



# EXECUTIVE SUMMARY

## Independent review of the delivery of health and aged care services in the Central Highlands - THE FINDINGS

JULY 2008

**mmt**  
CONSULTANCY SERVICES

Prepared by MMT Consultancy Services, in association with Fresbout Consulting.



## EXECUTIVE SUMMARY

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In April, 2008, the Australian and Tasmanian Governments funded an independent review of the future health and aged care needs of the Central Highlands Community.

The main task was to independently review the viability of a proposal to establish a Multipurpose Service (MPS) in the Central Highlands municipality of Tasmania.

The individual tasks of the brief were to:

- Review the information collected by the Department of Health and Human Services (DHHS) and consider any other material, which may be from any source provided during the consultancy, including the consultations with the Central Highland community and other stakeholders;
- Develop a report providing advice to the community, the Tasmanian and Australian Governments as to the viability of the proposed MPS; and
- Provide advice as to alternative means by which health and aged care services at Ouse could be improved if it was considered that a MPS model in the Central Highlands municipality was not viable.

The Evaluators:

- Met with the Steering Committee and agreed on methodology.
- Previewed information held by DHHS and other material.
- Drafted a notice advising of consultations to be held in the Central Highlands for distribution to the residents of the Central Highlands and other stakeholders.
- Drafted and placed advertisements in the local paper advising of the consultations and calling for written submissions.
- Conducted consultations with the local community in the week beginning 28th April 2008 in four locations (Ouse, Bothwell, Miena, Wayatinah) in the Central Highlands and with other stakeholders.
- Met with the Steering Committee to provide feedback.
- Received submissions.
- Compiled and analysed the submissions and additional data.
- Drafted a Consultation Booklet that contained information from the 1st round of consultations, findings to date and options for further discussion.

- Copies of the booklet were circulated to residents of the Central Highlands and other stakeholders.
- Conducted a second round of consultations in the week beginning 2nd June 2008 in Ellendale, Ouse and Bothwell (2 meetings) and another call for written responses.
- Conducted further data analysis
- Drafted a report for the Steering Committee's comment.
- Met (via teleconference) with the Steering Committee on a number of occasions.
- Finalised the report.
- Presented the findings to the community and Governments at a meeting in Ouse on 17th July 2008.

## APPRAISAL OF MPS

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In order to assess the viability of an MPS a range of criteria were developed and included in the Consultation Booklet. These were presented to the community at the second round of consultations for comment.

The following criteria were applied to the MPS proposal.

To what extent does the MPS:

- Meet the priority needs identified by the community?
- Contribute to a robust health and aged care service that will continue well into the future?
- Enable a comprehensive and integrated range of services that will meet the changing health and aged care needs of the community?
- Ensure a quality service for the community?
- Enable the recruitment of a sustainable skilled workforce in the area to ensure safety of client care?
- Rely on the provision of a local medical service in the longer term?
- Maximise the resources and the facilities that are available in the region?
- Provide the opportunity to attract new funding to the region?
- Support the principles of the Tasmanian Health Plan.

An assessment of the criteria is outlined in the next table.

CRITERIA	MPS OPTION
Meet the priority needs identified by the community.	Hospital and residential aged care beds will be able to be provided, subject to the high risks of being able to sustain the service. Additional funding will be required to meet other priority needs identified by the community.
Contribute to a robust health and aged care service that will continue well into the future.	Uncertainty of the continuation of the hospital will continue because of workforce shortages.
Enable a comprehensive and integrated range of services that will meet the changing health and aged care needs of the community.	Without additional funding the MPS will only provide hospital beds, residential aged care places and only a small amount of community services.
Ensure a quality service for the community.	The risk of staff shortages for the hospital puts the quality of services for the inpatients and residents at risk.
Enable the recruitment of a sustainable skilled workforce in the area to ensure safety of client care.	Retaining the hospital will not guarantee a sustainable skilled workforce. The distance from urban centres will place further pressure on attracting staff to the region.
Rely on the provision of a local medical service in the longer term.	The provision of hospital beds relies on a medical service in the longer term, which cannot be guaranteed.
Maximise the resources and the facilities that are available in the region.	Resources would continue to be allocated to a small number of people in the population.

## CRITERIA (continued)

Provide the opportunity to attract new funding to the region.

Support the principles of the Tasmanian Health Plan.

