

2023–2027

# Clinical Services Profile

North West



June 2023

## **Copyright notice and disclaimer**

Copyright in this publication is owned by the Crown in Right of Tasmania, represented by the Department of Health.

Information in this publication is intended for general information only and does not constitute professional advice and should not be relied upon as such. No representation or warranty is made as to the accuracy, reliability or completeness of any information in this publication.

Readers should make their own enquiries and seek independent professional advice before acting on or relying upon any of the information provided.

The Crown, its officers, employees and agents do not accept liability however arising, including liability for negligence, for any loss resulting from the use of or reliance upon information in this publication.

© State of Tasmania March 2023

**0752:** Takayna/Tarkine coast in North West Lutruwita/Tasmania. Photographer - Jillian Mundy (palawa).



# Acknowledgements

## 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.



# Foreword

The purpose of the Tasmanian Health Service – North West (THS North West) Clinical Services Profile (the Profile) is to describe the breadth of clinical services we will provide for our community over the next five years. The Profile also describes priority action areas where we will increase our service capacity and capability.

The Profile represents the outcome of a collaborative planning process driven by our clinicians and consumers over the last 12 months. Healthcare professionals who provide services to the community and those who use health services or have a community interest in them have shaped our profile.

The Profile has also been informed by comprehensive data analysis and evidence review\*. Future activity projections are based on historical trends, having taken account of the impact of the Covid pandemic on specific specialties and changes in the population size and age mix as projected by the Tasmanian Government based on the 2016 census and updated in 2021.

The Profile sits under the umbrella of the *Long-Term Plan for Healthcare in Tasmania 2040*, and Tasmania's enabling health plans through to 2040, including the *Health Workforce 2040*, a 20-year Infrastructure Strategy and the 10-year program of *Digital Health Transformation – Improving Patient Outcomes*.

---

\* We will update data projections annually to account for any changes in population, burden of disease and service demand.



The *Long-Term Plan for Healthcare in Tasmania 2040* and the three regional Clinical Services Profiles have been developed in response to the shared vision and policy direction set out in *Our Healthcare Future: Advancing Tasmania's Health*. *Our Healthcare Future* is the second stage of the Government's long-term health system reform agenda that commenced in 2014 with the *One State, One Health System, Better Outcomes* (Stage One) reforms. This Profile continues the clinical services plan we implemented in 2015 as a part of the Stage One reforms.

Given the long planning horizon needed for capital and workforce planning, the projected increased growth in demand for health services, both within hospitals and the community, will require further detailed development and implementation of new models of service delivery to meet patient needs.

# Contents

<b>Our community</b>	<b>7</b>
Our population	8
Our health	9
<b>Our health services</b>	<b>15</b>
Our healthcare service system	16
Our major public hospitals	17
Our use of health services	18
Our demand for hospital services	22
Our demand for mental health services	27
<b>Going forward</b>	<b>31</b>
Priority planning actions	28
Implementing the profile	36
<b>References</b>	<b>39</b>



## FIGURES

Figure 1. Population distribution, North West Tasmania versus Australia, 2021	8
Figure 2. Selected long term chronic conditions, Australia vs North West Tasmania, 2021	10
Figure 3. Chronic conditions of people visiting general practice, North West Tasmania, to December 2021	18

## TABLES

Table 1. Leading causes of death, North West Tasmania, 2015-2019	9
Table 2. Projected self-reported chronic disease burden in people aged 65+, selected chronic conditions, North West Tasmania, 2022 to 2042	11
Table 3. Selected health risk factors, North West Tasmania versus Tasmania, 2019	12
Table 4. Hospital admissions per 1,000 population according to postcode of residence, 2021 (excluding renal dialysis)	19
Table 5. Selected hospital admissions per 1,000 population by specialty type, North West Tasmania, 2021 (excluding renal dialysis)	20
Table 6. Specialist outpatient services by volume of patients, 2017 to 2021	21
Table 7. Separations, specialised mental health wards, 2017-18 to 2021-22 by age group	22
Table 8. Separations, non-specialised mental health wards, patients with a primary mental health diagnosis or mental health care admission type, excluding emergency department, 2017-2018 to 2021-2022 by age group	23
Table 9. Projected public hospital inpatient activity growth, NWRH and MCH, 2021 to 2027 (admissions and bed days)	24
Table 10. Projected acute and subacute inpatient activity growth, NWRH and MCH, 2021 to 2027 (bed days)	25
Table 11. Emergency department presentations, Mersey and North West Regional Hospital, 2017 to 2027	26
Table 12. National Mental Health Service Planning Framework (NMHSPF) inpatient estimates for separations and bed days by bed type, North West region, 2027-28 – all ages	27
Table 13. National Mental Health Service Planning Framework (NMHSPF) ambulatory estimates for occasions of service and client-related staff hours by service type, North West region, 2027-28 – all ages	28
Table 14. THS North West Clinical Services Profile, 2027	37





# Our community



# Our population

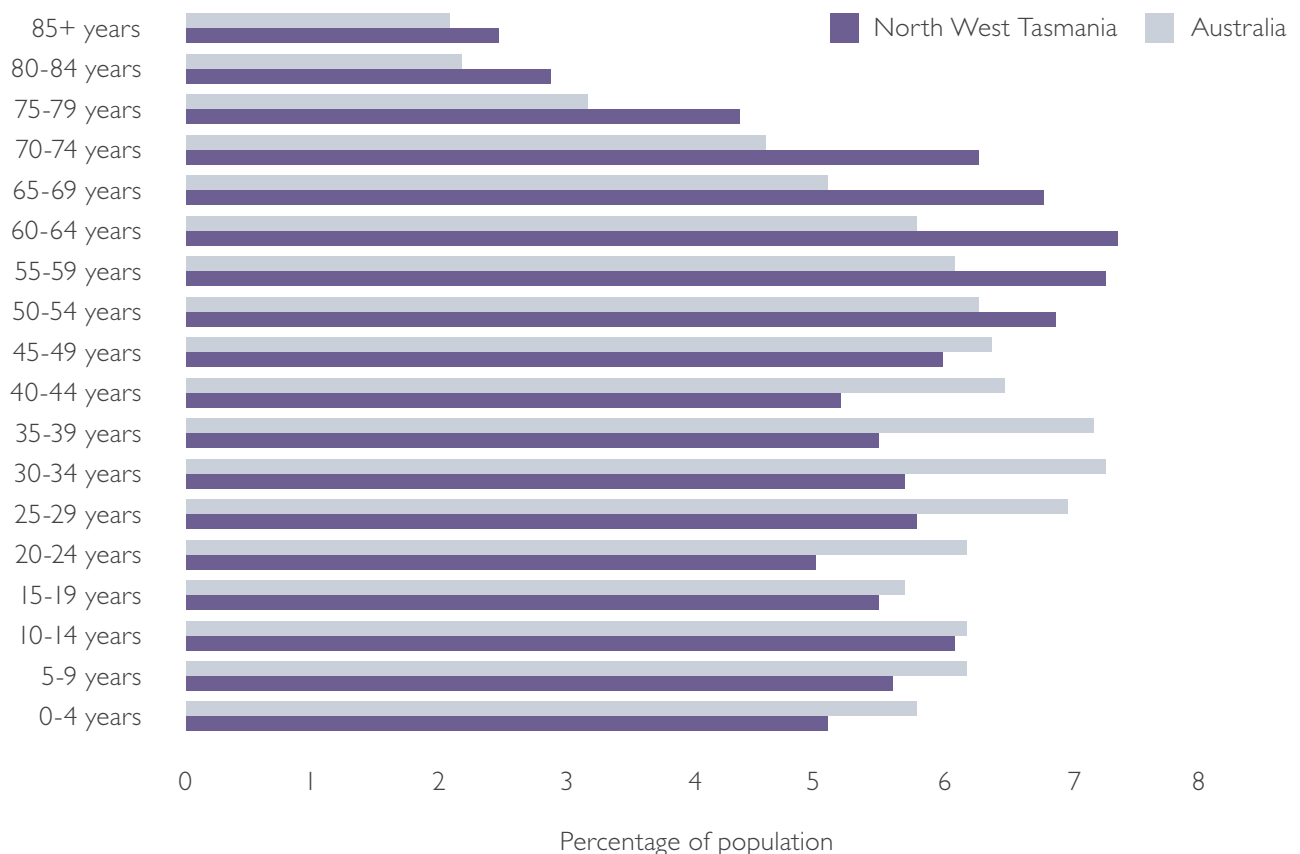
The North West Tasmania region includes nine local government areas: Burnie City, Central Coast, Circular Head, Devonport, Kentish, King Island, Latrobe, Waratah-Wynyard and West Coast. Compared with the Australian population, our population has a higher percentage of people who are in older age groups (Figure 1).<sup>1</sup> The median age of the population of North West Tasmania is 45 years, which is higher than Tasmania (42 years) and Australia (38 years) as a whole.

