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One Health System
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Dear Sir / Madam

Re: Green Paper - Delivering Safe and Sustainable Clinical Services

Thank you for the opportunity to comment on the Tasmanian Government's Green Paper on *Delivering Safe and Sustainable Clinical Services* which is part of the *One State, One Health System, Better Outcomes* (One Health System) reform program.

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine (FPM), is committed to high standards of clinical practice in the fields of anaesthesia and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, we believe in ongoing continuous improvement and strive to ensure our programs represent best practice and contribute to a high quality health system.

General Comments

The Anaesthetic and Pain Medicine training programs in Tasmania are very well coordinated and structured. It is a very good example of a state-wide training program that could, and should, be adopted by other training programs.

Specialist training occurs in public hospitals to:

- Set standards for anaesthesia and pain medicine to ensure safe and effective patient care.
- Provide high quality patient care including protecting patient safety 24 hours a day.
- Ensure the on-going quality training of specialists for sustainable workforce provision.
- Support healthcare research and the translation of that research into practice to support safe and effective patient care.

ANZCA recognises that the effective management of scarce resources presents challenges at all levels in the health care system, from the political level to administration and the front line healthcare provider. However, in every case, at every level, we believe that patient care that must remain central to all decision making related to resource provision. This is the lens through which this submission has been framed.

Multiple health system restructures over the last 20 years have resulted in a disconnection between patients, clinicians in front-line patient care, and the local administrators who have the responsibility to financially

manage the clinical services. Ultimately this makes public healthcare less responsive and less efficient than a flatter or more horizontal management structure.

ANZCA recognises it is important that any health system reform reviews hospital organisational structures and removes unnecessary bureaucratic layers. This is important to improve communication flow between clinicians and decision makers, while at the same time ensuring effective decision making in key roles. The longstanding lack of effective engagement with front line clinicians, by both the Government and the Department of Health and Human Services (DHHS), is exacerbated by the lack of healthcare system information and data available to clinical staff in Tasmania.

ANZCA is supportive of the concept of a sustainable, self-improving, reorganised health system. This must include the accurate collection and analysis of treatment, business and related outcome data. ANZCA believes the health system performance data should be identified and made available to all clinicians in order to facilitate meaningful feedback by physicians on the questions in this document.

Anaesthetic and Pain Medicine training programs in Tasmania

Training positions need to be provided in a range of settings - including metropolitan, rural and remote geographic areas, in diverse settings, across the public and private systems. This is because all specialists' medical training in Australia is predicated on the need to train staff to perform in any location.

Trainees are selected at a state-wide selection process, and are then rotated through Tasmanian Hospitals whilst they complete their training. The aim is to provide the right balance of trainee level and experience for the service needs of each hospital, while also meeting the needs of the trainee and ANZCA.

Anaesthesia training requires the completion of a certain number of procedures, known as volumes of practice. These are determined by ANZCA and include exposure to specific surgery types including paediatric and neonatal surgery, cardiothoracic surgery including cardiac bypass, vascular surgery, neurosurgery, and intervention radiological procedures. In addition trainees spend time in intensive care, participate in crisis and resuscitation and perform and manage local anaesthetic nerve blocks for surgery and pain relief.

The rostering of anaesthetic registrars also has to meet ANZCA guidelines for appropriate periods of direct and indirect supervision, and emergency and after hours work. There has been a significant reduction in the amount of hours worked by anaesthetic trainees which has been consistent with safe working hours. However further reductions have been driven around cost savings based on penalty rates and loadings without consideration of the training requirements. There is an increasing risk that newly qualified medical specialists are completing training with the absolute minimum of skills and experience, and there is an urgent need to monitor and address this for all training programs, not just anaesthesia.

The Anaesthetic Training Program is a minimum of five years of training. The curriculum is produced and run by ANZCA, and "executed or delivered" by specialist anaesthetists employed at each hospital which has been credentialed and approved for training by ANZCA. ANZCA is credentialed to run the training program for anaesthetists by the Australian Medical Council (AMC). The programs consists of 2 years of Basic training, 2 years of Advanced training, and 12 months of Provisional Fellowship training, with trainees not progressing to the next level until all college examinations, assessments and training requirements have been completed for each respective level.

Within Tasmania, Anaesthetic training is currently undertaken at THO-North (Launceston General Hospital - maximum of 2 years), THO-North West (North West Regional Hospital and Mersey - maximum of 2 years) and

TH0-South (Royal Hobart Hospital - maximum of 3 years). Trainees are generally required to spend 12-24 months out of Royal Hobart Hospital during the initial 4 years of training (basic and advanced training). Other locations include the Eye Hospital in Launceston, and the private hospital collocated at the North West Regional Hospital for obstetrics.

The anaesthesia training program is highly vulnerable to reductions in elective surgery due to funding, cancellation, and relocation or cessation of specific services. Tasmanian Trainees often struggle to achieve minimum volumes of practice for certain procedures such as craniotomies, vascular cases, interventional radiology cases, and elective major joint replacements.

