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Services for Australian
Rural and Remote Allied Health

Submission to the Tasmania Government

**One State, One Health System,
Better Outcomes - Draft White Paper**

May 2015

INTRODUCTION

Services for Australian Rural and Remote Allied Health (SARRAH) provide this submission to the Tasmania government presenting comments on the 'One State, One Health System, Better Outcomes - Draft White Paper (the Paper).

SARRAH is nationally recognised as the peak body representing rural and remote allied health professionals (AHPs) working in the public and private sector.

SARRAH advocates on behalf of rural and remote Australian communities that they have allied health services which support equitable and sustainable health and well-being.

Consequently SARRAH supports AHP's who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services to people who reside in these settings. Tasmania, by virtue of its size, separation from mainland metropolitan cities and demographic is regarded as rural and remote.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology. These professions are front-line health services – critical to the clinical care and provision of health care to both inpatient and community-based outpatient health services.

These AHPs provide a range of clinical and health education services to individuals who live in rural and remote Australian communities. AHPs are critical for the management of their clients' health needs, particularly in relation to chronic disease and complex care needs. AHPs operate from a capacity-building, solutions focus with patients and clients.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that allied health professional services are basic and fundamental to Australians' health care and wellbeing.

COMMENTS AGAINST THE KEY AREAS OF THE PAPER

SARRAH welcomes the intent of the Paper to transform Tasmania's health system to improve patient outcomes. The Tasmanian Government has stated that the reforms proposed would mean a significant improvement in patient outcomes, hospital surgical waiting lists, and the provision of care to the Tasmanian community.

However, SARRAH strongly encourages the Tasmanian Government to:

- develop and implement strategies to meet the health needs of people who reside in rural and remote settings;
- consider the significant contribution of AHP's to deliver early intervention primary health care services; and
- consider AHPs to be frontline clinical services in both hospital and community settings.

SARRAH's specific comments against the Paper follow.

1. Emergency Care

- Tasmania has the highest rural population by percentage in Australia with 56% of the State's population living outside the capital city. The transforming health agenda must consider and address how the clinical standards of care will be applied for people residing in rural and remote communities.
- An opportunity exists for tele-health to effectively support timely access to emergency care and advice in order to support regionally based staff to maintain skills to meet service needs.
- Integral to the model of effective state-wide emergency care is recognition of services required to keep people out of emergency departments. There is emerging evidence that home monitoring processes for individuals with chronic disease can decrease hospital presentations and the need for emergency intervention by early intervention rather than waiting for crisis care.
- The role of Tasmanian Health Organisations (THO's) and Community Social Workers, Physiotherapists, Occupational Therapists and other allied health clinicians are fundamental to the Community Health Centres and Integrated Care Centres located throughout Tasmania. These clinicians are also vital to the rural hospitals including those at Oatlands, Smithton and New Norfolk.
- There is strong evidence regarding the role of allied health services in emergency departments being pivotal for reducing possibly preventable admissions. The emergency model of care should explicitly look to incorporate a range of allied health professions in emergency department service models; for example Physiotherapy (orthopaedics/musculoskeletal management), Podiatry (management of diabetes/wound care), Social Work (crisis management) and Occupational Therapists (falls prevention).

2. Complex Specialised Care

- It makes sense to consolidate expertise and consistently improve the standard of care, however, if this care is not well-coordinated across the system, there is great potential to further increase the equity divide across the state.
- With the growing burden of chronic disease, the complexity of health needs for all Australians is increasing, and statistically rural Australians are more likely to have poorer health outcomes than their metropolitan peers. New specialised services need to be built around state-wide single service, multiple site models that include rural and remote locations.
- A well-coordinated, state wide service approach to complex specialised care would draw heavily on technology to support remote spoke models as an integral part of the service system. This will require adequate resourcing in spoke sites such as:
 - o equipment and infrastructure;
 - o allied health staff, including training and support, and
 - o growing advanced and extended scope of AHP skills to support the complexity of care.

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- A small investment in spoke models of service would allow for earlier repatriation of country people to their supportive local communities, reducing the length of stay in specialist sites in metropolitan Hobart, without compromising clinical standards of care.

