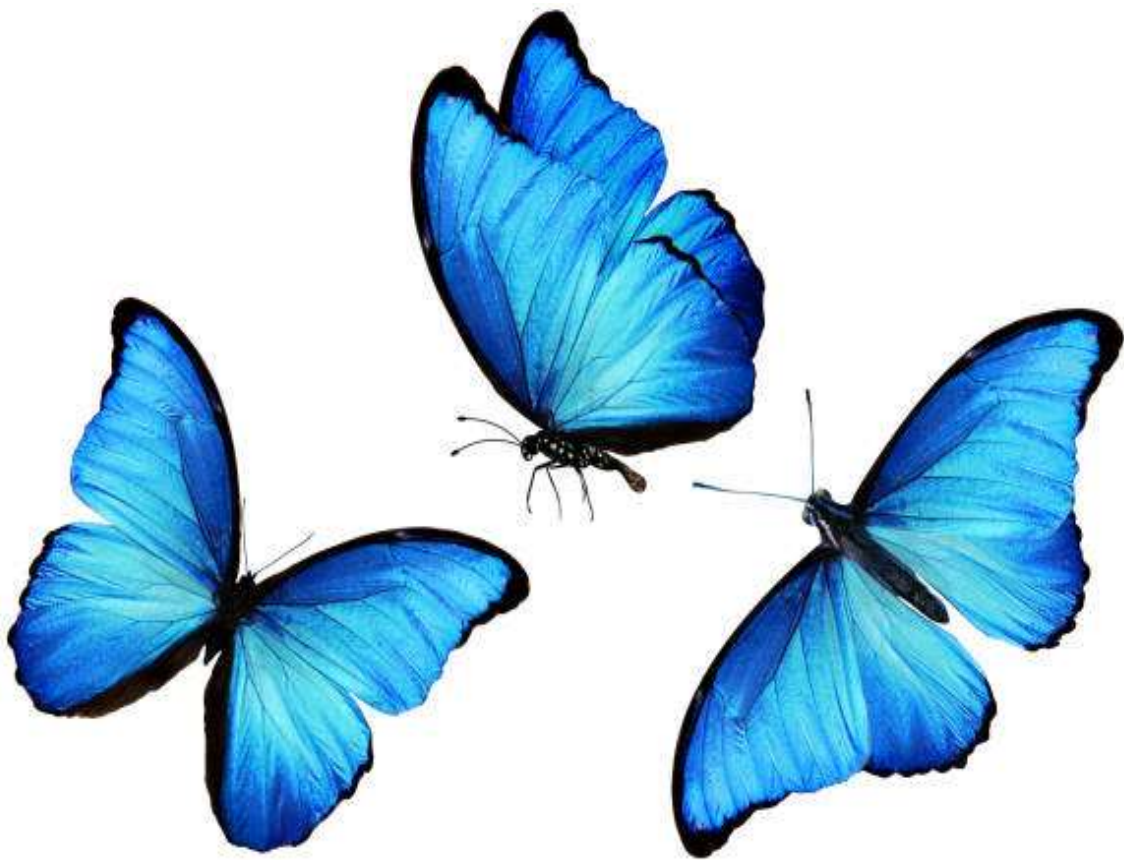


THE BUTTERFLY EFFECT



IMMEDIATE ACTION & CONSULTATION PAPER
OUR HEALTHCARE FUTURE
DEPARTMENT OF HEALTH

SUBMISSION
MERSEY COMMUNITY HOSPITAL SUPPORT GROUP
FEBRUARY 2021

BACKGROUND

The Mersey Community Hospital Support Group (Group) was formed in 2003 to represent the Mersey community, and to fight off reduction or transfer of health services from the Mersey Community Hospital (Mersey), and the North West region; lobbying Healthscope, along with consecutive state and federal governments. Additionally, the Group looked to demystify information and misinformation.

Over the past 18 years the Group organised rallies, including a 2,000 strong street march in Latrobe; attended numerous community consultations state-wide; tendered submissions - Richardson Report, Clinical Services Issues Paper, Future Health Tasmania's Health Plan, "One State, One Health System, Better Outcomes" Green & White Papers; held roadside vigils and onsite sit-ins; held discussions with Sydney based Doctor Co-op - Diagnostic Medical Co-operative Ltd; walked from Forth to Rosebery to highlight the need for health services; created "Blue Day" in support of frontline health workers; conducted the "Blue Ball" to thank health workers; and fundraised for annual medical/nursing bursaries for Don College students.

