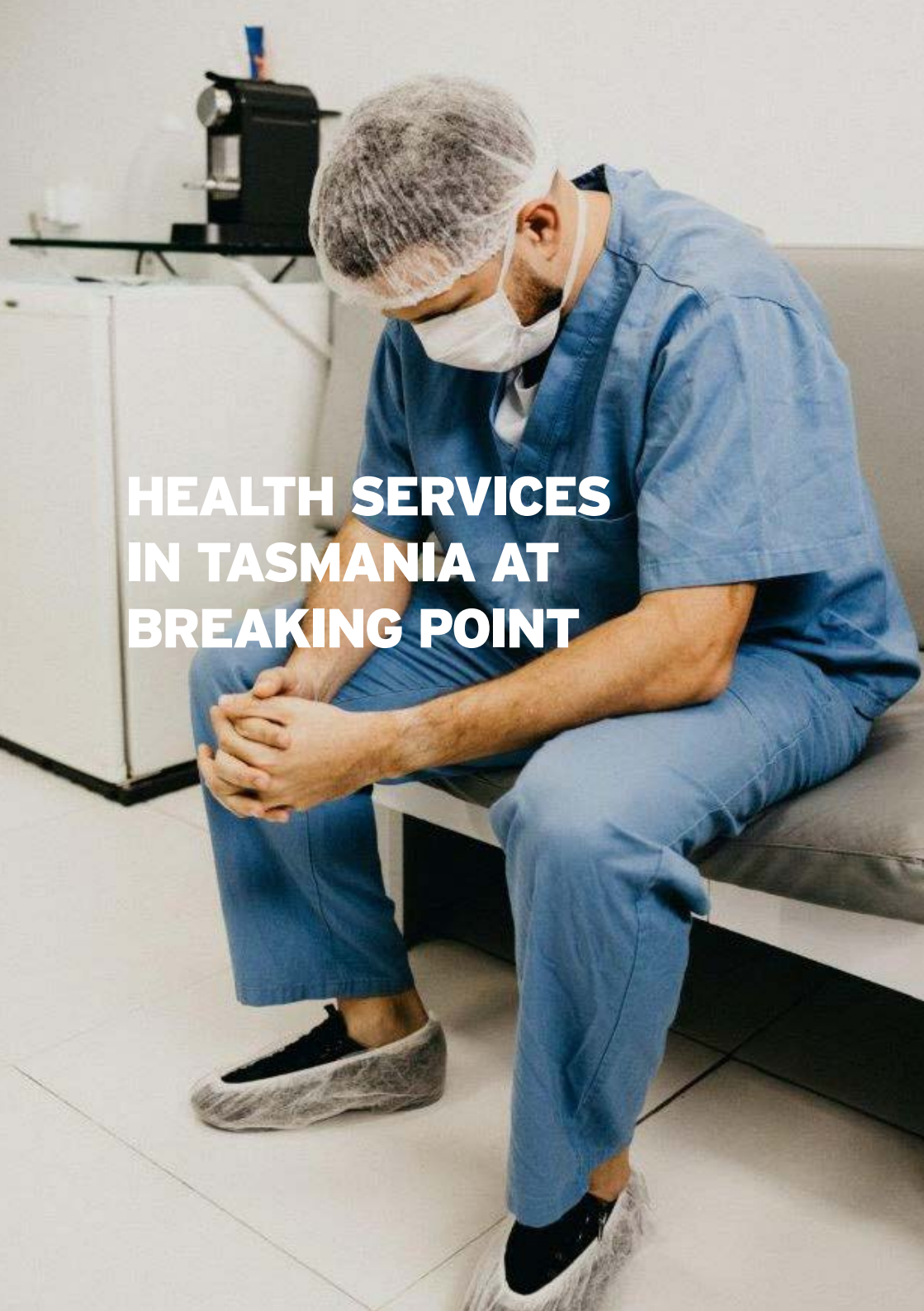
2021 AMA TASMANIA STATE ELECTION ADVOCACY PLATFORM



HEALTH SERVICES IN TASMANIA AT BREAKING POINT

Delivering health services is one of the most challenging jobs in an environment of ever-increasing demand, whether it be in our general practices, emergency departments, outpatient clinics, managing elective surgery lists, mental health services or drug and alcohol services, all of which are overstretched and on the brink of breaking down. Staff are overloaded and exhausted. Patients are not receiving care in a timely manner, and investment in modern communication has been lacking.

The government has increased recurrent funding to health in more recent years, after having significantly cut health spending in its first year in office. New programs such as Hospital in the Home and the Community Rapid Response Teams have been welcomed. However, only 40 new beds have been opened at the RHH as part of the opening of K Block and it continues to suffer from growing demand. In the meantime, we live on the promise funding exists for more beds to open once the next stage of building and renovation works are completed.

There has also been other money invested into reforming services in mental health, alcohol and drugs and child mental health services, but it has been too slow in its delivery and not enough in its quantum to have had any impact. More needs to be done and urgently. These services are bleeding with doctors resigning, leaving fewer to carry the burden of the ever-increasing demand. Waiting lists are blowing out, and patients are being left behind.

We urgently need more old-fashioned hospital beds opened and different models to deliver care in the community funded. We need greater integration with primary care providers and more services closer to home for patients. And we need to look at how we can support our medical workforce to ensure the Tasmanian health system attracts and retains health professionals across the specialities.

AMA Tasmania is not just about pointing out the problems; we come with solutions. Some require more money; others require political will and determination to do what is best for our Tasmanian health system.

VISION FOR HEALTH IN TASMANIA

Tasmania's health system needs vision, reform, and significant investment to take health services into the future that can respond to changes in demand from an older, sicker population.

The future of medicine is embedded with information technology. Currently the THS uses outdated IT software - digital medical records. This is scanned paper-based records and has limited capability for direct digital input. The computer system throughout the hospital is slow and with the common use of generic logins also has a reduced security for patient details.

INVESTMENT IN MODERN TECHNOLOGY - DIGITAL HOSPITAL OF THE FUTURE

THE PROBLEM

The government has failed to invest in modern information technology systems over many years leaving Tasmania behind. Over the last twelve months, the government has invested over $21m in building a new human resources system that will see doctors' rosters, hours worked, and payslips all managed electronically. With over 20,000 state employees, this is a large project that will take years to implement. However, it is not the only area of Health IT that needs investment.

Hospital doctors and General Practitioners are desperate to see the rollout of a modern health IT system that does not rely on any paper-based processes related to patient care and can communicate within and outside the hospital to all relevant and necessary health care systems.

While $1.5m has been provided for planning, a commitment to the total investment to implement new systems is required now. That is, we need a commitment that transcends changes in government, that will build the digital hospital of the future, providing virtual care to Tasmanians no matter where they live and linking health professionals across the acute and primary sectors. We need a $400m commitment over the next five to ten years to purchase the IT software and hardware, to build the infrastructure and to train our medical workforce on how to use it. It can not be done in a piecemeal manner or dribbled out in tiny bite sized pieces.

