



**Health  
Consumers  
Tasmania**

Building a Consumers Health Voice in Tasmania

*Our HealthCare Future – discussion paper*

---

Att: Minister for Health  
Hon Sarah Courtney MP

Dear Minister

Health Consumers Tasmania welcomes the opportunity to provide a submission to the discussion paper *Our Healthcare Future*. We are happy to take questions on our submission and we look forward to working closely with you on this project moving forward.

Yours sincerely,

Bruce Levett

**Chief Executive Officer  
Health Consumers Tasmania Ltd**

18 December 2020

## 1. Introduction

---

This submission from Health Consumers Tasmania (HCT) draws on the lived experiences of Tasmanian health consumers and broader feedback from the Tasmanian community and not-for-profit sector.

The information provided in our response to the discussion paper comes from a number of sources:

- Consultations with patients, carers and community workers through four public forums
- One online forum held with community service organisations
- Consultations with the HCT *Consumer Reference Group COVID-19*
- Input from the Board of HCT
- Relevant results of four online surveys about concerns and queries regarding COVID-19 (April – July)<sup>1</sup>.

The Department has assured HCT that the discussion paper is to be viewed as the beginning of the Government's second health reform agenda process that commenced in 2014, and that it will look to Health Consumers Tasmania for further community consultation and input post the 15 January 2021 deadline.

To that end, HCT would welcome the opportunity to facilitate a series of state-wide Ministerial Roundtables in 2021 for patients, carers and representatives from the community to share their stories with the Minister directly.

## 2. Health Consumers Tasmania

---

HCT is a Company Limited by Guarantee, funded by the Tasmanian and Commonwealth governments (Department of Health and Primary Health Tasmania respectively) and reporting to an independent board. HCT has established a community of interest of over 650 people and has been formally involved in approximately 15 partnerships or national/state-wide health related committees to-date.

HCT has been formed to provide health consumer advocacy, which it does in a number of key ways:

- Facilitating consumer engagement by placing health consumers on committees and workshops to inform government decision-making in service delivery design, program and systems reviews and evaluations
- Collecting community views and using this evidence to advocate for a health system that better meets the needs of Tasmanians
- Providing training to health consumers on how to engage with the health system, and to health staff on how to engage with individual consumers or community groups.

Health Consumers Tasmania is not an industry or union-based body and therefore does not represent the commercial interests of any one group or body. Rather, HCT is a facilitator for Tasmanian health consumers to express their views into the health system, and the views of the community more broadly.

---

<sup>1</sup> Survey Reports can be found on the HCT website <https://healthconsumerstas.org.au/>

### 3. Executive Summary

---

Health Consumers Tasmania provides the following 13 recommendations:

#### **i. Ongoing Consultation**

Recommendation 1 The Department undertakes meaningful engagement and consults with the community from the outset when formulating strategies and policies affecting Tasmanian health consumers and their carers.

Recommendation 2 HCT works closely with the Minister and the Department to facilitate further community consultations on specific community models of care that arise through this process to ensure they be tailored to the Tasmanian setting and to particular regions across the State.

---

#### **ii. Community Healthcare**

Recommendation 3 Any community-based model of healthcare has an objective of greater community health and wellbeing should identify and incorporate a whole-of-community or whole-of-person approach in order to make meaningful and long-term improvements to the health of Tasmanians.

---

#### **iii. Modernising the Health System**

Recommendation 4 As a matter of urgency, the Department in conjunction with consumers review the current eHealth records management in order to identify and remove barriers to information sharing.

Recommendation 5 The Department consults with consumers, carers and health care providers about the information that should be prioritised for addition to My Health Record.

---

#### **iv. Systematic barriers to community engagement**

Recommendation 6 The Department work with HCT to develop a long-term strategy to alleviate the barriers to community engagement.

---

## **v Strengthening the Clinical and Consumer voice into health service planning**

- Recommendation 7 Committed organisations – Health Consumers Tasmania to work with the Departmental Executive to build its governance structures, culture, and programs to optimise consumer engagement across all areas of the organisation.
- Recommendation 8 Capable Consumers – Health Consumers Tasmania to work with the Department to develop a Consumer Engagement Plan for the organisation.
- Recommendation 9 Industry Wide Approach – Health Consumers Tasmania to lead the development of a State-wide Consumer Engagement Framework
- Recommendation 10 Local Health Connectors - Health Consumers Tasmania would welcome the opportunity to employ and support the role-out of the Local Health Connectors.
- Recommendation 11 Hospital Community Outreach - That Tasmanian hospitals' community engagement councils (CCEC's) be trained, resourced and supported to be able to engage meaningfully with their local communities. HCT to work in partnership with councils to achieve this.
- Recommendation 12 Endorse the formation of a Future Health Leaders Forum and that it be codesigned with consumers, have consumer representation and be co-chaired by consumers.
- Recommendation 13 Endorse the formation of a State-wide Clinical Senate and that it be codesigned with consumers, have consumer representation and be co-chaired by consumers.
-

