

Submission to the Legislative Council Government Administration Committee 'A' Sub Committee Inquiry into Health Services in Tasmania

Background

The Heart Foundation is pleased to provide this submission to the Inquiry into Health Services in Tasmania. Whilst our submission will touch on chronic disease more broadly, the responses against the terms of reference in our submission will predominately focus on cardiac services.

For over seven years, the Heart Foundation has called for the development of a *Statewide Cardiac Services Plan*. Whilst there was an intent by the DHHS approximately six years ago to establish a Cardiovascular Clinical Network, this never eventuated. A Cardiac Clinical Advisory Group was established approximately three years ago, but has since been disbanded. We've also seen the transition from three Tasmanian Health Organisations (THO) to a single Tasmanian Health Service (THS); however, during all of this time, neither the Department of Health and Human Services (DHHS) or THS have developed a *Statewide Cardiac Services Plan* which articulates what services and resourcing are required where, in order to best deliver cardiac services to all Tasmanians, regardless of where they reside.

In the absence of such a plan, the Heart Foundation, developed a *Statewide Cardiac Services Plan* for Tasmania, in consultation with the THS Cardiac Clinical Advisory Group (Cardiac CAG), and the Heart Foundation's Tasmanian Health Advisory Committee. The Cardiac CAG endorsed the Heart Foundation's plan at its final meeting at the end of 2016, and the Heart Foundation's Board has resolved to approve it. Whilst still requiring the addition of a Forward and Executive Summary, the penultimate draft of the plan is attached to this submission for the Legislative Council Subcommittee's reference.

Whilst it is recognised that the THS has developed a [Role Delineation Framework](#) for cardiology and cardiothoracic services which go some way to describing the service and workforce requirements for delivering these services in Tasmania (and in some cases, interstate); the Heart Foundation has not seen any evidence of progress for the proposed subsequent work (as outlined in the [Tasmanian Clinical Services Profile Implementation Plan](#)) to develop the required statewide clinical pathways, protocols and standards of care to support the best quality service being delivered regardless of which facility the person presents to.

In addition to this, the role of non-acute health services (such as sub-acute hospitals, multipurpose centres, community health centres and integrated care centres) in managing patients to prevent the onset of an acute event, or to optimally manage patients after an acute event to prevent readmissions, does not appear to have been adequately considered through the Role Delineation Framework process.

We also do not see any evidence of the appointment of a Clinical Lead for Cardiology and Cardiothoracic Surgery as proposed in the THS's [Building a Statewide Clinical Service Delivery Structure](#). This is a key position which is also recommended in our *Statewide Cardiac Services Plan*.

Current and projected state demand for acute health services

Tasmania has the highest heart disease prevalence (people living with heart disease) across all states and territories. Its prevalence of 9.2% (or 46,100 people) is 2.8 percentage points higher than the national average of 6.4%¹. It is expected that this already high prevalence will increase because of the increasing proportion of people aged 65 or older, and the increasing proportion of Tasmanians who have risk factors for heart disease. While more people are surviving acute events, they are also living longer with ongoing chronic heart conditions.

The Estimated Resident Population of Tasmania at December 2014 was 515,200 persons². The population is expected to increase by 20.1% (using the high projected growth rate³) between 2012 and 2037, with population growth in the Hobart and South East to 339,193 people (increase of 24.9%), the Launceston and North east to 164,219 people (increase of 12.6%) and the West North-West to 138,042 people (increase of 17.3%).

Please see pages 8 to 18 of the attached Statewide Cardiac Services Plan goes for further detail.

Factors impacting on the capacity of each hospital to meet the current and projected demand in the provision of acute health services

The transition from three THOs to a single THS was meant to build a system that would:

“...provide access to better care. One that will provide higher quality services. One that will see hospitals working together, to each play an important but different role. One that will provide transport and accommodation support. One that has less duplication. And one that ensures the patient comes first.”⁴

The Heart Foundation is concerned that this promise has not been realised.

There is no mechanism for the planning, budgeting, delivery and monitoring of cardiac services statewide in Tasmania. Instead, planning and budgeting at each site appears to be done based on historical and specialist desires, rather than in a coordinated approach that puts the patient first – regardless of where they live. This is the premise of our argument around the need for a *Statewide Cardiac Services Plan*.

