

2023–2027

Clinical Services Profile

North



June 2023

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Image: Pencil Pine in central Lutruwita/Tasmania - cold climate native tree, that can live for more than 1,000 years - many of these trees were here long before invasion. They are 'floral relics from the last ice age'. Scientists say palawa have lived on Lutruwita for over 42,000 years and through two ice ages, we say we have been here since time immemorial. 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 Tasmanian Health Service – North (THS North) works to deliver the best possible health services for residents of Northern Tasmania. Our Clinical Services Profile (the Profile) describes the clinical services we will deliver over the next five years and our priorities for clinical service expansion and improvement. We are the major provider of hospital services for the Northern Tasmanian community. The Launceston General Hospital (LGH) is also the principal referral hospital for over a quarter of a million people who live across Northern and North West Tasmania. Our clinical services profile identifies areas where we need to increase our provision of specialised clinical services for our principal referral population.

The Profile is a continuation of the LGH master planning and LGH clinical services planning processes. We have a collaborative planning process driven by our clinicians and consumers, involving healthcare professionals across acute and community settings and people who use our health services.

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.

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



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*.

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.

By 2027, THS North and partners will provide better care to more people closer to home. We will achieve this by strengthening linkages between our network of health facilities and services across regional and rural areas in the North and North West of Tasmania.

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Welcome to Paediatric Outpatients



Our community



Our population

The Northern Tasmania region encompasses eight local government areas: Break O’Day, Dorset, Flinders Island, George Town, the City of Launceston, Meander Valley, Northern Midlands and the West Tamar.

There were 151,195 people living in Northern Tasmania at the time of the 2021 Census.¹ The median age of the population of Northern Tasmania is 43 years, which is higher than Tasmania (42 years) and Australia (38 years) as a whole.

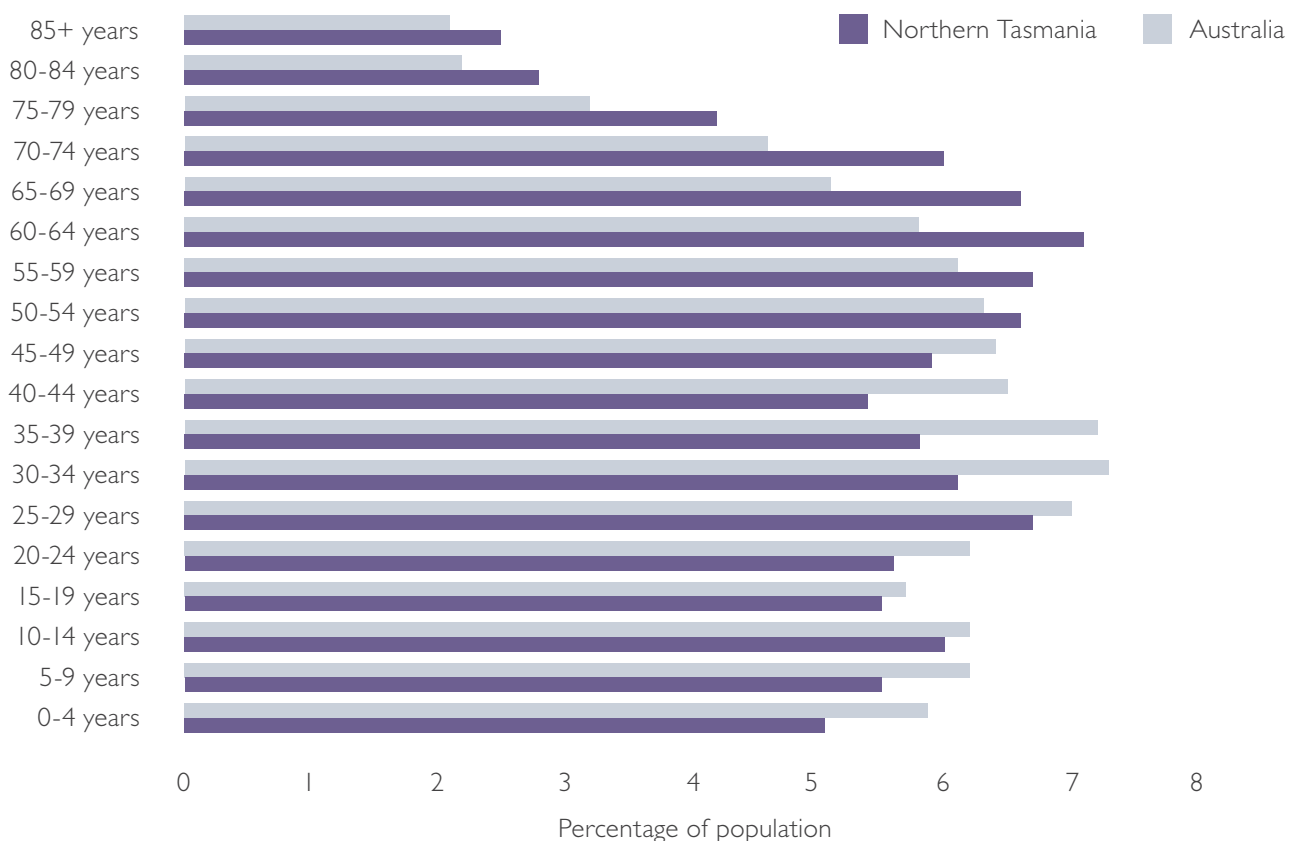
Compared with the Australian population, our population has a higher percentage of people who are in older age groups (Figure 1)¹. Around 22% of our population in Northern Tasmania is over the age of 65 years, which is projected to grow to 27% by 2042.²

Northern Tasmania’s regional Socio-Economic Indexes for Areas measure the relative level of socio-economic disadvantage and/or advantage based on a range of Census characteristics.