Approximately 23% of the North West Tasmanian population is over the age of 65 years, which is projected to grow to 30% by 2042.<sup>2</sup>

North West Tasmania is more socio-economically disadvantaged than Australia as a whole. The regional Socio-Economic Indexes for Areas measures the relative level of socio-economic disadvantage and/or advantage based on a range of 2021 Census characteristics.

The West Coast is our most disadvantaged local government area (in the bottom income quintile compared with Australia as a whole).<sup>1</sup> Our disability statistics relate directly to need for assistance due to a severe or profound disability. In 2021, 9,010 people (or 7.8% of the population) in North West Tasmania reported needing help in their day-to-day lives due to disability.<sup>1</sup>

**Figure 1** Population distribution, North West Tasmania vs Australia, 2021



# Our health

Health indicators are used to monitor various aspects of the health of the population. The indicators that are selected here provide us with an understanding of the main health conditions that cause illness, affect our quality of life and contribute to our need for health services in hospitals and the community.

## LIFE EXPECTANCY AND CAUSES OF DEATH

Life expectancy measures how long, on average, a person is expected to live based on current age and sex-specific death rates. Life expectancy in North West Tasmania is increasing over time. Life expectancy at birth for males is 78.9 years and for females is 83.6 years (2018-2020 estimates).<sup>3</sup>

Between 2015 and 2019 there was an average of 1,068 deaths per year in North West Tasmania. The leading causes of death are cardiovascular disease, cancer and dementia (Table I).<sup>4</sup>

**Table I.** Leading causes of death, North West Tasmania, 2015-2019

Cause of death (International Classification of Diseases)	Deaths (number)	% of all causes
1 Coronary heart disease (I20–I25)	615	11.5
2 Dementia including Alzheimer's disease (F01, F03, G30)	335	6.3
3 Lung cancer (C33, C34)	330	6.2
4 Cerebrovascular disease (I60–I69)	311	5.8
5 Chronic obstructive pulmonary disease (COPD) (J40–J44)	303	5.7
6 Diabetes (E10–E14)	235	4.4
7 Colorectal cancer (C18–C20, C26.0)	200	3.7
8 Hypertensive disease (I10–I15)	123	2.3
9 Cancer of unknown or ill-defined primary site (C26, C39, C76–C80 excl. C26.0)	113	2.1
10 Pancreatic cancer (C25)	109	2.0

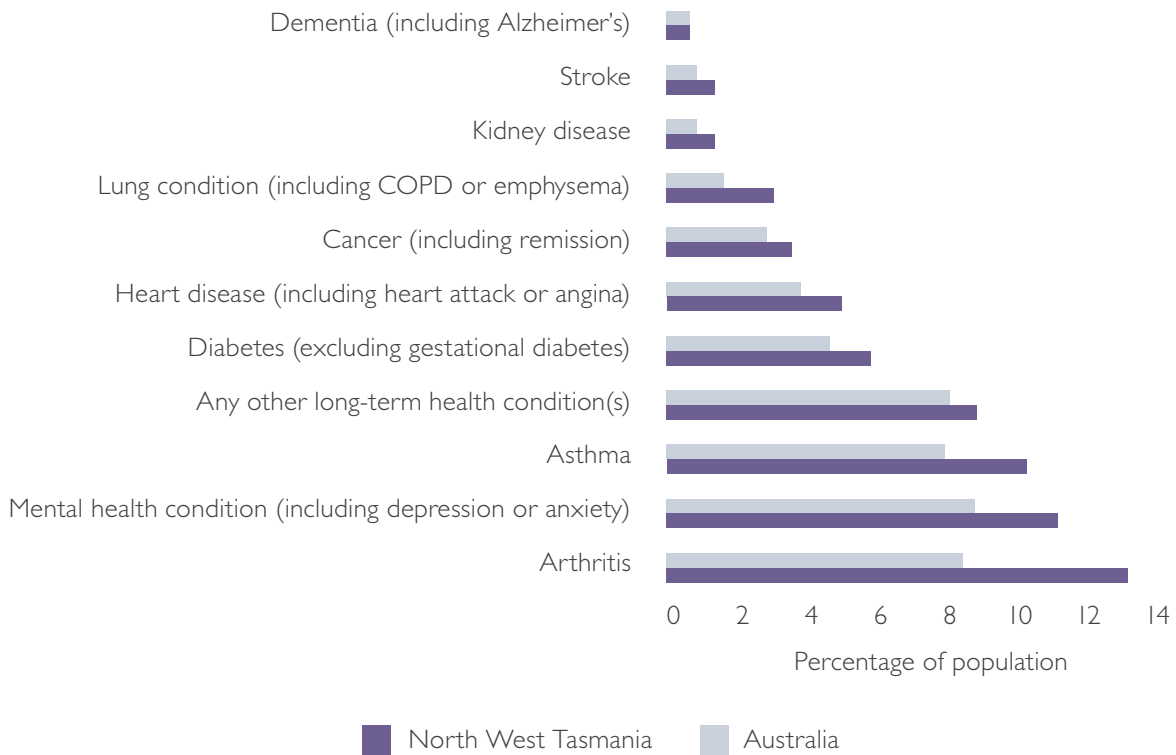
# Our health

## CHRONIC DISEASE BURDEN

Chronic diseases are diseases of usually long duration and generally slow progression. Rates of chronic conditions are higher in North West Tasmania compared with Australia as a whole.

