

One Health System

Department of Health and Human Services

GPO Box 125

Hobart TAS 7001

Email: onehealthsystem@dhhs.tas.gov.au

Dear Madam/Sir

Re: Green Paper
Strengthening our public-private partnerships

We thank you for the opportunity to provide feedback in response to the Health Minister's Green Paper, *Delivering Safe and Sustainable Clinical Services*.

Our response is in regard to item 3.4 of the paper, *Strengthening our public-private partnerships*.

Partnering for the delivery of health *outcomes* is key to an efficient and effective health *system*. Calvary believes that the Australian society is best served by a single healthcare system where we play complimentary roles in delivering high quality, responsive and compassionate care.

In a small region like Tasmania we believe that there is a real opportunity to enhance and build upon the partnerships already in existence. The consequence of increased partnerships could improve access, efficiency, timeliness to care and result in improved outcomes for the community. The reduction in waiting lists will prevent people from developing further comorbidities and ultimately save cost.

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Efficiencies can be achieved through improved streamlining and integration of service activities. The private system does elective surgery efficiently and effectively and through further collaboration could assist the public in reducing waiting times for members of the community. There are already contracts in place in Launceston between THO North and Calvary to undertake a number of Urology and General Surgery procedures. Similarly in Hobart there is a contract/MOU currently being developed between THO South and Calvary to undertake a number of Endoscopy procedures. On a frequent basis Calvary Hobart and Calvary Launceston liaise with THO South and THO North to accept transfers from the public system due to bed blockage or other circumstances. Calvary Hobart has accepted many ICU and Neurosurgical patients and Calvary Launceston surgical, medical and rehabilitation patients.

Currently Tasmania's public hospitals treat privately insured in-patients who could be treated in the private

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hospital system. Although this represents a revenue stream for the public system, it comes with its own costs associated, not only with administration, medical salary, and related overheads but with further costs associated with delayed treatment of non-insured patients – who frequently have poorer health status to begin with, and, consequently, make continued demands upon the public system over time. In addition, beds occupied by people who could be treated in private hospitals contribute to over-crowding and delays in Emergency Departments. The result of treating privately insured Tasmanians in public hospitals in Tasmania is most likely to be a net loss to the public system. In saying this it is recognised that some privately insured patients, due to clinical need, can only be treated in a public hospital.

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It is much more efficient for the public and private sectors to work together to ensure that privately insured patients use the resources of the private sector wherever possible, and in doing so, free up the resources of the public sector to achieve efficiencies through more timely and appropriate care. Improved distribution of in-patient caseload need not impact adversely on the incomes of medical practitioners; while the location of patient care may change from public to private sector, the overall demand for medical care is unchanged.

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Cross-sector clinical employment is already happening and could be further developed. For example, the intensive care unit of Calvary hospital in Hobart is staffed by nurses many of whom also work in the intensive care unit at the Royal Hobart Hospital. A similar model could be developed that would see medical registrars working across public and private hospitals transferring knowledge and skills, and contributing to improved system-wide standards and, ultimately, health outcomes for Tasmania.

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In addition, public-private partnering can provide opportunities for collaborative education and training, and cost-sharing. For example, regular basic life support training (and refresher training) operates separately in public and private hospitals. Coordination of training events could significantly reduce the cost of training to participating organisations.

Calvary is supportive of the strategy of access to better services rather than perhaps the traditional approach of seeking better access to services. Calvary is committed to working in partnership to identify opportunities and plan collaborative activities to achieve shared goals and to improve health outcomes for all Tasmanians.

Yours sincerely



Grant Musgrave
CEO Calvary Launceston



Marcus DiMartino
Acting CEO Calvary Hobart