3. Service for Older People

- It is refreshing to see consideration being given to a range of health professions other than medicine, leading models of care as often this can offer a cost-effective and quality service. Consideration should also be given to incorporating allied health led models of care, particularly where a restorative objective is central, for example in Orthogeriatric services.
- The evidence from Transition Care Program in country areas demonstrates a significant improvement in quality health outcomes and functional capacity for clients receiving services under an allied health led model.
- With an ageing population in our regional areas, the state has an imperative to deliver on the principle of quality service as close to home as safely possible. The vast majority of services for older people can be provided through a service model utilising a hub and spoke principle, including consideration for rural and remote community members.
- There is strong evidence that elderly and Aboriginal clients improve more quickly when supported to restore function within the context of their supportive local community. This is a prime area to target state-wide models of service that link specialised hubs with regionally located, resourced spokes, using technology to enable timely access to specialist advice and skill development for local clinicians.
- Models of care that focus on prevention of functional decline and restorative care should be integrated into care pathways for older people in order to reduce the demand on specialist metropolitan services, for example community based Geriatric Evaluation and Management models.
- Given the high prevalence of falls and falls related harm in an ageing population and the strong correlation between medication management and falls risk, an investment in adequate full scope clinical pharmacy services state-wide, supported by technology, will reduce the acute care burden.

4. Comprehensive Rehabilitation Services

- SARRAH strongly supports the proposed new model in light of best practice in rehabilitation; being to commence multi-disciplinary restorative care from initial presentation. One of the current barriers to achieving this is sufficient numbers of AHPs to enable this to happen. An investment in growing allied health workforce capacity will be critical to meeting these clinical standards of care.
- SARRAH has previously stated that AHPs play a critical role in a restorative model of care and attention needs to be paid to resourcing an adequate, full mix of allied health professions across the system to support a state-wide service model for rehabilitation services.
- SARRAH strongly supports a quality rehabilitation service being inclusive of ambulatory service models to allow rehabilitation to continue in the community context and be

integrated into the patient journey plan from presentation so that rural and remote clients do not continue to have poorer outcomes than their metropolitan counterparts.

- A comprehensive state-wide service would enable rapid achievement of productivity gains by allowing earlier discharge from the specialist hubs into catchment health services. This approach would involve an investment in rural rehabilitation capability reducing the burden on metropolitan services and significantly improving access to community and social supports for rural community members. Use of technology and hub and spoke models will allow integration into existing services.
- Experience from the United Kingdom, where a similar reform strategy was implemented such as the co-location of acute and rehabilitation services, saw bed pressures from acutely unwell patients resulting in the rapid discharge of rehabilitation patients earlier than recommended evidence based benchmarks. These risks can be mitigated through resourcing adequate services for relocation to appropriate services as close to home as safely possible. Therefore, a state-wide comprehensive model must include investment in rehab services in north and north-western Tasmania.
- Rural hospitals are both fundamental to subacute service delivery, while in many instances providing acute admission capacity, relieving the burden on the Launceston General Hospital, North-West Regional Hospital and Royal Hobart Hospital. The use of rural hospitals for slow-stream rehabilitation, convalescence and transition to residential care in nursing homes is growing, and can be further focused in the Tasmanian reforms.

5. Specialist Centres for Elective Surgery

- The effective use of a coordinated multi-disciplinary pre-habilitation service which includes AHPs will reduce the length of stay in new elective centres, such as the mooted elective surgery state-wide hub at the Mersey Community Hospital (MCH). Pre-abilitation can safely occur in a state-wide elective surgery model allowing for most pre-habilitation/pre-admission services to be provided remotely for clients located more than 100kms from the site. As mentioned earlier the use of technology is imperative to enhance the patient journey for people in rural and remote settings.
- There needs to be an appropriate skill mix and breadth of AHPs available to support this model, which need to be located in hub sites providing the elective surgery as well as in spoke sites that must be resourced to provide the pre-habilitation and rehabilitation to support these patients.
- Adequate transport facilities need to be available for rural and remote communities to access these specialists' centres. Once again, the use of technology should be maximised to allow as much of the patient journey as possible to be offered outside of the speciality centre.
- The elective surgery model of care should delineate the types of surgical procedures that can be provided safely and effectively outside the specialist centres.