The most common self-reported chronic conditions currently experienced by adults in North West Tasmania are arthritis, mental health conditions and asthma (Figure 2).<sup>5</sup>

**Figure 2.** Selected long term chronic conditions, Australia vs North West Tasmania, 2021



## Effects of an ageing population on chronic disease

Chronic diseases are more common as we grow older. Because our population is ageing, the chronic disease burden in North West Tasmania will increase, particularly for those people needing care for arthritis and musculoskeletal conditions (Table 2).<sup>5</sup>

**Table 2.** Projected self-reported chronic disease burden in people aged 65+, selected chronic conditions, North West Tasmania, 2022 to 2042

	2022	2042
Asthma	5,275	7,036
Diabetes	4,669	6,227
Hypertension	14,586	19,453
Heart diseases	6,251	8,337
Stroke	2,163	2,885
Cancer	6,409	8,548
Arthritis	14,691	19,594
Osteoporosis	4,853	6,473
Depression/anxiety	5,882	7,845

# Our health

## HEALTH RISK FACTORS

Health risk factors are characteristics that increase our likelihood of certain health conditions. They include smoking, poor nutrition, physical inactivity, alcohol and other drugs use, obesity, mental health conditions, poor oral health and low health literacy. Lifestyle risk factors for chronic disease are common in North West Tasmania (Table 3).<sup>5</sup>

**Table 3.** Selected health risk factors, North West Tasmania versus Tasmania, 2019

	North West Tasmania (%)	Tasmania (%)
Current smokers	12.3	12.1
Alcohol intake (short term harm)	31.1	35.1
Alcohol intake (lifetime harm)	17.2	19.1
Overweight / obesity (adults)	62.9	58.5
Insufficient fruit consumption	55	54
Insufficient vegetable consumption	93	93
Insufficient physical activity	71.6	63.6

**Mental health** is a state of wellbeing in which people are able to realise their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community. Mental health is fundamental to the wellbeing of individuals, their families and the community as a whole.

A mental illness is a clinically diagnosed health problem that significantly affects how a person feels, thinks, behaves and interacts with others. Feelings of anxiety, fear, tension or sadness become so disturbing and overwhelming that people have difficulty coping with day-to-day activities, such as work, leisure and relationships.

**Psychological distress** is a measure of the presence of mental health conditions in the population. Rates of high and very high psychological distress have been stable in the North West Tasmania population since 2009. About 10.4% of adults in North West Tasmania report high or very high levels of psychological distress compared with 13.9% of Tasmanians overall.<sup>5</sup>

**Oral health** refers to the health of the mouth, including teeth and gums. Poor oral health, including decay and gum disease, can lead to tooth loss, and poor dental health is linked to chronic disease. Regular dental visits are important to maintain oral health and prevent painful dental and gum conditions from developing.

About 31% of North West Tasmanians report their oral health is fair or poor compared with 26.5% of Tasmanians overall.<sup>5</sup>

**Health literacy** is the skills, knowledge and resources a person has that enable them to access, understand, remember/retrieve and use information to make decisions and take action about their health and healthcare. In 2019, 12% of adults in North West Tasmania had difficulty understanding health information well enough to know what to do and 51.3% reported having difficulty accessing the healthcare providers they need. This is compared with 10.6% and 44.9% respectively for Tasmania overall.<sup>5</sup>

## OUR CHALLENGES

Our community is ageing, and our burden of chronic disease is growing. Cardiovascular diseases, cancer and dementia are the leading causes of mortality. Risk factors for poor health affect many people in our community. A significant proportion of our population experience psychological distress, and some population groups are at higher risk of mental illness and suicide due to social and other factors, including access to services. Poor oral health affects almost one in three people.

These factors, together with low health literacy in our population, are contributing to increased pressure on our health services. Our clinical services profile will help us to be well-placed to respond to anticipated increased health service demand. We will also place a focus on strategies that reduce the stigma associated with mental ill-health and increase access to appropriate and inclusive services.



VARIAN  
medical by tomx

trueBEAM

BIO-RAD



# Our health services



# Our healthcare service system

Healthcare is delivered by a broad range of public and private sector organisations across the North West. The largest healthcare provider in North West Tasmania is the Tasmanian Health Service.

## THE TASMANIAN HEALTH SERVICE

The Tasmanian Health Service – North West (THS North West) is the main provider of public health and hospital services to residents of the North West region. Services are provided over a large geographical area and a range of facilities – from large hospitals to various smaller facilities across the region.

The following public hospitals are part of THS North West:

- North West Regional Hospital (NWRH)
- Mersey Community Hospital (MCH)
- Smithton District Hospital
- King Island District Hospital
- West Coast District Hospital.

Community health services and community mental health services are provided by THS North West through a range of stand-alone facilities including:

- Burnie Community Health Centre
- Central Coast Community Health Centre – Ulverstone
- Devonport Community Health Centre
- James Muir Community Health Centre – Wynyard
- Rosebery Community Health Centre.

## PRIVATE HEALTH AND HOSPITAL SERVICES

The private health system supports the delivery of healthcare to residents of North West Tasmania. The largest private provider in the North West is the North West Private Hospital in Burnie. This 48-bed hospital provides medical, surgical, mental health and maternity services to the North West community.

Other specialist clinical services are delivered in licensed day facilities and at facilities providing services for patients with surgical, cancer, mental health and women's health needs.

As of June 2022, 41% of the Tasmanian population had private health insurance for hospital treatment compared with 45% of the population in Australia.<sup>6</sup>

## PRIMARY HEALTHCARE SERVICES

Primary healthcare services include general practice, allied health, pharmacy, nursing, dentistry, health promotion, maternal and child health, women's health and family planning.

Strong primary healthcare is an essential component of the health system. It contributes to lower rates of hospitalisation and better health outcomes.

General practice is the most utilised component of the primary healthcare system. Tasmania has fewer full-time equivalent general practitioners (GPs) per 100,000 population than Australia as a whole (105.4 full-time equivalent GPs per 100,000 people in Tasmania compared with 112.6 per 100,000 in Australia).<sup>7</sup>

The number of GPs per 100,000 people is lower in rural areas compared with urban areas in Tasmania and Australia.<sup>7</sup> There are an estimated 115.1 GPs per 100,000 population in our urban centres of Hobart and Launceston compared with 82.4 GPs per 100,000 population in our small rural towns.<sup>8</sup>

*\*Note: Maternity services delivered by the North West Private Hospital will transition to the governance of THS North West from December 2023.*

# Our major public hospitals

The majority of inpatient care in the North West is provided by the NWRH and the MCH.

## THE NORTH WEST REGIONAL HOSPITAL

The NWRH at Burnie is a modern 160 bed facility providing high quality healthcare and specialist services to North West Tasmania and King Island. It offers services in medical, surgical and allied health specialties through inpatient and outpatient departments. The hospital caters for the emergency resuscitation, surgery and intensive care of most trauma patients and other medical conditions.

As the NWRH is a secondary level service, transfer to comprehensive tertiary hospitals occurs for some clinical conditions.

