Please note:

The enclosed document has also been submitted by email (19 Feb 2015)
Endocrinologists of North/North West Tasmania

Response to the Green Paper

Preamble

This submission has been prepared by the endocrinologists of North/North West Tasmania (Dr Joanne Campbell, LGH; Dr Anne Corbould, LGH; Dr Krish Chikkaveerappa, NWRH/MCH) in response to the failure of the Endocrinology Clinical Advisory Group (CAG) to reach consensus.

The recommendations of the Endocrinology CAG, chaired by Professor John Burgess of the RHH, essentially represent the view of the endocrinologists based in Hobart. Of the 4 endocrinologists in the North/North West, 2 did not endorse the CAG recommendations (Dr Corbould, Dr Campbell). Dr Chikkaveerappa, while not identified on the CAG response paper as dissenting from its recommendations, has participated in the preparation of this submission by the endocrinologists of North/North West Tasmania and supports its recommendations. The 4th endocrinologist (Dr Chandran, NWRH) has recently resigned his position and will be leaving Tasmania: he was therefore not an active participant in the CAG process.

The Endocrinology CAG response was also rejected by CAG member Susie Lennox (Diabetes Specialist Podiatrist, NWRH: representing allied health professionals in Tasmania on the Endocrinology CAG) on the grounds that a) it did not adequately define a sustainable and equitable model for service delivery and b) discussions were medically focussed i.e. without adequate attention to allied health services which are central to the delivery of quality care to patients with diabetes.
Aims of the North/ North West response to the Green Paper

The principle goals of the redesign of the Tasmanian health system include the following;

- to limit the long-term impact of complex and chronic conditions,
- to keep people out of hospital, and
- ultimately improve the quality of life of Tasmanians.

Diabetes is a common complex chronic condition that has a significant impact on the health and wellbeing of the individual and major implications for health care expenditure.

The CAG recommendations will perpetuate the current situation where patients with diabetes and other endocrine disorders receive inadequate care in the North/North West of Tasmania as a result of insufficient endocrinologists. An appropriately staffed endocrinology service in the North/North West will reduce diabetes-related morbidity, including potentially preventable hospitalisations, with substantial benefits for health care costs.

In this document, we will discuss the following issues:

1. Why the North/North West region is an area of particular need regarding diabetes services
2. The current state of diabetes/endocrine services in the North/North West region
3. Our proposal for a viable and sustainable diabetes/endocrine service for the North/North West
4. Our response to specific recommendations of the Endocrinology CAG

Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework
1. **Why the North/North West of Tasmania is an area of particular need regarding diabetes services**

The aim of the Green Paper is to enable change to provide a sustainable and safe health system with improved outcomes for patients. Role delineation enables a multi-hospital health system to plan and develop the services provided by its hospitals/health facilities, in order to deliver better access to quality care\(^2\). The Tasmanian Role Delineation Framework will ultimately determine where services should be concentrated.

It is important to note the following in relation to diabetes care in Tasmania:

- Diabetes is a common chronic disease with higher prevalence in areas of lower socioeconomic status. People living outside major cities are more likely to have diabetes than those living within major cities\(^3\). Thus, in the northern half (North/North West) of Tasmania, there are 1200 (13905 vs 12704) more cases of diabetes than the south of the state, predominantly more type 2 diabetes\(^4\). Not only is diabetes more common in the North/North West, but diabetes centres in this region manage a high volume of moderate to high acuity cases\(^5\).

- Tasmanians with diabetes who are considered to be significantly socioeconomically disadvantaged are of high prevalence in the following local government areas; Burnie, Devonport, West Coast, Central Highland, and Break O'Day, and very high in the Georgetown area when compared to the national average\(^6\),\(^7\).

- The Australian Institute of Health and Welfare (AIHW) report *Australian Hospital Statistics 2004-2005* indicated that Tasmania had the third highest rate of preventable hospitalisations for diabetes complications in Australia.

Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework
The THO–North West had the highest rate of preventable admissions for diabetes in Tasmania and nationally. This AIHW 2005 report identified that this region accounted for 40.2% of these occasions and the northern half of Tasmania combined 76.3%. It should be noted that in the years since this survey (2004-2005), there have been significantly less endocrinologists employed in the Launceston area, so the preventable admissions for diabetes in this region would be expected to be even greater currently.

- A study of the foot-health of adults with diabetes in regional Australia (the PODFAR study - a collaboration with La Trobe University, University of Tasmania and public podiatry services; unpublished data) has demonstrated that residents of the North/ North West of Tasmania have triple the odds of worse foot morbidity (OR 3.21, 95%CI 2.23-4.83) than comparable patients in regional Victoria.

