

## Grey, Christine W (DHHS)

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**From:** Jerome - Launceston Medical Centre <jerome@launcestonmc.com.au>  
**Sent:** Thursday, 29 January 2015 4:52 PM  
**To:** One Health System (DHHS)  
**Subject:** GP Feedback re public/private synchronisation

Hi colleagues,

Thanks very much for undertaking community feedback and looking broadly at ways to make the health system the most efficient, effective and sustainable it can be. A major way to do this is to look to strengthen relationships with existing providers that lead to less duplication and a sharing of costs across funding sources.

Some examples I have below:

- Having 24hr coverage at Calvary from a registrar/resident in training on secondment from the LGH. This is a very common model in many other private hospitals around Australia. It would make it far more attractive for doctors to manage medical/acute surgical patients in the private sector and take the strain of LGH. As currently for any non elective admissions it is extremely hard to access private acute services outside of Hobart.
- Likewise utilising good 15 bed hospitals like George Town/Deloraine for lower acuity inpatient. It is occasionally done but not on a regular basis. Potentially supported by a junior doctor rotation or utilising local GPs.
- Actively promoting/partnering with GP services like Launceston Medical Centre for low acuity (cat 4 or 5) patients that present to Emergency. The cost per patient the LGH charge for uninsured foreign tourists is over \$500 per category 4 patient, when we can treat the same patient for between \$37-\$75 dollars per episode. Hence it would be cheaper for a larger majority of patients to be treated in primary rather than tertiary care. This once again could be supported by secondment of emergency registrars which can do up to 6 months of their accredited training in general practice. Currently informal arrangements are working well but there is room to improve this relationship.
- Assessing the cost/benefit of outsourcing contracts for pathology/radiology in the NW and seeing if this could work in other public hospitals. As there seems to be an ongoing issue attracting quality radiologists to the public system in Launceston whilst there are very skilled providers working privately. Having a shared model utilising capacity in key people working privately (pathologists/radiologists) could be more affordable and sustainable.

Cheers,

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