Currently, Tasmanian hospitals rely on paper drug charts, paper pathology ordering forms, paper ordering forms for x-rays and other radiology tests. Using modern IT systems can increase safety for patient care. For example, electronic ordering for medications has pre-prescribed usual doses and auto checks for allergies when prescribing. For ordering of pathology and radiology, it abolishes the need for paper forms which can be hard to read or go missing and require faxing or paper originals to complete the test. Electronic ordering for tests creates the ability to check results for the medical practitioner who ordered a specific test, reducing missed test results. This would reduce errors, increase transparency, and improve the pickup of abnormal test results.

AMA TASMANIA'S SOLUTIONS

» The government commit $400m to fund a digital hospital program that would see a contemporary electronic medical record introduced; ensure hospital IT systems can communicate with the GPs about shared patients; that purchases necessary equipment such as, follow-me computers, i.e., computers on wheels on the hospital floor, to improve

patient care by ensuring a doctor or nurse always has access to the patient's file, can update information at the bedside of a patient and ensure accountability as to who has seen the confidential patient records; and secures the digital infrastructure in all our major and rural hospitals.

A SINGLE FUNDER FOR ALL HEALTH SERVICES

THE PROBLEM

Multiple funding sources mean it is difficult to have a continuum of care from the cradle to the grave planned and funded.

As it is the State Government is there for your birth; the Federal Government for your everyday medical needs delivered through General Practice; the state government should you require an ambulance; the state government, with some Federal Government support, for your emergency, medical and surgical needs in hospital; the federal government for your aged care home or package and either the state or federal government (through GPs) for your palliative care needs. And then there is Local Government which, in some rural areas of our state, has been forced into financially supporting the provision of GP services in local communities.

The result is too many gaps for patients to fall through and so many opportunities for either government to cost shift to the other – it makes good health planning an impossibility. Instead, it enables one to blame the other and take little or no action to put in place common-sense solutions.

AMA TASMANIA'S SOLUTIONS

- A single funder for health services in Tasmania.
- This reform was last contemplated by the Rudd Federal Government thirteen years ago. While all states face the same challenges as outlined above, until one state can show the benefits of a single funder model, no one is likely to want to change the status quo. Tasmania, as a small island state, with just over 500,000 people in the population, is well suited to trial such a funding model.

CLIMATE CHANGE

THE PROBLEM

"Doctors see the impact on patients' health, including heat-related conditions, cardiorespiratory illnesses, infectious disease outbreaks and post-traumatic stress disorder for those who have lived through flood and fire events. Even more alarming than the evidence linking air pollution and heat exposure with adverse pregnancy outcomes is the climate anxiety many Tasmanian women are experiencing leading them to reconsider or question their future fertility intentions. They know that if we don't do more to fight climate change now, the effects on the health of their children will only get worse."

AMA Federal and AMA Tasmania have declared a Climate Change Medical Emergency. Tasmania's climate, Australia's climate is warming. Doctors are already seeing the effects on their patients. Presentations at Emergency Department's increase by around 5 per cent on heat wave days in Tasmania.

More people are becoming homeless as people move to Tasmania looking for cooler climes, pushing locals out of their rental properties and increasing mental stress.

Each of us has a responsibility to the current and the next generation to do what we can to stop this global phenomenon.

AMA TASMANIA'S SOLUTIONS

- State Government must produce a real climate action plan that includes reducing Tasmania's greenhouse gas emissions and plans for Tasmanians' future medical needs because of climate change impacting on people's health.
- Support the establishment of a national sustainability unit for healthcare to reach net zero emissions by 2040.
- Support Tasmanian householders to install solar energy, government purchase only electric vehicle and support companies to invest in electric vehicle fleets to help achieve a target of having only electric powered vehicles for sale post 2030.
- The Tasmanian Health Service needs to, where safe, restrict procurement of medical equipment, pharmaceuticals, and goods with low carbon footprints, and reduce travel emissions through the use of telemedicine.
- Commit to 100 per cent renewable electricity and no new gas installations in Tasmanian hospitals.
- Support the establishment of a national net zero expert panel to assist in guiding interim emission reduction targets and pathways for the healthcare sector.

UNLOCKING BED BLOCK IN OUR HOSPITALS

Our health system is facing increasing demand in our emergency departments, medical wards, elective surgery lists, outpatient lists, mental services, alcohol and drug services and the list goes on. They are all interlinked, and one will impact on another. The service that feels the most pain when others can not cope with demand, is that in our emergency departments. They can not close their doors when they are full. They face the full brunt of the problem of bed block within the hospitals. The solutions are not internal to hospitals alone. Patient flow must be improved, but patient demand must also be lessened through investment in other services. The problem is that a number of these services are on the verge of collapse.

MENTAL HEALTH

THE PROBLEM

Demand for public mental health services is growing rapidly, but the level of service being provided does not match the demand. While there is reform under way, predominantly in the south of the state, it is in danger of being lost as the system is heading towards a major crisis.

Morale is low among staff; psychiatrists are leaving, and patients are not receiving the care they require. Many patients suffering significant mental health conditions, who may also be suicidal, end up stuck in the RHH ED for days waiting for a bed, because there are just simply not enough beds, which in turn contributes to the larger bed block problem across the hospital. Other patients can wait many weeks, and even months, including those managed under the Mental Health Act, to be allocated a case manager in the community.

Doctors support the reform of mental health services to increase early intervention services in child and adult services to help avoid the need for hospitalisation of patients, however, the culture within Mental Health Services

is so toxic that the system is in reality haemorrhaging doctors at a time when it should be providing hope of a better future. This can be seen in the fact that there are psychiatrist shortages across many different subspecialty areas across the state. Across the Mental Health Services, locums are covering the many workforce gaps as it is hard to recruit psychiatrists as well as mental health nurses and allied health staff to Tasmania.

Patient loads across the state have also increased within the community teams and yet, while in the past teams in the South barely coped with two consultants per team, they now survive with fewer staff. Teams in the North and North West have only had one consultant per team. More psychiatrists and nurses are required across the Child, Adolescent and Adult Mental Health community teams. More inpatient beds are also desperately needed, and more community services supported. In child mental health services alone, the College of Psychiatrist recommends 18 FTE per 100,000 population. Tasmania has 4.5 child psychiatrists in public and another 2-3 in private, well below what is needed for the state.

Tasmania also does not have an Adult Eating Disorder Service, leaving those with these mental health conditions – those with some of the highest mortality rates - on their own, without specialist care. Without treatment, up to 20 per cent of people with eating disorders die. A new facility for all age groups is to be built at St John's Park, however, like many of the problems here, progress is far too slow and does not address issues in the North and North-West.

Liaison between General Practice and Mental Health Services is currently lacking, with no dedicated mental health advisory service for GPs, yet GPs are at the frontline of mental health care with growing demand. This results in avoidable referrals to already overcrowded emergency departments, as the only pathway GPs can use to access the care their patients require. The lack of accessible shared medical records is also a problem.

