number of hospital admissions over that time

Chart 2: Hospital Access Block - Statewide



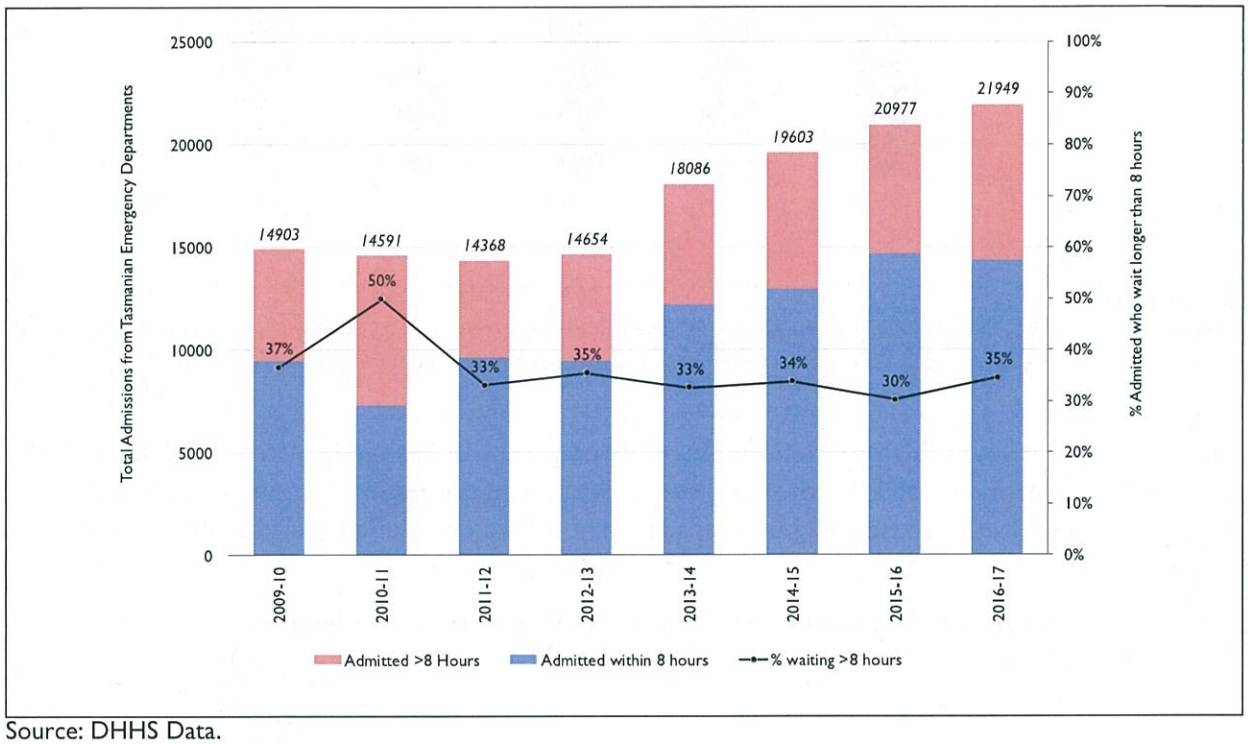
Source: DHHS Data.

Royal Hobart Hospital

At the Royal Hobart Hospital, we have seen significant growth in the number of admissions to hospital in recent years, with this measure of access block remaining broadly stable, While levels are lower now than in 2009-10 and 2010-1, they remain unacceptable, which is why the Government has recently announced a target for improved ED throughput.

Chart 3 shows access block at the RHH over the last eight years.