Northern Tasmania is more socio-economically disadvantaged than Australia as a whole. George Town is our most disadvantaged local government area.³

Northern Tasmania’s disability statistics relate directly to need for assistance due to a severe or profound disability. In 2021, 10,110 people in Northern Tasmania reported they needed help in their day-to-day lives due to disability, an increase from 8,998 people in 2016.³

Figure 1 Population distribution, Northern 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 at birth in Northern Tasmania is increasing over time and for males is 79.7 years and for females is 84.4 years (2018-2020 estimates).⁴

Between 2015 and 2019 there were an average of 1,312 deaths per year in Northern Tasmania. The leading causes of death were coronary heart disease, dementia (including Alzheimer's disease) and lung cancer (Table 1).⁵

Table 1. Leading causes of death, Northern Tasmania, 2015-2019

Cause of death (International Classification of Diseases)		Deaths (number)	% of all causes
1	Coronary heart disease (I20–I25)	784	11.9
2	Dementia including Alzheimer's disease (F01, F03, G30)	502	7.7
3	Lung cancer (C33, C34)	422	6.4
4	Cerebrovascular disease (I60–I69)	407	6.2
5	Chronic obstructive pulmonary disease (COPD) (J40–J44)	403	6.1
6	Diabetes (E10–E14)	245	3.7
7	Colorectal cancer (C18–C20, C26.0)	237	3.6
8	Influenza and pneumonia (J09–J18)	148	2.3
9	Suicide (X60–X84, Y87.0)	137	2.1
10	Prostate cancer (C61)	137	2.1

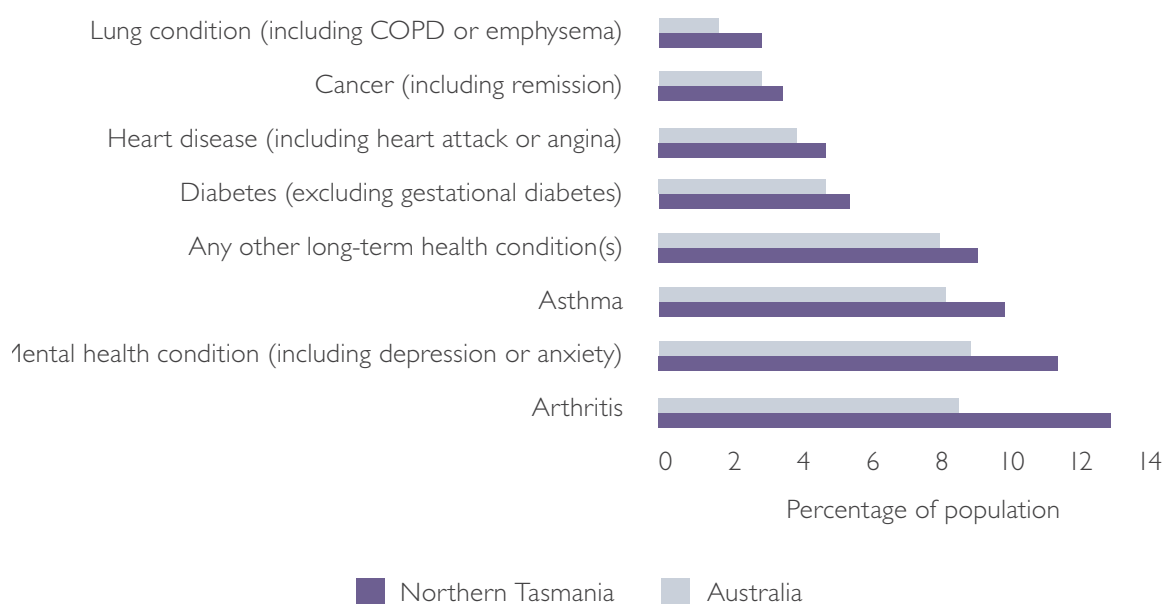
Our health

CHRONIC DISEASE BURDEN

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

The most common chronic conditions currently experienced by adults in Northern Tasmania are arthritis, mental health conditions and asthma (Figure 2).⁶

Figure 2. Selected long term chronic conditions, Australia versus Northern Tasmania, 2021



Effects of an ageing population on chronic disease

Chronic diseases are more common as we grow older. Because of our ageing population, the chronic disease burden in Northern Tasmania will increase, particularly for those people needing care for arthritis and musculoskeletal conditions (Table 2).⁶