AMA TASMANIA'S SOLUTIONS

- Initiatives to be developed under the Mental Health Reforms, such as the new Acute Care Team, the Compass Service, and the Mental Health Intellectual Disability service, must be progressed with a publicly known timeframe and resourced appropriately to function effectively.
- While the change to an early intervention model is established, more mental health inpatient beds must be urgently opened across all regions of the state to help deal with the demand that has not stopped, just because reform is underway.
- More permanent psychiatrists must also be employed in both the inpatient and community teams across adult and child psychiatry. To assist in their recruitment, an independent analysis of psychiatrists' working conditions and wages must be undertaken to ensure the government can offer a market rate to attract and retain staff.

- Psychiatric Emergency Nurses (PEN) must be reinstated or introduced into all EDs to help triage and manage patients affected by a mental health condition attending our EDs.
- Investment in a new Eating Disorder service at St John's Park must be prioritised and staff recruited in advance of the buildings being finalised to supplement the services already being provided.
- Access to a telephone support line staffed by psychiatrists dedicated assisting GPs in the management of mental health patients in the community should also be prioritised.
- More investment in IT services is also required to enable better sharing of medical records between all relevant services and particularly with GPs.

ALCOHOL AND DRUGS SERVICE

THE PROBLEM

The decision by this government in 2014 to bring Alcohol and Drugs Services (ADS) completely under the management of Mental Health Services has been to the detriment of ADS, leaving the service at a crisis point with Doctors resigning in frustration. Overall staff morale is very low. MHS and ADS are two very different services even though they may share some patients.

The types of mental health disorder treated by mental health services differ to those seen in ADS services. Similarly, the severity of ADS issues seen by ADS services differs to those seen by mental health services e.g., low prevalence disorders such as schizophrenia and other psychotic disorders serviced by mental health. The majority of mental health problems in ADS clients are anxiety, depression, PTSD, and personality disorders which are not typically treated by mental health services. Therefore, while there is significant comorbidity among people with both ATOD problems and mental health problems, the two sectors have distinct client groups with little overlap.

Collaboration is the answer, not integration. Mental health and ADS are practically and philosophically misaligned.

ADS has slowly been stripped of staff and space under the State-wide Mental Health Services structure and is not the service it once was. Since 2014,

over 25 ADS positions have been moved to bolster MHS capacity. Four more positions are currently tabled for "centralisation" under MHS. Promises from MHS that those transferred resources will remain readily available to ADS have so far been broken, with the resources completely subsumed into Mental Health Services. Policy development work is being threatened with changes in personnel and a diminution of the Clinical Director's important policy development role.

The last budget, delivered in November of 2020, increased investment in ADS for the first time in years, but it is insufficient to achieve all the necessary reform. The planned investment only puts back half of what has been taken from the ADS budget and either saved or absorbed into the MHS budget since 2014.

While ADS budgets have been cut, demand for services has continued to grow and waiting lists for detox beds and the opioid pharmacotherapy program have worsened. Without increased support, demand will continue to outstrip services, and the emergency departments, inpatient services and primary health care will bear the consequences. As it is, alcohol, tobacco and other drugs are causally associated with at least 20% of our state's health burden.

More staff are required across the service, more detox beds need to be opened, and a new purpose build specialised Alcohol, Tobacco and Other Drugs Centre built. Currently, patients detoxing share rooms and totally inadequate bathroom facilities, with the result that a detox bed cannot be used in a range of clinical circumstances where this is inappropriate, such as a young female sharing with an older man who has a range of serious and complex health and human problems. During the COVID-19 crisis, half of the beds (10 bed facility) had to be closed because of shared rooms and bathrooms.

There is currently no service for young people under 18 years struggling with addiction.

AMA TASMANIA'S SOLUTIONS

- Remove ADS from the MHS governance control and either redesign its governance as an independent health agency like its counterpart, Drug and Alcohol Services South Australia or ensure that it has a budget that is separate and protected from MHS and has direct reporting to the Deputy Secretary.
- Ensure the Clinical Director role is filled by a person with an Addiction Medicine qualification and strong policy credentials and ensure the position continues to be at heart of alcohol, tobacco and other drug use policy review and development in Tasmania.
- Build a new state of the art alcohol tobacco and other drugs unit that includes the specialised opioid pharmacotherapy treatment service,

outpatient counselling services, hospital and GP care consultation liaison services and increased bed capacity from 9 to 22 beds for withdrawal management and longer stay admissions to allow the safe and more effective management of patients with complex comorbidity.

- Ensure this unit is appropriately staffed by suitable trained and qualified health professionals.
- Consider expanding the ADS service to young people.
- GPs are at the front-line supporting drug-addicted patients while waiting for a detox bed or joining the pharmacotherapy program, which can take months. Providing access to specialist advice for GPs would be invaluable and help in those patients' care while they wait for the specialist service.

"There is nothing more distressing for a patient to turn up to have their operation cancelled from the operating theatre waiting bay because there is no theatre time available or bed for them to go to pos surgery. Likewise, there is nothing more frustrating or disappointing for the doctors and nurses to have to cancel surgery."

ELECTIVE SURGERY

THE PROBLEM

Tasmania's elective surgery waiting list is one of the worst in the country, the largest on record and is continuing to blow out, particularly for hip and knee procedures. Only 56 per cent of patients are seen within the clinically recommended time.

The COVID pandemic caused a temporary pause of most elective surgeries in 2020, exacerbating an already significant issue. ever-increasing number of emergency patients needing theatre time, as well as the growing number of

medical patients in surgical beds, which has meant elective cases having to be cancelled.

Frustrating, we have more surgeons available than there are operating sessions. We need more theatre nurses, ward nurses and anaesthetists, and quarantined beds for elective surgery.

Elective surgery was underfunded and struggling to keep up with demand pre-COVID, where we were completing about 15,000 elective surgery cases a year on average while adding a further 19,000 to the list.

While additional money for elective surgery is welcome, one-off boosts are part of the problem. It is impossible to recruit permanent staff to jobs that have time-limited funding. Not many people are willing to accept short-term contracts; hence, some surgery has been cancelled due to hospitals' inability to recruit additional staff for the theatres.

Meanwhile patients are left languishing on waiting lists, some live-in constant pain and others waiting for an endoscopy, live with the fear they may have undetected cancer. Some will die while they wait.

AMA TASMANIA'S SOLUTIONS

- Increase the emergency surgery capacity at the RHH and LGH to enable separations of elective surgery and emergency surgery streams to enable efficient use of elective time. A commitment to increase public hospital capacity across outpatients, inpatients, emergency, and elective surgery.
- No more one-off promises of increased funding for elective surgery, but instead a guaranteed budget for elective surgery for the long term to enable doctors, nurses, and other healthcare workers to be employed permanently and proper planning for elective surgery to occur as efficiently as possible.
- Provide open and transparent real-time data on elective surgery right down to the sub-specialties to keep GPs, and the public informed on how long they can expect to wait for their surgery. Also provide information publicly in real time as to why elective surgeries have been cancelled.

OUTPATIENT CLINICS

THE PROBLEM

Our outpatient clinics are in crisis. There are currently over 51,000 Tasmanians on the waiting list to see a specialist doctor. The wait time is far too long for patients with suspected cancer or with chronic challenging health issues, e.g., respiratory, chronic cardiac, rheumatology, pain. Some patients will die while waiting and others will have to go through treatment

that otherwise might have been avoided with earlier intervention. Our GPs tell us that it seems the only way to avoid a six month wait for their patient is to refer them to the ED, who then arrange admission into the hospital for further tests. Yet, with better outpatient specialty support, GPs could have kept them at home.