The services provided by Tasmania's primary health services should be:

- accessible as close as possible to where people live provided they can be provided safely, effectively and at an acceptable cost;
- appropriate to the community's needs;
- client and family focused;
- designed for sustainability;
- integrated with the other elements of the health service system;
- focused on health promotion, illness prevention and early intervention; and
- delivered in a culturally appropriate manner.

Where services cannot be delivered safely, effectively and at an acceptable cost from within local communities, access to services should be facilitated through service coordination, the provision of outreach services from an external base, the use of technology, transport assistance and other appropriate community support.

## MPS OPTION (continued)

Yes, through the proposal to employ a Business Development Project Officer. Although there will be a low service base that the Project Officer will be starting from.

The MPS option does not meet the principles relating to sustainability, acceptable cost, appropriateness, safety, or service integration.

The option is also not focussed on health promotion, illness prevention or early intervention.

The MPS option is focussed on delivering local hospital and residential aged care services. It cannot be guaranteed that these will be able to be provided safely, effectively or at an acceptable cost in the future

# CONCLUSION

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The Evaluators acknowledge that there is a high level of support in the community and businesses to retain the Ouse District Hospital (ODH) and agree that the community needs access to hospital beds and residential aged care places.

However, it is the Evaluators' view that establishing an MPS in the Central Highlands would not meet all of the objectives of an MPS, particularly in relation to quality of care and long term viability.

The Evaluators have determined that any option that includes the provision of beds or residential places locally, including a proposed MPS, is not safe in the long term, and therefore not a viable solution to meet the health and aged care needs of the community in the future.

The findings that support these views are outlined below.

## **QUALITY OF CARE AND CLIENT SAFETY**

### **Staffing Shortages**

Tasmania is experiencing considerable difficulties in recruiting and retaining nurses, particularly in rural and remote areas of the State. This problem is not unique to Tasmania and is being experienced internationally as well as in all other States and Territories of Australia.

The Directors of Nursing of the ODH have had extreme difficulties in maintaining a 24/7 nursing roster for some time reporting that the pressure has impacted negatively on their own health and wellbeing.

The existing staff have assisted to keep the ODH operating by increasing their hours of work, deferring recreation leave and at times agreeing to return from leave early to maintain the roster at the ODH. Staff of the hospital have accrued a significant level of annual and long service leave which is poor management practice and can no longer continue. Agency nurses have been contracted as well as nurses from other hospital sites to enable the hospital to continue, which impacts on the continuity and quality of care of patients and residents.

If the hospital remained open, many of the issues relating to managing the roster will certainly continue.

Staffing shortages are a direct threat to the delivery of safe in-patient and residential aged care. The risk of closing the hospital temporarily

when staff are unavailable does not provide security or continuity of care for the residents or patients. The lack of a critical mass of qualified personnel in the ODH means staffing shortages will continue to occur, if not now, then in the medium term.

Regardless of the number of beds/places or if the model was an MPS, any effort to increase the beds or residential places to increase the critical mass would mean that more patients and residents will be put at risk. With the current staffing shortages it is highly unlikely that the required number of staff would be attracted to the ODH in the long term and thus ensure its viability.

The ODH competes for staff with all other hospitals in Tasmania and would continue to do so no matter what the bed/place numbers. The DHHS has had difficulties for years to attract suitable applicants for positions for the ODH as well as other hospitals. Solutions for attracting nurses are long term and have been implemented across Australia with limited success eg attracting overseas nurses with suitable qualifications. Even if the DHHS had the best recruitment procedures in place this would not guarantee that staffing would be attracted to the ODH in a sustainable way for the future.

## **24/7 Emergency Care**

Very few people are treated at the ODH for urgent medical issues and it is rare for an ambulance to take a patient to the ODH.

There are a range of risks in relying on the ODH as a 24/7 emergency service as follows:

- The service relies on having access to registered nurses with a good understanding of primary and secondary assessment, sound emergency triage skills, good knowledge of how to use emergency equipment and good knowledge of the processes for accessing after hours medical and emergency response services. Whilst Regional Hospital nurses have these skills, very few rural hospital nurses have this experience and background.
- It is becoming increasingly difficult for the DHHS to recruit experienced agency nurses with a rural emergency background.