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

	2022 (number)	2042 (number)
Asthma	6,867	9,221
Diabetes	6,077	8,160
Hypertension	18,987	25,495
Heart diseases	8,137	10,926
Stroke	2,815	3,780
Cancer	8,343	11,203
Arthritis	19,124	25,679
Osteoporosis	6,317	8,483
Depression/anxiety	7,656	10,281

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. Many people in Northern Tasmania have lifestyle risk factors for chronic disease (Table 3).⁶

Table 3. Selected health risk factors, Northern Tasmania versus Tasmania, 2019

	Northern Tasmania (%)	Tasmania (%)
Current smokers	13	12.1
Alcohol intake (short term harm)	34	35.1
Alcohol intake (lifetime harm)	18.7	19.1
Overweight / obesity (adults)	62.5	58.5
Insufficient fruit consumption	52.4	54
Insufficient vegetable consumption	92	93
Insufficient physical activity	66.4	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. The prevalence of high / very high psychological distress has increased since 2009 in Northern Tasmania. In 2019, 15.1% of adults in Northern Tasmania reported high / very high levels of psychological distress compared with 11.4% in 2009.⁶

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 28.9% of Northern Tasmanians report their oral health is fair or poor compared with 26.5% of Tasmanians overall.

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, 10.7% of adults in Northern Tasmania had difficulty understanding health information well enough to know what to do and 45.5% reported having difficulty accessing the healthcare providers they need. This is compared with 10.6% and 44.9% respectively for Tasmania overall.

OUR CHALLENGES

Our population is ageing and the burden of chronic disease in our community is growing. Risk factors for developing chronic disease are common. Psychological distress is affecting more people in our community over time, and some population groups are at higher risk of mental illness and suicide due to social and other factors, including access to services.

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.



Our health services



Our healthcare service system

The determinants of health include the social and economic environment, the physical environment, and, the person's individual characteristics and behaviours. Our healthcare system is a contributor to improving the health and wellbeing of Tasmanians and is comprised of a broad range of public and private health services statewide. The largest healthcare provider in Tasmania is the Tasmanian Health Service.

THE TASMANIAN HEALTH SERVICE

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

Our largest public hospital is the Launceston General Hospital (LGH), a 308-bed facility providing high quality healthcare to the people of Northern Tasmania and regional referral and outreach services to people across North and North West Tasmania. The hospital caters for the emergency resuscitation, surgery and intensive care of most trauma patients and other medical conditions. Transfer to other hospitals, including the Royal Hobart Hospital and interstate hospitals, occurs for some clinical conditions.

THS North also has an extensive network of district hospitals, community health centres, and multipurpose centres and services. These include:

- St Helens District Hospital
- Deloraine District Hospital
- George Town District Hospital and Community Centre
- North East Soldiers Memorial Hospital and Community Centre (Scottsdale)
- Multipurpose centres / services in Beaconsfield, Campbell Town, Flinders Island and Cape Barren Island, St Marys and Longford.

Community health services and community mental health services are provided by THS North through a range of stand-alone facilities including Ravenswood, Westbury and Kings Meadows Community Health Centres; and Mayne Street Day Centre.

PRIVATE HEALTH AND HOSPITAL SERVICES

Our private health system supports the delivery of healthcare to residents of Northern Tasmania. The largest private provider in the North is Calvary Hospital in Launceston. This hospital delivers care across two campuses – St Vincent's Hospital and St Luke's Hospital.

A range of other specialist clinical services are delivered in licensed day hospitals and facilities.

As of June 2022, 41% of the Tasmanian population had private health insurance for hospital treatment compared with 45% of the population in Australia.⁷

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 accessed component of the primary healthcare system.⁸ The number of general practitioners (GPs) per 100,000 people is lower in rural areas compared with urban areas in Northern Tasmania.⁸

Our use of health services

PRIMARY HEALTHCARE SERVICES

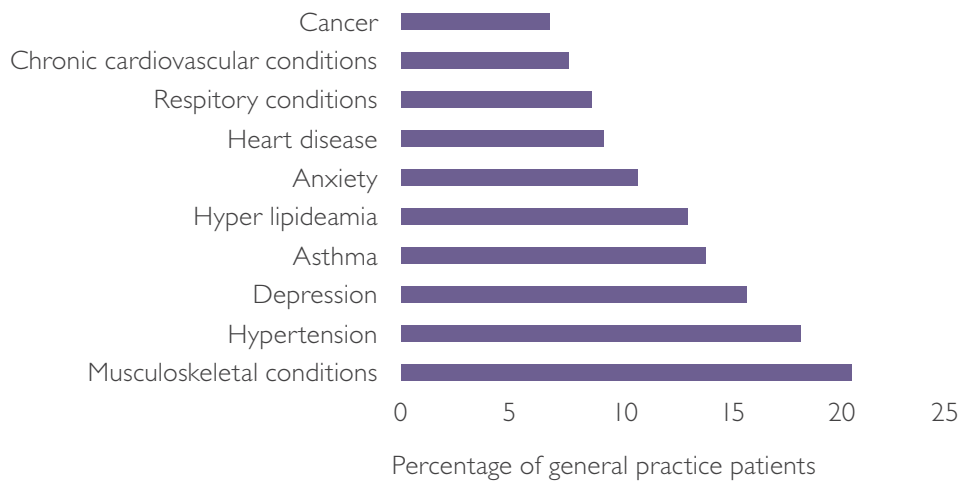
Most of our population see a GP each year. In 2020-2021, 86% of people in Northern Tasmania saw a GP at least once. Rates of GP access ranged from 84.6% of people in Launceston to 87.4% of people in the North East area.⁹

Allied health professionals are healthcare providers that provide a range of diagnostic, therapeutic and support services in healthcare.

