



Tasmanian Council of Social Service

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

on

Clinical Services Plan Issues Paper

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Introduction

The Tasmanian Council of Social Service (TasCOSS) welcomes the opportunity to participate in the current health services planning process for Tasmania. TasCOSS is the peak body for the Tasmanian community services industry and its membership comprises individuals and organisations interested in and involved in the provision of community-based services throughout Tasmania. TasCOSS represents the interests of its members and their clients, largely low income and disadvantaged Tasmanians, to government, other decision-making forums, the public and the media.

TasCOSS has a long-standing interest in health policy and service provision in Tasmania. Many TasCOSS members are actively involved in providing primary health care services, including home care and nursing, health education, support for chronic conditions, direct population health services, advocacy and health promotion activities. In 2006, TasCOSS established a Health and Well-being Policy Working Group – comprising members and others involved in the health policy arena as service providers, managers, advocates and consumers – to assist TasCOSS with the analysis and development of health and related policy. In addition, TasCOSS carries out ongoing consumer consultation research for the joint Commonwealth-State Home and Community Care (HACC) program. This provides TasCOSS with a sound basis for its policy work in primary health care involving frail aged and disabled Tasmanians living at home.

We welcome this planning process initiated by the Department of Health and Human Services (DHHS). The process provides the opportunity for significant positive change in the Tasmanian health care system. The provision of health services is obviously a vital area of government policy and one which affects all Tasmanians sometime in their lives. We trust that the planning processes being carried out concurrently – that is, the Clinical Services Plan, the Primary Health Services Plan and plans for the redevelopment of the Royal Hobart Hospital – will be brought together to create an integrated, sustainable, accessible and effective health care system for Tasmania for many years into the future.

TasCOSS expertise is obviously not in the clinical services arena, rather we approach this *Clinical Services Plan Issues Paper* from a community services sector perspective with concerns for health system integration, access and consumer participation. Therefore, we have not addressed every question posed in the *Issues Paper*, but have focused on particular questions and issues that we are qualified to comment on. We begin our response to the *Issues Paper* with an observation about the social determinants of health and their relationship to this planning process.

Social determinants of health and the planning process

The *Clinical Services Plan Issues Paper* clearly outlines the context of the planning process, including the relatively poor health status of the Tasmanian community. In addition, it must be understood that socio-economic factors, such as income, education and employment, also determine health status and contribute to inequities in access to health services.¹

Tasmania is the Australian state with the lowest average household income, the lowest workforce participation rate, the lowest educational retention rate for years 10 to 12 and the

¹ Australian Institute of Health and Welfare (2006), *Australia's Health: the tenth biennial health report of the Australian Institute of Health and Welfare*, Cat. No. AUS73, AIHW, Canberra, pp 153-156.

highest unemployment rate.² Given that these factors all contribute to creating and maintaining the poor health status of the Tasmanian population, it is clear that improvements in health status must be a whole-of-government endeavour and not something that can be addressed solely through DHHS policy planning processes.

Improved access to secure and affordable housing, to rewarding employment, to support for improved educational outcomes, and to adequate levels of income are key factors that have the potential to positively affect health outcomes. This underlines the need for a broader approach to planning for better health in Tasmania and is a major focus for the ongoing work of TasCOSS and its members.

Question 1

Please comment on the principles proposed as a basis for the Clinical Services Plan. Are they comprehensive and appropriate? Do they define an appropriate balance between access to health care services and service safety, effectiveness and efficiency? Should any additional principles be considered?

As a basis for the Clinical Services Plan, TasCOSS believes these principles are generally sound and appropriate. However, we would like to comment on several of the principles outlined in the *Issues Paper*, and to suggest that others be added. In addition, we believe it is imperative that the principles be backed by a clear commitment by Government to provide the resources necessary to ensure that the principles are both well established and well maintained by the public hospital system that results from this planning process.

While we accept and strongly support the principle that hospital services should be accessible, ‘as close as possible to where people live, provided they can be provided safely, effectively and at an acceptable cost’, we would like to see the addition of the words ‘to the community’ added at the end of that statement. That would clarify that the cost referred to here is a health system cost, not a cost to individuals using the system.

In relation to the principle of access, TasCOSS would like to see the addition of a principle regarding the cost of health services that demonstrates a commitment by Government to the provision of free, universal, high quality public health services, in the interests of the health of all Tasmanians. Cost to consumers can be a major impediment to access to health services and TasCOSS believes that the cost-free nature of public hospitals should be a fundamental and explicit principle of public health services planning.

Access to public health services is obviously a critical factor in ensuring equity in the health system. While distance from services and cost are obviously important, other access-related factors are equally important. These include physical access to services for people with disabilities, assistance with language barriers for people from non-English speaking backgrounds and/or with other communication-related difficulties, and the provision of adequate services to ensure their timely accessibility.

