

**medicare  
local**

**TASMANIA**

*Connecting health to meet local needs*



---

## SUBMISSION

to the Tasmanian Government  
on Delivering Safe and  
Sustainable Clinical Services  
White Paper (Exposure Draft)

Tasmania Medicare Local  
May 2015

---

Tasmania Medicare Local Limited  
ABN 47 082 572 629

# Contents

Executive Summary .....	2
Recommendations .....	3
About Tasmania Medicare Local .....	5
Time for change .....	6
Designing a better health care system .....	8
Governing the health system of the future .....	12
Supporting the health system of the future .....	13
The way forward .....	13

Tasmania Medicare Local Limited  
ABN 47 082 572 629

**Submission to the Tasmanian Government on Delivering Safe and Sustainable Clinical Services White Paper (Exposure Draft) by Tasmania Medicare Local May 2015**

[www.tasmedicarelocal.com.au](http://www.tasmedicarelocal.com.au)  
GPO Box 1827 Hobart TAS 7001  
Level 4, 172 Collins Street TAS 7000  
t 03 6213 8200 f 03 6213 8260  
e [info@tasmedicarelocal.com.au](mailto:info@tasmedicarelocal.com.au)

*Tasmania Medicare Local acknowledges the financial and other support of the Australian Government Department of Health*

## Executive Summary

---

Tasmania Medicare Local (TML) is pleased to provide this response to the Tasmanian Government's *Delivering Safe and Sustainable Clinical Services White Paper (Exposure Draft)*.

TML acknowledges that the scope of the *White Paper (Exposure Draft)* is more clearly articulated than in the Green Paper as being focused on acute system reform. The importance and necessity for this work is understood and acknowledged by TML given the nature of the issues raised around safety, quality, efficiency, sustainability and patient outcomes.

However, whilst focused on acute care, the paper consistently refers to this work as 'whole of system change'. TML remains concerned that this continues to reinforce the acute care sector as 'the health system' as opposed to one part of a broader health system. Whilst the increased reference to the primary care sector within the paper is noted, it appears that engagement with primary care providers is seen as a subsequent process to be undertaken once the 'first phase' of system change, within the acute care sector, is completed.

TML believes there is more to be lost than gained through this approach. Remaining focused on the hospital system and failing to recognise the broader complexities of health and the importance of other health sectors in addressing system issues, will result in:

- continued focus on people only when they become ill, not on improving health and preventing illness and thereby reducing hospital demand
- failure to achieve the true benefits of system change, with limited gains to be made by seeking solutions from within one part of the system only, and
- potentially adding pressure to other parts of the system through making change in isolation, ultimately resulting in increased pressure on acute care and negating the effect of change.

Without a broader system focus, there is a missed opportunity for the Minister in truly taking the whole of system leadership role as outlined in the *White Paper (Exposure Draft)*.

This view and the importance of focusing on a strong community based care system is also strongly espoused by members of the community. People spend most of their time managing their health outside the hospital system, accessing services in their local communities and therefore understandably, are most actively interested in the services they receive outside the hospital setting.

Therefore, in reviewing the *White Paper (Exposure Draft)*, we believe that the recommendations provided in our *Green Paper* response remain important for further consideration in the completion of the *White Paper*. Additional recommendations are also provided for the Minister's consideration based on new information in the *Exposure Draft*. Contextual information has been provided for the recommendations in line with the key sections of the *White Paper (Exposure Draft)*.

TML believes that investing in a whole of system reform process provides a significant opportunity for Tasmania to lead the way in achieving integrated and sustainable health system for improved health outcomes. TML reaffirms our commitment as a willing partner in a comprehensive reform process and will actively contribute and support the Tasmanian Government in making difficult but necessary changes. Since our submission to the *Green Paper*, TML has been announced as the successful provider for Tasmania's new Primary Health Network. In our new role we look forward to working with the Tasmanian Government as a key system partner in this important reform process for Tasmania.