## THE MERSEY COMMUNITY HOSPITAL

The MCH has 95 beds and offers general and specialist health services to the region. The MCH offers a comprehensive undergraduate and graduate clinical training program and has close ties with the University of Tasmania through the Rural Clinical School and with TAFE Tasmania.

The MCH works closely with other hospitals and primary health services to meet the needs of patients across the region.



# Our use of health services

## GENERAL PRACTICE SERVICES

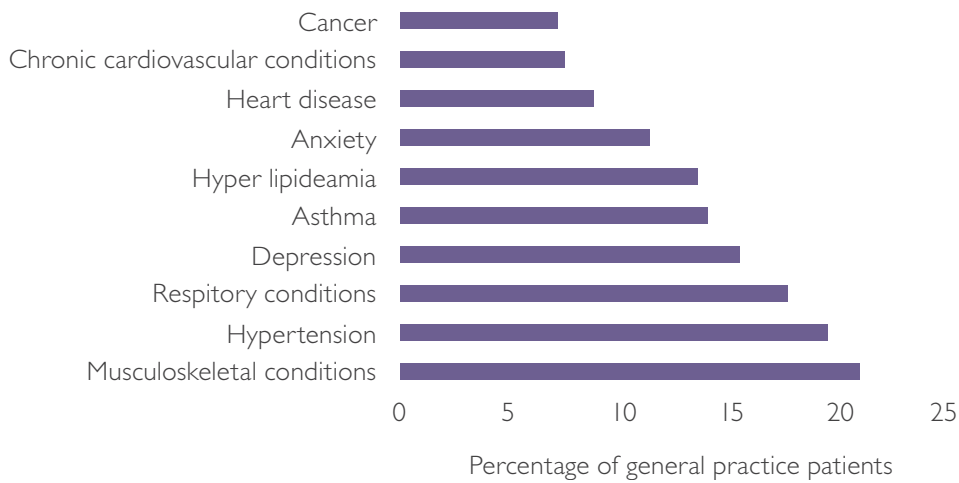
Community-based health services are the most frequently accessed type of healthcare. The health profession accessed the most is GPs.

In 2020-2021, 88% of people in North West Tasmania saw a GP at least once. This is compared with 86% for Tasmanians as a whole. Rates of GP access ranged from 84.5% of people on the West Coast to 90% of people in the Burnie-Ulverstone area.<sup>9</sup>

The most common chronic diseases affecting patients in general practice are musculoskeletal conditions (including osteoporosis, osteoarthritis, inflammatory arthritis, lower back pain), high blood pressure and chronic respiratory conditions (Figure 3).<sup>10</sup>

An estimated 39% of the North West Tasmanian population received Medicare-subsidised allied health services in 2020-2021 compared with 40% for Tasmania as a whole and ranging from 31% of the population on the West Coast to 41% of the population in Devonport.<sup>9</sup>

**Figure 3.** Chronic conditions of people visiting general practice, North West Tasmania, to December 2021



## HOSPITAL INPATIENT SERVICES

In 2021, there were 384 hospital admissions per 1,000 population living in North West Tasmania. This is lower than admission rates for Northern and Southern Tasmanian residents (428 and 472 per 1,000 population respectively).

The breadth of services that a hospital provides is influenced by the size of the population the hospital serves. Some specialties rely on larger catchment populations than others to generate enough work for health professionals in that specialty.

In 2021, the NWRH and MCH delivered 73% of the public hospital inpatient services that the North West Tasmanian community needed (excluding renal dialysis admissions).

Most people who needed hospital admission to access specialties not available in the North West were admitted to the Launceston General Hospital (LGH), which provided 21% of the public hospital inpatient services required by people in North West Tasmania.

**Table 4.** Hospital admissions per 1,000 population according to postcode of residence, 2021 (excluding renal dialysis)

Region	Public admissions / 1,000 population	Private admissions / 1,000 population	Regional self-sufficiency – All (%)	All admissions / 1,000 population
NW and WC	211	34	73%	384
North and NE	243	159	94%	428
South and SE	231	237	99%	428

\*NW = North West, WC = West Coast, NE = North East, SE = South East

# Our use of health services

Private hospitals also deliver a significant proportion of inpatient hospital services needed by the population. People in North West Tasmania are less likely to access inpatient private hospital services than people in the rest of Tasmania. Private hospital admission is most likely to occur for surgical care needs (Table 5).

Where people are admitted to a private hospital, most admissions are to a private hospital in Launceston.

**Table 5.** Selected hospital admissions per 1,000 population by specialty type, North West Tasmania, 2021 (excluding renal dialysis)

Type of admission	In region public admissions / 1,000 population	Out of region public admissions / 1,000 population	Total public admissions / 1,000 population	All private hospital admissions / 1,000 population	Total admissions / 1,000 population
Surgical	58.3	25.6	83.8	43.5	127.3
Medical	84.0	23.1	107.1	23.2	130.3
Subacute care	8.7	1.1	9.8	0.3	10.1

## HOSPITAL OUTPATIENT SERVICES

Demand for specialist outpatient services increased between 2017 and 2021. The largest number of patients were seen in orthopaedic and general surgical clinics, followed by gynaecology and paediatric clinics.

Waiting times to be seen were longest for urodynamics, dermatology, neurology and vascular services (Table 6).

**Table 6.** Specialist outpatient services by volume of patients, 2017 to 2021

Specialty clinics	2017		2021		Change wait time (%)
	New patients (number)	Average wait time (days)	New patients (number)	Average wait time (days)	
Orthopaedics	2,657	108	2,534	94	-13
Surgical Clinic	2,557	41	2,665	55	34
Gynaecology	1,604	61	2,032	146	139
Paediatrics	1,165	133	1,099	140	6
Medical Clinic	694	31	535	48	53
Gastroenterology	685	121	609	128	6
Respiratory	626	66	500	65	-2
Urology Clinic	233	149	214	169	13
Vascular Clinic	134	102	156	217	112
Endocrinology	108	101	348	113	12
Dermatology	101	208	61	348	67
Urodynamics	54	213	59	460	116
Diabetes	40	90	378	142	59
Neurology	34	269	28	240	-11
Infectious Diseases	9	42	183	60	44
<b>Total</b>	<b>10,838</b>	<b>60</b>	<b>11,712</b>	<b>86</b>	<b>26</b>

## MENTAL HEALTH SERVICES

Table 7 presents separations at specialised mental health wards at the NWRH and in Statewide Mental Health Services (SMHS) facilities by age group from 2017-2018 through to 2021-2022. Separation from a healthcare facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer.

**Table 7.** Separations, specialised mental health wards, 2017-18 to 2021-22 by age group

Hospital	Age (years)	2017-18 (number)	2018-19 (number)	2019-20 (number)	2020-21 (number)	2021-22 (number)	Total (number)
NWRH	0-17	13	8	4	12	9	46
NWRH	18-24	53	46	35	79	60	273
NWRH	25-64	328	248	274	321	255	1,426
NWRH	65+	25	31	37	37	40	170
SMHS	0-17	-	1	-	-	-	1
SMHS	18-24	12	38	39	27	28	144
SMHS	25-64	482	488	408	357	342	2,077
SMHS	65+	254	176	163	148	106	847



Table 8 presents separations at non-specialised mental health wards at the NWRH and MCH, by age group, where the patient has a primary mental health diagnosis or has been admitted for mental health care (excluding the LGH emergency department) from 2017-18 through to 2021-22.

