Response by the Health and Community Services Union Tasmania Branch to the Green Paper

The Health and Community Services Union (HACSU) provides the following submission to the “Delivering Safe and Sustainable Clinical Services” Green Paper.

In doing so, we note that the time allocated for consultation is too brief to meaningfully engage a diverse range of people and organisations. Discussions about what is seen by many as the most important of public services - access to quality, universal healthcare - should be broad and nuanced. The brevity of this consultation period sends the message (intentionally or otherwise) that decisions will be made rapidly, that there is no genuine openness to discussion, and that the development of alternative frameworks to better manage effective delivery and allocation of health services will not be seriously entertained.

Additionally, the withdrawal of hundreds of millions of dollars from Tasmania’s health system by the Federal Government elicits comment, but no commitment from the State government to agitate for the restoration of funding. The Green Paper details that Tasmania has had a 2.4% reduction in real health expenditure as a result of federal funding cuts, outlines critical health challenges facing our state, yet meekly accepts that adequate funding will not be forthcoming.

In presenting this submission, we call upon the Tasmanian government to honour their pre-election commitments to “Rebuilding Health Services” by ceasing the relentless health cuts, and to do everything in its power to restore federal health funding. Only then will Tasmania have a real capacity to improve health services.

Tim Jacobson
State Secretary
20 February 2015

**Green Paper**

HACSU notes that many of the statements within the Green Paper are extremely broad, utilising motherhood statements, and lacking detail that can be properly responded to. The first consultation question of the Green Paper is an example of a question that is almost rhetorical in its simplicity.

"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?"

It would be hard to find anyone who uses or works within the health system who would say that there is no room for improvement in the Tasmanian health system, or who would admit to being closed to change. However, the conflict will arise in relation to the detail of how and when systems can be improved.

Changes to public health services and policy in recent times seem to have been mismanaged by new governments. Eager to make their mark, but resistant to demonstrating the sophisticated communication required in order to build widespread support for that change, there have been a number of obvious rejections of change. The rejection of the Abbott government's first federal budget, and the ousting of the first term Liberal governments in both Victoria and Queensland have shown that massive change to public health services are not well received if they are implemented too quickly and without adequate consultation. HACSU is open to being involved in change, as long as our Members are involved in defining what change is appropriate, and when it should be phased in.

HACSU believes that most Australians do not seem willing to accept individuals shouldering the increasing cost of public health, nor do they endorse reducing access to quality public health. Fundamentally, our country does not believe that wealth should determine health. At some point the debate around health has to be changed, from one where resources determine services, to one where communities define what is needed, prioritise their needs, and then resources are allocated to make that vision a reality.

**Sustainability and the Tasmanian Health System**

Against a background of savage cuts to health worker staffing levels and budgets, sustainability is one of the most overused concepts in the current debate around health funding. Sustainability when used in relation to health largely refers to issues such as education, prevention, accessibility, integration, and an approach that is committed to reducing the negative effects of the social determinants of health. Sustainability is absolutely tied to preventative health and health promotion activities – both of which have been negatively impacted by recent funding cuts. To use the term “sustainability” whilst carrying out non-sustainable policies, is deeply hypocritical.
As already noted, the speed of the consultations regarding this Green Paper, and the ending of hundreds of health worker jobs within the Tasmanian health sector severely undermines any attempts to embrace sustainability.

Preventative health and health promotion is key to ‘sustainable health’

The ending of the National Partnership Agreement on Preventative Health brought about the end of comprehensive preventative health and health promotion programs throughout Australia. In light of Tasmania’s already poor health outcomes, cutting a small but highly specialised workforce that deals with preventative health and health promotion utterly undermines a ‘sustainable’ health system.

We note the deafening silence of the Tasmanian government in relation to this appalling decision, and their complicity in a decision which will negatively impact many people, for many years to come, and increase the costs to the public health system.

In addition, the transition of Medicare Locals to Primary Health Networks also signals a move away from preventative health to managing illness.

A large part of the growth in health expenditure is understood to be related to treating largely preventative non-communicable or lifestyle diseases (as outlined in the World Health Organisation’s Global Status Report on Non-communicable Diseases 2010). HACSU fails to see how Tasmania will be able to produce anything resembling a sustainable health system without a reinvestment in preventative health and health promotion strategies.

