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One Health System
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Re: GREEN PAPER ON DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES

Although I have no clinical or medical qualifications, as a member of the Northern Community Advisory Council I have an interest in health and community wellbeing and have been involved in community mental and emotional health, suicide prevention and community education over many years and would like to make a few comments on the Green Paper.

One would have to agree with the acknowledged need for efficiency and non-duplication of health services in a state as small as Tasmania. Treatment needs to be provided in the most appropriate venue. However the emotional support of family and friends is a factor in a consumer's healing process, and family needs must be taken into consideration when treatment is required in out-of-area facilities. This is probably most relevant for consumers from the North West receiving treatment in Launceston or Hobart. As a member of the THO-N CAC I think of both the consumer and the wider community.

2.1 Access to Better Care

I can see value in specialists making regular, scheduled visits to other areas (possibly once a month, for instance) for consultations or surgery. This would allow for less disruption for clients to plan their life commitments (child care, placement of supported relatives etc, work issues) as well as clinical facilities to manage their waiting lists better.

2.2 Consultation Questions - Better use of facilities

Without wishing to be perceived as parochial, the recent development of the LGH operating theatres means better provision of surgery opportunities for clients in the north and northwest of the state and again for surgeons to visit the north on a planned regular basis for patients from the north and northwest, particularly if the allocation of specific specialities to specific regions were to take place. This may help with waiting lists in the north, and make it easier for the family support I mentioned earlier

3.2 Balance of Care

Lack of timely access and cost cause many to attend emergency department s. If you can't get into your GP for a few days or even weeks when you are unexpectedly ill, or the cost of the visit where there is no bulk-billing and payment is requested on the spot, or the GP is not available at the weekend, ED's are the only alternative for many people

3.3 Redesigning Clinical Services

While I agree it is necessary to improve bed management, patients must be well enough to leave hospital; I have spoken with many patients who have been discharged and been readmitted or had further problems resulting from leaving hospital too soon. Better discharge planning and referrals to appropriate ongoing treatment in the community would avoid these incidents. A personal example of better communication occurred just last week.

After an overnight stay in the LGH ED the consulting physician explained my illness and treatment and FOLLOWED THIS UP with a detailed letter for me personally and to share with my GP, listing my treatment, diagnosis and what that meant and expected outcomes. I felt a real sense of ownership and empowerment from this, and would encourage other doctors to follow suit

3.4 Strengthening Public/Private Relationships

This is necessary when public health facilities do not provide the required treatment; for example in the north all eye operations are done by private practitioners, though those on lower incomes can be placed on waiting lists through the LGH. However, the waiting time can be up to three or four years for treatment, and if the situation is reasonably serious it is necessary to struggle to find the money to seek treatment privately. This has entailed a pensioner of my acquaintance having to take out a personal loan, which was difficult for him to repay because of his limited finances. Incidentally the difference in the attitude of private clinical staff in the area between public and private treatment is vastly different – a public patient is very much a second-class citizen. I would like to see this improved.

4 What Does This Mean for Public Hospitals?

Service can not realistically be delivered in every hospital in the state. However, with tele-health, teleconferencing and appropriate training of staff in all areas, much can be done to improve delivery of health services Tasmania-wide. With regular scheduled specialist visits to different areas or treatment at allocated "home bases", patients can receive the best of care in their own areas through better communication between doctors, allied health facilities and personnel, and information given directly to the individual on his/her personal health, treatment, expected outcomes and importantly to encourage self-responsibility in community members to improve their ongoing health

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