DELIVERING SAFE AND SUSTAINABLE CLINICAL SERVICES

GREEN PAPER

Department of Health and Human Services
Foreword

As the Minister for Health, I have the privilege to see and hear about the strengths of our health system every day, first hand. Every year this system assists more than 6 000 new Tasmanians into the world, provides around 14 000 people with an operation that is lifesaving or life improving, and provides over 148 000 episodes of care in our public hospital emergency departments. The professionalism and dedication of those working in Tasmania’s health system is a source of inspiration to me.

I also see and hear about the weaknesses of our system that contribute to Tasmanians continuing to have one of the lowest life expectancies of all states and territories, higher levels of many chronic diseases such as cardiovascular disease and arthritis, and, disappointingly, the highest rates in the nation of adverse events within our hospitals.

This is not acceptable, and cannot continue.

This is why the Tasmanian Government announced the One State, One Health System, Better Outcomes (One Health System) reform package to deliver improved leadership, accountability and governance. This Government believes that Tasmanians expect, and deserve, a health system that is safe, efficient, timely, and responsive to their needs.

This Green Paper, together with the subsequent White Paper, forms one part of the puzzle – an understanding of what services can be safely and sustainably maintained across our health system, and where.

The other key elements of this health reform package include:

- The creation of a single Tasmanian Health Service (THS), in place of the existing three regional Tasmanian Health Organisations (THOs)
- Improved consultative and clinical leadership arrangements, with the formation of a new Health Council of Tasmania which will, among other roles, advise me on the appropriate strategic priorities to guide health service planning and delivery in Tasmania. The Health Council will be supported by discipline specific Clinical Advisory Groups (CAGs)
- The development and implementation of Accountability and Performance Management Frameworks, to give both Government and the public a greater level of confidence in the performance of our health system
- The review and redesign of the Department of Health and Human Services, to more effectively align its structure with its roles as purchaser of services and health system manager
- The development of a Statewide Elective Surgery Waiting List, to give Tasmanians equal access to services and equitable waiting times, regardless of where they live
- Improved purchasing processes, aligned with strategic priorities and an evidence-based statewide Clinical Services Profile
- A review of the statewide Clinical Governance Framework, assisting us to monitor and ensure the safety and quality of services we provide, and
- The development of monitoring and performance indicators to guide and monitor the improvement of our health system.
The most critical element of the reform package is the implementation of a Clinical Services Profile for the delivery of safe and sustainable clinical services in Tasmania.

The Government recognises that this is a complex exercise, requiring a balance between local access, quality, safety, and sustainability on a whole-of-state basis.

However, it is a necessary exercise. If we are to provide safe, effective and sustainable services in Tasmania, we need to shift the discussion from simply “better access to services”, and instead strive towards “access to better services”. This needs a recognition that we cannot afford – either financially or in terms of the safety and quality of services – to provide all services in all locations. We must determine the best profile of services across the state to ensure equal access to quality services for all Tasmanians, regardless of where they live.

In the past, reform efforts have been characterised by a “top-down” approach with centrally determined priorities and initiatives, imposed on workers and patients at the clinical service level. The journey towards improved health services needs to be a shared journey – we need to travel together toward a destination that gives Tasmanians the health system they deserve.

This is why we are consulting with both community and the clinical workforce as we develop the White Paper. This will assist the Government in developing the Tasmanian Clinical Services Profile, describing what services should be provided, at what complexity, to what level of activity, and in which facilities. This open consultative approach by Government to rebuilding health services across Tasmania is a “first”.

It is important to highlight that, while we must structure and operate our health system within available resources, this reform is not about cutting services. No regional hospitals will close. It is about how we fashion a health system that is sustainable and responsive to the community’s needs.

Equally as important, this reform is about how care can best be linked across the primary, secondary and tertiary health sectors, how the public and private health sectors most optimally interrelate, and how services are best provided to regional and rural communities.

This Green Paper presents a frank summary of the serious challenges facing the delivery of services in Tasmania’s health system and provides options for a comprehensive, evidence-based proposal for an efficient statewide and regional service profile.

While it certainly is not intended to paint a picture that there is no good in our system – every day I encounter examples of national and international excellence, driven by a professional and dedicated health workforce – we must concentrate on our areas of concern if we are to move towards a health system that stands proudly when compared to other jurisdictions.

I encourage you to provide your views on the challenging questions posed. All responses, from all perspectives, will be taken into consideration in the development of the Tasmanian Clinical Services Profile. This will represent the blueprint for the delivery of safe and sustainable services for all Tasmanians.

Please, join me on the journey towards the health system Tasmanians expect, and deserve, from their Government and the state’s dedicated health professionals.

Hon Michael Ferguson MP
Minister for Health

“We need to shift the discussion from simply better access to services, and instead strive towards access to better services.”
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Executive Summary

The Tasmanian Government is committed to rebuilding Tasmania’s essential health services. The Government’s vision is for Tasmania to have the healthiest population in Australia by 2025, and a world-class health care system where people get treatment and support when they need it.

Our goal is to give Tasmanians a better health system: a complete, statewide system that places the interests of patients back where they belong – at the forefront of every decision.

This Green Paper on Delivering Safe and Sustainable Clinical Services seeks to facilitate feedback and discussion on the development and articulation of a clear vision for the future direction of health in Tasmania.

The Green Paper outlines the process we will use to determine where and how services are provided; balancing safety with access, efficiency, suitability and equity. This includes ensuring that we have an effective and responsive primary care sector to promote wellness, limit the long-term impact of complex and chronic conditions, keep people out of hospital, and ultimately, improve the quality of life of Tasmanians. We will do this by:

• Having a greater focus on primary and community care
• Shifting the balance of care provision from the hospital to the community
• Redesigning our clinical services
• Strengthening our public-private partnerships
• Strengthening our interstate partnerships

This will mean all our facilities and services working together for the benefit of the whole community as part of a statewide network of campuses. We need continually to examine the structure, practices and outcomes of our health system to ensure that it is responsive, effective and innovative. We need to improve the safety, quality and affordability of our health service through role delineation.

Role delineation is a process which determines the clinical capacity of a health facility to provide services of a defined clinical complexity. It is based on an assessment of the number, range and expertise of medical, nursing and other healthcare personnel in a given clinical discipline to provide a specialised service.