If GPs could liaise with specialists over the care required for a patient, it is probable that the need for as many outpatient appointments or follow up appointments that clog the outpatient system, would be reduced. A sizeable number of appointments result in simple advice (such as repeat test X in six months, and if Y then again in another six months, or if Z let us know, and we will advise further). Similarly, GPs need to be ale to access some urgent outpatient appointments. As it is, an regent appointment for example, a baby not thriving, but losing weight could take up to six weeks to get into the LGH Paediatrics Outpatient Clinic. The response is therefore for parents to attend the ED instead contributing to the increase in demand on ED services.

With service changes, morbidity aggravated by delay would be abated and stress on GPs left trying to manage complex patients in the long wait needs, relieved.

AMA TASMANIA'S SOLUTIONS

- Ensure all Outpatient Waiting Lists are transparent and made public in real time to help inform GPs and their patients as to the likely wait time to see a specialist.
- Improve communication between Specialists and GPs to ensure GPs know how best to manage a patient while they wait to be seen in the outpatient clinics. With improved collaboration with GPs, it is likely a number of outpatient appointments would not be required.
- Expedite the roll out of the e-referral solution state-wide with sufficient staffing to make it work efficiently.

GERIATRIC EVALUATION AND MANAGEMENT AND TRANSITIONAL BASED CARE THS SOUTH

THE PROBLEM

One of the biggest struggles of the RHH is the lack of patient flow. Patients' average age has increased, as has their medical complexity, often leading to complex discharge planning and rehabilitation before discharge. The delay in

the discharge and access to beds in geriatric rehabilitation and management causes severe bed block.

The RHH currently has fewer subacute beds for geriatric patients than in equivalent hospitals interstate and no inpatient hospital beds in residential aged care, where they can be cared for while they wait for their on-going care needs to be assessed.

The Transitional Care Program (TCP) is used in other states to fund transition-based care beds in residential aged care facilities, whereas the RHH uses it to fund inpatient subacute beds. TCP beds are cheaper than usual beds and usually patients contribute to the cost, which helps cover the nursing home bed cost (a portion of the pension).

If THS South develops residential-based TCP beds and changes our geriatric rehabilitation beds' funding model to Geriatric Evaluation and Management beds, this will unblock our hospital system. It has a lower bed day cost than our current TCP beds model and will allow increased funding by increasing the hospital's ability to meet elective surgery targets.

Similarly, our rural hospital beds could be better used as step-down beds but require adequate funding for nursing and medical staff. The current arrangements for GPs to look after these patients is not satisfactory leading to fewer GPs being willing to do this work. Patients and their families have few incentives and many barriers to accepting rural transfer.

In the North, patients are kept in Residential Aged Care Facilities (RACF) transitional care beds looked after by either their own GP or a nearby Practice. After hours, the RACF can call the relevant on call GP or GP assist for assistance. GP assist can contact the on-call doctor for the resident's general practice, who can arrange ComRRS if required to provide assessment/treatment in the RACF. ComRRS needs assurance of continuity of funding and increased funding as demand is increasing. It is an excellent example of collaboration between resident's GP and the highly skilled nurses in the ComRRS team.

AMA TASMANIA'S SOLUTIONS

- Provide additional funding to the RHH to fund from state resources the Geriatric Evaluation Unit, thereby freeing up TCP funding for residential aged care transitional care subacute beds.
- Integrate a residential aged care service embedded in the current hospital in the home service that can be accessed directly by aged care facilities to improve patient flow.
- Increase funding to the Community Rapid Response Service (ComRRS) program.
- Better resource rural hospitals so that they can accept higher acuity patients, increase renumeration to GPs to cover the true cost of their services and attract more GPs Rural Hospital facilities and fund

resources to remove barriers to moving patients to rural facilities.

» Fund appropriate telehealth resources so specialists can provide support to rural GPs to help manage the patients under there care during the transition from acute to sub-acute care.

PALLIATIVE CARE SERVICES

THE PROBLEM

Most Tasmanians will use the services of Palliative Care during their end-of-life journey. It is critical that these services are funded to meet growing demand across the state and to ensure that Tasmanians receive the best of care during this difficult period for the patient and their loved ones.

These services are required to be delivered in either a patient's home or within a dedicated palliative care bed. Palliative Care beds must be accessible across the state's hospitals or through a dedicated hospice.

THE SOLUTION

» Access to a 24/7 advice service as well as access to a 24/7 palliative care service in the home.

» Re-establishment of a northern hospice.

PAIN CLINIC SERVICES

THE PROBLEM

With the reduction in prescribing opioids by General Practitioners, there is a growing demand for pain clinic services, but not a commensurate investment in providing services. The pain clinic cannot meet the demand for their services, leaving patients untreated and their GPs frustrated. For the patients, their pain can impact significantly on their ability to work or have any quality of life.

Patients are more frequently attending overcrowded emergency departments to address their pain requirements and are heavy users of clinical resources.

AMA TASMANIA'S SOLUTIONS

» Increase funding for the pain clinic at the RHH and open clinics in the

North and North West. This cost will be partially offset by savings in emergency departments.

PREVENTATIVE ILLNESS INITIATIVES

THE PROBLEM

Tasmanians suffer from higher rates of chronic disease than other Australians many of which are preventable if we could improve nutrition and exercise and lower the rates of smoking and drinking of alcohol in our community.

Primary and Population Health need to be supported to invest in preventative health programs to reduce the growing numbers of patients heading towards the acute system with illnesses that could have been prevented with early intervention. For example, we continue to have some of the highest rates of smoking and yet there has been no effort put in recent years to change our strategy to combat people taking up smoking at a young age. To the contrary, the government has stood in the way of initiatives such as Tobacco 21 that would have raised the legal age for purchasing cigarettes to 21 years.

Alcohol remains the drug of choice in our community and the cause of over 20 per cent of presentations and as high as 28% of injury presentations to our Emergency Departments each and every day.

The Northern Territory has introduced a comprehensive alcohol reform program to reduce alcohol harm by restricting availability and increasing the price of alcohol through the introduction of an alcohol floor price. Government data shows that the reforms have led to a 22% reduction in alcohol related assaults across the Territory, including a 15.5% reduction in Darwin and a 40% reduction in Alice Springs, and a 24.5% decrease in alcohol-related emergency department presentations in Northern Territory hospitals between September–December 2018, compared to 2017. That trend has continued in the first quarter this year with a 22% reduction (Fyles, 2019)

Restricting the availability of alcohol sale points is also important.

