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Our Healthcare Future  
Health Planning  
Department of Health  
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***Our Healthcare Future Consultation Paper***  
**Submission from Family Planning Tasmania**

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**ABOUT FAMILY PLANNING TASMANIA (FPT)**

FPT is a community-based, not for profit organisation providing sexual and reproductive health (SRH) clinical, education and advocacy services for all Tasmanians. Over five decades, we have delivered proven health outcomes for Tasmanian communities, and facilitated Tasmanian consumer participation in sexual and reproductive health.

In the 2019-2020 financial year, FPT:

- delivered 29,590 instances of clinical services to 13,121 health consumers, including (but not limited to) contraception, gynaecology, treatment of sexually transmitted infections, and termination of pregnancies
- increased the number of consumers accessing our clinical services year-on-year despite the impacts of COVID-19, including through use of telehealth
- delivered to consumers across the North-West (18%); North (35%); and Southern (46%) regions of Tasmania
- provided SRH education programs to 5603 young consumers in Tasmania schools
- delivered one-on-one educative and therapeutic support to 456 consumers with additional needs
- provided SRH professional development to 61 workers in Tasmania's education, disability and social work sectors
- employed 68 staff, including health practitioners and educators.

Among a range of sector-wide functions, FPT chairs the Tasmanian Sexual and Reproductive Health Collaborative Group, which develops and oversees the *Tasmanian Sexual and Reproductive Health Strategic Framework 2018-2021*.

In 2019-20, approximately 55% of FPT's annual revenue was provided by the Tasmanian Government in recurrent and project specific funding.

**STRUCTURE OF THIS SUBMISSION**

This submission is in three substantive parts:

1. Key elements of the Consultation Paper supported by FPT
2. Issues not adequately addressed in the Consultation Paper
3. Invitation to implement the *Our Healthcare Future* vision in the SRH sector

## 1. KEY ELEMENTS OF THE CONSULTATION PAPER SUPPORTED BY FPT

Overall, FPT commends the Tasmanian Government for preparing the *Our Healthcare Future Consultation Paper* and welcomes the Government's commitment to "work with the community, clinicians and organisations across health to develop a shared vision and a shared plan for a highly integrated health service" (p.42).

In particular, FPT embraces the Government's undertaking to "improve coordination, collaboration with and integration of primary and community health with acute services and community-based alternatives to hospital care, where it is safe and appropriate to do so" (p.14).

More specifically, FPT generally supports each of the Consultation Papers Reform Initiatives.

### **FPT generally supports Reform Initiative 1: "Increase and better target our investment to the right care, place and time to maximise the benefits to patients."**

FPT agrees that Tasmanians deserve "accessible and closely integrated [health] service delivery available across the full spectrum of care, from major public hospitals through to subacute, primary, community, residential and home-based services" (p.26), including community-based sexual and reproductive health services such as FPT.

FPT also agrees with the paper's observation that "receiving care in the wrong place can result in lesser outcomes for patients, and also comes at a high cost to the system" (p.17).

As an organisation that made a rapid transition to use of tele-health during COVID-19, and has experienced challenges with Medicare rebate rules relating to telehealth, FPT also concurs with the Consultation Paper's conclusion that: "A statewide approach to telehealth and virtual healthcare more broadly that brings together Tasmanian and Australian Government initiatives has the potential to significantly improve patient care and the patient experience and increase access to primary and community based healthcare".

### **FPT generally supports Reform Initiative 2: Invest in modern ICT infrastructure to digitally transform our hospitals, improve patient information outcomes and better manage our workforce.**

FPT agrees with the paper's observation that: "Digital technology can improve the quality and safety of healthcare, make interactions between health professionals and consumers more effective and efficient, and provide new options on how we deliver and scale our health system" (p.31), particularly for ensuring equity of access for remote and regional communities. FPT, however, notes that face-to-face servicing is preferred by many clinicians and patients in the SRH sector, particularly for clients who do not speak English as a first language, and care should be taken to ensure digital servicing does not diminish service quality and access.

FPT notes and welcomes the progress in establishing "an e-referral system between primary care and the Tasmanian Health Service and mechanisms to enable GPs to view key patient information held by the Tasmanian Health Service and jointly developed clinical led health pathways" (p.33) and looks forward to this being fully extended to community-based health services such as FPT.

**FPT generally supports Reform Initiative 3: Planning for the Future, including:**

- **Develop a long-term health infrastructure strategy for Tasmania.**

FPT agrees with the Consultation Paper’s statement that: “It is critical that we have clinical [infrastructure] planning that considers population need and demand for services, models of care and mechanisms need to be in place to link capital projects across acute, subacute, primary and community care.” (p.22)

The capacity of community-based services such as FPT to expand is often limited by the availability of appropriate infrastructure, particularly for access by core client groups in communities of need. FPT looks forward to further detail on ways in which the community health sector can access infrastructure investment support.

- **Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians.**

FPT supports the Consultation Paper’s finding that: “To improve healthcare in Tasmania we need to develop a highly skilled workforce of the right size and shape providing access to community, primary, subacute, mental health, rehabilitation, and acute services across Tasmania that is responsive to the future health needs of Tasmanians”. (p.25) and that: “The public sector cannot undertake health workforce planning in isolation.” (p.38).

FPT has a unique workforce model that has adapted to meet the needs of its clinical staff in locations across Tasmania and believes it can make a valuable contribution to these workforce planning processes.

- **Strengthen the clinical and consumer voice in health service planning.**

FPT strongly agrees with the Consultation Paper statement that: “Engaging consumers and communities in health service planning, delivery and quality improvement activities produces significant benefits. Research has demonstrated that consumer and community engagement contributes to better healthcare and improved community health outcomes.” (p.40) However, FPT has identified some gaps in the Consultation Paper in relation to health consumer engagement that are explored in more detail below.

