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Acknowledgement of Country

The Department of Health Tasmania Respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work, and play and pays respect to Aboriginal Elders past and present.

Recognition Statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness.

Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.





Introduction

Building on the success of the *Statewide Four-Year Elective Surgery Plan*, 2021-25, the Tasmanian Government is investing a further \$38.75 million over the next four years to increase the number of endoscopy procedures even further.

This document – the *Statewide Endoscopy*Services Four-Year Plan, 2023-2027 – outlines how the Tasmanian health system will use the additional government funding to deliver the increased volume of quality endoscopies needed to reduce the number of Tasmanians waiting for an endoscopy, see more people within clinically appropriate times, and enhance services to meet future demand.

The Tasmanian Endoscopy Network – the peak advisory group for public endoscopy services – will lead the implementation of this plan. By engaging with clinicians and consumers, the network will provide advice regarding the successful implementation of the actions outlined in this plan and drive continuous improvement in public endoscopy services.

By delivering this plan, we will improve the number of people seen within clinically appropriate times and Tasmania will have a sustainable public service for the future. An endoscopy is a non-surgical procedure involving the use of an endoscope - a specialised fibreoptic instrument with direct lighting for high quality imaging, recording, and diagnostic capabilities. Endoscopies are a safe and effective way of preventing, diagnosing, or treating a wide range of gastrointestinal conditions. Timely access to colonoscopies, for example, is crucial to preventing or diagnosing bowel cancer, the second leading cause of cancer-related deaths for people in Tasmania.

Although there are many different types of endoscopy, most people seen through the Tasmanian Health Service (THS) endoscopy service receive a colonoscopy and/or gastroscopy.

The THS endoscopy program provides publicly funded procedures to people for whom an endoscopy is clinically recommended. This includes people who are displaying symptoms of a gastrointestinal illness or disease, who have received a positive result from a bowel screen (a positive faecal occult bowel test (FOBT)), and/or people who have other risk factors, such as family medical history. The endoscopy program also includes a surveillance service for those people who need follow-up endoscopy procedures.

Building on our elective surgery funding commitment

It is anticipated that the demand for endoscopy services in Tasmania will continue to increase in the coming years. Our aging population and the expansion of the National Bowel Cancer Screening Program has contributed to growing demand for endoscopy services. Between now and 2040, it is predicted that the proportion of Tasmania's population aged 50 years and older will grow. At present, nearly three quarters of people waiting for an endoscopy are from the over-50 age group, reflecting the fact that this age group is at the highest risk of gastrointestinal conditions. People aged 50 to 74 years are eligible for participation in the National Bowel Cancer Screening Program.

Our Healthcare Future, the second stage of Tasmania's long-term health reforms, outlines the strategic approach towards managing future challenges for Tasmania's health system, including those presented by an ageing population. As a part of the Our Healthcare Future reforms, the Elective Surgery Four-Year Plan 2021-25 provides a roadmap towards achieving a sustainable elective surgery and endoscopy program in Tasmania.

Since the Elective Surgery Four-Year Plan commenced in July 2021, we have delivered an increased number of endoscopies to Tasmanians, and have implemented strategies to improve access to endoscopy services, such as:

- Shortening patient care pathways by formalising and standardising processes to enable direct access to endoscopies
- Increasing endoscopy capacity by investing in hospital infrastructure
- Working with the private sector to deliver more services
- Partnering with consumers and clinicians through the Tasmanian Endoscopy Network.

Under the Statewide Endoscopy Services Four-Year Plan, 2023-2027, most Tasmanians will be seen within clinically appropriate times and Tasmania will have a sustainable public service for the future.

DEPARTMENT OF HEALTH

Goals





Service sustainability



Delivering care on time



High quality, person-centred care

Action areas

I. Delivering more endoscopies

To achieve our goal of seeing most people within clinically recommended time frames, we will increase the number of endoscopies we deliver, over and above the number of new people being added to the wait list, to ensure we reduce the total number of people waiting.

The Tasmanian Government is providing funding to deliver an additional 22,000 endoscopies between July 2023 and June 2027, resulting in more than 52,000 procedures over the term of this plan.

This increase will ensure most people will be seen within clinically recommended times, and will put Tasmania's endoscopy services in a position to maintain a sustainable waiting list by delivering services to match demand.

Each year, activity targets and service profiles will be updated to take into consideration overall system capacity, Tasmanian service priorities, funding implications, the national policy context, and any relevant external factors (for example COVID-19 or other health system responses and challenges).



2. Build public capacity

To deliver this volume of services, endoscopy capacity must be increased statewide. To achieve this, investment is being made in infrastructure at Tasmania's four major hospitals to increase the number of available endoscopy suites and to refurbish existing facilities to allow for a higher volume of services. Additional funding has been made available to purchase equipment for endoscopy services during 2023-2024 and recruitment strategies will be implemented to attract the workforce required to deliver services.

3. Fully utilise public capacity

Ensuring that all public endoscopy services are fully utilised will be essential to delivering the increased volume of services. The health system's ability to fully utilise existing capacity can be enhanced by developing policies and procedures to allocate resources, implementing best-practice business processes to increase efficiency, and by conducting capacity assessments to support robust service planning.

