



The Royal Australasian
College of Physicians

20 February 2015

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

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

Dear Minister Ferguson

Consultation on Green Paper - *Delivering Safe and Sustainable Clinical Services*

Thank you for your letter dated 10 December 2014 addressed to Mr Aaron Thompson, State Manager for Tasmania and Victoria at The Royal Australasian College of Physicians (RACP).

On behalf of the Tasmanian State Committee of the RACP (the Committee), I would like to thank you for your invitation to provide feedback on the green paper *Delivering Safe and Sustainable Clinical Services* (the Paper). We believe the RACP has a fundamental role to play in providing high grade advice on health policy and planning in Tasmania and the outcome of the current health reform process will shape health services in Tasmania for decades to come.

As the identified questions in the Paper generally call for individual responses specific to either a region and/or specialty, the Committee (as a group) has chosen to provide a general overarching response to the Paper rather than the identified questions for individuals. Several members of the Committee have responded individually to the Paper and the draft Tasmanian Role Delineation Framework in relation to their speciality and/or area of service as part of Clinical Advisory Groups (CAG). We trust this will be satisfactory and the views and feedback of the RACP are still able to be considered.

The Committee would like to identify the following points in response to the Paper:

- The Committee believes that the proposed framework broadly aligns with the RACP policy on providing inpatient and outpatient internal medicine services. In particular, the proposed role delineation for hospitals in Tasmania provides clear guidance for health service planning which is consistent with health services in other Australian jurisdictions and will provide a basis for the rational planning of health services in Tasmania.
- Tasmania's decentralised population is served by four major public hospitals. Therefore the potential for duplication of service in the context of borderline critical mass of staff and clinical volume is high, and thus, makes clear guidance

and role delineation essential for planning of safe and efficient services in the State.

Workforce, Education and Training

- The Committee would like to highlight the importance of the Tasmanian health system supporting Physician training and long term workforce succession planning. The RACP supports a positive research and learning culture within each healthcare setting that includes research, teaching and collaboration with academic institutions.
- The Committee support improved understanding of workforce needs to match service delineation models across all health professional groups.
- The Committee would like to highlight the importance of local leadership and mentoring for education and training and the role the RACP can take in supporting the DHHS in building this capacity.
- The Green Paper promises to ensure alignment between service provision and the needs of education and training programs that prepare and support the Tasmanian health workforce. A supportive environment and appropriate pathways are needed to improve services and close identified gaps.

Community Care

- Access to efficient and high quality community health care is essential. A closer working partnership between the primary care sector and the public hospital system will support this.
- Duplication of services which can be readily and sustainably provided within the primary care and community sector should be avoided. Development of appropriate protocols and pathways will further support increased integration between the primary care and public hospital sectors. The system should encourage and provide a rapid pathway in which primary care and the community can contact specialists for advice.
- Similarly, improved collaboration in providing hospital services including increasing critical mass of staff and patient volumes by partnerships in appropriate areas between public and private hospitals will also be beneficial. Facilitation of collaboration should also extend to public and private hospital based clinicians, especially in the small population of Tasmania.
- Appropriate resourcing for data collection to monitor clinical outcomes and support clinical quality improvement exercises is required.
- Promoting the use of Medicare Locals (Primary Health Networks) and developing care pathways to primary care through Medicare Locals (Primary Health Networks) should reduce referrals to outpatient services such as clinics and Emergency Departments. The Committee strongly believes that any extra, and out of pocket expense to patients to visit their General Practitioner will lead to increased Emergency Department presentations for primary care issues.
- The RACP has a role in advocacy for improvements in healthcare for vulnerable populations. This area of healthcare is currently costly, inefficient, and health outcomes are poor. These vulnerable groups include people with mental illness, intellectual disability and non-English speaking. Development of expertise in the nuances of healthcare delivery for these vulnerable population groups may dramatically impact on improving efficiency and outcomes.

- A review of transportation requirements for our patients to access services will be an important component of the planning.