Role delineation incorporates an assessment of the population size, likely demand for the service and the presence of other clinical disciplines within the facility that, together, influence the capacity of the facility to deliver high quality care in that discipline.

It enables a multi-facility health system to plan and develop the services provided by its hospitals and health facilities, to the level that is necessary for them to deliver better access to quality care.¹

The Green Paper is accompanied by the draft Tasmanian Role Delineation Framework, the first step in developing the Tasmanian Clinical Services Profile to be outlined in the White Paper.

The Tasmanian Role Delineation Framework is underpinned by a number of principles:

- The facility must be able to sustain a competent and high performing clinical workforce, infrastructure and support services required to provide care that is consistent with best practice.

- Appropriate minimum service volumes must be maintained to ensure the competence and professional practice of the multidisciplinary team can be sustained.

- Tasmanians must be able to access services which are determined by the facility’s ability to deliver consistently safe, high quality care, rather than on considerations of proximity.

- Relying on small numbers of clinicians to be on call 24 hours a day, 365 days a year to maintain a service is neither safe nor sustainable. Workload needs to be sufficient to engage multiple clinicians across the range of necessary disciplines in the delivery of a quality sustainable service. Services with key person dependencies must be redesigned to ensure quality, safety and sustainability.

- Care must be continually improved. The impact on patient outcomes and experience must be continually monitored, reviewed and evaluated. Tasmanians should expect to receive care comparable with national and international standards.

The Tasmanian Role Delineation Framework will be a significant planning tool, providing consistent language to describe health services. It will identify and document the minimum support services, staffing, safety standards, networking arrangements, and other requirements essential to ensure Tasmanian acute and rural hospitals and facilities provide safe, high quality, appropriately supported clinical services.

Constructive consultation and feedback on the Green Paper and the Tasmanian Role Delineation Framework will ensure that the views of Tasmanians will be front and centre in setting the future direction of health in Tasmania.

The Tasmanian Role Delineation Framework will be finalised with the release of the White Paper in March 2015.

We need your views to help shape the health system of the future.

Consultation Question

- Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?
Have Your Say

This Green Paper poses questions about the proposed shape of the clinical services provided by the public health system in Tasmania.

It is supported by a series of supplementary documents that provide a deeper insight into particular areas of the health system. The first three supplementary documents are focused on system wide issues that are key factors in the development of the Tasmanian Clinical Services Profile. The remaining two focus on key areas of ongoing stress and poor performance in our public hospitals.

The five supplementary documents are:

- Sustainability and the Tasmanian Health System
- Tasmania’s Health Workforce
- Building a Stronger Community Care System
- Emergency Care
- Elective Surgery

Stakeholder feedback will be used to inform the development of the Tasmanian Clinical Services Profile outlined in the White Paper. This will then guide the development of Tasmania’s health system for the future.

There are a number of ways to contribute to the consultation on this Green Paper.

Health Council of Tasmania and Clinical Advisory Groups

The Health Council of Tasmania and the Clinical Advisory Groups will be consulted throughout the development of the White Paper.

Community and Clinical Forums

The first round of Clinical and Community Forums will be held in Ulverstone, Launceston and Hobart in late January 2015, followed by workshops in February 2015. Dates for Forums and Workshops will be published in local newspapers and on the One Health System webpage: www.dhhs.tas.gov.au/onehealthsystem

Department of Health and Human Services (DHHS) and Tasmanian Health Organisation (THOs)

A number of presentations will be provided around the state for employees from the DHHS and the THOs. Dates and times of the presentations will be circulated via the Secretary’s News and Announcements emails to staff.

Stakeholder Submissions

Submissions are invited addressing the questions raised in the Green Paper. A full list of questions can be found on page 32. The closing date for submissions is 20 February 2015. Stakeholders are asked to forward submissions to:

Email: onehealthsystem@dhhs.tas.gov.au

Address: One Health System
Department of Health and Human Services
GPO Box 125
Hobart TAS 7001

Please note the content of submissions will be made public unless specifically identified as confidential. DHHS will publish a list of individuals and organisations that provide submissions on its website. If you do not wish to be included in this list please clearly indicate this in your feedback.

Please direct any queries about the content of this discussion paper or the consultation process to: onehealthsystem@dhhs.tas.gov.au
Background

The Government’s vision is for Tasmania to have the healthiest population in Australia by 2025 and a world-class health care system where people get treatment and support when they need it. To achieve this vision direct action is needed to reconfigure and rebuild the Tasmanian health system.

The Issues Paper, released in September 2014, highlighted some of the key issues and problems in the current health system. This Green Paper is the next step in this important reform program.

The Green Paper seeks to explore the challenges ahead of us with both the Tasmanians who work in and those who benefit from our health system. The Government recognises and respects the stake we all have in striving towards a system that is world-class.

The Green Paper process will enable us to arrive at a shared understanding that informs drafting the official policy document, the White Paper, which will include the Tasmanian Clinical Services Profile.

The Tasmanian Clinical Services Profile will provide a principles-based model for the identification, management and governance of statewide clinical services by:

- Placing patients first and ensuring a smooth and rapid pathway to the most appropriate care
- Providing holistic, evidence-based health services that deliver the best patient outcomes at an affordable cost
- Identifying clinical services that can be delivered safely and efficiently through an agreed role delineation framework
- Improving the quality and safety of care by ensuring agreed standards are met and that minimum service volumes are maintained
- Strengthening the role of the DHHS as the system manager to plan the arrangement, location, type and quality of clinical services
- Providing a process for accessing more complex care in the community
- Developing and sustaining a highly skilled workforce
- Strengthening partnerships between primary, private health and education providers,
- Strengthening interstate partnerships, and
- Providing agreed definitions for health care providers and planners.

This document features questions, where your feedback and input are vital to shaping the health system of the future. However, there are some areas where, for reasons of safety or sustainability, change is an absolute necessity. The system has to change - and this means that where Tasmanians access care will change. In these areas, a shared understanding of what this change will involve is crucial.

The views of clinicians, consumers and communities on the questions we have posed are essential to ensure all the risks and opportunities, as well as any gaps, have been identified.

This document also aims to succinctly and clearly set out the principles and processes that will underpin the service planning and reform aspects of the One Health System reform program.
1.1 How does the current public hospital system work?

