

Submission from Primary Health Tasmania

Our Healthcare Future - Immediate Actions and Consultation Paper

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Primary Health Tasmania

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks program. Nationally the following objectives for PHNs are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

We have strong working relationships across government and with a broad range of private, public and community sector organisations traversing primary, acute, aged and social care. This puts us in good stead in our push for a coordinated, primary care-focused health system delivering the right care in the right place at the right time by the right people.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice - as the cornerstone of the health care system - and other community-based providers to deliver the best possible care for Tasmanians.

Our clinical and community advisory councils help ensure clinical leadership and community perspectives feature strongly in our governance and inform our engagement and priorities.

Our activities are based on national priorities set by the Australian Government as well as the identified needs of local communities and priority population groups.

They focus on service delivery, provider support and system improvement in the areas of:

Aboriginal health

after hours care

aged care

alcohol and other drugs

cancer screening

connecting care

managing chronic conditions

digital health

support for humanitarian entrants

immunisation

mental health

palliative care

potentially preventable hospitalisations

primary health workforce support

psychosocial support

rural primary health

suicide prevention

Executive summary

Primary Health Tasmania welcomes the opportunity to provide a submission to the discussion paper *Our Healthcare Future* released by the Tasmanian Government in late 2020.

Although the Tasmanian health system is experiencing considerable and escalating pressures, by many measures it serves most Tasmanians well and our community generally enjoys a high standard of health care. There are, however, a number of areas where we can, and must do better for our population. The key to unlocking the full potential of the Tasmanian health system to deliver safe, accessible, and affordable care for the population is the effective incorporation of equity, access and health literacy principles and practices into all that we do.

Over many years there have been an abundance of reviews, reports, and recommendations - driven from national, state, external and internal directions - that clearly articulate the inherent problems with Tasmania's health system and particularly our dependency on tertiary hospital care. Furthermore, many of the same reviews, reports, and recommendations have repeatedly demonstrated opportunities for reform that have not been actioned. We acknowledge the challenges of reform in a complicated system environment, but we must collaborate and consolidate effort together as system custodians and with the community to solve these 'wicked problems'. We believe that:

- a clear reform pathway must be collectively developed, agreed to, and then progressed as a system
- much can be achieved within the existing system budgetary envelope - although investment in ICT will be required to ensure there is a capable and contemporary infrastructure that enables service models, physical assets and workforce to be reconfigured and integrated
- we have a highly capable workforce who are already agile and willing to be part of the solutions
- change will only be achieved through trust, transparency and collaboration - Primary Health Tasmania is one of your partners.

It is a daunting task to consider reform in the Tasmanian health system against a backdrop of increasing and unsustainable investment, increasing service demand, and increasingly complex care requirements for our relatively small, decentralised and socially and economically disadvantaged population characterised as being 'older, sicker, fatter, and poorer' than other states in Australia. Successive State of the State reports and Primary Health Tasmania needs assessments evidence this trajectory and its challenges very strongly.

The case for change is compelling. Our small population suffers significantly higher proportional disadvantage compared to other states and territories. Tasmania already has an older population compared with the national profile, and population growth projections to 2050 are in the 65+ age group. This is coupled with a growing burden of chronic disease, which, if not managed effectively in the community setting, escalates quickly to a hospital setting. This transition from community to acute is exacerbated by the recognised absence of an effective 'sub-acute' service layer in our system.

Our Healthcare Future cannot end up being all about more beds in hospitals, it must hold fast to its stated intent of building capability and capacity across the whole health system - specifically at community level. In the face of rising demand for health services, Tasmania has a long history of defaulting to increasing investment in emergency and acute care, often at the expense of any substantial, long term, community-based care investment. Whilst there may be demand and community need that supports greater investment, it is critical to recognise that service limitations, gaps and capacity issues in other parts of the system are major contributors to eventual hospital bed dependence. Unless these are addressed, we will continue to face the same challenges into the future.

The impact of COVID-19 has placed further pressure on some 'already stretched' elements of our health system and has underlined the critical importance of timely system reform. Paradoxically, COVID-19 has demonstrated both the potential fragility of our health system but also its resilience and ability to respond quickly to a unique set of challenges providing both the opportunity to do things better and, importantly, a sound foundation upon which to set a new direction. We must act decisively to capitalise on our new-found willingness to do things differently.

As a key health system partner to both the Tasmanian Department of Health and the Tasmanian Health Service, Primary Health Tasmania is supportive of the three improvement areas that are outlined in *Our Healthcare Future*:

- **Better community care**
- **Modernising Tasmania's health system**
- **Planning for the future.**

They are all areas that strongly align with our own program of work as a Primary Health Network - drawing resources from the Australian Government to connect care and keep Tasmanians well and out of hospital.

Our message is broadly one of support, encouragement and urgency for the Tasmanian Government to shift its policy and funding focus to address the historic imbalance on hospital-centric service design and delivery, in favour of more sustainable and accessible, community-based care. This will bring opportunities for different approaches to support people to manage their health and wellbeing outside of acute care settings. It will also start to positively address the financial equation - and deliver more effective, accessible and efficient care that is less costly for Tasmanians and their communities.

New and innovative solutions together with bold leadership is required to address the recurrent problems that Tasmanian people encounter in the health system.

We understand that in consulting on *Our Healthcare Future*, elements of the health system, for example, infrastructure and workforce have been sectioned out as enablers for focus and convenience. Invariably however, **a well-functioning system will evidence strong interdependence of elements such as workforce, infrastructure and clinical service models**. Building this requires planning and implementation of solutions to be integrated and cohesive, and the risk of siloing actions to be recognised and managed.

We also fully recognise that mental health is a large part of our population disease burden but is not addressed in depth as part of this submission. The mental health sector has some excellent and progressive examples of collaborative and comprehensive service planning between industry, not for profits, government, community, and consumers (Rethink 2020). This commitment to a whole-of-state plan paves the way for many partnership and co-commissioning opportunities.

This submission is put forward following engagement with our staff, Board, and Clinical and Community Advisory Councils. It also draws on the views and priorities of general practice and other peak bodies, as well as perspective from Health Consumers Tasmania. Relevant also, are the perspectives gleaned through our consultation on and recommendations to the Premier's Economic and Social Recovery Advisory Council (PESRAC) process in 2020, as these were highly consistent with our views on what a sustainable future system requires.

Action under this plan must continue to engage both the community as end-users of the system we are working to strengthen, and clinical service providers as the backbone of care for Tasmanians.