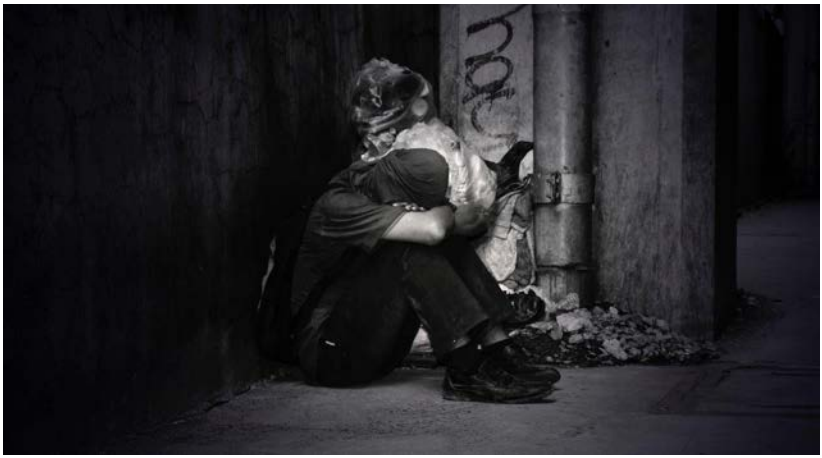
Stockwell et al (2011) published a study that found the total number of liquor stores per 1000 residents was associated significantly and positively with population rates of alcohol-related death. A conservative estimate is that rates of alcohol-related death increased by 3.25% for each 20% increase in private store density.

People suffering from alcohol induced injury can live with the consequences the rest of the lives, suffering from chronic pain, which can lead to other health and social issues too as well as on going reliance on the health system.

AMA TASMANIA'S SOLUTIONS

- Bring in a moratorium on the opening of new liquor outlets.
- Introduce a floor price for alcohol sold in Tasmania.
- Support T21

HOMELESSNESS AND INTERGENERATIONAL DISADVANTAGE



THE PROBLEM

The step-down process from the health system, and mental health specifically, is not catering for patient's needs. Added to this is the growing shortage in available housing. Too many people fall out of the system and are left homeless.

As a priority, housing for those with mental health and criminal histories (often overlapping) is critical. No one can get better when they have nowhere safe to sleep. Improving access to social housing will provide savings across health and other sectors. Patients with diabetes (high incidence in this group) cannot store insulin on the street.

Youth homelessness is significantly under reported, but many young people are at high risk of exploitation due to the lack of age-appropriate emergency accommodation. "Couch surfing" is the new norm for many young people. Child Safety services are overwhelmed with finding urgent placement for the most vulnerable in our community and often do not provide support when over 14 years of age. The Government needs to provide more supportive

accommodation and living arrangements, as well as opportunities for education, all of which are vital for the health and wellbeing of young Tasmanians.

Homeless people are often the forgotten group. For instance, during the COVID pandemic, the needs of homeless people were often the last to be considered and yet they are one of the most vulnerable groups.

AMA TASMANIA'S SOLUTIONS

- Develop a strategy involving health and housing to ensure all Tasmanians can access emergency and long-term housing as required. This strategy needs to strengthen the communications and oversight of the transfer of patients from the care of one department to another to minimise the risk of homelessness.
- Establish more age-appropriate emergency accommodation and youth shelters in each region.
- Prioritise the needs of homeless people in all government decision making.

SUPPORTING GENERAL PRACTICE

Our General Practitioners are at the front line of healthcare. They are the people we turn to first when we are sick. They are also a workforce in need of support as they try to manage the increasing demand for their services. Many risk burning out and fewer are being attracted into the general practice speciality. Right now, there are 54 GP positions being advertised across the state, and many more unadvertised that just lie unfilled. There is an emerging workforce crisis in general practice. Much of the workforce issues fall into the responsibility of the Federal Government, but there is more the state can do too to integrate the acute and primary sectors more closely.

GP REGISTRARS

THE PROBLEM

A growing issue for the future of the GP workforce is that of GP Registrars being paid less than their hospital-based registrar colleagues. While there

is variability in each Registrar's contract, the minimum conditions of employment for GP registrars mean that they can expect to be paid about $500 per week less than their public hospital doctor counterparts. This is before penalty rates, shift loadings, educational allowances and other public sector entitlements are added in, which make the disparity even more pronounced.

Their leave entitlements are also much less generous, and unlike the public sector, this leave is not portable as they move around to satisfy their training requirements. If they get sick or must look after an unwell member of their family, their personal/carers leave entitlement will usually be exhausted in a matter of days. GP registrars who have children are also particularly vulnerable, with no access to paid parental leave other than the Government's own scheme. In contrast, public sector trainees can generally access between 6 and 16 weeks paid parental leave from their employer.

The potential loss of conditions impacting on recruiting the next generation of GPs. Since 2015 the number of applications for GP training places have almost halved and there has been a drop in the number of first year GP training posts filled. Similarly, there has been an overall decline in the number of medical students expressing interest in a general practice career at graduation. In 2017, 16.5 per cent identified general practice as their preferred specialty for future practice compared to 15.4 per cent in 2018, and 15.2 per cent in 2019. This is despite Australia now graduating around 3700 medical students each year.

The AMA is calling for a fairer model for the employment of GP registrars in Tasmania that delivers pay and conditions comparable to non-GP registrars employed in public hospitals, which improve the standards of employment for GP registrars and sustain General Practice as an attractive vocational pathway for prevocational doctors. Without change, the GP workforce will continue to shrink causing more problems for patients to be able to access primary care services, pushing them towards an already overloaded acute care system.

AMA TASMANIA'S SOLUTIONS

» The State Government agree with the Commonwealth Government to fund a 'single' employer model for GP registrars in Tasmania, designed in consultation with the profession, to deliver improved remuneration and employment conditions for GP registrars that achieve parity with their public hospital-based colleagues.

PRIMARY HEALTH SERVICES

THE PROBLEM

There are more cost-effective and sustainable solutions that can achieve timely and responsive service outcomes for Tasmanians to relieve the pressure on acute facilities.

Many General Practices would be willing to extend their hours and see more patients that otherwise end up in the Emergency Departments at our hospitals, for conditions such as, minor fractures, infusions, wounds, asthma, and diabetes. These do not always require admission or treatment by a medical specialist in a Public Hospital. But to provide this service, they need access to afterhours radiology or pathology services. It would be important to build upon and extend the learnings from the recent Community Rapid Response Service and integrate this skilled community nursing/acute nurse workforce into this new model of care.

Another model that has been successful in Christchurch in New Zealand has been the establishment of Urgent Care Centres that provide low level GP emergency care after hours and for short stay if required. They run under a cooperative model of GPs in the local community and have been highly successful in providing after hour GP services.

AMA TASMANIA'S SOLUTIONS

- Work with the GP communities to establish Primary Care Short Stay and Treatment Units in Hobart, Launceston, and the North-West Coast. These services must be linked to quality telephone triage so that patients are referred to the Unit via GP services or after-hours services.
- Provide access to the Acute Hospitals afterhours pathology and radiology services across the state to enable more GP surgeries to offer extended hours care.

GP PREGNANCY CARE

GPs play a vital role in maternity care. They are usually responsible for pre-pregnancy care, the first antenatal visit, shared antenatal care, postpartum management, and care of the newborn. Enhanced relationships with a GP during pregnancy care may have long-term benefits for the entire family.

