



# GENERAL PRACTICE *tasmania*

## SUBMISSION TO THE STATE GOVERNMENT CLINICAL AND PRIMARY CARE SERVICES PLANNING PROCESSES

### INTRODUCTION

The General Practice Tasmania network is a unique statewide infrastructure that supports contemporary general practice in Tasmania by linking GPs with each other, by supporting all members of the general practice team and, increasingly, by enabling, supporting and/or closely liaising with allied health professionals such as physiotherapists, dieticians and psychologists to be part of the primary care team. General Practice Tasmania is also a proud member of the Australian General Practice Network.

The General Practice Tasmania Network believes that issues and solutions relating to the clinical services plan and the primary health care services plan are inextricably linked and these two planning processes should not be separated as it is only “together that they will provide an overall plan for an integrated, sustainable, quality public health care system for all Tasmanians”.<sup>1</sup>

The following information summarises views as a submission to both plans. Members of the General Practice Tasmania network have canvassed the views of Tasmania’s general practice community in developing this submission and these have been summarised under six headings:

- 1. THE INTERFACE BETWEEN PRIMARY AND ACUTE CARE SERVICES**
- 2. ACCESS TO SERVICES AND ALTERNATE MODELS OF CARE**
- 3. HOSPITALS AND OTHER BUILDINGS**
- 4. COMMUNITY ENGAGEMENT AND PARTNERSHIPS**
- 5. SYSTEM SUSTAINABILITY**
- 6. WORKFORCE RECRUITMENT, RETENTION & DEVELOPMENT**

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<sup>1</sup> Clinical Services Plan Issues Paper paragraph 17

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## 1. THE INTERFACE BETWEEN PRIMARY AND ACUTE CARE SERVICES

### Issues and Observations:

A poorly functioning acute system contributes to the strain on general practice. Continuity of care is hampered by differential technology, inconsistent protocols and procedures, lack of cross-sector communication and some professional boundaries. The department structure under which acute (base) hospitals and rural hospitals are governed and funded by different parts of the Department compounds the problem. As well, different cost centres for these hospitals often means that there is tension between the systems when a rural hospital needs to access equipment and/or services from the base hospital.

Hospital culture continues to favour both holding on to patients in outpatient settings and not accepting referrals from GPs without reassessment. Despite significant investment, HealthConnect has not delivered adequate improvements in communications between hospitals and primary care. The Department has not invested in supporting infrastructure in the hospitals or the change in practice and culture that is required to recognise the role of general practice.

Patients are often discharged without timely clinical information being available to their GP and without sufficient medication to support their recovery.

### Expectations of the Plans:

Both plans must feature a commitment to the implementation of excellent communication systems and associated infrastructure that supports continuity of care, shared records and shared management of patients including electronic discharge summaries, electronic referrals and copies of investigations.

The capacity for electronic communication between all service providers in the health system must be achieved.

In the clinical services plan a commitment to business process changes is crucial including changes to hospital admission practices (a centralised referral point for clinics), dedicated

resources such as GP Liaison Officers within acute hospitals to address interface issues between the acute and primary care settings and increased referrals to general practice or to integrated service centres to avoid the unnecessary clogging of specialist outpatient clinics (eg post operative reviews, wound care, diabetes care, routine antenatal care, warfarin management).

Across both plans there needs to be a reorientation of acute hospitals as “base” hospitals providing services to support rural hospitals and different levels of community need (local, regional and statewide). All hospitals (base and rural) should be part of one integrated system with seamless entry, exit and transfer of patients.

## RECOMMENDATIONS

1. That the Government invest in information and communication technology infrastructure to support efficient, timely and seamless communication between the public health system (at both a primary and acute care level) and general practice.
2. This investment must be accompanied by a commitment to changing business processes and addressing professional cultures such as ensuring the use of computer systems by hospital clinicians and accepting referrals from GPs without reassessment.

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## 2. ACCESS TO SERVICES AND ALTERNATE MODELS OF CARE

### Issues and Observations:

General Practice Tasmania supports the State's intention to change the roles and service mix in both acute and rural hospitals including the centralisation of specialist acute care services and the local provision of primary care services in an integrated team care arrangement.

The move to develop ‘centres of specialisation’ in clinical services and supporting service networks demands access to highly evolved and structured medical transport/evacuation systems that are not currently in existence.

Multidisciplinary teams are emerging only

sporadically across the service system. The multidisciplinary approach is a paradigm shift that will take some time for some health professionals to make.

There is extensive evidence of increases in effectiveness and efficiency in patient care when the role of general practitioner is extended under different models of care.

### Expectations of the Plans:

The primary care plan needs to offer innovative models of care that better enable patients to be managed by different members of the team. Systems, processes and resources will need to be applied that better support the multidisciplinary team approach. Success will depend on the willingness of the State and Australian governments to outsource funding to other service providers.

