



Delivering safe and sustainable clinical services – Green Paper

Tasmanian Health Organisation – South Response

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Contents

Introduction	3
Better access to care vs access to better care	4
Improving the quality of care.....	5
Improving health service delivery through role delineation	7
The balance of care needs to shift from the hospital to the community	9
Redesigning clinical services	10
Strengthening our public-private partnerships	11
Strengthening our interstate partnerships	12

Introduction

Tasmanian Health Organisation – South is currently responsible for delivery health and health support services to the southern Tasmanian population, as well as a number of statewide services for all of Tasmania.

Acute care is provided at the Royal Hobart Hospital (RHH), a teaching hospital of the University of Tasmania and a statewide referral centre for tertiary services. It provides emergency care, adult and neonatal intensive care, maternity services and specialty medical and surgical services. The RHH also provides support to rural hospitals and community health centres for the maintenance of safety and quality standards including staff clinical training, competency and professional development.

Sub-acute care is available in rural hospitals (including multi-purpose services and multi-purpose centres) and the RHH. Rural hospitals also offer emergency care and primary health services and may offer residential aged care. Some of these facilities are operated by the THO while others are non-government providers contracted by the THO.

Services provided at a community level include access to general practitioners and outreach medical specialists, emergency response, oral health, mental health, alcohol and drug, forensic medical services, allied health, midwifery and nursing (including specialised nursing), aged and palliative care, community care, aids and appliances and disease prevention programs. These services are commonly provided from community health centres in the THO but can also be provided from hospitals, specialised facilities and non-government organisations.

While THO-South is committed to delivering safe, high quality and effective health services, we acknowledge the challenges experienced by patients and clients in navigating the Tasmanian health system and support the establishment of the Tasmanian Health Service (THS) from 1 July 2015. The establishment of a single, integrated health organisation for Tasmania represents the opportunity to address local and system wide issues. As noted in the *Rebuilding Tasmania's Health System Issues Paper* (Issues Paper) released by the Minister for Health on 28 August 2014, the design and implementation of the THS will be largely guided through extensive clinical engagement and consultation. It is on this basis, that Tasmanian Health Organisation – South (THO-South) has developed this response to the Green Paper.

This response is focused on the clinical questions posed in the Green Paper, but where appropriate, feedback on community consultation questions is provided from THO-South's perspective. This response has been developed through the THO-South Executive and endorsed by the THO-South Governing Council.

Better access to care vs access to better care

- How would you find out about what travel support, information and services are available to you to get the right care, by the right person, the first time?

The Patient Transport Assistance Scheme (PTAS) is the primary scheme to support access to services for patients and clients that are required to travel to access services. The intent of PTAS is to provide transport and accommodation assistance to patients who have to travel long distances and / or incur high costs to access specialist medical services. However, the PTAS policy and guidelines define long distances as >75 kilometres to access medical services and >50 kilometres to access dialysis and oncology services. Given the dispersed nature of Tasmania's population, many patients are eligible to access PTAS to attend medical services at their nearest hospital or health facility and this is inconsistent with the intent of PTAS.

The establishment of the THS presents the opportunity to reconsider how PTAS is managed and administrated at a statewide level and promoted to the Tasmanian public in order to support better and more equitable access to services delivered under the THS. PTAS, as it currently stands, excludes patients needing to travel for specialist dental care. If the PTAS policy and guidelines are reviewed in the context of the *One State, One Health System, Better Outcomes* reform agenda, this issue should be considered further.

Improving the quality of care

- If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided.

Yes, as regulator of the Tasmanian health system, the Department of Health and Human Services, as system manager on behalf of the Minister for Health, has a responsibility to make decisions on which health services to purchase and where they will be delivered from, with consideration to the impact on patient safety and quality of care in order to minimise the risk of adverse events for patients and clients.

While it may be a very difficult decision to make, patient and client safety is of utmost importance and provided that the PTAS and associated infrastructure is available to support patients and clients and their families and carers in accessing health services, this model should be the basis of the THS.

- If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access.

THO-South supports the underlying principles outlined in the draft Tasmanian Role Delineation Framework;

- The facility must be able to sustain a competent and high performing clinical workforce, infrastructure and support services required to provide care that is consistent with best practice.
- Appropriate minimum service volumes must be maintained to ensure the competence and professional practice of the multidisciplinary team can be sustained.
- Tasmanians must be able to access services which are determined by the facility's ability to deliver consistently safe, high quality care, rather than on considerations of proximity.
- Relying on small numbers of clinicians to be on call 24 hours a day, 365 days a year to maintain a service is neither safe nor sustainable. Workload needs to be sufficient to engage multiple clinicians across the range of necessary disciplines in the delivery of a quality sustainable service. Services with key person dependencies must be redesigned to ensure quality, safety and sustainability.
- Care must be continually improved. The impact on patient outcomes and experience must be continually monitored, reviewed and evaluated. Tasmanians should expect to receive care comparable with national and international standards.

