



TO:

One Health System
Department of Health and Human Services
GPO Box 125
HOBART 7001
onehealthsystem@dhhs.tas.gov.au

FROM:

The Neuromuscular Alliance of Tasmania (NMAT)
c/o Anne Ashford
Secretary
26 Goulburn Street
Phone : 62313273
Email: apashford@optusnet.com.au

SUBJECT:

Delivering Safe and Sustainable Clinical Services - White Paper Exposure Draft

DATE:

May 11 2015

INTRODUCTION

The Neuromuscular Alliance of Tasmania (NMAT) is an alliance of Tasmanian not-for-profit organisations which support people who have chronic progressive muscular or neurological conditions.

The current members of NMAT are -

- ⤴ Alzheimer's Association Tasmania
- ⤴ Australian Huntington's Disease Association (Tas.) Inc.
- ⤴ Brain Injury Association of Tasmania
- ⤴ Motor Neurone Disease Tasmania
- ⤴ Multiple Sclerosis Society of Tasmania Inc.
- ⤴ Muscular Dystrophy Association of Tasmania Inc.
- ⤴ Parkinson's Tasmania Inc.
- ⤴ Spina Bifida Association of Tasmania.

The *One State, One Health System, Better Outcomes* is a laudable reform program and NMAT welcomes the opportunity to respond to the White Paper Exposure Draft in order to provide information and a view from the perspective of people living with chronic progressive muscular or neurological conditions in Tasmania.

We recognise that this Paper's focus is the four major hospitals and we look forward to a subsequent consultative process concerning the vital under-resourced, fragmented and less researched community/primary health services outside acute inpatient care.

SPECIFIC CHALLENGES FOR NMAT CONSTITUENTS

The challenges specifically faced by the people who are represented by the member Associations of NMAT require specialist knowledge and expertise in a broad range of areas of the health system including but not limited to -

- ⤴ neurology
- ⤴ respiratory medicine
- ⤴ paediatrics
- ⤴ gerontology
- ⤴ psychiatry
- ⤴ surgery
- ⤴ palliative care
- ⤴ pain management
- ⤴ rehabilitation medicine
- ⤴ clinical genetics
- ⤴ community and primary health.

Within each of these services, an additional level of specialised expertise is required due to the unique characteristics of the condition.

- ⤴ For example, Huntington's and Parkinson's Disease require particular specialised assessment, management and monitoring of medication and physiology which is not necessarily available to all those living with these conditions in Tasmania.

Further to this, if the condition has a relatively low incidence, such as Muscular Dystrophy, Spina

Bifida and Motor Neurone Disease, health professionals might encounter just one or two people with these conditions in their career (Al-Chalabi 2006). These low volume, high complexity conditions warrant the change to a Statewide health system with sustainable specialised multidisciplinary teams which are accessible to all Tasmanians irrespective of where they live.

People represented by NMAT live longer with better quality of life when they are supported by a coordinated specialised multidisciplinary team approach to care (Traynor et al 2003, Van den Berg et al 2005). Professionals providing multidisciplinary care may be from the same organisation, a range of organisations or from private practice. They can work in the community, hospital, clinic, residential and other care settings. Each discipline-specific team member enriches the knowledge base of the team as a whole and the composition of the team can change over time to reflect changes in the person's needs. (Mitchell et al 2008).

WHITE PAPER EXPOSURE DRAFT – SPECIFIC POINTS

EXECUTIVE SUMMARY (pages 6 – 16)

Supported concepts:

NMAT supports the concepts described in the Paper concerning -

- ⤴ safe and sustainable clinical services;
- ⤴ the Tasmanian Role Delineation Framework (TRDF);
- ⤴ the Tasmanian Clinical Services Profile (TCSP);
- ⤴ one health system;
- ⤴ the provision of more appropriate services in the North and North West with better outreach by specialised and multidisciplinary services as stated : “access to better care”;
- ⤴ Statewide high-complexity low-volume services that are accessible to all Tasmanians irrespective of where they live and utilising outreach clinics and teams, appropriate transport to services, telehealth and e-health under-pinned by appropriate local support;
- ⤴ A Statewide focus and service by a team of every clinical discipline.

Risk of omission:

Due to the White Paper's focus on the four hospitals there is a risk of under-valuing the role of Allied Health Professional (AHP) services as frontline and essential service providers for people living with chronic progressive muscular or neurological conditions.

- ⤴ For example, appropriate care by AHP's such as falls prevention, training and management by physiotherapists reduces the incidence of admissions to hospital, reduces lengths of hospital stay and expedites discharge from hospital by providing appropriate care in the home (Conradsson et al 2015).

