

2 August 2022

Health Planning Unit
Policy, Purchasing, Performance and Reform
Department of Health
Level 2, 22 Elizabeth Street,
Hobart 7000

Email: ourhealthcarefuture@health.tas.gov.au

Dear Hannah,

Re: Consultation on Our Healthcare Future: Advancing Tasmania's Health

Thank you for the opportunity to comment on the Department of Health's exposure draft *Advancing Tasmania's Health* documents and apologies for the late submission.

AMA Tasmania is supportive of the government developing a comprehensive health system planning framework, but we would like to see more face-to-face engagement with doctors across the system. Unfortunately, we have not had much feedback from our members, which I expect is more to do with the exhaustion everyone is feeling in the health community and beyond. I don't believe it is because of any lack of interest in the topic.

To give members a chance to have a say, we would welcome a presentation and Q&A sessions with KP Health and the Our Healthcare Future team to go through the exposure draft and the main aims are of the document.

In the meantime, I offer these brief comments in addition to submissions we have made in other parts of the Our Futures consultation processes.

- 1) Doctors are concerned about moves to extend the scope of practice of other healthcare professionals from a clinical safety perspective. Doctors undertake continuous professional development activities to build on their knowledge and training gathered over their many years of mandatory training in their disciplines as well as their lifetime of experience and work. This breadth of knowledge and expertise cannot be replicated in other disciplines through expanded scope of practice teaching. Therefore, we are concerned about lines like this in your consultation paper that state:

"In line with this approach, the Tasmanian Government will explore opportunities to extend the scope of practice of other clinical professions, including Nurse and Paramedic Practitioners and Community Pharmacists, to better support the

delivery of healthcare in our communities, particularly in rural and remote locations. For example, Ambulance Tasmania paramedics are now providing healthcare in the community through secondary triage, alternate care pathways and the Police, Ambulance and Clinician Early Response (PACER) team. There is further opportunity to extend the scope of practice of clinical professionals in this way."

- 2) We want to see better and more accessible community care for people to access early before their health deteriorates to the extent it requires acute care. This requires a strong and vibrant primary care system across the health disciplines working together, with GP's central to the team. It is critical the value and role of general practice is recognised in caring for patients in the community is supported and not undermined. Unfortunately, general practice does not rate much of a mention in the draft document. While we know that the responsibility of paying Medicare rebates is with the Commonwealth, the role of general practice cannot be ignored in the state's healthcare plan. We know the average Australian visits their GP 5.6 times a year; extrapolated to Tasmania, that equates to over 2.5 million consults performed by GPs each year. The state can not afford to ignore GPs in their health planning.
- 3) We need the problem of falling numbers of GP registrars to be addressed, and we believe the state has a crucial role in this by becoming the employer of all GP registrars in the same way they employ registrars in most other disciplines. This would provide the level playing field required on wages and conditions to ensure that doctors-in-training are equally supported and not in effect having to take a massive pay cut to become a GP.
- 4) Urgent Care Centres have become the popular notion across state and federal governments to bridge the gap between general practice services and emergency departments, and yet neither has developed nor funded an appropriate sustainable and long-term model that does not undermine existing general practices offering extended hours. AMA Tasmania supports the Christchurch Pegasus co-operative model of 24/7 urgent care centres.
- 5) Private Specialists are another group not mentioned in the exposure draft document, and yet, we understand that private specialists perform around two thirds of all elective surgery in Tasmania in the private system. The services they provide should at least be acknowledged in the state's health planning as being a critical part of the Tasmanian Health system.
- 6) We also want to see stronger action on prevention measures. We know tobacco and alcohol are significant contributors to ill health and yet we seem to have come to the end of the road on which government is prepared to take strong action to reduce tobacco smoking or vaping (for example the government did not support the Tobacco free generation bill) or alcohol through the introduction of volumetric taxes or a floor price for alcohol. The AMA is also in favour of a sugar tax on sugary drinks as a measure to try to reduce the consumption of these highly damaging drinks to people's health, particularly for people with obesity and or diabetes.
- 7) We welcome the Government's \$476m investment in ICT over the next ten years. This is critical infrastructure, which we hope can be delivered sooner rather than later, particularly a shared electronic medical record for GP's as well as hospital specialists to be able to access, not to forget to mention connecting all parts of the system together electronically as

well as into people's home. Hospital in the Home programs are likely to become an important part of delivery of healthcare into the future as well as the use of AI technologies.

- 8) In terms of physical hospital infrastructure, AMA Tasmania wants to see the government grasp the nettle and build a single modern purpose-built hospital for the North-West coast catering for all the needs of the population of the North-West as well as the healthcare workers some of whom currently work across two sites in old buildings that are difficult and costly to try to bring to standard. They also lack the ability to expand on site and provide rooms and services that should be the norm in a modern employment environment from good staff room facilities to lactation rooms, to the provision of on-site childcare.
- 9) We need investment in our speciality areas where doctors are in short supply from occupational physicians to pain specialists or in this instance, a sport and exercise medicine physician, who provided the following comments:
 - I. given that low physical activity levels are probably the single most critical risk factor in all-cause mortality as well as a significantly more cost-effective intervention than many of the traditional interventions we really should be using some of the health budget to pick the low hanging fruit in terms of bang for buck by investing in making a variety of physical activities accessible and user friendly for all ages.
 - II. increasing physical activity levels has a positive benefit in managing virtually all the key non communicable diseases. We need to be promoting this to the community at a state level rather than through for example, the Cancer Council saying its good for cancer management and the Heart Foundation saying its good for heart disease etc
 - III. The Premier's Health and Wellbeing Advisory Council needs to be more prominent.
 - IV. Those clinicians who work predominantly in private practice, particularly in small specialty areas, could use some additional support like incentives for recruitment of additional specialists. Tasmania's other Sport and Exercise Medicine physician moved to the mainland recently. There is a recruitment process underway to try to give additional capacity for looking after the community but also the professional sports and events, like for the Jack Jumpers, Hobart International, etc unfortunately every other region of Australia is also looking for SEM physicians.

With the effects of climate change on people's health being felt already, this is an area of threat for health services into the future and I am pleased to see it mentioned within the exposure draft paper.

There is much more that could be said and an interactive session with doctors may draw out more as to what practically needs to be done from our perspective to improve Tasmania's health system.

Again, apologies for the delay and thank you for your patience,

Kind regards



Dr John Saul
President AMA Tasmania