6. Mental Health Services

- State-wide evidence based, comprehensive mental health service model is inclusive of beds but has a range of other elements that are critical to success.

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- Allied health roles contribute a restorative focus, that is critical to reduce the length of stay and numbers of admissions, therefore the non-acute elements need to be acknowledged.
 - SARRAH supports a range of options and supports an increased focus on community-based pre and post-acute community care.
 - Adequate multi-disciplinary staffing levels that provide acute support to prevent unnecessary emergency department presentations or admissions need to be implemented.
 - The provision of strong multidisciplinary teams including Clinical Psychologists, Social Workers, mental health social workers and drug and alcohol specialist nurses, at the interface of mental health and drug and alcohol client needs is fundamental to hospital avoidance and patient outcomes.

7. Better Services for Veterans

- A large number of veterans reside in rural and remote locations across the state. In establishing future health services for these consumers, consideration must be given to a single state-wide connected service that is integrated and uses technology.

8. Ambulance Services

- Extended care Paramedics are essential to more appropriate management of emergency health service needs and reducing demand on emergency departments.
- The Paper includes movement of individuals between facilities depending on level of acuity, and centralising high acuity into central hubs. If this is applied state-wide then there are significant implications for existing patient transport options including, Tasmania Ambulance Service and the Royal Flying Doctor Service.
- Timely and safe retrievals for high acuity patients, for example acute stroke cases need to meet quality care timeframes across the whole state. A state-wide connected service needs to continue building on timely service provision supported via technology to overcome geographical barriers.
- It needs to be acknowledged that in many rural and remote areas of the state, ambulance services are staffed by volunteers. These individuals are often the first point of response in rural and remote localities. These volunteers often deal with trauma and critical care, and therefore draw upon local hospital/medical resources to assist. Strengthening ambulance and retrieval services state-wide with particular emphasis on rural and remote communities require urgent attention.

9. Community and Other Services

- The reform of the Tasmanian health system acknowledges that there are both very good community based programs and there are better ways to use existing services. An important issue in the reform of the Tasmanian health system is to improve the integration of hospital and community services with primary health care services. The current MBS funding arrangements are not conducive to coordinated multi-disciplinary care for people with chronic disease, nor does it encourage early intervention and prevention activities. The Tasmanian Government should advocate to the Australian

Government for changes to the current primary health care funding arrangements that will allow for more effective holistic health care in Tasmania.

- It is acknowledged that the primary scope to date has been on hospital services and further work is required to articulate how these valuable services can support the transforming e-health agenda. For example:
 - o Utilisation and expansion of community based programs such as hospice at home can support the prevention of unnecessary admissions.
 - o The need to address the interface between disability services and health to avoid long stay admissions due to the level of client disability, interpretations of disability and the difficulty in achieving non-nursing home discharge options. The role of Social Workers in leading a client focused and agency engagement to achieve successful discharges is an example of the frontline impact of AHPs in Tasmanian health today.
 - o Community based, outcome focused chronic disease models need to be established to reduce emergency department and hospital presentations. The reconfiguration of community and hospital social work in the THO South is change-leading reform already happening.
 - o Palliative care services to enable people to die at home in a timely manner.
 - o The emphasis on women's and children service is on acute care yet there are a large number of clients where timely and well-resourced early intervention can prevent and reduce lifelong disability and future hospital admissions.

10. Other Comments

- The reform of THOs into one Tasmanian Health Service must include addressing the whole health continuum, from acute hospital, surgical specialties, mental health, drug and alcohol, rural hospital and community based services. This is an opportunity to meet consumer health needs, by a new conceptualisation of health services and their delivery, particularly to rural and remote, indigenous, and other disadvantaged groups across the state.
- Service redesign and enhancements to infrastructure need to be complemented by thorough analysis of other enablers for a true and effective approach to future health planning for all Tasmanians.

CONCLUSION

SARRAH is well positioned to work with the Tasmania government and other stakeholders to assist in addressing the factors that impact on the health and well-being of people residing in Tasmania.