Tasmania has a network of 27 public and 14 private hospital and health facilities. Of the public hospitals, four – the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH) and the Mersey Community Hospital (MCH) - represent the major acute hospitals contributing to more than 95 per cent of the public hospital admissions in 2011-12.

In addition to the four major hospitals, there is a network of 23 rural and community hospital sites (rural health services) across Tasmania. The services provided at these sites vary considerably and include subacute inpatient health care, day treatment and primary health care services, residential aged care, and emergency response capability.

The Commission on the Delivery of Health Services in Tasmania (the Commission) noted all four major hospitals in Tasmania provide a broad range of services, typically not matched in hospitals of similar size, function, and location elsewhere in Australia. All four hospitals also deliver a consultant subspecialist model of care that results in many services being provided in low volumes, with some facing significant workforce sustainability challenges.

The Royal Hobart Hospital

The RHH is the largest public hospital in Tasmania and provides a broad range of services. Comparison is difficult, as Tasmania faces unique challenges in terms of geographical isolation, which itself drives many service decisions.

However, many of the services provided at the RHH are at a lower volume than comparable on the mainland. This means these services are often expensive and in some cases not sustainable. Despite having half as many beds and half as many admissions annually, the RHH has the same breadth of caseload as much larger hospitals, such as, the Royal Brisbane and Women’s Hospital.

Compared to similar hospitals, the RHH has a higher proportion of surgical patients, and its average costs per case (casemix index) is high compared to similar hospitals. The proportion of subacute patients is also high.

The Launceston General Hospital

The LGH provides a broad range of services. More than 25 per cent of the patients seen by the LGH come from the North West. It has a longer length of stay and a low bed occupancy rate, relative to similar hospitals. It has a higher proportion of surgical patients, however; its casemix index is comparable to similar hospitals. Renal dialysis accounts for about 31 per cent of admitted patients, although this includes satellite services provided to patients in the North West.

The North West Regional Hospital

The NWRH has a very high proportion of surgical patients and a much broader casemix than similar hospitals interstate. Despite the relatively close presence of the MCH and the further distance to LGH, the NWRH has concentrated on a casemix more complex than in comparable hospitals and more oriented towards overnight stay patients. It also has a higher overnight length of stay than comparable facilities.

Mersey Community Hospital

The Australian Government has owned and funded the MCH since 2008.

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*Report of the Commission on Delivery of Health Services in Tasmania - April 2014*
Despite the Australian Government’s position as owner and funder, there has been ongoing agreement with the Tasmanian Government that the MCH is to operate as part of the broader Tasmanian health and hospital system.

This arrangement is governed by the current Heads of Agreement for the ongoing management, operation and funding of the MCH, which expires on 30 June 2015. Negotiations regarding the future arrangements for the MCH have commenced between the Australian and Tasmanian Governments, with both governments publicly committing to working together to agree on a sustainable long term solution for the ownership, management and funding of the MCH.

The Heads of Agreement outlines a list of Core Clinical Activities that represent the services currently provided at the MCH. The One Health System reform provides the opportunity to consider the role of the MCH within the mainstream Tasmanian health system.

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<tr>
<th>Region of Residence by Post Code</th>
<th>Hospital where care is received</th>
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<tr>
<td></td>
<td>RHH</td>
</tr>
<tr>
<td>South</td>
<td>96.3%</td>
</tr>
<tr>
<td>North</td>
<td>4.7%</td>
</tr>
<tr>
<td>North West</td>
<td>5.8%</td>
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Table 1.1: Hospital where care is received by region of residence

* Tasmanian Rural Facilities

Role Delineation

In developing an evidence-based role delineation framework, it is important that the role of each public hospital in Tasmania continues to be considered. The aim must be to improve outcomes and concentrate services (such as those with low volumes and high acuity) at the most appropriate sites. This will improve the safety and quality of the services provided and minimise any areas of inappropriate service duplication or potentially unsafe practice. Such an approach will assist in alleviating the high cost of service provision at some sites, which can often be attributed to smaller volumes and ongoing difficulties with the recruitment of specialist staff.

The Commission found there is limited patient flow between regions, and a perception that services in the North are for residents of the North and services in the South are for residents of the South.
A properly designed and managed health system in a state with Tasmania’s size, population and resources should be seen as statewide in its service provision. This should be accompanied by a recognition that patients should be able to access the same level of high quality service, regardless of where they live.

We should be guided by evidence in determining appropriate service planning and design, and should not be in the position of defending poor outcomes on the basis of historical or parochial interests. By focussing on “access to better care” rather than “better access to care”, we can design a system that caters to the health needs of all Tasmanians equitably.

1.2 How well is the system performing?

At the system performance level, Tasmania does not perform well. **We are not delivering care in time.**

Our performances against some measures of waiting times, for elective surgery, are by far the worst out of all Australian states and territories. Waiting lists are well above the national average, with lists at the LGH significantly higher than at the RHH, NWRH and MCH.

![Figure 1.2.1: Percentage of elective surgery patients waiting longer than 365 days by State and Territory](http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544691) page 15

Tasmania is the only state in Australia where half the patients on the elective surgery waiting list have exceeded the clinically recommended waiting times.

![Figure 1.2.2: Percentage of elective surgery patients waiting longer than 365 days by Hospital](http://www.health.gov.au)
What is an adverse event?

An adverse event is an incident in which harm resulted to a person receiving health care. (ACSQHC)

We are not delivering quality care.

Tasmania has the highest rate of adverse events within its hospitals that not only lead to poor patient outcomes, but also lead to higher costs.

![Figure 1.2.3: Adverse events per 100 admissions](http://www.pc.gov.au/gsp/rogs)

Tasmania also has the highest rate of readmissions for some procedures nationally, for example tonsillectomy and adenoidectomy, and cataract surgery.

