Endocrinology CAG
Response to Green Paper

The Endocrinology CAG is pleased to have this opportunity to provide this response to the Government’s Green Paper.

There was consensus from the majority of CAG members regarding the content of this submission; however it is noted that Drs Anne Corbould and Joanne Campbell (Endocrinologists) from THO-N were not in agreement with the final quantum of Endocrinologist FTE proposed for ongoing service provision in the North/North West Region along with other aspects of this submission, and consequently did not endorse the final CAG response. Similarly, Susannah Lennox (Podiatrist) THO-NW believed discussions were medically focussed and the response did not have sufficient detail on the requirements for providing sustainable and equitable care to the entire population.

Service Profile
Current Service Overview

Based on the Service Descriptions provided in the draft Tasmanian Role Delineation Framework (TRDF) the CAG believes that the following levels of service are being provided in Tasmania:

- Royal Hobart Hospital – Level 6
- Launceston General Hospital – Level 4
- North West Regional Hospital – Level 4
- Mersey Community Hospital – Level 4

The Launceston General Hospital (LGH) meets a number of criteria for a Level 5 service, but not all:

- It does not have a formal 24 hour on-call roster for an Endocrinologist or physician practicing in general medicine with dual training in Endocrinology.
- It does not have inpatient admissions under Endocrinology bed card.
- It does not have a Specialist Endocrinology RN.

Please refer to Attachment 1 for proposed changes to the TRDF.
Service Description – Levels 3 to 6

The CAG has reviewed the service descriptions for Levels 3 to 6 and feels that the descriptions are generally appropriate.

Recommendation

1. Amend Level 6 service description for endocrinology to state that it is ‘the state-wide provider for pituitary surgery, pancreatic surgery, complex Thyroid Cancer and endocrine malignancy management’.

This will ensure there is a sufficient care load to satisfy national quality standards.

Service Requirements – Levels 3 to 6

The service requirements specified for Levels 3-6 are generally appropriate.

Recommendations

2. Level 4-6 service requirement to include the following dot point:
   a. Accredited by the National Association of Diabetes Centres (NADC).

   This is an important quality indicator. NADC accreditation signifies a centre’s mission and capacity to improve the standard of care available to people with diabetes through specialist diabetes services. This accreditation ensures that NADC accredited centres optimise the equity and quality of care, and work with non-diabetes specialist health professionals to optimise the delivery and standards of diabetes care. (For NADC accreditation standards refer to Attachment 2)*.

3. Amend the second dot point in Level 4 service requirements to include ‘in particular to Dietetic and Psychologist services’ at the end of the sentence.

4. Level 6 service requirements should include the following dot point:
   a. ‘On-site neurosurgical services’.

5. Management of Pituitary disease requires an on-site neurosurgical service to ensure a multidisciplinary approach.

* The Royal Hobart Hospital (RHH), LGH and North West Regional Hospital (NWRH) have received accreditation from the National Association of Diabetes Centres.
**Future demand**

Future demands on inpatient and outpatient Endocrine services are likely to increase statewide due to rising prevalence rates of Diabetes Mellitus. Complex Type 2 Diabetes Mellitus and Gestational Diabetes Mellitus are driven by an aging population and rising rates of obesity.

Although the majority of Type 2 Diabetes Mellitus is managed and treated in the community, referrals to a specialist Endocrinology service are required in approximately 10% of patients due to inability to achieve adequate glycaemic control in a primary care setting and/or when patients have significant risk of severe microvascular and/or macrovascular complications.

In addition, patients with Type 1 Diabetes Mellitus and insulin treated Gestational Diabetes Mellitus require routine involvement of an Endocrine service.

Utilisation and resource demand for continuous subcutaneous insulin infusion (CSII) pumps can be expected to rise significantly over the next 5 years. Specialised services and expertise for pump management frequently requires the involvement of the Diabetes Centre associated with Level 4-6 services. Approximately 50% of Tasmanian Type 1 paediatric patients have insulin delivered through CSII pumps. Transition clinics from paediatric clinics to adult clinics will need to be supported and aligned with expertise in the public sector as well as through private cooperative sector partnerships.

The demand for non-diabetes related Endocrine services (eg. Thyroid / Parathyroid disease, Pituitary Disease, Endocrine malignancies, metabolic bone disease and reproductive endocrine disorders) is likely to also increase marginally due to an aging population demographic.

For both Diabetes Mellitus and non-Diabetes Mellitus related Endocrine disorders an increase in therapeutic complexity associated with newer treatment options can also be expected to drive demand for specialist Endocrine services. Similarly, the Endocrine side effects and consequences of new therapies used to treat non-Endocrine disorders (eg. anti-neoplastic agents and antipsychotics drugs) will also increase demand for inpatient and outpatient Endocrine services.

