Preventing hospitalisations in Tasmania

2020/2021

TASCOSS BUDGET PRIORITIES STATEMENT

TasCOSS

INTEGRITY
COMPASSION
INFLUENCE

FIXING THE SYSTEM BY CARING FOR TASMANIANS

Thousands of Tasmanians can't access basic health care when they are sick.

Thousands of Tasmanians cannot afford to see a General Practitioner (GP), fill a prescription or access follow up treatment for their chronic diseases.[1]

Well over 200,000 Tasmanians have two or more chronic conditions.

The key priority for the government in preparing the 2020/2021 State Budget must be to reset access to basic health care available to Tasmanians in our communities, not just in our hospitals. In doing so, the State Government would fulfill its core duty of care to Tasmanians, ease pressure on the state's hospital system and open up a wealth of Federal funds to cover costs.

Every time a Tasmanian who needs a GP doesn't access one, the costs are threefold for them, their community and our state:

1) The person gets sicker, suffers more and will eventually require acute care in the long-term.
2) This person will ultimately present to the Emergency Department and will often require one or more potentially preventable hospitalisations, costing thousands of dollars and placing an avoidable burden on our overcrowded hospital system.
3) Tasmania misses out on Commonwealth dollars because a GP directed, Commonwealth funded care plan is not set up to fund the care the person requires, therefore the Tasmanian health budget picks up the cost.

> Overall, Tasmanians are sicker and older than other Australians. Tasmanians also have low levels of income, high levels of precarious employment, a widely dispersed regional population and the nation's lowest proportion of bulk-billing GPs.

Right now Tasmania is missing out on an estimated $38.5 million of Commonwealth health funding due to the lack of chronic disease care plans that Tasmanians are entitled to but don't have, often because they cannot access a GP or allied health team.[2]

GPs are often unable to provide care planning because of the significant problems in access to the other health care providers that they need to properly support management of complex chronic illness in the community. As a result, TasCOSS estimates Tasmania is missing out on well over $100 million across the range of available Commonwealth-funded care plans—from the NDIS to mental health, diabetes and aged care home support packages. This conservative estimate is based on the profile of our population relative to the number of plans currently in place. Each year the Federal Budget allocates funding for care plans based on Tasmania's estimated needs profile. These funds are accessible through the range of care plans as determined by the Commonwealth Department of Health.

Meanwhile, while this money sits waiting to be unlocked by a responsive community care model, 32% of the Tasmanian State Budget is being spent on health without the outcomes the Tasmanian population needs.

TasCOSS's Budget Priorities Statement has two goals:

1) **To ensure Tasmanians get the right primary health care where and when they need it.**
2) **To ensure Tasmania gets the full entitlement of Commonwealth health funds to ensure maximum benefit for people who are currently missing out.**

Improving the basic access to health care in Tasmania is a long-term mission, but we must start somewhere. Every delay and denial of the reality faced by many Tasmanians in accessing health care is a delay in stemming the flow of dollars that is currently directed into the acute end of the hospital system.

1 A chronic medical condition is one that has been (or is likely to be) present for six months or longer, for example, asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke. For more detail please refer to the Supplementary Figures and Tables document.

2 Patients who have a chronic medical condition and complex care needs and are being managed by their GP under a GP Management Plan (Medicare item 721) and Team Care Arrangements (Medicare item 723) are eligible for Medicare rebates for certain allied health services on referral from their GP. https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement.

As the amount of money invested into our hospital system increases, the health outcomes of our population are declining across many measures. This cannot continue.

If a business was spending 32% of its annual budget on one area and business outcomes were getting worse, it would reassess the expenditure and look for different ways of working.

One of the key reasons access to health care is becoming more challenging is, at least in part, because of rising cost of living pressures. While much attention has been on the increase in housing costs, the rising consumer costs of health are sobering. **Over the past ten years while CPI in Hobart has risen 22% overall, health costs have risen 56% and medical and hospital services have risen 83%.[3]** These rises outstrip real wages which have only risen 18% over the same period, and Newstart which has not risen in real terms for 25 years.[4]

When we focus solely on system issues at a hospital level, we overlook the lack of access to affordable health care of any kind in so many communities across Tasmania. **In a country that prides itself on a universal health system, Tasmanians are missing out—and the lower your income, the more your health is suffering.** In 2019, it's hard to believe that many poor Tasmanians are going to die up to 18 years earlier than advantaged Tasmanians. In 2019, how can it be that accessing a GP or a allied health professional is a 'luxury' so many of us can't afford?