If the training is compromised or reduced due to funding issues, or cancellations due to insufficient resources or beds, the accreditation of Tasmania hospitals for anaesthetic training could be reviewed by ANZCA. This may result in the hospitals being put on notice for accreditation or even accreditation for training being withdrawn. This would have a significant impact on the ability to attract and retain quality registrars, and on the provision of after-hours anaesthesia services.

Specific responses to consultation questions

In answer to the specific questions outlined in the document ANZCA would like to make the following comments:

1. How well does the proposed framework align with practice in your discipline?

Based on the detail that is available, ANZCA is prepared to state that the reorganisation clearly has benefits with respect to the delivery of services in a sparsely populated state such as Tasmania.

The aims of the framework - to reorganise the services as a whole, to improve efficiency and promote safety and quality - are commendable. Clinicians who have worked in Tasmania will be able to see the benefit of a realignment of services and should be engaged as key collaborators in the change process.

In terms of the volume of practice in any one discipline and location there are several considerations. The first relates to the Government's concerns regarding economies of scale and efficiency. The second is that increasing the volume of practice in a specific discipline and location (for example neurosurgery and cardio-thoracic surgery at the RHH) is associated with more effective care, resourcing and training and reduces the need for interstate service provision. Thirdly, any restructuring that adversely impacts on volume of practice in other locations, for example in the North and North West of Tasmania has patient access to care implications, can lead to regional inequality and also has implications for the accreditation of specific training locations as outlined above.

2. Where are the areas of service duplication in your discipline?

There is little duplication of services in the field of anaesthesia, as staffing levels are a reflection of the provision of surgical services. However the issue of obstetric anaesthesia services being provided at both the Mersey and North West Regional Hospital requires further consideration.

3. Where are the gaps?

Elective Surgery

Planning for elective surgery represents a significant area for organisational improvement and efficiency. Planning deficiencies frequently result in over-booking, short notice patient cancellations and resource waste.

These deficiencies specifically relate to:

- Overbooking of elective lists.
- and
- Disconnect between patient care requirements and the resourcing to meet those needs.

Both of the above factors impact on - or are affected by - a regular lack of inpatient beds, including intensive care beds. These factors, as well as the lack of specialist daily care on the wards, all result in extended bed stay and thus bed availability. Surgery generally becomes more complex and / or the subject of increased complication risk as time on the elective list increases. There is a direct link between delays in elective surgery and increases in emergency surgery.

If these operational gaps remain unaddressed then resource waste will be further exacerbated in the move towards state wide waiting lists. For example, a patient having elective surgery in Hobart instead of Launceston (because of the clinical service profile for that surgery) has increased transport and accommodation costs. If that surgery is cancelled due to entirely predictable circumstances as above, then the waste naturally increases as well.

Pain Services

The Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (ANZCA), is the body responsible for the education, training and continuing professional development of specialist pain medicine physicians in Australia. Pain Medicine includes acute care in the acute care hospital system, chronic non cancer pain care principally in the community as well as cancer pain care.

Pain management is a national priority and within the acute setting represents the 'fifth vital sign'. Ineffective patient care results in increased morbidity and extended bed stay.

Chronic non cancer pain affects over 20 per cent of all adult Australians. It is Australia's third most costly health condition after cardiovascular diseases and musculoskeletal conditions. The impact of chronic non cancer pain is also noted in acute care facilities. Such patients are known to be over-represented in such facilities and these conditions often impact on the acute care pathway.

The provision of effective Pain Medicine and Pain Management services is critical. At this stage, there are no effective pain management services delivered in the North and North West of Tasmania. This results in significant regional inequality of service access. This is compounded in the current financial climate which has reduced staffing and adversely affects the capacity of the Persistent Pain Service to deliver effective patient care.

However, the opportunities afforded by the re-organisation framework and the re-design initiative provide the means by which these issues may be addressed. This includes the development of a Statewide Pain Network based on a cohesive statewide pain management delivery plan.

As training formally includes training rotations in acute and chronic pain, ANZCA believes that this provides an opportunity for the development of a sustainable, professional network for the delivery of effective Pain Medicine services in Tasmania.

4. Are there any services being inappropriately provided, or planned, at your facility?

No anaesthesia services are being inappropriately provided at the Royal Hobart Hospital (RHH).

However, the logical extension is to question whether there is ineffective management associated with the delivery of surgical services at the RHH. This is probably true and relates to reactive rather than planned and proactive funding, waiting list management and prioritisation of specific surgical lists and conditions.

The continuing maintenance of the Mersey General Hospital is an issue that has vexed progressive State Governments. None have effectively addressed the issue of four general hospitals in a State with the size and density of population found in Tasmania. Government needs to address the issue of whether or not the Mersey General Hospital is an appropriate or inappropriate use of resources.

5. How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?

There are a number of factors that may be contributing to the high presentation at emergency departments. These include:

- Poor access to community care, which includes: General Practices; DHHS community services such as mental health, physiotherapy and psychology; hospital out-patient services.
- Increased out of pocket expenses in visiting General Practices, brought about by Federal rebate restrictions less than CPI.
- Poor access to out of hours care.
- Delays in addressing health care issues as a consequence of the above and other issues, resulting in increased acuity at presentation and a requirement for ED care.
- Tasmania has the fastest growing and largest elderly population in Australia, resulting in the increased levels of population morbidity and severity which are associated with an elderly population
- A need for better training and better communication between GP clinics and hospital

The new Tasmanian Primary Health Network (PHN) is the reformed Medicare Local and will commence operation at the same time as the introduction of the statewide THO in Tasmania. The PHN establishment together with the new THO (TAS) may present opportunities for improving some – but not all – of the structural barriers to community care.