Chart 3: Hospital Access Block – Royal Hobart Hospital



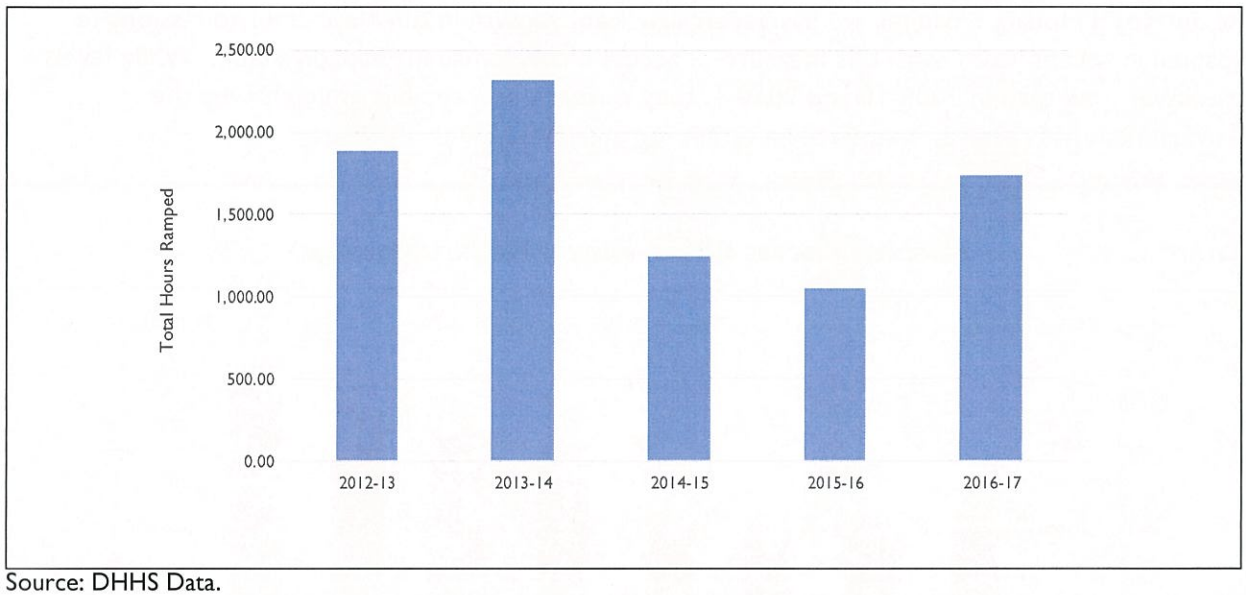
Source: DHHS Data.

In the last twelve months, the RHH has seen increased pressure on bed access, and that is in turn reflected in the rate of ambulance offload delay.

As shown in Chart 4, ramping hours at the Royal Hobart Hospital increased in 2016-17, but remain below the total level experienced in 2012-13 and 2013-14.

The substantial improvement seen in 2014-15 occurred when the Ambulance Offload Delay Unit (formerly the Nell Williams Unit), which had been closed by the former Government, was re-opened and re-staffed.

Chart 4: Ambulance Offload Delay (total hours) – Royal Hobart Hospital



Source: DHHS Data.

Note: For this measure, ambulances are considered in offload delay once the first 15 minutes have elapsed after arrival at the ED. The total time ramped ends once an ambulance is recorded as being moved to a different location.

The Government is working to tackle the issue of bed access and ramping, with the addition of 80 new beds and treatment recliners over the coming year, a significant increase in inpatient bed stock, and the biggest increase RHH bed capacity in at least a decade (although probably much longer).

Table 2: New beds/recliners to support the Royal Hobart Hospital

	Number Of Patient Spaces	Due to Open
Inpatient Beds/Recliners:		
Hobart Private Hospital	8	Open now
Roy Fagan Centre	10	Open now
RHH Intensive Care Unit[1]	2	Open now
New Norfolk District Hospital	7	Open now
RHH Observation Unit	8	Sep Qtr 2017
RHH Multi-purpose Short Stay Unit[2]	9	Dec Qtr 2017
Tolosa Street Mental Health Facility	6	Dec Qtr 2017
Hobart Repatriation Hospital	22	Mid-2019
Emergency Department Expansion[3]	8	Dec Qtr 2017
	80	

Notes:

1. These beds are open and taking patients, but recruitment for a full complement of specialist nursing staff is ongoing, with a recognised national shortage of staff in this speciality.