## 4. This submission

---

This submission is structured into three key sections:

1. Community care  
HCT has identified a number of industry-wide systemic issues in addition to several core principles or desirables which the community believes to be central to community-based care.
2. Digital health  
The community has expressed a number of views on the efficacy of recent health digital innovations. These are highlighted as part of our submission along with commentary on social prescribing and My Health Record.
3. Community engagement  
The core part of this submission focuses on how the community could be better engaged in policy, planning, decision making and the delivery and evaluation of health services.

Recommendations and suggestions for community-based initiatives have been provided to support our submission.

## 5. The Context of the HCT submission

---

Given the tight timeframes, this submission does not represent extensive or deep community consultation. Rather, it highlights a number of community issues raised through small community forums held across Tasmania at short notice.

HCT would also like to highlight some feedback we have received relating to the process adopted by the Department in developing the *Our Healthcare Future* discussion paper.

Many felt it represented a ‘top down’ approach, in which consumer engagement was an afterthought, rather than a fundamental driver for reform. In particular, participants at the forums (Hobart, Launceston, Devonport and Burnie) expressed concern that a document addressing the need for community engagement involved no community engagement in its creation. It was noted that the proposed ‘Future Health Leaders Forum’ (Page 40) doesn’t include consumer or carer representatives – which is at odds with current best practice. Likewise, the section on ‘Strengthening the consumer voice in health planning’ (page 40) lists eight dot points, none of which relate to consumer and community engagement in planning and decision making.

Participants expressed doubt that a document seeking community input over a short period covering Christmas-New Year will result in any meaningful change for consumers. This view was particularly strong in Hobart and Devonport. While community organisations are being asked to engage consumers in a highly sophisticated way and display a high level of competence for listening, the Department has not done the same. Hence, many key community organisations have chosen not to contribute to the discussion.

It is our view that if the Department wishes to fully engage the community on a detailed and fruitful discussion about future healthcare planning, consumers need to be involved from the outset and be given sufficient time to be effectively engaged.

By contrast, the release of *Rethink 2020 – a state plan for mental health in Tasmania 2020-2025* provides a positive example of consumer engagement being incorporated early into the policy

process, the release of a paper that allows time for reflection and forward notice that a community consultation process will commence in the new year.

**Recommendation 1 The Department undertakes meaningful engagement and consults with the community from the outset when formulating strategies and policies affecting Tasmanian health consumers and their carers.**

## 6. The Tasmanian environment

---

Current evidence points to a characterisation of a Tasmanian who typically smokes more than other Australians, tends to be on average more overweight and obese than those who live interstate, and is consequently more prone to chronic illnesses like diabetes and heart disease. It is therefore not surprising that in 2017-18, half (49.8%) of all potentially preventable hospitalisations in Tasmania<sup>2</sup> were related to chronic conditions, compared to 40.8% for acute health conditions<sup>3</sup>. Given an aging Tasmanian population, it is estimated that prevalence of chronic conditions will grow.

Tasmania has a high proportion of people who are financially disadvantaged, compared to the average person. In 2016, of all the states and territories, Tasmania had the highest proportion (33%) of people living in areas ranked as the most disadvantaged<sup>4</sup>. With a state-wide unemployment rate higher than the national average, it is clear that jobs - and therefore access to money – has a major impact on our health and wellbeing.

Tasmanian health consumers face many challenges, particularly those on lower incomes. Tasmanians in disadvantaged communities continue to have much worse health than those in more advantaged areas. While more money than ever is being invested in the hospital system (between 2008-09 and 2018-19, health expenditure as a share of total Government sector expenditure has grown from 25.3% to 32.3%), health outcomes are declining in many measures. In the last 10 years, health costs to consumers have risen by 56%, while real wages have increased by only 18%.<sup>5</sup> Meanwhile, fewer GPs are bulk billing, resulting in out-of-pocket expenses for 49.5% of GP patients – the highest rate in the country outside of the ACT. In 2016-17, approximately 10% of Tasmanians delayed or did not receive health services due to costs<sup>6</sup>. In short, financial barriers limit access to the very services which, in many cases, would prevent costly interventions or hospitalisation for much more serious health conditions in the future.

