

One Health System
Department of Health and Human Services
GPO Box 125
Hobart TAS 7001

Via email: onehealthsystem@dhhs.tas.gov.au

Response by the Health and Community Services Union (Tasmania Branch) to the *Delivering Safe and Sustainable Clinical Services Exposure Draft of the White Paper.*

The Health and Community Services Union (HACSU) welcomes the opportunity to respond to the Exposure Draft of the White Paper.

As stated in our submission to the Green Paper, we firmly believe the debate around health has to be changed, from one where resources determine services, to one where communities define what is needed, prioritise their needs, and then resources are allocated to make that vision a reality.

However we note - once again - the brief period afforded 'consultation' around the White Paper. We continue to question the merit of consultation, where it appears that major decisions are already made, and where the community and workers do not "own" the change.

The Health Minister states that the Exposure Draft outlines how the government will reform the Tasmanian health system, which reinforces the message that the changes outlined in the White Paper are not up for negotiation.

Tasmanians are statistically more reliant on access to our Public Health system as a result of many factors; our ageing population, low health status, levels of chronic and preventable diseases, socio-economic factors, plus access to general practice are all issues which have, and will continue to, increase demand on our public health services.

The Tasmanian public health system has been under significant budgetary pressure since 2011, when the previous state government commenced significant austerity measures across the Tasmanian public sector. Budget cuts have been a feature of successive governments since that time.

Of significant concern is that the Tasmanian health system has seen a significant loss of staff and services over recent times. This is not only having a detrimental effect on day to day service delivery, but also on the capacity of health services to plan for the future.

Health workers have been subjected to many reform processes over the past 20 years. Successive governments continue to declare that their plans will resolve long standing gaps in services and service demand. No reform to date has achieved that objective and the resultant effect is that staff and clinicians have “reform fatigue”. In this context, engaging staff in this reform process will be a significant challenge for the Tasmanian government particularly as the single Tasmanian Health Organisation structure is being implemented essentially at the same time.

The Exposure Draft of the White Paper proposes a bold plan to reconfigure services into a single hospital system, with the ultimate goal of improving services and providing more services to Tasmanians. Broadly speaking, this proposal has merit. However a single health system drawing on people and services from across regional boundaries raises many issues.

As the largest Health Union in Tasmania which represents over 8000 workers across all classifications we believe we are best placed to provide commentary on the issues which will affect workers (our Members).

The Exposure Draft of the Health White Paper, whilst not explicitly stating so, relies on either practitioners or patients travelling intrastate to either provide or access a service. There are serious industrial relations, human resources and safety considerations which need to be considered *prior* to any significant changes being announced or progressed in the context of the plan.

HACSU maintains that a robust and responsive consultative/negotiation mechanism must be established to monitor, negotiate and resolve industrial relations matters prior to any decision being made. The Government has an obligation under various industrial instruments to ensure this occurs.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tim Jacobson', with a stylized flourish at the end.

Tim Jacobson
State Secretary

15 May 2015

The following are HACSU's main areas of concern regarding the plan to overhaul state health services, as outlined in the *Delivering Safe and Sustainable Clinical Services White Paper Exposure Draft*. This response should be read in conjunction to HACSU's response to the Green Paperⁱ as the concerns expressed within that submission have not been addressed within the White Paper.

Recommendation: That consultation on change and workforce management must improve.

We urge the government to invest in employee satisfaction through engaging in proper consultation. Tasmania's health workers are without doubt well placed to advise on cost-saving and efficiencies, yet there has been little effort expended in consulting with workers as to where efficiencies could be found. The fact is, workers and their representatives are not the enemies of efficient health services - quite the opposite. Workers and their representatives have an invested interest in a well-functioning, properly staffed, fully resourced health system. Across the entire health system there is expertise that could be drawn upon to benefit the efficiency of the health system.

Throughout the White Paper there is reference to new policies and procedures that will have to be established, and yet there is no timeframe mentioned that would enable them to be developed in an appropriate and consultative manner. We believe the state government has grossly underestimated the need for change to be sensitively managed.

Given the impacts not only on service users but also staff, we propose that at the early stage industrial consultative processes should be established. These processes involve government outlining proposed impacts on staff as a result of change, and Unions negotiating directly with the key decision makers on how these changes are implemented.

Recommendation: That Health Reform must be system wide and integrated.