The 2020/2021 TasCOSS Budget Priorities Statement lays out the case for change. In doing so, TasCOSS provides the evidence which demonstrates the link between lack of access to health care in communities and the Tasmanian hospital crisis. Importantly, we combine that evidence with the first-hand experiences of Tasmanians who live each day with poor and deteriorating health.

"My local GP no longer bulk-bills and I can't get into any other clinics that do bulk-bill because their books are full. There's a $30 or $40 gap when I go to the GP. I only go if it's absolutely necessary."
—Joe, Newstart recipient living in Launceston with a chronic neck injury[5]

What TasCOSS proposes is a proven model of wrap-around, connected health and social care that draws on existing resources to prevent hospitalisations, relieve the suffering of thousands of Tasmanians living on low incomes and provide an additional source of funding to the state health system via Medicare.

We provide an overview of what we know works: solutions from other jurisdictions that can and should be considered in Tasmanian communities. This submission doesn't claim to present the silver bullet to the entirety of health system challenges. We acknowledge the many layers and complexities that exist for people who are unwell and struggling to access care.

TasCOSS also acknowledges that in addition to cost barriers, many Tasmanians have barriers relating to access to transport, literacy and other day-to-day challenges. And the state's lack of available GPs, allied health staff, and broader workforce and skills shortages contribute to the challenges inherent in identifying and implementing solutions in this area.

Ultimately, this budget submission lays down a challenge to all levels of government. The problems in our hospital systems will not be solved in our hospitals but, instead, within our communities.

We challenge decision-makers to acknowledge and prioritise funding to where the real solution will be found—in supporting Tasmanians to access the right health care at the right time in the right place.

TasCOSS has often challenged the government to demonstrate brave, bold leadership on entrenched issues. Brave and bold leadership is not needed here. Instead what is needed is the most basic of government decision-making—the decision to maximise federal funds in order to better provide health care to all Tasmanians. The evidence is clear that this is necessary, logical, financially responsible and in the best interests of all Tasmanians.

Because ultimately, no matter how strong our economy is, if our population is not healthy enough to participate socially and economically, then who is that strong economy for?

3 ABS Cat No 6401.0, Consumer Price Index, September quarter 2019. This ABS category includes: consultations of GPs or specialist practice and hospital charges; medical insurance.

4 ABS 6302.0, Average weekly earnings, 2019. Real wages are wages adjusted to reflect the CPI.

5 Lived experience accounts collected through statewide TasCOSS consultations in August and September 2019. Names of individuals have been changed to protect identities. The accounts have not otherwise been altered.

HEALTH OUTCOMES IN TASMANIA

In our consultations with Tasmanians on low incomes, TasCOSS consistently hears that health is one of the most important concerns. This concern is borne out by data: Tasmanians in disadvantaged communities have much worse health than their more advantaged peers.

> Tasmania's population is older, sicker and has higher levels of disability that any other state or territory in the country.[6]

Compared to Tasmania's most advantaged communities, residents of Tasmania's most disadvantaged communities are more than twice as likely to have fair to poor health and to have a range of life-threatening and life-limiting conditions, including chronic diseases such as diabetes and acute diseases such as lung cancer.

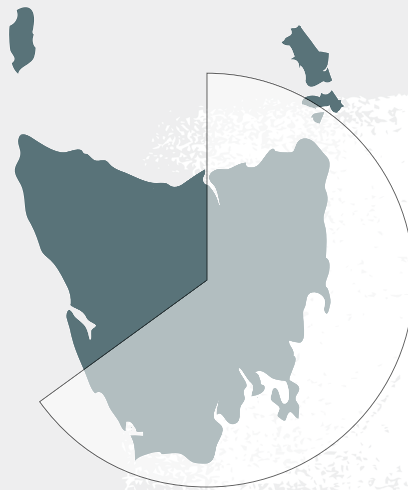
When compared to someone living in Tasmania's most advantaged community, a person living in Tasmania's most disadvantaged community is:

- 2.4 times as likely to have fair-to-poor health;[7]
- 2.4 times as likely to be living with profound or severe disability;[8]
- 2.2 times as likely to have diabetes;[9]
- 2.4 times as likely to have lung cancer;[10] and
- 2.2 times as likely to die prematurely.[11]

Ill health translates to lower quality of life through worsened mental health; reduced disposable income; loss of mobility and social connection; and impacts on income, employment, educational outcomes, and housing stability.[12]

And it translates to earlier deaths: the median age of death in Tasmania's most disadvantaged neighbourhood is 66, compared to 84 in the state's most advantaged neighbourhood.[13]

- **65% of adult Tasmanians have two or more chronic conditions.[14]**



- **An estimated 17% of eligible adult Tasmanians have a chronic disease management plan.[15]**
- **Tasmania's median age is 42.3, compared to 37.3 for Australia.[16]**
- **5.9% of Tasmanians living in the community have profound or severe disability, compared to 4.7% for Australia.[17]**

6 PHIDU, Social Health Atlas of Australia 2019; Saul Eslake, TCCI Tasmania Report 2018.
7 PHIDU 2019, 2014-15 data.
8 PHIDU 2019, 2016 data.
9 PHIDU 2019, 2014-15 data.
10 PHIDU 2019, 2006-10 data.
11 PHIDU 2019, 2014-15 data.
12 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465755/; https://www.jrf.org.uk/report/does-poor-health-affect-employment-transitions; https://files.eric.ed.gov/fulltext/ED508614.pdf; https://www.sciencedirect.com/science/article/abs/pii/S1062976903000760; https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health; http://www.who.int/mental_health/media/en/712.pdf.
13 PHIDU 2019, 2010-14 data.
14 PHT, 23 October 2019.
15 Based on available data.
16 ABS Regional Statistics 2018.
17 PHIDU 2019, 2016 data.

Tasmanians on low incomes are finding health services both unaffordable and, in many cases, unavailable.

"I can't afford to go the doctors. I will take my daughter but not myself. I've had a pain in my side but cannot afford the $70 to go to the GP. I don't go to the dentist. I take my daughter because she is free."
—Theresa, 29-year-old single mother living in Hobart

"I've got glaucoma and type 2 diabetes. My GP used to bulk-bill but they've cut it now. He has cut out bulk-billing until Christmas when I turn 65. I haven't been since they've dropped the bulk-billing."
—Raelene, 64-year-old woman on Newstart living in Launceston

As health costs have soared, bulk-billing has not kept up. According to the Australian Institute of Health and Welfare, Tasmania-wide, 49.5% of GP patients face costs—the highest rate in the country outside of the ACT—with out-of-pocket costs ranging from $11 to $43.[18] While many GP practices routinely bulk-bill patients under 16 years of age and/or over 65 years with a concession card, people consulted by TasCOSS tell us that it is very difficult to find a GP who will bulk-bill new patients aged 17-64—a fact confirmed by conversations with GP practices. For example, just one of Tasmania's three most disadvantaged communities has a GP practice that routinely bulk-bills adult Health Care Card holders and is taking new patients.

To be clear, these challenges are a part of the broader health system structure and are often not within the control of a GP.

"We accept new patients from [our local area only] who don't have a regular doctor. We've had to introduce this policy as we find we have people ringing from Launceston to Burnie trying to see a doctor because we predominately bulk-bill."
—Bulk-billing GP practice, North-West Coast of Tasmania

As a consequence of these factors, Tasmanians on low incomes are putting off health care or going without. In 2016-17, 7.5% of Tasmanians delayed or did not see a GP due to cost—the highest rate in the country. When specialists, diagnostic imaging and pathology are taken into account, 10.7% of Tasmanians delayed or did not receive services due to cost.[19]

Lack of access to GPs and allied health teams also impacts on people's ability to receive the complex care packages for which they are eligible. An estimated 17% of eligible Tasmanian adults have a chronic disease management plan. These plans are on the Medicare Benefits Schedule (MBS) which means the Commonwealth Government funds these services. If all eligible Tasmanians had a chronic disease management plan, Tasmania would receive at least $38.5 million in Commonwealth health funding.[20]

A proportion of these people will present to the Emergency Department or will be admitted to hospital as a result of their conditions. Until eligible Tasmanians and their GPs start accessing this pool of Commonwealth funding, the State Government will continue to cover a proportion of the cost of Tasmania's chronic disease burden.