- The East Coast of Tasmania is an area characterized by high diabetes prevalence along with high turnover of general practitioners. The diabetes patients from the East Coast are some of the most complex seen at the LGH endocrine service i.e. multiple diabetes complications and related co-morbidities.

- There is minimum access to private endocrinologists in the North/ North West. In contrast, there are two endocrinologists in private practice in Hobart. As a rural/regional area, it is important to note that there are also very limited allied health services including Credentialled Diabetes Educators in the private setting. This is unlikely to change in the next 3 years as the Commonwealth has placed a freeze on allied health Medicare item numbers in Australia until 2018. Thus, what is provided by the public sector constitutes the vast majority of specialist diabetes services within the North/North West.

- As stated in the Endocrinology CAG response, future demands on inpatient and outpatient endocrine services are likely to increase statewide. This is
primarily due to increasing prevalence of type 2 diabetes, driven by an aging population and rising rates of obesity. It should be noted that the mean BMI of patients with type 2 diabetes attending the NWRH Diabetes Centre is 45 kg/m².

2. The current state of diabetes/endocrine services in the North /North West

Endocrinologists
There are currently four (4) Endocrinologists in THO – North/ North West region in DHHS-funded positions, all of whom are accredited by the Specialist Advisory Committee (SAC) in Endocrinology of the Royal Australasian College of Physicians (RACP). The total endocrinologist workforce in the north of the state comprises 1.33 full-time equivalent (FTE) positions, constituted as follows:

Two (2) endocrinologists in THO-North, comprising 0.33 FTE*

* to put this in context, this equates to approximately to 6 hours/week for each endocrinologist

Two (2) endocrinologists in THO - North West, comprising 1.0 FTE. (Note: Dr Chandran, endocrinologist THO – North West (0.5 FTE) has recently lodged his resignation and this position will need to be filled.)

It should be noted that LGH has not had a permanent full-time endocrinologist for more than a decade. While there is no formal on-call roster for endocrinology, the endocrinologists at LGH provide a gratis telephone advice service to the hospital 365 days/year.

Diabetes Centres/ Allied Health Staff
Diabetes Centres accredited by the National Association of Diabetes Centres (NADC) are on-site at LGH and NWRH. Both Diabetes Centres have on-site dietetic and psychology services.
The NWRH Diabetes Centre operates outreach services to the MCH: there is no on-site diabetes education service at the MCH.

**Waiting times for outpatient appointments with an endocrinologist**

It should be noted that the following referral statistics are unlikely to reflect the true demand for patients to be reviewed by a specialist: general practitioners are aware that the waiting times are long for all except the most urgent cases, and are therefore less likely to refer patients unless they have severe disease.

**Present waiting times at LGH for an adult patient with diabetes:**

*New patient:*
- Category 1: up to 91 days
- Category 2: up to 290 days
- Category 3: up to 483 days

*Review appointment:*
- Average 6 months

**Present waiting times at NWRH for an adult patient with diabetes:**

*New patient:*
- up to 7 months (14 months if Dr Chandran’s position is not filled)

*Review appointment:*
- up to 9 months (18 months if Dr Chandran’s position is not filled)

**Characteristics of patients referred to diabetes services at LGH and NWRH**

Due to the long waiting times for specialist appointments, the diabetes services at LGH and NWRH provide service essentially only for patients with a) type 1 diabetes, b) complex patients with type 2 diabetes, and c) women with diabetes in pregnancy. Complex patients with type 2 diabetes include those with poor diabetes control despite being treated with insulin, major diabetes-related complications or significant co-morbidities. An exception is patients with non-complex type 2 diabetes who require specialist review for approval to hold a commercial/heavy vehicle licence.

In contrast to the situation in major urban diabetes centres, in the north of Tasmania, patients with type 2 diabetes who require insulin (a common outcome...
several years after diagnosis of type 2 diabetes), are expected to be managed by their general practitioner without specialist referral. Significant resources have been invested in education of general practitioners to support this process. The NWRH and LGH in partnership with Tas Medicare Local have been involved in supporting the role of the GP in the care of people with diabetes; as a result of this the uptake of GP Management Plans is high\(^\text{13}\).

There is essentially no referral of diabetes patients from LGH or NWRH to the RHH for tertiary care. An exception is the pregnant woman with diabetes who requires transfer to RHH due to pre-term birth and the need for neonatal intensive care.

3. Our proposal for a viable and sustainable diabetes/endocrine service for the North/North West

Proposal 1.

In consideration of population needs, both LGH and NWRH should operate Level 5 services. We agree with the service and workforce requirements specified for Level 5 Endocrinology, as summarized below.

