Burnie City Council makes the following response to the “Delivering Safe and Sustainable Clinical Services – Green paper”.

As well as providing responses to the specific Community Consultation Questions from the Green Paper, Council also provides further general comments regarding the proposed reforms to the State health system.

ACCESS TO CARE

Local access to quality care is vitally important for residents in the Cradle Coast region given the high level of disadvantage experienced by a significant portion of the community. This disadvantage extends to transport access and affordability. For example, a number of Burnie suburbs are amongst the most disadvantaged nationally in terms of economic resources which includes private vehicle ownership.

Access is further complicated by the lack of public transport between regional centres, an issue that has been identified on numerous occasions but remains unresolved for a majority of affected residents.

Therefore it is vital that residents are able to easily access care; preferably at their local hospital through utilising visiting specialists, via tele-health or by ensuring patient transport and accommodation assistance is easily accessed and affordable.
The most effective method of providing information regarding travel and accommodation assistance, as well as the most appropriate services available should be through a client’s GP either at the time of referral or following post-consultation feedback from a clinician. However, this may be problematic as many Burnie residents who will require this assistance may not have an ongoing relationship with a GP. A means of overcoming this could be the provision of visiting on-site information and support services at Child and Family Centres, Community Houses and Parenting Centres.

**IMPROVING QUALITY OF CARE**

It is agreed that local access to services should not compromise quality and safety. The Role Delineation Framework appears to be an appropriate tool to assist in making decisions as to what level of services will be provided from each Tasmanian hospital.

However, it will be important that there is complete transparency in the decision making process to allay concerns about services being reduced in local hospitals. There will also need to be a commitment from the State Government that as many services as possible can be provided locally, through the use of visiting specialists and development of the local health workforce. Specialties should be consistent with levels of clinical need (eg. Cardiology, endocrinology, rheumatology, geriatrics).

The two most important considerations for equitable access is the provision of patient transport to hospitals, particularly for those who have no or limited access to private transport; and the provision of accommodation for patients and their carers when requiring to access services outside their local area.

Once again, it cannot be stated too strongly. Without the adequate resourcing of patient transport and accommodation assistance, the withdrawal of complex services from the north west region will have a critical impact on health outcomes for residents.

**COMMUNITY CARE**

Council is supportive of a greater focus on primary health care and the delivery of community based services particularly through GP clinics and the provision of out-of-hospital services to the home.

Council would insist that a full systems review of GP services in the north west region be jointly undertaken by the State and Federal Governments to understand the reasons why residents by-pass GP services to access hospital emergency departments and to explore a resolution to this issue.

**SERVICE RE-DESIGN**

The State Government needs to take a far more proactive approach to educating the community about the levels of health services that can be delivered across Tasmania. It is assumed that the public understands service delivery models and terminology, when this is not the case. For example – the statement “low-acuity, multi-system medical condition ambulatory and/or inpatient service” (p.41 Tasmanian Role Delineation Framework) would be meaningless to most Tasmanians, and yet they are being asked to comment on what services can be appropriately delivered in their community.
Unless residents understand the basics of health service delivery; the real implications of access, quality and safety; and can make a comparison with similar regions across Australia, the Government should not be surprised when residents react to the fear of losing services. The State Government should be promoting the benefits of service redesign and what this will mean for individuals and communities in our region.

**PUBLIC-PRIVATE PARTNERSHIPS**

While Council supports the further development of public-private partnerships, it cautions the State Government to not become reliant on services provided by the private sector. A dependence on the private sector will result in higher costs in the medium to long term unless there is an opportunity to create some market competition between private providers.

**GENERAL COMMENTS**

Council remains concerned that without a full systems approach to re-designing the health system across the State, unintended consequences may occur, resulting in lower quality and less safe services, or greater inequity in service access.

Reducing the complexity of services provided at the NWRH and MCH, could result in the loss of existing clinicians. The government will need to be able to guarantee that visiting clinicians will be in a position to immediately provide services to these hospitals if this occurs.

The government will also need to ensure that service redesign does not impact on the activities of the Rural Clinical School. The RSC is absolutely vital to ensuring the long term engagement of clinicians and GP’s in the north west region and in addressing rural workforce shortages.

Council also urges the government to ensure that any service redesign will strengthen the new cancer clinic at the NWRH, rather than undermine it.

The government will also need to provide a plan with clear goals, timeframes and committed resources to the provision of patient transport and accommodation assistance to support residents needing to access services in other parts of the State. Without this level of planning, there can be no confidence that there will be equity of access for all north west residents. This will also require a funding commitment.