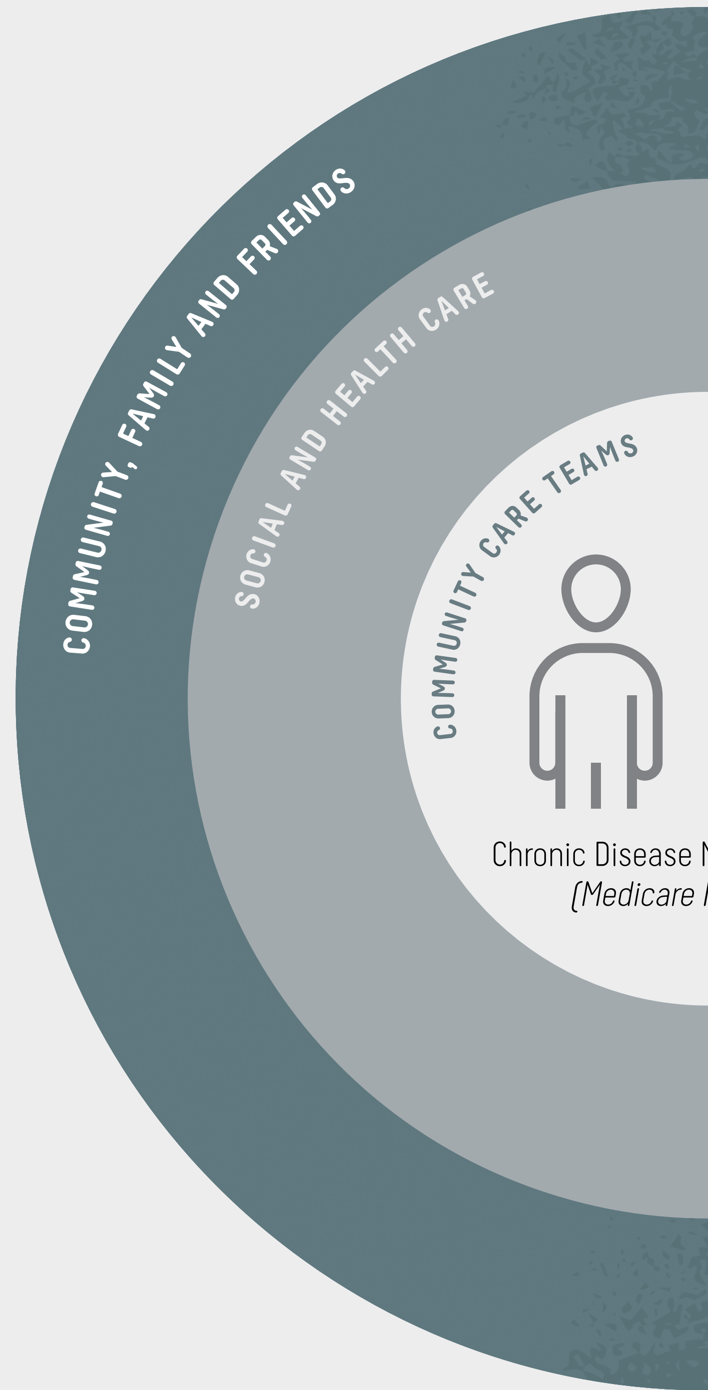
18 AIHW, Out-of-pocket cost per GP attendance, 2016-17.

19 AIHW, Percentage of people who delayed or did not see a medical specialist, GP, get an imaging test or a pathology test when needed due to cost, 2016-17.

20 Based on available data.

A system for social and health care that meets the needs of Tasmanians

An estimated **17% of eligible adult Tasmanians have Medicare-rebateable plans for chronic disease management.** If all eligible patients received one, Tasmania would access at least **$38.5 million per year** more in Commonwealth health funding.



The right care

The lack of available and affordable GPs is at the heart of the need many Tasmanians talk to us about, and the impact of this is evident in the data.

The right time

Not all medical needs happen during business hours, so we need to ensure that communities have access to health care afterhours and on weekends.

The right place

Care that connects social and physical health and wellbeing is often better delivered outside a clinical setting.