An estimated 38% of the Northern Tasmanian population received Medicare-subsidised allied health services in 2020-2021, compared with 40% for Tasmania as a whole and ranging from 36.2% of the population in the North East to 39.7% of the population in Meander Valley – West Tamar.⁹

The most common chronic diseases seen by GPs in Northern Tasmania are musculoskeletal conditions (includes osteoporosis, osteoarthritis, inflammatory arthritis, low back pain), high blood pressure and depression (Figure 3).¹⁰

Figure 3. Chronic conditions of people visiting general practice, Northern Tasmania, to December 2021



HOSPITAL INPATIENT SERVICES

Some patients require admission to hospital to manage their health conditions.

In 2021, there were 428 hospital admissions per 1,000 population living in Northern Tasmania. This is lower than admission rates for Southern Tasmanian residents (472 per 1,000 population) (Table 4).

In 2021, the LGH delivered 94% of the public hospital inpatient services the Northern Tasmanian community needed (Table 4).

The LGH also provided 21% of the public hospital inpatient services required by people in North West Tasmania.

Private hospitals deliver a significant proportion of inpatient hospital services needed by the population. An estimated 40% of hospital admissions for people residing in Northern Tasmania in 2021 were to private hospitals.

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

Where people are admitted to a private hospital, most admissions are to a private hospital in Launceston. Private hospital admission is most likely to occur for surgical care needs (Table 5). Most medical and subacute (palliative care, rehabilitation, geriatric evaluation and management) admissions are to LGH.

In 2021, there were more hospital admissions to private hospitals than public hospitals for surgery. The complexity of surgeries that can be performed in the public system is generally higher.

Table 5. Selected hospital admissions per 1,000 population by specialty type, Northern 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	66.4	6.3	72.8	78.0	150.8
Medical	103.8	4.3	108.1	32.9	141.0
Subacute	8.4	0.5	8.9	1.9	10.8

Regional variation in inpatient admissions

Rates of hospital admission are lower in people with a Northern (or North West) residential postcode for some clinical specialties. This has implications for how we prioritise which specialty areas to increase our capability in (Table 6).

People in North and North West Tasmania also have lower rates of hospital admission for older persons mental healthcare needs. The statewide inpatient service for older persons is in Hobart. In 2020-21, there were 108 admissions of people with a Southern residential postcode, six admissions from Northern Tasmania and six admissions from North West Tasmania.

Table 6. Hospital admissions according to residential postcode, public and private hospital combined, 2020-21

Specialty area	North admissions / 100 population	North West admissions / 100 population	South admissions / 100 population
Ear, Nose, Throat Surgery	4.7	4.4	6.9
Gynaecology	12.8	14.1	16.0
Ophthalmology	44.5	19.2	35.4
Plastic and Reconstructive Surgery	6.3	9.2	10.0
Vascular Surgery	3.1	2.8	3.9
Cardiology	13.4	16.2	13.7
Dermatology	1.0	1.5	1.9
General Medicine	22.0	23.3	27.1
Neurology	19.5	14.0	18.4
Rheumatology	3.8	3.0	6.7
Palliative Care	1.7	0.5	2.9
Rehabilitation	4.9	2.2	3.5

Our use of health services

HOSPITAL OUTPATIENT SERVICES

Demand for specialist outpatient services is highest for orthopaedics, maternity and paediatrics.

THS North provides outpatients services for people who reside in the North West, particularly for access to specialist outpatient cardiology, urology and neurology care (Table 7).

Table 7. Specialist outpatient services by volume and region of residence of patients, 2021

Specialty clinics	Total patients seen (number)	New patients from Northern region (number)	New patients from North West region (number)	New patients from Northern region (%)
Orthopaedics	8,357	1,933	161	91
Antenatal (Medical, Midwifery, Allied Health)	4,911	8	0	100
Paediatric Clinics	4,590	1,100	38	96
Plastic Surgery	4,359	514	233	69
General Surgery	2,698	527	168	75
Respiratory	2,674	540	235	69
Endocrine	2,641	313	24	92
Ear, Nose, Throat	2,295	796	228	77
Neurology Clinics	1,938	675	358	65
Team Midwives	1,892	504	9	98
Gynaecology	1,855	724	20	97
Urology	1,842	593	364	61
Diabetes Nurse Educator / Dietitian	1,816	717	33	95
Colorectal Surgery	1,595	245	78	76
Cardiology	1,461	899	617	59

MENTAL HEALTH SERVICES

Table 8 presents separations at specialised mental health wards at the LGH 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 9 presents separations at non-specialised mental health wards at the LGH, 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, 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)
LGH	0-17	16	8	3	7	1	35
LGH	18-24	111	78	76	88	72	425
LGH	25-64	382	390	402	333	275	1,782
LGH	65+	43	41	29	32	34	179
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 9. Separations, non-specialised mental health wards, patients with a primary mental health diagnosis or mental health care admission type, excluding emergency department, 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)
LGH	0-17	109	50	38	63	76	336
LGH	18-24	14	17	17	32	16	96
LGH	25-64	211	195	258	229	204	1,097
LGH	65+	162	161	174	172	237	906

Our demand for hospital services

The number of hospital inpatient admissions per year to LGH is projected to increase by 9.5% by 2027 based on current projections. Over 10,000 additional hospital bed days a year will be needed by 2027, based on current models of care (Table 10).

