

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES

GREEN PAPER – REBUILDING TASMANIA’S HEALTH SYSTEM

ONE STATE, ONE HEALTH SYSTEM, BETTER OUTCOMES

Allied Health Professional Executive Committee

Response to the Green Paper

Executive Summary

Allied health professionals are essential across all health services and this review is an opportunity to look at this workforce and how the skills of each professional group are being used to best advantage in the public health system.

The health sector needs to be open to change, building a health service delivery model, culture and policy/legislative context that has the flexibility to change with changing health demographics, evidence based research, health practitioner training and changes to scopes of practice, workforce demographics and new roles.

AH are required at all levels of the core services outlined in the Role Delineation paper.

Allied Health Professional Executive Committee (AHPEC)

The Allied Health Professional Executive is the strategic allied health leadership group in DHHS with a high level strategic focus on: clinical governance, workforce development and specialisation, clinical education and research, and inter-professional collaboration.

Allied Health in Tasmania

Allied health is an umbrella term used to refer to a range of professions that are not medical practitioners, nurses or dentists. They are tertiary trained health and human service professionals. Allied health professionals work in all sectors of the public health care system providing diagnostic, research, scientific, therapeutic, staff development and community services that support and enable other health practitioners providing health care to Tasmanians. In Tasmania this includes those allied health professionals providing health and welfare services in the Human Services, including Disability, Housing and Community Services, the Tasmanian Health Organisations and Public Health Services.

In Tasmania, allied health is the second largest workforce after nursing numbering just over 1400 staff. It comprises a large and diverse group of health professions, essential to the functioning of the health sector at all levels. Allied health professions in Tasmania are: Audiology, Chaplaincy, Counselling, Dental Therapy, Dental Prosthetics, Dietetics and Nutrition, Diagnostic Radiography, Health Physics, Environmental Health, Epidemiology, Exercise Physiology, Medical Librarian, Medical Physics, Medical Science, Music Therapy, Nuclear Medicine, Occupational Therapy, Optometry, Orthoptics, Orthotics and Prosthetics, Oral Health Therapy, Perfusion, Pharmacy, Physiotherapy, Podiatry, Psychology, Radiation Therapy, Speech Pathology, Sonography and Social Work. Allied health professionals may work with assistants and technicians under their direct supervision.

Allied health professionals and assistants have a significant role in acute, subacute and primary health care.

Response to the Green Paper

The Green Paper and Tasmanian Role Delineation Framework propose changes to our health system that focus on the delivery of safe sustainable clinical services tertiary services and primary care. It does not impact on those services provided by Human Services and Public Health.

The Green Paper recognises the need to review services to provide access to better care and establish the profile of services across the state to ensure equal access to quality services for all Tasmanians. The data shown in the Green Paper on service timeliness, quality of care, service inefficiencies and provision of services not based on service capability, highlight the need for change.

Improving outcomes:

Our health service needs to re-focus on primary and community care; shifting the balance of care from the hospital to the community, redesigning clinical services and strengthening local public-private and interstate partnerships. This is a key area for Allied Health. Allied Health professionals work across the continuum of care; integrating the acute, and community sectors and providing key linking services for clients. The health service needs to focus on outcomes rather than outputs to meet the Minister's target of the healthiest population in Australia by 2025. This will require a change to the KPIs for the health service.

There is a need to refocus on true multidisciplinary teams that have a well-developed understanding of person centred care, that are enabled to work within their full scope of practice and the autonomy of these practitioners respected. There are times when the best leader for a team may not always be a medical practitioner, for example in a rehabilitation team. Allied Health and their nursing colleagues could be well utilised leading teams where the team leadership is based on the best role for the job rather than profession.

Alternative models of care need to be supported where research and evidence based practice show they improve the quality and safety of services and provide appropriate support in the smaller district hospitals and community health centres building local capacity. There is a growing body of evidence to support the use of Allied Health professionals and assistants in alternative models of care (i.e. such as orthopaedic pre-surgical programs, holistic approaches to bariatric surgical programs). The use of telehealth will also play a key role in service delivery now and into the future. The provision of alternative models of care requires careful review of workforce planning and staffing levels in order to develop these further (i.e. Calderdale Framework, Skills for Health).

Community based service provision which is allied health focussed with education, prevention, and self-management at its core, has an evidence base and has the ability, with appropriate support, to positively impact on hospital avoidance and/or length of stay, and, in general, a healthier community.

Tasmanian Role Delineation Framework

The Green Paper focus is on providing better quality care. Better quality care requires a holistic approach focussing on the patient journey (i.e. person centred care); an important function of allied health. We have the opportunity to look at the health system as a whole and how the resources of its workforce can be best utilized for the benefit of Tasmanians. The current Role Delineation

Framework focuses on a medical model and acute services which limits the aim stated in the Green Paper for providing access to better care. AHPEC notes that consultation prior to the release of the Role Delineation framework was with medical practitioners only. This was a significant oversight and assumption that medical practitioners are the sole providers of our health service. This devalues the significant contribution of allied health, nursing and support staff in the provision of health care.