As acknowledged by the Minister for Health, the White Paper has its principal focus on the acute and clinical setting. The Green Paper and the White Paper have failed to provide context about the continuum of care, from prevention to primary health care in the community to acute and sub-acute sectors and secondary prevention. Although the Minister makes reference to moving into the primary and community sectors, and the White Paper repeatedly refers to system-wide reform, it still fails to address the entire health system.

Whilst hospitals are of course a vital part of our health system, a focus only on the "front end" of our health system is misdirected, as a silo approach to health planning is bound to fail.

There is widespread concern that the primary care service has been systematically eroded to cover acute care funding, and preventive health has suffered large scale losses. These losses are compounded by continuing cuts to health organisations.ⁱⁱ Continuing to just focus on the hospital system to deal with ill-health will not stem the tide of growing chronic disease conditions. The Tasmanian Budget 2014-15 appears to show that the government is ignoring preventative health, with funding for prevention decreasing from just 2.6% of the total health budget in 2014-15 to just 1.7% in 2017-18.

Consumer involvement is also conspicuous in its absence in both the Green and White Papers. Any redesign of the health system has to involve more than a few community forums. There are numerous examples of proper processes that involve consumer feedback being an integral part of health systems, and the continuum of care must be addressed from a consumer perspective.

Additionally, the failure to acknowledge the impact of issues such as affordable housing, and the impact this has on people's pathways to health is a critical failure

Recommendation - Gaps in health services must be fixed

There are numerous gaps in the Tasmanian health system.

Listed below are just some of the stories that reveal the scale of system failure.

Mental Health

The per capita spending on child and adolescent mental health services in Tasmania continues to be the lowest of any state. Child and Adolescent Mental Health Services (CAMHS) say the service should each year provide care to about 4,737 young people statewide, but last year were only able to see 1,819ⁱⁱⁱ.

An immediate funding boost is needed, particularly for the Southern CAMHS, in order to ensure that the most vulnerable people in Tasmania, our children, receive appropriate care. Tasmanian children in general experience the highest levels of socio-economic disadvantage of children in any state in Australia, and to compound that with a persistent under-funding for mental health will have disastrous consequences.

Early intervention will not only save lives, but will obviously save money in the long term, as it will prevent the spiralling mental health costs that result from inadequate or later stage treatment.

Care Options for People with Severe Dementia

In April of this year, the 10-bed Jasmine Unit at the Roy Fagan Centre in Hobart was defunded. The impacts of that upon the severe dementia patients contained in that centre are currently unknown.

When combined with the decision last year by the federal government to end the Dementia and Severe Behaviours Supplement for Aged Care facilities, the result is a loss of options for those with severe dementia, and the people who care for them.

Specialist Clinic Waiting Lists

We are aware that the length of waiting lists for access to specialist clinics is unacceptable. We know that there are currently more than 6,400 people on the Launceston General Hospital waiting list for specialist clinics alone. Further, our information is that there are still hundreds of referrals to be entered on these lists. Although most of these people are Category 2 and 3, even those who are Category 1 – the highest level of urgency – can in many instances expect to wait 6 weeks.

Often while people are waiting, conditions worsen, producing a more expensive and more difficult health condition.

We presume this situation is similar for other hospitals around the state – but the information can only be accessed via Right To Information requests.

John L Grove Unit

How is it that the only public rehabilitation centre in Northern Tasmania, that was completely refurbished in 2013^{iv} is weeks away from closure just two years later? There is no question that this centre is a much needed facility, and it was a core part of the Hodgman Governments *Smarter Health Care* package in 2010.^v

Even if the John L Grove is re-funded by 30 June 2015, the lack of certainty, and the fact that the unit's staff are having to publicly campaign for the survival of the clinic, represents an appalling public health policy failure.

Problems in our health system are acknowledged within the White Paper. However, the true scale of the problem is being exacerbated by poor decision making, and an ability to acknowledge that solving a problem now improves outcomes in terms of budget expenditure and from the patients perspective.

Recommendation: The Tasmanian Government should stand up for Tasmania

The issues listed above are only some of the critical health problems that Tasmania faces, and is what leads us to believe that the health system in Tasmania is in crisis. The withdrawal of hundreds of millions of dollars from health services and organisations from budgets for 2014-2018 by the Federal government will compound the failings of our health system.