Allied Health Professionals deliver sustainable health services

The slashing of the Allied Health workforce, as implemented by the DHHS and THO South, defies logic. Tasmania’s levels of adverse events and readmission within hospitals is unacceptably high. The role of physiotherapists, psychologists, social workers, occupational therapists, podiatrists and other allied health professionals in reducing hospital stays, ensuring successful discharges, preventing hospital readmission, as well as providing clinics, community education and rehabilitation, is indisputable.

An increased investment in Allied Health by the State Government would enable the expansion of community clinics, outreach and community development, and education around all health issues including mental health. Instead of increasing the Allied Health workforce to limit the expense of hospital treatment, budget cuts to Allied Health have involved cuts to staffing levels and staffing hours, as well as the removal of administrative staff, which leads to the ridiculous situation where highly qualified staff are performing front desk duties.

The tragedy of under investment in Child and Adolescent Mental Health Services has recently been detailed in a coronial inquiry into six young people’s suicides. In addition, recent cuts have seen Community Health Social Workers have their numbers slashed, and clinics and outreach services in regional centres either scaled back or cut.
The cuts to Allied Health are only beginning to be rolled out, but we expect more of the same, as various parts of state health services cut staffing and funding levels in line with the directives of government.

In summary, it is inaccurate and misleading to position current government health policy as anything other than un-sustainable.

**Tasmania's Health Workforce**

HACSU acknowledges the incredible dedication and skill of the current Tasmanian health workforce. This is a workforce that has had literally hundreds of jobs removed from its ranks, that endures a constant stream of re-structures, and that is facing a future of diminishing resources – whilst being expected to increase service quality. The Tasmanian health workforce is resilient – but not able to withstand further staffing and resource reductions. The rhetoric of increasing efficiency is particularly offensive to a workforce that in most areas has already been trimmed to the bone, and that is not properly consulted or respected for their in-house knowledge. The idea of “working smarter” is only possible in a cooperative environment, where there are sufficient numbers of staff and resources to actually provide acute, community and rehabilitative services.

Tasmanian health workers are fully cognisant of ways to improve services. One common example is situations where the lack of equipment required to send a patient safely home, results in patients spending more time in hospital. Identifying systemic waste of resources requires enlisting workers’ support, as opposed to seeing them as the enemy. HACSU calls on this government to end their aggressive stance towards workplace negotiations, and open the channels for communication that benefits health workers. All health staff – including nurses, paramedics, allied health professionals, ward clerks, cleaners, maintenance, administrative and support staff and managers, can all be part of identifying areas where real efficiencies can be made. However, it requires working with rather than against workers.

**Workplace Health and Safety is compromised and Workplace Compensation claims escalate**

The independent Tasmanian State Service Workplace Satisfaction Survey in 2013 revealed significant levels of workplace stress, bullying and harassment. There is no reason to believe that these levels of stress have decreased, in light of increasing work pressure brought about by diminished resources and cuts to staffing levels.

Further, Worker Compensation claims escalated to $34 million in 2013-2014, the highest level in five years.

However, maintaining the health and safety of workers – which could produce massive savings in terms of decreasing workers compensation claims and reducing levels of personal leave – is barely mentioned within this Green Paper.
We predict that the current round of staffing cuts will drive an escalation of Worker Compensation costs – a regrettable and avoidable situation.
Attraction and Retention of Health Workers

Tasmania remains at a distinct disadvantage in terms of attracting skilled health workers into the state. There are a number of issues that reinforce this disadvantage, such as the fact that the state only provides some of the training and education that produces and reinvigorates the health workforce. We face ‘the tyranny of distance’, and as such, must always be aware of remaining competitive in terms of wages and professional development, in order to attract and retain health workers.

The ongoing policy of low wages growth represents a real risk to Tasmania’s ongoing capacity to attract and retain health workers. Australia has always had an issue with attracting health professionals to regional or remote areas, and Tasmania competes with other states for these workers.

Years of wage attrition can also lead to the situation where raising wages to competitive levels requires a massive uplift. This was the case in Tasmania in 2006, when wages of Allied Health Professionals had to be lifted in some cases by as much as 40% in order to achieve parity with mainland counterparts, and resolve longstanding recruitment and retention issues. If the government continues its push for wage freezes and below CPI wage increases, HACSU believes the 2006 scenario will be repeated.