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 10. Projected public hospital inpatient activity growth, LGH, 2021 to 2027

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 (%)
54,442	59,638	116,552	128,587	9.5	10

Most of the projected growth in public hospital inpatient activity will be in the adult medicine speciality area, where over 7,000 additional bed days per year will be required by 2027, based on current projections and models of care (Table II).

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

Table II. Projected acute and subacute inpatient activity growth, LGH, 2021 to 2027 (bed days)

Specialty clinics	2020-21 Bed days (number)	2026-27 Bed days (number)	Change 2020-21 – 2026-27 (%)
Medicine			
Adult Medicine	49,545	56,637	14
Surgery			
Adult Surgery	30,081	31,951	6
Paediatrics			
Total Paediatrics	4,966	5,142	4
Obstetrics and Gynaecology			
Obstetrics	5,846	5,255	-10
Gynaecology	1,550	1,543	0
Adult Mental Health and Alcohol / Other Drugs			
Drug and Alcohol	472	497	5
Psychiatry	6,357	7,348	16
Subacute			
Total subacute	17,735	20,214	14

Our demand for hospital services

A small increase in emergency department presentations at LGH is predicted (Table 12).

Table 12. Emergency department presentations, Launceston General Hospital, 2017 to 2027

	2016-17 (number)	2020-21 (number)	2026-27 (number)	Change 2020-21 – 2026-27 (%)
Triage 1	272	468	511	9
Triage 2	4,369	6,118	6,661	9
Triage 3	16,019	17,131	18,502	8
Triage 4	19,490	17,846	18,191	2
Triage 5	3,897	2,505	2,455	-2
Total	44,047	44,068	46,320	5.1

Our demand for mental health services

Table 13 presents projected inpatient separations and bed days (by bed type) across the Northern 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 13. National Mental Health Service Planning Framework (NMHSPF) inpatient estimates for separations and bed days by bed type, Northern region, 2027-28 – all ages

Inpatient Mental Health Service Type	NMHSPF estimated separations (number)	NMHSPF estimated bed days (number)
Acute Inpatient Mental Health Services	912	13,135
Subacute Inpatient Mental Health Services	141	4,398
Non-Acute Inpatient Mental Health Services	35	12,264
Total Inpatient	1,088	29,797

Our demand for mental health services

Table 14 presents NMHSPF projected ambulatory occasions of service and client related staff hours across the Northern region for all facilities and age groups for 2027-28.

Table 14. National Mental Health Service Planning Framework (NMHSPF) ambulatory estimates for occasions of service and client-related staff hours by service type, Northern region, 2027-28 – all ages

Program	Occasions of service (number)	Client-related staff hours (number)
Acute care services	8,202	10,424
Adult continuing care and Mobile Intensive Treatment Teams (MITT)	66,085	42,256
Consultation liaison	3,799	7,123
Consultation liaison - Specialist rural outreach	4,086	4,305
Children of Parents with Mental Illness (COPMI) and school-based early intervention	4,507	3,683
Eating disorders top up	558	5,098
First episode psychosis	8,873	6,941
Infant and child	4,974	5,804
Older persons	29,360	15,393
Youth	39,129	36,563

OUR CHALLENGES

Our healthcare system is facing demand pressures due to population ageing and an increasing chronic disease burden. THS North is managing growing numbers of patients, particularly older people with chronic and complex care needs. It is therefore expected that there will be continued increasing need for specialist services for older persons in Tasmania as the population ages.

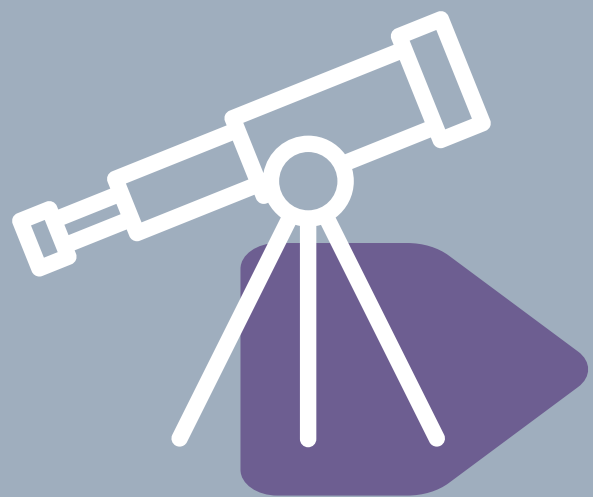
Smaller rural communities have less access to primary healthcare. We need to continue to partner with other key funders, commissioners, and providers in rural areas, including across mental health services, to ensure appropriate service access. There is also opportunity to consider the workforce mix 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 difficult challenges. Data suggest inequities in access to some clinical specialty areas for residents of Northern and North West Tasmania. As the principal referral hospital for the region, we must work to address these inequities.





