

To whom it may concern

Please find attached a response to the White Paper from Psychological Services.

It is unfortunate that the White Paper did not include allied health within the paper, and that only acute medical services were identified and discussed.

I would like to make some further points in response to this:

1. Chronic and Complex conditions and Tasmania's Health Status comments
  - a. Smoking

On page 13 of the White Paper it is acknowledged that Tasmania has higher smoking rates than nearly every other state and territory in Australia. However, rather than tackle this issue, our response in this state has been poor.

Mental Health and Statewide Services employs a NUM and three Clinical Nurse Consultants to cover the state and try and encourage staff to code smoking status correctly in clinical documentation and also to provide clinical services to patients who wish to cease smoking.

Monthly data provided by the Manager of Clinical Classification and Information Services to the Smoking Cessation program indicates that documentation around smoking is very poor. Generally, less than 10% of admissions are identified as a current tobacco user, despite smoking in Tasmania being more than double that rate and the likelihood that smoking amongst hospitalised patients is even higher than non-smokers [it has been estimated that 70% of acute hospital admissions are smokers (information provided by Dr Richard Wood-Baker, the former Respiratory Head of Department at the RHH)].

In addition to this, the Average Length of Stay (ALOS) of patients who are current tobacco users are not being factored into the planning of hospital bed days. For example, a patient admitted for an internal fixation of a fractured ulna who uses tobacco has an estimated ALOS of 5.97 days. However, if their smoking status is not documented, the ALOS for this same patient would only be planned for 1.95 days. This would undermine the Health Service Innovation process that is currently in place, as 4.02 bed days would be unplanned and unaccounted for which will have a flow on effect for bed availability.

Instead of boosting the services provided by the Smoking Cessation Team, it has now been determined that the mandatory training provided by this team to all clinical staff will be ceased. This will not only take smoking cessation off the agenda, but will also cost the Tasmanian government millions of dollars in lost funding through Activity Based Funding.

- b. Obesity

Obesity is a challenge in all areas of Australia, particularly in rural and remote areas. Allied Health-led Healthy Weight clinics could assist in this issue. Similar programs have been tried and tested in various parts of Australia, and also internationally, with great results. These clinics, consisting of psychologists, dietitians, nursing, and exercise physiology provide intense therapeutic intervention, plus support and intervention around diet and exercise to clients. Run in liaison with GP's, the service provides early intervention and prevention to delay or stop hospital admissions.

- c. Chronic and complex care

There are multiple instances of allied health-led chronic and complex care speciality clinics for diabetes, pain, brain injury, and other long-term complex conditions. Please refer to the responses from Allied Health Professional Services and Psychological Services.

## 2. Costs of the health system and new models

The White Paper calls for new models and approaches to health care in Tasmania. However, information provided within the paper concentrates on hospitals and acute care only. The majority of work is done out in the community and so the White Paper and all subsequent papers, should acknowledge that the vast majority of work is done in the community.

If we were to turn the health system on its head and concentrate on community and out-patient areas and view hospitals as satellite services to the main body of work, I believe that we would view the system very differently and respond differently.

Hospital-based care should be a last resort option. Community- based prevention and early intervention services that are allied health and nursing-led with doctors providing consultation and liaison services, would provide a much healthier solution to our current system.

Tasmania is a small state. We have the capacity to turn health around and use very innovative models and solutions to difficult issues, and yet at present we are stuck in a system that is outdated and costly. We are medical-model centric and do not look at the patient as a whole person – rather cutting them up into pieces to suit our system. If we looked at the great expertise that the majority of our nursing and allied health staff have, rather than depending on medicine to rule, we would more than likely be in a better place.

Recommendations:

- That the Tasmanian Government re-submit the White Paper, acknowledging that the majority of work is conducted in the community and not the hospital.
- That hospital based care should be a last resort and not a first or second choice – that it commonly is at present.
- That allied health and nursing-led clinics in different speciality areas, with medical consultation and liaison should be scoped and implemented as soon as possible.
- That Clinical Director and Head of Department positions be open to all allied health, nursing and medical staff and not just medical staff.

If you would like further information in regard to this, please do not hesitate to contact me

Regards

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