<table>
<thead>
<tr>
<th>Role delineation framework:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 5 Endocrinology</strong></td>
</tr>
<tr>
<td><strong>Service description</strong></td>
</tr>
<tr>
<td>A Level 5 service provides inpatient care by resident endocrinologist with a regional referral role.</td>
</tr>
<tr>
<td><strong>Service requirements</strong></td>
</tr>
<tr>
<td>Regional referral role</td>
</tr>
<tr>
<td>On-site diabetes education service</td>
</tr>
<tr>
<td>Formal network linkages with Level 6 Specialist Endocrinology Service</td>
</tr>
</tbody>
</table>

Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework
An integrated hospital/community diabetes management service
Undergraduate and postgraduate teaching role
On-site specialist endocrinology allied health services

**Workforce requirements**

Endocrinologist on-site
Endocrinologist or physician practicing in general medicine with dual training in endocrinology on-call 24 hours
Access to subspecialist surgeons with thyroid/parathyroid surgical expertise
Medical registrar on-site 24 hours
Specialist endocrinology registered nurses (RNs)

**Proposal 2.**

In order to enable a viable and sustainable service, LGH requires **2.0 FTE** endocrinologists. In addition to providing outpatient and inpatient services at LGH, an outreach diabetes/endocrine service to the East Coast will be provided.

A minimum of **1.0 FTE** endocrinologists is required at NWRH to provide inpatient and outpatient services at that hospital with an outreach outpatient service at MCH.

This critical mass of endocrine positions will provide the ability to attract and retain endocrinologists in this region: this is pivotal to providing access to diabetes/endocrine care in northern Tasmania. Medical services relying on very small numbers of clinicians are unsustainable. By way of reference, the LGH employs 2.5 FTE renal physicians and 2.7 FTE cardiologists. *(It should be noted that the commonest cause of end-stage renal failure and requirement for renal dialysis is diabetes, and that diabetes is a major risk factor for cardiovascular disease (heart attack)).*

All of the requirements for Level 5 services at LGH and NWRH are feasible and deliverable, given the endocrinologist workforce recommended above, and the addition of a specialist endocrinology RN (see Proposal 4, below), or are already in place (e.g, on-site diabetes education service).
Proposal 3.
The MCH should operate as a Level 3 service as it does currently i.e. retains outpatient care by endocrinologist and/or diabetes nurse educator, and for inpatients, has formal linkages with specialist endocrinologist and diabetes educators. The NWRH diabetes service presently provides all diabetes services to the MCH and this would continue.

Proposal 4.
A specialist endocrine RN should be appointed at LGH and at NWRH i.e. two 0.5 FTE positions (one at each site) with potential to cover each other during times of leave.

Proposal 5.
Diabetes/endocrine services should be provided through a formal partnership between LGH and NWRH. The partnership would enable the following:

- an on-call roster of endocrinologists (as there would be sufficient staff to provide a best-practice 24 hour, 365 days on-call roster). For reference, the RHH on-call roster requires a minimum of three staff members
- an on-call roster of diabetes nurse educators to provide diabetes hot-line and afterhours telephone advice for patients, based on protocols. This has operated from the diabetes centres at LGH and NWRH for many years and has led to consistent information provided to patients and development of self-management skills in emergencies
- training of an advanced trainee in endocrinology (see Proposal 6, below)
- development of consistent management protocols across the sites of the North/North West.

Proposal 6.
The North/North West should apply to become a SAC-accredited site for an advanced trainee in endocrinology for Core Clinical Training. The trainee would work across the services of the North/North West, supervised collaboratively by the Endocrinologists of North/North West Tasmania:
response to Green Paper and Tasmanian Role Delineation Framework
endocrinologists at LGH and NWRH. A major benefit of training endocrinologists is that this may lead to recruitment to the region and/or the growth of private services if the trainee decides to remain locally. It should be noted that training of endocrinologists at the RHH has resulted in a significant strengthening of private sector endocrinology resources in the south.

Proposal 7.
A greater role for Diabetes Nurse Practitioners (of which there is only one in the north – at NWRH) needs to be considered to increase the capacity for diabetes services in the North/North West. Sustainable health services usually incorporate nurse-led services; the role delineation paper to date has given this little consideration within a model of sustainable safe health care.

Proposal 8.
In view of the unacceptably high morbidity related to foot complications of patients with diabetes in the North/ North West, more resources are needed for Multidisciplinary Diabetes Foot Clinics at LGH and NWRH. The Diabetes Centres at both sites offer high-risk diabetes foot clinics, but these clinics need to be more frequent, have vascular surgery input, and the NWRH requires access to a wound care specialist RN. It should be noted that foot complications are a very frequent cause of potentially preventable hospital admission.