**Table 8.** Separations, non-specialised mental health wards, patients with a primary mental health diagnosis or mental health care admission type, excluding emergency department, 2017-2018 to 2021-2022 by age group

Hospital	Age (years)	2017-18 (number)	2018-19 (number)	2019-20 (number)	2020-21 (number)	2021-22 (number)	Total (number)
MCH	0-17	4	3	2	3	6	18
MCH	18-24	9	14	8	6	9	46
MCH	25-64	53	43	37	19	81	233
MCH	65+	59	63	47	67	64	300
NWRH	0-17	21	35	23	42	53	174
NWRH	18-24	6	7	13	23	27	76
NWRH	25-64	107	116	129	212	85	649
NWRH	65+	149	107	136	109	109	610

# Our demand for hospital services

Hospital inpatient activity across THS North West public facilities is projected to grow by almost 5% by 2027 based on current projections (Table 9). This is mainly due to population ageing and our growing chronic disease burden. As older people tend to remain in hospital for longer, the number of bed days of inpatient care is expected to grow by almost 10% by 2027.

Projections made in this document are based on: trends in activity since 2016-17, with particular emphasis on the 2020-21 financial year, while having regard for the impact of the Covid pandemic on specific clinical specialties; and changes in the population size and age mix as projected by the Tasmanian government based on the 2016 census and updated in 2021.

**Table 9.** Projected public hospital inpatient activity growth, NWRH and MCH, 2021 to 2027 (admissions and bed days)

2020-21 admissions actual (number)	2026-27 admissions projected (number)	2020-21 bed days actual (number)	2026-27 bed days projected (number)	2020-21 – 2026-27 Growth admits (%)	2020-21 – 2026-27 Growth bed days (%)
23,996	25,081	72,407	79,451	4.5	9.7

Most of the projected growth will be in the adult medicine specialty area, where over 5,000 bed days per year will be required based on current projections and models of care (Table 10).

A more detailed breakdown of the projected growth in public hospital inpatient activity at NWRH and MCH by clinical speciality and sub-speciality is provided at Appendix I.

**Table 10.** Projected acute and subacute inpatient activity growth, NWRH and MCH, 2021 to 2027 (bed days)

Specialty clinics	2020-21 Bed days (number)	2026-27 Bed days (number)	Change 2020-21 – 2026-27 (%)
<b>Medicine</b>			
Adult Medicine	30,816	35,986	17
<b>Surgery</b>			
Adult Surgery	16,451	17,347	5
<b>Paediatrics</b>			
Medicine	1,500	1,545	3
Surgery	562	560	0
Psychiatry	359	418	16
<b>Obstetrics and Gynaecology</b>			
Obstetrics	2,825	2,497	-12
Gynaecology	1,012	992	-2
<b>Adult Mental Health and Alcohol / Other Drugs</b>			
Drug and Alcohol	457	491	7
Psychiatry	4,541	5,034	11
<b>Subacute</b>			
Total subacute	6,798	7,711	13

# Our demand for hospital services

In contrast, there is little growth projected in emergency department presentations between 2021 and 2027 in North West Tasmania based on current models of care (Table II).

**Table II.** Emergency department presentations, Mersey and North West Regional Hospital, 2017 to 2027

	2016-17 (number)	2020-21 (number)	2026-27 (number)	Change 2020-21 – 2026-27 (%)
Emergency department presentations – MCH				
	25,569	24,759	25,760	4
Emergency department presentations – NWRH				
	24,670	28,778	29,357	2
Emergency department presentations – Both hospitals				
Triage 1	220	217	240	11
Triage 2	4,961	4,523	4,942	9
Triage 3	18,243	18,923	20,017	6
Triage 4	23,550	26,133	26,324	1
Triage 5	3,265	3,741	3,594	-4
<b>Total</b>	<b>50,239</b>	<b>53,537</b>	<b>55,117</b>	<b>3</b>

# Our demand for mental health services

Table 12 presents projected inpatient separations and bed days (by bed type) across the North West region for all facilities and age groups for 2027-28. These projections have been derived from the National Mental Health Services Planning Framework (NMHSPF).

**Table 12.** National Mental Health Service Planning Framework (NMHSPF) inpatient estimates for separations and bed days by bed type, North West region, 2027-28 – all ages

Inpatient Mental Health Service Type	NMHSPF estimated separations (number)	NMHSPF estimated bed days (number)
Acute Inpatient Mental Health Services	763	10,988
Subacute Inpatient Mental Health Services	118	3,852
Non-Acute Inpatient Mental Health Services	29	10,326
<b>Total Inpatient</b>	<b>910</b>	<b>25,166</b>

# Our demand for mental health services

Table 13 presents NMHSPF projected ambulatory occasions of service and client related staff hours across the North West region for all facilities and age groups for 2027-28.

**Table 13.** National Mental Health Service Planning Framework (NMHSPF) ambulatory estimates for occasions of service and client-related staff hours by service type, North West region, 2027-28 – all ages

Program	Occasions of service (number)	Client-related staff hours (number)
Adult continuing care and Mobile Intensive Treatment Teams (MITT)	55,892	37,045
Consultation liaison	3,509	6,539
Consultation Liaison - Specialist Rural Outreach	12,263	12,901
Children of Parents with Mental Illness (COPMI) and school-based early intervention	3,668	3,269
Eating disorders top up	456	4,143
First episode psychosis	7,512	6,026
Infant and child	3,843	4,570
Older persons	24,885	13,545
Youth	30,288	29,478

## OUR CHALLENGES

Our healthcare system is under pressure due to population ageing and our increasing chronic disease burden. We will need to provide care to an increasing number of older people across our community. It is also expected that there will be continued increasing need for specialist services for older persons in Tasmania as the population ages.

Smaller rural communities have less access to primary healthcare, including general practice and community allied health services, compared to metropolitan areas of Australia. We need to continue to partner with other key funders, commissioners, and providers in rural areas, including across mental health services, to ensure appropriate service access.

We face ongoing challenges recruiting and retaining the clinical workforce we need to deliver care across our community. There is opportunity to consider the workforce mix and distribution to better address recruitment and retention challenges in these services, for example, prioritising the Lived Experience workforce (Peer Workforce).

A truly integrated system responds effectively to all the health needs an individual may be experiencing. For example, at least one in three people with a substance use disorder also have an anxiety or mood disorder, often resulting in poorer overall health and wellbeing and significant personal strain. Our health services need to respond effectively to comorbidity, particularly across alcohol and drug services and mental health services where there is increasing demand in non-government services, to ensure appropriate access to services.