- The current staffing situation in Tasmania cannot ensure sufficient registered nurses in the ODH with adequate skills for 24/7 cover (and cover for sick leave, unplanned extended leave, annual leave and leave for continuing education).
- It is not safe for a registered nurse to be dealing with emergency conditions with only the support of an enrolled nurse or careworker on duty at the ODH, while at the same time being responsible for caring for inpatients and residents (such as, overseeing medications, intravenous fluids or assisting people with basic services, such as toileting).
- While the staff in the hospital provide reassurance and stabilisation for people who attend the emergency service, it is the Evaluators' view that calling an ambulance immediately or GP Assist is a safer and more viable long term option.

It is acknowledged that ambulance response times need to be improved and a better arrangement needs to be developed for direct access by the community to GP Assist.

## **LACK OF DEMAND FOR ODH**

There are a small number of hospital beds in ODH. Occupancy rates and the number of admissions have been low for a considerable time and were even lower when a GP from New Norfolk had admitting rights to the ODH in 2006. In the last two years there has been an increase in admissions for same day procedures.

There is a lack of demand for the hospital beds in the ODH and the majority of people are going to other hospitals outside of the region. In 2006/07, 91.8% of hospital discharges were for people from the Central Highlands who went to a hospital outside of the ODH (ie 413 of 450 patients).

Efforts to increase occupancy and retain the hospital by managing more beds/places or offering additional services, such as post-acute care would rely on a sustainable and skilled workforce.

With the current nursing shortages this cannot be guaranteed. Increasing beds/places would be a high risk strategy that would continue to threaten the viability of the service.

## **COST EFFECTIVENESS & OPPORTUNITY COST**

Inpatient facilities such as those provided at ODH are basically inefficient because of their size. Making comparisons with facilities of equal size is comparing degrees of in-efficiency. The real cost of providing inpatient services for a very small number of people in ODH is not providing community care and preventive services for a substantially larger number of other people in the community.

This economic assessment alone is sufficient to cause deep concern about the way the community's scarce resources are being used. However, for the Evaluators this is not the key issue. The Evaluators ultimately came to their conclusion because of the unavoidable threat to patient and resident safety that is intrinsic to this type of facility.

Residential aged care places or hospitals are not basic primary health services. They are at the upper end of the aged care and health care system and are therefore carefully planned by the Australian and State Governments because they are high cost services.

Every Australian has a right to access high level aged care or hospital services when they need it, however these high cost services must be limited on a planning basis so that prevention, early intervention and home care services can be available locally for all.

## **LONG TERM VIABILITY NOT ASSURED**

If an MPS was to be established, the long term viability would continually be at risk and questioned by the funders of the MPS, (the Australian and Tasmanian Governments) and therefore the threat of the ODH closing would continue.

This means that the level of uncertainty about the future of the ODH would continue for the community and that staff insecurity would also continue.

## **COMPARISON WITH OTHER MPS**

No direct comparison was made with other MPS' as each MPS in Tasmania and across Australia is unique to its own area and all have a different profile. The size of the population, the types of services available, the number and type of staff, the geographic area covered and the distance to larger towns/cities all contributes to the sustainability of services and in particular the ability to attract staff.

In addition, the Evaluators considered the benefits identified by the community for an MPS and identified the risk as outlined below.

### **BENEFITS FROM COMMUNITY PERSPECTIVE**

Establishing an MPS will secure the hospital beds and aged care places in the future.

### **RISKS FROM EVALUATORS PERSPECTIVE**

With the current workforce issues and the small number of beds/ places and staff these services will not be guaranteed in the future.

The uncertainty of beds/places in the region will continue (if not in 12 months then definitely in the medium term).

The insecurity of employment in the hospital for staff will continue

## BENEFITS FROM COMMUNITY PERSPECTIVE (continued)

The MPS will provide flexible bed use.

Increasing the use of the beds for step-down care and other short term care will increase occupancy and therefore the long term viability of the hospital.

## RISKS FROM EVALUATORS PERSPECTIVE (continued)

The MPS will enable the beds/ places to be used flexibly, but not for community services as the staff establishment must remain. More funding would be needed.

There is a national and international trend to develop hospital avoidance models that will reduce the demand for hospital care. Day surgery and new technologies have already reduced the demand for hospital care. The focus on reducing demand will certainly continue in the future.

The occupancy rates of the hospital beds and the number of admissions have been low for some time.

Efforts to retain the hospital by increasing beds or offering additional services, such as post-acute care and day surgery would rely on a sustainable and skilled workforce. With the current and future regional and state supply of nurses this supply cannot be guaranteed.

## BENEFITS FROM COMMUNITY PERSPECTIVE (continued)

Would retain the GP and  
pharmacy

Older people will be able to  
remain in the community

Staff stability will be assured.