As mentioned on page 4, an effectively managed and administrated PTAS will be integral to the success of the THS and associated changes to where health services are delivered that will most likely arise following the release of the Government's White Paper. Additional investment in community transport and non-urgent patient transport infrastructure is also likely to be required to support potential increase in demand for these services as a result of changes to service delivery models.

There is clear evidence that quality of care is improved through an integrated partnership with a health facility to produce an academic health sciences ethos within the delivery model of a hospital.

This will involve far greater prominence in the operating philosophy of the teaching hospital concerned. THO-South, at the RHH, has commenced this shift with the development of a new MOU that incorporates such attributes as joint clinical/academic workforce planning, shared appointment panels and partnered research governance arrangements. This closer relationship should be encouraged by the THS across all hospitals in the State.

Undergraduate and postgraduate teaching and training are core attributes of a high functioning public hospital system and are essential prerequisites of effective staff recruitment, retention and long term clinical workforce stability. In Tasmania, clinical workforce teaching and training is currently delivered through our strong partnerships with the University of Tasmania and the Specialist Colleges. In addition, clinical research (both investigator initiated as well as industry funded) is a key feature of our health system that must continue to be nurtured and promoted within the THS.

Improving health service delivery through role delineation

- How well does the proposed framework align with practice in your discipline
- Where are the areas of service duplication in your discipline
- Where are the gaps
- Are there any services being inappropriately provided, or planned, at your facility

The THO-South Executive has encouraged individual Groups and business units to provide submissions to the Green Paper that will particularly address these questions, as such this response will be from an organisational perspective.

THO-South acknowledges that the Tasmanian Health Plan from 2007 is currently out of date and that the Tasmanian Role Delineation Framework is an integral planning tool to support the THS achieving the intended objectives.

The inefficiencies in the Tasmanian health system are significantly attributable to duplication or triplication, often stemming from perceived demand for services to continue to be delivered locally, without due regard for evidence or population based demand, patient safety, quality or cost. Implementation of the Tasmanian Role Delineation Framework can only reduce inefficiency if it is supported by rational health purchasing decision making and effective community engagement.

THO-South supports the principle that role delineation is evidence based and supported by data and information on the primary and majority users of particular health services and other demographics including health status of different communities. In addition, the Tasmanian Role Delineation Framework needs to be supported by the Service Agreement negotiated between the Minister for Health and the THS Governing Council. The purchasing framework may need to adapt to the THS model in order to reflect the trend towards different models of care, including statewide, outreach, hub and spoke, specialty and sub-specialty models of health service delivery.

The draft Role Delineation Framework presents a number of potential issues for clinical support services such as medical imaging, pathology and pharmacy. The establishment of the THS presents the opportunity to consider statewide models for these services, and indeed pharmacy is already a very effective statewide model. The draft role delineation framework does not recognise the crucial role of allied health services required to support each service and at each service level. The role delineation framework should be improved through including key allied health professions as part of the clinical support services.

Another dimension not covered in the role delineation framework is 'urgency of treatment'. It may be intended that it is implicit that the higher level services are expected to respond effectively to more urgent cases, and to a certain extent, this is reflected in the key performance indicators included in the Service Agreement for Emergency Department access, Elective Surgery, Primary Health and Oral Health. However, there would be merit in developing or adopting more sophisticated performance metrics across a broader range of domains in order to more effectively monitor and report on timely access to health services across the spectrum (i.e. including mental health, oral health, primary health), and with different KPIs set for different levels of services consistent with the role delineation framework.

We need a greater focus on primary and community care

- How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced

Effective community engagement and education is integral to encouraging access to primary health care services. In order to support this, the Commonwealth and State Governments must at least maintain, if not increase in accessible and highly visible investment in primary care services, including general practice, community and practice nurses and community and private allied health professionals, both directly and through private sector partnerships.

The return on investment in primary health care is difficult to measure and may take several years for the full impact on acute services to be realised. There is an increasing trend for hospital avoidance strategies to be implemented, but in the current fiscal environment in Tasmania and with the focus on elective surgery and emergency department performance, it is exceptionally challenging for the THOs to support investment in these strategies through own source revenue. In this environment we should add new indicators to improve monitoring and productivity of existing hospital avoidance activities. This can occur at no cost immediately and will deliver an improved performance.

- How do we determine which services to focus on to expand the role of primary and community care

The Primary Health Care Plan released in 2007 in support of the Tasmanian Health Plan is also currently out of date. As such, it would be advantageous if the Department of Health and Human Services, as system manager on behalf of the Minister for Health, with associated responsibility for health service planning, led the development of a primary health care plan which focuses on the chronic diseases that are currently having, or projected to have, the greatest impact on Tasmania in the foreseeable future. Such a primary health plan should therefore be based on empirical clinical and demographic data and the process undertaken in consultation with key primary health stakeholders, including Tasmania Medicare Local (or the succeeding organisation however named from 1 July 2015), non-government organisations, local government and the private sector.