We particularly support the principle that the major public hospitals should be ‘integrated with community based services’. In fact, TasCOSS believes that it is difficult to separate

² ABS (2005), *Household Income and Income Distribution, Australia 2003-04*, Cat. No. 6523.0, ABS, Canberra; ABS (2007), *Labour Force Australia, January 2007*, Cat. No. 6202.0, ABS, Canberra; ABS (2007), *Schools, Australia, 2006*, Cat. No. 4221.0, ABS, Canberra.

policy planning for clinical and primary health services since the two are, or should be, inextricably connected. While we appreciate that the Department (DHHS) has chosen to carry out concurrent planning processes, we are concerned that this might function to further bifurcate health policy thinking and to thereby maintain the lack of health system integration that has been identified as a problem in various analyses, including recently in both the *Primary Health Strategy for Tasmania: Discussion Paper* and the consultants' report, *RHH Phase B Development Plan Study*.³ We therefore stress the importance of an integrated health system and one that maintains a clear focus on keeping Tasmanians healthy, rather than primarily dealing with curative health treatment.

While TasCOSS sees service integration as a key principle in the health services planning process, it is one that will require not only physical restructuring, but also a significant cultural shift within Tasmania's health care system. The recent *RHH Development Planning Study* notes,

*A review of how services are delivered at the RHH demonstrates a lack of integration and partnering with associated service providers. The implications of this are that strong inpatient-based models exist with an inability to divest components of care to community-based services and other service providers with any degree of success.*⁴

Cultural change will be a challenge for planners and administrators, but it is vital that it is actively pursued. TasCOSS research with HACC consumers underlines the importance of a highly functional interface between public hospitals and community services to ensure the effectiveness of both types of services.⁵ Effective and practical discharge procedures in particular are critical to successful recovery, avoidance of re-admission and/or loss of independence.

Throughout the *Issues Paper*, reference is made repeatedly to the necessity for 'safety, effectiveness and efficiency' in the Tasmanian public hospital system. While we agree that these attributes are wholly appropriate and essential, we contend that a further essential element of quality health services should be added as a fundamental principle, and that is: compassion. Clinical health services are used by people in crisis who find themselves unwell, frightened and vulnerable in an unfamiliar environment. Compassion in the delivery of health services is, in our view, essential. An explicit statement of this in policy will ensure that compassion sits, as a fundamental attribute and an equally valuable principle of a quality health care system, alongside safety, effectiveness and efficiency.

Question 2

Please comment on the models for local, regional, and statewide services and the general service design principles. Are they comprehensive and appropriate?

TasCOSS supports the models for services outlined in the *Issues Paper* and believes that they demonstrate a rational approach to the provision of clinical services to a relatively small and dispersed population. However, it is essential that the models in practice be comprehensively

³ DHHS (2006), *A Primary Health Strategy for Tasmania: Discussion Paper*, October 2006, p. 6; and Conrad Gargett Pty Ltd (2006), *Royal Hobart Hospital Phase B Development Plan Study: Executive Summary*, September 2006, p. 8.

⁴ Conrad Gargett (2006), p. 8.

⁵ TasCOSS (2006), *Finding Ways to Stay at Home: Home and Community Care Consultation Report 2006*, TasCOSS, Hobart, p. 35

supported by effective and accessible patient transport services, as well as other critical patient support services, such as transport, accommodation and emotional and financial support for family members and/or others providing personal care for patients. Having to travel away from home for particular clinical services, while obviously necessary for many Tasmanians, can be a difficult, stressful and expensive experience. The health care system must ensure that transport and other services, as mentioned above, are available so that access to services is based strictly on need. Safeguards must be put in place to enable low income and disadvantaged Tasmanians to access the health services they need wherever they are located in the state.

It is clear that the implementation of the service models described in the *Issues Paper* will necessitate a considerable improvement in transport services. Currently there is a heavy reliance on volunteer and informal transport in the health system, and TasCOSS believes that this compromises not only safety, but also equitable access to services. The service models described here will not work for health consumers (and will not be ‘patient focused’) if a comprehensive patient support infrastructure is not also implemented. It is therefore vital that funding for non-emergency community transport be part of an effective clinical services plan.

Equally essential to the practical success of the statewide services model and the regional referral model is a comprehensive local service system providing primary health services, post-discharge treatment and support, and a range of allied and preventative health services. Clinical treatment, if kept at a safe and effective minimum treatment time, must be buttressed by post-clinical services such as nursing, physiotherapy, and so on.

TasCOSS particularly supports well-resourced local – including rural and regional – multi-function health services. Such services are vital components of the interface between hospital-based clinical services and communities, and also provide access to primary health services at a local level, including health education and promotion activities, and non-clinical health services that enable people to live safely and independently at home. TasCOSS HACC consumer research has demonstrated the value of such community-based health centres to consumers in the provision, not only of GP, nursing and allied health services, but also of access points for information and referral to other support services.⁶

In relation to general service design principles, TasCOSS believes there is a need for clear and robust indicators of effectiveness as an essential part of an evaluation system of the service models in practice.

Question 4

What factors may inhibit implementation of these models and principles?