## Recommendations

---

### Restated Recommendations

The following recommendations were provided as part of the Green Paper submission and have been refined accordingly in line with comments provided in this paper. Refinements have been highlighted in bold italics.

#### Recommendation 1:

That, in recognising the need for single system planning, resourcing and operation, the Tasmanian Government, through the White Paper, seeks to provide a framework for reorientation of health system investment and policy that respects and balances the responsibilities of both the tertiary care system and the primary care system.

#### Recommendation 2:

That the White Paper clearly acknowledges and references the mental health needs of Tasmanians, the influence of mental health on a large number of associated health conditions and the extent to which system reform requires an inclusive and re-integrative focus on planning, resource allocation and service delivery for mental health as an integral part of whole person health care.

#### Recommendation 3:

That in considering a statewide focus to the re-configuration of service delivery, the Tasmanian Government actively engages with general practice and the primary care sector to identify opportunities for improved utilisation of primary care capacity in the community. ***This must first be evidenced through the mandated involvement of general practitioners and other relevant primary health providers on all Clinical Advisory Groups (CAGs).***

#### Recommendation 4:

That, building on the existing coordination of care work in general practice and the community, the Tasmanian Government commits to the continued implementation of current system redesign initiatives, in order to realise the desired system and cultural changes required for improved coordination and integration of care.

#### Recommendation 5:

That, consistent with the desire for a connected and integrated health system, the Tasmanian Government collaborates with the Primary Health Network to extend the Role Delineation Framework to incorporate general practice, primary health and the aged and community care sectors.

#### Recommendation 6:

To achieve the goal of the healthiest state by 2025, Tasmania needs a health system that works as a whole system. Government must commit to develop and collaboratively implement a whole of system planning and delivery process, inclusive of the development of a Primary Health Plan that builds upon the tertiary focused foundations of the White Paper to support a high quality and sustainable Tasmanian health system.

#### Recommendation 7:

That the priorities for driving system change within this document are endorsed, along with the role of the future Primary Health Network as a key system partner in coordinating and driving the primary health sector's contribution to whole of system change.

**Recommendation 8:**

That the Tasmanian Government and Primary Health Network work in partnership to jointly commission primary health services for the benefit of Tasmanians.

**Recommendation 9:**

That the Tasmanian Government invest a transparent and increasing proportion of its health budget in early intervention, health promotion and illness prevention that takes account of social and environmental contexts and drives reform across government in terms of health in all policies.

**New Recommendation:****Recommendation 10:**

***That the Tasmanian Government, the DHHS and THS, in collaboration with system partners, develop and implement a uniform e-health policy, associated technology investment and capability strategy, to underpin and help drive service safety, quality and efficiency across the health system by enabling timely access to relevant health information for general practitioners and other community based providers and improving access to services for Tasmanians.***

## About Tasmania Medicare Local

---

Tasmania Medicare Local (TML) is a non-government, not-for-profit primary health organisation working to help coordinate and connect primary health care services for local communities. With our vision: *Healthy Tasmanians, Healthy Communities, Healthy System*, TML aims to identify local health care needs, work to address any service gaps and make it easier for Tasmanians to access the health services they need closer to where they live.

Since its establishment in November 2011, TML has been building on the significant achievements and reputations of its founding members – the three regional Tasmanian divisions of general practice – plus the statewide General Practice Tasmania.

As a statewide organisation, we work to support primary care providers including general practice, nursing and allied health providers, and collaborate with a broad range of committed and experienced health system partners including acute care, aged care, social care and preventative health organisations. We have extensive networks including our 39 member organisations, enjoying a shared focus on working together to meet the primary health care needs of Tasmanians.