Through HCT's four state-wide Covid-19 surveys<sup>7</sup> we have seen:

- one in four people self-report deterioration in their physical health; and
- two out of three people with health conditions feel more isolated than they did before February, when COVID-19 began to impact Tasmania.

---

<sup>2</sup> Not including mental health and behavioural issues

<sup>3</sup> Our Healthcare Future – Immediate Actions and Consultation Paper – Department of Health – November 2020

<sup>4</sup> ABS Census of Population and Housing: Australia, 2016 – Index of Relative Socio-economic Disadvantage (IRSD)

<sup>5</sup> ABS Cat No 6401.0 Consumer Price Index, September quarter 2019. This ABS category includes consultations of GPs or specialist practice and hospital charges; medical insurance.

<sup>6</sup> AIHW, Percentage of people who delayed or did not see a medical specialist, GP, get an imaging test or pathology test when needed due to cost, 2016-17.

<sup>7</sup> Survey Reports can be found on the HCT website <https://healthconsumerstas.org.au/>

There has also been a local, national and international trend in patients and carers having delayed or reduced access to health services since COVID-19, resulting in underdiagnosis of treatable and preventable disease, and a backlog in the waiting list for treatments. This will ultimately influence the demand and mix of health services required across Tasmania over the coming decades.

These population characteristics are profound and tinkering around the edge of the health industry will not fix them. They require a long-term plan to determine how the health industry can be restructured and refocused to meet Tasmanian healthcare needs.

## 7. Better Community Care

---

Participants in forums across Launceston, Burnie, Hobart and Devonport highlighted the ‘medical model’ presented in the consultation paper. It was felt that this model of care views healthcare as the treatment of a disease or condition, rather than a broad range of measures capable of influencing a person’s physical, mental and emotional wellbeing. Instead of supporting and empowering consumers to take an active role in their healthcare, it leaves them confused, anxious, and increasingly reliant on hospital and acute care.

By contrast, a community model of healthcare is based on the premise that good healthcare is holistic and takes into account a whole-of-person and whole-of-community response. It is a proactive model that strives to reduce the burden on hospital and ambulance services by focusing on primary and preventative health, including ‘social prescribing’.<sup>8</sup>

Health consumers are tired of quick fixes that don’t result in improved health outcomes. There is a strong feeling at the community level that solutions to the healthcare crisis need be long term. These changes may not produce measurable outcomes right away, but they are essential for the viability of our healthcare system, and the wellbeing of the community more broadly.

The issues of greatest concern to consumers, as indicated in our forums, are:

- The increasing complexity of the health system, which is becoming harder and harder to navigate. This problem is exacerbated for the elderly, the socially isolated or disadvantaged, those with mental health problems and those with disabilities. People within the health system still need support to navigate their way through treatment options; to ensure that their medication is correct and adjusted as necessary; to arrange transport when needed; to receive the appropriate follow-up care; and simply to feel as though they are being listened to. There was growing concern that, while in many cases support is available, consumers are not being made aware of these services. In some cases, they are being given incorrect or out-of-date information regarding eligibility or access pathways.
- The increasing unaffordability of health care. We know that consumers are avoiding or delaying seeing GPs due to cost, or simply due to lack of availability. Often, GPs are not available at the time they are needed, resulting in an over-reliance on Emergency Departments for non-urgent or semi-urgent care. Participants in forums also noted that consumers are not accessing allied health professionals – either due to cost barriers, or lack

---

<sup>8</sup> Social prescribing is the practice where health providers link patients with social services and groups in order to address the social factors impacting of health, <https://chf.org.au/social-prescribing>

of awareness - who could potentially prevent or mitigate long term health problems (for example: musculoskeletal issues, mental health issues, wound care and management).

- A reactive health system. Forum participants noted that the current hospital-centric model inadvertently encourages consumers to wait until they are at breaking point before they access health services. This means that consumers are often accessing services when they are in the worst possible position to try to seek help, and to make informed choices about their care. They are also being forced to access the most intensive (and therefore most expensive) treatments at the outset, rather than less evasive interventions that could be offered through a greater focus on prevention. Forum participants felt that a better model of health care would be proactive in delivering health services, including follow-up care for people who are receiving treatments or have recently been discharged from hospital.
- Access. Other comments highlighted that health services are mostly available 9 to 5, Monday to Friday, but where do you go outside these hours except to the Emergency Department. Community health, particularly in the regions needs to be 24/7. The need to access after-hours services seemed more acute in the regions and particularly on the North West Coast.