Primary Health Tasmania looks forward to partnership action on a number of initiatives, and strengthening a collaborative approach between hospitals, primary care and the community sector to address the challenges of broader health system reform with the Tasmanian Government.

Recommendations

Underpinning the following recommendations is an expectation that as health system custodians we have a fundamental obligation to be ensuring that in all of our work on and within the health system we must apply principles of equity and access and ensure that we are building community and consumer health literacy.

Improvement Area 1: Better community care

Recommendation 1: Integrated system response to emerging needs

Primary Health Tasmania recommends urgent prioritisation of the establishment of community-based, chronic and complex care services. These should be jointly commissioned in partnership with Primary Health Tasmania to respond to the following escalating health care needs:

- community management and support for high cost, chronic and complex users of health services
- management and stabilisation of chronic pain
- response to potential pandemic and recovery health needs.

Recommendation 2: Complex chronic care – building capacity for person-centred community care

Pursuant to recommendation 1, Primary Health Tasmania proposes a partnership between providers, funders and the community to progress work already underway, to refine a multidisciplinary community-based complex care service model applying a person-centred approach to care. This model will wrap around this complex and challenging patient group to support longer-term community retention and coordination of care and reduced acute care bed dependency.

Recommendation 3: Preventive health

Primary Health Tasmania urges a comprehensive focus on preventive health at all levels, reinforced in a whole-of-government and intersectoral approach (Health in All Policies), with both primary and secondary prevention strategically articulated as core elements in the health continuum.

Recommendation 4: Technology enabled communication and integration

Primary Health Tasmania strongly supports:

- the proposed partnership with the Tasmanian Government to implement shared medical record viewing capability with general practice
- continued partnership-based rollout of electronic referral across the Tasmanian health system
- a coordinated, statewide approach to embedding telehealth and other virtual applications capability and use in ensuring timely access to services across rural and regional Tasmania.

Recommendation 5: Aged care interface

Primary Health Tasmania commits to working closely with the Tasmanian Government to develop health services that are responsive to the ongoing needs of ageing Tasmanians. Specifically, this includes mechanisms to ensure vital health information is accessible at multiple points during care transition, and that primary care services are accessible to older Tasmanians in in both residential and community care settings.

Recommendation 6: Urgent Care Centres

Primary Health Tasmania recommends further exploration of new and emerging models of urgent care as part of the next stage in enabling better access to urgent care. This work must build upon and extend emerging models and services currently offered through public and primary care providers in the state. The opportunity is in coordinating and joining up the resources that are already in place in Tasmania.

Improvement Area 2: Modernising Tasmania's health system

Recommendation 7: ICT Planning and Investment

Primary Health Tasmania endorses the development of a Health ICT Plan - but urges substantial commitment of resources in both upcoming and future budgets to enable its full implementation. Investment in a contemporary and capable health IT infrastructure is essential if we are to successfully integrate community, primary and acute services in a 'joined up' health data and information sharing environment.

Recommendation 8: Health Information Communication Technology and Improved Digital Capability

From a primary care perspective, Primary Health Tasmania recommends prioritising eReferral, shared record viewing, care planning, My Health Record and electronic prescribing as the key areas where a digital interface between hospital and other community-based care providers would improve the security, timeliness, quality and completeness of shared patient information and optimise continuous quality care and health outcomes.

Recommendation 9: Clinician-led Tasmanian HealthPathways

Primary Health Tasmania encourages the Tasmanian Department of Health and the Tasmanian Health Service to take shared ownership with Primary Health Tasmania of the Tasmanian HealthPathways program, effectively committing to the program as the single agreed and collaboratively authored source of best practice guidelines and navigation of the health system, and its potential for system reform in streamlining service access and managing patients.

Improvement Area 3: Planning for the future

Recommendation 10: Opportunities for infrastructure and service co-location

That the Tasmanian Government in partnership with Primary Health Tasmania explore opportunities for the shared use of State health infrastructure and service co-location where this can support integration of public and community services and development of new and innovative models of care. This is particularly important in the areas of complex chronic and rehabilitative care, and for mental health service development and redesign.

Recommendation 11: Workforce

Recruitment and training of new health professionals is only part of the solution to sustaining a high-quality workforce and maximising capability to respond to emerging health needs. Primary Health Tasmania believes that Government action should:

- define emerging population health and care needs and shape the training and education of our future workforce specifically to meet these challenges

- remove existing constraints to engage our current workforce more flexibly to meet current needs, for example, enable workforce to work across both public and private sectors, supported by funding models and clinical governance arrangements, and thinking about different workforce types (e.g. allied health assistants) to support step up/down models of the care continuum
- ensure priority is afforded to maintaining equitable access for rural and regional Tasmanian communities and disadvantaged populations.

Recommendation 12: Invest in innovative models of complex chronic care

Consistent with recommendation 2, that the Tasmanian Government works collaboratively with Primary Health Tasmania and other stakeholders to continue with current pilot work for the management of complex chronic conditions and embed community-based coordinated team care services. These services need be collaboratively resourced to model mechanisms enabling the costs of care to move with the patient to different providers in the community setting - and not be restricted to a hospital bed alone.

Recommendation 13: Health system governance

Primary Health Tasmania recommends that comprehensive, inclusive, and consistent system governance is built into government health strategy, policy and service delivery and this involves:

- clinical representation that is inclusive of primary and community care to ensure health system challenges are identified and solved using the skills, knowledge and expertise of those working in public and private systems with rural and regional expertise. This would similarly apply to the composition of a Clinical Senate.
- strong consumer representation to better balance clinical expertise with consumer and community perspectives, insights, and lived experience as the end users of the Tasmanian health system.

Recommendation 14: Contemporary consumer engagement

Primary Health Tasmania recommends that contemporary consumer engagement and a commitment to build health literacy is explicitly built into all health service planning, design and delivery activity and this involves:

- applying a person-centred approach uniformly across all reform work
- routinely involving consumers in the assessment of the care provided to them
- appropriately resourcing consumer engagement which includes remuneration for consumers as well as training and support for those designing and implementing engagement processes
- working with and through Health Consumers Tasmania in terms of further planning and co-design with consumers, or in leadership of initiatives as part of the *Our Healthcare Future*.

Improvement Area 1: Better Community Care

Primary Health Tasmania welcomes the focus on better community care - as a Primary Health Network our principal remit revolves around care in the community. This is the area that we believe some of the most substantial value, benefits and solutions can be found for the Tasmanian Government.