'Maternity Care in Australia' first published in 2017 'A framework for a healthy new generation of Australians'

THE PROBLEM

AMA Tasmania supports women in Tasmania being able to access affordable Pregnancy Care from their General Practitioner (GP Pregnancy Care). Receiving good maternity care and postnatal care is fundamental to the future health and well-being of the mother and child.

GP Shared Maternity Care is an opportunity to practice collaborative holistic Obstetric Care. It is a cooperative arrangement whereby antenatal and postnatal care of the pregnant woman is shared between a General Practitioner and a specialist Obstetrician or hospital-based Obstetric unit.

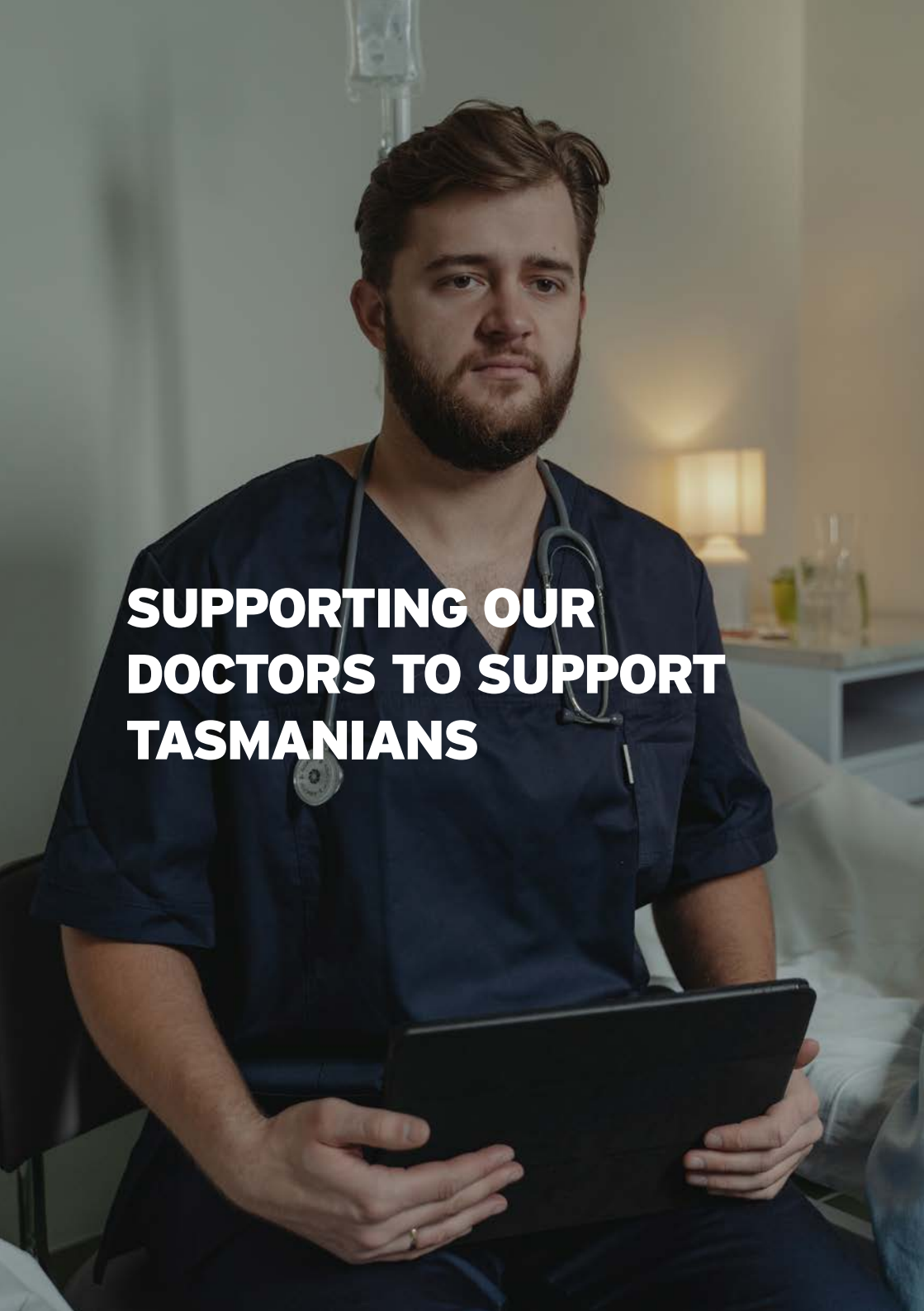
The MBS rebate available for women to see their GP for antenatal care falls far short of the fee GPs need to charge for their time. There is only one untimed MBS item number for an antenatal visit which attracts a similar rebate to a standard GP consultation but usually lasts much longer and is more complex than a standard consultation. (Other GP consultations attract higher rebates depending on duration and complexity). So, patients are likely to be significantly out of pocket when seeing their GP for antenatal care.

GPs must refer women to an Obstetrician or Obstetrician-led team by 20 weeks due to Medical Indemnity requirements. When women are referred for booking in at a public hospital, they invariably opt for the free service offered by the THS midwifery models of care rather than return to their GP and incur out of pocket expenses. This not only results in fragmentation of care but also means public hospital antenatal clinics are full with routine appointments, making it difficult for women to obtain a timely appointment for urgent assessment. Thus, encouraging and facilitating GP pregnancy care would take the pressure off routine public antenatal clinic bookings and allow for more timely appointments for high-risk women and women with complications in pregnancy.

There needs to be a better system for women wishing to have pregnancy care in general practice so that patients do not make their choice of model of pregnancy care based on affordability of care, but rather which model of care is most appropriate and best for them and their baby and their family as per RANZCOG recommendations.

AMA TASMANIA'S SOLUTIONS

- The State Government lobby the Federal Government to make GP pregnancy care consultation MBS item numbers tiered with respect to time and complexity and consultations with pregnant women be assigned a double bulk bill incentive, which would make it more likely for GPs to be able to offer pregnancy care to patients with no out of pocket expenses.
- As changes to the MBS can take time, the State Government could implement a voucher system for pregnant women with vouchers of $30 to $50, issued on application to be redeemed to reimburse gap payments for each GP Pregnancy Care consultation. Alternatively, implement an 'out of pocket' redemption process (as with the Tassie Tourist vouchers) for example of up to $300-$500 per pregnancy based on 10 antenatal visits.



SUPPORTING OUR DOCTORS TO SUPPORT TASMANIANS

SUPPORTING DOCTORS

THE PROBLEM

Some areas of medical practice within our hospitals are understaffed leaving consultants with a heavier patient load than they should reasonably be asked to manage safely, for example, on the medical wards. Added to this, they can be expected to perform unreasonable amounts of on call. In NWRH (North West Regional Hospital) is has been common practice to release monthly rosters with less than one week's notice. The inability for particularly Doctors-in-Training (DIT) staff to plan time off, or even day-to-day needs like childcare, has major implications for their morale.