Forum participants offered a number of solutions to the issues identified above:

1. Centralised information for health consumers which can be accessed in different ways, including online, over the phone or face-to-face. These information centres or 'hubs' could provide a personalised or triage service to give people guidance on what service to access and allow people to have all their health needs assessed in one place. For these hubs to work they would have to have a 'no wrong door' policy, to ensure that when a client is not in the right place, they are referred to the correct service.

The example offered in the Burnie forum was that the tourism industry have organised themselves to the point where just about every town or location has an information centre where staff are trained to guide you through what is available in the region, what each service costs and they will even book you into a service if you ask. No such support is provided to help people navigate the health system.

2. Community-driven health hubs located across the suburbs and regional towns, where patients can have all their health needs assessed in one place. These were likened to community-based nursing hubs, with more nurse practitioners located across community centres together with GP clinics and other health services – a one stop shop. A centre that could bring different community services together, provide after-hours service, follow-up people who are receiving treatments and those recently discharged from hospital. The key point raised with these hubs was that they should not be reactive and sit there waiting for people to come when they have a problem. Rather, they need to be 'community connectors' and be proactive in health promotion.

The example offered was that the retail sector has organised themselves so that you can go to the one location and purchase your items, whether it a supermarket for groceries or a shopping centre. No such convenience is offered to Health.

Feedback highlighted that in some communities, community health centres or regional hospitals exist, but appear to be underutilised or poorly understood by the community.

People want to be treated within their communities rather than visit a hospital. Therefore, initiatives like Hospital in the Home and Urgent Care Centres will gain community support once people can be assured that they can be resourced with appropriately trained professionals and provide safe quality care.

3. A much stronger and coordinated community response to the vulnerable, linguistically or culturally diverse, those with mental health issues and those who are isolated or elderly.  
Our response to COVID-19 has shown us that people still need and value the personal connection and a helping hand. Communities want to take ownership of their health and wellbeing and to have a long-term holistic focus on both the health of individuals and the health of their communities through better prevention activities, such as being able to link people socially, through work and recreation-based initiatives. Communities want to have a stronger voice and a say in what services they want locally.

All of these initiatives require significant investment in educating service providers to know what services are out there; workforce development including a greater use of peer workers and expanded scope of practice; structural change to the system to allow better integrated service delivery; and better use of current resources like pharmacies and existing community health centres.

There was a common view expressed throughout the workshops was that the clinical options offered for discussion in the *Our Healthcare Futures* were not new initiatives and would only influence change at the margins.

Throughout our surveys and consultations, consumers noted that while we have spent the last 20-plus years building our communities economically, it has often been at the expense of the social connections necessary to make communities thrive. We began to see these social reconnections and support networks re-appear during COVID-19, which many described as a 'new normal'. Consumers have told us that we need to invest in this new normal, rather than return to a hospital-centric health response.

**Recommendation 2** HCT works closely with the Minister and the Department to facilitate further community consultations on specific community models of care that arise through this process to ensure they be tailored to the Tasmanian setting and to particular regions across the State.

**Recommendation 3** Any community-based model of healthcare has an objective of greater community health and wellbeing should identify and incorporate a whole-of-community or whole-of-person approach in order to make meaningful and long-term improvements to the health of Tasmanians.

## 8. Modernising the Health System

---

### a. Patient records – My Health Record

There has long been a sense of exasperation with the failure of the hospital system to move to adequate electronic health management technology, given the amount of time and money that appears to have been spent discussing and working on this issue.

Current records management is siloed, inefficient, and out of step with community expectations. This has implications for both patient safety and patient care planning, and places an additional burden placed on patients who are forced to repeat their story to multiple practitioners in the healthcare hierarchy. Poor records management also impacts operational efficiency, including the reporting of performance outcomes.

Poor health recording keeping also makes it hard to individuals to keep track of their health and to be proactive and better manage their health and healthcare requirements.

Those who most need access to an easy-to-use health record system, the elderly and those with chronic conditions tend to be the groups that have the most trouble using My Health Record.

The impact that poor eHealth records had on patient safety during a pandemic is of particular concern.

#### What we heard at the forums:

“Digital health has not been adequately resourced. The system is fundamentally flawed, we need a better system, not patches on patches.”

“The proposed 10-year project is inadequate. In 10 years, technology will have moved on the extent that any system proposed now will be obsolete.”

“The socially isolated are slipping through the cracks. They don’t have the funds, skills or desire to navigate the system.”

“GPs are not equipped to get the necessary information onto MHR, and there is no automatic transfer of information. People are not able to access the necessary information from their own health record. The system is siloed.”

**Recommendation 4** As a matter of urgency, the Department in conjunction with consumers review the current eHealth records management to identify and remove barriers to information sharing.

**Recommendation 5** The Department consults with consumers, carers and health care providers about the information that should be prioritised for addition to My Health Record.