Recommendation 1: Integrated system response to emerging needs

Primary Health Tasmania recommends urgent prioritisation of the establishment of community-based, chronic and complex care services. These should be jointly commissioned in partnership with Primary Health Tasmania to respond to the following escalating health care needs:

- community management and support for high cost, chronic and complex users of health services
 - management and stabilisation of chronic pain
 - response to potential pandemic and recovery health needs.
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- Re-orientation of the system away from hospitals should be driven by and through the primary health system in collaboration with general practice and this will support and enhance the existing redesign activity being undertaken by the Tasmanian Government.
 - Tasmania lacks subacute capability compared with the rest of Australia (Report on Government Services 2019). As a result, patients spend prolonged periods of time in inpatient beds because they cannot be transitioned to subacute care (rehabilitation, palliative care, geriatric evaluation and management and psychogeriatrics).
 - People with chronic complex care needs do not always require inpatient management. However, there is a lack of depth in the community health service system to effectively care for them in the community. As a result, they are frequently re-admitted to hospital. Between 2017 and 2019 there were 832 Tasmanians with chronic health problems. They represent 1% of inpatients but accounted for 8% of hospital bed days. It follows that any intervention that addresses care options for this group of people will benefit those requiring care but also free up hospital bed days for others in need.
 - We need to build subacute capability in Tasmania, including inpatient beds and community models such as Rehabilitation in the Home (RITH), Hospital in the Home (HITH), Hospital Admission Risk Programs (HARP) and Health Independence Programs (HIP), based on Victorian models of these services. Victoria has already developed protocols, work practices, guidelines and governance structures which we could readily adapt. We need to be careful to recognise that there is evidence and working Australian examples of service reform approaches and models that we can shamelessly take and use in helping resolve our own Tasmanian challenges.
 - There are a number of groups within our population for whom our system currently, and increasingly fails to meet need. These are not challenges of provider capability - rather about timeliness and equity of access, cost of service, resource allocation or the capacity limitations within our current traditional system structure to be able to effectively and innovatively respond to need in a contemporary and flexible way.
 - Current approaches have the unintended and unsustainable effect of driving populations to hospital-based care as the only available option, even when that care could, and should be accessible in the community.

- The solutions to these problems in terms of improved health outcome are not simple, and as this report itself suggests, require us to consider responses from multiple perspectives. Solutions will almost certainly involve a blend of integrated system responses such as infrastructure maximisation, service modelling, workforce reform, technology, governance and consumer engagement and health literacy.
- Our historic response to addressing these needs has generally been to develop and fund isolated short term 'fixes' and peripheral service modifications rather than to tackle such needs with a genuine 'system reform' intention.
- Whilst there are clearly some areas of need such as technology and IT that will require funding uplift, other solutions do not necessarily require substantial increase in resourcing. System funders and policy makers must work together to develop collaborative approaches to improving care and health outcomes through better and more targeted use of existing resources.
- We need system-wide service redesign to implement a chronic complex care service in the north and south to provide intensive community management of patients who otherwise would end up in hospital. Such solutions require whole of system thinking and action across both primary community and tertiary sectors in order to achieve a coordinated, well integrated and multi-faceted response.

Complex chronic care – building and embracing capacity for community care

Recommendation 2: Complex Chronic Care – building capacity for person-centred community care

Pursuant to recommendation 1, Primary Health Tasmania proposes a partnership between providers, funders and the community to progress work already underway, to refine a multidisciplinary community-based complex care service model, applying a person-centred approach to care. This model will wrap around this complex and challenging patient group to support longer-term community retention and coordination of care and reduced acute care bed dependency.

- Primary Health Tasmania propose collaborative work with the Tasmanian Government on service implementation in key areas where preliminary activity has already been undertaken - namely chronic pain management, cardiopulmonary rehabilitation, and potentially COVID-19 respiratory recovery.
- Primary Health Tasmania believes the most significant area for early collaborative benefit for consumers, the health system, and Government lies in the area of community complex chronic care management capacity.
- The discussion paper presents a number of actions for consideration and Primary Health Tasmania supports further work and continued collaboration between Government, Primary Health Tasmania and the community to explore their implementation.
- A range of options including the Southern Hospital in the Home trial are supported to maximise a smooth, planned and safely supported transition of care from hospital to the community. Ensuring that the patient's GP is involved and engaged in these processes is critical to ensuring risk of readmission is avoided.
- Importantly we believe that we need to reduce our reliance on hospital-based solutions and 'specialist driven', and dependent models of care. Primary Health Tasmania would like to see a concerted collaborative focus on lifting the capacity and confidence of community-based providers to manage a higher degree of complexity and chronicity - especially for those with long-term and advanced or terminal complex chronic disease and multi-morbidity.
- Primary Health Tasmania supports improved access to specialist staff and advice for high complexity care patients - particularly those who may be accommodated in regional hospital facilities instead of

the larger city hospitals. These models should facilitate transition between hospital and the community – not provide longer term care.

- Outside of those patient groups effectively targeted specialist outreach and by ComRRS, there also remains a high complexity group who occupy large amounts of bed time in the State's hospitals for whom mainstream community care is not an option and whose care may also be able to be better managed and coordinated in a community setting with access to an engaged complex care team. It is this group that most notably creates a future picture of increased long-term hospital bed dependency and it is this group for whom a different approach to care needs to be considered.
- Primary Health Tasmania is already investing to help develop community-based complex care service models that will drive sustainable value and benefit for the patient and the system. However, clear partnership with the State government and further engagement with the Australian Government is necessary to ensure that pathways and service relationships are built to support safe and continuous quality care, and the changes necessary to sustain such approaches are both recognised and adopted in our system.
- Staff specialists do not have the capacity to deliver the bulk of this care. This should instead be coordinated and managed by a community based medical officer and local team. The specialist's valuable skills and focussed capability should be available and accessible by phone, and if required through direct appointment, to help support, plan and resolve complex challenges that are unable to be managed by a community provider or team. This would effectively enable the 'unlocking' of latent system capacity that is unable to be effectively engaged within the current service structure. Primary Health Tasmania seeks and embraces the opportunity to work with Government on this.
- Attention must also be taken to ensure that the State does not inadvertently assume the role (and the cost) of MBS funded private specialist or GP care. Instead early implementation phases should seek to evidence the value and benefit of repositioning Australian Government resources from hospital into community settings – enabling resources and care to move with the patient.
- Whilst several key steps have already been taken in responding to complexity, there are still some notable groups for whom our current system is unable to effectively respond. Planning for these groups of patients presents two starkly opposing options - on one hand the prospect of ever bigger hospitals and more costly tertiary bed-based care or the alternate, more responsive, lower cost care in the community. The latter is the only genuine option we have.
- Tasmania has undertaken considerable work in the establishment of the Community Rapid Response Service (ComRRS) - providing GPs with community-based patients experiencing exacerbation in need for a range of conditions, with access to intensive nurse-led support to help stabilise their condition under a GP plan of care. This is an excellent model that helps to keep patients out of hospital and in the community and has demonstrated the ability of the system to fund services flexibly for a group who may otherwise be occupying hospital beds at much greater cost.
- The proposed specialist supported transition of care (hospital to home) from larger hospital facilities into rural hospitals also offers a valuable alternative to centralised hospital-based care for some Tasmanians with complex needs who have a GP able to manage the bulk of their care needs. This should enable a proportion of those with a GP to be able to be shifted back to a more localised care option in the regions.