Both plans must clearly state how the transport system is to be enhanced as a matter of priority to support access to services - both transporting patients to services and bringing services to patients. Service location should take account of the distribution of Tasmania's major population centres and centres of specialisation should be fairly distributed.

Adequately funded GP after hours services in close proximity to Departments of Emergency Medicine will improve patient care and are also likely to support demand management strategies in the hospitals.

The clinical services plan needs to support an increased primary care focus through the Australian Health Care Agreements and through this an expanded role for general practice in supporting ambulatory care and hospital in the home.

Properly resourced short stay facilities serviced by GPs need to be considered as an alternate model of care.

### RECOMMENDATIONS

3. That the Government ensure that access to services is supported by appropriate transport and that centres of specialisation are intelligently and fairly distributed across the State.

4. That the Government work with the general

practice community to investigate new models of care including short stay facilities, GP after hours services and integrated care centres.

5. That the Government recognise members of the General Practice Tasmania Network as proven alternative service providers in the delivery of primary care services and commence purchasing arrangements with the Network as a provider of choice.

## 3. HOSPITALS AND OTHER BUILDINGS

### Issues and Observations:

Communities are strongly wedded to the presence of public hospitals within their local communities and the perception that "anything is better than nothing" is closely guarded. Attempts to close or refocus service delivery from hospitals are usually met with opposition from both local community members and local representatives of parliament.

Hospitals are seen as strong symbols of a robust health care system – the fact that workforce is often not available to staff them is often unnoticed.

It is of concern that at the same time as the government is developing plans for the future "to shape our health care system for the future" that consultations are occurring in relation to the site for a replacement Royal Hobart Hospital.

Buildings must not become an end in themselves. There must be an increased emphasis on the delivery of services and the development of supporting infrastructure that is able to reorient to meet changing needs and emerging health priorities.

Support for general practice infrastructure development may often provide a better alternative at a community level than adaptation of public facilities. Models of virtual integration to support service integration may provide a better alternative for some communities.

### Expectations of the Plans:

General Practice Tasmania supports the plan to reorient the role of rural hospitals but consider that the closure of some rural health facilities could be in the best interests of the local community and better provide health services and outcomes in the medium to long term.

Communities must be educated and informed about issues such as safe and quality services, clinical supervision and workforce development so that they are able to make informed and realistic decisions about the type and level of services available at a local level.

The State's hospitals need to be rebranded to break down the parochial and regional attachment to particular facilities. There may be merit in renaming the acute hospitals to better indicate the existence of a unified health system with regional campuses.

Government should not embark on the development of a new Royal Hobart Hospital until after the process of determining what services are best provided from the Hobart facility now and into the future. Ease of access to the facility from all regions of the State, should be given proper consideration. Funds may be better allocated to decentralised services.

### RECOMMENDATIONS

6. That the number of rural health facilities is rationalised and integrated services are provided from those that remain.
7. That a tiered model of service delivery is adopted across rural hospitals under which there is a core set of services provided from each site and additional services provided according to communities' size and health needs.
8. That the Government manage the hospital system and waiting lists at a statewide level to ensure equity of access to acute care services for the entire Tasmanian population.

## 4. COMMUNITY ENGAGEMENT AND PARTNERSHIPS

### Issues and Observations:

There are currently no mechanisms for meaningful and ongoing community engagement in planning and priority setting for the health system within Tasmania. Consultation and community engagement is usually specific to a particular planning process rather than an intrinsic and essential part of business.

Because of the lack of ongoing systems for public debate, discussion and input into health planning, communities are not in a position to be involved as informed significant partners in the decision-making process.

To date the State has not adequately facilitated involvement and engagement of other stakeholder and providers of primary health services. It is important to recognise that the Department of Health and Human Services is not the only provider of primary health care services but a key part of a broader health system that includes general practice and other community, non-government and private services and service providers. With that issue in mind it is critical that the range of stakeholders and health professionals involved in the current PHC system are enabled to collaborate to improve and reform the system into the future.

Countries at the forefront of health system reform have genuine systems for community engagement (eg Canada and the Scandinavian countries).

Community engagement strategies such as Tasmania *Together* have not met expectations as health system benchmarks were not adequately included.

Short term political cycles exacerbate the difficulties of producing long-term health system reforms as the emphasis is often on short-term political benefits. The issue of health planning needs to be above 'party politics'.

Health professionals at a local level are often regarded as opinion leaders and are important advocates in planning for system change.

### Expectations of the Plans:

The clinical services and primary health plans need to feature a system and process for ongoing and genuine community engagement.

Government must lead by example and work with communities (both local and communities of interest) and consumer groups to develop plans and priorities for the health system.