### Driving System Change

Wherever appropriate TML has adopted and promoted a whole of health care system change approach in the development and implementation of programs and projects. In addition to its core activity, the Tasmanian Health Assistance Package (THAP) collaborative initiatives led by TML, including Streamlined Care Post Hospital Care Pathways (Streamlined Care Pathways), Care Coordination, Tasmanian HealthPathways and Social Determinants of Health and Risk Factors, have provided a significant opportunity for TML to demonstrate and strengthen our engagement across the health system and focus on sustainable system improvement.

Indeed this work has demonstrated the value and advantage that is possible through driving system change from outside the hospital environment, from within primary health settings and as an external system partner to the Tasmania Government.

### Primary Health Networks

In May 2014, the Australian Government announced the cessation of the national Medicare Local Program (due to cease on 30 June 2015) and the establishment of Primary Health Networks (PHNs), to commence on or before 1 July 2015.

The primary objectives of the national PHN program 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.

**In April 2015 TML was notified that its application to establish the Tasmanian PHN has been successful. As we undergo our own transition alongside the Tasmanian Government's significant changes to the way the tertiary system is governed we look forward to partnering with and supporting the Minister in achieving important and sustainable whole of health system reform.**

## Time for change

---

TML strongly supports the *White Paper (Exposure Draft)* references to the need for a single state-wide system and for important reform to occur to make the system as safe and efficient as possible.

In evidencing the need for this approach, the *Exposure Draft* consistently acknowledges and gives examples of system challenges and the need for performance improvement to be achieved via strategic and system wide reform. The examples provided include, but are not limited to unplanned re-presentations, post-operative adverse events, the need for collaboration, costs of care delivery, long waiting times for hospital services. TML agrees that the case for change, based on these examples alone is clear and urgent.

TML also agrees that these issues require this system wide focus and indeed other parts of the health system are referenced in connection with these issues. Yet the scope of the *Exposure Draft* even more clearly than the *Green Paper* defines the scope of the *White Paper* as being focused on acute services, and focuses solely on seeking the solutions from within acute care tertiary facilities, referring only to engagement of the primary care sector via a 'second stage'.

TML argues strongly that the most effective and sustainable solutions to these issues lie in collaborative approaches moving beyond the acute sector and through increased acknowledgement of the role and capability of the general practice and primary care sector as a significant health resource, there are many more strategic and sustainable solutions to be found.

This can only be achieved through a reform process that focuses simultaneously on all parts of the health system as likely partners in identifying and implementing solutions.

As emphasised in our original submission, TML maintains that the narrow scope of the *White Paper (Exposure Draft)* does not effectively demonstrate the stated broad system-wide reform and is a key failing.

Sectoral interdependencies within health systems are clear and highly influential on outcomes, utilisation and flow. It is not possible to fix one part without looking at the whole and the solutions most clearly evident in successful national and international experiences of sustainable reform have not been achieved by one part of the system 'fixing itself' without considering and engaging the other in the design and implementation of such solutions.

Many acute sector problems will potentially be 'resolved' by finding more effective and efficient ways of working with, and utilising the general practice and primary care sector. This is most strongly evident in the highest risk areas of transitional care, with poorly defined and inconsistent approaches to clinical handover presenting major risks to individual Tasmanians using our system.

Maintaining a siloed approach to solution development will again place significant limitations on the opportunities to make real change and truly improve the safety and quality of service delivery and associated improved health outcomes for Tasmanians.

On this basis, TML restates **Recommendation 1** and **Recommendation 6** of our submission to the *Green Paper*.

**Recommendation 1:**

That, in recognising the need for single system planning, resourcing and operation, the Tasmanian Government, through the White Paper, seeks to provide a framework for reorientation of health system investment and policy that respects and balances the responsibilities of both the tertiary care system and the primary care system.

**Recommendation 6:**

To achieve the goal of the healthiest state by 2025, Tasmania needs a health system that works as a whole system. Government must commit to develop and collaboratively implement a whole of system planning and delivery process, inclusive of the development of a Primary Health Plan that builds upon the tertiary focussed foundations of the White Paper to support a high quality and sustainable Tasmanian health system.