Preventive health

Recommendation 3: Preventive health

Primary Health Tasmania urges a comprehensive focus on preventive health at all levels, reinforced in a whole-of-government and intersectoral approach (Health in All Policies), with both primary and secondary prevention strategically articulated as core elements in the health continuum.

- For the purpose of this submission, disease prevention is defined as activities which work to strengthen public health programs and services, to prevent communicable and non-communicable diseases, and address health risk factors. Disease prevention can be categorised as primary, secondary, and tertiary prevention:
 - primary prevention aims to prevent disease or injury before it occurs
 - secondary prevention aims to reduce the impact of a disease or injury that has already occurred
 - tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects.
- Whilst action is required across all three disease prevention areas in order to ensure a well-balanced and comprehensive systemic approach, there is a much stronger acceptance of the importance and value of both targeted primary prevention for those in the community most at risk of developing chronic conditions as well as secondary prevention. This is particularly applicable in the management of non-life threatening chronic conditions, and in areas such as general post-surgical and cardio-pulmonary rehabilitation.
- Preventive health often seems to find its most common policy level interpretation at the primary prevention stage, with larger scale health reform agendas and tangible actions being masked by broad statements of intent and then limited to community small grants programs. Consequently, the broader implications and impacts of social and economic disadvantage, geography and literacy remain largely unrecognised and unresolved. Unfortunately, efforts in primary prevention are also often seen through a short-term lens, and when resources are scarce, are the first victims of any cost cutting activity.
- The Tasmanian Government is to be commended for its current early efforts in seeking to address this. Investment in prevention has been given priority status through its signing of the *Tasmania Statement - Working Together for the Health and Wellbeing of Tasmanians* in 2019, and therefore the principles to address the social and economic factors that influence health are already set.
- It is now time to purposefully progress the whole of government response to preventive health - a Health in All Policies (HiAP) approach - that has already commenced under the Premiers Health and Wellbeing Advisory Council. For the Tasmanian Department of Health this will require resourcing and support for anticipatory approaches to preventive health, for communities experiencing the greatest socio-economic disadvantage and poorest health outcomes. Fundamental barriers to healthcare in these communities, amongst other factors, include poor access to oral health care and transport. Investment at a whole of population level is not necessarily needed and may even dilute the potential for change - but investment that is targeted, holistic and long-term has the potential to see real, generational change in some communities.

Technology enabled communication and integration

Recommendation 4: Technology enabled communication and integration

Primary Health Tasmania strongly supports:

- the proposed partnership with the Tasmanian Government to implement shared medical record viewing capability with general practice
 - continued partnership-based rollout of electronic referral across the Tasmanian health system
 - a coordinated, statewide approach to embedding telehealth and other virtual applications capability and use in ensuring timely access to services across rural and regional Tasmania.
- Primary Health Tasmania welcomes a commitment to explore and implement mechanisms to ensure real-time viewing capacity for inpatient medical records for community health professionals.

- The community expects that relevant and vital health information will be confidentially and appropriately accessible to health professionals to support timely and continuous care. For too long technology and systems have inadvertently shut vital information away. Whilst importantly protecting patient privacy, this has had the unintended effect of impeding timeliness and quality of care - often resulting in wasteful repetition of testing, repeated medical history gathering and health investigations, leading to longer wait times for appropriate care.
- Telehealth, as a widely adopted solution to address access challenges has been seen historically as 'too complex to implement' or 'not compatible with public expectations'. This year, however, COVID-19 has been a driver for rapid telehealth establishment, and it has demonstrated its effectiveness in terms of contributing to service continuity, good health outcomes as well as cost efficiency. Telehealth, whilst largely telephone rather than video based, has generally been embraced by communities and providers alike for many primary care and community services.
- COVID-19 has also provided the opportunity to learn what works and doesn't work when using telehealth for video consultations. To ensure Tasmanians are supported by more flexible and accessible modes of care, we must ensure a range of simple to use telehealth solutions are available within the hospital system, and in community public and private primary care. Telehealth options should be able to include (and switch between) voice and video and allow patients to provide/share information from selected health apps where this information could be useful. Like the staged approach to eReferral, Tasmania has the opportunity to work together to select and promote a consistent suite of telehealth tools, embed them within service models/care pathways and educate patients and providers on their use.
- The Tasmanian Government needs to act decisively to ensure that it does not allow this renewed opportunity for service delivery reform to pass by.
- Current barriers, including digital and health literacy capability imbalances across the population, must also be acknowledged and addressed in any move to more widespread use of non 'face-to-face' clinical engagement. Disadvantaged, aged and poorly literate populations as well as those in rural and remote areas often lack the capacity, digital infrastructure and health literacy to engage remotely. Resolving this challenge and raising the health and digital literacy bars will require ongoing investment through local government, technology providers, community organisations and health services.
- Consumers must continue to have choice in their mode of clinical engagement and are well placed to work in partnership with the system in planning and delivery of digital solutions that benefit the population. Use of Health Consumers Tasmania and local government (where geographic limitations to technology access are an issue), to provide appropriate and 'system aware' input and advice is considered to be an appropriate mechanism to engage.

Aged care interface

Recommendation 5: Aged care interface

Primary Health Tasmania commits to working closely with the Tasmanian Government to develop health services that are responsive to the ongoing needs of ageing Tasmanians. Specifically, this includes mechanisms to ensure vital health information is accessible at multiple points during care transition, and that primary care services are accessible to older Tasmanians in residential and community care settings.