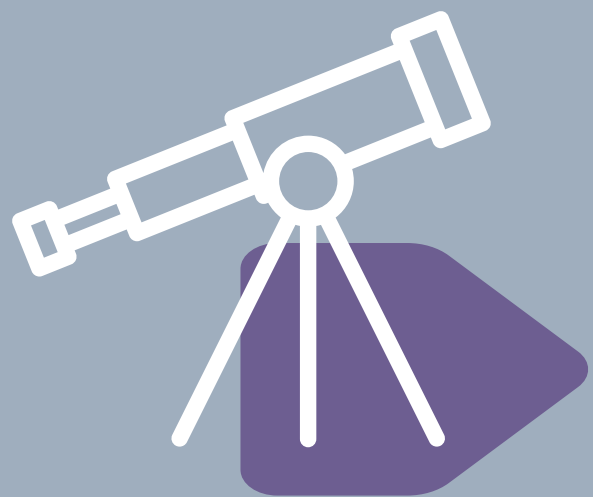
Going forward, our health services need to address these challenges.







# Going forward



# Priority planning actions

Our actions going forward were identified through extensive data analysis and consultation undertaken in 2022, and in response to the shared vision and policy direction set out in *Advancing Tasmania's Health*. Consultation occurred through Regional Clinical Services Reference Groups, the Tasmanian Clinical Networks and a Statewide Health Summit. The following actions will be implemented alongside the reforms set out in the *Long-Term Plan for Healthcare in Tasmania 2040*.

## DELIVERING CARE ACCORDING TO OUR CLINICAL SERVICES PROFILE

The THS North West Clinical Services Profile describes the required service capability of clinical services to deliver care to our community to 2027 (Table 14). Services are classified according to the *Tasmanian Role Delineation Framework for Health Services (2023)*, which describes resource and workforce requirements for delivering services at each level. Smaller rural facilities are generally classified at lower levels, reflecting the constraints of delivering healthcare where population size is smaller, and the health workforce is less available. In contrast, the NWRH and MCH are classified at higher levels, reflecting the broader range of specialist services that are available in these facilities.

We will assess each of our clinical services to ensure the resources (service requirements and workforce requirements) at each level of service are in place. Where gaps exist between our stated role delineation and the resources required to deliver the service, we will prioritise addressing these.

We are reliant on our digital and built infrastructure to deliver care. The Digital Health Transformation 10-year strategy, together with a Health Infrastructure Strategy 2040 and a THS North West Masterplan will provide a blueprint for this. We will work to align infrastructure planning with our clinical services profile.

## MANAGING HOSPITAL DEMAND BY CHANGING MODELS OF CARE

We must respond quickly to rapidly increasing demand for hospital services. We have opportunities to enhance our general medical and subacute services. This is the clinical area expected to experience the greatest increase in clinical demand to 2027. A North West Masterplan has been developed to expand our infrastructure at NWRH and MCH. In the interim we will work with clinicians and consumers to identify approaches to increasing service delivery.

Traditional hospital-based models of care do not always provide optimal health outcomes, particularly for older people and those with multiple chronic diseases. Good evidence exists to support providing acute care outside the acute hospital setting.

Different models of care can be introduced that reduce overall demand for hospital services and / or the length of time spent in hospital. These models can avoid or substitute acute hospital inpatient care for care in the community. Our plan for managing increasing demand for hospital admissions includes:

- Increasing the delivery of community-based care by expanding the availability of community services and streamlining referral pathways for access.
- Expanding and reconfiguring home-based hospital services to increase access to home-based hospital-type services across our catchment.

We will establish central virtual care hubs to support the provision of personalised home and community-based care, including intermediate care, specialised subacute care and hospital-in-the-home.

Care will be provided by a multidisciplinary team working collaboratively to deliver a range of healthcare services according to each patient's need. Care teams may consist of providers from both primary and hospital care and across various care organisations.

We will improve our capacity to manage patient flow with the establishment of a System-Wide Integrated Operational Centre. This will create a real-time view of service demand and capacity across the Tasmanian health system and direct the flow of patients and resources to better use our state's network of healthcare services.

## OPTIMISING THE USE OF OUR HEALTH SERVICES NETWORK

THS North West has two large hospital campuses that function as a single hospital. Each has a complementary role to play in meeting the health needs of North West Tasmanians. We will strengthen the roles of each hospital to maximise service efficiency and increase availability of specialist services, supported by THS North. Our priorities are:

- Improving accessibility of specialist services based in the North and South through integrated and networked care arrangements and formalising the role of the Royal Hobart Hospital and Launceston General Hospital in providing outreach care to residents of North West Tasmania.

- Working with THS North to establish an integrated care hub to enhance equitable access to specialist clinical services across the North and North West. Based at the Launceston General Hospital, the hub will support improved access and coordination of neurology, rheumatology, cardiology and women's and children's services to the North West.
- Expanding acute medical inpatient services across THS North West.
- Developing a specialist older persons mental health service with linkages to THS North.
- Building a women's and children's precinct at the NWRH.
- Enhancing access to specialist services for North West Tasmanians through partnership with the North West Private Hospital.
- Redeveloping and expanding inpatient adult mental health services at NWRH.
- Partnering with the Victorian Stroke Telemedicine Service to increase specialist access to stroke services.
- Establishing enhanced medical day procedure capabilities at the NWRH for infusions, endoscopic procedures and medical interventions.
- Delivering a broader range of specialist elective surgeries at MCH through a 23 hour surgical centre model.
- Increasing subacute service delivery across North and North West Tasmania through expanded subacute services at the MCH (including palliative care, rehabilitation and older persons services).

The Tasmanian Government is strengthening specialist subacute services in each region to significantly enhance our capacity to provide contemporary, high-quality subacute care.

# Priority planning actions

The Tasmanian Government is also establishing a System-Wide Integrated Operational Centre as mentioned above. This will create a real-time view of service demand and capacity across the Tasmanian health system and direct the flow of patients and resources to better use our state's network of healthcare services. The Integrated Operational Centre will be critical to residents of North West Tasmania to ensure people who require care outside the North West are able to access health resources in the North and South.

## DEVELOPING THE RURAL HEALTH WORKFORCE

We are reliant on our workforce to deliver care. Within our five-year profile, our priorities are to:

- Build upon the new Rural Medical Workforce Centre at the MCH, which has been established to support the recruitment and retention of permanent doctors to the region, by considering the potential expansion of the centre to a Rural Health Workforce Centre with a multidisciplinary focus.
- Deliver and expand new workforce roles, including rural generalist providers, nurse practitioners, allied health assistants, nurse assistants and pharmacy technicians, and expand the role of paramedics in community service delivery.
- Increase the capacity within the existing health workforce and address workforce gaps as outlined in our Clinical Services Profile.

Building our rural workforce takes long term commitment – it takes a long time to grow a health workforce with the skills and experience required to meet people's care needs. Tasmania's *Health Workforce 2040* plan recognises the need to address rural workforce challenges by growing the multidisciplinary rural workforce. We will do this by strengthening and establishing generalist education and training pathways in medical, nursing and allied health disciplines, further strengthening clinical placements in rural areas across allied health, nursing and medicine, and enhancing scope of practice to support skill-sharing.

