

OUR HEALTH CARE FUTURES – RESPONSE FROM COMMUNITY ALLIED HEALTH IN PRIMARY HEALTH NORTH, TASMANIAN HEALTH SERVICE

Reform Initiative 1

Allied Health is a small profession in Tasmania and there are often difficulties in recruiting appropriate staff. The fact that there are so many funding streams and the available dollars are split between so many different providers often mean that rural and regional areas are not appropriately serviced because providers can't prioritise travel to these areas. While we recognise that the Tasmanian Government are not in control of all of these systems we believe that feedback on how these impact needs to be part of this consultation.

The burden to service all clients in many rural areas falls to the public system once the private and NGO sector have exhausted their service allocation in the area. One example of this is the utilisation of EPCs for allied health where clients access a private psychologist for a number of sessions (where they can afford to pay the associated gap) and are then referred to the community social work team if the problem is not resolved. In other areas there are no private physios or OTs so all referrals come via the public system.

[REDACTED]

[REDACTED]

Particularly in rural and regional areas it is much more effective to have integrated multidisciplinary services who are able to refer directly to other professionals without having to go back via another reassessment to access a specialist intervention. Examples that illustrate this include podiatry referring to footcare services; community nursing referring to OT for an assessment in the home; GPs referring for continence nursing and allied health; all of which then require a reassessment by a third part to access the services. Referral from a designated medical or allied health

professional to other health related areas should be sufficient without having to go back through an additional assessment. No matter the age of the client referral for specialist service should be able to be made by health professionals without an intervening assessment.

Interface with aged care in the community would be strengthened by reducing the number of small services funded to provide specialist care, i.e. allied health and speciality nursing through different funding streams and integrating funding to allow recruitment of full time or increased FTE in regional areas and to utilise a 'hub and spoke' model in the community. Increasing allied health resources within the community setting in the Tasmanian Health Service would support safe and appropriate practice, access to discipline specific professional development, continuity of care including leave cover, integration with existing district hospitals and community nursing services, and multi-disciplinary case conferencing for more complex clients, without the risk of these services being absorbed by 'acute' demands.

This ability to work in a primary health multi-disciplinary model, along with their existing linkages with their disciplines in the acute system, mean that increases in Allied Health across Primary Health North would also allow them to support discharges into district hospitals at the same time as they were seeing community clients in the area. The co-location of many of these services within our Community Health Centres (or similar) would also improve multi-disciplinary communication.

It should also be noted that 'community' work is a very different practice than 'acute care' with increased focus on self-management, self-determination, and dignity of risk. Allied Health services are uniquely placed to provide support into this model by working with clients to improve and maintain function and reduce their reliance on the health system. Allied Health services within Primary Health North also have a focus on prevention and provide community education and early intervention initiatives as part of their normal role.

Pat Wrigley

Area Services Coordinator & Community Allied Health Lead
Primary Health North, Tasmanian Health Service.

Pat.wrigley@ths.tas.gov.au

In consultation with:

Kerri Roberts
OT Manager and Discipline Lead
THS North

Liv Mitchell
Team Leader
Community Physiotherapy
Primary Health North, THS

Tua Agaiava
Team Leader
Community Social Work
Primary Health North, THS

Claire Massey
Discipline Lead & Podiatry Manager
THS North