**Workforce Requirements – Levels 3 to 6**

The workforce requirements specified for Levels 3-6 are generally appropriate.

**South**

There are currently five (5) Specialist Advisory Committee in Endocrinology (SAC) accredited Endocrinologists in Tasmanian Health Organisation – South (THO-S) salaried employment (mix of Staff Specialists and Visiting Medical Practitioner with 3.7 Full Time Equivalent (FTE) attributable). There are two (2) additional SAC accredited Endocrinologists working privately.
The RHH is SAC site accredited for two advanced trainees in Endocrinology (but recurrently funded for only one by THO-S, the second by the Commonwealth Government). The RHH advanced trainee is selected by a Victorian-Tasmanian selection panel (as is the case for many RHH advanced trainees) and rotates between Victorian hospitals and the RHH over the three (3) years of the training program.

Sites accredited for Advanced Training site in Endocrinology by the Royal Australian College of Physicians requires at least (refer Attachment 3):

- 2.0 FTE Endocrinologists in a full service Endocrinology Department to provide required Clinical Year Training; and
- 1.0 FTE Endocrinologists to provide Core Clinical Training.

To maintain accreditation as an Advanced Training site current staffing levels at RHH will need to be sustained. Further, best practice for a 24 hour, 365 days on-call roster requires a minimum of three (3) staff members.

**North / North-West**

There are currently four (4) SAC accredited Endocrinologists in THO - North / North West region in salaried employment:

- Two (2) SAC accredited Endocrinologists in THO-North (attributing to .33 FTE); and
- Two (2) SAC accredited Endocrinologists in THO-North-West (attributing to 1.0 FTE).
  - One (1) of these Endocrinologists (0.5 FTE) has recently lodged his resignation from this position at NWRH. For sustainability of service provision, this position will need to be filled.

This workforce profile has the capacity to deliver a Level 4 Endocrinology service across the North and North West.

The current staffing configuration at LGH does not meet the following workforce requirements for a Level 5 service:

- Endocrinologist on-site (Endocrinologist works 0.33 FTE).
- It does not have a formal 24 hour on-call roster for an Endocrinologist or physician practicing in general medicine with dual training in Endocrinology. The current informal Endocrinology on-call service is not funded.

It is the majority view of CAG members that amalgamating the staff and service relationships of NWRH / Mersey Community Hospital (MCH) with the LGH, (including an increased investment of at least 1.0 FTE of Endocrinologist at the LGH and employing a 1.0 FTE nurse
practitioner / Endocrine Nurse to work across the North / North West), would assist in establishing a higher level service at the LGH.

For noting:

- Two CAG members from the North did not agree with the majority consensus, and strongly believed that 2.0 additional FTE of Endocrinologist are required at LGH to provide ongoing service sustainability for the North. A CAG member from the North West did not agree with the submission on the basis that it did not adequately define a sustainable and equitable model for service delivery to the population and that discussions were medically focussed.

- A detailed analysis of service needs is required for the North / North-West region within the context of the move to a single THS; and the CAG acknowledges that further work is required to develop a contemporary and sustainable model of Endocrinology care, that will assist the North / North-West region unite as a larger Endo-service; to compliment Level 6 services provided at RHH.

- This model of care will need to consider the increasing primary care and community support needs in endocrinology and diabetes rather than focusing on higher acuity hospital based services.

It is unclear if the volume of hospital-based call back would be sufficient to justify funding a separate Endocrinology on-call roster in Northern Tasmania. If the volume is not sufficient in the North, the existing RHH on-call Endocrinology roster needs to be formally recognised as being available afterhours for state-wide public hospital advice in relation to complex cases (as is currently the situation, but on an informal basis).

It is the view of the Convenor and CAG members that any decision of increased staffing requirements would be founded on best evidence and based on the resulting model of endocrine care for the North / North West that considers the impact of a single THS.

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<th>Recommendations</th>
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<td><strong>6.</strong> Level 5 workforce requirements to include the following dot point:</td>
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<td>a. Access to subspecialist surgeons with thyroid/parathyroid surgical expertise.</td>
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<td><strong>7.</strong> Level 6 workforce requirements to include the following dot points:</td>
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<td>a. Neurosurgeon on-site</td>
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<td>b. Neurosurgeon on-call 24 hours</td>
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<td>c. Neurosurgical registrar on-call 24 hours</td>
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<td>d. Access to subspecialist surgeons with pancreatic surgical expertise.</td>
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Support Service Requirements – Levels 3 to 6

The support service requirements specified for Levels 3-6 are generally appropriate.

**Recommendation**

8. A Level 6 Endocrinology service needs access to Level 6 Radiology with a PET facility as well as the capability for on-site interventional procedures such as Inferior petrosal Sinus Sampling.