We will work with other government agencies and partner with private health providers to further leverage the benefits of living and working in Tasmania, to attract more healthcare professionals to work in our state. We will also increase our reach into intrastate, interstate and international recruitment pools to access people with the specific skills and aptitudes we need.

## **WORKING WITH PRIMARY HEALTHCARE TO SUSTAINABLY DELIVER HEALTHCARE**

Our vision is to support the delivery of comprehensive, timely primary healthcare to address chronic diseases within the population as early as possible. By taking a proactive approach to managing chronic disease, we can improve health outcomes and reduce avoidable hospitalisations.

Our immediate priorities include the delivery of primary healthcare services for people with chronic conditions and with mental health and alcohol and other drugs care needs. THS North West will work with Primary Health Tasmania and local community primary healthcare providers to expand and strengthen collaborative care models in which THS clinicians and local primary healthcare providers work together to care for people with complex chronic disease conditions in the community.

Our network of rural and remote services provides primary healthcare to local communities within our catchment. Using a place-based approach, we will partner with rural communities to optimise rural health service delivery in rural locations across our catchment.

Although each health service optimisation plan will vary according to the unique factors associated with place, it is anticipated that plans will identify opportunities for improved local service delivery, such as:

- Co-commissioning of health services in partnership with Primary Health Tasmania.
- Greater use of technologies such as telehealth to reduce travel burden for community members.
- Streamlined support to access services through the Patient Travel Assistance Scheme.
- Greater integration and sharing of patient information to relevant primary and acute care providers to keep care in the community longer.

## **IMPROVE ACCESS AND INTEGRATION OF MENTAL HEALTH SERVICES**

Patients with mental healthcare needs require timely access to services in an appropriate and accessible care setting that has a substantial community-based presence. There is an opportunity to enhance access to appropriate community-based services for people with mental health conditions in North West Tasmania, which will improve delays in assessment and treatment, and contributes to increasing Emergency Department presentations.

We will improve access and integration of mental health services through:

- Establishing a new purpose-built, integrated mental health facility that provides inpatient acute care, community crisis care, and community mental health services.
- Implementing a single, statewide intake and assessment service for mental health services and alcohol and other drug services that integrates with Tasmania's existing state-based systems.

# Implementing the profile

The *Tasmanian Role Delineation Framework for Health Services (2023)* (TRDF) describes the breadth of health services that Tasmanians require. Level 1 describes generalist health services delivered by primary healthcare providers, for example health checks provided by a local GP.

Higher levels describe increasing specialisation, up to Level 6, which describes highly complex services delivered in tertiary hospitals with specialised equipment and expert staff, for example complex heart surgery.

Extensive consultation with clinicians, consumers and health services managers has enabled a complete refresh of the TRDF. The TRDF is a dynamic document that will continue to be updated as clinical services evolve.

We have assessed services we provide against the TRDF, including those provided on our behalf by other providers in the health system, and interstate partners.

The TRDF also assists us in understanding the capacity of the private hospital sector, which through licensing and partnership arrangements is also being assessed against the TRDF. This enables a comprehensive understanding of our capability and capacity across the State and identifies further opportunities for partnership and collaboration.

Using the TRDF, we can see the strengths and opportunities in our system, areas where services are working in harmony across the State and gaps in service provision. Informed by this system-wide view, our service development priorities and future investments will be directed toward strengthening, integrating and balancing the entire statewide health system.

To maintain an accurate view of our health system capability in the future, we will ensure that all our services continue to be delivered against the TRDF so that each service area continues to meet the requirements of its designated role.

The *Tasmanian Role Delineation Framework for Health Services (2023)* can be viewed here: [www.health.tas.gov.au/TRDF](http://www.health.tas.gov.au/TRDF)

Implementing this profile will deliver better health services for Tasmanians. Where our profile requires expanded capability in clinical areas designated in our Clinical Services Profile (Table 14), we will work with clinicians, consumers and policymakers to identify new resources to support our delivery of services and identify where existing resources can be reallocated to these priority areas.

**Table 14.** THS North West Clinical Services Profile, 2027

	NWRH	MCH	Smithton	King Island	West Coast
<b>Medical</b>					
General medicine	5	4	3	3	3
Allergy and immunology	4	-	-	-	-
Cardiology	4	3	3	3	3
Clinical genetics	-	-	-	-	-
Endocrinology	4	1	1	1	1
Gastroenterology	4	3	2	2	2
Infectious diseases	4	4	3	3	3
Nephrology	4	4	-	-	-
Neurology	3	2	2	2	2
Acute stroke	5	4	3	3	3
Persistent pain	4	-	-	-	-
Respiratory and sleep	4	2	2	2	2
Rheumatology	4	-	-	3	3
<b>Surgical</b>					
General surgery	4	3	-	-	-
Burns	3	2	2	2	2
Cardiothoracic (adult)	-	-	-	-	-
Ears, Nose and Throat	4	3	-	-	-
Hyperbaric and diving	-	-	-	-	-
Neurosurgery (adult)	-	-	-	-	-
Ophthalmology	4	4	-	4	-
Oral and maxillofacial	-	-	-	-	-
Orthopaedics	4	3	2	2	2
Plastic and reconstructive	4	3	-	-	-
Trauma	4	3	3	3	3
Urology	4	4	-	-	-
Vascular	3	3	-	-	-

	NWRH	MCH	Smithton	King Island	West Coast
<b>Core</b>					
Emergency medicine	4	3	1	1	2
Paediatric emergency	3	3	-	-	-
Adult critical care	4	2	-	-	-
Medical imaging	4	3	1	1	2
Pathology	5	4	2	2	2
Medication services	4	3	2	1	2
Anaesthetics	4	3	2	2	2
<b>Women and Children</b>					
Maternity	4	1	1	1	1
Neonatology	4	-	-	-	-
Community paediatrics	4	4	2	3	3
Paediatric medicine	3	-	-	2	2
Paediatric critical care	4	-	-	-	-
Paediatric rehab	2	2	-	-	-
Surgery for children	3	2	-	-	-
Children's cancer service	-	-	-	-	-
Children's radiation oncology	-	-	-	-	-
Gynaecology	4	3	-	-	-
Child and family	3	2	2	2	2
Youth health	4	4	3	3	3
<b>Cancer</b>					
Clinical haematology	4	4	3	-	3
Medical oncology	5	4	3	-	3
Radiation oncology	5	-	-	-	-
<b>Subacute, Intermediate and Primary</b>					
Palliative care	4	3	3	3	3
Adult rehabilitation	3	4	1	1	1
Geriatric medicine	4	4	2	2	2
Home-based hospital	4	1	1	1	1
Urgent primary healthcare	6	6	4	4	4



**Table 15.** Mental Health Services North West Clinical Services Profile (Region), 2027

<b>Adult Mental Health Services</b>	
Adult Ambulatory Services	5
Adult Acute Inpatient Services	6
Adult Non-Acute Inpatient Services	-
<b>Child and Adolescent Mental Health Services</b>	
Child and Adolescent Ambulatory Services	5
Child and Adolescent Acute Inpatient Services	4
Child and Adolescent Non-Acute Inpatient Services	-
<b>Older Persons Mental Health Services</b>	
Older Persons Ambulatory Services	4
Older Persons Inpatient Services	-
<b>Statewide and Other Targeted Services</b>	
Adult Forensic Inpatient Services	6
Adult Forensic Ambulatory Service	6
Eating Disorders Service	6
Perinatal and Infant Services	3

**Notes:** The above THS North West Clinical Services Profile should be read in conjunction with the *Tasmanian Role Delineation Framework for Health Services (2023)*, which describes resource and workforce requirements for delivering services at each level.