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 Clinical Services Profile describes the required service capability of specialty services to deliver care to our community to 2027 (Table 15). 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. Within THS North, the LGH is classified at higher levels, reflecting its role as a principal referral hospital. 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.

We will assess each of our clinical services to identify gaps between our stated role delineation and our capacity and resources required to deliver the service. Where gaps exist, we will prioritise addressing these.

We have already identified a significant gap in our medical and subacute service capability. This is in the context of rapidly increasing demand for subacute services. The Tasmanian Government is responding by establishing specialist subacute services in each region, to significantly enhance our capacity to provide contemporary, high-quality subacute care.

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 Northern Tasmania, which will reduce delays in assessment and treatment, and support emergency department presentation avoidance.

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.
- Enhancing service capacity by expanding existing mental health models of care that support extended-hour access to assessment, triage and treatment.
- Increasing availability of community-based and home-based detoxification and rehabilitation services.
- Increasing local access to integrated, community-based care for paediatric patients with complex behavioural, mental health, and social issues.

IMPROVING CARE FOR WOMEN AND CHILDREN

We are developing a women's and children's precinct through our 4K redevelopment to increase our capacity. These models can avoid or substitute acute hospital inpatient capability to care for women and children across Northern and North West Tasmania.

We will increase our gynaecological procedural capability in outpatients at LGH and improve the experience of women and families accessing our antenatal and postnatal services. We will increase the delivery of paediatric nursing, allied health and medical services in community and outpatient settings.

STRENGTHENING THE REGIONAL REFERRAL ROLE OF THE LAUNCESTON GENERAL HOSPITAL

Residents from across Northern and North West Tasmania rely on the LGH for the delivery of a range of subspecialty clinical services.

Over the next five years we will improve equitable access to specialist services across Northern and North West Tasmania.

- Continue to invest in infrastructure as detailed in the LGH Masterplan.
- Work with the Australian Government to establish a 10 bed palliative care hospice.
- We will establish an older persons mental health service for North and North West Tasmania. With campuses in the North and North West, this service will significantly enhance our ability to provide local access to mental healthcare for older people across our region.
- We will develop new multidisciplinary services in persistent pain management.

- We will expand virtual care services such as telerehabilitation, to increase local availability of care across our catchment.
- We will work with THS South to ensure local access to statewide surgical services, including cardiothoracics, neurosurgery and vascular surgery.
- We will work with THS North West to equitably deliver surgical services accessible to all residents of Northern and North West Tasmania with a focus on ear nose and throat surgery as a priority.
- We will work with THS North West and THS South to address gaps in medical specialty services across North and North West Tasmania, with a focus on meeting people's dermatology, endocrinology and rheumatology care needs as a priority.
- We will expand outreach services to the North West, working with THS North West to identify preferred locations, service and workforce models for subspecialty service provision, building outreach services and telehealth capability to support patient management.
- We will extend new workforce roles including allied health assistants, nurse assistants, pharmacy technicians, and expand the role of paramedics in community service delivery.
- Strengthen the range of tertiary services at the LGH, in recognition of the hospital's role as the principal referral hospital across the North and North West, particularly in the medical sub specialties.

Priority planning actions

EXPANDING THE ROLE OF OUR RURAL SERVICES

THS North's network of rural and remote facilities deliver clinical care to local communities within our catchment.

Using a place-based approach, we will partner with rural communities to optimise rural health service delivery in locations where district hospitals and community health centres are located.

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:

- Increased inpatient and home-based care delivery from THS North's district hospitals.
- Improved access to specialist medical care, with outreach from LGH.
- 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.

Effective rural health service delivery requires a skilled workforce, but attracting and retaining health workers in rural and remote areas is challenging. To optimise rural health service delivery, we need to incentivise rural health practice, increase the capacity of the local healthcare workforce and, where appropriate, supplement local service delivery with workforce located outside of the local community.

We are expanding the local training of clinicians:

- We will 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.
- Training of allied health professionals in physiotherapy, occupational therapy and speech therapy in partnership with the University of Tasmania.

MANAGING HOSPITAL DEMAND BY CHANGING MODELS OF CARE

Hospital-based models of care do not always best meet the needs of our community or provide optimal health outcomes. There is strong evidence to support providing acute care outside the acute hospital setting.

There are many different models of care 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.

Models of care that provide alternatives to lengthy hospitalisations for frail older people and people with chronic diseases and mental health conditions will have the largest impact on hospital demand for THS North.

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.
- Providing emergency department diversion solutions, including Ambulance Tasmania secondary triage services and Police, Ambulance and Clinicians Early Response acute mental health services.
- Expanding and reconfiguring home-based hospital services such as hospital in the home and community-based rapid response services to increase the volume of patients cared for, including streamlining referral and intake assessment processes.

- Increasing outreach of specialist services into residential aged care and community care settings, including palliative care, dementia care and older persons mental health. We will work with aged services providers to support the delivery of more complex care within residential aged care facilities.
- Growing urgent care services as an alternative to hospital-based services.

