

PUBLIC HOSPITAL POLICY REFORM

(EMBARGOED UNTIL 11 AM SUNDAY 10 SEPTEMBER)

This statement is made on behalf of:

Royal Hobart Hospital Medical Staff Association (Dr Frank Nicklason, President).

Australian Nursing and Midwifery Federation (Ms Emily Shepherd, Acting Tasmanian Secretary).

Health and Community Services Union (Mr Tim Jacobson, Tasmanian Secretary).

Community and Public Sector Union (Mr Tom Lynch, Tasmanian Secretary).

Tasmanian Patient Group (Mr Jim Franke, convenor)

Mr Martyn Goddard, Independent Health Policy Analyst.

On almost all measures, Tasmania has the worst public hospital system in the country. It will take longer than a single parliamentary term to bring this state's services up to the standard enjoyed by other Australians but this paper presents a way to begin that process.

For many years, staffing and other resources have been run down, failing comprehensively to meet sharply rising demand. Given the generous funding allocated to the Tasmanian government through the GST in recognition of the health needs of our population, there is no excuse for these failures of policy and administration. Short and long term strategies need urgent development with continued attention to implementing these in order to support the Tasmanian health system to meet future demand.

This paper calls for at least 200 extra beds, 80% of them acute, to be established in Tasmania's public hospitals over the next term of government. Most of these beds should be established in the Royal Hobart and Launceston General Hospitals. Because of rising demand, and the massive current backlog, this will be only the beginning. By 2022 a similar number of new beds is likely to be needed, on top of the 200, to allow Tasmanian hospitals to deliver the standard and level of care this state's people need and deserves.

This will mean additional staff at all levels, from doctors, nurses and allied health personnel through to ancillary staff such as clerks, IT specialists, cooks and cleaners. The notional divide between frontline and non-frontline staff is misleading and damaging: all are needed in a properly functioning hospital system.

Recruitment is currently a major challenge: Tasmania is known to have an unsatisfactory public hospital system and is not seen as an attractive place to work. The only way of reversing that perception is to improve resources and to address decisively the seriously poor working conditions hospital staff now face.

Much more physical space will be needed in Hobart and Launceston. Planning should begin now for new building at the Launceston General Hospital; and it must be realised that within

five or six years, the rebuilt Royal Hobart Hospital will be full. Planning for another stage of rebuilding that hospital should begin soon.

Much more attention should be given to hospital avoidance programs and out-of-hospital services, including disease prevention, population health and community-based primary care and mental health services, which are also inadequately resourced for the task they face. It is acknowledged that unless significant, strategically targeted work is undertaken in this area, avoidable demand will continue in the acute health sector.

Administration

The Tasmanian Health Service

- Review the performance and role of key senior THS executives.
- Review the role, membership and performance of the THS Governing Council.
- Revise roles and responsibilities, devolving day-to-day management decisions to each hospital administration and redefining the THS's role as one of policy, oversight, standard-setting and co-ordination.

Service-wide

- Fill all hospital-level senior administrative positions, particularly the CEOs of the Royal Hobart and Launceston General Hospitals.
- Define all public employment establishment numbers throughout the health service. When this is complete, commission an immediate and detailed review of current and future employment needs at all levels.
- Commit to using GST funds redistributed to Tasmania to meet the state's above-average health needs for the purposes they are being allocated.
- Begin a staged process of reducing fees paid directly by patients, such as the outpatient pharmacy dispensing fees, to reduce cost barriers hindering access to treatment.
- Review and, when feasible, begin to reverse the reliance on treating public hospital patients as fee-paying private patients.
- Review current processes of clinical redesign with a view to returning responsibility to the UTAS Health Services Innovation Tasmania unit, with appropriate funding.
- Direct the THS to examine and implement measures to support staff at risk of burnout and of damaging stress levels.
- Direct the THS to establish compatibility standards to govern any future information

technology purchases and contracts.

- In the interests of efficiency and system compatibility, preference should be given wherever possible to retaining IT operations in-house rather than outsourcing to a multiplicity of private providers.
- Expedite e-health records and streamline communication systems between all health providers both in the public and private sectors. Consider allocating THS email addresses to general practitioners to allow them to communicate electronically with public hospitals and to access hospital treatment records of their patients.
- Commission a needs survey of out-of-hospital health facilities and services throughout Tasmania to address gaps and inadequacies in services able to be provided by the state. This must include mental health services. Key recommendations should be implemented as soon as possible after they are received.
- Engage with key representative bodies, including unions, on the implementation of findings from the reviews of Ambulance Tasmania resourcing, first commissioned in 2010 and conducted by Operational Research in Health.

Resources and staffing

Immediate

- Ensure all vacant positions are filled as soon as possible.
- Establish as many acute beds within the LGH as physically feasible.
- Address issues of precarious employment and over-reliance on casual and contract employment.
- Establish more state-wide acute psychiatric beds. A total of at least 10 extra beds are required for the Royal Hobart Hospital immediately, with more to be provided in the future as demand grows, including designated perinatal mental health beds.
- Consider options for establishing a stand-alone public elective surgery centre in Launceston. Examine all other options for reducing elective surgery wait lists to a level which is comparable with the National Peer Group Average.
- Open as many acute, sub-acute and non-acute beds in the Hobart area as soon as possible.
- Begin planning for new building works at the LGH to allow room for further expansion.
- After consultation with representative organisations, commit to establishing benchmarks for the numbers of staff needed at all levels to meet growing workload and patient demand. These requirements should be built into a strategic workforce plan.

- Commit to the ongoing funding of the Hospice@Home which was previously federally funded or increase funding to the publicly funded palliative care service to prevent unnecessary hospital admissions.
- Re-establish Hospital in the Home to facilitate care provision in homes in order to further reduce bed block across the States Public Hospitals.
- Increase Nurse Practitioner positions in the community.

Within two years

- As soon as the RHH rebuild is complete, increase bed numbers in that hospital by at least 60, of which at least 80% should be acute beds. All must be staffed according to national best practice.
- Explore ways of permitting access to the open air for all patients and, particularly, for psychiatric patients in all facilities.
- Recruit staff in numbers proportionate to workload in all areas.
- Begin new building works at the LGH.
- Provide more emergency and other beds at the NWRH, subject to an assessment of need.
- Begin planning for the rebuild at the Royal Hobart Hospital.

Within four years

- Establish a total of at least 200 new beds in Tasmanian public hospitals, the majority in the RHH and LGH.
- Complete the rebuild at the LGH, establish new beds and other facilities, and recruit staff in appropriate numbers in all areas.
- Establish a new self-standing centre for low to moderate acuity elective surgery in Hobart.