



TASMANIA'S HEALTH PLAN Clinical Services Plan

Implementation Newsletter Issue 3, October 2007

From the Minister

I would like to take this opportunity to set the record straight about the status of the Clinical Services Plan.

Contrary to recent media reports, it is not on hold. In fact it is being energetically implemented, with significant progress made to date and an even busier schedule for the six months ahead.

There is only one element of Tasmania's Health Plan which I have put on hold until after the 24 November federal election. This has to do with further implementation of the Primary Health Services Plan around the Ouse hospital.

Once the election is over, we will also be able to see what election promises are on the table and how we can work with whichever Federal Government is elected on implementing promises which are in line with Tasmania's Health Plan.

I can tell you now that any offers we accept will have to support our vision of a safe, efficient and sustainable health system under the Plan. The State Government is only interested in proposals that will contribute to a long-term solution to the challenges we're facing – not a short-term fix.

Tasmania's Health Plan is not just the State Government's health plan. It was developed with input from clinicians, nurses and other health experts and stakeholders who have a shared goal of a better health system for all Tasmanians – not just people in the State's South, North or North West.

My Department and I look forward to continuing to work with acute health staff to implement what the AMA last week referred to as "the most important reform of the health system during this generation".

Hon Lara Giddings, MHA

Minister for Health and Human Services

What about the North West?

The redesign of hospital services in north western Tasmania remains a clear priority under the Clinical Services Plan.

In coming months Dr Heather Wellington – who led

development of Tasmania's Health Plan – will consult key stakeholders in northern and north western Tasmania about how services proposed for the Mersey hospital under the Plan would be best delivered to people in these parts of the State, given the Commonwealth takeover of the hospital.

She will then rework relevant sections of the Plan.

Because of the consultation process and continuing uncertainty about services to be provided at the Mersey under Commonwealth ownership, Dr Wellington's review is not expected to be completed until early next year.

A project manager, Andrew Todd, has been appointed to lead implementation of the changes to the North West Regional Hospital in Burnie.

From the implementation team

The implementation strategy for the Clinical Services Plan is being finalised following a period of stakeholder comment.

A small number of organisations and individuals provided feedback on the implementation plan, and there were several requests for more information.

The implementation team is taking the feedback into account in refining the document. Many of the suggestions and concerns relate to individual projects, and will be passed on to project managers to consider when developing detailed business cases.

Our recruitment of project teams is moving up a gear following an overwhelming response to our call for DHHS staff interested in working on implementation.

As well as giving us access to a wealth of skills and knowledge from the front line, I believe this is a good indication of how many staff at all levels and from all disciplines are supportive of the Clinical Services Plan and want help set it in motion.

We welcome further inquiries from interested staff.

Michael Pervan

Director, Acute Care Strategies and Reform

Project updates

The Clinical Services Plan is made up of almost 80 projects which will be gradually implemented over the 15-year life of the Plan. Individual project plans as well as timelines and budgets are being developed for all projects as they come online.

Status updates on key projects follow.

Familial Cancer Registry

Up to 2000 Tasmanians with an inherited predisposition to cancer are expected to benefit from a new government service set up under the Clinical Services Plan.

Tasmania's first government-run Familial Cancer Registry is due to be operating by the end of the year.

A Familial Bowel Cancer Registry has been operating since 2002 with fixed-term funding and support from the Clifford Craig Medical Research Trust, The Cancer Council Tasmania, Lions Clubs and other organisations.

The registry will be transferred to the Tasmanian Clinical Genetics Service, which hopes to expand it in time to include other familial cancer syndromes.

Tasmania is the last Australian state to have a government-run Familial Cancer Registry. It will aim to reduce death and illness from familial cancer by:

- providing a reminder service for these people about screening aimed at prevention or early detection of cancer; and
- promoting best practice management of familial cancer syndromes by providing clinicians with updated advice on recommended screening protocols.

Registration of people on the Familial Cancer Registry will be on a voluntary basis.

Around 5-10% of all cancers are caused by inherited cancer predisposition syndromes. The cancers most commonly caused by these syndromes are breast, ovarian, uterine (endometrial) and bowel.

For more information contact Jo Burke (genetic counsellor with the Tasmanian Clinical Genetics Service) on 6222 8296.

Vascular surgery services model

Work has begun on formalising a model for the statewide provision of vascular surgery services in Tasmania.

Project coordinator Tim Hynes is consulting clinicians as part of a scoping study to determine how the model should look.

The Clinical Services Plan states that the most appropriate option for delivery of vascular surgery services in the long term is for a statewide service to be led by the Royal Hobart Hospital (RHH), possibly with a surgeon also based at the Launceston General Hospital.

The RHH will be responsible for equitable service delivery to residents of the entire state, and to provide substantial

outreach services to the North and North West – including some surgical sessions.

Vascular surgery is one of around 18 statewide services proposed under the Clinical Services Plan (see Chapter 8 of the Plan for details).

For more information contact Tim Hynes (project coordinator) on 6233 6942 or tim.hynes@dhhs.tas.gov.au.

Medical imaging equipment committee

A committee to review the introduction of new medical imaging equipment in Tasmania's public health service is in the process of being formed, as recommended in the Clinical Services Plan.

The committee will also determine future imaging equipment needs.

For more information contact Amanda McAully (project officer) on 6233 9064 or amanda.mcaully@dhhs.tas.gov.au.

In brief

- Tricia Males began as project officer for the **Tasmanian Cancer Network** Establishment Program on 8 October, joining project coordinator Jane Wood. The appointment of a clinical leader to guide the project is imminent. Meetings of the steering committee and advisory group have taken place, and implementation and communications plans are expected to be finalised soon. More information: 6233 2106 or jane.wood@dhhs.tas.gov.au.
- The working party overseeing the **review of patient transport and accommodation services** has set up two groups to focus on accommodation (project officer is Peggy Tsang) and non-urgent patient travel. A separate review of medical retrieval services has been completed, and its findings will be considered as part of the overall transport and accommodation review at the working party's next meeting on 2 November. More information: 6233 9064 or amanda.mcaully@dhhs.tas.gov.au.

Contact the implementation team

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For more information about Tasmania's Health Plan, including a Primary Health Services Plan implementation newsletter, visit

www.health.tas.gov.au/futurehealth