The retention of Paramedics will also become more difficult if the work value case decision handed down the Tasmanian Industrial Commission is not honoured by this government. Paramedics are currently being paid well below what they are worth, as judged by the independent umpire of the TIC. Paramedics will seek work elsewhere if this situation continues. In the interim, Paramedics feel increasingly disrespected.

Consistently degrading the comparative wages of health workers also demoralises a workforce already under considerable pressure.

De-valuing ‘Good Will’

A recent survey of Members by Tasmanian Unions showed that the good will demonstrated by Tasmania’s state sector is worth literally tens of millions of dollars per annum. Every worker who comes to work early, stays on late, answers calls and emails when they are meant to be off shift, is contributing to the pool of hundreds of thousands of hours of unpaid labour given by public sector workers.

As mentioned in other parts of this submission, Governments subscribing to neo-liberal economic theory often contract out employment as they believe it distances them from risk, and provides a greater incentive for ‘efficiencies’. We suspect that contracting out will be part of the Hodgman Liberal government’s ‘solution’.

If the targets of contracting are less highly skilled workers, the result is often service delivery that lacks care, driven instead by the ‘bottom line’. We know that (for example) cleaners, ward aides, catering and environmental services staff take great pride in their work. They
display a commitment to their workplace, in a way that contract workers often cannot, due to the undue pressure placed upon them to hit KPI’s and finish work rapidly. Respecting the commitment of workers and years of good will and loyalty is a key part of good management, something that is discarded when work is outsourced.

If the targets of contracting are highly skilled staff, the result is often an increase in the cost of labour, as those staff will not accept wages less than their colleagues. Private companies pocket the profit margin, paid for out of the public purse.

In discussion of health, much emphasis is placed on so-called ‘front line’ workers. HACSU represents workers from all sectors of the health system, and the one thing our Members know is that health has to be viewed as a holistic work environment. Workers are interdependent, each a part of a system that is damaged if one part is reduced or cut. Systems should have the capacity to respond to increasing demand, but HACSU believes that this has already been compromised by current staffing levels.

Further cuts to the health workforce will lead to an escalation of service failure.

**Building a Stronger Community Care System**

Like so much of the Green Paper, this section of the document lacks specificity. Further, many of the suggestions are not new, such as treating patients at home or in the community rather than in acute settings. HACSU supports any models that enable people to be properly treated within their home or community, if appropriate, as it also often delivers better health outcomes and quality of life. For example, the Hospice at Home programme has added additional resources to the community and appears to be functioning well in terms of allowing patients to be treated at home.

However, HACSU maintains that to argue (correctly) that community based alternatives can decrease the demands on vastly more expensive hospital services – whilst at the same time failing to acknowledge cuts meted out to community services is deeply problematic. Failure to acknowledge the severely depleted funding environment that this Green Paper has been released into is at best, delusional and at worst, disingenuous.

**Funding cuts have and will continue to fundamentally damage community care**

Both Primary and Preventative Health Care has had funding and staffing slashed, both by the State and Federal Governments in their most recent respective budgets. The intentional myopia of this Green Paper profoundly undermines its credibility. For example;

“To manage future demand and to ensure the sustainability of our hospitals more must be done outside of their walls. This includes investing more in existing services that keep people out of hospital and continuing to develop new and innovative models of community care.”

*p.3, Building a Stronger Community Care System*
Three of six areas identified within this Green Paper to keep people out of hospital received budget cuts last year, including Chronic Disease Management Programs, Hospital Avoidance and Diversion Programs and Community Support Services. Hospital Avoidance and Diversion Programs use Allied Health Professionals who (as discussed in other parts of HACSU’s submission) are currently subject to significant budget cuts.

Reference is made in the Green Paper to the over representation of people from lower social economic areas in Emergency Department presentations. These lower socio and economic areas were the direct recipients of a number of programs funded via the National Partnership Agreement on Preventative Health that both State and Federal Governments withdrew funding for.

The crossover between services delivered/funded by state and federal governments continues to be a major issue in terms of cost shifting, despite many efforts made to address this. A classic example would be reducing presentation in Emergency Departments by investing in aged care services such as respite etc. We urge the government to consider the cost savings to be made by properly investing in community service.

This report identifies the lack of funding provided by the state government for primary health care providers when compared to other states. To admit a lack of state funding is truthful, but to offer no commitment to improving the funding is neglect of duty by the State Government. They were voted in on a platform of ‘reform’, not acquiescence.