Tasmanian Clinical Service Profile Considerations

**Gaps, issues or barriers that need to be considered to ensure the successful implementation of the Tasmanian Clinical Service Profile (TCSP)**

The Endocrinology CAG identified the following factors that need to be considered for the successful implementation of the TCSP:

- Excellent communication of changes to both clinicians and the general community will be paramount in ensuring a successful implementation.
  - The rational for change will need to be succinct and demonstrate improvement in clinical outcomes as well as addressing workforce issues.
  - The shift from thinking about trying to offer a full suite of services in each of the three geographic regions to a centralised service may pose challenges for some specialties. However, the pre-existing level of statewide collaboration and good networking within Endocrinology makes a shift in focus to “one health system” less problematic.
  - Some communities may feel they are ‘losing’ services. It needs to be made clear that the reform aims to make local services more sustainable and of a greater quality, with patients having better access to higher level services offered at other sites.

**Integration of services across regions/hospital campuses:**

The Endocrinology CAG provided the following responses on how best to ensure the proper integration of services across regions/hospital campuses:

- Acknowledgment and agreement from clinicians and health care professionals that the TCSP is the best solution for improved health outcomes and the sustainability of our health system.
• Ensuring that there are clear pathways for referral, protocols and that communication between individual acute services as well as the community is timely.

• Increasing the opportunities for statewide education/clinical discussions/case studies.

• Improved patient transport and increased use of videoconferencing.

Supporting better patient access at services:

The Endocrinology CAG provided the following responses on how to support better patient access to services:

• Adequate transport and accommodation **MUST** be in place before any changes to service profiles are implemented.

• Robust data systems implemented and maintained to support clinical quality improvement and audit activities.

• Rural and regional access to relevant allied health service needs to be enhanced. For Endocrinology more access to dietetics, exercise physiologists and Credentialed Diabetes Educators is required in rural areas.

Sustainability of services:

The Endocrinology CAG identified the following opportunities for clinical redesign and alternative models of care to better ensure sustainability of services:

• Opportunity exists for the North and North West to form a partnership to achieve a higher critical mass of staff. This would improve the capacity for delivering patient services and sustainable staff rostering. It would involve identifying service synergies for the four Endocrinologists and related Nursing and Allied Health staff currently employed across NWRH, MCH and LGH. Ideally, the NWRH / MCH would be staffed to deliver Level 4 Endocrine services with LGH providing Level 5 service.

Primary Health Care & Community Sector

• Increase opportunities for collaboration with private health sector in delivery of relevant services (eg Level 1-4 services).

  o In the primary setting, General Practice, Private Endocrinologists and Tasmanian Medicare Local clinical diabetes services assists people with Type 2 Diabetes in the Level 1-3 category (Levels 1 and 2 are not captured by the Tasmanian Role Delineation framework). Tasmanian Medicare Local in particular supports general practitioners with a multidisciplinary team of certified diabetes educators, dieticians and exercise physiologists.

  o Private hospitals and private endocrinologists offer a range of services in partnership with the public service, and service provision is not limited to the
primary health care setting, nor easily defined by the role delineation framework used for public sector services.

- Level 4-6 are provided by the hospital-based inpatient and outpatient services.

- There needs to be a clear alignment of service responsibility. For example, lower complex patients with Type 2 Diabetes that can be capably and more appropriately serviced in the community should not be seen in the THO diabetes clinics. Similarly, high complexity patients should not be managed by services operating at low volume.

- Consider using team based Diabetes Nurse Practitioners to increase capacity of clinical services to provide care in geographic areas of need to assist in bridging care gaps between primary and secondary care for patients with complex Diabetes Mellitus.

- Training to support titration of insulin in General Practice (this work is already being looked at through Tasmanian Medicare Local) to decrease workload on the three Diabetes Centres.

- Need to provide support and workforce development for General Practice’s practice nurses, so they feel more comfortable and supported to provide best practice diabetes care. Tasmanian HealthPathways provides guide for General Practice’s in diabetes management, referral pathways and support services available in each region.

  - This could be achieved through improved access to and support for telehealth.

- Utilising telehealth services to:

  - Provide clinical consultations for patients with Diabetes Mellitus to reduce travel requirements.

  - Improve and strengthen clinical networking between clinicians at the NWRH, MCH, LGH and RHH.

  - Facilitate case discussion, clinical education and quality assurance activities between clinicians at NWRH, MCH, LGH and RHH.

**Private**

- Reduce public sector outpatient demand and improve patient access to continuous subcutaneous insulin infusion (CSII) and Gestational Diabetes Mellitus management by developing community-based expertise through training and supporting credentialed Diabetes Educators to deliver services in the private sector (e.g. General Practice, Private Hospitals, Private Specialists).