![Figure 1.2.4: Unplanned hospital readmissions per 1 000 admissions](http://www.pc.gov.au/gsp/rogs)

Clinical practice also varies significantly across Tasmania. While this in some instances is unavoidable due to local constraints, it can contribute to significant variation in patient outcomes and experience. While clinical consistency will be improved under a single Tasmanian Health Service, greater focus is required on maintaining consistency of care provision across the state:

- Between 2009 and 2013, the admission rates in the North West region’s Critical Care Unit were statistically significantly higher than those in the South and North. If this reflects regional variations in Intensive Care Unit (ICU) admission policy, it requires scrutiny. Also, the question needs to be asked – is this a variation in procedures undertaken, complications, or the underlying health of the population?
- The graph below shows that the use of Critical Care Units varies dramatically across the State, showing that the way that care is structured and delivered can influence the safety and sustainability of clinical practice.
We are not delivering quality care that is efficient or sustainable.

The public health care system is not sustainable — in simple terms, we cannot continue to practise as we currently do.

This trend in increasing expenditure has been manageable in the past because the total state budget has also grown over the same period. Difficulties with sustainability will occur if the long term trends in heath expenditure growth continue.

Rising costs and worsening performance raises questions over our health system’s productivity and efficiency.

This situation was compounded by the fall in real health expenditure in Tasmania in 2012-13, driven primarily by a 2.4 per cent real terms reduction in Australian Government health spending.
We are not delivering care based on true service capability.

Delivering care based on true service capability means providing holistic, evidence-based services that deliver the best outcomes for patients at affordable cost and are based on agreed standards and minimum service volumes.

- Both the NWRH and the MCH deliver a number of services (often grouped into DRGs, or “diagnosis-related groups”) at low volume, i.e. less than once per week. Due to issues related to economy of scale, this has the potential to drive up the cost of the system. Perhaps more importantly, may present an increased risk of adverse patient outcomes, as there is evidence demonstrating that lower volumes – but in terms of facilities and individual practitioners – may be associated with poorer outcomes.  

- It is hard to find the right mix of services, as it is difficult to compare our service configuration with other states or territories. The figures below highlight that a number of particular services are delivered less than once per week across two of our hospital sites. From both patient safety and service sustainability perspectives we need to consider how we deliver these services more efficiently and effectively.

The discussion above leads to a diagnosis that the health system is not optimally designed to meet the health needs of Tasmanians. This is further supported by the fact our health system is not performing on quality or access measures, and costs more than other states and territories to deliver.

2. How do we get better outcomes?

Effective and efficient health care delivery, characterised by safe, high quality clinical services, requires a health system that is designed, governed and managed to deliver these outcomes.

The Report of the Commission on Delivery of Health Services in Tasmania⁶, The Richardson Report⁷ and Tasmania’s Health Plan⁸ all found that the configuration of services in the health system was inefficient, and contributed to poor service quality. Regardless of whether the reader accepts all Recommendations of the range of reports mentioned, there is clearly evidence of a series of systemic issues that require a whole-of-system response.

The unusually high level of regional “self-sufficiency” is often regarded as a strength of our system. However, in Tasmania’s case, this comes at a significant cost. In a number of clinical domains, Tasmania’s maintenance of separate health “regions” leads to clinical caseload being spread too thinly across too many facilities. This duplication is wasteful, generally leading to higher costs. It also has the potential to be unsafe, leading to poorer outcomes for patients. This assessment has been independently confirmed three times over the past decade⁹ and has been acknowledged by successive governments.

The Tasmanian health system shows evidence of unplanned, localised and sporadic growth of services, at times seemingly based around small groups of clinicians. This increases the variability of outputs and outcomes, drives increased costs at the system level, and complicates funding projection and planning. It also impacts on the safety and quality of clinical services.

Services dependent on single clinicians raise a further dimension of reliability, safety and quality for both the clinician and the patient. When the single clinicians around whom these services are constructed and maintained are unavailable for any reason, THOs either close services or engage locums of variable quality and at extremely high cost.

Tasmania’s challenge, as is the case across regional Australia, is the lack of a population base, resources, capacity, or capability to maintain the full range of clinical services in all centres in a way that can be guaranteed to be safe, reliable, effective and sustainable.

The establishment of a single Tasmanian Health Service from 1 July 2015 provides us with the opportunity to rebuild our health system for the future. We are one state, with one health system, and our new structure will reflect this. We all have a shared duty to make decisions that put patient outcomes and safety at the forefront of every decision.

In a number of service areas, reforming our service delivery model to maintain fewer, larger units supported by an appropriate transport infrastructure can bring better results for patients and the community, through real improvements in safety and better value for money.

Some complex services need to be centralised in one or two locations in order to ensure safety. Other services that are less complex can be delivered safely in multiple settings.

Decisions on where and how services are provided must balance access with safety, efficiency, sustainability, and equity. Our aim must be for better service configuration, offering the community more integrated services and access to the best quality care possible.

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⁶ Report of the Commission on Delivery of Health Services in Tasmania - April 2014
⁸ Tasmania’s Health Plan, Clinical Services Plan, Department of Health and Human Services, May 2007.
⁹ See 6, 7 and 8 above
2.1 Better Access to Care vs Access to Better Care

The Government believes that every Tasmanian is entitled to, and should be able to access, the same standard of care regardless of where they live. Convenient, local, “end-of-my-street” access to some services does not always translate to the same standard of care or health outcomes when compared to care provided at a larger centre, particularly for complex issues. This is supported by national and international evidence.10,11

Where a service is not available locally, we need to consider how we:

- Provide transport and accommodation assistance to facilitate access to services
- Provide low-cost accommodation for families where a longer stay in hospital is required. For example, hotel accommodation through partnership with hospitals is a practical solution, commonplace in many health systems internationally, and
- Where appropriate, bring the service to the patient in some form, by:
  - utilising visiting specialists from our broader network - this must be balanced against the need to have locally maintained support services. Where these are not available locally, they may be brought in (e.g. mobile surgical clinics and teams)
  - utilising telehealth – we have a largely underutilised teleconference network and have conducted trials in a range of other telemedicine devices for dermatology, obstetrics, renal, and mental health clinical consultations. We will investigate the current and potential utilisation of this technology, which could be further enhanced in Tasmania through the National Broadband Network (NBN) initiative
  - ensuring better linkages between local providers and specialist providers statewide, and
  - improving the coordination of emergency retrieval and transport services to ensure faster access in time critical situations.

Access to services closer to home should not come at the cost of patient safety.

How would you find out about what travel support, information and services are available to you to get the right care, by the right person, the first time?