### b. Telehealth

Most health consumers we consulted agree that one of the positives to come from COVID-19, particularly the outbreak in the Northwest (NW), has been the availability of access to telehealth

services with new MBS item numbers. However, we have also heard many stories about people missing regular GP consultations, failing to present to the Emergency Department, and not being able to use or access telehealth.

Digital inclusion was highlighted as a serious issue for Tasmanians, particularly in rural areas. Telehealth, whilst a great initiative does not work when people are not connected into the health system in the first place or can't access or afford data.

On the positive side, we have seen stories of innovations to demystify telehealth. An example was the short video produced by Connecting Care featuring a respected local GP, where the impact locally was significant.<sup>9</sup>

Findings from HCT's Survey 4<sup>10</sup> include:

- Most Tasmanians have heard of telehealth (90%), yet only 68% of those surveyed knew how to use telehealth. Nearly 25% indicated they didn't know how to use telehealth.
- People who did not know or were not sure about telehealth were more likely to be older (over 75) or were twice as likely to have finished schooling at year 11 or below.
- Those using telehealth were either very satisfied (40%) or satisfied (46%) which is consistent with the findings in April.

Electronic prescribing complements Telehealth whereby people's prescriptions can be delivered to them via text and sent electronically to pharmacists or other allied health and specialist services. This service needs to be uniformly offered across the Tasmanian health system.

#### **What we heard at the forums:**

"Telehealth is appropriate in some settings and for some people but should never completely replace face-to-face care. The potential is there, but currently it's not used as well as it could be."

"Flexibility needs to be built into the system to take into account different consumer groups - aged care, socially disadvantaged, non-English-speaking background."

"We need to recognize that digital health isn't the most appropriate format for everyone."

#### **c. Social Prescribing**

Social prescribing is the practice where health practitioners link their patients in with social services to address the social factors that are contributing to their poor health and social isolation. One example may be where a general practitioner links a widowed male patient to a local cooking group for older people that is run by a community organisation, to assist their patient in both improving his nutrition and developing friendships.

This line of work is being pursued at a national level through a joint collaboration between the Consumer Health Forum of Australia, the Royal Australian College of General Practitioners and the NHMRC Partnership Centre for Health System Sustainability.

One way to assist Tasmanian health practitioners to access this kind of community organisation service directory and referral pathway would be to build it into the existing "Health Pathways" online infrastructure that has been developed and is being used by Primary Health Tasmania and the Tasmanian Health Service.

---

<sup>9</sup> [www.connectingcasetas.com.au/](http://www.connectingcasetas.com.au/)

<sup>10</sup> <https://healthconsumerstas.org.au/wp-content/uploads/2020/07/Health-Consumers-Tasmania-Stakeholder-Release-28-July-2020.pdf>

## 9. Planning for the future – strengthen the clinical and consumer voice in health service planning

---

### 9.1 Why is health consumer engagement necessary for the Tasmanian health industry?

The Australian health regulatory environment has two statutory requirements which mandate that health service providers have formal and documented processes to incorporate consumer input into their governance and operations. These are:

- 1) *The Australian Commission for Safety and Quality in Health Care (The Commission)*, which is responsible for quality standards in health care (*NSQHS*) across the tertiary sector. Each public and private hospital is required to meet these standards to remain operational. One of the eight standards - Partnering with Consumers - Standard 2 - is dedicated solely to consumer engagement.

From 1 January 2019, health services were required to implement the NSQHS standards (second edition) which includes an increased focus on partnering with consumers. The Partnering with Consumers standard is an overarching standard which introduces additional requirements with the expectation that health services will provide evidence of how healthcare initiatives and continuous improvement programs influence the quality and safety of person-centred care. Evidence is required to substantiate consumer input into the planning, decision making, design, delivery and evaluation of all services.

The Commission is developing similar quality standards applied across aged care, primary care and allied health.

Health Consumers Tasmania is a formal member of the Commission's Partnering with Consumers Committee – a statutory appointment – which for the first time provides a mechanism for Tasmanian consumers to provide input into these standards at a national level.

- 2) *The Australian Charter of HealthCare Rights*, which was endorsed by each State Health Minister through COAG. The Charter provides a legislative framework for informed consumer input into the health system, particularly in consumer-centred care.

Health Consumers Tasmania, at the request of the Commission, has facilitated community input into these standards to ensure they can be presented in a way that can be easily understood by Tasmanians.