- The current work being undertaken nationally through the Royal Commission into Aged Care Safety and Quality is likely to provide considerable evidence to support the need for much stronger alignment of health and aged care services. Whilst not to pre-empt the Tasmanian Government's response to the recommendations, it is clear that the provision of both primary health services and

the points of transition between hospital and residential aged care facilities are both areas that will require greater coordination and implementation of better system-wide solutions.

- Streamlining of safe and timely transfers between residential aged care facilities and hospitals, both in and out of hours, sharing of vital health information and avoidance of inappropriate hospitalisations for conditions better treated within the community or a facility are all areas for consideration and action. This will require coordination of efforts between community-based general practice, allied health, residential care management and staff as well as ambulance and hospital and health system clinicians.
- Nationally, Primary Health Networks have been building the PHN profile as an effective option for the Australian Government in the aged care sector particularly for key areas of focus:
 - create aged care health pathways to support the ability of patients, carers, GPs and other health professionals to navigate the health system
 - support practice monitoring approaches for healthy ageing and ongoing management of long-term conditions, adapted to local needs
 - enable virtual access to primary care assessment and care in residential aged care facilities and the community, with a particularly focus on rural and remote locations
 - enable the provision of virtual out of hours access to urgent assessment and triage for residential aged care facilities
 - use of a standard information transfer tool between hospital and residential aged care facilities.

Urgent care centre

Recommendation 6: Urgent care centres

Primary Health Tasmania recommends further exploration of new and emerging models of urgent care as part of the next stage in enabling better access to urgent care. This work must build on and extend emerging models and services currently offered through public and primary providers in the state. The opportunity is in coordinating and joining up the resources that are already in place in Tasmania.

- Primary Health Tasmania supports the Tasmanian Government's willingness to prioritise services for patients needing urgent but non-life threatening treatments.
- The Tasmanian Government has already taken the opportunity to explore some potential service models for the population for urgent care needs with the completion of the Price Waterhouse Coopers (PWC) report into Urgent Care Centre (UCC) Feasibility Assessment in Tasmania. Notably, however, this report was completed almost two years ago and in the subsequent period there has been significant change in both available services, thinking and evidenced need.
- We have seen recent service innovations both within the general practice sector in Tasmania and nationally, and there have also been several new Australian Government investments in specific health services that have impacted service access. Examples include a service model for extended urgent care (Newstead Medical) and an extended hour walk-in clinic (Launceston Medical Centre) - these innovative local service solutions need to be considered as part of next stage planning.
- Many of the 'ingredients' to support urgent care are already in place in Tasmania. This includes extended care paramedics whose role are yet to be fully utilised, after hours services, and the workforce to support secondary triage in general practice, pharmacy and allied health. The opportunity is in coordinating and joining these elements up.
- The rapid onset of MBS billable telehealth during the COVID-19 has also enabled permanent implementation of a new mode of access to GP services as well as services for allied health funded services such as psychologists and mental health social workers across a range of community providers.

- Consideration also needs to be given to the financial viability and sustainability of entirely new standalone services and service environments if equally affordable and accessible options can be effectively enabled within the current system. As such it may well be appropriate and timely to challenge the very notion of a physical “care centre” which is at the core of the UCC report referenced above.
- Furthermore, it is possible that our approaches to management of several of the high-needs population groups previously referenced above (such as the complex chronically ill) or utilisation of different workforce models and mixes may be appropriately combined to provide a more accessible and sustainable service response to meet urgent care needs.
- Consumers and primary care providers must be central to consideration of an appropriate and sustainable response. The way in which any new UCC style services work with emerging services such as Adult Mental Health Centres and Community Mental Health Hubs will be of critical importance.

Improvement Area 2: Modernising Tasmania's health system

Information, communication and technology planning and investment

Digital technology and infrastructure is the future centrepiece, or 'bricks and mortar' of a modern health system that delivers safe and high quality care for the community. The Tasmania Government must invest in developing a sustainable digital health infrastructure and capability. Improved digital health capability will:

- strengthen the connection between hospital (including ambulance), primary and community providers
- improve the innovation and efficiency of the health system and increase the safety of people's care. This includes reducing the duplication experienced by people in re-sharing their personal details and re-telling their health story as they move through the system
- create a digitally advanced health system that will attract health professionals to work in the State
- contribute to a contemporary economy through growing local infrastructure and skilled workforce.

Recommendation 7: Information, communication and technology planning and investment

Primary Health Tasmania endorses the development of a Health ICT Plan - but urges substantial commitment of resources in both upcoming and future budgets to enable its full implementation. Investment in a contemporary and capable health IT infrastructure is essential if we are to successfully integrate community, primary and acute services in a 'joined up' health data and information sharing environment.

- Currently, the Tasmanian Health Service has a legacy system that has been developed in an ad hoc manner over many years using different systems. As a result, hospitals cannot atomically store and share, or communicate patient information between hospital campuses nor with primary health providers, leading to many issues for both patients, their general practitioners and other community-based service providers.
- The root cause of this problem is the absence of a contemporary hospital patient management and health record infrastructure, integrated with state and national eHealth infrastructure. Such systems facilitate end to-end electronic communication with primary care referrers and allows general practices to access information about care received within the hospital by their patients.
- There are also other acute care patient management systems - for example Tas Ambulance - that have no ability to transfer a patient record to general practice - platforms that do not integrate with the rest of the health system are a major impediment to communication and integration.
- Any new strategy should also ensure definitive community linkage in order to drive a 'joined up' health data and information sharing environment critical to care continuity, safety and quality.
- Patient-facing information access portals should also be a feature of a future-focussed IT infrastructure. This would allow patients and carers to access contemporary information about their care maximising capacity for patients to be actively involved in health care decision making. Systems such as Tasmanian HealthPathways can be activated for this purpose and excellent evidence of the value and benefit of this can be found in both the UK and New Zealand health systems and in other Australian jurisdictions following this path.

Health information communication technology and improved digital capability

Recommendation 8: Health information communication technology and improved digital capability

From a primary care perspective, Primary Health Tasmania recommends prioritising eReferral, shared record viewing, care planning, My Health Record and electronic prescribing as the key areas where a digital interface between hospital and other community-based care providers would improve the security, timeliness, quality and completeness of shared patient information and optimise continuous quality and health outcomes.