In addition, DITs are under pressure to do more overtime or give up their study-time to help cope with the rising demand. The 2020 Medical Training Survey found that overall, 46% of trainees completing the survey considered their workload 'heavy' or 'very heavy' and only half (50%) received payment for unrostered overtime 'always' or 'most of the time'. The non-payment of overtime owed to DITs is a problem in Tasmanian hospitals too. In some instances, DITs have been unwilling to claim the overtime they are allowed due to fear about the implications of such a claim for future training opportunities, or (in the case of overseas trained doctors) loss of support for their ongoing visa requirements. In other instances, the overtime has been refused to be paid. This must stop. In Victoria, DITs are pursuing a class action to recoup unpaid overtime. We do not want our doctors having to take similar action.

AMA TASMANIA'S SOLUTIONS

- The government upholds the AMA Safe Work Hours Code of Practice and funds hospitals accordingly to ensure all doctors are provided with safe working conditions; that is, consultants have safe patient loads and DITs work safe hours.
- DITs must also be appropriately paid for overtime as well as have their teaching time protected. To this end, an external audit of roster timing should be established and a claim for overtime lodged on behalf of affected doctors, without risks to the staff involved.

ADDRESSING WORKPLACE CULTURE

THE PROBLEM

We hear a lot about the negative culture in hospitals and the level of bullying that can be experienced in these high-pressured environments. The 2020

Medical Training Survey revealed one in five doctors in training (21%) reported they had personally experienced bullying, harassment and/or discrimination in their workplace and 34% had experienced and/or witnessed this behaviour. It is important that these issues are addressed and not left in the too hard basket.

Hospital and the unit's that sit within are constantly under pressure to keep their spending reigned in. This can lead to a negative 'can't do anything' culture pervading rather than looking to new ways of delivering more efficient services and providing better quality care.

AMA TASMANIA'S SOLUTIONS

- Work in partnership with organisations such as the Hush Foundation to address workplace bullying and harassment and build a culture of acceptance, tolerance, and kindness.
- A specific budget to drive innovation and quality improvement across the hospitals.

NORTH WEST MATERNITY SERVICES

THE PROBLEM

Maternity services continue to be a problem on the North West Coast. The Government chose to provide its public maternity services through a contract with the North West Private Hospital. This hybrid model is failing mothers and their babies.

Maternity services need to be consolidated and strengthened in the North West at Burnie. It would be unsafe to re-open maternity services at the Mersey where there is no ICU, 24 hours obstetric or paediatric or anaesthetic support, nor emergency theatre teams available. Neither is it possible to do blood tests.

Maternity services in facilities like the Mersey are only provided in communities that do not have easy access to acute hospital facilities, such as in outback Queensland or New South Wales. The people of Devonport are only 40 minutes from Burnie and 60 mins from Launceston. It is far safer for their babies to be born surrounded by all the necessary medical support should anything go wrong.

AMA TASMANIA'S SOLUTIONS

- Do not re-open maternity services at the Mersey.
- Bring back public maternity services into the public hospital at Burnie.

INVESTING IN INFRASTRUCTURE

ONE HOSPITAL FOR THE NORTH WEST COAST

THE PROBLEM

The North West coast has struggled for the past twenty years or more to staff its two hospitals adequately. Both hospitals have been heavily reliant on locum doctors to ensure essential medical services could be covered. Locum doctors, while necessary, are less than ideal. They come and go leaving no continuity of care for patients. They are not invested in the community nor

able to support the training needs of junior doctors. COVID-19 exposed the service's fragility relying on locums, with the Mersey Hospital Emergency Department having to operate on reduced hours for some months and other services depending on permanent doctors covering additional shifts. Neither Solutions was sustainable. While necessary at times to cover shortages of staff, ongoing reliance on locum staff does not provide the best or safest healthcare for the community.

The COVID-19 outbreak at Burnie also exposed the ageing infrastructure, which is no longer suitable for the new environment in which we live. Handover rooms are too small, there are no built for purpose negative pressure rooms (some less-than-ideal retro-fitted negative pressure rooms are being built), and the ward spaces are small. There is also limited room for expansion at either site to deal with the growing demand for services. Once the domain of the RHH and LGH, issues like bed block are now also issues at the North West Regional Hospital.

We know the demand for services will only continue to grow in the North West, and we also know the best way to attract and retain staff is not by asking them to work across two sites in older infrastructure, but to consolidate into one modern hospital where collegial support is stronger, where fewer on-call rosters are required and where more time can be invested in supporting the ongoing education of doctors-in-training.

The decision to build a new hospital is not a politically easy one. Communities are likely to fear the loss of service before accepting the gains that would be achieved by bringing acute services together. They are likely to argue about whether the new hospital should be closer to the West Coast or closer to the population growth areas around Devonport.

What is important for the next term of government is not delivering a new hospital but beginning and supporting a community conversation about why one is important for the North West Community and what else the existing infrastructure could be used for to support other health services in the community. This would form the basis for planning for a new hospital to aim for a new hospital being built over the next decade.

In summary, the benefits of a new hospital include:

1. Modern Infrastructure: ready for any future pandemics
2. Modern Design: attraction and retention of staff
3. Mass of staff: collegial support, need for fewer locums, invest more in training.
4. Bring back public maternity services: consolidate all maternity services in the one location
5. Maintain a co-located Private Hospital: ensure a private hospital remains viable in the NW.

AMA TASMANIA'S SOLUTIONS

» The government provides immediate funding to support a comprehensive community consultation process across the North West over the next four years on where a new hospital should be located and what services it should provide and begin the planning process to build the new hospital.

NORTH WEST REGIONAL HOSPITAL

THE PROBLEM

While we wait for a new hospital to be built, it will still be necessary to keep putting the band aids on the old infrastructure at the NWRH and the Mersey.

AMA TASMANIA'S SOLUTION

» NWRH/Mersey immediate infrastructure needs to be addressed as identified through the Clinical Planning Taskforce.

ROYAL HOBART HOSPITAL

THE PROBLEM

While K-block is now open, to this point, it has only increased bed capacity across the hospital by an additional 40 beds. Meanwhile, the RHH is not coping with the increasing demand on its infrastructure. The Emergency Department is overflowing with demand pressures it was never designed to manage. Beds are being found across the hospital to try to unblock the bed block in ED; hence one in three surgical beds are now occupied by medical patients.

There are no signs that demand is going to decrease. On the contrary, we have an ageing population with chronic complex health conditions and an increasing population. Our health infrastructure must keep up with demand. Stage two expansion of the ED and opening of a Mental Health ED, among other projects, will help, but we need more than just a piecemeal approach to the redevelopment of the RHH and the Repat.

AMA TASMANIA'S SOLUTIONS

» Capital investment must be provided to bring forward the 30-year-masterplan for the RHH.

» While we welcome the commitment to Stage two, we cannot wait thirty

years for the entire master plan to be delivered if we are ever to move out of operating at crisis level day in day out.

» It is imperative that the plans for the Repat redevelopment in stage three and four are brought forward to enable the development of the Repatriation Hospital site as a dedicated campus of the RHH, with clinical critical mass and appropriately selected services such as sub-acute and mental health. Noting Mental Health services would be far better located off the RHH campus and with services more appropriately provided at ground floor level.

