



Response to Primary Health Services  
Plan Issues Paper

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**Submission from**

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## **Introduction**

Anglicare Tasmania would like to thank the Department of Health and Human Services for the opportunity to consider and comment on the development of primary health care services in Tasmania.

This submission does not specifically explore the principles proposed as a basis for the Primary Health Services Plan beyond stating that they appear comprehensive and appropriate. Neither does the submission comment on whether services are grouped appropriately within the three tier model. However it does comment on:

- the proposed structures for communication and collaboration between service providers (Question 3); and
- the range of infrastructure support (Question 4).

This submission would also like to point out the difficulties in commenting on the above given the absence of detail about communication and collaboration structures and infrastructure support in the Issues Paper.

## **About Anglicare**

Anglicare Tasmania is a non-government organisation that has been working for the Tasmanian community for the past 20 years. Since its establishment it has grown into a state-wide service responding to issues faced by Tasmanians such as financial crisis, homelessness, unemployment, the adverse health, social and economic consequences of alcohol and other drug use, and the challenges faced by people with physical and intellectual disabilities or mental health problems.

Part of Anglicare's mission is to speak out against poverty and injustice and to offer alternatives to decision-makers to help build a more just society. Anglicare practices this advocacy through its Social Action and Research Centre (SARC) established in 1995 to work with low income earners to identify the issues that affect them, and then carry these concerns to Government.

Over the past eight years SARC has produced a series of major research reports on issues affecting low income Tasmanians including access to health care, unemployment, financial crisis, mental illness and disability.

## **Key Concerns**

Anglicare's key concern is how any developments in primary health services will impact on low income Tasmanians and whether they will help to ensure better health outcomes for low income and disadvantaged people. Anglicare's research has explored in detail the access that two especially disadvantaged groups have to health services. These are people with disabilities (Hinton, 2006) and people with severe mental health problems (Cameron & Flanagan, 2004). This research has raised three major concerns. They are:

- the interface between primary health services, acute services, secondary services and community care services;
- the role of the GP and other primary health service practitioners in service coordination, information dissemination and referral; and
- the current lack of accessible and affordable transport to and from health and other services.

## **Interface between primary health care and other services**

Many people with disabilities and severe mental health problems as well as being reliant on specialist health care also require an extensive range of health and other support services in the community to maintain a reasonable quality of life. Effective links between acute, primary and community care services can be key in ensuring people have access to the information and support they need to live in the community. In particular GPs and other primary health service providers can have a pivotal role in the care of those with complex needs and co-morbidity and in improving opportunities for diagnosis, early intervention, treatment and referrals to community support and multi-disciplinary care.

However the current system and the linkages which exist between services do not necessarily allow reliable access to required services and are often fragmented across different professional boundaries. Anglicare's research has demonstrated:

- an absence of planned hospital discharge. This has been routinely noted by research participants who leave hospital with little information about what services might be available to them. NGOs providing services in the

community continually expressed concerns about not being notified about individuals being discharged from hospital. This effectively excludes people from services which could have provided support.

- meeting complex need requires effective partnerships with other organisations but GPs, nurses and other primary care providers are not well informed about the range of community care services available to patients. This can mean that health care professionals only provide information on community care services when the needs become very apparent and the patient reaches a point of crisis rather than being able to promote a more preventative approach.
- a lack of mandatory training about disability and mental health issues among GPs and other health care professionals. This fosters a lack of understanding about the issues facing these populations and an inability to identify the need for services early. This is a significant shortfall given that a large percentage of any practice population will be affected by these issues. This can also manifest itself in a failure to identify and treat other underlying health issues unrelated to the specific disability and/or mental health issues.
- the under-funding and paucity of community based services. Even when primary health care professionals have information about community care services under-funding and a shortage of resources in this sector can be a barrier to effective referral. Long waiting lists and/or non-existent services impact on the ability of primary health providers to intervene early or to coordinate effective packages of care. In particular there is restricted access to allied health services like physiotherapy, speech therapy and occupational therapy due to a lack of resources.
- where primary health providers and those providing community care services know each other, have an understanding of the services provided by others and have developed cooperative working relationships patients are much more likely to have their individual needs met.

Current shortfalls in the service network can have very severe consequences for patients who are denied access to the services they need. For example, our research has demonstrated how the lack of information GPs have about how to complete a 'treating doctors report' for the purposes of accessing Centrelink benefits like the Disability Support Pension, Carers Allowance and Carers Payment mean that significant numbers of eligible applicants are denied access to the benefits that they

need. This can have a profound impact on their income, their quality of life and the ability of carers to maintain their caring role.

## **Infrastructure Support**

The Issues Paper identifies transport and information as two important aspects of the infrastructure support required as a basis for the development of primary health services.

Anglicare's research has continually demonstrated the difficulties low income Tasmanians face in accessing affordable transport (Madden, 2005). In the course of research into poverty, mental illness, unemployment, housing, disability and financial crisis, the difficulties caused by a lack of access to affordable transport have been a common concern. These were summarised in Anglicare's submission to the Clinical Services Plan Issues Paper and apply equally to primary health services (please find our submission attached).

In addition any improvement in service co-ordination will also need to be backed by a comprehensive information strategy about what health and social care services are available and how to refer to them.

## **Recommendations**

It is vital to promote and sustain proactive links between primary care and other health providers and community care services in order to facilitate coordination, planning and support in the community for those with complex needs. It is also crucial to ensure that patients are not barred from the services they need by an inability to access information or affordable transport. Given the already significant difficulties many low income and disadvantaged Tasmanians face in gaining access to health care services more coordination and infrastructure support will be key to improving outcomes.

The Issues Paper states that methods will be identified for promoting partnerships at local level that bring all sectors together in order to foster the coordination of services

and the more efficient use of resources. The Paper also identifies that an information strategy will be key to developing the integration of services and that the availability of transport services is also crucial so that the service model can meet patient needs.

Anglicare recommends that the Primary Health Services Plan should:

- acknowledge an improvement in community care services infrastructure as integral to any improvements in outcomes for primary health care services patients so that there are services available to respond to identified needs;
- strengthen the relationships between service providers and invest in systems to support coordination of care so that health care practitioners are well informed about community care options available to their patients;
- further develop tools like common assessments, care plans and an information strategy that can be used by a range of providers across services;
- commit to ensuring that concessionary rates and subsidies for patient transport are based on real economic modelling relative to the incomes of concession eligible users.

## References

Cameron P and Flanagan J 2004 *Thin Ice: Living with serious mental illness and poverty in Tasmania*. Social Action and Research Centre, Anglicare Tasmania

Hinton T 2006 *My Life as a Budget Item: Disability Budget Priorities and poverty in Tasmania*. Social Action and Research Centre, Anglicare Tasmania

Madden, K 2005. *Transport Issues Paper*. Social Action and Research Centre, Anglicare Tasmania