2. This Unit will be configured by clinicians based on patient need, and will either be able to accommodate nine general patients or provide five beds for mental health patients.
3. The expansion of the Emergency Department will provide three additional procedure beds and five recliners. These are not overnight beds for admitted patients, but provide additional capacity with the Emergency Department. Further, the RHH is employing additional triage and resuscitation nursing staff to support the ED.

Once online, these new beds will help improve patient flow and put downward pressure on access block at the RHH.

The Government has also established an Extended Care Paramedic team in Hobart, which is all about ensuring patients get the care they need sooner. These paramedics are experienced professionals with advanced training and additional skills in patient assessment and delivery of medical care.

The additional skills allow these paramedics to ease pressure on our hospitals and allow the patients to be treated in their home.

The new team attended almost 1 000 call-outs in the first six months of operation, and will continue to not only improve patient outcomes but also help reduce demand on the RHH.

Launceston General Hospital

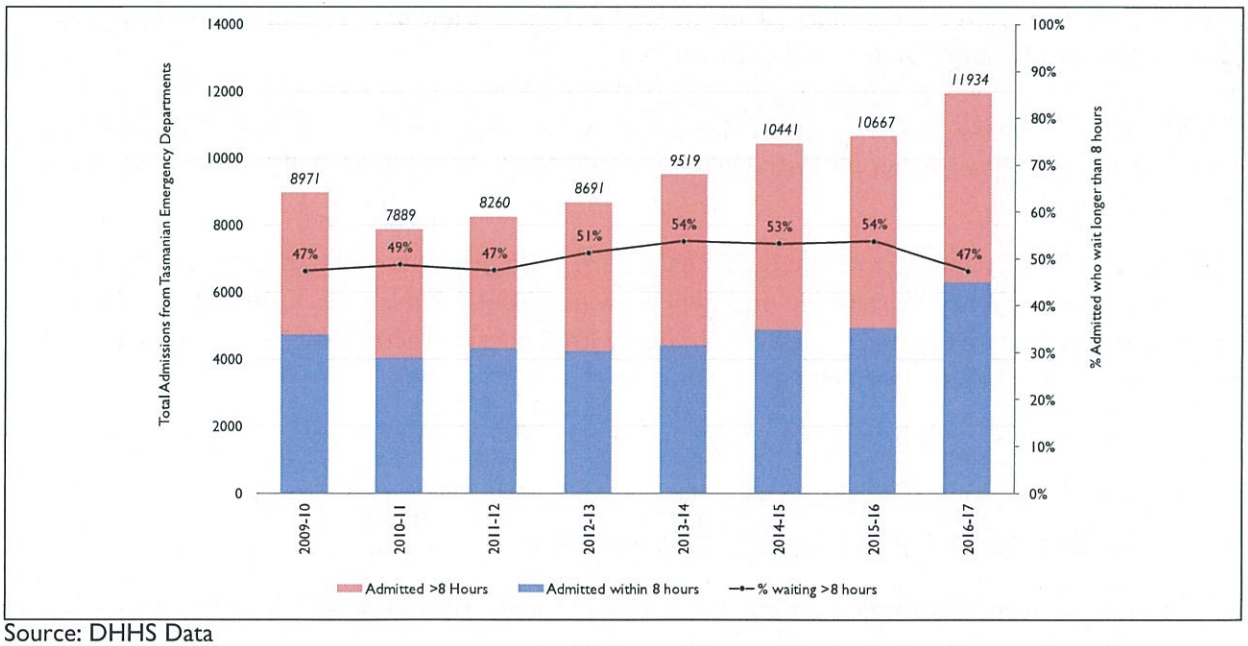
At the Launceston General Hospital, significant new bed stock is already open.

In July 2016, a total of 12 beds were opened on Ward 4D – which was closed by the former Labor-Green Government as part of the 2011-12 Budget Savings Strategies.

