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To: One Health System (DHHS)
Subject: Submission

Please find my thoughts to some of the consultation questions below. I will be taking the opportunity to submit to the Tasmanian Health Council information compiled to ensure the sustainability and highlight the challenges facing the Podiatry South department in particular from my point of view.

If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided?

Yes

If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?

Services should be located where they have the capacity to be supported by staff and infrastructure – that being said spending money on creating infrastructure that already exists in other locations while health workers are losing their jobs is not a wise use of resources or money. Current infrastructure needs to be taken into account so that duplications don't occur.

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

The Role Delineation Framework doesn't mention my discipline, although current research suggests that a Podiatrist can help reduce length of stay and prevent admission and surgical interventions. I note that there is generally a lack of mention of Allied Health within this Framework, I understand that they were not the focus (Pathology, Radiology and, but leaving them out suggests a lack of understanding of the multidisciplinary role that they play in reducing LOS, reducing readmission rates and improving community care options.

Where are the areas of service duplication in your discipline?

We are in the process of assessing our service needs, our disciplines has developed processes of working with other disciplines to reduce the overlaps and have an understanding of our role in this team.

Where are the gaps?

We tend to focus on Diabetics mainly, however there are gaps in providing evidence based best practice to those patients who aren't just Diabetic.

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

We are not able to provide best practice services to Tasmanians that would be also efficient and effective, i.e. working with other outpatient clinics and specialists in their clinics, due to current reductions in staff and costs.

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?

Actually having services in the community on a regular basis. The support staff in our community clinics in the south have been cut and without reception support we are finding that we are having to move or reduce our clinics to those areas, constant changes to clinic days and times due to staffing reduces trust.

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

In the South we have one of the most impressive High Risk Foot Clinic's in Australia with multidisciplinary input from different specialists, nursing and allied health, it is NHMRC's best practice model for preventing admission rates of patients with Diabetic foot ulcers requiring antibiotics or amputation. This clinical model has been reducing admissions, costs and ensuring access to another option for patients rather than DEM. However as we are now facing cuts to the Podiatry department and staff are not being replaced this service is under threat – service models are great, but if we don't have the staff to appropriately handle the demographic need seeking care then a model isn't going to keep people out of DEM.

What public-private partnerships should we explore for the delivery of health services in Tasmania?

In Tasmanian public podiatrists lead the way on wound care and the high risk foot, for services to be provided privately I would hope that a review of training and competency might be taken into account. Moving towards working together would be beneficial, however private podiatrists are also in high demand in Tasmania.

I look forward to seeing the outcomes of this paper given the recent changes to health jobs and restructuring of the service.

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