Consultations by HCT with the Tasmanian community and the community sector during 2019, which involved approximately 80 individual meetings, 20 group meetings and a stakeholder workshop made up of 50 participants, identified six (6) market failures that exist within the Tasmania health sector that have a direct impact on consumer engagement. While they are not specific to the Tasmanian situation, they build a case for a change in the culture and operations at both a Departmental and industry level required to facilitate greater consumer and community engagement.

These market failures are outlined below and many people look to HCT to help address these.

- 1) Government Departments generally do the policy thinking - they are not necessarily able to understand the views of the consumer or broader community.

**There is a need to strengthen the broader public policy conversation and analysis by ensuring the consumer voice identifies the issues and shapes the solutions within and across the Tasmanian health system. The Department needs to listen to and act on the advice of organisations like HCT to enable this to occur.**

- 2) The Tasmanian health system is complaints based and driven which leads to an organisational response to improvement that is directed into specific areas where the need is visible and often time critical.

**There is a need to identify and build a longer-term, strategic and proactive position or voice on health reform and systems-based improvements that incorporate the views of all segments of the community.**

- 3) The health industry does not want to see the public as consumers but as patients. This cultural setting creates barriers that make it hard for the health system to engage with its community so that it can become more customer focused and positioned to best meet the needs of its communities, rather than a 'top down' service delivery model.

**Cultural change is required across the health system so that it is able to listen and act on the consumer voice to shape service delivery and increase the accountability of the health system and providers.**

- 4) There are health issues that can't necessarily or easily be progressed by one organisation alone as they incorporate and involve many different sectors within health or across other portfolios like housing, employment and education. This leads to health service delivery which is on the most part siloed and fragmented.

**A coordinated approach is required to engage and voice a community perspective that can inform Government policy on longer term, strategic and systems-wide approaches to reform and improvement, and the links between prevention, community and primary health and acute/tertiary service delivery.**

- 5) Members of the public don't necessarily see themselves as consumers of health and are often unaware that they have a right under the Charter of Healthcare Rights to have a say on their healthcare options and services

**To maximise the effectiveness of community input into the health system, health consumers require training and mentoring to empower them to voice their views on policy development and service delivery that will meet their needs.**

- 6) There is a market failure around Information asymmetry, and this exists at many levels including across the health system and between the health system and the community.

**Strategies are required to strengthen the two-way information sharing between service providers and consumers and to strengthen and improve the health literacy of the broader community.**

Unfortunately, each of these systemic barriers restrict the ability of the Government and the community to have meaningful dialogue to build a health system that meets the needs of communities across Tasmania in 2020.

**Recommendation 6 The Department work with HCT to develop a long-term strategy to alleviate the barriers to community engagement.**

## 9.2 Community and Consumer Engagement

For community and consumer engagement to be effective, significant reform and effort is required across two spectrums:

- The health industry. If those who work within the health industry are either unable or unwilling to engage meaningfully with consumers, then any effort to motivate the community to engage, provide input and generally take a proactive interest in the planning, scoping and review of their health services will be unsuccessful.

Strategies and initiatives to improve the culture (willingness) and structures and processes (enablers) across all areas of Government policy and service delivery are required to embed and empower the consumer voice.

- Community social or soft infrastructures. The community has expressed a willingness to be involved in the planning and delivery of their community healthcare services but currently there are no clear pathways for this to occur.