In March 2017, the Government announced that a further three beds would open on the Ward, and in the 2017-18 Budget that number again increased to a total of 19 beds.

As shown in Chart 5, the level of access block in 2016-17 was at this lowest point since 2011-12, and there is a clear upswing in the number of patient admissions within eight hours. This has been widely attributed directly to the opening and staffing of these beds.

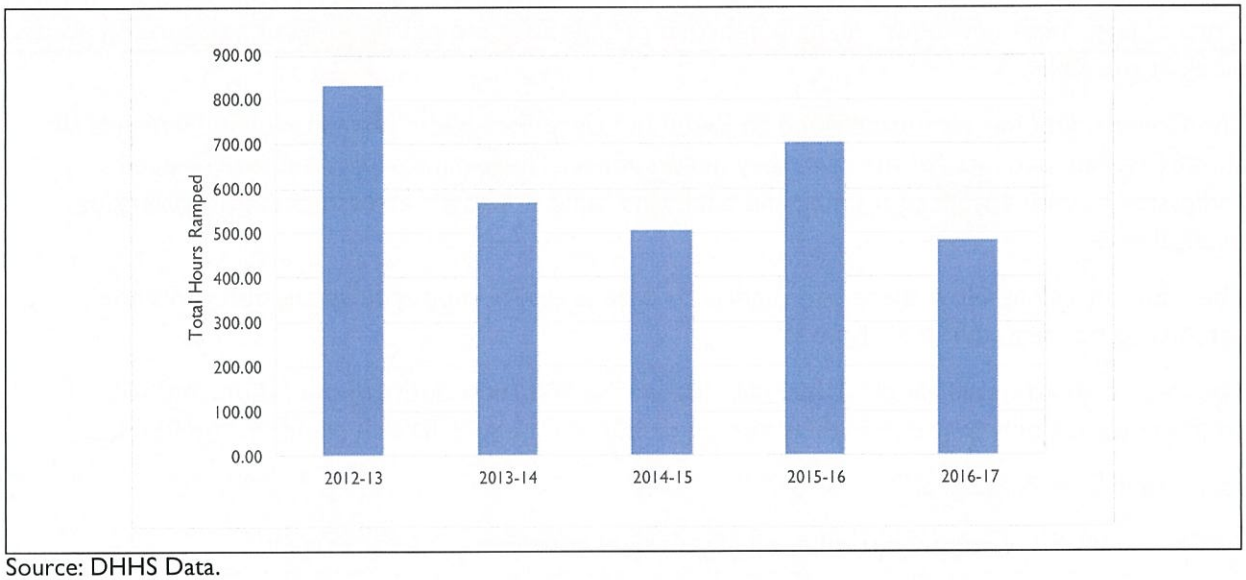
Chart 5: Hospital Access Block – Launceston General Hospital



Source: DHHS Data

In addition to the improvement in admission times, there is a corresponding decrease in the total number or hours spent ramped at the LGH. This reflects the fact that a key driver of ramping is inpatient bed access, so with improved patient flow there are reductions in ramping.

Chart 6: Ambulance Offload Delay (Total Hours) – Launceston General Hospital



Source: DHHS Data.
Note: For this measure, ambulances are considered in offload delay once the first 15 minutes have elapsed after arrival at the ED. The total time ramped ends once an ambulance is recorded as being moved to a different location.

The improvement in access at the Launceston General Hospital also comes with the introduction of the Community Rapid Response Service (COMRRS) in the Launceston area, a hospital-in-the-home type service.

A different hospital-in-the-home model had previously serviced the Launceston area, but the former Government terminated it as part of its 2011-12 budget savings strategies.

While delivering a short-term saving in that area, this is clearly a false economy as more patients would have attended the Emergency Department because of the closure, requiring more costly care, as well as reducing bed availability for others.

The service established by this Government has been running for a year and is providing quality care in the community for people with chronic and complex illnesses, as well as to help to keep them out of hospital.