If you are already a user of these services, are they sufficient?

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2.2 Improving the quality of care

Through the consultation involved in developing this Green Paper, clinicians have raised serious concerns about the standard of care currently being provided in some areas. These concerns can all be supported by evidence. This situation must change.

In developing the Tasmanian Clinical Services Profile, to be outlined in the White Paper, we will apply the following principles:

- Placing patients first by ensuring a clearly defined pathway to the most appropriate care
- Providing holistic, evidence-based health services that deliver the best patient outcomes at affordable costs
- Strengthening the safety and efficiency of delivered clinical services through an agreed role delineation framework
- Improving the quality and safety of care by ensuring agreed standards are met and minimum service volumes are maintained
- Strengthening the role of DHHS as the system manager to plan the arrangement, location, type, and quality of clinical services
- Providing a process for accessing more complex care in the community
- Ensuring that the health workforce has the appropriate skill mix, and is supported to sustain clinical and professional competence
- Exploring partnerships with primary and private health providers, and
- Providing agreed definitions for health care providers and planners.

Building from this platform, we will:

- Meet patient needs within our resources
- Deliver health care in a manner that maximises resource use and avoids waste
- Avoid patients being exposed to unnecessary risks, interventions, or inconvenience
- Improve communication, coordination, discharge planning, and clinical accountability for the care of patients
- Ensure that models of care are redesigned to support clinicians to deliver sustainable high quality care
- Ensure faster access to acute services is a priority, to ensure patients do not wait too long for appropriate health care, and
- Enable clinicians to work with other health professionals statewide to deliver the same quality of care to all Tasmanians, regardless of where they live.

Consultation Questions

- If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided?
- If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?
2.3 Improving health service delivery through role delineation

“Role delineation” is key to improving the safety, quality, and affordability of our health service.

Role delineation defines the capacity of a health facility to provide clinical services of a defined complexity. It is based on assessment of:

- The number, range, and expertise of medical, nursing, and other healthcare personnel in a given clinical discipline to provide a specialised service
- The support services available in that facility, including diagnostic, therapeutic and other clinical disciplines within the facility that influence the capacity of the facility to deliver high quality care in that discipline, and
- The volume of activity, usually driven by the population size and likely demand for the service.

The **FIRST STEP** in developing a role delineation framework is to develop a definitions matrix appropriate to the Tasmanian setting, so that discussions can be conducted consistently across the state with a shared understanding. The definitions matrix presented in the Tasmanian Role Delineation Framework has been developed through our conversations with Tasmanian clinicians.

The levels of complexity in the definitions matrix are:

![Complexity Levels Diagram]

- **Level 1**: Low complex ambulatory care services
- **Level 2**: Low complex inpatient and ambulatory care services
- **Level 3**: Low to moderate complex inpatient and ambulatory care services
- **Level 4**: Moderate complex inpatient and ambulatory care services
- **Level 5**: Moderate to high complex inpatient and ambulatory care services
- **Level 6**: High complex inpatient and ambulatory care services
The definitions matrix focuses on core clinical services at this stage. It is expected that, over time, it will be broadened to cover other service areas. The core clinical services fall into six categories which include Emergency Medicine, Trauma, General Medicine, General Surgery, Maternal and Child Health Services, and Integrated Community and Hospital Services.

The process of role delineation recognises that for each level of clinical service provision, a corresponding level of clinical support services and staff profile are required to ensure services are delivered in a safe, efficient and appropriate manner. The Tasmanian Role Delineation Framework also describes the support services, which include Anaesthetics, Intensive Care, Pathology, Pharmacy and Radiology.

A copy of the Tasmanian Role Delineation Framework can be found at: www.dhhs.tas.gov.au/onehealthsystem

The SECOND STEP in developing the Tasmanian Clinical Services Profile is to allocate the appropriate level of complexity to each speciality in our health system. Decisions about where services could be delivered for the Tasmanian Clinical Services Profile will be based on feedback from consultation and discussion, with relevant focus on:

- Patient outcomes at individual clinician, unit and facility levels
- Patient experience including access and wait times
- National and international standards and best practice
- Workforce needs, including education and training, qualifications and ongoing professional development
- Support services and equipment (service capability), and
- Risks to the patient, organisation, and system.

The White Paper that results from this process will describe in detail what services can be delivered safely and where, and how care can be linked across the primary, secondary and tertiary sectors.

CLINICIAN

Consultation Questions

- How well does the proposed framework align with practice in your discipline?
- Where are the areas of service duplication in your discipline?
- Where are the gaps?
- Are there any services being inappropriately provided, or planned, at your facility?
3. Our Goal: To improve outcomes

For too long the focus of our health system has been on growing our acute, hospital based care system at the expense of primary care. This issue is in no way confined to Tasmania - it is a prominent feature of health systems across the western world. Tasmania faces particular challenges of population distribution, lifestyle factors, and high rates of chronic disease that drive a heightened need for a responsive, effective primary care sector.

There have been increasing costs and investment in the acute care system, but there has not been equivalent investment in primary and community care. In fact, there is underinvestment and underutilisation of Tasmania’s primary community care sectors.

An effective and responsive primary care sector is crucial to promote wellness, limit the long-term impact of complex and chronic conditions, keep people out of hospital and, ultimately, improve the quality of life of Tasmanians.

Tasmanians must have:

- Greater access to local primary care services
- Better pathways to specialised care when they need it
- More opportunities for treatment in their community, progressing appropriately to hospitalisation only when it is the most appropriate treatment option
- Timely return to home or to a facility closer to home - as soon as it is safe and appropriate
- Better coordinated and more accessible care for those services that are provided outside of their local community
- Care delivered by a competent and skilled health workforce, and
- Access to early care to enable them to return to optimal health and maximum independence.

“To give Tasmanians a better health system: a complete, statewide system that places the interests of patients back where they belong – at the forefront of every decision”.
3.1 We need a greater focus on primary and community care

Primary and community care are central to our vision for a rebuilt health system. Community support services such as care coordination and home assistance provide access to low cost support to help people to stay well in their own homes. In some instances this form of care may be all that is required to prevent a decline in health with a resulting presentation to hospital.