A focus on local service, closer to home, may not equate to better quality care or improve patient outcomes. The strength of Allied Health is its ability to provide a variety of services in different settings. (Please see the Role Delineation Framework paper to be submitted with track changes.)

AHPEC supports the principles of the Role Delineation Framework in the context of clinical capacity of the health facility being determined on the basis of an assessment of the service need, number, range and expertise of all health practitioners. AHPEC supports the definition that clinicians are medical, allied health and nursing professionals, i.e. not only medical practitioners.

Access to care:

When planning access to services, those issues listed in the Green Paper are important, but so are those such as site, ease of access, cost of access (client and THS), parking, accommodation, short stay and follow up to home, HITH, impacts on workforce and service design.

Telehealth research and pilots has been shown to be an effective adjunct to some allied health services. There is growing evidence from QLD on the benefits and provision of services such as Telerehab.

Options for using local private providers is limited for most allied health services due to the small private sector and the types of services provided by NGOs. Use of the private sector is also dependent on the level of private health insurance in the Tasmanian populations and the significant gap payment required. Further, sustainability of funding for these services is often not guaranteed long term (i.e. Commonwealth funded TML programs such as Care Coordination).

Effective interaction and collaboration between the public sector allied health service providers on any proposals for non-public services and/or pathways would provide a more constructive and seamless process for clients to navigate, post discharge and for support available within the community..

The health workforce is our greatest cost. Access to better care also requires consideration of the whole health workforce and how we are using the skills of the workforce to benefit the client and the organisation.

Greater focus on primary and community care:

As noted in the Green Paper Supplement No.3, Primary Health refers to a range of community health and care services that are provided in the community close to where people live and work. These services are the first point of contact for people accessing the broader health care system.

Primary care requires more investment to maintain the health of the population keeping them out of hospital, and supporting them when they return to the community. It is the sector that can deliver the most benefit to Tasmanians in the development of health literacy, community health and well-being programs.

The sector receives a mixture of state and commonwealth funding which leads to service fragmentation, competition (for dollars) rather than collaboration, and has a history of non-sustainability. Funding for allied health services is often not recurrent. Where there is sound evidence as a result of the evaluation process, to support pilot programs, there needs to be dedicated funding into this sector to meet the needs of Tasmanians and to fulfil the goals of the public health system and the Minister for Health.

Greater service provision by the private sector in the community is not always an option for allied health where, for some professions, private services are limited or non-existent. This requires expansion of Medicare enabling access to allied health professionals as first contact providers without a medical practitioner referral. This will facilitate greater access to services.

The integration of primary and community care with acute services is most apparent in allied health services. This model provides greater flexibility for service provision along the continuum of client care and is more person-centred. Primary and community care must be considered as part of the whole health service; if not the fragmentation of services and disconnect between community and hospitals will escalate. This would be in direct contrast to the provision of person-centred care and the continuum of care. It also provides significant clinical and corporate governance risks, reduces flexibility, increases barriers for clients, and increases navigational issues and the risk of people falling through gaps between service providers, lowering the health outcomes for the population. Primary and community care services must continue to work in tandem with hospital service to ensure a seamless service for our community.

What does this mean for the health system?

There is an urgent need to redesign workforce and service models to provide services that are effective, efficient, patient centric and evidence based. This will require changes to culture; recognising and enabling the scopes of practice of all health care team,

The proposed Clinical Services Profile will provide a vehicle to systematically review the workforce capability and capacity to deliver services, link workforce planning to service need and focus investment on the workforce of the future. All sectors of the health workforce need to be consulted in this process.

A strategic workforce planning unit is recommended that can build on the work done to date and move to the future including all professional groups (i.e. allied health, medical and nursing).

Evidence shows that the best care for the client occurs where it is provided by a multidisciplinary team that is respected and enabled to work to their full scope of practice and competence.

Supplements

I. Sustainability

There is a need for research to understand the financial impost of all aspects of a health service that can lead to more informed discussion on where sustainability issues lie.

There needs to be collaboration across sectors and State and Australian Governments to decrease the fragmentation of services, improve planning and coordination to ensure programs with appropriate evidence base are the best way to use scarce health dollars and can be implemented and sustained.

We need to make the most of our workforce skills, enabling full and expanded scopes of practice where supported by evidence and best practice research. Allied health professionals have a significant role in the area of expanded scopes of practice and alternative workforce models. They are accountable for their work practices and have measured statistics on service provision for many years. In 2014 allied health services in the THO's implemented a statewide statistics system – Activity Bar Coding (ABC). There are a number of non-allied health services now introducing the same system (i.e. Palliative Care, Persistent Pain Service). This focus on measurement can provide evidence to support sustainability into the future.

2. Tasmania's Health Workforce

Health workforce reform does not only mean a re-configuration of the workforce but also the education and training programs that prepare and support them. The majority of allied health professionals are trained on the mainland and Tasmania competes with other jurisdictions in recruitment and retention. This has most impact on the smaller professions. The majority of students who leave Tasmania for training elsewhere do not return¹. We need a workforce strategy that considers services holistically for all professions.