The aim is to help people to manage their health care from home in order to avoid seeing them present at an emergency department and help prevent hospital admissions. ComRRS has been developed and implemented in close consultation with General Practitioners (GPs), nurses, patients and other key stakeholders.

Since the commencement of services to the end of July 2017, ComRRS has[10]:

- received over 570 referrals for patients;
- had over 97 individual GPs refer to the service; and
- provided over 6 800 service events to patients in their usual place of residence, including aged care facilities, support homes, and workplaces.

[10] DHHS Data

The Department of Health and Human Services commissioned an external evaluation of the program which found that, of GPs surveyed, 96 per cent agreed the patients referred would otherwise have needed to go to the LGH Emergency Department for intervention or hospitalisation.

GPs advised it had met or exceeded their expectations, and more importantly, the reviewer found it had improved the quality of life for people living and remaining in the community with acute injury, illness or exacerbations of pre-existing complex and chronic conditions.

We are also focusing on care in the community through Ambulance Tasmania, with extended care paramedics in Launceston attending just over 1100 incidents in 2016-17, helping take pressure off the hospital and providing better care for patients.

Mersey Community and North West Regional Hospitals

In North West Tasmania the rate of access block is low, when compared to the two larger hospitals. However, there has been pressure in recent years as demand grows, and the opening of eight new beds to support the hospital in the last quarter of 2016-17 should help to meet this demand moving forward.

In addition, the Government through its reforms has moved to provide better care to the North West through:

- Securing the future of the Mersey hospital through a $730 million deal with the Commonwealth;
- A $35 million commitment for upgrades at the Mersey;
- The provision of operational funding for the North West Cancer Centre, saving more than 7000 trips to Launceston each year;
- The consolidation of birthing at Burnie provides better facilities, in particular paediatrics and ICU capacity, which mean a safer experience;
- The consolidation has also provided critical mass, which in turn has enable the recruitment of specialist doctors to replace locums;
- The provision of additional ambulance services through twelve new paramedics based on North West Coast;
- A new bus service to provide access to services at the North West hospitals;
- Better access to critical emergency care with the construction of the new Helipad at North West Regional Hospital;
- Capital works to improve pre-admission area for surgery patients.

The provision of safer birthing services in the North West is an important achievement of this Government, ending a longstanding evergreen contract and providing a better, safer service, with more than 620 babies born at the new service.

I acknowledge that there is further work to be done to ensure that the new arrangements are the best they can be, including capital improvements planned for better maternity care. I have asked the THS to ensure that improving the service to provide more support to staff, mothers and babies is given immediate priority.

Conclusion

It is clear that the issues of access block and ramping are real, long-term issues for the Tasmanian Health Service.

As we have seen recently in national media, ramping is an issue faced in other Australian states. As shown in earlier charts in this submission we have presided seen some reductions levels but there is ongoing pressure.

Ramping, and bed block, have not suddenly arisen as new problems and have not become markedly worse overnight – we are seeing long-term pressure driven by growing demand.

The Government is investing to improve these issues, with more beds and treatment recliners around Tasmania, and is working diligently to deliver the Royal Hobart Hospital Redevelopment, which will provide additional capacity of 250 beds for Tasmania.

In addition to this new bed capacity, the Government will continue to improve and reform services to provide better care in the community, on the back of initiatives such as Extended Care Paramedics and the Community Rapid Response Service.

Ambulance Services

Over the past seven years, the utilisation of ambulance services has grown 14 times faster than Tasmania's population.

Left unchecked, this growth will have significant implications for Ambulance Tasmania's ongoing resource requirements and/or for ambulance response times. Unconstrained growth will also continue to have a negative impact on public EDs, which are already facing significant demand pressures.

To address these issues, AT are working toward secondary triage where the 000 call centre can direct non-acute patients to other providers, such as those offering primary care, as well as better use of Extended Care Paramedics and Intensive Care Paramedics, patient management plans for frequent users of ambulance services and further collaboration between Ambulance Tasmania, the Tasmanian Health Service and private emergency departments.