We will work with our partners to treat more patients in the community by:

- Providing better care coordination services for people with complex chronic conditions, with a focus on improving health outcomes and reducing avoidable hospitalisations
- Developing and promoting care pathways that support the delivery of evidence-based, seamless care for consumers, and
- Better managing more complex, urgent cases within the community by delivering more innovative urgent care services, especially in areas of need.

Consultation Questions

- How do we promote and maintain safe primary and community care to consumers and communities such that they seek out these services rather than attend Emergency Departments when their conditions are more advanced?
- How do we determine which services to focus on to expand the role of primary and community care?
3.2 The balance of care needs to shift from the hospital to the community

Almost half of all Emergency Department (ED) presentations between 2009 and 2013 were potentially avoidable. Avoidable ED presentations not only inconvenience patients and lead potentially to unnecessary stays in hospital, they also place a burden on our system, limiting the amount of care we can provide in other settings.

Presentation to hospital does not represent a “failure” of the system, but patients should only need to attend hospital when all other, often less costly, alternatives have been exhausted.

A range of services can be delivered safely and efficiently in the community. This is not only more efficient for the system, it is more convenient and less disruptive for patients and their families. When someone does need to go to hospital, community support services must be in place to ensure these clients are able to return to their homes and families safely.

To shift the balance of care from hospital to the community we will:

• Design services to meet the needs of people with multiple health problems to keep them out of hospital unless absolutely necessary
• Provide more out-of-hospital services to patients who have traditionally received their care in a hospital
• Improve the community management of people with chronic and complex conditions, and
• Provide non-admitted ‘hospital type’ services - such as acute, sub-acute and post-acute services in health centres, clinics, and people’s homes.

Consultation Question

• What services do you currently receive in a hospital setting that you think could be safely delivered in your community?
3.3 Redesigning our clinical services

Clinical service redesign is a widely accepted, evidence-based approach to mapping, reviewing, refining and improving acute healthcare\(^1\).

**Emergency Department**

Emergency departments (ED) have little direct control over demand for their services. The nature of the demand on any given day is unpredictable, although the annual demand pressures can be forecasted with reasonable accuracy. ED presentations at Tasmania’s public hospitals have increased over the past decade, although at a slower rate than the national average. To address the growing demand we need to invest in earlier pre-hospital care (preventing conditions from worsening and requiring urgent care); promote alternatives to ED care; and make better use of the emergency care resources we have and the ways that we use them.

To redesign our clinical services we will:

- Promote alternatives to EDs such as general practice, other primary care services, and urgent care centres
- Increase hospital capacity through improved bed management, reducing the patient average length of stay, improving bed turnover and the effective use of hospital escalation and occupancy management
- Improve discharge and transfer practices for patients leaving hospital, through early discharge planning and improving inter-facility communication and protocols
- Utilise clinical redesign and evidence-based models of care to improve patient flow
- Make it easier for people to navigate the health system, by providing information on the care options available, and
- Invest in new workforce models and ensure that our workforce resources and utilisation are able to meet peak periods of demand.

**Consultation Question**

- How can we better help you understand the standard of care you are entitled to, and support your involvement in your healthcare decisions?

3.4 Strengthening our public-private partnerships

Public-private partnerships – defined as collaborative arrangements between the public and private health sectors – help us to deliver some services where we have insufficient resources to do it alone, or when duplication of services in both the public and private systems isn’t sustainable, or when the private sector can deliver a better service. We will ensure that, when the private system is better placed than the public system to deliver care, mechanisms are in place to enable public patients to receive services without out-of-pocket expenses.

Alternatively, in some cases, the public system providing this care across public and private sectors makes the most sense.

We will work with our private sector partners to:

- Share data, enabling better understanding of the State’s elective surgery activity
- Improve access to elective surgery and reduce waiting times
- Develop protocols for treating private patients within the public health system
- Explore employment and education networks
- Improve data sharing and performance monitoring, and
- Identify opportunities for community services to be provided by private-public partnerships including general practice and community care providers.

3.5 Strengthening our interstate partnerships

Tasmania is not big enough to provide all of the services people need for all of the clinical conditions that affect them.

We will continue to facilitate access to services interstate and work to improve transfer of care back to Tasmanian specialists and facilities where appropriate.

We will also facilitate better access to interstate services where they can be provided more safely and efficiently than locally.

To strengthen our service delivery, we will work with clinicians to determine where new or enhanced interstate partnerships should be considered.

**Consultation Questions**

- What public-private partnerships should we explore for the delivery of health services in Tasmania?

**Paediatrics**

A particular example is paediatrics, where many Tasmanian children requiring extended periods of hospitalisation, or who have highly specialised needs, receive their care from Victoria or in some cases New South Wales. These larger states have specialist children’s hospitals with health professionals that care for children with specific conditions from all over the country. Children’s transplant services are a good example of this.

**Consultation Questions**

- What services do not have sufficient volume or activity in Tasmania to maintain a safe, high quality service?
- What additional areas should we be considering for interstate partnerships in order to improve service within Tasmania?
- What services, despite comparatively low volumes, should we continue or invest in in Tasmania, and what interstate supports may be required to maintain them?
4. What does this mean for our public hospitals?

Our major hospitals, rural hospitals and facilities have long operated as single or regional entities, without a coordinated statewide focus. This limited integration has led to a lack of alignment between service delivery and community need.

The task of bringing the major hospitals together has been described in the past as maintaining “one hospital with four campuses”. This does not tell the whole story. The One Health System reform program promises a health system that functions effectively as a true statewide health service, with each facility clearly aware of and working to its defined role in the system.

While our four major hospitals cannot be the total focus of the health system, they must work together to the benefit of the whole community. The rural facilities also have a significant role in supporting the sustainability of both the community care and acute hospital sectors.

We must view all of Tasmania’s public health care facilities - acute and rural hospitals and community centres - as part of a statewide network of campuses. This greatly depends on the Tasmanian Clinical Services Profile, and requires a willingness to ask ourselves some hard questions, such as:

- If a service is delivered at every major campus across the state, can we justify this decision?
- If a service is only delivered at one campus in Tasmania, should we consider the sustainability of continuing to provide that service in Tasmania at all, rather than utilising interstate partnerships?