**Emergency Care**

Although HACSU would not dispute that across Australia the growth in Emergency Department (ED) presentations has outstripped the national population growth rate, we argue that a contributing factor on Input not mentioned in the Green Paper is access to other alternative care facilities. Often these presentations relate to the hour of the day; EDs are consistently less busy in the 10am to 5pm period.

In addition, another element delaying Throughput is the presentation of non-critical care patients. Whilst these patients have lower priority, they do eventually get treated and when doing so, can delay higher priority patients.

In relation to Output, we note that staffing and facility ratios are constantly eroded by the misuse of statistics. For example, if a facility is only occupied at 90% capacity, management may then choose to reduce ratios to accommodate the 90% mark. The reality often is that this then becomes a race to the bottom, resulting in lower facility access. Another review delivers the same outcome in terms of statistics, but fails to acknowledge the reality that patient demands are not being met. Critical factors are ignored such as patients who give up on the system and don’t seek immediate treatment, and/or present later with more acute conditions. Greater clinical care can arise from a quantitative, rather than a qualitative approach to measuring facility access.
Throughout the Green Paper there is an over-simplification of the category of patients (the majority) who seek care in the ED, who do not require admission to hospital, and are able to return home directly after receiving appropriate care. Many of these patients attend due to the lack of alternate facilities to deal with the issue in a GP setting. For example junior patient fractures are universally referred to a hospital setting, rarely though are these patients admitted.

In relation to Hospital presentations via Ambulance, these could be reduced by the reintroduction of the Extended Care Paramedic program whereby lower acuity patients could be treated in a non-hospital setting or receive accurate advice about alternate options for treatment. However, in order to not undermine existing services, these would need to be additional staff resources, as current staff are working at (and in many cases, beyond) capacity.

Further, Paramedics need additional resources, training and clinical support around “Transport Not Required” assessments, which would also reduce ED presentations. Emergency presentations in Tasmania have increased by an average of 1.2 per cent per year over the past five years, well below the national average increase of 4.8 per cent per year. HACSU would be interested to know if ED resources have grown commensurately with this 1.2% increase.

The reasons for Tasmania’s relatively modest increase in ED presentations are not known. Is distance a factor, with rural individuals less likely to present? Are socially disadvantaged individuals with limited access to transport presenting when they should? Are there enough suitable primary health care alternatives to ED? People in an ED setting often don’t know where to go to seek a review.

HACSU maintains there is not enough access to information explaining what to do for a review, and that this does this cater sufficiently for people from culturally and linguistically diverse background, nor those with literacy difficulties.

It is possible that a dedicated staff member to run through the discharge process would address re-presentation. This may not happen effectively in an ED setting, and may be something that could be undertaken by Health Professionals in follow-up. However, the promotion of other facilities requires genuine access to them. Many GP Clinics are full, and often have significant delays before access can be given.

Access block and overcrowding is a long standing, well known issue that has been the subject of multiple studies and projects to measure, Key Performance Indicators (KPIs), improve patient flow etc.

A viable option may be to actually increase ED bed access by providing more beds in that area.

HACSU agrees that within Tasmania, there is a clear need for continued system improvement to enhance patient flow through hospitals and to improve the pathways to sub-acute care and community care.
Furthermore, there needs to be focus on clinical redesign and robust evaluation to improve patient flow and increase efficiency. However, HACSU does not accept that shifting the deck chairs promotes a more efficient system.

HACSU maintains that GP access is a significant factor in reducing non-urgent patient ED presentations. State run co-located 24/7 GP facilities may reduce pressure on the Acute Care setting. Potentially these could provide GP care run through the Medicare system as independent facilities. They may be better located away from the hospital setting and be better placed in population centres or based on demographics from current presentations at EDs.

HACSU would not at any stage support a cost disincentive barrier to ED presentations. Similarly, referrals from other medical practitioners should not attract a financial penalty. A potential degradation of the quality of care provided, particularly for those requiring urgent intervention is not acceptable. Resourcing of ED must meet demand.

Urgent care centres are a model HACSU supports, however it needs to be thoroughly resourced and operate for at least 18 hours a day.

In relation to consumers accessing health information when they have an unexpected health problem, our Members report that after seeking and obtaining advice and exploring alternative options, the only place to get care is the Emergency Department.