## RISKS FROM EVALUATORS PERSPECTIVE (continued)

This is a decision for the GP  
to make. Other doctors have  
declined offers to work in  
Tasmania because they do  
not want to be responsible for  
providing medical services in a  
small rural hospital.

The delivery of hospital beds  
relies on the availability of a GP  
and if the GP left for any reason  
at all it would put the future of the  
hospital at risk.

This is a further indication that the  
viability of retaining beds at the  
ODH is fragile

There is no certainty that bed  
closures will not occur again in  
the future because of staffing  
issues.

It is more likely that the beds/  
places will be unstable in the  
future because of workforce  
shortages.

Other MPS' are experiencing  
workforce shortages.  
Any option including beds will  
mean that staff stability will not be  
assured.

## BENEFITS FROM COMMUNITY PERSPECTIVE (continued)

Staff would be fully utilised with a 16 bed MPS.

Most services now exist

## RISKS FROM EVALUATORS PERSPECTIVE (continued)

A 16 bed MPS would mean additional capital costs and additional recurrent funding. Putting that aside, recruiting and retaining staff will still be an issue. An MPS is not just about beds it is about the provision of a range of services to best meet the needs of the community. This will require staff to work flexibly within and outside of a hospital setting. The majority of staff in the ODH have indicated that they do not want to work in the community and prefer to work in a hospital environment. This would create problems with allocating staff to deliver appropriate MPS services.

There are significant gaps in health services for people living across the Central Highlands.

For example:

For older people there are gaps in low and high care packages, transition care, rehabilitation, home and community care services and home monitoring.

There is very little support for carers, including respite.

There are gaps in allied health services.

## BENEFITS FROM COMMUNITY PERSPECTIVE (continued)

Most services now exist (continued)

The hospital and medical facilities at Ouse contribute to the emotional well being of the community and this has value to the future health of all residents.

## RISKS FROM EVALUATORS PERSPECTIVE (continued)

There are gaps in transport options.

There are gaps in services for children and young people.

There are gaps in supporting new mothers and families.

There are gaps in supporting people with chronic conditions.

There are gaps in health promotion, preventative services and health assessments undertaken in the home.

It is recognised that hospitals in rural areas provide residents with a sense of security and community.

However, under the MPS option the long term security of the hospital is not assured.

## SUMMARY OF OTHER FINDINGS

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### Population profile

In 2006, there were 2,242 people in the Central Highlands. The highest numbers of people were in the age range 50-59 years, followed by people aged 40-49 years. There were a higher number of children and young people than would normally be expected in a population profile in Australia.

The greatest concentration of people in the Central Highlands live in Bothwell followed by Ellendale, Hamilton, Gretna, Wayatinah, Ouse and Miena. The highest numbers of people aged 75 years and over live in

Bothwell, followed by Ellendale and Wayatinah. More people live in the southern part of the Central Highlands.

The majority of the patients seen by the GPs in Ouse and Bothwell are adults.

### **Outcome of first community consultation**

More people attended the consultations in Ouse, compared to the other three locations, highlighting the concern about retaining the hospital. The first community consultations identified a range of population needs for health and aged care services.

Overall, there was strong support for retaining the ODH services (mainly in Ouse and Bothwell) and expanding hospital and aged care services. However, other health service needs were identified for children, families, young mothers and other members of the community. Transport issues were consistently raised as impacting on access to health services.

### **Other stakeholders**

The gaps identified by other stakeholders included, training and education for nurses, services for families, youth and children, palliative care, respite and better support for people with chronic disease. Other gaps included, immunisation for children and older people, mental health, increased Practice Nurse services and access to a “first aid post” for minor/initial treatment response.

### **GP patient service needs**

A high number of GP patients in the Central Highlands have hypertension, high cholesterol, insulin dependent diabetes and Type 2 diabetes.

### **Ambulance services**

The community raised concerns about the long response times for ambulance services from New Norfolk; however the number of ambulance carries by volunteer ambulances or ambulances coming into the region do not justify a full paramedic service in the Central Highlands. The issue of ambulance response times from New Norfolk needs to be addressed.

## **GP Access**

Improvements are needed to ensure direct access to GP Assist, an after hour medical advice service.

## **Entry to aged care services**

Older people in the Central Highlands are not receiving an ACAT assessment early enough, which delays entry to residential care.

