19 February 2016

A Healthy Tasmania
Department of Health and Human Services
GPO Box 125
Hobart TAS 7001

Re. Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft

Thank you for extending us the opportunity to submit to the community consultation draft for Healthy Tasmania Five Year Strategic Plan.

As the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal level.

RACS is pleased to see the Tasmanian Government address key issues of chronic disease with the development of this document. The College has already positions on alcohol-related harm, cessation of smoking and reducing the burden of obesity, which may help inform the Healthy Tasmania Strategic Plan.

Key aspects of the alcohol-related harm position paper include recommendations for restricting the physical availability of alcohol (through trading hours and outlets), restricting the economic availability of alcohol (through taxes) and to reduce exposure of advertising.

RACS also supports the government in their effort to conduct targeted approaches aimed at assisting populations with a high prevalence of smoking to quit and to reduce overall health inequalities.

The position paper on reducing the burden of obesity details RACS support for the development of national plans in Australia and New Zealand to coordinate efforts to reduce obesity. Work towards evidence-based preventative health policy would be in line with this position and RACS encourages the Tasmanian Government on this pathway.

However RACS would also like to ensure secure funding for treatment of patients with equity of access to weight loss surgery by publicly funding bariatric surgery, including support from a team of expert clinicians for patients that meet appropriate clinical guidelines, as well as ensuring health services are adequately equipped to deal with the growing number of obese patients.

Another important aspect of these positions includes an emphasis on data collection, such as the use of national bariatric surgery registries in Australia as well as hospital presentations on alcohol-related harm and rates of smoking among surgical patients. The indication by this draft of the better use of statistics from the Tasmanian health system would also assist in the development of evidence-based health policy. RACS looks forward to seeing the findings from this data.

Here we restrict our comments to some key questions posed from the draft, detailed following:
Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

A: The College commends the Government on planning and has seen significant change in the development of the One Health System policy, however we believe there is more work to be done.

In particular health education and health literacy is a simple but often overlooked area in the health promotion space. RACS Fellows often see patients struggle with the basics of filling out forms and understanding hospital literature. We believe focus on this key determinant would assist in improving the health of Tasmanians.

RACS also looks forward to a system that can map a seamless patient journey from primary health service into tertiary and back again in a timely and efficient way. There is still some way to go on towards this goal.

Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?

A: Targets noted in the consultation draft are key action areas for the College. Targets towards reducing obesity and alcohol-related harm and smoking cessation would have support from College Fellows. However, any targets set should be clearly defined and backed by good supportive evidence that shows achieving those targets are directly linked to preventative health benefits.

What indicators of health status provide the best picture of whether progress is being achieved and could be monitored on HealthStats?

A: Tasmania already has information on key statistics that are some of the worst in the country. RACS believes focusing on what information is already available will assist in improving the health of Tasmanians rather than seeking new information that may be easily manipulated.

What do you see as the benefits and opportunity costs of the Tasmanian Government pursuing a ‘best buys’ approach to preventive health?

A: The ideal situation is to consider cost, time and benefit in any evaluation, particular in the case of preventative health, however the Government should be aware of comparing like with like.

The Tasmanian population has a unique health population with challenges similar to the Northern Territory. Ensuring that prevention programs are assisting in progressing health goals is important however ensuring the program suits the population is key to achieving those goals.
Are there preventive health commissioning models used in other jurisdictions that could be effectively adapted to the Tasmanian context?

A: As previously noted, an important aspect of looking to other jurisdictions for preventative health is to ensure the population is a similar representation to that of Tasmania. We must acknowledge the low health literacy and SES rates in this state and ensure we are catering for our own population.

Areas of rural and regional Victoria and even NSW are further developed in terms of services and delivery, and Tasmania has some way to go to be easily compared to these regions. Taking note of models from areas such as the Northern Territory will be more effective in adapting to the Tasmanian context than other more mature health services.

Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

A: Although it is important to consider how any policy would affect health, RACS believes the key approach is to ensure policies are clear and easy to understand and not convoluted by adding too many considerations.

How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

A: A shift to anticipatory care models would essentially mean a diversion from the overwhelmed tertiary sector in Tasmania. Any policy that may assist in this move would improve care and is worth investing in.

What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

A: Currently the Tasmanian health system is hugely fractured, particularly as the Government works towards its one health system goal. The pertinent issue of conflicting governance is still to be overcome so that the health system structure is clear.

With clear lines of governance, confidence and security can be ensured and clinicians within the health system can get on with the care of the state.
Do you support increasing the minimum legal smoking age (MLSA) to 21? If so, do you support a phase-in arrangement with respect to those currently legally able to smoke in the 18-20 age cohort?

A: RACS is keen to see further reductions in smoking levels, and recommendations can be read in our own cessation of smoking position paper. This includes the need for nationally consistent legislation. If there were an increase in the MLSA it may cause complexities that would too difficult to discern to the public, particularly for a state such as Tasmania that is heavily dependent on the tourist dollar and its contribution to the economy.

It should also be noted that youth smoking is already on the decrease\(^1\) and any investment in a move such as increasing the MLSA may divert funding from other beneficial programs that could further target the issue.

RACS warns the Government in approaching an important health issue for media headlines over true health promotion.

Do you support maintaining the status quo? If so, what are the reasons?

A: As stated in the response to the previous question RACS support anything to reduce smoking but feel any action should be targeted, simple to understand and consistent with national legislation.

We look forward to seeing the final five year strategic plan, one that we hope will ensure significant advancements in the health of all Tasmanians.

Yours Sincerely,

Brian Kirkby
Chair, Tasmanian Regional Committee

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