## **2. ISSUES NOT ADEQUATELY ADDRESSED IN THE CONSULTATION PAPER**

FPT notes there is no mention of sexual and reproductive health services in the Consultation Paper, notwithstanding that SRH is a key pillar of any integrated health system. FPT notes that SRH is addressed in other Government frameworks, policies and strategies. For example, the Tasmanian Government’s *Health and Wellbeing for Women Action Plan 2020-23* has “Improving women’s maternal, sexual and reproductive health” as its first Strategic Priority. FPT acknowledges that Tasmania’s health system covers many different types of health imperatives, services and service models, and that not all matters can be incorporated into a Consultation Paper of this type. Nonetheless, FPT notes the importance of ensuring the Consultation Paper is not viewed in isolation and suggests reference is made to concurrent strategic and reform processes, particularly those involving the community health sector.

Perhaps more importantly, FPT believes the Consultation Paper does not adequately address broader issues that are critical to improving health outcomes for Tasmanians. These observations are based on decades of experience as a state-wide provider of specialised community health services.

### ***Investment in health consumer education and preventative health***

A key focus of FPT's work in sexual and reproductive health is educating and empowering health consumers of all ages to make appropriate choices that prevent or reduce the need for clinical intervention and hospitalisation.

A practical example is promoting and educating in relation to contraceptive use. This confers health benefits from the medical risks of sexually transmitted infections, pregnancy, delivery and the postpartum period—in particular, risks associated with unplanned pregnancies, closely spaced pregnancies or pregnancies among women who are very young. FPT's work in this area takes place in schools, university campuses, shopping centres, musical festivals and many other community settings. It also involves developing and delivering specific SRH education programs with health consumers experiencing vulnerability and disadvantage.

Investing in family planning is one of the most cost-effective interventions in global health and development. Every dollar invested in reproductive health - including family planning commodities, information, education and services - generates up to \$120 of community benefit. (See for example: *Adding It Up: The Costs and Benefits of Investing in Reproductive Health Services*, UNFPA, 2014).

The benefits of directing resources to this kind of education and engagement could be given greater emphasis in the Consultation Paper. This would be consistent with the Department of Health's *Working in Health Promoting Ways Framework*, which includes "Promoting Sexual Health and Wellbeing" as one of its seven priorities for action.

### ***Recognise and address the barriers faced by women and vulnerable cohorts of health consumers***

FPT's experience is that in order to 'strengthen and optimise consumer engagement and participation at all levels of healthcare' (p.41) it is first necessary to recognise that some cohorts face significant barriers as health consumers. This includes Indigenous, culturally and linguistically diverse (CALD), and LGBTQI Tasmanians; Tasmanians living in remote and regional communities; and Tasmanians living with disability.

For example, the report *Promoting Sexual and Reproductive Health for 'Culturally Diverse' Women'* (Family Planning NSW, 2018), provides evidence that people from CALD backgrounds in Australia may experience poorer sexual and reproductive health than those from an Anglo-Australian background. They may experience higher rates of unintended pregnancies and sexually transmissible infections, and yet have lower rates of testing for sexually transmissible infections. They may also have lower uptake of some methods of contraception, including the oral contraceptive pill and subdermal implant, and higher use of less effective options such as condoms and withdrawal. The reasons for this may be attributed to language barriers; social isolation; cultural beliefs and practices; socio-economic disadvantage; and fear of exclusion from local migrant communities.

These types of barriers must be addressed to ensure Reform Initiative 3 is successfully implemented. FPT believes this need is not adequately recognised in the Consultation Paper.

***Build capacity in women, girls and disadvantaged cohorts***

After recognising the barriers that women, girls and disadvantaged cohorts face, it is necessary to engage, empower, and build individual, community, and collective capacities. To design and implement effective and acceptable health interventions, community norms arising from each cohort's lived realities and expressed priorities need to be understood. This approach is crucial to reducing stigma, disrespect, violence, and lack of safety faced by historically disadvantaged Tasmanians, within and outside Tasmania's health-care sector.

The investment required in building consumer capacity amongst vulnerable cohorts is not adequately addressed in the Consultation Paper.

The paper also does not examine the value of effective community-based health as an *activator* of health consumer participation. For example, the sexual and reproductive health services provided by FPT allow women from disadvantaged backgrounds to achieve higher levels of education and a better balance between family and (paid and unpaid) work, which in turn increases women's capacity to engage in local health planning as informed consumers.

**3. INVITATION TO IMPLEMENT THE *OUR HEALTHCARE FUTURE VISION* IN THE SRH SECTOR**

FPT believes that a low cost, rapid, safe and achievable initiative for 'shifting the focus from hospital-based care to better care in the community' (p.45) is establishing structured, integrated and seamless communication and referral partnerships between Tasmania's public health agencies (including the State's three public hospitals) and community-based SRH providers such as Family Planning Tasmania, for an agreed suite of clinical services.

For example, many consumers presenting to Tasmanian hospitals in relation to women's health - or currently on public health waiting lists for services - could access timely, high-quality specialised services at FPT's clinics in Burnie, Launceston and Glenorchy. This would be a 'win-win-win' situation for hospitals, for health consumers, and for specialist community health providers such as FPT.

The process of implementing this arrangement could be documented, monitored and evaluated for application in other parts of the health sector, in line with the vision of the *Our Healthcare Future Consultation Paper*. FPT is willing and prepared to immediately commence this collaboration.

If you require any further information in relation to this submission, please do not hesitate to contact me via phone or email.

Yours sincerely,

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