6. How do we determine which services to focus on to expand the role of primary and community care?

Appropriate service development of a Statewide Pain Network is required to not only ensure the safe and effective delivery of Pain Medicine care, but also to manage a further problem already well identified in Tasmania – that of safe and effective use of opioids.

The management of low back pain in Tasmania is a core issue in point. Lifetime prevalence is 85 to 95 % depending on the study taken. As such this is not an issue for acute care facility management, but for community management. Ensuring the appropriate educational, clinical, liaison / specialist services are available in the community is a core issue for DHHS.

7. What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service?

There are a number of services that are of low volume activity in Tasmania. However, low volume does not make them inherently inefficient or unsafe. Nor does it make them undesirable in the State's pre-eminent, teaching, tertiary care facility.

First, these services essentially provide 'better access to better services' in one location. For example, specialist paediatric surgery and paediatric ICU, without which patients may die due to delay in access to treatment. These services also provide support of other, sometimes higher volume specialty areas or locations, such as in the paediatric example to the paediatric ward, and emergency department at the RHH to manage complex care.

Low volumes services, which include cardiothoracic and neurosurgery, are vital for ongoing care for the Tasmanian population and a very broad view needs to be taken in assessing these services. Finally these low volume procedures enhance the training experience and ensure that accreditation will continue. Failing to ensure trainees have exposure in these areas could result in a down-grading of the training program

8. What additional areas should we be considering for interstate partnerships in order to improve service within Tasmania?

Interstate partnerships already exist in multiple service areas in the hospital. For Anaesthesia at Royal Hobart Hospital this includes operational ties with the Defence Forces and with the Antarctic Division. For Pain Medicine this includes ties with Paediatric Pain Services at the Royal Melbourne and Sydney Children's Hospitals.

These partnerships also exist in training and research with the University of Tasmania and University of Melbourne. Strong intrastate partnerships exist in Anaesthesia across Tasmania supporting operations and training.

Further formalisation and collaboration is to be encouraged. However, this is not to be read as support for the downgrading or removal of existing services which are of a significant benefit to the Tasmanian community. The opportunity to form clinical networks to discuss complex cases through video-conferencing is an additional benefit that would flow from enhanced interstate partnerships. The use of telehealth is an opportunity that is under review for Pain Medicine in Tasmania.

9. What services, despite comparatively low volumes, should we continue or invest in in Tasmania, and what interstate supports may be required to maintain them?

See the response to question 7.

The DHHS must provide support for staff to maintain skills through interstate attachments or rotations in areas of low volume care, where such additional experience or up skilling in new procedures or equipment is required.

Expansion of some services may be needed in the redesign process as the total volume of patients does not change (in fact it is increasing). Thus any reform process around services and patients that require ICU care would require expansion of the ICU's in Royal Hobart Hospital and Launceston General Hospital.

10. Are there any other comments that you wish to make on the paper?

Anaesthesia, Perioperative and Pain Medicine Services

Anaesthesia, Peri-Operative and Pain Medicine play a critical role in supporting all facets of surgery and many aspects of medical acute care as well as intensive care and retrieval. The extent of this involvement is evidenced by Anaesthesia at Royal Hobart Hospital being the largest Department in the Hospital.

ANZCA believes improved vertical and horizontal integration is possible by the appropriate re-organisation of healthcare in Tasmania. However, this must not be at the expense of those programs which are already and appropriately delivered in the South, North and North West of Tasmania, such as patient care and training.

The term 'better access to better care' summarises this belief.

The reforms are predicated on public acceptance of the Government's identified need for change from a budget, access and standard of care perspective. However, patients and health care providers also have their own budget, access, and standard of care perspectives. Unless there is a broadly shared and accepted belief system around these issues, it is likely that meaningful and effective outcomes will be difficult to achieve.

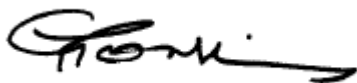
Summary

A sustainable, self-improving effective health care system is reliant on a highly trained and sustainable workforce that includes the education and training of medical specialists. This needs to be adequately resourced and supported, through the provision of dedicated teaching time for both trainees and clinical supervisors. In addition there should be adequate non clinical support time for all medical staff.

Maintaining high quality training programs will serve the community by providing high quality patient care through training, education and the translation of high quality health care evidence into in anaesthesia, perioperative and pain medicine practice.

ANZCA thanks the Tasmanian Government for its invitation to comment on the Green Paper and wishes to formally state its ongoing willingness to be engaged in meaningful reform. Should you require any further information, please contact Jonathon Kruger, General Manager, Policy, via email jkruger@anzca.edu.au or telephone +61 3 8517 5341.

Kind Regards



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