We need to invest in allied health professional workforce research to address the issues and build opportunities to improve the interface between the tertiary training programs and health workforce needs. Current programs nationally, are already creating issues of over-supply in some professions (Occupational Therapy, Dietetics,) and shortages in others, such as Orthoptics and Medical Radiation Physics, is creating an imbalance of skills sets available to our workforce.

We need to enable our workforce to maximise their skills. The Chief Allied Health Adviser is working to develop expanded scope of practice with the development of the Expanded Scope of Practice Framework and establishing podiatry prescribing in Tasmania. The allied health professions offer a significant opportunity for the health system to create efficiencies in service delivery, supporting and freeing up other professionals to focus on using their skills to the best advantage.

Allied health assistants work under the supervision of allied health professionals and there is potential to grow this workforce. Assistant and support staff need to be supported by strong governance frameworks using clear mechanisms of delegation and clinical supervision to build clinical capacity without compromising safety and quality. Allied health has this governance in place with the Allied Health Assistant Supervision and Delegation Framework. We need to ensure full use of assistant scope of practice through appropriate delegation by allied health professionals.

3. Building a Stronger Community Care System

Allied health professionals are essential to health and social care in the community providing programs that prevent admission to tertiary care, facilitate discharge back into the community for post tertiary care, and provide maintenance in the community.

The Green Paper is focussed on moving services to the community sector and the formation of partnerships to deliver services. Allied health services in the community are provided by the public sector (outpatient programs running from clinics, community home visiting services),

¹ Report on Tasmanian Student undertaking AHP training interstate 2002 - 2007

private services and NGOs. NGO services/programs may be funded by the State or Federal public sector, as well as donations. The allied health private sector is limited in professions and services available. The public sector is required to fill the gaps. For example, allied health professionals, particularly the public sector may work with clients with complex high needs that do not fit the funded programs and services are difficult to access particularly in rural and regional areas.

It is cost effective to move services from the acute sector, but these savings need to be re-invested into the primary sector; an area chronically underfunded, but one that has the opportunity to provide significant saving to the public health sector in the long term.

Neither the Green Paper nor the Role Delineation Framework consider the role of the District Hospitals or Primary Health Networks. The role of the District hospitals is still to be clarified, however, the objectives of the Primary Health Networks is to be focused almost solely on general medical practitioners. This focus will not enable seamless care and access to other health services in the community.

4. Emergency Care (ED)

Management of ED services is complex, however, there are opportunities through the Health Service Innovation, Clinical Redesign project to look at the workforces and models of care in ED that will facilitate management by allied health professions of appropriate conditions presenting to ED; particularly programs that minimise wait times and maximise opportunities to get these clients back into the community for ongoing care such as working as part of the assessment team, providing alternative care pathways and diversion from EDs. Research has shown allied health professionals roles in ED result in improved access to care, greater efficiency of services and freed up medical specialist time. For example, the current pilots on the role of physiotherapists in EDs funded by Health Workforce Australia, aged care services provided in ED, mental health teams in ED, and management of low back pain in ED.

5. Elective Surgery

While it is important to address those factors impacting on surgery wait lists, there is also a need to consider alternative programs such as surgery diversion programs that research has shown to decrease wait lists for medical specialists. Allied health professionals have a role in providing alternatives to surgery, for example physiotherapy incontinence programs decreasing the need for pelvic surgery, speech pathology programs minimising the need for vocal nodule surgery, multidisciplinary orthopaedic waiting list programs, and prehab programs. Enabling full scope of practice for allied health professionals and for those with relevant post graduate training is a cost effective way to deliver health services. Allied health services providing management alternatives to surgery are significantly cost effective.

Allied health have an essential role in preparation for surgery, for example nutrition assessments for abdominal surgery, speech pathology assessment for head and neck surgery, physiotherapy assessment for orthopaedic surgery, and in post-surgery such as rehabilitation and other programs, that improve post-surgery recovery and minimises risks of re-admission.

Summary and Recommendations

Allied health professionals are essential across all health services and the review is an opportunity to look at this workforce and how the skills of each professional group are being used to best advantage in the public health system.

The health sector needs to be open to change and to build a health service delivery model, culture and policy/legislative context that has the flexibility to change with changing health demographics, evidence based research, health practitioner training and changes to scopes of practice, workforce demographics and new roles.

Allied health professionals are required at all levels of the core services outlined in the Role Delineation paper.

Recommendations include:

- Allied health professions are included in all levels of the Role Delineation Framework – please see additional paper with tracked changes that includes allied health as a Support Service.
- An allied health professions workforce plan be developed that is integrated with the medical and nursing workforce plans.
- Service development be need and capability based and framed in models of task assessment and delegation to the professional with the best skill set, such as the Calderdale Framework.
- Public funded allied health services provision be recognised as an integral and essential in the provision of community care.
- Strong pathways are required to provide collaborative care across providers e.g. Canterbury pathways, and such pathways are adhered to.
- Recognition, and expansion, of the role and expertise of allied health professionals in the leadership of multidisciplinary and person centred models of care.