- Technology infrastructure and interface is perhaps one of Tasmania's most notable health challenges. Capacity across the system to collect, store, share and analyse health information to improve quality, timeliness and efficiency of care is highly challenged and the inclusion of some key recommendations to address technology deficiencies through the proposed Digital Health Strategy is enthusiastically welcomed and supported.
- The primary care sector would like to suggest the following as priorities in the Health ICT Plan with all elements contributing to a more informed and aware health team, reduced duplication of record keeping and history taking by providers for the same patients and a faster and smoother triage and throughput for care provision across multiple settings.
 1. Design and procurement of a GP Digital Medical Records viewer for the Tasmanian Health Service. The Viewer (for example, Queensland Health) provides all GPs with read only access to hospital inpatient records
 2. Review and workshop on Telehealth Tasmania and what this could look like as part of a better structured Tasmanian Telehealth System (incorporating primary care providers, GP Assist and THS)
 3. eReferral system rollout in hospital and primary care
 4. eReferral, Telehealth and GP Digital Medical Records viewer integration within hospital, ambulance and community systems
 5. Telehealth Tasmania education to general practices and promotion to patients, particularly in rural and remote areas
 6. Continued adoption and 'meaningful use' education of My Health Record across both primary, secondary and tertiary settings. This includes expanding information entered to include Tasmanian Health Service pathology results and medications, shared health summaries, medications and investigations from GPs and event summaries for ED, Hospital in the Home and outpatient clinics.
- Primary Health Tasmania has already invested significantly in building the digital capacity of the primary health sector. With the State as partner, we have funded the first two stages in the creation and preliminary rollout of an eReferral system for the state (occurring 2019 - 2021), streamlining and improving referral efficiency from community to the hospital door. We will shortly support allied health providers to become more connected to the system through provision of digital health resources.
- Primary Health Tasmania has already strongly advocated for investment in infrastructure through the Premier's Economic and Social Recovery Advisory Council process.

Clinician-led Tasmanian HealthPathways

Primary Health Tasmania welcomes the recognition of the partnership that has existed with the Tasmanian Health Service to build and embed Tasmanian HealthPathways. This partnership commenced in 2014 and has laid all the foundations for centralised navigation of patients through a complex health system.

- Tasmanian HealthPathways is designed to help primary care clinicians plan local patient care through primary, community and second healthcare systems. It aims to guide best-practice assessment and management of common medical condition, including how to refer patients to local specialists and services in the most timely and efficient way.
- Health systems are complex and variable, and they are constantly changing to meet demand. The expectation that any individual (clinician or consumer) should understand the intricacies of the care options, choices, guidelines and expectations for all conditions is clearly an impossibility. Furthermore, these expectations and rules change from state to state and even region to region so a more ambulatory provider population will be constantly having to learn new approaches and systems.
- With increased awareness of options and understanding of access requirements and limitations, individual clinicians are much more likely to be willing to take greater responsibility and to a higher complexity level. Conversely, lack of awareness, confidence or uncertainty about who to go to for what purpose can drive much earlier or non-indicated referral for higher cost care. If clinicians are involved in the development of the pathways they are much more likely to have confidence in them and for the 880 pathways now in the system, there is an evolving view of their value and importance to care.
- Recent changes in both pregnancy termination services and more notably in COVID-19 services clearly underlined the value of HealthPathways to get consistent and detailed information to the primary care sector instantly. Use of HealthPathways in Tasmania in the early months of COVID-19 topped the country and was amongst the highest internationally outside New Zealand.

Recommendation 9: Clinician-led Tasmanian HealthPathways

Primary Health Tasmania encourages the Tasmanian Department of Health and the Tasmanian Health Service to take shared ownership with Primary Health Tasmania of the Tasmanian HealthPathways program, effectively committing to the program as the single agreed and collaboratively authored source of best practice guidelines and navigation of the health system, and its potential for system reform in streamlining service access and managing patients.

- Currently, Tasmanian HealthPathways is not being used to its full potential. Primary Health Tasmania invites the Tasmanian Department of Health and the Tasmanian Health Service take shared ownership of the program and adopt it as the key system integration/patient management tool. Acknowledging that, more recently, work is occurring to move this along more quickly there is still a question of commitment amongst Tasmanian Health Service staff as to the status of Tasmanian HealthPathways. Full partnership would include joint resourcing, joint governance, commitment to Tasmanian HealthPathways as the 'sole authored source of navigational guidance and enable it to be a genuine unification and integration mechanism for clinical providers across the system. This is indeed the trajectory it is following in Queensland, New South Wales and in 46 other regions nationally and internationally. HealthPathways can also be used to minimise use of low value 'traditional' service options and interventions and ensure application of evidence informed services at the right point of time in an individual's care trajectory. The *Choosing Wisely* approach may be more comprehensively applied across the Tasmanian system to support this

- Hospital-based pathways as well as consumer-facing pathways have not yet been pursued within Tasmanian HealthPathways, though it provides a platform for both their development and publication. Consumer pathways have been developed and used in New Zealand with considerable success and benefit and are used as part of the clinical consultation process to ensure consumers understand why certain decisions and options around their care are necessary. The information required for a consumer pathways portal is somewhat different to the clinical information, and the development of a consumer portal would be entirely dependent upon a partnership-based approach to future Tasmanian HealthPathways development inclusive of both consumers, the state and Primary Health Tasmania.

Improvement Area 3: Planning for the future

Reform initiative 3a: Develop a long term health infrastructure strategy for Tasmania

Primary Health Tasmania supports the development of a long term health infrastructure plan for the Tasmanian health system and strongly encourages the Tasmanian Government to maintain a progressive and innovative approach rather than be constrained by the limitation of traditional workforce and siloed service models.

- Tasmania has a sizeable and geographically spread health infrastructure and whilst some of it is ageing and not always used efficiently, health infrastructure and the services it supports across rural and regional Tasmania often sustains a significant proportion of the local health business lifeblood.
- Both system sustainability and integration should be amongst the primary considerations in decisions regarding best use of valuable community health infrastructure - from our hospitals through to small community health centres.
- Improving our use of existing infrastructure is smart thinking and is potentially a low cost but key enabler to drive more contemporary service models and bring community-based health providers together.
- Consolidation of services in smaller rural communities, sharing of administrative capabilities and equipment as well as application of team-based care models will inevitably be important components in the future sustainability of health services in those communities. Such integration requires a physical infrastructure that is often already present in those communities.