The Group met and corresponded with many State & Federal Health & Shadow Health Ministers from David Llewellyn to Sarah Courtney, Tony Abbott to Greg Hunt.

Our trademark statement was *"Return the services to Mersey, then let's sit down and talk about **what is best for the region for the next 10, 20 and 50 years** and **if that is building a new hospital on a greenfield site in Ulverstone, then we should start planning.**"*

It is the Group's (and community's) continued concerns that: -

- no real long-term planning was occurring.
 - *"Building a new hospital on a greenfield site at Ulverstone"* was provided as an example of long-term planning. Planning required by the state government, local government, and their communities. Any such long term planning concepts were simply ignored and not even discussed as possibilities – or not.
 - for any change to occur, the current challenges needed to be dealt with, but hand in hand with planning and investing for the future – this was not happening.
- only knee-jerk planning was occurring, attempting to counteract the current situation, pacify the community, or to tie in with election cycles.
- governments were seemingly placing more weight behind those who had a stake or business interest in health opportunities and outcomes.
- economics were overriding health and well-being of the people.

- the same problems of reliance on locums; lack of continuity of care; bed blockage; empire building; ambulance ramping; poor retention of health staff; adverse patient outcomes; and reduction of services, are still occurring after nearly two decades despite so-called budget increases; staff increases (including paramedics); additional ambulances; short-term elective surgery financial “sugar hits”; and at least 5 costly “Health Plans” offering similar promises costing millions of dollars – a new “Health Plan” seemingly every time a new Health Minister appears, requesting community consultation and input, delaying any potential changes until after an election.
- artificial environments were created to negatively impact crucial services at the Mersey to a supposed unsafe level, enabling the government/Health Department to reduce or transfer services from the Mersey.
 - poor offerings to attract permanent staff.
 - poaching of staff to other government venues offering improved
 - training
 - accreditation
 - wages
 - not renewing contracts of medical specialists – wanting to stay
 - not contracting medical specialists
 - ICU - closed
 - Maternity - transferred
 - Paediatrics – transferred
 - HDU - downgraded

The catchment area for the Mersey is touted at being 60-65,000, with strong continued population growth – the strongest in the region and state. Census data for 2011 – 2016 shows Latrobe (#1) & Kentish (#3) municipalities were recognised as Tasmania's “Big Movers” in population for that period and present indications show no slowing.

http://www.regionalaustralia.org.au/home/wp-content/uploads/2020/06/RAI_2020_The_Big_Movers_Population_Mobility_Report_vFinal3.pdf?fbclid=IwAR3Su-DQreqz_zOJsW5253I7b44RYVzqYok8TEIKuX8d4KLsdPV3glHAsk0

Population Growth Strategy Department State Growth – September 2015

https://www.stategrowth.tas.gov.au/_data/assets/pdf_file/0018/124722/Population_Growth_Strategy_Growing_Tas_Population_for_web_SMALL.pdf

Planning for our growing population

“The Tasmanian Government provides extensive services to Tasmanians, including schools, healthcare, infrastructure and policing. As our population grows, government will need to plan for, and deliver services to a larger population.”

A major argument for services to be returned/upgraded to Mersey by our Group was based on population and continued population growth, and that services should be readily accessible to where they can best serve the “larger population”.

THE BUTTERFLY EFFECT

Our Group knows, (and we strongly suspect so do health professionals and politicians), that after closure of beds, ICU, and the recent closure period of the Mersey’s Emergency Department, it had a hugely negative butterfly effect on the Launceston General Hospital (LGH) and North West Regional Hospital’s (NWRH) capacity and capabilities. Such pressure contributed to bed blockage, ambulance ramping, delays in elective surgery, patients on trolleys in corridors, overcrowded waiting rooms, clinical error, repeat presentations, increased waiting times, adverse patient outcomes, and increased paperwork.

“One State, One Health System, Better Outcomes” White Paper

2.3.4 Mersey Community Hospital - *The Mersey currently transfers a significant proportion of patients to the NWRH and the LGH. For example, over 55 per cent of non-admitted ED presentations who were not discharged home were transferred somewhere else, with most going to the NWRH and LGH.*

2.3.1 Launceston General Hospital - *The LGH provides a broad range of services. More than a quarter of the patients treated by the LGH live in the North West.*

Since its inception, our Group has been aware of adverse patient outcomes consistently occurring and, in every occurrence, it highlighted the importance of the Mersey, why services need to be reinstated at the Mersey, and additional beds opened. Even more so now, as with population growth, presentations growth will also occur.