While reform is progressing, the Government has responded to immediate demand pressures, by providing additional frontline resourcing of:

- Twelve new paramedics based at Latrobe
- New Extended Care Paramedic Crews and First Intervention Vehicles in Launceston and Hobart
- A new Branch Station at Oatlands
- Upgraded facilities for Ambulance crews at Launceston, with works planned for Campbell Town and Latrobe
- Two new fully-staffed paramedic crews, on in Greater Hobart and one in Launceston, to be appointed by September 2017
- The Enhanced Retrieval and Referral Service, as part of the One Health System reforms

This includes what is understood to be the first permanent new ambulance crews since at least 2010, with no increase under the last term of the former Government despite growing demand.

The increases in resourcing have been funded through the State Budget, in contrast to the proposal considered by the former Government to introduce a levy and charge Tasmanians for ambulance services.

As a Government, we recognise that simply adding additional resources will not address the long-term demand pressures – it is also a matter of using those resources in a more effective fashion, and that is why we are progressing with reform to ensure people get quicker, better care.

Elective Surgery Waiting Lists and Waiting Times

Over the last three years, there have been real and demonstrable improvements in elective surgery provision in Tasmania,

The waiting list has fallen by 36 per cent and, more importantly, the number of people waiting longer than clinically recommended has fallen by 78 per cent. This magnitude of system improvement has never occurred before.

This has seen the average excessive waiting time drop from 253 days longer than recommended to 69 days, and the longest waiting patient has now waited less than two years for their procedure, compared to more than 10 years when the current Government was elected.

These improvements, detailed in Table 3, have been delivered through increased investment, with $76 million of state funding, as well as additional supplementation from national partnership funding and better targeting of long waiting patients, and improved management.

Table 3: Elective Surgery Waiting List Improvements

	June 14	June 17	Chg	% Chg
Total Waiting List	8528	5453	-3075	-36%
Over boundary	3658	810	-2848	-78%
Longest Waiting patient	3700	520	-3180	-86%
Average overdue days - all	253	69	-184	-73%
Average overdue days - category 3	491	39	-452	-92%
Total volume of surgeries over 12 months	15376	19135	3759	24%

Source: DHHS Data.

These are landmark improvements, and the Government will continue to work to ensure quicker access to elective surgery.

Outpatient Clinic Waiting Lists and Waiting Times

Following the 2014 Election, the State Government published the outpatient waiting list and waiting times which the former Government chose to hide.

Whilst there were well-recognised issues with the data quality, it revealed that there were almost 26,000 Tasmanians on an outpatient waiting list as at April 2014.

At the end of June 2015, when better data collection commenced, the waiting list had grown to 26,643. This likely reflects both growing demand and the inclusion of some clinics that previously existed but were not counted as part of the waiting list, such as those that had paper records.

At the end of June 2017, there were 25,089 people waiting for appointments at clinics that had been included on the waiting list in June 2015, and an additional 3,103 people waiting at clinics that were not previously included.

The additional 3,103 people are waiting lists for both pre-existing clinics that were not previously included, such as the LGH Orthopaedic clinic, and new clinics and services that have been established by the Government.

If those clinics are not counted, the waiting list today is shorter than when the current Government was elected.

More importantly, the median waiting times at each hospital have decreased under this term of Government. However, the quality of data relating to outpatients is poor and the THS undertaking work to better understand the real demand for outpatient services.

What is clear is that while there have been improvements in some locations and specialities, we are still seeing too many Tasmanians wait too long for outpatient care, and we must work to improve access to our hospital system.

Tasmania's Mental Health System

The Government has a strong commitment to delivering a mental health system that is integrated and provides the care and support Tasmanians need, when they need it.

Every year the Tasmanian Government commits more than $100 million to deliver mental health support for the community. This support includes services delivered in a range of settings, such as inpatient mental health facilities, through community-based programs and via individual packages of care.