A key feature of a responsive, effective and innovative health system is a willingness to continue to examine its structure, practice and outcomes. We need to ensure that patients receive the best outcomes for every dollar spent on health care in Tasmania, and we can only do this by asking questions about the safety and quality of the services that all Tasmanians receive.

The service profile at each of our four acute hospitals needs to be considered, particularly in terms of the population within their catchments, the volumes of various service requirements to deliver safe and high quality services, and the consequent workforce requirements to meet these needs.

While some specialised services can only be provided at limited sites, there are some services that the local community needs and expects to be in place within each region.

There are key services that not all sites can or should provide, such as those that require highly specialised care or significant clinical support in order to maintain care of the highest safety and quality. All Tasmanians should have equal access to these more specialised services.

We cannot underestimate the importance of being in familiar surroundings, with family and friends at hand, in speeding recovery, reducing stress and improving the experiences of patients. Any movement of higher level surgical services to the two principal referral hospitals would need to be complemented by better use of the North West hospitals for low-risk, lower level services in addition to their key services. Further development of rehabilitation and sub-acute support services will also be encouraged in local centres. Such decisions would of course have to be supported by appropriate alignment of transport and accommodation assistance for patients and their families.
4.1 North West Regional Hospital and Mersey Community Hospital

Both campuses will remain general hospitals, delivering general medical and surgical services, emergency department care, mental health, subacute care, and end of life care. Some specialist care may be delivered elsewhere in Tasmania.

This is because:

- This is what can most safely be delivered.
- These are the things the local community most needs and are most likely to use
- This is what we can afford, particularly in light of the current high-cost reliance on agency nurses and locum medical staff, and
- We cannot sustainably recruit to low-volume subspecialties, nor are we able to properly support these clinicians to maintain their skills given the risk of professional isolation.

As discussed above, this enables us to provide access to better care, not simply better access to care. As a state, we need to focus on doing extremely well those services we provide more frequently, rather than providing all possible services, with impact on the quality of care.

4.2 Launceston General Hospital

This campus will continue to be the principal referral hospital for the North and North West of Tasmania, and will provide various tertiary services. This is because it:

- Is closer for people of the North West than the RHH
- Has had greater success than the North West in providing a consistent level of service to the community, and
- Has benefited from recent significant investments in infrastructure that must be fully utilised for better patient outcomes.

It should also be noted that, where supported by evidence and clinical consultation, if any statewide services are provided from a single site, some may be situated in the North and operated from the LGH.

4.3 Royal Hobart Hospital

This campus will be the principal referral hospital for the South, and will provide various tertiary services for the state. This is because it:

- Is consistent with ten years of planning and investment
- Has already established high acuity services and single site services
- Can sustainably recruit across the major subspecialties
- Has already established the clinical and operational support services necessary to make it the local base to concentrate some high-complexity, low volume procedures
- Services the largest population base in Tasmania
- Is the furthest from Melbourne for time critical patient or specialist transport, and
- Houses significant infrastructure that must be utilised.

A referral hospital is where patients are referred for specialist services.

Tertiary hospitals provide services requiring highly specialised skills, technology and support.
4.4 Rural Hospitals

For rural hospitals to thrive and continue to serve their local communities, we will need to reassess what services they can safely offer, in light of a truly integrated statewide health system.

For rural hospitals to thrive and continue to serve their local communities, it’s important that services delivered at those facilities are part of a truly integrated statewide health system and a continuum of care for patients. Care should be delivered as close to home as safely and sustainably as possible.

What does this mean for the System?

Best practice governance and accountability

Good governance is important to safeguard and improve the safety and quality of care Tasmanian patients receive. While governance is not a specific part of this Green and White Paper process, it is integral to the implementation and ongoing management of the resulting Tasmanian Clinical Services Profile, and as such a key feature of the broader One Health System reform agenda.

Governance is “the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled”13. In healthcare, governance is a system through which organisations and managers are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment where there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.

In the Tasmanian context, health system governance incorporates the relationships and responsibilities of: the Minister to the public; DHHS and the Governing Councils to the Minister; the THO Chief Executive Officers (CEOs) to their Governing Councils and to the health consumers they serve, and THO staff to their CEO. It also includes the professional accountability that exists for clinicians as to the quality of their work.

As part of the broader suite of One Health System reforms, a governance and accountability framework will be developed that will:

• Foster a high performance culture of learning, teaching and research
• Drive engagement with our clients and the community and strengthen collaboration between the DHHS, the Tasmanian Health Service, primary care providers and networks and all clinical and community stakeholders to meet shared goals
• Promote positive culture, values and leadership and the highest standards of conduct and ethical behaviour at all levels of the Tasmanian health workforce as set down in the State Service Act 2000 and Code of Conduct

13 National Safety and Quality Health Service Standards September 2011: Australian Commission on Safety and Quality in Health Care.
• Embed roles, responsibilities, authorities and lines of accountability in Ministerial Policy, Ministerial Charters, Service Agreements, performance frameworks and monitoring and reporting mechanisms, and
• Guide the implementation of effective performance management for DHHS and THS staff.

**Building sustainable funding models**

To date, the funding provided to each THO has been through historical allocations. The retention of historical-based allocations to THOs has meant a lack of balanced focus on the management of activity in THOs, and the generation of financial surpluses and deficits across THOs.

In the future it will be important for the money to go to where the service is delivered. There will be some complexity in achieving this, which is why it is also an area of focus for the reforms. The development of the Tasmanian Clinical Services Profile ensures that what the DHHS as system manager purchases from our health services is linked to our strategic priorities, is the best value for money and provides the highest quality of care.

**We need a range of health professionals working together to deliver our services.**
Most importantly, changes to the Tasmanian Clinical Services Profile will be reflected in the price, volume and quality requirements specified in the Service Agreement and the funding provided to the THS to meet them.

For our acute hospitals we will continue to refine and implement Activity Based Funding (ABF) in Tasmania. ABF is simply an allocation of funding based on what activity a hospital undertakes, rather than funding based on what a hospital has historically received. It provides the ability to define the services provided and an objective means of funding these services based on a reasonable cost of production. Every other state and territory has implemented ABF.

The benefits of ABF include:

- Fair allocation of funding to hospitals
- Funding of hospitals according to what they do
- Promoting a more rigorous approach to managing hospitals based on Activity Based Management (service line management)
- Improving efficiency and reduce wastage by fixing a price
- Improving transparency and accountability
- Allowing benchmarking between peer organisations and services, and
- Improving service planning as there is a clear link to services provided and services funded.