The people who are represented by the member Associations of NMAT depend on a wide range of AHP's who should provide services in all sectors and at all levels of the health system. Therefore, NMAT endorses the -

- ⤴ “..... need to continue to build on our consultation to date, including through more structured and targeted consultation with nurses, **allied health professionals** and doctors....”
- ⤴ “.... increased attention being given to the views of nurses and **allied health**

professionals...” (page 11).

2.2.5 SUBACUTE CARE SERVICES (pages 33 - 35)

NMAT supports Subacute services which are highly skilled and are consistent in quality, delivery and accessibility. This has been lacking in Tasmania, particularly in the North and Northwest.

High quality Subacute services require a depth of expertise which can only be delivered by a full complement of appropriate health professionals led by appropriately qualified practitioners who may be a nurse practitioner or an AHP such as a specialist physiotherapist or occupational therapist. Restricting the multidisciplinary team leadership to a nurse as proposed (page 34) is an unnecessary restriction to the selection criteria for the position.

The recruitment and retention of suitably qualified health professionals into multidisciplinary teams can only be successfully addressed if services are of a sustainable critical mass. Hence NMAT believes in the efficacy of Statewide clinical services (page 18) rather than the fragmented and incomplete small services currently operating in this sector in Tasmania.

2.4.2 PRIMARY HEALTH CARE (pages 53 – 55)

There appears to be an interchange of the terms Community care and Primary care in the White Paper. Community care in Tasmania has primarily been delivered by DHHS and this has recently been enhanced by Tasmanian Medicare Locals (TML) enabling people to access the private primary health care sector where the service is not available through DHHS.

NMAT therefore wishes to emphasise support for the listed principles (page 18) -

- ⤴ “Providing a process for accessing more complex care in the community.”
- ⤴ “Ensuring that the health workforce has the appropriate skill mix and is supported to sustain clinical and professional competence.”
- ⤴ “Exploring partnerships with primary and private providers.”

Early intervention is a feature of best practice for people living with chronic progressive muscular or neurological conditions. There is currently a dangerous and unacceptable delay in patients being even able to obtain a diagnosis.

- ⤴ For example, Motor Neurone Disease (MND) usually progresses rapidly and when access to the only Neurologist in the North and Northwest has a waiting list of over one year, people are not receiving a diagnosis unless they have been able to access a Neurology service in Hobart or Melbourne.

NMAT member Associations have addressed the gaps in essential services with a variety of innovative models of care. For example -

- ⤴ The Brain Injury Association of Tasmania has recently obtained a Tasmanian Community Fund Grant to trial a Royal Hobart Hospital liaison officer for a year.
- ⤴ Parkinson's Tasmania, supported by NMAT, initiated the DHHS Community Neurological Nursing Service in each health region.
- ⤴ MND Tasmania has a Memorandum of Understanding with MND Victoria to provide a Regional Advisor service of support for people who live with MND in Tasmania which includes providing information and training for their health professional, other workers and volunteers. This has been funded by philanthropic funds from Victoria and Tasmania with one year's funding from TML.
- ⤴ The Multiple Sclerosis (MS) Society of Tasmania initiated the DHHS multidisciplinary

clinic for people with MS.

- ⤴ The Huntington's Disease Association (Tas.) works cooperatively with three DHHS case managers who are employed within Mental Health Services although in every other State, such staff are within Disability Services.

These fragmented services illustrate the need for better resourcing of clinical leadership by multidisciplinary teams led by qualified specialists.

CONCLUSION

NMAT commends the leadership shown in the consultative process around a restructure of health services in Tasmania.

We support reform into one health system with expert Statewide multidisciplinary clinical teams with access to safe high quality care for all Tasmanian who have chronic progressive muscular or neurological conditions.

NMAT looks forward to ongoing consultation during the reform process.

REFERENCES

- Al-Chalabi A 2007, 'The multidisciplinary clinic, quality of life and survival in motor neurone disease', *J Neurol* 254(8)
- Conradsson D, Lofgren N, Nero H, Hagstromer M, Stahle A, Lökk J, Franzen E 2015, 'The effects of highly challenging balance training in elderly with Parkinson's Disease. A randomized controlled trial', *Neurorehabilitation and Neural Repair* January 21 2015 online
- Mitchell GK, Tieman JJ, Shelby-James TM 2008, 'Multidisciplinary care planning and teamwork in primary care', *Med J Aust* 188(8Suppl).
- Traynor BJ, Alexander M, Corr B, Frost E, Hardiman O 2003, 'Effect of a multidisciplinary amyotrophic lateral sclerosis (ALS) clinic on ALS survival: a population based study, 1996-2000', *J Neurol Neurosurg Psychiatry* 74(9)
- Van den Berg JP, Kalmijn S, Lindeman E, Veldink JH, de Visser M, der Graaff MMV, Wokke JHJ, van den Berg LHV 2005, 'Multidisciplinary ALS care improves quality of life in patients with ALS', *Neurology* 65(8)