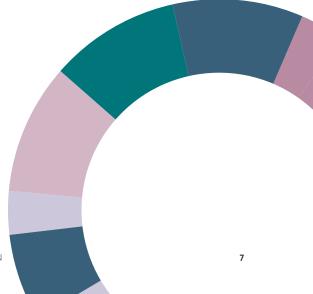
4. Partner with the private sector

Since the Statewide Elective Surgery Four-Year Plan 2021-25 was developed, strong relationships have continued to be built with the private sector and outsourcing models implemented to deliver public endoscopy services in private hospitals. By building on this relationship and expanding outsourcing, the overall number of endoscopies in Tasmania can be increased further.

5. Continually improve service quality

The Tasmanian Endoscopy Network provides leadership and clinical oversight for publicly funded endoscopy services. Through the Tasmanian Endoscopy Network, the quality of endoscopy services will continue to be improved by:

- Implementing contemporary models of care
- Adopting new evidence-based technologies for cancer detection
- Engaging with consumers and providing education about the importance of thorough preparation for a successful endoscopy
- Revising policies and procedures to standardise endoscopy services statewide
- Monitoring the quality of endoscopy services against national standards



Actions

I. Deliver more endoscopies			
	Action	Action Details	Timeframe
1.1	Set activity targets	Set annual performance targets to meet required activity levels through THS Service Plan.	Annually
1.2	Service monitoring	Develop a performance framework for endoscopy services and provide regular reporting on activity, waiting list reduction, and number of people at risk of waiting longer than clinically recommended (over boundary).	Ongoing
1.3	Capacity planning	Review demand and activity projections, system capacity and other influencing factors to inform service profile adjustments to maximise regional capacity (as required).	Annually

2. Build public capacity			
	Action	Action Details	Timeframe
2.1	Develop infrastructure to support additional endoscopy and elective surgery	Increased endoscopy capacity to be achieved through the development of surgical and support services, including greater inpatient bed numbers and increased outpatient services.	Ongoing – these projects form part of the implementation of major hospital Masterplans
		See also Actions 1.3, 1.5, 1.8, 1.9, 1.11, 1.12, 1.14: Statewide Elective Surgery Four-Year Plan 2021-2025.	
2.2	New equipment	Allocate funding for new and replacement equipment to enable service delivery.	Annually
2.3	Refurbish existing endoscopy suites to increase capacity	North West Regional Hospital – upgrade Theatre 4 and endoscopy reprocessing areas (see also Action 1.15: Statewide Elective Surgery Four-Year Plan 2021-2025).	Completed
		Mersey Community Hospital – theatre refurbishment project (see also Action 1.19: Statewide Elective Surgery Four-Year Plan 2021-2025).	Expected completion 2024
		Royal Hobart Hospital – refurbish endoscopy unit.	Stage 1 completed. Stage 2 expected completion 2023
		Launceston General Hospital – reprocessing area upgrade (CSSD).	Completed
		Launceston General Hospital – create additional dedicated endoscopy suite in Day Procedure Unit.	To be set as part of Stage 2 LGH Masterplan

3. Fully utilise public capacity			
	Action	Action Details	Timeframe
3.1	Build endoscopy workforce	Pursue recruitment strategies that are tailored to each region, including recruiting new gastroenterologists and utilising fly-in fly-out models.	Ongoing
		Continue to implement the Health Workforce 2040 Strategy.	
3.2	Waitlist management	Establish statewide system for waitlist management, including activity profile management, routine waitlist data cleansing processes and business improvement initiatives.	March 2024
3.3	Capacity planning	Review demand and activity projections, system capacity and other influencing factors to inform service profile adjustments to maximise regional capacity.	Mid-year review, annually by 31 January

4. Partner with the private sector			
	Action	Action Details	Timeframe
4.1	Support private sector to deliver outsourced endoscopies	Work with private providers to support service planning, including providing certainty around outsourced activity volumes. See also Action 4.5: Statewide Elective Surgery Four-Year Plan 2021-2025.	Service profiles reviewed and confirmed annually
4.2	Increase volume of outsourced endoscopies	Explore opportunities to increase the number of outsourced endoscopies by reviewing arrangements with existing providers and by engaging new providers.	Ongoing

5. Continually improve service quality			
	Action	Action Details	Timeframe
5.1	Engage with stakeholders to drive improvement	Work with the Tasmanian Endoscopy Network to oversee and drive endoscopy service improvement in Tasmania.	Ongoing
5.2	Direct Access Endoscopy process, guidelines, and protocols	Formalise and streamline direct access to endoscopy procedures so that patients do not have to be referred to outpatient clinics first. This removes a major waiting point for patients and improves timely access to endoscopy. This will be achieved through formally agreed state-wide clinical criteria (see also Action 5.8: Statewide Elective Surgery Four-Year Plan 2021-2025).	Commenced – scheduled completion 2023
5.3	Partner with consumers to improve quality of care	Provide increased education to the community and patients to raise awareness about bowel preparation, help patients make informed decisions about their care and to improve service quality.	Ongoing
5.4	Implement best practice care in line with national standards	Monitor service quality and redesign services to support implementation of the Australian Commission for Safety and Quality in Health Care Colonoscopy Clinical Care Standard.	Ongoing