As history has repeated on several occasions, the questions here are: -

- What happens when the federal money runs out for the Mersey?
 - Does the government actually have a plan for such – now and if so, what is it?
 - When the money runs out how will that affect the LGH & NWRH?
 - What will patient care look like?
- With population & tourism growth comes increased hospital presentations, how is this demand going to be met into the future?
- Is there room for expansion at the LGH, NWRH or even at the Royal Hobart Hospital (RHH) to cater for influx of patient transferrals now and into the future?
- How will medical specialists be attracted, specifically to the NW, compared to our current heavy reliance on very expensive locums?
 - Training opportunities?
 - Accreditation?

PLANNING FOR THE FUTURE

“The future depends on what we do in the present.” Mahatma Gandhi

“The most reliable way to predict the future is to create it.” Abraham Lincoln

“We can't solve problems by using the same kind of thinking we used when we created them.” Albert Einstein

With all the considerations, issues and history mentioned above, **and the fact that it is not working**, a different style of thinking is needed. Firstly, the real truth needs to be recognised and accepted so that real solutions can be realised and implemented to achieve real effect. Secondly, minds need to be positive and open to “outside the box” thinking. Thirdly, a true willingness to invest and implement positive ideas no matter the source or location.

- To attract new medical specialists, increased training and accreditation opportunities are needed. The savings from having to pay expensive locum fees could be redirected to training the health workforce.
- It is presumed different levels of training/accreditation at shared at different levels of hospitals would be beneficial and attractive to new medical specialists.
- To address population growth and increased presentations, more beds need to be opened along with increased capability and capacity for Emergency Department.
 - THS set itself (promised) to increase oncology, rehabilitation, and palliative care, which will further increase workload and pressure on MCH ED to cater for all those patients.
 - Increases in tourism numbers via TT Line and Devonport Airport opportunities, visitation growth, and marketing.
 - Increased accommodation capacity – Devonport LIVING CITY's new 200 bed 4.5 star hotel
- With lack of expansion space at the LGH & NWRH, the Mersey offers the best opportunity to increase services and open beds; is central to both LGH & NWRH; and though under resourced caters for the fastest growing district in Tasmania.
- Increase capacity and capabilities at the Mersey (or build a new hospital in the Mersey area) to take strain off LGH, NWRH, ambulance services and most importantly patients.
 - Mersey has easier access to LGH and RHH. Ambulance Tasmania is presumed to prefer retrieval of patients from MCH than from NWRH because of its location and ease of transfer to LGH & RHH, instead of current circumstances and issues surrounding patients transferred from Mersey to NWRH.

So, as an idea, instead of a two NW campus model, could it be a three Northern campus model? Attract new medical specialists to the N/NW offering training across the three campuses. Create a pool of medical specialists that can support one another and the three campuses. Provide improved continuity of care, alleviate ambulances from being patient transfer vehicles and cut down on reliance of locums.

Taking aside politics, parochialism and empire building, the Mersey needs expansion, is ideally situated and connected, to centrally base such a concept, easing the negative issues continually experienced at the NWRH, LGH and RHH.

We also offer the opportunity to further discuss this concept further.

CONTACT DETAILS

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Chairperson
Mersey Community Hospital Support Group



MERSEY ANTHEM

"FIGHT TO SAVE THE MERSEY" by JOHN POLLOCK YOUNG - 31ST January 2008.

To the melody of "Ferry Cross the Mersey" by Gerry & the Pacemakers.

VERSE: -

WE ALL NEED SPECIAL HEALTH CARE,
RICH AND POOR FROM ANYWHERE,
SO, FIGHT TO SAVE THE MERSEY,
FOR WE NEED OUR I.C.U,
IT'S UP TO YOU!

VERSE: -

IF WE'RE AS RICH AS THEY SAY,
WHY DO THEY TURN US AWAY?
SO, FIGHT TO SAVE THE MERSEY,
WHEN, I'M SICK, PLEASE TAKE ME THERE,
FOR SPECIAL CARE.

BRIDGE: -

THROUGH THE YEARS THE MERSEY,
HAS SAVED SO MUCH LIFE,
IF THE SICK HAVE TO GO ELSEWHERE,
THEY'LL BE IN MUCH GREATER STRIFE!

VERSE: -

NOW, WE'LL CONTINUE TO FIGHT,
FOR WHAT IS OUR BASIC RIGHT,
SO, FIGHT TO SAVE THE MERSEY,
FOR WE NEED OUR I.C.U.,
IT'S UP TO YOU!