Cuts to health and community services has not ignited an appropriate response from the State Government. Tasmania's health consumers and health workforce will suffer as a result of ineffective and unsuccessful lobbying by the Hodgman government. 'Disappointment' is not going to change the withdrawal of federal funding, and the Tasmanian people expect our State Government to be vocal and effective representatives.^{vi}

Recommendation: Engage in transparent costing for patient transport

We are aware that the State Budget will contain an additional \$14 million for an overhaul of patient transport over the next four years. However we have a number of concerns surrounding this.

We question how the budget for patient travel were arrived at, as it seems unlikely that a few millions dollars per annum could possibly cover the costs involved in transporting patients around the state, and in a number of instances, interstate.

The White Paper refers to *"A transport system for the patient and their family...An accommodation system that supports patients and their families... An enhanced bus/other*

transport service so that the families...^{vii} all of which will have enormous financial implications. We believe that the costs – both fiscal and emotional – have not been adequately measured, and represents a critical flaw in the plans outlined within the White Paper to save money by centralising services.

This is an important oversight, particularly in light of the changes that it appears will be thrust upon communities such as those that rely upon the Mersey Community Hospital, and which are so dependent on an effective, affordable and safe patient and family transport and accommodation system.

Recommendation: Provide greater access to multi-disciplinary Allied Health services

As previously noted in our submission to the Green Paper, Allied Health in Tasmanian health services have suffered major cuts. This is despite a growing body of evidence shows that the multi-disciplinary work of allied health professionals reduces hospital stays, ensures successful discharges and prevents hospital readmission.

A recently released report^{viii} from Services for Australian Rural and Remote Allied Health (the first of its kind in Australia) has demonstrated the huge cost savings and patient benefits that Australia could achieve by using multidisciplinary teams to treat three of the nation's main health conditions – stroke, diabetes and arthritis

Key findings were:

- Specialist treatment from podiatrists decreased diabetic limb amputations by 64% and prevented average length of stay in hospital by 24%.
- A podiatry clinic run in Queensland hospitals resulted in 49.7% reduction in the non-urgent waiting list for orthopaedic foot surgery.
- Trials involving 2,241 diabetic participants in exercise and diet interventions delivered by dietitians, physiotherapists and exercise physiologists found the incidence of diabetes was reduced by 37% compared with 2,509 others receiving standard diabetic care.
- A multidisciplinary team comprising a physiotherapist, occupational therapist, dietitian, orthotist, social worker and rheumatologist provided interventions so effective that 15% of patients were removed from the waiting list for joint replacement surgery.
- Physiotherapists who triaged patients on the waiting list for joint replacement surgery removed so many from the list that the waiting period fell from 18 to 3 months.
- Stroke care with a focus on speech pathology prevented 45 emergency department presentations, 49 hospital admissions, 188 re-admissions and saved 2,808 bed days.

The rapid removal of people from the allied health workforce, combined with the lack of transparency around which workers have left particular areas, means we do not have the full story of Allied Health reductions. For example, a number of Allied Health Professionals who left DHHS or THO's as part of the Workplace Renewal Incentive Program have not been replaced, which means that in effect they were redundancies, obscuring the real FTE staffing levels of various departments.

We know that cuts have continued to take place in Allied Health departments^{ix}, and this is despite the fact that the services provided by Allied Health Professionals are key to both healing patients and budgets. The evidence is overwhelming that a more cost effective model of care involves greater access to Allied Health.

ⁱ [HACSU Response 2015 Delivering Safe and Sustainable Clinical Services Green Paper](#)

ⁱⁱ Public Health Association of Australia, Media Release – Health Budget 2015: death by 1000 cuts, 12 May 2015

ⁱⁱⁱ [Funding for child mental health ‘vital’](#), The Examiner, May 10 2015

^{iv} [Superior Rooms for Long Term Patients](#), The Examiner, April 11 2013

^v <http://michaelferguson.com/2010/02/smarter-health-care-for-the-north/>

^{vi} [Tasmanian Government disappointed \\$2.1b cut to health and education still stands](#), ABC online, 13 May 2015

^{vii} Page 32, White Paper Exposure Draft

^{viii} [Investigating the Efficacy of Allied Health: Reducing Costs and Improving Outcomes in the Treatment of Diabetes, Osteoarthritis and Stroke](#), A Report Drafted for Services for Australian Rural and Remote Allied Health, Virginia DeCourcy, Australian National Internships Program, 2014

^{ix} [HACSU-news/major-concerns-regarding-massive-staff-cuts/](#)