The Government is proud to have committed significant additional investment for community-based mental health initiatives, including:

- $11.4 million over the next four years for individual packages of care, to help vulnerable Tasmanians with mental illness recover and reduce demand on inpatient mental health settings;
- $1.8 million to continue early intervention and referral services for suicide prevention;
- $2.2 million for mental health outreach services in rural Tasmania; and
- $525,000 over four years to continue grassroots mental health support and advocacy.

Other significant investments include the decision to address historical under-funding of Child and Adolescent Mental Services (CAMHS) through the commitment of $800,000 of additional funding each year. This funding gave CAMHS the resources it needed to significantly reduce the waiting list for the service and greatly improve the seven-day follow-up rate to above 70 per cent.

The Government has also delivered funding for the implementation of peer workers, provided suicide prevention training for frontline workers and secured the future of the Psychiatric Emergency Nurses within the THS.

Importantly, the Government also took the decision to secure community-based mental health facilities at Tolosa Street, Mistral Place and Milbrook Rise by purchasing the properties. Previously, these facilities had been on long-term lease arrangements which meant their futures were not guaranteed.

The Government is progressing the construction of new Child and Adolescent inpatient mental health facilities at the RHH and Launceston General Hospital. When these are completed, it will be the first time ever that Tasmania has had access to specific inpatient mental health facilities for children and adolescents.

In 2015 the Government released its ten year plan for mental health in Tasmania: *Rethink Mental Health – Better Mental Health and Wellbeing – A Long Term Plan For Mental Health in Tasmania 2015-2025* (Rethink). Rethink was the result of significant consultation with key stakeholders and the community over a long period. It provides a comprehensive and contemporary blueprint for reform of mental health, outlining the key directions for the future delivery of mental health services by focussing on community-based support and empowering Tasmanians living with mental health conditions to live their best lives.

Key actions under Rethink have included the development of the Tasmanian Suicide Prevention Strategies, the rollout of the Safe Wards program in public inpatient mental health units to improve the safety of consumers, carers and staff, and developing the early intervention referral pathway to support people following a suicide attempt.

The number of acute mental health beds at the Royal Hobart Hospital has recently become a matter of dispute and political interest. To ensure the record is clear on this matter, this submission notes the following:

- The former Government closed four beds at the Department of Psychiatric Medicine in 2013. This closure reduced the number of open acute beds at the RHH from forty-two to thirty-eight.
- Bed capacity was reduced by a further five beds in 2015. This reduction was undertaken in consultation with medical professionals and with the advice of the Royal Hobart Hospital Redevelopment Rescue Taskforce.
- In November 2016, the Government opened the state-of-the art temporary mental health facility at J-Block, which maintained the total capacity of thirty-three beds, including the de-escalation room.

The Government emphasises that all bed capacity reductions, including those under the former Government in 2013, have been on professional advice based on projected demand and levels of occupancy. It is contemporary practice to put more focus and resources into community-based mental health support so that people can recover in what are often more comfortable and familiar settings, which are closer to their communities.

Having noted all of the above, the Government recognises there has recently been an increase in demand pressures on the acute mental health system, especially at the RHH.

To help alleviate this situation, the THS is working to bring five new flexible mental health beds online in the new Multipurpose Short Stay Unit, as well as undertaking capital works at the Tolosa Street facility to provide access to six new step-up beds. This will mean eleven new mental health beds available within the system.

The treatment of mental health presentations to the emergency department, and unacceptable waits, is a long-term issue, with patients waiting longer than forty hours in the ED going back at least far as 2011, and we are taking action to improve this.

The Government is also strongly committed to continuing to work with the Royal Australia and New Zealand College of Psychiatry, to resolve concerns around training and accreditation. There is no doubt this is a disappointing situation that the Government and the THS are taking very seriously, but services at the RHH mental health unit will continue to operate as normal while we work cooperatively on solutions, including working hard to recruit more psychiatric doctors and nurses.

