

GREEN PAPER

Clinician Consultation Questions

- **How well does the proposed framework align with practice in your discipline? (Page 19)**
In rural facilities/hospitals, there is the potential of high complex ambulatory patients being received. They may need stabilising prior to transportation to a larger facility. We acknowledge that the complexity and the numbers of the framework aligns the level. However there would be extreme difficulties in identifying/classifying a facility against one level only.

- **Where are the areas of service duplication in your discipline? (Page 19)**
? Some of services provided under the TML framework.

- **Where are the gaps? (Page 19)**
Adult oral health services. Closer to home rehabilitation services. (e.g. inability to transfer patients from LGH back to facility due to the lack of physio services. No visiting speech therapists) Risk of sustainability of allied health services as they are single service providers.

Transportation for patients to access local health services and specialist services at LGH or other sites. Patient transport service providers only have limited hours to take people to appts. (Between 1000 and 1500 Monday-Friday)

Rural oncology services, rural renal services, rural visiting dementia services. Social work services for complex inpatient clients.

Secure mental health/dementia facility in the northern area of the state. Roy Fagan Centre is at capacity.

Residential care for people under the age of 65. Currently have to live in aged care facilities. ? Not designed for younger people. (e.g. MS, Huntington's, acquired brain injuries etc.)

Lack of a single IT system that would provide continuity of case, generation of recalls for chronic disease management for all Tasmanians. (get rid of paper based records) This needs to incorporate GP's specialists and all facilities and health providers. (including mental health, allied health etc.) Discharge letters need to be sent electronically from the facilities as the health facility/provider in a community may not be aware for some time that a person has returned to their community.

Aged Care residents have difficulty accessing OT and podiatry services

Inpatient dietician services in rural facilities – current dietary services are unable to see inpatients

Better partnership between Commonwealth and State Health System that encompasses primary health as part of the whole health service provided to the population

Limited packages of care available for discharged patients.

Inability to provide personal care post discharge as all hours have been allocated.

Contracts being awarded to interstate organisations causing economic concern for local companies.

24 hour access to medical services outside LGH for Cat 3,4,5 patients,

X-Ray endorsement for rural RN's.

Nurse Practitioners roles in rural sites. (expansion of current roles) This would decrease RMP costs.

- **Are there any services being inappropriately provided, or planned, at your facility? (Page 19)**
Part time allied health services limits the ability for rural facilities to accept patients in a step down capacity who may require physio, OT services. Need to increase these services.

Lack of coordinated care between the larger facilities and the rural sites. This causes bed block in the larger facilities and empty beds and underutilisation of rural facilities.

Limited hours available for home care services. This means that there are times where patients are not able to be discharged from hospital until home services hours are available.

Cost shifting between Commonwealth and State health for consumables for example Total parental nutrition for community member approx. cost \$120,000 pa for one person. Dept seen as service provider of last resort.

Commonwealth contracted providers to provide home care services head offices are based interstate causing difficulties coordination care prior to discharge.

Establish state wide waiting lists for appointments and procedures,

- **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? (Page 21)**

Dorset House, Visiting Service providers, TML, TAZReach. Limited hours available for home care services.

Payment for these services does impact on access. (home help, Community Nursing, Family Based Care, chronic diseases, incontinence aids, clinical consumables)

- **How do we determine which services to focus on to expand the role of primary and community care? (Page 21)**
Community consultation and needs assessment. Consumer feedback. Research process of municipality.
- **What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service? (Page 24)**

Low risk births in rural facilities. Cardiac surgery

- **What additional areas should we be considering for interstate partnerships in order to improve service within Tasmania? (Page 24)**

Cochlear implants
Specialised paed services

- **What services, despite comparatively low volumes, should we continue or invest in in Tasmania, and what interstate supports may be required to maintain them? (Page 24)**

Highly specialised infusions should be continued in Tasmania. In the past, these patients were having to fly to Melbourne on a weekly or fortnightly basis, Some of these infusions only take 15 mins to administer. This time impacted on the patient's ability to continue employment.