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**Submission to the Delivering Safe and Sustainable Clinical Services Green Paper
(One State, One Health System, Better Outcomes Reform)**

Anglicare welcomes the opportunity to provide a submission to the Delivering Safe and Sustainable Clinical Services Green Paper.

Anglicare is the largest community service organisation in Tasmania, offering emergency relief, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services and children, youth and family support. Most of our clients are on low incomes and many receive the lowest incomes of all – a Government pension or allowance. In addition to our services, Anglicare's Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus on the needs and concerns of Tasmanians on low incomes.

Anglicare supports the Tasmanian Government's focus on improving the public health system, including the rationalisation of acute care and managing the health system under one administrative body. We are, however, concerned that the Green Paper does not have a particular focus on people on low incomes or people with chronic illness. Both these population groups are particularly vulnerable to changes that may generate greater expenses, travel time or time away from home due to their limited income and/or high annual health costs. Anglicare believes that any reform to the health system must address the specific service needs of these population groups.

Our submission addresses the specific questions raised in the Green Paper, which are directly relevant to our service and research experience. We have also included a survey of our clients undertaken to highlight their experiences, which are relevant to this submission. Views were gathered from callers to our Service Centre over 5 days in February 2015. Out of an approximate incoming call population of 350 callers, those who were not considered to be in distress were invited to participate. All 100 clients agreed to take part.

2.1 Better Access to Care vs Access to Better Care

Anglicare agrees that Tasmania's population size and regional distribution poses particular challenges to public health policy and that rationalisation of acute care is required. Anglicare's concern is that people on low incomes who are required to travel for health services do not have the economic means to cover the transport, accommodation and time away from their work place that may be required. Anglicare urges that the reform does not create any additional barriers for vulnerable people seeking health care.

Current support and information for patients who have to travel for health reasons is inadequate. Anglicare's survey of clients found that more than half of respondents (64 per cent) did not think they would be able to find appropriate accommodation if they had to travel to another region for medical treatment.

We therefore encourage the government to ensure that if a service is not available locally that appropriate assistance for transport and accommodation is provided for the client and that adequate accommodation is provided for families where a longer stay in hospital is required, as suggested in the Green Paper. Anglicare also agrees that there may be suitable opportunities for bringing services to patients in their local community in some circumstances.

3.1 A greater focus on primary and community care

Anglicare strongly supports a focus on primary and community care with a goal of reducing pressure on the acute system. We are concerned, however, that the most recent State budget cut preventative health services, health promotion and population health, all of which are integral to a comprehensive primary health care system. We urge the State Government to recommit to primary health and reinvest in these areas.

3.2/3.3 Shifting the balance of care from the hospital to the community and redesigning our clinical services

Anglicare supports the proposal to design services to keep people out of hospitals where appropriate and effective. We raise concerns, however, that Federal initiatives such as a GP co-payment may make health care less affordable for vulnerable people. We caution the State Government to ensure that movement of any service provision away from hospitals ensures everyone has affordable access.

Anglicare's recent phone survey of clients found the vast majority of respondents have access to a GP or clinic (89 per cent), that they had access to transport to get to the GP or clinic (79 per cent) and they were confident they could recommend their local GP or clinic to family and friends (74 per cent). Keeping in mind that this survey only involved clients who were not presenting with signs of distress on the phone and that clients in distress may have made different responses, Anglicare suggests that more needs to be done to assist people who have difficulties accessing transport to local GPs and clinics (20 per cent of the population of our survey).

Conclusions

Anglicare commends the Green Paper for making a valuable step towards improving public health services in Tasmania. Anglicare is concerned, however, that the Green Paper does not place an emphasis on vulnerable Tasmanians and in particular Tasmanians on low incomes or those who have chronic illness. We also note that the Green Paper failed to refer to other reforms currently being undertaken as part of the Government's election promises. This includes initiatives such as the Rethink Mental Health Project, which also covers issues of primary health, quality of services, gaps, barriers and system reform. Anglicare urges the Department of Health and Human Services to ensure that all reform processes are integrated together, as appropriate.



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Chief Executive Officer