LAUNCESTON GENERAL HOSPITAL

THE PROBLEM

The LGH is suffering from ambulance ramping and bed block in the Emergency Department. Demand across its services is outstripping its ability to supply beds. Additional resources are required to open beds to assist with patient flow through the hospital.

One doctor put it this way: ***"We need more inpatient beds and a rapid solution to access block. Our ED nurses are leaving because they are sick of the congestion, the ramping and looking after complex medical cases rather than emergency medicine which is what they signed up for. It is an increasingly unattractive place for doctors and is one of the factors pushing (some staff sic) towards retirement. In addition, it is very bad for patients, lengthens their hospital stay and increases mortality. (We would require less staff in the ED if all the admitted patients promptly went to ward beds!)"***

AMA Tasmania supports the master planning work for the expansion of the LGH. This will help the LGH manage increasing demand and deliver modern and efficient health services into the future. However, we are concerned that there has not been sufficient consultation with clinicians across the hospital to ensure they have the opportunity to express their desire for where clinical services should be located and what models of care should be implemented. We urge the government to get the process right and not rush significant expenditure on the much-needed infrastructure or risk building infrastructure that does not fit patients' needs.

Parking is remaining an issue at the LGH. With over 2,000 staff, 308 beds, 40,000 plus ED presentations, multiple outpatients and visitors, there are less than 1000 car parks provided on site. A multi-storey car park at the flood retention basin should be explored as an option, which would be less than a five-minute walk for staff, freeing up more onsite parks for patients. Such a development would also be an enabler for the Calvary co-location and the

Health hub to increase their health delivery footprint by converting space dedicated to onsite staff car parking.

AMA Tasmania is also very concerned with the ongoing delay in reaching agreement for a co-located private hospital. The Government must take some responsibility for the long-drawn-out process in reaching agreement with Calvary and get on with delivering this project for the people of the North.

AMA TASMANIA'S SOLUTION

- Increase hospital funding to meet growing demand.
- Require consultation with all clinicians and other healthcare workers on the LGH Master plan.
- Funding for additional LGH car parking.
- Finalise the co-located private hospital arrangements with Calvary immediately.

EQUIPMENT MAINTENANCE BUDGET

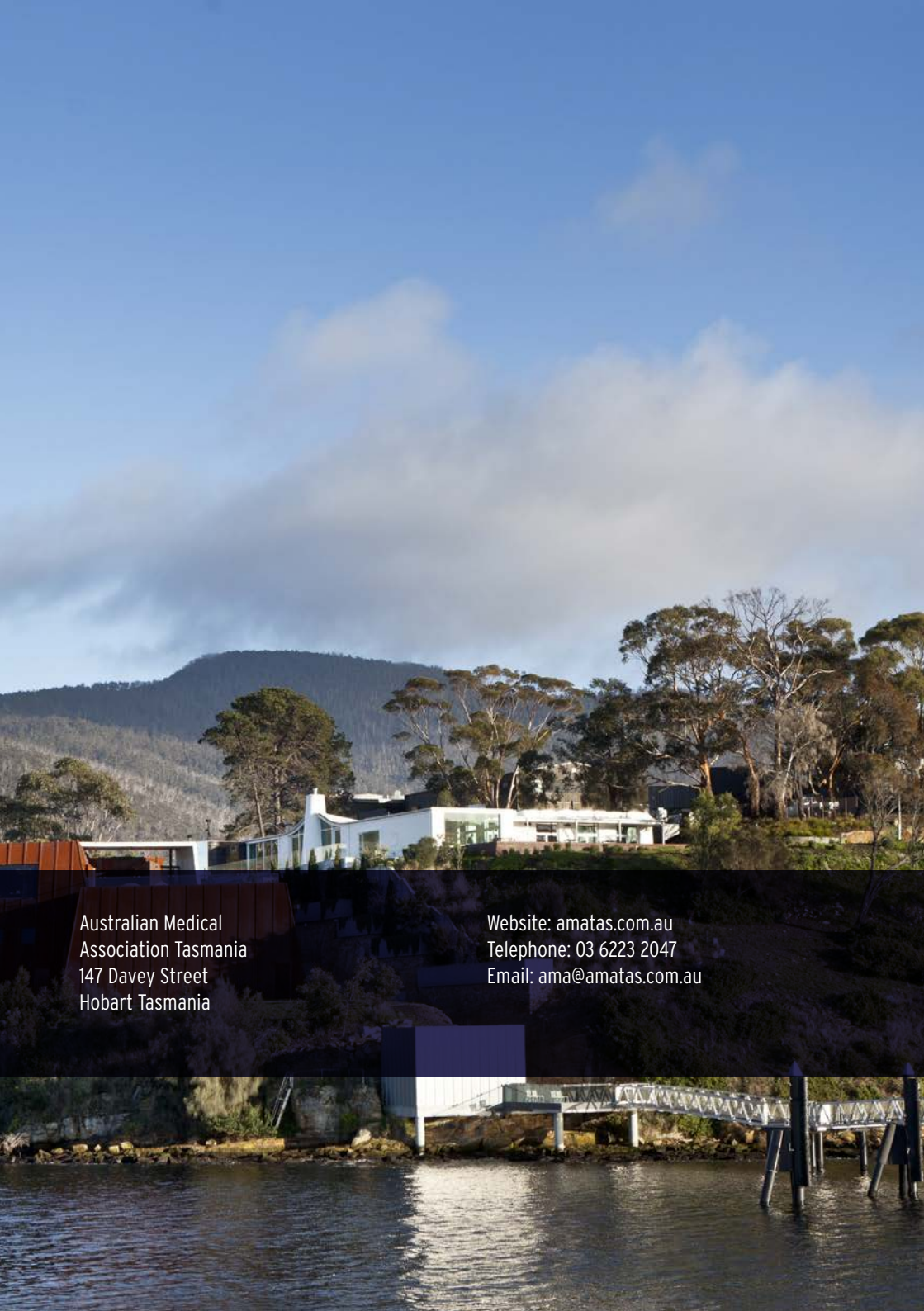
THE PROBLEM

Tasmanian hospitals are relying on ageing equipment from big items to small. There has been insufficient planning for the replacement of equipment, particularly expensive large items, and therefore there is never enough money allocated promptly to replace old equipment. Instead, hospitals struggle with all the demands on their limited resources to find the funding to replace much-needed items, such as surgical equipment, leaving clinicians to struggle with equipment beyond its use-by date or without the equipment they require.

Right now, there is an urgent need for investment at the RHH for new MRI and CT equipment in the radiology department. The current equipment is outdated and constantly breaks down. Some of this equipment is also about to expire in terms of claiming Commonwealth Medicare Benefits to help cover the cost of the tests. As well as the loss of income, disruptions to medical imaging workflow can delay inpatient discharges and extend outpatient waiting lists.

AMA TASMANIA'S SOLUTIONS

- An equipment register should be established that allows for long term planning to replace large, expensive items in a reasonable timeframe.
- An annual budget allocation for maintenance and replacement of hospital equipment is required across the state.



Australian Medical
Association Tasmania
147 Davey Street
Hobart Tasmania

Website: amatas.com.au
Telephone: 03 6223 2047
Email: ama@amatas.com.au