Further reform and improvement

As a Government, we have focussed our effort and investment on confronting and addressing the long-term challenges in health care in Tasmania.

Every Tasmanian and their family have regular engagement with the health system. We rely on it, and we must work to improve it.

Over past decades, Tasmania has seen too many aborted attempted at reform, from Ministers and Governments that were well intentioned, but failed to consult openly with Tasmanians, and, ultimately could not carry through the changes they proposed.

Likewise, too often previous Governments have attempted reform without increased investment, or have implemented short-term budget savings strategies which have left a long-lasting impact on the quality and access to healthcare in our state.

We have actively worked to address long-term challenges, with wide public consultation and engagement, additional staffing, resourcing and increased bed numbers.

We are committed to the reforms commenced under One Health System which will result in more Tasmanians receiving access to better care as efficiencies are introduced by adopting a statewide approach with the patient at the centre of all decisions.

At the same time, the Government has increased health funding by record amounts, which is resulting in improvements in several key measures – in particular those relating to elective surgery. More than 300 full-time equivalent additional frontline health staff have been employed, we are funding and opening more than 120 additional hospital beds and treatment recliners, but there is much more that must be done.

To drive further improvement, the Government has released ambitious targets for health care in Tasmania, including three that relate directly to acute health care:

- 90 per cent of Tasmanians will be treated within clinically recommended timeframes for their elective surgery by the end of the next four-year term of Government;
- 90 per cent of emergency presentations will be in and out of the Emergency Department within four hours by the end of the next four-year term of Government; and
- Reducing emergency ambulance response times to national average waiting time by 2025

These are significant targets, which will drive future budget investment will be worked toward with continued statewide reform, the opening of additional bed capacity and the recruitment of more health staff.

Providing access to the best health services available is a key driver behind the $689 million Royal Hobart Hospital Redevelopment, which once complete will provide capacity for an additional 250 beds.

Over three years we have made important improvements in several areas of our health system, and have delivered a 78 per cent reduction in people who have waited longer than the recommended time for surgery.

The number of presentations to hospital Emergency Departments has risen significantly, yet we are managing to keep the rate of people departing in four hours stable at around 65 per cent. However, I know we must do better.

In addition to these acute health service targets, the Government is committed to delivering improvements in preventive health and community mental wellbeing which, whilst not acute services, have a clear impact on acute care demand.

Acknowledgement and thank you

I would like to close by thanking the Members of the Committee for accepting my submission.

I would also like to thank the thousands of Tasmanians that provide care in our health system for their fellow Tasmanians.

I know and acknowledge that while thousands of patients have good experiences with our health system every week, there are patients that do not, and there are also staff that work under pressure to provide the best care that they can to their patients.

As a Government, we have provided increased investment in health, but of course there are areas where we must better target increased resourcing to support staff and patients. We must continue to reform our system to ensure we get the best public value for every cent invested in health care.

Improvements in elective surgery waiting times or bed access are important, but mean little to someone who remains on a waiting list right now, or is in a hospital ED waiting for a bed on a ward. Increasing staff levels are important, such as significant increases in nursing levels in the THS – but to a nurse working a double shift right now I know that it can mean very little.

We must do better and we must to more. Hearing from Tasmanians is vital to making long-lasting improvements. I have tried my best to do this during my time as Minister for Health, regularly meeting with staff, from the hospital wards to the community health centres, and holding public meetings to hear directly about the issues Tasmanians are facing and what improvements they want to see.

I see this Inquiry as a valuable opportunity to continue this process – there is not a sudden problem in our health system, but long-term challenges we must openly acknowledge and work together to address.

For Tasmanians, and their families, keeping well and receiving good health care very important, which is why it is of the highest priority to me as Minister, and to this Government.

I look forward to continuing to work to improve the health care of Tasmanians and to positively engaging with the Committee as is undertakes this important Inquiry.

Yours sincerely

Michael Ferguson MP
Minister for Health

31 August 2017