Due to the long length of stay of a number of residents in the ODH, the Evaluators consider that some residents in the ODH may have been assessed inappropriately for high level residential care. If transition care, rehabilitative services or alternative safe accommodation was available, such as an independent living unit, closer to facilities, this may have been a more appropriate option.

## **Aged care services**

There is not a clear understanding by the community that an Aged Care Assessment Team (ACAT) assessment provides a recommendation for both in-home and/or residential care.

Applying the Australian Government benchmark to the population aged 70 years and over for the Central Highlands population means that the community would require access to approximately 22 places across the Southern region of the state. This means that it is highly likely that some older people in the Central Highlands are accessing residential care outside of the region.

There is a shortage of Community Aged Care Packages (CACPs) in the Central Highlands and older people are receiving less Home and Community Care (HACC) services compared to other older Tasmanians.

## **General Practice**

The General Practitioner (GP) in Ouse is based in the ODH and the current facilities are very small.

If the facility did not have beds and residential aged care beds it would not necessarily mean it would be more difficult to attract or retain a GP. The retention of GP services in rural areas is not contingent upon the existence of a rural hospital. There is no evidence that GPs are generally attracted

to rural hospitals. Moreover, the GP Workforce and private GPs seeking to recruit to their practice have experienced doctors not accepting positions in rural communities because there was a rural hospital. Reasons include not wanting to be responsible for inpatient care (and the risks associated with that) and not wanting to provide a hospital on call service.

The Evaluators consider that Group Practices are more sustainable in the longer term to balance life/work and support contemporary practices. Moreover, with the support of Practice Nurses, particularly for chronic disease management and wound clinics, this would provide a positive environment for attracting staff.

### **Carers**

There are significant gaps in support and respite for carers across the Central Highlands and this needs to be addressed urgently to reduce carer stress.

### **Transport**

The State Government is currently examining the potential for significant improvements in transport options, including one telephone number to call to access a service. The Evaluators highly support this initiative as long as the guidelines are flexible enough to incorporate the needs of the community.

### **Business development**

Centralink and Go Highlands are commended for the funding and services that they have attracted to the region. However, there is a need for a dedicated regional person to provide the leadership to build networks, create partnerships and attract increased funding for improved access to health and aged care services.

### **Current facilities**

There are good facilities in the region, such as the Ouse Golf Club premises and the Miena Community Hall that could be better utilised in the future. There are five units next to the ODH, which could be upgraded at a cost of up to \$66,500 for use as independent living units for older people.

## SERVICE IMPROVEMENT

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The Evaluators' conclusion that an MPS would not be viable for the Central Highlands was based on the fact that an MPS must operate at least one residential aged care place. This means that the community cannot access other benefits of an MPS, such as the flexible use of funding to meet the changing needs of the community.

It is the Evaluators' opinion that the MPS model needs to be reviewed. In an environment where many hospital sites are closing across Australia there is a need for a new flexible approach in the way services are delivered in rural and remote areas that does not rely on the provision of 24/7 care in a facility.

Services should be planned on a regional basis with established "hubs" for health service provision in more populated areas to provide a greater opportunity to attract and retain a skilled workforce. Planning must take into account where people usually travel for basic services, such as shopping and banking and address transport issues. Therefore planning should not necessarily be based on municipal boundaries.

Other health services in more local areas need to be "the spokes" that link into the "hub" to ensure access to the most appropriate health care for the local community. In some cases these could be "mini hubs" that provide co-ordinated services across small regions.

Outlined below are some identified areas to meet the health and aged care needs of the Central Highlands community in the future.

### **Mini Hub at Ouse**

- Establish the ODH as a "mini hub" for the delivery of health and aged care services and most importantly the provision of information, with outreach "the spokes" to other areas (where it is most appropriate).
- The name of the service should be identified in consultation with the community and branding and good signage developed.

### **Facilities**

- Improve the GP premises at the "mini hub".
- Make better use of the Ouse Golf Club (eg day programs for older people) and Miena Community Hall (eg visiting health workers).

- Fit out the “mini hub” at Ouse more appropriately as a centre for administrative and planning staff and health workers, with areas for meetings and to undertake group work.

### **Organisational structure**

- Establish an organisational structure that reflects the new role of the service and incorporate the Regional Health Service to ensure joint planning and co-ordinated program delivery.