The balance of care needs to shift from the hospital to the community

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

THO-South supports the view that the role delineation framework and White Paper should first determine what the role of each of the State's public hospitals is, in order to inform the transfer of services from the hospital setting to the community setting.

Consideration also needs to be given to the clinical governance mechanisms required to oversee services being delivered in a community environment to ensure patient safety and quality of care standards are maintained. While there is potential for new, innovative models of care to be developed to support the transfer of services to the community environment, consideration should be given to how we can support these changes in a more sustainable fashion including ensuring the appropriately trained workforce is available to support new models of care. Through working in partnership with the University of Tasmania and other tertiary institutions, there is potential for Tasmania to strategically consider the scope of practice of health professionals (i.e. nurse practitioners, advanced scope allied health professionals) and the supporting workforces (i.e. therapy assistants, assistants in nursing) and how they can work more effectively with the general practice and medical specialist workforce to support primary health care services.

The establishment of the THS is also the opportunity to reconsider where services are delivered. There are a range of non-acute, ambulatory care type services, such as renal dialysis, that are amenable to being delivered in a community setting. While there are very good reasons for a lot of services to be hospital based to ensure appropriate clinical governance and patient safety and quality of care, when it is appropriate to deliver services in a community setting, additional benefits such as increased local accessibility for communities arise as well as greater community awareness of services available to them.

Redesigning clinical services

- How can we better help you understand the standards of care you are entitled to, and to support your involvement in your healthcare decisions.

Once again, effective consumer and community engagement is integral to facilitating patients and clients, and their families and carers through the health care journey.

The THOs as they currently stand, and the THS as it will be, also have a significant responsibility to provide advice and education to General Practitioners and private medical, nursing and allied health professionals as the primary referrers to public health services in order to facilitate patients and clients accessing the right care, at the right time, in the right place.

There is a significant body of work to be undertaken in the form of a mass statewide media campaign to support consumer engagement and education regarding health care standards and promotion of the patient and clients involvement in decision making. In accordance with the National Safety and Quality Healthcare Standards and Ministerial Charter issued by the Minister for Health and Treasurer under section 39 of the *Tasmanian Health Organisations Act 2011*, THOs are required to deliver health services and health support services that are consistent with the intent of the *Australian Charter of Healthcare Rights*. Patient and client involvement in decision making is a key element of this Charter.

Strengthening our public-private partnerships

- What public-private partnerships should we explore for the delivery of health services in Tasmania

THO-South has been working very closely with the Hobart Private Hospital and Calvary Healthcare to develop public-private partnerships. We have contracted with Hobart Private Hospital to undertake 117 lap banding procedures funded under the Tasmanian Health Assistance Package, and are working with Calvary to outsource a number of neurosurgical procedures funded under the Rebuilding Health Services Elective Surgery initiative. THO-South is also exploring options to outsource a cohort of ophthalmology procedures. In each of these instances, THO-South has determined that patients will receive their care in a more timely manner if the procedures are outsourced. THO-South has also identified that it is more cost effective to outsource these procedures than to undertake them in house.

THO-South has been strengthening ties with the local private sector regarding cardiology, cardiothoracic surgery and palliative care services. If there was increased appetite to strengthen public-private partnerships, services such as these as well as rehabilitation and maternity services, are the services most amenable to public-private partnership models. Natural synergies already exist with these services in the private sector, as they currently provide these services and it is likely that there is latent capacity for the private sector to undertake additional and more routine cases. However, it is important to note that to move the majority of routine cases to the private sector may cause greater inefficiency in the public sector due to a more complex and expensive caseload and potential obsolescence of existing resources, so if this were to occur, it would be important for the waiting lists to continue to be managed by the THS. If public-private partnerships are explored on a larger scale, consideration will also need to be given to the capital and equipment infrastructure investments made by the public sector.

Emergency Department access is another challenge of the State's public health system and opportunities to partner with private hospital Emergency Departments could be considered as part of the solution, particularly for category 3, 4 and 5 presentations. In Hobart, the relative close proximity of the Hobart Private Hospital Emergency Department has lent itself to shared patient flow arrangements and more recently partnering in a Commonwealth funded program improving education and training of ED Medical and Nursing staff. Further opportunities should be encouraged.

Strengthening our interstate partnerships

- What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service

THO-South has encouraged departments and business units to provide independent submissions to the Green Paper based on their clinical expertise and experience. As such, this response will not specifically identify low volume services which could benefit from strengthening or establishing relationship with other jurisdictions. However, from a first principles perspective, Paediatric cardiology is a very technical specialty and a service that we have built a strong relationship with the Royal Children's Hospital in Melbourne, due to the very small number of cases presenting each year. The model for this service, with care managed between local specialists and the team at the Royal Children's Hospital, either in Melbourne or through a visiting service, is a sound model that could work for other small volume services.