TML notes and congratulates the Tasmanian Government on an increased reference to the impact of health risk factors and some specific elements of the social determinants of health, through acknowledging the impact of transport and accommodation on access to hospital services.

This reference, combined with TML's recent opportunity to provide a written submission and presentation to the Joint Parliamentary Select Committee into Preventative Health, provides some optimism about a genuine commitment to ensuring there is a focus on preventing illness and chronic conditions. For without this, the system will continue to be burdened with unnecessary increasing demand for services.

However, currently there is little information provided within the document as to how this commitment might be demonstrated. TML retains the strong view that increased evidence based, targeted and long term investment is required in preventative care and health improvement strategies and a whole-of-government approach to tackling the social determinants of health in order to see any positive change in the severity of lifestyle factors and the associated impact on the prevalence of chronic conditions.

On this basis, TML restates **Recommendation 9** of our submission to the Green Paper for further consideration:

**Recommendation 9:**

That the Tasmanian Government invest a transparent and increasing proportion of its health budget for early intervention, health promotion and illness prevention that takes account of social and environmental contexts and drives reform across government in terms of health in all policies.

The *Exposure Draft* description of the incidence of chronic conditions within Tasmania is agreed and the State Government's work to improve service responses through service re-design is acknowledged. However TML notes that the important and increasing need to focus on mental health as a priority chronic condition is still not reflected as a priority for the State in this reform agenda.



With initiatives such as *Re-Think Mental Health* underway, it is important that these do not occur in isolation, but are formally incorporated into broader reform processes. Inclusion of mental health as a named priority focus will enable specific focus on improving the mental health service system, also recognising the prevalence of mental health co-morbidities associated with other chronic conditions and is essential in order to ensure that system reform processes are focused integrated approaches to all chronic condition priorities.

For this reason, TML restates **Recommendation 2** of our submission to the *Green Paper* for further consideration:

**Recommendation 2:**

That the White Paper clearly acknowledges and references the mental health needs of Tasmanians, the influence of mental health on a large number of associated health conditions and the extent to which system reform requires an inclusive and re-integrative focus on planning, resource allocation and service delivery for mental health as an integral part of whole person health care.

## Designing a better health care system

TML strongly supports the Government's stated commitment to re-design the health system with its particular focus on improved quality, safety, effectiveness and efficiency. Notwithstanding the acute care focus of these outcomes, and our comments on ensuring broader system engagement in these processes, it is agreed that improvement in these areas is essential and can equally be applied across the health system. Such a vision must be shared across the entirety of the system and would provide the greatest opportunity for delivering a single and sustainable state-wide system.

Two emerging and consistent themes noted throughout the Exposure Draft are **ehealth** and integration. TML has a strong commitment to and expertise in this area and provides further insight into these later in this section.

In relation to the *Tasmanian Role Delineation Framework* (TRDF), as noted in our response to the *Green Paper*, such a framework provides strong and clear guidance for service delivery. However, based on the description in the *Exposure Draft* and the updated framework provided, it appears clear that the TRDF remains focused solely on service delivery within the acute sector and largely within tertiary care facilities.

Conversely, whilst the scope of the TRDF remains narrow, the information included under 'Designing a better health care system' refers to opportunities for the delivery of increased collaboration, delivery of more complex care in the community, partnership with primary and private health providers and use of technology as important elements of system change.

It must be recognised that when a community member presents at a tertiary care facility, they have a health history and come from a community based care environment and that is where they must return to. TML sees the importance of recognising and understanding the roles and responsibilities of sectors along this path as instrumental to more appropriate, efficient, safe and effective use of each sector's capabilities. It does not appear from current examples that the TRDF respects or acknowledges this.