4. Our response to specific recommendations of the Endocrinology CAG

CAG recommendation: Staff and service relationships of LGH/ NWRH/ MCH should be amalgamated

Response: The major concern is how amalgamation will provide diabetes/endocrine patients with better access to quality care, given that the existing

Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework
resources are already severely limited throughout the north of the state. A recommendation to amalgamate should not be made unless it is clear how this will impact on the services provided (from both a human resource point of view and a consumer focus). We agree that a partnership between LGH and NWRH would be beneficial in some specific respects (see Proposal 5 above). Issues that need to be considered include:

- Staff already work across several sites in the North West: travel time between sites during the work day is substantial and reduces health professional clinical hours. Increasing staff travel time further will create problems with work satisfaction and recruitment.
- Patients are already travelling 30 to 120 minutes one way to receive services in the North West. Potential increases in travel time to the north for certain diabetes services will have a negative impact on access to care, especially given the prevalence of socioeconomic disadvantage.
- Given the high prevalence of diabetes in all regions of Tasmania, more so in the north, it is not clear that the ‘investment of adequate transport and accommodation’ for any changes to service profiles is a rational or feasible approach.

**CAG recommendation:** NWRH and MCH should operate as Level 4 services, with LGH ideally providing Level 5 service

**Response:** It should be noted that MCH does not currently offer Level 4 services. We propose that LGH and NWRH should both operate as Level 5 services and MCH continue as Level 3. Adequate staffing of endocrinologists (LGH minimum 2.0 FTE, NWRH minimum 1.0 FTE) will meet the endocrinologist workforce requirements for a Level 5 service and ensure equity of health care delivery in the north.
CAG recommendation: The FTE for endocrinologists in the north should be increased by about 1.0 FTE, which will take the North/North West to a total of 2.33 FTE and maintain the south at 3.7 FTE.

Response: Increasing the FTE in the north as recommended by the CAG will fail to provide a viable, safe and sustainable endocrine service for the North/North West and cannot achieve better access to quality care. The current problems of long waiting times for outpatient appointments leading to poor patient outcomes and high rates of preventable hospitalisations will continue, with associated significant impact on health expenditure.

The current endocrinology staffing in the south (3.7 FTE) has been justified on the basis that the RHH is a tertiary teaching hospital with clinical, research, teaching, laboratory and administrative roles. Regarding tertiary clinical services, it is appropriate that certain clinical endocrinology services are located at the RHH, as stated in the Level 6 Endocrinology role delineation framework. These services include pituitary surgery, pancreatic surgery, certain thyroid cancers and other endocrine malignancies. However, it should be noted that these conditions are uncommon to rare and thus do not constitute a significant clinical caseload. Referral to the RHH from the north of Tasmania of patients with common endocrine conditions such as diabetes is virtually non-existent. The central laboratory for specialist endocrine pathology testing is appropriately located at the RHH. Given that there are clinical schools for undergraduates of the University of Tasmania and advanced trainees in medicine at both LGH and NWRH, undergraduate and postgraduate teaching is not limited to the RHH.

In an era where restraint regarding healthcare expenditure is essential, it could be argued that teaching and research are more appropriately funded by the University and research funding agencies such as NHMRC, respectively, rather than from the DHHS budget, thus freeing-up clinician hours for direct patient care.

Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework
CAG recommendation: A 1.0 FTE nurse practitioner/endocrine nurse should be employed to work across the North/North West

Response: We agree: a 0.5 FTE position at both sites would be the most practical solution, and would increase access to care and reduce the risk of unnecessary admissions.

CAG recommendation: A detailed analysis of service needs is required for the North/North-West within the context of the move to a single Tasmanian health system

Response: There are already enough data to prove inequity of endocrine health services in the north. If a detailed analysis of endocrine services is required in order to deliver better access to quality care, it would be logical for this to encompass the whole state, given the move to a single health service.

CAG recommendation: The model of care for the North/North West will need to consider increasing primary care and community support needs in endocrinology rather than focussing on higher acuity hospital-based services.

Response: The northern half of Tasmania has already developed strong links with the primary care sector e.g. in patients with type 2 diabetes, insulin therapy is routinely instituted by general practitioners, with the support of Tas Medicare Local, not by referral to an endocrinologist. Moreover, only the most complex patients with diabetes are seen in the hospital diabetes clinics. Despite this, waiting times for patients to see an endocrinologist are unacceptably long due to inadequate endocrinologist staffing.
References


3. ABS 2013C- Australian Health Survey, updated results 2011-2012


Endocrinologists of North/North West Tasmania: response to Green Paper and Tasmanian Role Delineation Framework