

Grey, Christine W (DHHS)

From: Joanna Shugg <joshugg@icloud.com>
Sent: Friday, 13 February 2015 9:20 AM
To: One Health System (DHHS)
Subject: Public Comment

To whom it may concern

Thank you for the opportunity to comment. I write as the wife of a Medical Practitioner after thirty five years in the passenger seat of a journey that was navigated by firstly a General Practitioner and for the past twenty five years a Paediatrician.

General Practice

General Practitioners need to do their own after hours coverage within their suburbs and area. After hours sharing of resources between practices enables vulnerable and chronically sick patients to stay in their own environment and have a sense of belonging. They become familiar with their service and the Practitioners get to know their history and needs. One night on call a week and one weekend in four/five in metropolitan urban areas is not onerous. The choice of a stranger across town when you think that you might be seriously ill makes going straight to casualty a good option.

The rebate from Medicare for talking doctors ie Physicians/General Practitioners against Proceduralist/Surgeons is inequitable. Talking is educational and gives the patients a sense of ownership and participation in their care and preventative health strategies. Historically General Practitioners are at the very core of coordinating and managing healthy communities. The relevance and profile of General Practice needs to be moved away from business modelling to core medical need.

Medicare should limit the number of rebates that they will pay per calendar day. Seeing fifty, sixty plus patients a day is not sound sustainable management either for the practitioner or patient. Families and individuals need to feel that their story has been told and understood and that there has been enough time to discuss and organise a shared management plan.

Overseas doctors coming to General Practice need the opportunity for familiarisation and training regarding the Australian Health System. They need a good understanding of local health agencies and resources, to understand when and how to write a letter of referral. They need the opportunity and time to acknowledge any cultural differences, overcome basic language barriers and be prepared for the needs of their new community.

Staff Specialist North West Regional Hospital

Ten years ago my husband and I relocated from Hobart to the NWCoast. My husband was inspired by the Richardson Report and the opportunity to establish a sustainable, realistic paediatric service for children, babies and their families in the North West. He had provided a Private Paediatric service to the region for two days a month over a fifteen year period and was excited to relocate.

The skullduggery of Politics and Politicians during this ten years has made my husband's role as Director of Paediatrics onerous and at times frustrating. The State Government has authorised several reports at great expense to the Tasmanian taxpayer and a very expensive audit based on the assumption that the NWRH was draining the financial resources of the Mersey Hospital. Lara Giddings is the only politician to have the emotional stamina and fortitude to confront the needs of the North West region and address the Latrobe community. She was stoical in her efforts to act upon recommendations that would have made the health care of the North West the envy of rural Australia. Thanks to the opportunistic decision of Mr. Howard her efforts were thwarted and health workers and the community have had to weather the consequences of his ill advised gesture in an election campaign that failed.

A split campus, divided double services and the never ending flow of new consultants to be supervised alongside the unresolved need for locums requiring familiarisation and support has been on going. Understandably newly registered Paediatricians move interstate to have a less demanding on call roster and higher salaries. In addition Locums are needed to fill the gaps created by the duplication of what could and should be a single department on one campus. Continuity, understanding of protocol, the building of skills and progression of departmental pride has been undermined for seven years by the consequence of transient staff and the two way split of services and expertise. In particular the on call after hours paediatric cover for two hospitals forty minutes apart has been and continues to be a challenge.

Worse than all the internal professional demands is to witness the misinformation given to the General Public as to what a good health system should deliver. Politicians and Politicians alone have encouraged the General Public to believe that travel should not be necessary, everyone can expect all medical services in their own location and that their medical needs are best met on their doorstep. Boxes for community engagement are ticked.....the boxes of clinical involvement are ticked but the pre election Political band wagon of wooing the Public and Political Agenda rolls on.....

For my husband and I our journey in the health system is now at an end. Articles in the Advocate, letters to the editor, the health commentary in the community is exactly where it was when our journey began ten years ago. How frustrating! There we were thinking we had an exciting new destiny only to find that we have been driving around in circles, arriving back exactly where our journey began. Even worse the Liberal Party are now expecting us to be excited by and join them on a new route, the very same journey that they would not share with the region seven years ago. Announcements by the State Government that we have a locum crisis is condescending, frustrating and humiliating. It is an announcement that is ten years old.

Your mantra is admirable but sadly the track record is grim. All the while we have a cocktail of health and politics Tasmania will never have one solution. Unused reports, rebranding, wards opened, wards closed, theatres developed, theatres closed, inconsistent governance, lack of continuity at every level this has wasted large sums of money and human resource. This expensive, wasteful circus has to stop.

I implore you, pick a bipartisan agreed upon destination, stick to the route and stop leading the community and your hard working, loyal, frustrated hospital departments and their hard working staff around in circles. The recommendations of this paper must survive election campaigns, failed elections and have clearly understood apolitical succession planning. Plans based on good advice and sound clinical evidence.

The provision of sustainable good quality hospital health care has traditionally relied on staff members at all levels going the extra mile. At present the Tasmanian Health tank that was once fuelled by belief, optimism and enthusiasm is running on low. At all levels many staff members are frustrated, confused and dangerously close to empty. The Community is not far behind them. The poor attendance at your public forum in Hobart must surely have set the alarm bells ringing?

Thankfully I have enjoyed this journey and have many happy, inspiring and humbling memories of families, their children and our colleagues. My commentary is based on passion. I moved to Tasmania thirty five years ago because I could not expect my husband to compromise his strong work ethic and work in the British National Health system but I can see that the time is approaching when there won't be a bed for a patient because there is no clean linen. We already have night staff wrapped in blankets with no heating. Despite an army of advisors and administrators it is now the rock face that is beginning to crumble.

I implore you, let us learn by past mistakes, farewell political agendas welcome to common sense and sound, long term, evidence based decision making.

Yours sincerely
Jo Shugg

Sent from my iPad