



Tasmanian Council of Social Service

**Submission to the Tasmanian Department of Health and
Human Services**

on

Primary Health Services Plan Issues Paper

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Introduction

TasCOSS once again welcomes the opportunity to participate in the public consultations on future planning for Tasmania's health system, including providing responses to both the Clinical Services Plan and *Primary Health Services Plan Issues Paper*.

We believe that primary health services are a key element of an effective health care system, since it is at the primary level that health is maintained, early interventions are made where necessary, and movement to the acute care level can be minimised. We want to stress our belief that it is essential that primary health services receive the same political and resource commitment that clinical services and the new Royal Hobart Hospital appear to have. We believe that this is fundamental to health service planning and delivery. It would be regrettable from our perspective if through the current health system reform process primary health care emerges as the 'poor relation' within the health system.

Given the short time allowed for responses to this *Issues Paper*, we have kept our response relatively brief; however, we hope that our comments will be useful in the planning process.

Overall

TasCOSS supports both the principles on which the plan is based and the plan itself, including the altered and clarified roles for rural and urban primary health centres, improved communication and collaboration within the system and between systems, and a substantially increased emphasis on health promotion, preventative strategies, early intervention and self-management. We would, however, like to make some comments on several specific issues relevant to the overall plan, which are included below.

TasCOSS believes that the *Issues Paper* makes a cogent case for the re-allocation of financial resources within Tasmania's primary health system. TasCOSS would support this provided that funds were directed to increasing access to primary health services throughout the state. This would involve not only the development and implementation of effective transport systems, as discussed below, but also the expansion of particular services to ensure increased access. Such services include community health centres, affordable after-hours GP services, health promotion and education programs, and specialised primary health services provided by the non-government sector, for instance, in relation to alcohol and drugs, mental health and chronic diseases.

TasCOSS sees this planning process as an opportunity to significantly strengthen primary health services in Tasmania, and to redress the imbalance in both funding and prominence between the clinical and primary health services.

Transport

The first issue raised by our members in response to the *Issues Paper* is transport. This is not only a critical issue currently in the Tasmanian health system, but will also be a key to the successful implementation of a new primary health services plan. While the issue of effective transport is mentioned in the *Issues Paper*, we believe that it is not given the prominence it requires.

We understand that a major review of passenger transport services is currently being undertaken by the Department of Infrastructure, Energy and Resources (DIER) and we look

forward to the emergence from that review of a state-wide strategic plan for current and future transport needs and of improved transport services throughout the state.

However, in addition to current transport needs, the re-organisation and rationalisation of Tasmania's health services system being undertaken in this planning process is predicated on an effective non-emergency health-related transport system. The current non-emergency transport system in Tasmania is under-funded and inappropriate, relying as it does on volunteer coordinators and drivers and on informal arrangements. TasCOSS believes that this compromises not only safety, but also equitable access to services.

Without a significant injection of well-targeted funding to provide for the effective coordination and provision of professional health-related transport services, we fear that little will change. It is obviously impossible for health services of all kinds to be provided safely and sustainably in every community in the state, as the planning documents demonstrate. It is therefore essential that access to centrally located services must be provided across the state. This must not be considered as an afterthought, but as a key infrastructure requirement put in place concurrently with any changes made to services.

TasCOSS recommends that the establishment of an effective and efficient non-emergency transport system operating in communities throughout the state be a key consideration in the primary health services planning process.

The role of non-government organisations

While the *Issues Paper* acknowledges the role of the community, or non-government sector in providing community care services, it does not mention the wide range of other primary health services provided by the sector. Many non-government organisations actively provide primary health services in Tasmania, these include the Tasmanian Council for AIDS, Hepatitis and Related Diseases (TasCAHRD), the Asthma Foundation of Tasmania, Arthritis Tasmania, Family Planning Tasmania, The Link Youth Health Centre, the state-wide Aboriginal Health Service, the MS Society, Hobart Women's Health Centre, Headway, Meals on Wheels, Alzheimer's Australia (Tas), Royal Guide Dogs for the Blind, Hospice Care Association, to name only a few.