Government should pursue opportunities for broad political support for the primary and clinical service plans. This would ensure continuity of system reform regardless of the political party in government.

The Tasmanian community and health service consumers (patients) need to be assisted to be well informed, health literate and actively involved in health decisions.

To ensure the future sustainability of a mixed (public and private) health system the Government must foster effective partnerships with other health service providers including general practice, private hospitals and non-government/community sector organisations.

A well informed community and progressive health professionals are essential to support the implementation of sustainable health system reform.

### RECOMMENDATIONS

9. That the Government give a commitment to develop a system and process for ongoing and genuine community engagement.
10. That the Government assist the Tasmanian community and health service consumers to be well informed, health literate and actively involved in health decisions.
11. That the Government seeks to obtain broad political commitment to the implementation of both the primary and clinical service plans.
12. That the Government undertakes meaningful engagement with professionals at a local level in implementing system change.

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## 5. SYSTEM SUSTAINABILITY

### Issues and Observations:

It is well understood that resource constraints coupled with demand and cost pressures affect the capacity of the Government to deliver sustainable health services in both the acute and primary care settings.

The joint responsibilities of State and Australian governments also mitigate against attempts at system change with complex policies and arrangements often emerging to avoid blame for inadequacies and cost shifting to others budgets. While the State's expenditure on hospitals has increased, sustainability has not been delivered.

There is considerable evidence to support increased resourcing of primary care and an expectation of improved health outcomes for the community as a result of doing so.<sup>2</sup> Despite this evidence, there has not been a significant increase in investment by either State or Federal governments.

The State Government appears to be working on the premise that primary health care system reform will be achieved on a cost neutral basis and that sustainability will be delivered without additional investment. It must be recognised that major systems change invariably creates a period of higher expenditure before 'bedding-in' can occur and available savings realised.

### Expectations of the Plans:

The plans need to demonstrate a genuine and transparent increase in resources and priority in favour of primary prevention, early intervention and wellness promotion - without this shift, the issue of health system sustainability will never be addressed and the increasing load on hospitals will not be reduced.

Planning must not become an end in itself. These planning processes must take us quickly

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<sup>2</sup> Phillips R and Starfield B. 2004. Why does a U.S. Primary Care Physician Workforce Crisis Matter? *American Family Physician*. Vol 70. No 3. 440 - 442

to implementing an effective and sustainable system that provides quality services that meets consumer demands and needs. The plans must articulate what the system will look like, who will provide the services and who will provide the funds.

## RECOMMENDATION

13. That the Government acknowledge that increased investment in primary prevention, early intervention and wellness promotion is critical to health system sustainability and adjusts its resource decisions accordingly.

## 6. WORKFORCE RECRUITMENT, RETENTION & DEVELOPMENT

### Issues and Observations:

Workforce shortages are being experienced internationally, nationally and locally across the entire health sector. Sustainability will not be achieved unless future workforce needs are considered alongside anticipated trends in demand and utilisation of health services.

Hospital staff shortages and delays in patient care are impacting on general practice and the broader primary care sector with increased complexity and acuity of care required in community settings.

Any work aimed at boosting the medical workforce must fully include general practice workforce stakeholders. It is pointless to implement workforce strategies in isolation.

Historically services have been designed around currently available clinicians and are vulnerable to sudden departures. This is true of both specialist services in acute hospital settings and general practice services particularly in rural community settings.

The current number of intern positions within the State will not support the increased number of medical graduates.

The Department's contracting and payroll systems need to better support recruitment and retention efforts, particularly in rural areas.

### Expectations of the Plans:

The primary care services plan must include a systematic review of the sustainability of all rural health services in light of imminent health workforce shortages.

The State needs to take an increasing interest in GP recruitment and retention. Among other benefits this will support continuity of medical staffing for rural health facilities and adequate gate keeping to acute care hospitals.

Both plans must feature demand management strategies including a renewed focus on health and wellness promotion.

If the nurse practitioner model proves effective the nurse practitioner workforce needs to be developed based on areas of identified need as a member of a primary care team.

Changes to the distribution of specialist services across the State need to take account of potential impacts on the ability to support a "three region" training model for medical students. Both plans should include recruitment and retention strategies that recognise that when undergraduate and post-graduate students are trained in a local area they are more likely to remain in that area upon completion of their training.

Rationalisation of hospital services in the Northwest is the only logical solution to the problems of recruitment retention and access on the Northwest Coast.

Both plans need to include strategies to accommodate the expected increase in medical school graduates including models that will allow placement of interns in the primary health sector.

## RECOMMENDATION

14. That the Government enter into a partnership with General Practice Workforce to support and resource an integrated approach to workforce development at a community level.

15. That the Government continues to work with groups such as the Australian Medical Association to ensure terms and conditions of recruitment are competitive.