



The Royal Australasian  
College of Physicians

4 May 2015

One Health System  
Department of Health and Human Services  
GPO Box 125  
Hobart TAS 7001

Via Email: [onehealthsystem@dhhs.tas.gov.au](mailto:onehealthsystem@dhhs.tas.gov.au)

Dear Minister Ferguson

**Consultation on Draft Exposure White Paper - *Delivering Safe and Sustainable Clinical Services***

Thank you for sending us a copy of the Exposure Draft – Delivering Safe and Sustainable Clinical Services White Paper – March 2015. Thank you also for inviting our Committee to contribute to the development of the proposals expressed in this draft.

The draft has been considered in depth by our Committee and we would like to make the following responses. Firstly, we were pleased to see that some the issues we raised in our letter to you dated 20 February 2015 were incorporated in your Draft White Paper, and we reinforce these points:

- underpinning principle of all recommendations is excellence of care for all Tasmanian people regardless of where they live and commitment to infrastructure development for transport for patients to receive this care;
- acknowledgement that health safety outcomes are associated with optimal cases numbers and experience and that complex services may have to be localised in certain geographical locations;
- provision of any clinical service requires appropriate backup of that provided service within a geographical area; for example complex surgery requires on site ready access to emergency department, intensive care and peri-operative medical care;
- identifying a range of areas of inefficiencies in clinical services and addressing these;
- sharing of public and private resources, as per the best possible care for the patient;
- concentration of health promotion and disease prevention as important elements in any state-wide health delivery program;
- supporting front line clinical staff to ensure optimal conditions so that they can deliver best care; and

- developing, enhancing and maintaining professional relationships between providers of Ambulatory and Tertiary and Primary care.

Our Committee members also expressed alarm that, in our opinion, certain essential elements of optimal health care outcomes and their delivery were either not addressed in your Draft White Paper or addressed in inadequate detail for practical purposes. These are mentioned here for your further consideration:

1. The model of integrated care is advocated not just in cancer services as mentioned in your paper but for a range of chronic health conditions faced by any Tasmanian child and adult.

By “integrated care” we mean the provision of person centred care in which hospital based and primary care health services work with each other and the client to ensure coordination, consistency and continuity of care over time and through the different stages of their condition. Features of this care include: planned and proactive care intended to keep people as well as possible, coordinated care using team based approaches, evidence based care, support for self management, regular review and follow up.

The Royal Australasian College of Physicians is currently involved in developing policy and practice of integrated care.

2. The Draft White Paper falls short in providing adequate detail on essential infrastructure for implementation of many of the recommendations, in particular:

- mechanisms for provision and access to shared health records; this is essential for integrated care, for sharing public and private hospital services and reducing repetition;
- a detailing of the much more sophisticated plans for travel of patients and their families and carers, over and above the current transport financial systems. In the current Draft White Paper plans, patients living outside of Hobart, would rightly feel insecure about being able to obtain appropriate services, and where they could be adequately supported by their families and carers during their hospitalization; and
- no detail about the mechanisms and means of immediate post acute healthcare location and means of clinical handover, if the ongoing healthcare service were continued in the home town health facility of that patient away from the original point of delivery.

3. The vital importance of support for high level clinical, basic science and epidemiological research cannot be understated and goes beyond providing undergraduate and postgraduate education. There is a need for our state health strategy to support and recognise research as being fundamental to a safe and effective health system. These are not dealt with to any extent in the Draft White Paper despite being critical to workforce sustainability. We see ourselves via our roles in the College, and as clinicians, teachers and academics as major advocates and participants in this.

4. There is no mention of scope, support and enhancement of paediatric services, other than neonatal, across the state in the Draft White Paper. For example, there is no mention of maintenance or enhancement of early intervention services, no mention about delivery of acute and chronic healthcare to children, and there is no mention of

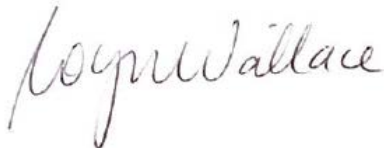
transition plans for young adults with chronic diseases or conditions from paediatric to adult health services. There is no mention about assessment and achievement of adequate work force numbers in paediatrics. Any vision for better health of Tasmanians must include plans for our children, adolescents and young adults.

5. There is no mention about any healthcare provision of any paediatric and adult patients with developmental disabilities. Up to 3% of Tasmanians, a substantial minority, have developmental disabilities. There are some excellent developmental health services for children in some parts of the state, but none for adults in the public system, and there is no acknowledgement of the deficit of transition services, let alone addressing the problem. The evidence of current poor health outcomes and high inefficiencies in health delivery among this group of patients resulting from poor access and unfair barriers to generic healthcare is overwhelming. While there is mention of improving rehabilitation services, this is not the vehicle for management of the acute and chronic medical problems faced by the up-to 15,000 people in Tasmania with developmental disabilities. This is a major gap in the Draft White Paper.
6. There is no specific mention of provision of health care for other vulnerable populations. By "vulnerable" we mean, patients who by socio-economic, disability (intellectual, mental, and physical), cultural reasons, are predisposed to many chronic medical problems, and who traditionally are catered for badly in our current systems. Treatments of these populations are frequently unsuccessful and costly, due to the barriers of healthcare access. Literature suggests that 'fairly simple' measures can often be undertaken to address these preventable problems faced by vulnerable patients. Acknowledgement of the particular needs of this population in your Draft White Paper is a starting point.

Thank you again for the privilege of including us in your health care service delivery deliberations for Tasmanians- we have done this seriously and in detail. We hope you are pleased to receive our positive comments as well as our critiques on the Draft White Paper. Please consider us as still actively interested, available and involved in ongoing feedback to you for Delivering Safe and Sustainable Clinical Services. We would be very pleased to be invited to comment on or be consulted on any further drafts. We would also extend an invitation to you again to speak with us about this topic at one of our meetings in 2015 if you would like.

Should you have any queries in regards to this response, please do not hesitate to contact Mr. Aaron Thompson, Tasmanian and Victorian Senior Executive Officer of the RACP on +61 3 9927 7718 or [aaron.thompson@racp.edu.au](mailto:aaron.thompson@racp.edu.au).

Yours sincerely



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**Chair, Tasmanian State Committee**  
 The Royal Australasian College of Physicians