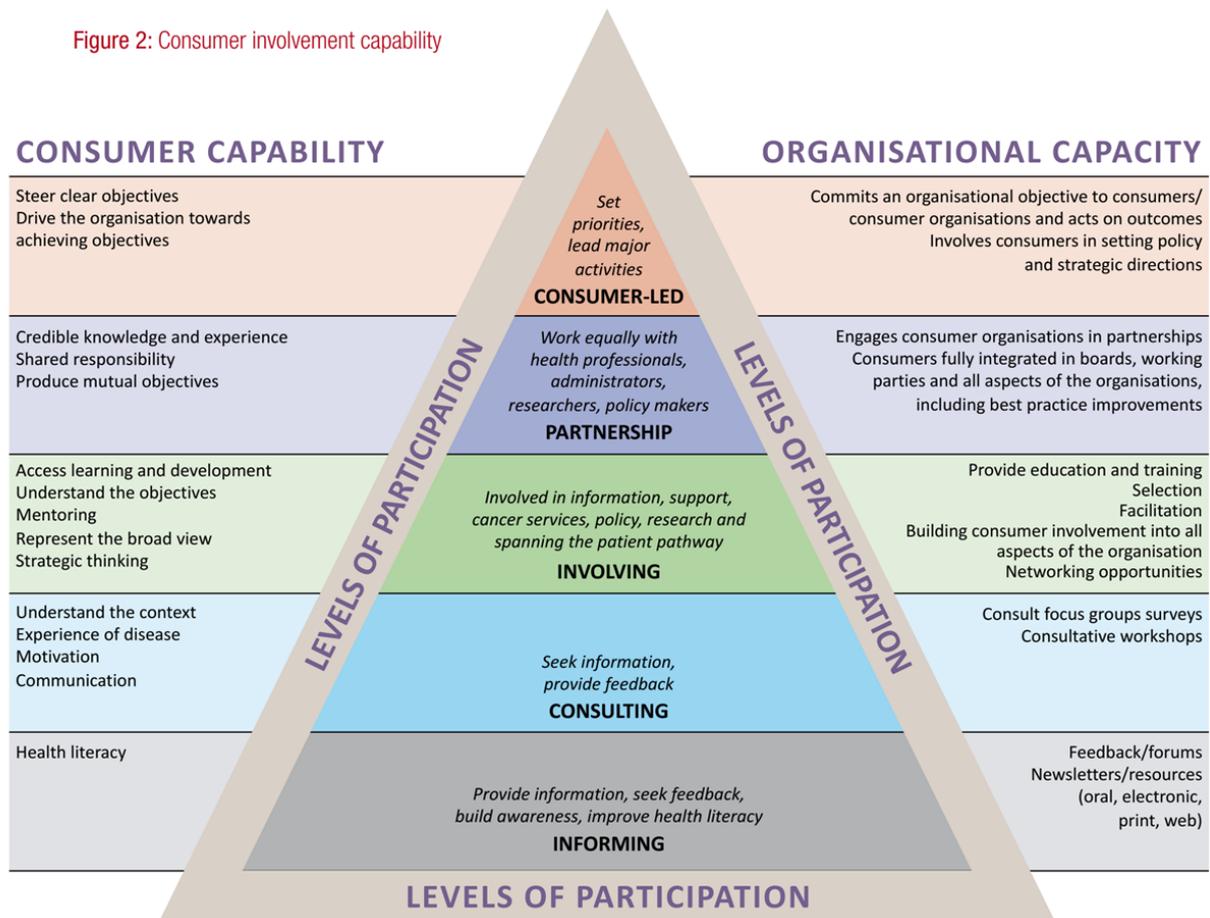
Each of these two areas are addressed in more detail below.

### 9.2.1 Health Industry reform – consumer engagement

The following diagram<sup>11</sup> shows the spectrum of consumer engagement – ranging from ‘informing’ (communication or one-way flow of information); ‘consultation’ (two-way flow of information); ‘involving’ (consumer placement on program or service delivery level committees); ‘partnership’ (co-design) and ‘consumer led’.

Unfortunately, across the health system in Tasmania, the majority of consumer engagement currently sits at the lower end of the spectrum - at the ‘informing’, ‘consultation’ or ‘involving’ levels. There is very little evidence that systemic consumer engagement occurs at the top end of the spectrum – the ‘consumer led’ or ‘partnerships’ levels - and it can be argued that consumer engagement at the ‘involving level’ is ad-hoc (it doesn’t always happen or happen well).

Figure 2: Consumer involvement capability



<sup>11</sup> National Framework for Consumer Involvement in Cancer Control - Cancer Australia, Council Voices and Australian Government

To build organisational capacity across the Department and the health industry more broadly, Health Consumers Tasmania recommends the following three strategies:

1) Committed Organisations

**Governance** - Improvements to Departmental governance structures including consumer representation on boards and senior decision-making committees (Health Executive and related sub-committees) supported by policies and procedures that incorporate principles, objectives and practices of effective consumer engagement

**Culture** – Training and engagement initially across the DoH Health Executive and Executive Sub-Committees which is ultimately rolled out across the Department Executives and staff. A consumer engagement model becomes embedded and compulsory in future staff induction processes.

**Resources and support** – Departmental and program areas explicitly plan and resource (budget and staff) to enable consumers to be effectively and automatically engaged and remunerated.

**Recommendation 7 Committed organisations – Health Consumers Tasmania to work with the Departmental Executive to build its governance structures, culture, and programs to optimise consumer engagement across all areas of the organisation.**

2) Capable Consumers

**DoH Consumer Engagement Plan** – The Department has a consumer engagement plan that is:

- State-wide
- developed at the ‘consumer led’ level of engagement
- factors in consumer recruitment and progression planning (enabling consumers to progress up through the organisation levels of committees)
- implements consumer remuneration, training, skills development and mentoring
- involves consumer placement across decision making, policy and program development, and implementation, including in relation to quality and patient safety and evaluation.

