



With Tasmania's health system taking centre stage during the State election campaign, there has been much discussion around which parts need fixing and how quickly it can be done.

It is important that communities are not lost in this debate.

For example, the proposed co-location of public and private hospital services in Launceston is just one piece of a "health jigsaw puzzle", so is greater investment in elective surgery or redevelopment and upgrading of our major hospitals, or expanding services across Tasmania's 17 rural hospitals and community centres, more ambulances, community based palliative care and mental health services along with the many other initiatives we have seen announced so far.

For the record, Health Consumers Tasmania supports any initiative that allows Tasmania better access to safe and quality health care when they need it and the above election commitments are important and are supported.

The question we ask, is whether these initiatives on its own, will keep at bay the increasing demand for services driven by the changing health needs of Tasmanians.

However, there are other missing pieces of the health jigsaw and they focus on involving communities in the solutions and empowering them to take the lead on addressing significant health issues and preventing them from getting sick in the first place.

Communities can see what the missing pieces are for their regions and therefore expect to have a say on what they are and how they could be best delivered.

Tasmanians repeatedly tell us they do not want to go to hospital, they want to access treatment either at home or within their community. They want a model of healthcare that is holistic and considers the 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' – this refers to prescribing things like, for example, exercise to combat obesity or social groups to combat isolation or mental health issues.

People are seeking community-driven health hubs located across their suburbs and regional towns, where they can have all their health needs assessed in the one place. Centres that could bring different primary, allied health and community services together; support appropriate palliative care and other medical procedures that can be done away from hospital settings; integrated with aged care and mental health services; and provide after-hours and follow-up services working proactively within their communities to help keep them and their people well.

There is also demand for a much stronger and coordinated public health response to the vulnerable, linguistically, or culturally diverse groups, as well as those with mental health issues and those who are isolated or elderly. We know that consumers are avoiding or delaying seeing GPs due to cost and in 2016-17 some 10% of Tasmanians delayed or did not receive health care for this reason. The access gap between the community and primary care is growing and any future model of healthcare will need to bridge this divide through the provision of information, referrals and trained personnel to guide people to the right service.

There is a need to reconnect people to the health system that has left them behind.

None of this is new, but it will take new thinking and a fundamental shift in how we deliver health services to implement.

Each region of the state has its own requirements and as a result services will need to be tailored to suit.

In this way communities need to be engaged by decision makers to ensure the outcomes will work for respective towns and regional centers. Those living in a community are best placed to provide insight and guidance as to the demands and the gaps in service provision.

If these people are empowered to lead the charge on addressing health issues they will be equally invested in the outcomes and in holding decision makers to account.

The current model of health care - a health system waiting for people to get sick before treating them no longer works when more people are presenting with complex chronic conditions.

Health consumers are tired of quick fixes that do not result in improved health outcomes. They are frustrated when they cannot access or easily navigate a system that is complex and siloed. And they are increasingly worried they will not receive treatment when they need it, or they fall through the cracks that are ever widening.

The community is ready for change.

The question is whether those in positions to make the deep structural changes are prepared to do so.

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