Planned hospital visits as part of treatment plan

THE IMPACT AND FLOW-ON EFFECT OF POOR HEALTH ON TASMANIA'S HOSPITALS

Tasmania's hospitals are under mounting pressure. Emergency Department (ED) attendances and hospital admissions are increasing, and are projected to continue to increase over the next ten years, driven partly by an expected doubling of the number of people with chronic diseases.[21]

Many ED presentations are potentially preventable: as the success of Tasmania's Community Rapid Response Service shows, presentations that are classified as semi-urgent and non-urgent often can be addressed in the community.[22] According to Primary Health Tasmania, in 2018-19 semi-urgent and non-urgent conditions made up 53% of ED episodes of care.[23]

Many of the state's hospitalisations could also potentially be avoided through the provision of appropriate individualised preventative health care and early disease management, usually delivered in primary care and community-based care settings.[24] Some 9,800 of Tasmania's public hospital admissions in 2018-19 were potentially preventable—a figure that has risen by about 1,500 between 2016 and 2018. Six conditions were responsible for 62% of these potentially preventable hospitalisations.[25]

"A few months ago, I was in and out of hospital. I'm slowly going back to normal, but still have costs for pain killers and asthma. It adds up."
—Emma, 30-year-old woman on Newstart living in Ulverstone

"I lost my Health Care Card because my income had just gone over the threshold. I went nine months without a Heath Care Card, so my health slipped because I couldn't afford $80 or $90 to go to the doctor. My thyroid condition wasn't monitored, and my hormones went too high and I needed help with a heart condition."
—Noleen, Sickness Allowance recipient living in Northern Tasmania

Tasmanians from the state's 24 most disadvantaged communities, comprising 25% of the state's population, are overrepresented in the state's EDs, making up 28% of total ED episodes of care and patients in 2018-19. The gap becomes clearer when comparing the state's most and least advantaged communities: in 2018-19, residents of Tasmania's three most disadvantaged areas were between 2.7 and 4.1 times as likely to end up as an ED patient as a resident of the state's most advantaged community.[26]

Comparing the number of ED presentations across two Tasmanian communities of roughly equivalent population: one which is one of the state's three most disadvantaged communities, one which is the state's most advantaged community.

	Advantaged community	Disadvantaged community
Population (2018)	3,709	3,585
ED episodes of care (2018-19)	350, involving 274 individuals	**1,518, involving 924 individuals**

In 2018-19, between 66% and 74% of ED patients from Tasmania's three most disadvantaged communities came to EDs with semi-urgent or non-urgent conditions, compared to 58% from the state's most advantaged community.[27]

21 PHT, 23 October 2019.
22 http://www.premier.tas.gov.au/releases/community_rapid_response_saving_thousands_of_hospital_visits.
23 PHT, 21 November 2019.
24 Primary and community care can be delivered by a range of practitioners including general practitioners, medical specialists, dentists, nurses and allied health professionals, https://www.safetyandquality.gov.au/sites/default/files/migrated/A-guide-to-the-potentially-preventable-hospitalisations-indicator-in-Australia.pdf.
25 Chronic obstructive pulmonary disease, urinary tract infections, cellulitis, diabetes complications, congestive heart failure, asthma. PHT, 20 November 2019.

26 Crude rate. PHT, 25 November 2019.
27 PHT, 25 November 2019.

Compared to the state's most advantaged community, the rate of potentially preventable hospitalisations in Tasmania's most disadvantaged community is:

> 2.6 times higher for all conditions (1.7 times the Tasmanian average).

> 6.2 times higher for chronic conditions (2.9 times the Tasmanian average).[28]

In 2018-19, six conditions accounted for 62% of all Tasmanian potentially preventable hospitalisations. Residents of Tasmania's 24 most disadvantaged communities are overrepresented in relation to these conditions, making up in 2018-19:

> 40% of people hospitalised for chronic obstructive pulmonary disease and diabetes.

> Over 35% of people hospitalised for cellulitis, congestive heart failure, and urinary tract infections.