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 repurpose community-based assets where required for delivery of central virtual care hubs.

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.

WORKING WITH PRIVATE HOSPITALS TO SUSTAINABLY DELIVER HEALTHCARE

People in Northern and North West Tasmania rely on private hospital services for the delivery of healthcare. Some private services meet most of the care needs of our population. For example, private ophthalmology service providers deliver almost all care to people with eye disorders.

We will continue to work with private hospital providers to maximise the benefit of services to the whole population of Northern and North West Tasmania. Expanding availability of ophthalmology services to North West Tasmania is an immediate priority, to improve equitable access to these services for residents of North West Tasmania.

Over the next five years a co-located private hospital will be built within the LGH precinct. This will increase the availability of health services locally, giving patients more choice about services they may wish to access, improving efficiency and capability of clinical services through shared health infrastructure and workforce, and ultimately making Northern Tasmania more attractive as a destination for recruitment and retention of clinical staff.

We will work with private hospital providers to identify clinical service areas where partnerships may be developed to support a broadening of the local service offering, reduce duplicate acquisition and maintenance of expensive diagnostic equipment, and increase the robustness of the system such that it could flexibly respond to fluctuations in health service demand.

Priority planning actions

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 will work with primary healthcare providers to:

- Expand and strengthen collaborative care models in which medical specialists and general practitioners work together to care for people with complex chronic disease conditions in the community. We will employ general practitioners in key clinical areas where this skill set will help our teams better meet patients' care needs.
- Better address people's mental health and alcohol and other drugs care needs in the community by establishing community-based, patient-centred, integrated care hubs that provide a broad spectrum of mental health services from day-support to short-term recovery beds and connect people living with mental illness to a variety of health, community and social services. The Northern hub will be located in Launceston.

Our service enablers

We are reliant on our workforce and our infrastructure to deliver care. These enablers have longer planning horizons than five years – it takes a long time to grow a health workforce and to build facilities. Tasmania's *Health Workforce 2040*, the *Digital Health Transformation – Improving Patient Outcomes* and the LGH Masterplan, together with a Health Infrastructure Strategy 2040, describe our long-term strategy to shape the workforce and infrastructure we need.

Within our five-year profile, our priorities are to:

- 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.
- Improve ICT infrastructure through the implementation of the Digital Health Transformation Strategy over the next 10 years.
- Reshape our services to take an innovative, contemporary approach to care that allows for flexible, cohesive services that can be stepped up or down according to individuals' changing mental healthcare needs.
- Continue to strengthen our infrastructure to deliver improved access to mental health services and specialised subacute services, through the next stages of the LGH masterplan.

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

Implementing this profile will deliver better health services for Tasmanians. Where our profile requires expanded capability in designated clinical areas, 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 15. THS North Clinical Services Profile, 2027

	LGH	St Helens	Deloraine	George Town	North East (Scotsdale)	Beaconsfield	Campbell Town	Flinders Island	St Mary's
Medical									
General medicine	5	3	3	3	3	3	3	3	3
Allergy and immunology	4	-	-	-	-	-	-	-	-
Cardiology	5	3	3	3	3	1	1	3	1
Clinical genetics	-	-	-	-	-	-	-	-	-
Endocrinology	5	1	1	1	1	1	1	1	1
Gastroenterology	6	3	2	2	2	-	-	2	-
Infectious diseases	5	3	3	3	3	3	3	3	3
Nephrology	5	-	-	2	-	-	-	-	-
Neurology	4	2	2	2	2	-	-	2	-
Acute stroke	5	3	3	3	3	-	3	3	-
Persistent pain	5	-	-	-	-	-	-	-	-
Respiratory and sleep	5	2	2	2	2	2	2	2	-
Rheumatology	5	-	-	-	-	-	-	-	-
General surgery	5	-	-	-	-	-	-	-	-
Surgical									
Burns	4	2	2	-	2	-	-	2	-
Cardiothoracic (adult)	-	-	-	-	-	-	-	-	-
Ears, Nose and Throat	5	-	-	-	-	-	-	-	-
Hyperbaric and diving	-	-	-	-	-	-	-	-	-
Neurosurgery (adult)	5	-	-	-	-	-	-	-	-
Ophthalmology	6	4	-	-	-	-	-	4	-
Oral and maxillofacial	5	-	-	-	-	-	-	-	-
Orthopaedics	5	2	2	2	2	-	-	2	-
Plastic and reconstructive	5	-	-	-	-	-	-	-	-
Trauma	5	3	-	-	3	-	3	3	-
Urology	6	-	-	-	-	-	-	-	-
Vascular	3	-	-	-	-	-	-	-	-

	LGH	St Helens	Deloraine	George Town	North East (Scotsdale)	Beaconsfield	Campbell Town	Flinders Island	St Mary's
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Core

Emergency medicine	5	2	1	1	2	1	1	2	1
Paediatric emergency	4	-	-	-	-	-	-	-	-
Adult critical care	5	-	-	-	-	-	-	-	-
Medical imaging	5	3	-	-	2	-	-	2	2
Pathology	5	2	2	2	2	-	2	2	2
Medication services	5	2	2	2	2	2	2	2	2
Anaesthetics	6	2	2	2	2	2	2	2	2