Due to significant service reform work underway in Mental Health Services, service levels have been estimated at a regional level. Mental Health Services are shifting towards contemporary models of care that allow for flexible, cohesive services that can be stepped up or down according to individuals' changing mental healthcare needs and are available to all Tasmanians regardless of their age or residential location.

# OUTPATIENT RECEPTION

WAITING  
ROOM



# References



# References

- 1 ABS. Census of Population and Housing [Internet]. Canberra ACT: ABS, 2021 [cited 2022 Jan 30]. Available from: <https://www.abs.gov.au/census>
- 2 Department of Treasury and Finance. 2019 population projections. High series [Internet]. Hobart TAS: Tasmanian Government; 2019 [cited 2022 Jan 30]. Available from: <https://www.treasury.tas.gov.au>
- 3 ABS. Life tables, 2018-2020. Catalogue number 3302.0.55.001 [Internet]. Canberra ACT: ABS; November 2021 [cited 2022 Jan 30]. Available from: <https://www.abs.gov.au/statistics/people/population/life-tables/2018-2020>
- 4 AIHW. Mortality Over Regions and Time book. 2015 to 2019. Canberra ACT: Australian Government; 2022 [cited 2022 Jan 30]. Available from <https://www.aihw.gov.au/reports/life-expectancy-death/mort-books/contents/about>
- 5 Department of Health. Tasmanian Population Health Survey 2019 [Internet]. Hobart TAS: Tasmanian Government; 2020 [cited 2022 Jan 30]. Available from: [https://www.health.tas.gov.au/sites/default/files/2022-05/Report\\_on\\_the\\_Tasmanian\\_Population\\_Health\\_Survey\\_2019.pdf](https://www.health.tas.gov.au/sites/default/files/2022-05/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf)
- 6 Australian Prudential Regulation Authority. Quarterly private health insurance statistics June 2022 [Internet]. Australian Prudential Regulation Authority. Canberra ACT; 2022 [cited 2022 Jan 30]. Available from: <https://www.apra.gov.au/quarterly-private-health-insurance-statistics>
- 7 Primary Health Tasmania. General Practice in Tasmania 2019 [Internet]. Hobart TAS: Primary Health Tasmania; 2020 [cited 2022 Jan 30]. Available from: <https://www.primaryhealthtas.com.au/resources/general-practice-in-tasmania-2019-report/>
- 8 Primary Health Tasmania. General practitioners in Tasmanian primary and community healthcare services. Summary. (data available upon request). 2022.
- 9 Australian Institute of Health and Welfare. Medicare-subsidised GP, allied health and specialist healthcare across local areas: 2019-20 to 2020-21 [Internet]. Canberra ACT: Australian Government; 2021 [cited 2022 Jan 30]. Available from: <https://www.aihw.gov.au/reports/primary-health-care/medicare-subsidised-health-local-areas-2020-21/contents/about>

# Appendices

**Appendix I.** Projected Inpatient Activity Growth (Same day and Overnight+ admissions), NWRH and MCH, 2021 to 2027 (bed days)

## North West Region Hospitals (NWRH and MCH) summary

	Total admissions			Overnight+ bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Medicine	11,377	12,217	7	28,703	33,492	17	4,789
Surgery	6,426	6,630	3	14,210	15,058	6	848
Paediatrics	3,599	3,482	-3	5,688	5,547	-2	-140
Obstetrics	1,312	1,226	-7	2,543	2,210	-13	-333
Gynaecology	763	746	-2	378	386	2	8
Drug and Alcohol	139	157	14	407	443	9	36
Psychiatry	594	651	10	4,799	5,352	12	553
Subacute	986	997	1	6,779	7,691	13	912
Chemotherapy	519	664	28				
Renal dialysis	6,683	7,418	11%				

# Appendices

## North West Region Hospitals (NWRH and MCH): Adults 18+ years

	Total admissions			Overnight+ bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Orthopaedics	1,653	1,669	1	7,263	7,444	2	181
General Surgery	1,242	1,352	9	3,085	3,410	11	325
Colorectal Surgery	203	205	1	1,033	1,053	2	21
Ophthalmology	972	996	2	130	141	8	11
Plastic and Reconstructive Surgery	362	366	1	123	137	12	14
Upper GIT Surgery	226	231	2	685	748	9	63
Urology	372	389	5	313	372	19	59
Vascular Surgery	120	126	5	556	569	2	13
Gynaecology	763	746	-2	378	386	2	8
Other	513	549	7	645	797	24	152
<b>Surgery Total</b>	<b>6,426</b>	<b>6,630</b>	<b>3</b>	<b>14,210</b>	<b>15,058</b>	<b>6</b>	<b>848</b>
General Medicine	1,763	1,920	9	6,457	7,927	23	1,470
Neurology	1,122	1,253	12	5,427	6,292	16	866
Respiratory Medicine	1,264	1,379	9	4,688	5,324	14	636
Cardiology	1,350	1,512	12	3,397	3,919	15	522
Gastroenterology	1,112	1,227	10	2,649	2,932	11	283
Rheumatology	2,938	2,801	-5	651	751	15	100
Endocrinology	218	246	13	829	1,002	21	173
Renal Medicine	182	188	3	553	584	5	30
Haematology	623	748	20	543	577	6	34
Medical Oncology	338	378	12	2,084	2,480	19	397
Other	468	565	21	1,425	1,704	20	279
<b>Medical Total</b>	<b>11,377</b>	<b>12,217</b>	<b>7</b>	<b>28,703</b>	<b>33,492</b>	<b>17</b>	<b>4,789</b>
Palliative Care	36	43	19	243	323	33	80
Rehabilitation	189	204	8	3,788	4,018	6	230
Maintenance	43	71	65	619	1,148	85	529
Boarders	673	636	-6	1,354	1,272	-6	-82
Other Non-Acute	44	43	-3	775	930	20	155
<b>Subacute Total</b>	<b>985</b>	<b>996</b>	<b>1</b>	<b>6,779</b>	<b>7,691</b>	<b>13</b>	<b>912</b>
Chemotherapy	519	664	28				
Renal dialysis	6,683	7,418	11				

### North West Region Hospitals (NWRH and MCH): Paediatrics 0-17 years

	Total admissions			Overnight+ bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Medicine	2,833	2,724	-4	4,838	4,637	-4	-201
Surgery	711	696	-2	499	502	1	3
Drug and Alcohol	10	10	5	31	33	7	2
Psychiatry	46	52	13	320	376	17	56
<b>Paediatrics total</b>	<b>3,599</b>	<b>3,482</b>	<b>-3</b>	<b>5,688</b>	<b>5,547</b>	<b>-2</b>	<b>-140</b>

