

DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES – GREEN PAPER.

Submission

by James Fraser Anderson, OAM, RFD, of 6A Shirley Place, Kings Meadows, Retired Solicitor.

Mr. Anderson was

- (a) a Member of the Committee of St. Luke's (Anglican Church in Australia) Association which investigated the need for a dedicated Hospice in Launceston, which led to the building of Philip Oakden House Hospice.,
- (b) later Chairman of the Board of Management of St. Luke's (Anglican Church in Australia) Association which administered Philip Oakden House Hospice,
- (c) a Member of the Board of Management of OneCare Ltd. which administered Philip Oakden House Hospice.

Mr. Anderson was **NOT** a Member of the Board of Management of OneCare Ltd. when the decision was made to close Philip Oakden House Hospice.

SUBMISSION.

Although it has not been commented on in the Green Paper, a dedicated Hospice in Launceston could form part of the overall health care system for the people in the North of Tasmania.

In the executive summary of the Green Paper it is stated that:

“The Government’s vision is for Tasmania to have the healthiest population in Australia by 2025, and a world-class health care system where people get treatment and support when they need it”

To achieve that objective the Government will (inter alia) be:

“Shifting the balance of care provision from the hospital to the community”.

The paper states:

“To shift the balance of care from the hospital to the community we (the Government) will provide more of out-of-hospital services to patients who have traditionally received their care in a hospital.

Provide non-admitted “hospital type” services – such as acute, sub-acute and post-acute services in health centres, clinics and people’s homes.”

The question is then posed:

“What services do you currently receive in a hospital setting that you think could be safely delivered in your community?”

Bed blocks in public hospitals are sometimes attributed to beds being occupied by patients having end-of-life care in that hospital which care could be delivered in a dedicated Hospice.

At present end-of-life care in a hospice is provided in Southern Tasmania by the ten bed, State funded Whittle Ward, but there is no equivalent facility in the North of the State despite that at least half of the State’s population reside in the Northern part of the State.

When St. Luke’s (Anglican Church in Australia) Association established Philip Oakden House Hospice it enabled end-of-life patients to exit the public hospital in-patient system thereby freeing up beds.

However, when OneCare Ltd. closed the facility, the public hospital system was again burdened by the end-of-life patients.

The daily cost of maintaining a patient in a Hospice is considerably less than the cost of maintaining a patient in a public hospital.

At present the Calvary organisation provides palliative care beds at one of its facilities in Launceston.

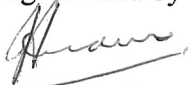


It is in an ordinary hospital environment which is not ideal from the patients' or their families' point of view.

Although it is not in the Health Council of Tasmania's brief, provision of a dedicated Hospice in Launceston would advantage the Government in its objective of "One State, One Health System, Better Outcomes" Reform Programme and would:

- (a) shift the balance of care provided to end-of-life patients from the public hospital to the community. (Hospice)
- (b) provide more out-of-hospital services to patients who have traditionally received their care in a public hospital.

A Hospice must never be under the control of a private health organisation with its future being decided by that organisation's Directors.



James F. Anderson.
15th February, 2015.