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One Health System
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Submission on the *Green Paper - Delivering Safe and Sustainable Clinical Services*

Tasmania's health system suffers a chronic case of parochialism and political paralysis. The prescription for health has been dispensed in report after report, but governments have refused to administer the medicine. Part of the cure is clear - one of Tasmania's three northern hospitals must close.

The ills of the health system have been documented in the *Richardson Report* in 2004, *Tasmania's Health Plan* in 2007, more recently in the *Report of the Commission on Delivery of Health Services in Tasmania* and now the *One State, One Health System, Better Outcomes* reform package. All make the same diagnosis: a rapidly ageing, geographically-disperse population, high rates of chronic disease, rising costs and worsening performance, and an urgent need to stop trying to offer all services at four major hospital campuses.

It's time for Tasmanians to pause and consider what we are fighting for when we rally for four hospitals in a state of just half a million. We're fighting for longer waits, higher costs and worse outcomes that are undoubtedly leading to unnecessary deaths. The evidence is in the Government's own Green Paper:

In a number of clinical domains, Tasmania's maintenance of separate health "regions" leads to clinical caseload being spread too thinly across too many facilities. The duplication is wasteful, generally leading to higher costs. It also has the potential to be unsafe, leading to poorer outcomes for patients. This assessment has been independently confirmed three times over the past decade and has been acknowledged by successive governments.

We should be guided by evidence in determining appropriate service planning and design, and should not be in the position of defending poor outcomes on the basis of historical or parochial interests.

Remember Professor Jeff Richardson warned that the death rate of patients rose as surgeons' workloads fell and they performed fewer operations. The Green Paper shows that the North West Regional Hospital and Mersey Community Hospital both deliver a number of services at low volume – less than once a week.

Tasmania's politicians must lead a frank conversation with the community. They need to ask Tasmanians whether they really want a surgeon who performs a service less than once a week - or would they prefer to travel to see a doctor who performs the operation so often it is a low-risk regular routine.

The Federal Government owns and funds the Mersey Community Hospital but has an agreement with the Tasmanian Government that the hospital at Latrobe operate as part of the state's broader health system. This agreement expires on 30 June and negotiations have begun for a 'long-term solution' to this highly unusual situation of a Federal Government owning and funding a hospital. This is an opportunity.

The Federal Government could relinquish ownership of the Mersey to the State Government and commit the funding pool to the State Government for use in the broader health system. This would free the State Government to institute reforms to reduce duplication, improve performance and safety and deliver better health care at a lower cost. To do this one of three northern hospitals must close. Which one is for the health experts to decide based on the best interests for the health of Tasmanians, not the electoral prospects of its politicians.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Andrew Wilkie', with a stylized flourish at the end.

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