Women and Children

Maternity	5	1	1	-	1	1	-	1	1
Neonatology	5	-	-	-	-	-	-	-	-
Community paediatrics	5	3	2	2	3	2	2	3	2
Paediatric medicine	5	-	-	-	-	-	-	2	-
Paediatric critical care	5	-	-	-	-	-	-	-	-
Paediatric rehab	4	-	-	-	-	-	-	-	-
Surgery for children	4	1	-	1	1	1	1	1	1
Children's cancer service	4	-	-	-	-	-	-	-	-
Children's radiation oncology	5	-	-	-	-	-	-	-	-
Gynaecology	5	-	-	-	-	-	-	-	-
Child and family	4	1	2	1	2	-	2	-	-
Youth health									

Cancer

Clinical haematology	5	3	3	-	-	-	3	3	-
Medical oncology	6	3	3	-	-	-	3	3	-
Radiation oncology	6	-	-	-	-	-	-	-	-

Subacute, Intermediate and Primary

Palliative care	6	3	3	3	3	3	3	3	3
Adult rehabilitation	5	2	2	-	2	-	2	-	-
Geriatric medicine	5	2	2	2	2	2	2	2	2
Home-based hospital	6	1	1	1	1	1	1	1	1
Urgent primary healthcare	6	4	4	4	4	4	4	4	4

Table 16. Mental Health Services Northern Clinical Services Profile (Region), 2027

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

Notes: The above THS North 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.



EXIT

Intensive Care Unit

References



References

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Appendices

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

Launceston General Hospital Summary

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Adult Medicine	19,766	2,832	10	48,000	54,745	14	6,745
Adult Surgery	9,890	10,305	4	25,605	27,378	7	1,773
Paediatrics	2,831	2,931	4	3,990	4,254	7	264
Obstetrics	2,171	2,120	-2	5,575	5,090	-9	-485
Gynaecology	1,056	1,067	1	881	889	1	8
Drug and Alcohol	98	111	13	425	448	5	23
Psychiatry	681	773	14	6,376	7,426	16	1,050
Subacute	1,168	1,280	10	17,713	20,189	14	2,476

Appendices

Launceston General Hospital: Adults 18+ years

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Orthopaedics	2,597	2,622	1	8,438	8,466	0	28
General Surgery	1,749	1,907	9	5,191	5,780	11	589
Colorectal Surgery	360	367	2	2,942	3,103	6	162
Urology	1,529	1,584	4	2,903	2,987	3	84
Upper GIT Surgery	399	440	10	2,195	2,601	18	405
P&R Surgery	644	664	3	1,090	1,283	18	193
Other surgery	2,612	2,720	4	2,846	3,159	11	313
Surgery Total	9,890	10,305	4	25,605	2,7378	7	1,773
Neurology	2,296	2,606	14	7,983	9,028	13	1,045
General Medicine	2,228	2,449	10	7,163	8,698	21	1,535
Respiratory Medicine	2,090	2,488	19	6,733	7,839	16	1,106
Cardiology	1,876	2,075	11	4,821	5,513	14	693
Interventional Cardiology	1,546	1,702	10	3,462	3,969	15	508
Gastroenterology	2,618	2,958	13	4,625	4,959	7	334
GIT Endoscopy	3,635	3,528	-3	2,595	2,915	12	320
Haematology	1,203	1,482	23	2,858	3,110	9	252
Medical Oncology	581	627	8	1,785	2,109	18	324
Endocrinology	458	582	27	1,597	1,930	21	333
Renal Medicine	654	706	8	1,218	1,282	5	64
Rheumatology	403	424	5	779	951	22	172
Other medicine	180	204	13	2,383	2,444	3	60
Medicine Total	19,766	21,832	10	48,000	54,745	14	6,745
Palliative Care	98	117	19	911	1,108	22	197
Rehabilitation	591	641	8	13,836	15,006	8	1,170
Maintenance Care	93	154	66	777	1,624	109	847
Boarders	304	287	-5	965	924	-4	-41
Other	82	81	-	1,224	1,527	25	303
Subacute Total	1,168	1,280	10	17,713	20,189	14	2,476

Launceston General Hospital: Adults 18+ years (cont.)

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Drug and Alcohol	98	111	13	425	448	5	23
Psychiatry	681	773	14	6,376	7,426	16	1,050
Obstetrics	2,171	2,120	-2	5,575	5,090	-9	-485
Gynaecology	1,056	1,067	1	881	889	1	8
Renal dialysis	6,683	7,418	11				

Launceston General Hospital: Paediatrics 0-17 years

	Total admissions			Bed days			
	2020-21 (number)	2026-27 (number)	Change (%)	2020-21 (number)	2026-27 (number)	Change (%)	Change bed days (number)
Surgery	1,122	1,153	3	1,087	1,111	2	23
Medicine	1,454	1,527	5	2,112	2,265	7	154
Psychiatry, Alcohol and Drug	73	82	13	791	878	11	87
Chemotherapy	51	52	2				
Renal Dialysis	131	118	-10				
Total	2,831	2,931	4	3,990	4,254	7	264

