

Grey, Christine W (DHHS)

From: Rob & Karen Bohmer <bohmer@tassie.net.au>
Sent: Friday, 6 February 2015 4:25 PM
To: One Health System (DHHS)
Subject: Centralisation

To whom it may concern

Re: Tasmanian centralisation

I work as an Upper gastrointestinal surgeon at the RHH and in private. I strongly believe that health services should be centralised in Tasmania, there is good evidence this improves outcome in complex surgery, where this happens in Tasmania I personally do not care as long as local politics do not come into the decision. The critical point I think is that complex surgery needs to be done in the future in teams, a single surgeon doing small volumes is not sustainable. From my perspective upper GI/HPB surgery is a prime example where a 3 person unit should provide a service for Tasmania. I note in the Green paper a focus on oesophageal and pancreatic surgery is discussed but liver resection and gastrectomies are not included for some reason. There is little mention of cancer care nurses/co-ordinators in future cancer surgery planning, this needs to be included. Upper GI cancer patients currently have no support to navigate the complex system and multiple investigations required to treat them. There is good evidence that multidisciplinary team meetings provide better care for cancer patients and this needs to be funded, at present there is no radiologist funded at the RHH MDT! This makes a mockery of being a tertiary referral centre. Obviously complex surgery needs adequate backup by other speciality groups esp ICU, interventional radiology, gastroenterology and oncology. Obviously if services are centralised then better access to theatres and ICU would have to occur for patients. Radiation services including a linear accelerator in a small town like Burnie as has been discussed, is simply crazy. The money this would cost to run would be far better used to improve health access and transport to all patients. This again is spreading expertise rather than centralising services. Personally, if upper GI surgery is not centralised somehow this year then I will choose not to continue providing complex upper GI surgery in Hobart, a unit with 3 surgeons is the only sustainable way forward. Flying patients to Melbourne for complex surgery is not a great solution, often patients need weeks in hospital if complications occur, the work up and post-op care would also have to happen in Melbourne meaning multiple visits for each patient. The issue of private and public patients and where their surgery should occur if complex also needs to be considered.

Regards
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