Imbalance of health services

Many factors could inhibit the implementation of these models and principles. Primary among the factors is the culture of the Tasmanian health care system which puts doctor-focused curative medicine at the forefront. While health outcome research has repeatedly demonstrated the efficacy of a primary health care system approach for better health status outcomes, few state or territory governments have chosen to make the long term investment necessary for this to occur. Most opt instead to direct the majority of health resources to clinical services in order to deal with acute health problems, many of which could be avoided

⁶ TasCOSS (2006), pp. 26, 34, 39.

through effective primary health care infrastructure and services. This is an ongoing conundrum of health policy, and one that must be addressed in this planning process.

Recent budgetary allocations within the Tasmanian Department of Health and Human Services demonstrate the disparity between services types. The Acute Services Group, comprising the state's three major hospitals and the ambulance service, was allocated \$639.4 million in 2006-07, an increase of 10.1% on the previous year. In contrast, the Community Health Services Group which includes mental, oral, population and primary health services, received \$396.9 million, up by 6.8% from the previous year. It should be noted that Tasmania's rural hospitals are funded within the Community Health Services Group and account for almost 60% of that budget.

The current pressure on Tasmania's major hospitals, outlined in the *Clinical Services Plan Issues Paper*, is to some extent caused by, and is certainly exacerbated by deficiencies in the primary care sector. Increased usage, for instance, of hospital Departments of Emergency Medicine (DEMs) is partially the result of inadequate access to affordable, community-based GP services, and especially to such after-hours GP services. People in need will seek treatment where they can get it – people without transport may call an ambulance. Others, finding an after-hours GP service closed at 10pm or not having the cash to attend a GP service that does not bulk-bill, will make their way to the local public hospital. In some cases, for instance, where people with disabilities are unable to access appropriate care in a community setting, the public hospital system becomes a safety net – an inappropriate and far more expensive alternative.

Of course a balance must be struck between the needs of the clinical services system and primary health services, since both are vital to Tasmanians, and this planning process offers the opportunity to strike that balance. TasCOSS believes that the primary health care sector is chronically under-developed in Tasmania and that resources invested strategically in the primary health services, and particularly in health education and promotion, can result not only in better long-term health outcomes, but also in enormous savings in the acute care sector.

Integration of services and training

The principle of hospital services integration with community based services, as discussed above, is inhibited by an entrenched hospital culture that does not look outside itself to other parts of the health care system. This 'silo' approach to health care must be broken down to improve health outcomes, and a holistic approach – both to the continuum of health care services and to the whole person being treated – must be adopted.

An important place to focus moves to change the orientation of the health system is in the training of the future health care workforce. Primary health care could be emphasised in medical education courses, and associated skills, including health system integration and collaboration skills, could be taught as fundamental competencies. In addition, the training of all health professionals could be more integrated so that future health service providers have a better understanding of the nature of each related occupation, including roles, responsibilities and professional foundations. This would contribute to better integration of health services at all levels.

As discussed previously, the lack of adequate primary health care resources at a local health system level will certainly inhibit the success of the regional referral and statewide services

models. Equally, the lack of adequate low cost transport and support services for patients and their supporters will render the models ineffective and inequitable.

Conrad Gargett, in its *RHH Development Planning Study* states that notable trends in health care provision include,

*Improved patient pathways through transitional care, proactive rehabilitation and partnerships with the private sector and other agencies to move non-acute persons out of acute beds more efficiently.*⁷ (2006, 6).

The desired end point is the movement of clients back to their communities. Consequently, the principle of good integration requires adequate resource allocation for rehabilitation / transitional care wards, very good discharge planning processes, and a shift from an exclusively medical model of care to a multi-disciplinary, broader community-based model of care.

Consumer participation

In relation to the principles, a patient focussed public health service will be inhibited by a lack of consumer consultation – principally, by a lack of involvement with consumers in planning of services, and in ongoing governance and evaluation processes.

In our submission to the Tasmanian Government regarding its 2007-08 Budget, TasCOSS has called for resources to be invested in a Tasmanian health consumers representation and advocacy body.⁸ Such a body would not only provide a range of advocacy and information services to health consumers, but would also provide a representative voice for health consumers in the policy process alongside Government, health service providers and other interest groups. TasCOSS believes that consumers must be actively involved in the planning, implementation, governance and evaluation of health services if these services are to be truly consumer (or patient) focused.

Conclusion

We hope that our comments on this *Clinical Services Plan Issues Paper* and the health services planning process are useful. TasCOSS sees this process as a unique opportunity to make fundamental and positive changes to the full range of Tasmanian health services that will result in improved health status outcomes for all Tasmanians. However, we reiterate the need for a whole-of-government approach to long-term improvement in socio-economic factors affecting Tasmanians and their health. Necessary improvements include increased educational retention rates and attainment levels; increased work opportunities, especially for the long-term unemployed; secure and affordable housing; and more effective and better targeted poverty alleviation strategies.

⁷ Conrad Gargett (2006), p. 6.

⁸ TasCOSS (2006), *Human Services, Human Rights: TasCOSS Submission to the Tasmanian Government's 2007/08 State Budget*, TasCOSS, Hobart, pp 25-26.