Service Duplication and Areas of Need

- Service duplication in areas where low volume, high complexity care and procedures are provided at multiple sites should be reviewed with the view to increase efficiency by dispensing with superfluous, duplicated or ineffective services.
- The Committee supports the development of a Medical Workforce Plan for Tasmania as was recently conducted through the Office of the Chief Medical Officer, and to which the RACP has provided input. This will allow clinical service needs in Tasmania to be mapped out to best determine what infrastructure is needed to support what services.
- The majority of clinical services, including tertiary services expected by the Tasmanian population should be offered within the State. Given the requirement for tertiary services to maintain sufficient volume to ensure maintenance of expertise, and given the interdependency between multiple clinical services in managing complex patients, tertiary services should be co-located at a single institution. The services should be evaluated with regards to clinical outcomes, efficiency and referrer satisfaction.
- The Committee agrees that if limiting the number of sites at which some services are provided improves the quality and safety of care, the DHHS should do so. Furthermore, accurate data collection, analysis, interpretation and reporting, needs to inform service planning and play a significant role in informing the health service and our patients of the quality and safety of care. Where quality and safety is compromised then options need to be re-considered. The RACP believes significant investment is required to improve our safety and quality reporting to a level to influence clinical service redesign.
- Clinical services in internal medicine should be provided in the context of appropriate multidisciplinary and multispecialty support, particularly for high complexity clinical activities. Services that may be considered inappropriate would include those where safe and sustainable rostering of clinical staff (required to provide patient care) cannot be guaranteed. Furthermore, services may be considered inappropriate in situations where low volume and the high complexity of a clinical service results in inability to maintain expertise sufficient to meet reasonable national and international standards of care based on both observed as well as likely clinical outcomes. Barriers to patient access to these services elsewhere should be minimised. Nevertheless, the Committee is committed to support clinicians and hospitals to develop progressive medical services and therapies if there is an unmet need for a reasonable proportion of the population.
- The Committee acknowledges that there are areas of inefficiency within current models of healthcare delivery within hospital settings. The Committee supports the process of job sizing to produce appropriate and consistent workloads for all employed Tasmanian physicians. Examination of clinician patient load and numbers of clinical sessions, organisation of outpatients, management of overtime clinical work, time allocated for administrative duties, and research activities, for example, could comprise components of a review of efficiency.
- The Committee supports an evaluation of the range of medical services provided by physicians in internal medicine which could contribute to improved patient outcomes and hospital efficiency in Tasmania. This is very important

and especially necessary to support the efficient provision of surgical services to the ageing, multi-morbid Tasmanian population. Examples of progressive medical services now embedded within departments of internal medicine nationally include peri-operative medicine, clinical pharmacology and young adult medicine for example.

Interstate Partnerships

- The majority of clinical services, including tertiary services expected by the Tasmanian population should be offered within the State.
- Some highly complex clinical services may require interstate referral to quaternary services of excellence (e.g. solid-organ transplantation). It is however noted that such relationships are already in place. Conversely, where tertiary services exist in Tasmania efforts should be made to ensure that interstate referral only occurs when there is an exceptional clinical need so that the efficiency of the local service including maintaining adequate caseload volume is achieved.
- The Committee suggests that some local clinicians may have an interest in developing skills in existing and new areas involving interstate partnerships. With training and the use of Telehealth, they may be able to be upskilled to manage some of the clinical load, referring more complicated cases to the interstate specialist. Guidelines for where and when to refer would need to be considered. In addition, rather than reduce services in Tasmania, clinicians may have to become more flexible in their work profile. For example, encouraging physicians to combine a sub speciality in medicine with general medicine.

Conclusion

- To improve services state-wide the relevant stakeholders must have a mechanism or forum to meet and discuss issues. Hopefully the Clinical Advisory Groups will go some way towards providing this, however associated pathways to provide advice and administrative support and commitment from all areas of the State is also required.
- Everyone (consumers and workforce) must be open to change but the reasons for change need to be clearly communicated. The Department of Health and Human Services should look at utilising technology to reduce inconvenience to patients and the workforce, and improve the ability to provide specialist care in regional centres.

Should you have any queries in regards to this response, please do not hesitate to contact Mr. Aaron Thompson, Tasmanian and Victorian State Manager of the RACP on +61 3 9927 7718 or aaron.thompson@racp.edu.au.

Yours sincerely



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Chair, Tasmanian State Committee
 The Royal Australasian College of Physicians