In our *Statewide Cardiac Services Plan*, we have recommended that a formalised statewide governance structure be put in place (we have called it the Tasmanian Cardiac Clinical Network (TCCN)); with the role of the TCCN being to support decision making, streamline accountability and ensure decisions impacting cardiac services are taken at the state-wide level.

Appointing a Statewide Clinical Director for Cardiac Services would support this, with the TCCN providing advice on the development of statewide models of care that would include local and regional protocols and pathways to facilitate and streamline care. A Statewide Clinical Director for Cardiac Services, in consultation with the sites, should also be responsible for allocating budgets to each site for the services deemed required at those sites.

The proposed TCCN should also liaise with the DHHS regarding the cardiac-related services being commissioned from the DHHS (external to the THS) to ensure that it is more fully informed of the full health system services provided statewide, and is more informed of where gaps continue to exist.

Accurate data also needs to be collected and readily accessible regarding patients who are transferred interstate for procedures that could be undertaken in Tasmania. This would ensure those costs incurred are not borne by the THS, and that the THS can maintain the level and standard of services that are appropriate and required for Tasmania.

Our attached *Statewide Cardiac Services Plan* goes into significant detail as to how cardiac services should be provided in Tasmania, including the involvement of Ambulance Tasmania, as they too are an acute service provider. Whilst we recognise that our *Statewide Cardiac Services Plan* is a reasonably lengthy document, we would request that the Subcommittee reviews its contents and recommendations, as they are key to delivering cardiac services in Tasmania.

The level of engagement with the private sector in the delivery of acute health services

Our *Statewide Cardiac Services Plan (p.21 attachment)* recommends that the role of all health service providers (both public and private) within a coordinated system of care needs to be clearly defined, with roles and relationships established in accordance with an agreed capability framework, with models of care and subsequent pathways and protocols developed.

As previously highlighted, the role of the THS is to commission health services to be delivered for Tasmanians, and if these can be commissioned safely and cost-effectively from the private sector, then there is no reason why this should not occur.

The impact, extent of and factors contributing to adverse patient outcomes in the delivery of acute health services

As previously highlighted, there is no statewide coordination or monitoring of the cardiac services provided in Tasmania. This is key to ensuring that systems are in place to ensure each site is delivering optimal care, and to prevent adverse patient outcomes.

In our *Statewide Cardiac Services Plan*, we highlight that delays in receiving time-critical treatment can be fatal, but if not fatal, can cause irreversible damage to the heart, which can lead to ongoing poor health and readmissions. Our *Statewide Cardiac Services Plan* provides numerous recommendations in order to minimise delays in treatment.

Our *Statewide Cardiac Services Plan* also identifies current issues relating to Cardiothoracic Services in Tasmania which may contribute to adverse patient outcomes. Again, we would request that Subcommittee members review the content of our attached *Statewide Cardiac Services Plan*.

Conclusion

The Heart Foundation believe that it is inconceivable that there is no *Statewide Cardiac Services Plan* for Tasmania which outlines the key priorities that require addressing, along with the Lead Organisations and Key Stakeholders that are needed to address them. After repeated calls for such a Plan over the last seven years, the Heart Foundation has worked to develop the *Statewide Cardiac Services Plan*.

We believe that significant improvements could be made to the heart health of Tasmanians if the *Statewide Cardiac Services Plan* was adopted by the Tasmanian Government and implemented across the health system.

We would welcome the opportunity to discuss this submission and our *Statewide Cardiac Services Plan* with the Subcommittee at your convenience.

Contact details

Graeme Lynch
Chief Executive Officer
Heart Foundation Tasmania

Telephone: 6224 2722
Mobile: 0401 148 606
Email: graeme.lynch@heartfoundation.org.au

References

¹ Australian Bureau of Statistics, Australian Health Survey, 2011/2012

² Australian Bureau of Statistics, Australian Demographic Statistics December 2014, Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Main+Features1Dec%202014?OpenDocument>
Accessed 15 Sep 2015

³ Department of Treasury and Finance, *2014 Population Projections: Tasmania and its Local Government Areas*, Hobart.

⁴ <http://www.onehealthsystem.tas.gov.au/>