### **Funding**

- Bring together the funding from HACC and CACPs under the management of the “mini hub” and identify any other funding that could be managed in the region (not funding for visiting services).
- Contract a Business Development Project Officer with one-off funding for four years to attract more funding to the region. Overtime the aim should be for this position to become self-sustainable.
- Establish a system that identifies all of the health and aged care services available in the Central Highlands region to assist to identify gaps, improve planning and to promote services.

### **Transport**

- Transport is a major issue for the community and access to health and aged care services must be improved as a priority.

### **Aged care services**

- Apply to change the status of the 4 residential high care places to EACH packages (Extended Aged Care in the Home) to keep the funding in the region for people who require high level in-home care.
- Apply for additional CACPs and HACC funding.
- Upgrade the units next to the ODH for use by older people on a long term and temporary basis.
- Establish a day program at the Ouse Golf Club for social activities.
- Offer group programs for older people at the “mini hub” focussed on improving their health and well-being (eg preventing falls, managing chronic disease or mental health issues).

- Identify opportunities for the provision of short term transition and/or rehabilitation services that are either delivered within or outside the region.
- Establish an in-home palliative care program.
- Introduce new technology such as video telephones in older people's homes to monitor their well-being and assist with medication management.
- Establish a home maintenance program.
- Increase opportunities for food delivery and outings that include healthy meals.

### **ACAT Assessment**

- Better promote the role of the ACAT as early intervention could potentially delay the need for residential care.

### **Carers**

- Increase the level of access to current services that support carers (of all ages) and/or develop new carer support programs including respite and carer support groups.

### **Nursing and careworkers**

- Establish a Nursing Clinic that operates 8.00am to 6.00pm Monday to Friday from the "mini hub" in Ouse that provides one on one care (face to face or via a video telephone) as well as group health promotion and prevention in collaboration with the Regional Health Service.
- Assist the GPs in Ouse and Bothwell to access a Nurse Practitioner to increase the level of services in chronic disease management and home health assessments (through MBS payments).
- Increase access to community nursing and personal care, including Registered Nurses, Enrolled Nurses and careworkers across the region, with outreach posts, such as one in Bothwell with a visiting service to Miena and the surrounding areas.
- Identify opportunities to provide specialised nursing in the Nursing Clinic such as continence management (which is one of the triggers for residential care).

## **Chronic disease**

- There needs to be an increased focus on the prevention and self-management of chronic disease, including increased diabetes education and support groups across the region.

## **Families, children and young people**

- Develop programs that will support families, including young mothers.
- Increase support for young people.

## **Wellness**

- Identify ways to increase access to services and activities that focus on wellness eg yoga and counselling.

## **Allied Health**

- Identify ways to increase access to allied health services through partnerships, regional arrangements and improved transport.

## **Medical advice**

- Establish a dedicated telephone line for the GP at Ouse so that when people ring the GP after hours the call goes directly to GP Assist and better promote the role of GP Assist in the community,
- Ensure the promotion of the proposed National Call Centre for the provision of medical advice, particularly for people living in rural communities and people traveling or working temporarily in rural areas.

## **Ambulance services**

- The response times from New Norfolk need to be improved urgently.
- Increase training for the community, staff and nurses to improve emergency response services.
- Explore the need for a volunteer ambulance service at Ouse to compliment paramedic services.

## **Access to Emergency Care**

- Develop an after-hours response program that includes GP Assist as the first point of contact through to an ambulance/helicopter response (depending on the level of urgency) and promote it throughout the Central Highlands.

The community identified a range of issues if the hospital and residential care services were not continued, that could not all be addressed in this report. These are outlined in the report.

The Australian and State Governments are strongly encouraged to work with the community and local providers to identify strategies to address the issues the community has identified in order to develop a robust health and aged care service for the future.

The community has put a lot of effort and energy into “saving the hospital” and the Evaluators observed that much of this commitment has arisen from fear of losing the hospital, particularly amongst the older population. To allay these fears all tiers of government need to work to rebuild the trust of the community to ensure that future service improvement is successful.

Copies of this booklet will be sent to all households in the Central Highlands in the next week.

Full copies of the report can be viewed from 24 July, 2008, at the Council Offices, the Ouse Hospital, local Post Offices, schools and shops in the Central Highlands Municipality.

To order a personal copy of the full report please call the Council Office on 03 6286 3202, or it can be downloaded from the following websites from 24 July 08 onwards.

**[www.centralhighlands.tas.gov.au](http://www.centralhighlands.tas.gov.au)**  
**[www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)**

Follow up information sessions regarding implementation will be held in August across the Central Highlands.



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