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Dear Mat

**Subject: THO-South response to the White Paper - Exposure Draft**

Tasmanian Health Organisation-South (THO-South) has been engaged throughout the *One State, One Health System, Better Outcomes* consultation process, with submissions provided to the Issues Paper and Green Paper. To be read in conjunction with the issues raised and other feedback provided through these earlier submissions, THO-South now provides these additional comments in response to the White Paper – Exposure Draft.

The White Paper – Exposure Draft outlines many significant changes to the clinical service profile of Tasmanian public health services. However, it is not apparent how the increased investment in health services will be met. Furthermore, the proposed reforms are purported to generate significant savings, but it remains unclear exactly where these savings will be delivered. In the absence of more specific detail regarding how savings will be achieved and whether these savings can be reinvested in the Tasmanian public health system, it remains unclear how and when the State will be able to implement the changes proposed in the White Paper.

In regards to Upper Gastrointestinal Surgery, THO-South considers that the Royal Hobart Hospital (RHH) and Launceston General Hospital (LGH) both currently cater for these patients, and that moving to a single site would have a significant impact on other services and facilities. If the service is to be consolidated on one site, the RHH would be preferable due to better gastroenterological and ERCP support, PET scan, interventional radiology and thoracic surgery availability, as well as being a level 6 centre in all other respects. While the LGH is more geographically centred and would benefit from increased theatre and ICU utilisation, a number of other facilities would need to be duplicated to consolidate the service in Launceston. Consolidating the service in Launceston would have a detrimental impact on teaching and training at the RHH and may affect accreditation with the Royal Australian College of Surgeons.

The RHH is already the tertiary referral centre for cardiothoracic surgery, with a monthly outreach service provided to the North and plans to commence an outreach service to the North West. Patients and colleagues in the North have benefited from this model operating for the last six years, and strengthening it under the single Tasmanian Health Service is opportune, including limiting the number of interstate transfers for cardiothoracic surgery that can be provided in Tasmania. Cardiothoracic surgery is also amenable to a public-private partnership model, which should be further explored by the Surgery Clinical Advisory Group and THS Executive.

While it is understood that the statewide burns service is subject to further consideration, it should be noted that the current burns service provides a contemporary model of care and that if referral criteria are clarified and broadly understood, the service can continue to operate effectively and efficiently. The Australian Burns Guidelines state that burns >50 per cent body area should be referred to a specialist centre i.e. the Alfred Hospital in Melbourne. THO-South data indicates that there were approximately 270 admissions for burns statewide (197 at the RHH) over the last 5 years. However, of these, only three cases were transferred to the Alfred for management. While 270 cases over five years does not seem like a critical mass, the impost on patients, families and their carers if they were transferred to Melbourne for burns <50 per cent body area would be considerable, as well as the cost impact on the Patient Transport Assistance Scheme. The burns service is currently provided by plastic surgeons and a clinical nurse consultant, all of whom are fulfilling other clinical duties when not managing burns cases. As such, any staffing savings to be made by reducing the burns service would be limited.

The establishment of a level 6 trauma service at the RHH is welcomed and recognises the work that has been progressed recently. This model needs to be supported by a dedicated trauma coordinator and further enabled through redesign of the surgical medical staff to better deliver an acute model of care. The trauma service should be funded separately from the emergency and elective services.

The White Paper – Exposure Draft identifies a number of services that will be bolstered in Launceston, such as Infectious Diseases, specifically the Sexual Health Service. The Sexual Health Service is currently a statewide service provided by THO-South. As the White Paper – Exposure Draft notes, increased demand for this service has arisen over recent years and THO-South has been attempting to expand the service in Launceston. However, this has been somewhat limited by access to appropriate facilities. This begs the question as to whether facilities and accommodation are actually available in Launceston to accommodate the increased levels of services planned under the new Tasmanian Clinical Services Profile.

In regards to supporting patient flow statewide, a 'returning patients policy' will be required so that patients are guaranteed to be transferred back to their domicile hospital when clinically able. At the moment, this is limited by bed availability and data indicates that average length of stay is increased by up to two days due to inability to transfer back to the north or north west from the RHH. This situation is further complicated by difficulty accessing patient transport arrangements due to ambulance priorities.

The White Paper – Exposure Draft does not comment on teaching, training and research as it relates to clinical services. These issues are inextricably linked and while work is already underway regarding statewide processes for junior medical staff recruitment and research governance, it is important that these issues are further considered by the Department and THS Executive as the Tasmanian Clinical Services Profile is implemented.

THO-South supports the broad consultation process being undertaken through the Clinical Advisory Committees and other key stakeholders and encourages this process to continue to resolve the outstanding issues.

Yours sincerely



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