

TASMANIA'S HEALTH PLAN

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Overview of presentation

- Planning parameters
- Demand predictions
- The future service system
- Planning outcomes
- Conclusion

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Planning parameters

- CSP update:
 - planning for public acute hospital activity (LGH, NWRH (Burnie), RHH and MCH)
 - adopts an 8 year timeframe (to 2016-17)
 - incorporates current demographic and service utilisation data
 - endorses key service principles
 - accessible
 - appropriate
 - client- and family-focused
 - integrated
 - sustainable
- Primary Health Services Plan implementation continuing

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Planning parameters

- Re-emphasises the need for a statewide 'systems' approach, rather than an individual hospital approach
- Endorses role of LGH as a major referral hospital for the North West region and of RHH as the principal referral hospital for Tasmania

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Planning parameters

- Reinforces and clarifies principles for statewide and regional services
- Defines those services which will be funded on a statewide or regional basis, and accountability requirements attached to funding

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Planning parameters

- In the context of fragmented ownership of public acute hospitals, endorses the need for a regional approach in the North West where possible
- Does NOT contain any proposals which will reduce services in any region (North, North West or South)
- A number of proposals designed to support clinician input and planned service development

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Demand projections

- 30% statewide increase in inpatient demand predicted to 2016-17
- More than 25,000 additional emergency presentations
- Requirement for an additional 67 same day and 345 multi-day beds by 2016-17
- Sufficient operating theatre capacity
- Additional emergency capacity or demand management strategies will be necessary

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The future service system

- RHH planning is progressing in association with redevelopment – significant increase in activity
- The CSP update presents two alternative models for the North West which recognise:
 - Continuing inpatient services at both NWRH (Burnie) and Mersey (MCH)
 - the Australian Government responsibility for MCH
 - its intention to maintain a High Dependency Unit
 - potential impacts on the NWRH (Burnie) and the LGH

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The future service system

- Model 1
 - in the context of current ownership arrangements and Australian Government service intentions, the best achievable
 - recognises intention to provide HDU
 - HDU enables medical and paediatric inpatients
 - otherwise, service mix similar to 2007 CSP including high volume day surgery and regional sub-acute services
 - NWRH (Burnie) provides same mix of services as 2007 CSP including all inpatient surgery > 24 hours

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The future service system

- Model 2
 - also recognises intention to provide HDU at MCH
 - models MCH as a full service community hospital
 - incorporates low to medium complexity medical and surgical inpatients, low complexity paediatrics and obstetrics, no regionalisation of services
 - NWRH (Burnie) provides same mix of services as 2007 CSP but lower volume of some services compared with Model 1

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Planning outcomes

- Under both models
 - beds at MCH increase
 - approximately equivalent numbers of patients treated at MCH, but more emphasis in Model 1 on day surgery and sub-acute compared with acute inpatient services in Model 2
 - potential for service level agreements between MCH and other public acute hospitals
 - significant growth at both LGH and NWRH (Burnie)

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Planning outcomes

- Review of resource allocations with a focus on regional equity
- Targets for regional self-sufficiency to be established and performance reported
- Rehabilitation implementation plan by February 2009
- Decision re: cardiac EP by June 2010
- Performance and accountability framework for services in the North West to be agreed with the Australian Government

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Conclusion

- The CSP update
 - Confirms service design principles
 - Reinforces 'systems' approach
 - Updates demography and utilisation data
 - Proposes models for service delivery in the North West, taking into account changed ownership arrangements for the MCH
 - Predicts significant growth across the system
 - Does not reduce services in any region