These organisations and others like them play a vital role in the primary health system in providing direct services and health promotion and education activities, and in complementing the work of government services. Non-government organisations often operate on relatively small budgets and also contribute extra funds to the primary health system through their own fund-raising efforts. The primary health system in Tasmania comprises a dynamic mix of government, non-government and private services, however, we feel that the *Primary Health Services Plan Issues Paper* understates the important role played by the non-government sector in that system. That sector not only needs recognition, but also requires ongoing government support so that it can continue to play the important role it does in primary health service provision in Tasmania.

Rural hospital beds: primary health services?

An issue of concern to TasCOSS is the high percentage of the DHHS Primary Health budget (44%) directed to rural hospitals and their inpatient services. We would assume that inpatient services in urban and rural hospitals principally concern the provision of clinical services and should therefore be funded from the Acute Services budget, rather than the Primary Health budget.

We understand that many rural hospitals and multi-purpose centres which have inpatient beds also provide primary health services, and it is proper that these activities be funded from the Primary Health budget. However, other activities, such as inpatient services and aged care should rightly be funded from the appropriate parts of the DHHS budget.

TasCOSS contends that the high percentage of the Primary Health budget spent on rural hospitals masks the serious underspending by the Tasmanian government on actual primary health services. The percentage of the Primary Health budget spent on community health centres, for instance, is alarmingly low at 5% , especially in light of the central role community health centres play in providing primary health services throughout the state.

TasCOSS recommends that an outcome of this planning process be the re-allocation of expenditure on hospital beds used in providing acute care services to the Acute Services budget and that any items within the Acute budget that might more appropriately be considered primary health services, be likewise re-allocated to that budget. This would provide a clearer picture of funding priorities and a better understanding of the actual allocation of funds within the DHHS budget.

Other issues

TasCOSS supports many of the initiatives and examples of activities and services suggested in the *Issues Paper* to improve the coordination and provision of primary health services.

There are many good ideas in the *Issues Paper* and we name just a few below.

TasCOSS supports:

- an **increased primary health role for rural health centres**, the development of **Primary Health centres** in urban areas and an expansion of their services, including collocation with outpatient and day patient services currently being provided in acute hospitals. This latter plan appears to be a rational use of resources and one which not only places services in the community where they are most appropriately located, but also has the potential to take some pressure off the acute care system.
- the **expansion of activity in health promotion, prevention, early intervention and self-management of chronic disease**, including an increase in the number of Health Promotion Coordinators employed by DHHS across the state. DHHS Health Promotion Coordinators maintain a high profile in the community with their involvement in and initiation of health promoting activities. We support an expansion of this program and suggest that Health Promotion Coordinator positions might also target particular ‘at risk’ communities within Tasmanian society.
- the introduction of **additional after-hours GP clinics** in the state, and we would like to see such clinics offer Medicare bulk-billing to increase their accessibility, and to contribute to taking some of the pressure off public hospital Emergency Departments. People living on low incomes can often not afford the high up-front cost of after-hours GP services and, as a result, some may present at Emergency Departments in order to receive treatment that would more appropriately be delivered by GPs.
- the establishment of **primary health partnerships** at a local level with a focus on linking service providers in the interests of better coordinated treatment and management for health services users.

- working towards **expanding access to Medicare benefits** to allied health professionals so as to not only increase access to professional health services other than those provided by medical doctors, but also to provide greater sustainability for more primary health services.
- the trialling of mechanisms for **simpler access to community care services**. TasCOSS undertook research in 2006 on consumers' experiences of getting access to HACC services. The research report, *Finding Ways to Stay at Home*, includes recommendations for improving access and may be useful in establishing trial access mechanisms. Copies of the report are available from TasCOSS.
- other initiatives designed to address **health workforce** shortages in Tasmania, including further development of roles for nurse practitioners, and the expansion of training for allied health professionals in Tasmania.

We hope that our comments on this *Primary Health Services Plan Issues Paper* are useful. TasCOSS sees this planning process as a unique opportunity to make fundamental and positive changes to the full range of Tasmanian health services that will result not only in a more rational use of scarce resources, but also in improved health status outcomes for all Tasmanians.