Narrowing the focus of the TRDF as a critical service delivery tool essentially leaves the primary

care sector invisible as a partner in care delivery and does not take into account the range of those health service delivery resources and assets that are available and currently actively assisting in reducing avoidable hospital presentations.

Initiatives such as care coordination and community nursing service re-design are already producing results in terms of keeping people out of hospital or getting them home sooner. Whilst such initiatives are referenced in the *Exposure Draft*, no indication is given regarding commitment to pursue such strategies as a means of practical whole of system approaches to optimal health care.

Additionally, key providers of health services (both clinical and non-clinical) outside hospitals have not been acknowledged for the critical roles they play in hospital avoidance. A clear example of this is the provision of GP after hours care, further supported through providers such as GP Assist. TML is aware that this service has made a separate submission to the Minister clearly articulating the hospital avoidance outcomes delivered by this service. This service, combined with the extended hours services GPs are delivering in local communities, is already providing clear alternate service delivery options for people who would otherwise attend emergency departments.

Similarly, aged care providers deliver significant health services and care in residential facilities and increasingly in people's homes. As such they are an important partner industry group for active inclusion in service re-design initiatives.

These examples demonstrate that omitting consideration of the broader range of current and potential primary health care services certainly limits opportunities to look outside the tertiary setting for health service delivery solutions. A whole-of-system approach has the potential to deliver real cost savings, including alleviating the perceived need for more resources such as sub-acute beds, when research demonstrates and evidences that appropriate utilisation of Tasmanian community based services and coordination of care in fact reduces the need for sub-acute beds.

Applied more broadly and inclusively, the TRDF could provide a strong and clear framework upon which to expand current best practice services and design new service models that include appropriate levels of participation and accountability between the primary and acute care sectors.

TML strongly believes in the potential for general practice and primary care led initiatives to contribute to system improvement, but the ability to truly action these via the TRDF is an important opportunity that will be lost if the current scope of the framework is retained and the old siloed mentality contained within the walls of hospitals is reinforced.

For this reason, TML restates **Recommendation 5** and **Recommendation 3** of our submission to the *Green Paper* for further consideration:

**Recommendation 5:**

That, consistent with the desire for a connected and integrated health system, the Tasmanian Government collaborates with the Primary Health Network to extend the Role Delineation Framework to incorporate general practice, primary health and the aged and community care sectors.

### **Recommendation 3:**

That in considering a statewide focus to the re-configuration of service delivery, the Tasmanian Government actively engages with general practice and the primary care sector to identify opportunities for improved utilisation of general practice and primary care capacity in the community. ***This must first be evidenced through the mandated involvement of general practitioners and other relevant primary health providers on all Clinical Advisory Groups (CAGs).***

## **System Integration**

References to improved service integration are noted throughout the *Exposure Draft* and are strongly supported by TML as a key mechanism for maximising the use of the resources available to the state, to streamline the patient experience and improve health outcomes.

Whilst these references are made in conjunction with statements relating to system changes, TML asserts that a revised organisational system alone will not lead to improved service integration.

Work undertaken by TML as part of Tasmanian Health Assistance Package (THAP) initiatives has included considerable research into the key success factors for improving the integration of care. Evidence, such as that undertaken by the United Kingdom's National Health Service indicates that improved integration will not be achieved through structures or governance alone, but consists of three pillars for integration:

1. **System integration** – structures, shared policy, workforce innovation, ehealth connectivity, shared governance
2. **Professional provider behaviours** – integration across service boundaries, re-shaped and shared pathways, person centred care, evidence based guidelines and standards, workforce capacity and capability
3. **Consumer and community engagement** – self management education, community insight into the need for change, health literacy, capacity building.

That is, whilst structures provide a basis for integration, professional interactions and cultural change along with increased community health literacy and participation are also essential to provide the greatest opportunities for improved integration. This requires significant and ongoing investment to achieve the cultural change required for service improvement.

