

**Op-ed: Co-locating a private hospital with the LGH is only one part of the health jigsaw**

Peoples health is changing rapidly and unfortunately for many, it is for the worse. Tasmanians are not getting healthier with the next generation of 40-year old's, who are about to enter the health system appearing to be, for the first time, less healthy than that of their predecessors.

The health industry, on the other hand is not changing and/or not changing fast enough to keep up with what is happening in the Tasmanian community. This is not simply about capacity or more hospital beds, it is about how the community views health and wellbeing, and the changing expectations communities have on their health care needs.

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. A model whereby a hospital system that was established to treat urgent or acute health conditions is now a last resort option for many people with medical needs that are best treated away from hospital settings. The model of primary care which is designed to provide timely access to a GP, for many, is a luxury they do not have.

It is with this lens that Health Consumers Tasmania views the discussion about the co-location of the private hospital with the Launceston General hospital.

Co-location is just one piece of a 'health jigsaw puzzle,' which on its own, will not keep at bay the increasing demand for services driven by the changing health needs of Northern Tasmanians.

For the record, a co-located private – public hospital in Launceston has, from Health Consumers Tasmania perspective, many advantages. It will take pressure off the public hospital by freeing up beds as well as provide an economy of scale, whereby it becomes easier to recruit more specialists, doctors and nurses, which in turn increases the range of medical procedures offered to the community. This will finally make it easier for the hospital to maintain its teaching accreditation so the region can train its own workforce.

As one community member puts it - "The one issue that is raised time and time again - is the lack of specialists in Northern Tasmania. People are waiting far too long after a referral from their GP, even those with private health insurance."

The only concern that Health Consumers Tasmania has heard regarding co-location is that some in the community are worried that it makes it easier for private patients to get first call to public facilities. For example, jumping the queue to the Emergency Department, operating theatres, intensive care support etc. An open and transparent reporting system will be required to reassure the public that this is not the case and that it is not impacting their ability, as public patients to access public services.

So, what are other or missing pieces of the health jigsaw?

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.

Firstly, 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 after 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.

For these hubs to work, they would have to incorporate a 'no wrong door' policy, to ensure that when a client is not in the right place, they are referred to the correct service.

Secondly, there is 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 and as each region will have its own requirements, services will need to be tailored to suit.

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 and our understanding is that many health professionals are also calling for change in how the system works as it is becoming unsustainable in its current form.

The question is whether the funders and decision makers are ready to make the deep structural changes required to how services are funded and delivered.

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