In relation to the idea of changing ED medical staffing, HACSU submits that staffing rosters are largely built on fitting into the 24/7 cycle. There is nothing wrong with traditional rostering, it is well established, and Workplace Health and Safety (WHS) issues such as fatigue are well known and subject to understood management processes. Consultation around roster changes are a given, as they are protected in Awards and Agreements, and there would be - in our view - little benefit to changing rosters.

We note that there is no evidence to suggest that staff are not fully engaged outside peak periods, and they are more than 100% allocated in peaks.

One of our Members’ greatest concerns is whether Tasmania can deal with a significant Multiple Casualty Incident e.g. a plane crash, ferry fire, deadly virus outbreak, terrorism attack etc.

**Elective Surgery**

Elective surgery is resource intensive and costly by nature, but is nonetheless a fundamental service of universal healthcare.

**Elective surgery is best delivered through the public health system in Tasmania**

HACSU maintains that public hospitals are better equipped to deliver elective surgery in Tasmania.
The systemic issues in regards to excessive wait times for elective surgery in the public health system in Tasmania would only be compounded if elective surgery is further privatised, because of the health landscape of Tasmania. Most specialists and surgeons work in both the public and the private sectors of health, and because of this pressure would not be relieved by patients being operated on in the private hospitals.

Private hospitals are also limited by the elective surgery and related services they can provide, due to the specialised equipment utilised. The small population base of Tasmania, the distribution of that population, the relative lack of resources in the private system and the reliance upon a small group of surgeons, all impacts on the management of elective surgery.

HACSU have yet to see evidence that Tasmanian private hospitals could deliver elective surgery services any more efficiently or cost effectively than Tasmanian public hospitals. Rather than privatising this essential service, the option is to provide more funding to the public sector so the waiting times can be appropriately managed. This was a core promise of the Tasmanian Liberals prior to election. If this promise was delivered on, along with a campaign to attract more specialists/surgeons to practice in Tasmania, and an increase in the health workforce to ensure effective discharge of patients, elective surgery waiting lists could be managed.

**High risks of public/private partnerships**

The desire to embrace public/private partnerships should be approached with caution. We note the use of the word ‘privatisation’ may be avoided by the current State Government, due to its political unpalatability - but regardless of their language, the privatisation of health services is deeply concerning.

There have been a number of failed public/private hospital partnerships across the nation that have been a financial disaster for the relevant states that implemented them. Examples of failed public/private hospitals are Port Macquarie Hospital in NSW, Robina Hospital in Queensland, as well as Modbury Hospital in South Australia.

Governments often pursue these partnerships in order to outsource risk, and it is a core belief of neo liberal economics that privatisation encourages increased efficiency. It is interesting to note that in the same week in 2014 that the private/public partnership for Sunshine Coast University Hospital was announced by the prior Queensland Liberal Government, the prior Victorian Liberal Government was buying back the Mildura Hospital, to facilitate a much needed expansion. History shows that the quest for profit making often results in cuts to services that are ‘unprofitable’ and a corresponding lack of investment in infrastructure.

Public/private partnerships for private hospitals are typically long term, which also carries democratic risks, as the South Australian Auditor General pointed out, because the contracts “can extend for periods in excess of the life of a particular Parliament and, on the basis of historical experience, the Government of the day”.

The long term plan for Tasmania's public health system should include adequate funding, a strategic plan for attracting and retaining health professionals (which by necessity involves pay and conditions parity with other states), and ensuing staff are adequately resourced.

**Draft Tasmanian Role Delineation Framework**

**Application of an Untested Framework**

We note that the *Draft Tasmanian Role Delineation Framework* is an almost verbatim copy of the Northern Territorian framework. We are disturbed by what appears to be the desire for a holus bolus duplication of a framework that was developed for a very different health environment. Having said that, the Northern Territorian framework was developed after extensive consultation, which commenced in September 2012 and ended with the framework being released 17 months later, in February 2014. This commitment to consultation is to be applauded. Conversely, the current government appears to be intent on rapidly foisting a Northern Territorian framework onto Tasmania.

The Northern Territory document states in its background:

> "The service descriptions for each specialty group have been reviewed by User Groups that were established for each independent specialty area. The User Groups included specialist clinicians and health professionals in that field and were responsible for reviewing and/or developing service descriptions, refining the requirements for the minimum capability criteria at each service level, identifying relevant reference documents, and providing other advice about the provision of a clinical service."

There is no indication within the Tasmanian Government's Role Delineation Framework of the same level of consultation or input being made by service providers and stakeholders in the development of such an important document.