Opportunities for infrastructure and service co-location

Recommendation 10: Opportunities for infrastructure and service co-location

That the Tasmanian Government in partnership with Primary Health Tasmania explore further opportunities for the shared use of State health infrastructure and service co-location where this can support integration of public and community services and development of new and innovative models of care. This is particularly important in the areas of complex chronic and rehabilitative care, and for mental health service redesign.

- There are a number of current and emerging opportunities where shared infrastructure will likely save considerable resources, better streamline services and care outcomes for those most in need, enable care to be shifted outside hospital beds and maximise available funding sources. Examples include the Primary Health Tasmania/Australian Government funded adult mental health centre and community-based complex chronic care.
- One solution is the targeted repurposing of existing infrastructure (such as Integrated Care Centres) so that these facilities can be used to deliver integrated care - as was originally intended. This change in infrastructure priority can then be the catalyst driving the development of new models of care from integrated care centres using Medicare funding (GPs, private allied health providers) and existing State government community resources (e.g. community nursing, community-based allied health) along with any capacity for block funded service resourcing that might be made to the

Australian Government. Targeting of such new models should be undertaken to serve patients with chronic, complex care needs whose care needs are not addressed by current services.

- The value of repurposing existing infrastructure (such as the Integrated Care Centre in Launceston) is particularly high given the proximity to acute services and emergency departments where streamlined triaging can be used to effectively stream care to the most appropriate setting.
- This argument applies equally for the Adult Mental Health Centre that is being developed, for which proximity to other mental health and clinical services is an important factor.
- It is critically important in both examples that the model of care and characteristics relating to safety and quality of care are taken account of in decision making regarding physical infrastructure, but the needs for proximity are quite different for different service types (e.g. mental health).

Reform initiative 3b: Build a strong health professional workforce, aligned to a highly integrated health service, to meet the needs of Tasmanians

Primary Health Tasmania endorses the work currently underway through the *Health Workforce 2040* to assess and project future workforce needs, opportunities and challenges and looks forward to continuing to explore mechanisms to make more effective use of our workforce in addressing priority health and population needs.

- The *Health Workforce 2040* strategy released alongside the *Our Healthcare Future* discussion paper presents a thorough analysis of current workforce capacity and limitations in Tasmania and identifies a number of opportunities for explore further in ensuring a sustainable future system.
- The Tasmanian health workforce is the health system's biggest ongoing investment and most significant asset, and continuous effort to explore ways in which this base can be most gainfully and safely engaged to deliver high quality contemporary care for Tasmanians is required. This necessarily requires a perspective of, and plan for the whole healthcare workforce, inclusive of primary, specialist, allied, private and community providers in addition to those working in the State's hospitals and community health centres.
- There is opportunity in the *Health Workforce 2040* strategy to expand upon solutions to address better workforce integration, particularly to help solve access challenges across rural and regional communities. This will involve challenging:
 - our tendency to silo roles and service planning based on traditional or professional 'protectivism'
 - workforce models that are based on historical need and configured through the lens of episodic care, rather than focusing on current and projected need
 - traditional payment models and approaches to care, which can lead and in some cases reward, escalation and referral of need to higher acuity/cost services
 - misguided community belief that hospitals are the best place to be to get care.
- Tasmania has already made moves to explore extension of some of these 'traditional' professional boundaries through engagement of allied health assistant roles and work to evolve the rural generalist model, and this work needs to continue with urgent strategic and policy intent.
- Tasmania's highest profile challenge is our ability to recruit and retain a viable private/public workforce mix - particularly in rural and regional locations where the economics of contemporary health care make service sustainability even more challenging. There are opportunities to look at 'blending' a visiting and locally based workforce, with allied health assistant type roles, to support access (face to face and via digital solutions) to the health professional workforce. There would be local economic and social benefit in this type of approach.

- Aside from strategies to address the recruitment and retention challenges that clearly plague some regions in Tasmania, there are also opportunities for us to challenge some of the traditional boundaries and limitations that constrain our workforce from delivering to the full scope of their trained capacity and capability.
- There is much more that can and should be done to understand how community-based health professionals (both public and private) can be better engaged in providing care to those at immediate risk of hospitalisation or moving out of hospital care into the community and for those with a complex mix of social and clinical need. The so called 'step up and step down' care, if provided efficiently and well-coordinated, can provide significant relief to the blockages frequently experienced in our major hospitals.

Workforce actions

Recommendation 11: Workforce

Recruitment and training of new health professionals is only part of the solution to sustaining a high-quality workforce and maximising capability to respond to emerging health needs. Primary Health Tasmania believes that action should:

- clearly define emerging population health and care needs and then shape the training and education of our future workforce specifically to meet these challenges
 - remove existing constraints to engage our current workforce more flexibly to meet current needs, for example, enable workforce to work across both public and private sectors, supported by funding models and clinical governance arrangements, and thinking about different workforce types (e.g. allied health assistants) to support step up/down models of the care continuum
 - ensure priority is afforded to maintaining equitable access for rural and regional Tasmanian communities and disadvantaged populations.
- Primary Health Tasmania supports the provision of access to specialist support and advice for community-based health professionals to enable intensive primary care multidisciplinary management of complex chronic conditions in the community and this enables:
 - community-based health professionals to work confidently to the full scope of their trained capacity
 - professional clinical relationships to be strengthened
 - care to be delivered in close proximity to where a person lives.
 - Primary Health Tasmania urges that Tasmania's response in this plan should look beyond the basic training of staff through universities and tackle the immediate challenge of re-tasking and equipping its existing workforce to work up to, and where appropriate, across traditional professional boundaries to deliver much faster solutions to current issues.
 - Primary Health Tasmania believes investment in training new health professionals to 'work the same' instead of working with our workforce to 'work differently' would be the wrong path to take. Within the community there is far more that can and should be done if we are to maximise the use of our current residential and committed health workforce. With the State's limited resourcing, we need to find and support additional ways to enable and require our existing workforce to work differently, applying new models of care and working up to their trained capacity to address our rising challenges of cost, complexity and chronicity.
 - The Tasmanian Government must ensure that it is inclusive in its workforce planning and recognise and value the variety of trained and accredited allied health professionals that can augment service models.

Example: Primary Health Tasmania ran the strength2strength program for three years in the north and it was extremely well supported by the community and health professionals. The exercise treatment program was delivered by exercise physiologists and is for older people who have - or are at risk of - chronic health conditions. The program currently operates in a very similar way across the north west through a commissioned service provider and is designed to improve activity levels and quality of life of participants.

