Delivering Safe and Sustainable Clinical Services
Green Paper Response

The following submission is provided by Healthy House. Healthy House is a not for profit, community based and community driven organisation that works to promote health and well being for those living in the Break O’Day Region, including small isolated communities. The Break O’Day region features as an area of significant disadvantage and Healthy House remains committed to increasing access to a range of primary and allied health care services and implementing programs relevant to identified need that address the social determinants of health.

Healthy House works collaboratively with key stakeholders and leads regional service improvement through development of cooperative health services and activities. The Board of Management and staff of Healthy House continue to lobby and advocate for equitable health service provision to this rural remote region and the delivery of quality health services.

Whilst consultation questions have been designated as service providers or community specific we found several of them to be relevant to both. We have chosen to respond to a few salient questions that we believe to be of significant importance and relevant to this region. Additional information has been attached. This information was prepared in response to a regional forum on rural and remote hospital services conducted in St Helens in 2013.

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?

From our perspective it is clearly evident that the Tasmanian Health system is failing at almost all levels, especially for those living in remote and rural areas. The current system is not working, is unsustainable and critically it is having a negative impact on the health and well being of those living in Tasmania.
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On a daily basis we see the faces and hear the stories of people often behind the statistics and talk to others who are planning to leave their preferred place of residence so that they can access the health services they require. We strongly believe that quality health services should be available to all regardless of where they live.

**Question: Are services adequate?**

Services are not adequate or in some cases are not available at all locally and travel to Launceston or Hobart is required (up to two or three times a week). Whilst it is acknowledged that specialist services cannot be provided in all areas, access to affordable allied health professionals such as physiotherapists should be available at the local level, particularly when a local hospital exists. The same applies for dentists. As a minimum a regular visiting service timetabled to match demand would be required.

**Question: If you are already a user of travel support services, are they sufficient?**

Travelling long distances is required or distances can seem vast for those who are aged, frail, unwell, vulnerable or disadvantaged socio-economically. Transport options are often few and far between. To maximise the use of transport that is available services try to fill all available seats. This can mean extended wait times on top of the 5-7 hours of travel time whilst everyone waits for other passengers to attend their appointments.

Wait times on top of travel time can be challenging even for people who are not affected by illness. Seats may not be available for carers or other support people and needless to say there may be costs associated with travel and accommodation. In some cases costs can be reimbursed however some users are not in a position to pay upfront costs and this can lead to poor decisions regarding treatment, and then further support is required. Costs relating to extra bed days incurred by distance also need to be considered.

**Question: 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?**

This already does occur to some degree - see above. Additionally, for many years seriously ill children have been transferred to the Royal Children’s Hospital, neurological patients to Hobart and spinal injuries to the Austin Hospital etc. Further rationalisation could occur to reduce duplication and to assist in issues relating to recruitment and retention of staff and maintaining expertise etc.

Conversely, better use of existing or future purpose designed and built facilities available at the local level could do much to decrease the demands placed on larger tertiary medical and hospital facilities and address many of the above mentioned issues. Training of staff/local providers to undertake more screening and or post operative/hospitalisation follow up
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could further reduce the demands placed on the larger hospitals and improve quality of services and outcomes for the client.

Question: What should we consider in deciding where a service is located and what support needs to be considered to ensure patients have equitable access?

How will this arrangement:

- Minimise risk and adverse events?
- Promote best practice and quality improvement?
- Reduce duplication?
- Impact on the patient/client journey?
- Impact on the patient/client outcome?
- Reduce cost for the individual?
- Reduce cost to the system?

Adequate resourcing is paramount to ensure that the issues mentioned above are addressed and for a rural community travel, accommodation; carer and family support are essential items to be addressed.

Effective, appropriate and timely communication between providers across all sectors will become even more critical to ensure continuity of care and to reduce adverse events that could easily arise.

Question: 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?

According to Department of Health research Tasmanians living in geographic areas with the most socio-economic disadvantage are over-represented in Emergency Department (ED) presentations categorised as potentially avoidable. This can partly be attributed to the fact that there are limited Primary Care services in regional/rural areas which have socio-economic disadvantage.

The first step in addressing this issue is to have a strong focus on health promotion and education to empower consumers to make more healthful lifestyle choices. We know from statistics from our region that health outcomes could be greatly improved by some investment in this area.
The second part of addressing this problem is to provide timely access to appropriate primary health care. For example having to wait eight or more weeks to see a visiting specialist sets consumers up for an unnecessary presentation to ED and possible hospitalisation involving transport. When early intervention may have avoided this poor outcome. This outcome can be time consuming, involve a transfer, hospitalisation, GP involvement, ties up nursing staff, etc.

Timely access to specialist professional services, by timetabled visiting services to match consumer demand or to provide support to local allied health workers would overcome this risk.

There are a number of national and international healthcare models that attest to the effectiveness of integrating or situating primary health care services near acute care facilities. An example of this is the reduction in inappropriate presentations to ED when there is the option to access a collocated (or close) 24/24 GP service that is well able to manage these.

Another factor is that navigating the system can be difficult for many consumers and they cannot find the right service. This then involves the consumer “bouncing off” the system and having multiple contacts before finding the correct entry point.

Using rural hospitals as a “hub” or single entry point and equipping them as a resource centre providing a central point to access primary and community services would overcome many of these issues.

**Question: How do we determine which services to focus on to expand the role of primary and community care?**

One problem with primary and community care is that there is still some duplication of services, multiple entry points, fragmentation, lack of knowledge of other services/providers and lack of cooperation between providers competing for the same resource dollars. Funding from different levels of government through a plethora of programs leads to inefficiency and waste. It also creates a climate where the consumer can become lost and confused.

A fragmented service lacks critical mass, i.e. someone goes on leave and the service falls over for a month. It also makes succession planning more difficult. By grouping primary and community care services at a central location advantage can be taken of shared administration, back up of services during absences, and a single entry point for consumers. Rural hospitals and health centres would be an ideal location for this.
Question: How can we better help clients understand the standard of care they are entitled to, and support their involvement in their healthcare decisions?

Changes to the health system cannot occur at the expense of prevention and promotion and the work being undertaken to address social determinants of health. In fact, more work that focuses on improved health literacy, encouraging self determination and empowering individuals to become the coordinator of their own care needs to be undertaken. The need for advocates and advocacy, at both individual and systems level, need to be actively encouraged.

- Generational and cultural issues exist and define how power relationships are perceived.
- Many do not know what questions to ask and or accept any information provided without question.
- Can be reluctant to seek second opinions.
- Can fear being victimised.
- Reliance on internet or social media as a source of information. Some people have even been referred to ‘Dr Google’.

We need to ensure services are client focused and actively seek input on an ongoing basis. Ensure that rights and complaint processes are known and accessible to all consumers.

In closing

We thank you for the opportunity to make comment on Delivering Safe and Sustainable Clinical Services Green Paper (One State, One Health System, Better Outcomes). Should you require any additional information or clarification on any of the comments made please feel free to contact:

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