TML, with collaboration with DHHS, has gained insight into the investment required for sustainable system re-design through the THAP initiatives and believes that the State Government will need to incorporate specific commitment and investment beyond organisational structures to achieve the desired system change. TML welcomes the opportunity to share this research and to work with Government on strategies for improving care integration, based on these pillars for action.

Evident from the community forums conducted by the Minister, is a strong and consistent community expectation that the Tasmanian health system will deliver the coordinated care and community support required to safely and smoothly navigate our complex system. Chronically ill and elderly Tasmanians are most at risk within a poorly defined and siloed system and include those most in need of such supports to help drive integrated system responses to complex needs.

On this basis, TML restates **Recommendation 4** of our submission to the *Green Paper* for further consideration:

**Recommendation 4:**

That, building on the existing coordination of care work in general practice and the community, the Tasmanian Government commits to the continued implementation of current system redesign initiatives, in order to realise the desired system and cultural changes required for improved coordination and integration of care.

## eHealth

TML is pleased to see the consistent reference to the importance of ehealth as a key resource in the future delivery of health services. TML believes technology has a key role in both improving patient access to care through telehealth equipment and improving the transfer of information between care providers via electronic communications, resulting in safer and more coordinated care.

TML firmly believes that the use of telehealth can transform the way health services can be delivered, by improving accessibility and timeliness of patient care. TML has seen first-hand, from a local GP, some real-world examples in Tasmania of patient benefits through telehealth. For example, an amputee with multiple chronic diseases avoided the need to travel to Melbourne to visit a specialist after their GP arranged a telehealth consultation at the local general practice. This incident alone resulted in significant reduction in Patient Travel Assistance Scheme (PTAS) travel costs, and the patient received the same level of treatment and it was a less stressful and time-consuming experience.

As telehealth consultations from a general practice usually have the GP, patient and specialist present, procedures can be completed under instruction from the specialist, and clinicians can also discuss the patient's conditions/symptoms in higher level clinical terms. This will expedite and lead to more accurate diagnosis and treatment. Our system needs to require and demand use of technology based communication and integration mechanisms and not leave this to chance or choice.

Additionally, the use of electronic communication systems to improve the flow of patient information between providers provides a significant opportunity to improve the safety, timeliness and coordination of care. A key issue here is the range of information management platforms currently in use across parts of the health sectors, with challenges including software interface and privacy issues in accessing electronic health records. Small in-roads into addressing these issues, such as the implementation of electronic outpatient summaries and enhancing discharge summaries to include high risk medications between acute and primary care, have already produced positive results and demonstrate that improving communication is possible.

While the paper makes general comment on e-health, it does not attempt to address how this can or will be implemented in Tasmania, though it is recognised that the advent of a single THS will make uniform information and technology governance a much more likely possibility. Tasmania has a significant opportunity to act as a test case for improved ehealth technologies in Australia and TML would welcome the opportunity, in partnership with the State, to help drive the advancement of ehealth as a key service delivery enabler for the future.

On this basis, TML makes an additional recommendation for the Minister's consideration:

**Recommendation 10:**

***That the Tasmanian Government, the DHHS and THS, in collaboration with system partners, develop and implement a uniform e-health policy, associated technology investment and capability strategy, to underpin and help drive service safety, quality and efficiency across the health system by enabling timely access to relevant health information for general practitioners and other community based providers and improving access to services for Tasmanians.***

TML acknowledges the Exposure Draft's reference to collaboration and partnership approaches, including public/private opportunities. TML believes that this is a key priority for Tasmania's health system given its size and current resource availability, with clear opportunities for partnership approaches to health care commissioning and delivery, particularly through approaches such as alliance contracting. This provides Tasmania with a significant opportunity to lead the country in developing innovative and sustainable cross sector health service partnerships.

For this reason, TML has a strong interest in further detail from the State Government about how partnership approaches will be incorporated into the service system reform agenda and welcomes any opportunities to work closely with the Government to develop and implement partnership strategies.