**Recommendation 8 Capable Consumers – Health Consumers Tasmania to work with the Department to develop a Consumer Engagement Plan for the organisation.**

3) Industry-wide Approach

**Community Engagement Plan** – linked to 9.2.2 below – The Department develops a community engagement plan that specifically covers social inclusion strategies

**Health Department subcontractor arrangement** – Organisations involved in the delivery of health services to have a formal process of consumer engagement as part of their service delivery as a condition of contract.

**Consumer Engagement Framework** – A State-wide, industry-wide consumer engagement strategy that has buy-in and support from all levels of Government, public and private sectors and the community sector to ensure consistency in consumer engagement across the State.

## **Recommendation 9 Industry Wide Approach – Health Consumers Tasmania to lead the development of a State-wide Consumer Engagement Framework**

### *9.2.2 Community Social Infrastructure Reform*

Communities want to take ownership of their health and wellbeing and to have a long-term holistic focus on both the health of individuals and the health of their communities through better coordinated community health and related services. This enables communities to have a stronger voice and a say in what services they want locally and provides a pathway for communities to build bridges for their citizens to access healthcare services.

To achieve this, Health Consumers Tasmania recommends the following two strategies:

- 4) **Local Health Connectors** – Independent persons within local communities who are resourced to establish or leverage of existing groups to bring together local networks comprising health consumer representatives, community advocates, clinical health services, social support services, and supportive business enterprise that will:
  - work with community and government service providers to improve and strengthen their ability to collaborate and provide coordinated community-based health care focused on the specific needs of their community
  - work with the community to codesign a local approach to ensure they have access to the health services they require – to reduce the growing gap between the community and primary and allied health and wellbeing care.

The Local Health Connectors will build on the existing relationships within the community to encourage their involvement in:

- identifying ways to improve access to existing health and wellbeing services, particularly those at risk, remote, socially isolated and/or socially disadvantaged
- identifying and developing a shared resource to promote health and support services, appropriate to local community literacy needs that is ongoing and is not dependent on digital access or digital literacy
- building formal linkages between clinical health and social support services and the community.

Tasmania would require Health Connectors in most community settings.

## **Recommendation 10 Local Health Connectors - Health Consumers Tasmania would welcome the opportunity to employ and support the role-out of the Local Health Connectors.**

- 5) **Hospital Community Outreach** – HCT recommends a mechanism for the four regional hospitals to talk and engage with their local community, seek community feedback and build stronger connections with their local regions through the development of community engagement plans.

Recommendations from the Independent Review of the North-West Tasmania COVID-19 Outbreak highlighted a need for greater local community and consumer communications during a pandemic (Recommendations 13 and 14). HCT believe this should become a normalised approach rather than one that is enacted only during an emergency.

Each of Tasmanian three hospitals (RHH, LGH, NWRH) have community engagement councils. These councils have a statutory role under the ASQHC quality standards and work mostly across the patient safety and quality domains. There is an opportunity to further develop the skills and expertise of these councils and to enhance their resources so they can effectively engage with their respective communities. HCT would welcome the opportunity to work with the councils in partnership to deliver this.

**Recommendation 11 That Tasmanian hospitals' community engagement councils (CCEC's) be trained, resourced and supported to be able to engage meaningfully with their local communities. HCT to work in partnership with councils to achieve this.**

The Discussion paper identified two initiatives for consideration, a Future Health Leaders Forum and a State-wide Clinical Senate.

**Future Health Leaders Forum** – Health Consumers Tasmania supports this initiative in principle with two additional recommendations.

Firstly, that it be formally linked with the Local Health Networkers above. This would enable it to:

- build on the culture of innovation in the health system from the ground up
- foster leadership and management skills at a community level
- build partnerships locally and state-wide, and
- share experiences from across the State and across the health system

Secondly, Future Health Leaders Forum be codesigned with consumers, have consumer representation on the forum and include a consumer as a co-chair once formed.

**Recommendation 12 Endorse the formation of a Future Health Leaders Forum and that it be codesigned with consumers, have consumer representation and be co-chaired by consumers.**

**State-wide Clinical Senate** - Health Consumers Tasmania support this initiative in principle on the condition it be codesigned with consumers, have consumer representation on the Senate and include a consumer as a co-chair once formed.

**Recommendation 13 Endorse the formation of a State-wide Clinical Senate and that it be codesigned with consumers, have consumer representation and be co-chaired by consumers.**

## 10. Next steps

---

Health Consumers Tasmania would welcome the opportunity to work closely with the Department to:

- seek further community input into community health models
- engage the Minister directly in regional community roundtables
- sit down collaboratively with the Department to support the codesign of a Our Healthcare Future policy position for Tasmania.