Invest in innovative models of complex and chronic care

Recommendation 12: Invest in innovative models of complex and chronic care

Consistent with recommendation 2, that the Tasmanian Government works collaboratively with Primary Health Tasmania and other stakeholders to continue with current pilot work for the management of complex chronic conditions and embed community-based coordinated team care services. These services need to be collaboratively resourced to model mechanisms enabling the costs of care to move with the patient to different providers in the community setting – and not be restricted to a hospital bed alone.

- Develop and implement innovative models of complex and chronic care that make better use of our skilled community-based health professionals ensuring that hospitals are the places of ‘last resort’ when the full extent of community care has been delivered and the level of care required is suitable for a person requiring expensive acute intervention.
- Progress current funded pilot work for the management of complex chronic conditions and embed community-based coordinated team care models that are collaboratively resourced to model mechanisms that allow the costs of care to move with the patient to different providers in the community setting - not be restricted to a hospital bed alone.
- These models will engage our existing primary private and public workforce under a new model of care to intensively support a group of Tasmanians who, through lack of access to non-hospital alternatives, are highly dependent on acute care services and beds. This approach aims to produce better outcomes for a challenging group of patients and reduce current and projected future acute care demand.
- Community team-based care must be expanded. Numerous national and international service models have evidenced, that where nurses, allied health providers, paramedics and pharmacists can work in a structured team environment with medical oversight and/or support, access for patients to service providers can be increased, dependence on hospital admissions and costs can be significantly reduced and patient satisfaction and positive health outcome raised. There are excellent contemporary examples of areas where this has been successfully done which include in palliative care, rural health and for those with escalating chronic needs. The move to embrace both the training and employment of rural generalist medical providers, a shift to team-based nurse delivered community rapid response care under GP guidance and community based palliation are all excellent examples that have successfully enabled providers to work under different models to the full extent of their trained capacity.

Example 1: Rural health service providers commissioned by Primary Health Tasmania in Tasmania have been exploring different workforce mixes - including the more widespread use of rural health workers working under the guidance of other health professionals. This has enabled a lower cost residential workforce to be engaged and shared across smaller communities and has minimised dependence on FIFO providers. Enabling a broader suite of basic services to be provided under such a model provides some sound evidence that may be able to be more broadly applied if existing health workers could be equipped to provide ‘assistant’ level services locally.

Example 2: Locally and nationally in mental health we have seen a rapid evolution of mental health social worker and specialised mental health nurse workforces, supplementing community-based psychology, psychiatry and counselling. Indeed, the recent exponential growth in the prevalence of diagnosed mental health conditions amongst the population has demanded changes in the perception and acceptability within the community as to those best qualified to address mental health needs. This shift is also continuing to progress with the advent of a recognised and active role for those with lived mental health experience in the direct provision of services and supports under supervision and guidance of other professionals.

Reform initiative 3c: Strengthen the clinical and consumer voice in health service planning

At its core, a well-functioning health system that delivers safe, high quality care has stable and inclusive mechanisms for governance, service planning and design, and policy setting. Importantly, contemporary health governance structures need broad, balanced representation from across the whole system, which includes its consumers.

Health system governance

Recommendation 13: Health system governance

Primary Health Tasmania recommends that comprehensive, inclusive, and consistent system governance is built into government health strategy, policy and service delivery and this involves:

- clinical representation that is inclusive of primary and community care to ensure health system challenges are identified and solved using the skills, knowledge and expertise of those working in public and private systems with rural and regional expertise. This would similarly apply to the composition of a Clinical Senate.
 - strong consumer representation to better balance clinical expertise with consumer and community perspectives, insights, and lived experience as the end users of the Tasmanian health system.
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- The right governance structures will pave the way for broader system level collaboration and partnership as a basis for building co-design and co-commissioning activity which are the most contemporary and efficient mechanisms to share and manage resources and responsibilities across the health system and establish functional partnerships.
 - The concept of Clinical Senate is sound, however clinical representation must be inclusive of primary care and community care to ensure health system challenges are identified and solved using the skills, knowledge and expertise of those working both in and alongside the Tasmanian Health Service and Tasmanian Department of Health. Ideally, members would benefit from training and support in clinical re-design thinking and change management strategies.
 - Clinical engagement can, in a similar vein to consumer engagement, easily become tokenistic if not balanced across acute and community care professions, as well as urban and rural and regional representation.

Contemporary consumer engagement

Recommendation 14: Contemporary consumer engagement

Primary Health Tasmania recommends that contemporary consumer engagement and a commitment to build health literacy is explicitly built into all health service planning, design, and delivery work and this involves:

- applying a person-centred approach uniformly across all reform work
 - routinely involving consumers in the assessment of the care provided to them
 - appropriately resourcing consumer engagement which includes remuneration for consumers as well as training and support for those designing and implementing engagement processes
 - working with and through Health Consumers Tasmania in terms of further planning and co-design, or in leading initiatives with consumers as part of the *Our Healthcare Future*.
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- Although engaging with consumers is not always easy and not always conducive to political and project timeframe imperatives, meaningful and authentic engagement is expected of the Tasmanian Government by communities and its stakeholders.
 - Traditionally budgets often do not specifically resource consumer engagement and therefore it is poorly conducted and ill-defined, or non-existent, all of which go against best practice. There are some very mature and widely accepted models to structure and support consumer engagement, such as the International Association of Public Participation, that will help ensure that the Tasmanian consumer voices are strong and objectively focussed on the system.
 - Primary Health Tasmania has been investing resources in building a system-level, contemporary health consumer organisation since 2015. From 2017 the establishment of Health Consumers Tasmania has been co-funded and co-designed with the Tasmanian Department of Health. This is the ideal mechanism for the department and Primary Health Tasmania to work with and through, in terms of increasing consumer engagement to advance the *Our Healthcare Future* agenda. It will, however, need appropriate resourcing to energise and add rigour to consumer engagement in the Tasmanian health system and to provide input to service development models and governance methods.
 - Primary Health Tasmania has also invested in building capability in the mental health and alcohol and other drugs sector for consumer and carer participation in service design, planning and evaluation. This has enabled increased consumer representation in governance (Board, committee or working group membership), on selection panels, participation in consultation, support as part of training forums, as well as in presenting on health and service outcomes in other public forums.
 - In the longer term it would be ideal to develop a Tasmanian framework on how to facilitate meaningful consumer engagement - this could be undertaken through consumer peak bodies and include feedback with and from patients, carers and local communities.