TML urges the Minister to further consider TML's specific Green Paper submission recommendations in relation to partnership approaches:

**Recommendation 7:**

That the priorities for driving system change within this document are endorsed, along with the role of the future Primary Health Network as a key system partner in coordinating and driving the primary health sector's contribution to whole of system change.

**Recommendation 8:**

That the Tasmanian Government and Primary Health Network work in partnership to jointly commission primary health services for the benefit of Tasmanians.

## **Governing the health system of the future**

The creation of a single Tasmanian Health Service (THS) is strongly supported by TML. It is a move that is long overdue in terms of providing a statewide backbone with the potential to improve resource allocation, system coordination, and integrated responses to community need for tertiary care.

TML notes the review of the statewide Clinical Governance Framework and urges consideration of the implementation of an integrated system, inclusive of other sectoral partners and services. This would include the introduction of a cross-sector Clinical Governance Framework with supporting tools and resources. The Government has an opportunity to lead clinical governance for the whole health system that looks beyond the tertiary sector.

In relation to the Clinical Advisory Groups (CAGs), TML supports a clinician-led advisory model to provide input to the Tasmanian Health Council and one that is evidence-based and draws on statewide representation.

TML is highly critical of the current composition of the CAGs with GP representation extremely limited and to a large extent “accidental” or incidental rather than mandated. Increasing GP representation on the CAGs is paramount to identifying opportunities for improved utilisation of primary care capacity in the community, and generally ensuring good decisions around system investment, integration and policy as well as a strong preventative approach.

The Tasmanian General Practice Forum (TGPF) has also made strong representation on this matter. The TGPF comprises all of the state’s peak organisations supporting general practice including: the Australian College of Rural and Remote Medicine (ACRRM), Australian Medical Association (AMA) Tasmania, Royal Australian College of General Practitioners (RACGP) Tasmania, Rural Doctors Association Tasmania (RDAT) and Tasmania Medicare Local (TML), and represents a mechanism of significant advisory value and engagement strength for the Minister. The TGPF is well placed to provide advice on GP representation.

TML restates the sentiments of **Recommendation 3** in support of its firm belief in the value of Government modelling inclusion and whole-of-system consideration in all of its principal advisory mechanisms. General practice and where appropriate other primary care practitioners must be involved on all CAGs.

## Supporting the health system of the future

---

TML strongly supports the State Government’s focus on workforce, innovation, research and technology as key building blocks for a sustainable health system. Again, TML emphasises that in strengthening these areas, the most gain will be made through a whole of system approach. Providing opportunities for a broader workforce with targeted and complementary skills, the use of technology that enables access and client information regardless of where the person is accessing care and a willingness to explore new ways of delivering care that assists in shifting the focus of service delivery away from the hospital setting and closest to where people live, provides a strong foundation for an integrated health system.

## The way forward

---

TML notes the inclusion of engagement with the general practice and the primary care sector as part of the *Exposure Draft* consultation, to identify opportunities for improved utilisation of primary care capacity in the community. TML congratulates the State Government in identifying general practice and primary health care providers as key stakeholders and strongly encourages continued engagement and inclusion of these groups in the finalisation of the *White Paper* and its future implementation.



Tasmania Medicare Local Limited  
ABN 47 082 572 629

**Submission to the Tasmanian Government on Delivering Safe and Sustainable Clinical Services White Paper (Exposure Draft) by Tasmania Medicare Local May 2015**

[www.tasmedicarelocal.com.au](http://www.tasmedicarelocal.com.au)  
GPO Box 1827 Hobart TAS 7001  
Level 4, 172 Collins Street TAS 7000  
t 03 6213 8200 f 03 6213 8260  
e [info@tasmedicarelocal.com](mailto:info@tasmedicarelocal.com)

*Tasmanian Medicare Local acknowledges the financial and other support of the Australian Government Department of Health*