18 November 2014

Alan Bansemer
Chair
Commission on Delivery of Health Services in Tasmania
GPO Box 9848
CANBERRA CITY ACT 2601
PDF via email: Tasmania.Commission@health.gov.au

Dear Alan,

Re: Clinical Redesign

The Australian Nursing and Midwifery Federation (Tasmanian Branch) (ANMF) has fully supported many of the health system improvements initiatives funded by the $325 million Tasmanian Health Assistance Package (THAP). In particular the introduction of clinical redesign, underpinned by sustainable clinical redesign principles, to improve patient pathways and implement better use of existing healthcare resources was welcomed.

One of the key functions of the Commission is to monitor the expenditure of the THAP. ANMF understands there is a substantial commitment in dollar terms to the clinical redesign process through the allocation of $40 million dollars with a $12 million allocation from this to the University of Tasmania. The program is now managed by Health Services Innovation Tasmania (HIS Tas) a consortium of state-wide stakeholders with a number of key objectives.

ANMF recognises that high level diagnostics are a crucial redesign principle for planning and the implementation of sustainable activities and looks forward to the public release of the data which is now complete.

A stated key function of the consortium is the identification of training and capacity gaps yet the majority of funding appears to being spent on the development of undergraduate and postgraduate university programs and Honours Scholarships without apparent needs analysis. ANMF fully supports timely education related to clinical redesign for staff and asserts the success of any significant change and innovation will be dependant on this. Clarification related to whether this is a University of Tasmania funded initiative or an HSI Tas initiative funded through the THAP is requested.
Additionally, the transparency related to expenditure of the significant financial commitments to clinical redesign particularly as it relates to consultancies and the development of education, without apparent needs analysis, is of concern and clarification around the expenditure to date and the projected budget would be welcomed.

ANMF is keen to ensure these vital resources result in a tangible outcome to make a real difference to service delivery and patient care yet to date there has been no outcomes or improvements at the hospital level. It also appears that only a small percentage has been allocated to hospital based project positions, some of which remain unfilled. The majority of funding is currently utilised in UTAS positons developing UTAS programs from which UTAS revenue will be gained.

Thank you for consideration of this request and a response is keenly anticipated.

Yours sincerely

Neroli Ellis
Branch Secretary