> A third of people hospitalised for asthma.[29]

Tasmanians from the state's most disadvantaged communities are also overrepresented in the state's potentially preventable hospitalisations. Residents of Tasmania's 24 most disadvantaged areas made up 34% of potentially preventable hospitalisations in 2018-19. Furthermore, Tasmanians from the state's 24 most disadvantaged communities who are hospitalised for potentially preventable reasons stay in hospital longer than other patients, making up 40% of the state's potentially preventable bed days in 2018-19.[30]

28 PHIDU 2019, 2016-17 data.
29 PHT, 20 November 2019.
30 PHT, 20 November 2019.

THE RIGHT CARE AT THE RIGHT TIME IN THE RIGHT PLACE

The health issues confronting Tasmania are not unique to this state. Other advanced western countries are also experiencing increasing pressure on health systems due to ageing populations and an increasing chronic disease burden. What is unique to Tasmania is our high numbers of people living on low incomes combined with lack of access to affordable primary health care. This, as we have seen, dramatically increases the incidence of disease and preventable hospitalisations.

The good news is that solutions exist, but they demand different ways of working that will challenge existing structures and cultures. However, investing in the change required will bring long-term benefits to a system currently under unsustainable strain and, most importantly, to all Tasmanians.

A new way of working

Jurisdictions around Australia and in other parts of the world have recognised these system failures and are trialling new approaches to health care that overcome them. The approaches vary but have most of these characteristics in common:

- Integrated/holistic care that addresses complex health needs.[31]
- Health services delivered close to where people live.
- Provision of a range of clinical and non-clinical supports such as social workers.
- Funding models that provide incentives for working differently—for example time-based rather than fee-for-service; funding that follows the patient not the institution.
- Support that overcomes barriers to accessing care, such as transport, and navigating the health system, such as health literacy.

31 The Productivity Commission's 2017 Shifting the Dial Report found that 'integrating the provision of GP and hospital services delivers better patient outcomes and at a lower cost', p. 135, https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review-supporting5.pdf.

TasCOSS draws on these approaches to propose the key elements of a community primary health model for Tasmania. The model is designed to increase health outcomes at the same time as reducing avoidable ED presentations and hospitalisations.

This model initially targets those communities with the highest health needs and the lowest levels of timely access to GPs and allied health teams. These communities also align with high levels of ED presentations and potentially preventable hospitalisations. The principles behind the model are:

> The right care

> The right time

> The right place

This is consistent with what is regarded internationally as best practice—person-centred care delivered as close to home as possible.

This model will require an early investment of funding but we believe it would quickly see cost savings. We propose a 'cash-out' of Tasmania's chronic care management plan allocation, which the Commonwealth sets aside in its Federal Budget every year based on the Tasmanian population's health profile. We also propose that the State Government work with general practice, PHT and the Commonwealth to explore ways in which GPs can be provided with access to the publicly funded allied and community health providers they need to ensure proper care planning. This will allow access to Commonwealth-subsidised team care arrangements for those with complex and chronic disease in the community. As indicated earlier, this could see at least $38.5 million of funding flow to the state. Additional funding would also gradually become available through the expected reduction in ED and hospital visits as a result of more care being delivered in communities.

The right care

The lack of available and affordable GPs is at the heart of the need many Tasmanians talk to us about, and the impact of this is evident in the data. This, then, is the first step in the plan: to bring primary care into those communities that are missing out. We propose service hubs and/or mobile care teams that provide primary, community, dental, mental health, allied health and social care, as well as some elements of traditional acute hospital care such as specialist care.

Key to the success of this model is that the care is connected to ensure that non-health challenges, such as lack of transport to access a GP, do not contribute to adverse health outcomes.

Emerging evidence suggests that multidisciplinary organisations with capacity to provide comprehensive integrated care for people with complex and chronic needs improves the quality of care and reduces costs compared to the usual fee-for-service general practice model.[32] These have been termed 'accountable care' organisations because they take overall responsibility for the quality, outcomes and cost of health services for an enrolled population. As described by the Grattan Institute:

> **Typically, these organisations coordinate the services of a network of primary care and specialist providers for their enrolled population, using a combination of agreed care plans, performance information, incentives and agreements between providers.[33]**

The right time

Not all medical needs happen during business hours, so we need to ensure that communities have access to health care afterhours and on weekends. A number of mobile and afterhours services already exist in Tasmania. These services could be enhanced, expanded or replicated to provide greater coverage across the state, and particularly in communities where access to health care is limited:

- The State Government's recently introduced Community Rapid Response Service for people at risk of needing to go to the hospital with an acute illness, injury or deterioration of an existing condition (currently limited to Launceston and parts of Hobart, with a service planned for the North-West Coast).[34]
- Moreton Group Medical Services provides after hours medical access for Tasmanians in vulnerable circumstances, including free access to a GP.[35]
- The Royal Flying Doctor Service provides rural health, physical health, dental and mental health services in five otherwise underserviced communities.[36]

32 Grattan Institute, 2018, *Mapping Primary Care in Australia*, https://grattan.edu.au/wp-content/uploads/2018/07/906-Mapping-primary-care.pdf.

33 Grattan Institute, 2018, p. 55.

34 https://www.dhhs.tas.gov.au/ths/community_rapid_response_service_comrrs.

35 https://services.primaryhealthtas.com.au/after-hours-medical-care-vulnerable-people.

36 https://www.flyingdoctor.org.au/tas/our-services/.

The right place

Care that connects social and physical health and wellbeing is not always most appropriately delivered in a health care setting. Where there are few or no health care services in a particular location, it is all the more important that care can be accessed in other settings. Many Tasmanians can more easily access settings that offer various kinds of social care, such as family support, parenting classes or community activities. Following the principles of person-centred and place-based, bringing health services into these social care settings helps to bridge the gap between individuals and the health care they need but cannot otherwise readily access.

There are examples of this practice in Tasmania, such as child health nurses who visit child and family centres and the Royal Flying Doctor Service which operates from a local council facility in George Town.

Some of the services listed above are also examples of care being delivered where people are. Further examples are:

- **Primary health care clinics** that purchase and provide a full range of care, including preventive health checks, chronic disease screening, carer coordination for clients with complex care needs and social health services including mental health, alcohol and other drug services.
- **Extended practices** where GP clinics and health centres in different towns and rural areas form a team to provide different services and care at home or in the community.
- **Multidisciplinary in-home care** to avoid hospital admission.
- **Online/app-based** health assessments, tracking tools and action plans, with telephone support from registered nurses.

A model that addresses individual and population health and risk factors

The right care needs to address risk factors and health needs at the individual level as well as at the population level.

Individual level

- Certain conditions result in higher rates of potentially preventable hospitalisations. **So we should be providing intensive integrated support for individuals with health conditions such as diabetes and asthma to prevent hospitalisation.**
- Some risk factors are poverty related. **We therefore need to provide intensive targeted support around some of those factors such as smoking and obesity.**

Population level

- We know that there are higher rates of preventable hospitalisation in some geographical areas. **So we should provide integrated care models in these areas, not only to address current preventable hospitalisations, but to ward off future preventable hospitalisations.**
- Some conditions are closely related to poverty. **So we should target these conditions, such as vaccine-preventable diseases.**

What does this look like in practice?

The right care in the right place at the right time is an approach increasingly being adopted in other jurisdictions. A key to these models is a pool of funding that follows the individual across multiple providers and settings. This contrasts with the current system, where funding is provided to institutions or individual providers to treat discrete aspects of an individual's care.

The Supplementary Figures and Tables document includes examples of three such approaches.

Sustainability and Transformation Plan, United Kingdom: Provides joined-up care that treats the individual holistically, not in health or social care silos.

Bundled Care, Canada: A bundle of care encompasses all aspects of a patient's care across multiple providers and settings, over a fixed period of time, include pre-acute, acute and post-acute care spanning health care settings and providers.

Institute for Urban Indigenous Health Multidisciplinary Clinics, Queensland: Health services are located where they are needed, with an integrated suite of medical, social and allied health services, and care coordination for clients with complex needs.

INTEGRITY COMPASSION INFLUENCE

The Tasmanian Council of Social Service (TasCOSS) is the peak body for Tasmania's community service sector.

Our Mission is to challenge and change the systems, behaviours and attitudes that create poverty, inequality and exclusion.

Our Vision is of one Tasmania, free of poverty and inequality where everyone has the same opportunity.

This submission was developed through consultation with Tasmanians on low incomes and other key stakeholders including Primary Health Tasmania and the Royal Flying Doctor Service. In particular, Health Consumers Tasmania, who represent Tasmanian health consumers, is a key partner in this submission.