A Tasmanian Funding Model, developed by the purchasing arm of DHHS, uses a mixture of ABF and block funding (for areas that cannot be practically funded via ABF). This model will be used to implement the new Tasmanian Clinical Services Profile and will continue to be refined, particularly for non-ABF funded services.

Building sustainable workforce models

The health workforce is an essential pillar in the delivery of healthcare services in Tasmania and workforce reform is an essential foundation for increasing access to services. Health workforce reform does not only mean a reconfiguration of the workforce but also consideration of the education and training programs that prepare and support them. The development of a clinical service profile provides Tasmania with the opportunity to systemically review the workforce’s capability and capacity to deliver services, link workforce planning to service need, and focus our investment on the workforce of the future. We will:

- Ensure a high quality, safe workforce through an active program of monitoring, evaluation and management of the quality of care provided
- Plan for our workforce in the future, building on the Strategic Framework for Health Workforce 2013-18
- Approach workforce planning based on outcomes for communities, consumers and the population, rather than from the basis of existing professions and their interests and skills, demarcations and responsibilities
- Ensure a competent and high performing clinical workforce is supported to enhance and maintain their skills
- Build and utilise our health workforce to their maximum potential, including ensuring that we support our highly skilled health professionals to work to their full scope of practice and do the work that they were trained to do, and
- Ensure alignment between service provision and the needs of education and training programs that prepare and support our workforce.

We need the right staff at the right place at the right time.
In considering the configuration of services (Tasmanian Clinical Services Profile), the appropriate workforce models need also to be considered. For example, pursuing the consultant specialty-led model of service in the North West has led to workforce sustainability issues. This in turn leads to high financial costs and high levels of locum utilisation which occurs to the detriment of system safety.

Other States and Territories have recognised these issues and have invested in a generalist model in some of their regional and rural hospitals to achieve a better balance between access to services, safety and sustainability of services.

More Information

For deeper insight into
- Sustainability and the Tasmanian Health System
- Tasmania’s Health Workforce
- Building a Stronger Community Care System
- Emergency Care
- Elective Surgery

or alternatively send an email to: onehealthsystem@dhhs.tas.gov.au
## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABF</td>
<td>Activity Based Funding</td>
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<tr>
<td>ACSQHC</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
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<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>CAGs</td>
<td>Clinical Advisory Groups</td>
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<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<td>DRGs</td>
<td>Diagnostic Related Groups</td>
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<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<td>HCT</td>
<td>Health Council of Tasmania</td>
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<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>LGH</td>
<td>Launceston General Hospital</td>
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<tr>
<td>LoS</td>
<td>Length of Stay</td>
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<tr>
<td>MCH</td>
<td>Mersey Community Hospital</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<td>NT</td>
<td>Northern Territory</td>
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<td>NW</td>
<td>North West</td>
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<td>NWRH</td>
<td>North West Regional Hospital</td>
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<td>QLD</td>
<td>Queensland</td>
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<td>RHH</td>
<td>Royal Hobart Hospital</td>
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<td>SA</td>
<td>South Australia</td>
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<td>TAS</td>
<td>Tasmania</td>
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<td>TCSP</td>
<td>Tasmanian Clinical Services Profile</td>
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<td>THO</td>
<td>Tasmanian Health Organisation</td>
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<td>THS</td>
<td>Tasmanian Health Service</td>
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<td>TRDF</td>
<td>Tasmanian Role Delineation Framework</td>
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<td>VIC</td>
<td>Victoria</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
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| COMMUNITY | • Is the Tasmanian health system all it should be, or should we be open to change in order to improve outcomes for all Tasmanians regardless of where they live?  
| COMMUNITY | • How would you find out about what travel support, information and services are available to you to get the right care, by the right person, the first time?  
| COMMUNITY | • If you are already a user of these services, are they sufficient?  
| COMMUNITY | • If it improves the quality and safety of care, do you agree we should limit the number of sites at which some services are provided?  
| COMMUNITY | • If yes, what should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?  
| CLINICIAN | • How well does the proposed framework align with practice in your discipline?  
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| COMMUNITY | • How can we better help you understand the standard of care you are entitled to, and support your involvement in your healthcare decisions?  
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## Appendix 1

### Health Council of Tasmania – Membership

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Source</th>
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<tbody>
<tr>
<td>Denise Fassett (Chair)</td>
<td>Ex officio member, from University of Tasmania (UTAS)</td>
</tr>
<tr>
<td>Michael Pervan</td>
<td>Ex officio member, from the Department of Health and Human Services (DHHS)</td>
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<tr>
<td>Graeme Houghton</td>
<td>Ex officio member, from the Tasmanian Health Organisations (THOs)</td>
</tr>
<tr>
<td>Judith Watson</td>
<td>Ex officio member, from Tasmania Medicare Local (TML) and primary care.</td>
</tr>
<tr>
<td>Anthony Lawler</td>
<td>representing the Minister for Health</td>
</tr>
<tr>
<td>Timothy Greenaway</td>
<td>a clinical professional selected from nominations provided by the Australian Medical Association (Tasmanian Branch)</td>
</tr>
<tr>
<td>Emily Shepherd</td>
<td>a clinical professional selected from nominations provided by the Australian Nursing and Midwifery Federation (Tasmanian Branch)</td>
</tr>
<tr>
<td>Leigh Gorringe</td>
<td>a clinical professional selected from nominations provided by the Health and Community Services Union (Tasmanian Branch)</td>
</tr>
<tr>
<td>Graham Bury</td>
<td>a community representative selected from nominations received from the Local Government Association of Tasmania</td>
</tr>
<tr>
<td>Nicole Grose</td>
<td>a consumer representative selected from nominations received from the Tasmanian Health Organisations</td>
</tr>
<tr>
<td>David Knowles</td>
<td>a medical representative</td>
</tr>
<tr>
<td>Giuliana Murfet</td>
<td>a nursing representative</td>
</tr>
<tr>
<td>Tom Simpson</td>
<td>an allied health representative</td>
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<tr>
<td>tba</td>
<td>the position to be occupied by a private health representative</td>
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