Key Priorities for Health 2014 and Beyond

AUSTRALIAN MEDICAL ASSOCIATION (SA) INC
The importance of health and a strong, responsive health system is both well recognised and well understood. How this can be achieved, strengthened and maintained, particularly in an environment of budget pressure and increasing demand, is a challenge for Governments, the communities that elect them, and those working in the system and striving to provide the best possible care.

The State Government has embarked on significant infrastructure investment in health, including the establishment of the SA Health and Biomedical Precinct, an initiative that has also won Federal Government and other funding support. We must make the most of this landmark development and investment to ensure that it meets its significant potential. However, it is also important that our other hospitals and health services are not left behind.

Clinicians and others in the health system stand ready to help inform this vision for the future and their expertise will be crucial. There is a vital and pressing need for genuine support of clinician leadership, consultation and engagement.

Buildings provide the home but people provide the services – and our health workforce is our greatest asset and investment. For our system to function well, we have an urgent need to plan today for the workforce and intellectual capital, the capacity and expertise, that we will need tomorrow.

Primary health care must remain the cornerstone of health care, and health promotion and prevention have a crucial role to play, as do the community and rehabilitation services and supports that help to keep those people out of hospital who do not need to be there.

Budgets are tight but we are not using all of our dollars wisely. Too often, the cutting is to step-down services and services that will prevent the need to utilise acute health services. Yet we continue to overspend through waste, poor systems and processes. Governments around Australia are facing the same issues. The answers lie in an informed, collaborative approach with clinicians. We must take what works and learn from it.

This document provides an overview of some key elements, priorities and concerns that the Australian Medical Association (SA) seeks to highlight as the Government and those who lead it, as well as other leaders and stakeholders, consider what is needed in our state for 2014 and beyond it....

Dr Patricia Montanaro
President, Australian Medical Association (SA)
Key priorities for health

>> ACCESS to health care and services for all in SA
Most South Australians are able to access the care they need, when they need it – but not all. Simply put, some miss out. We need to do more to address barriers to care, and areas of inequity and disadvantage.

>> IMPROVING South Australia’s health system
Our health system faces increasing demand, increasing complexity of disease and treatment, and increasing costs. Budgets are under pressure but the answer is to work ‘smarter’, rather than reducing services to meet budget imperatives. We must also measure what matters.

>> The future: investing in CHILDREN AND YOUNG PEOPLE
A co-located Women’s and Children’s Hospital is an important step, and must occur as part of a comprehensive plan for health services for children and young people in this state. South Australia also needs an independent Commissioner and Office for Children and Young People.

>> Investing in our WORKFORCE, TRAINING AND RESEARCH
Care delivery, training and research are the pillars of our public hospital system. To ensure that our community has access to the highly trained doctors it will need, we need strong workforce planning, and sufficient, high quality postgraduate training positions in SA hospitals. Clinical research must also be a priority, and special purpose fund (SPF) issues need urgent resolution.

>> SA’s Health and Biomedical Precinct: A MASTER PLAN
Deliver on the promise of the new Health and Biomedical Precinct ensuring the required space is retained and delivering a master plan that will meet our state’s needs and the potential of this major investment. There is a vital and pressing need for genuine support of clinician leadership, consultation and engagement.

>> Preventing disease and PROMOTING GOOD PUBLIC HEALTH
Budget imperatives can mean a search for savings, and the axe can tend to fall on programs that focus on prevention and health promotion as attention goes to waiting lists and emergency department delays. This is shortsighted. We seek policies to prevent disease and promote good health.

>> PUBLIC HOSPITALS: no hospital left behind
It is important that other hospitals are not left behind in the focus on the new Adelaide-based Health and Biomedical Precinct. Investment and support must be preserved for our other hospitals to continue to meet demand and provide quality care.

>> MENTAL HEALTH: a crucial part of the health picture
Being healthy means mental as well as physical health. We are currently failing some of our most vulnerable people, despite the efforts of the many dedicated people working in our health system. We need to achieve the right balance and mix of services to provide the help that is needed. More targeted funding towards clinical services is part of this picture.
Access to health care and services for all in SA

Most South Australians are able to access the care they need, when they need it – but not all. Simply put, some miss out. We need to do more to address barriers to care, and areas of inequity and disadvantage.

South Australia has a strong and high quality health system but it is a system that fails some. Distance may be a barrier for some. For some, it is the type of care needed. For others, it is the right level of care at the right time. This presents a significant cost to individuals, communities and the system itself. Failures in early intervention, rehabilitation, or basic care, have long-term costs and can ultimately cost the system more.

STEP-DOWN, REHABILITATION, DISABILITY & OLDER PEOPLE

Too many people remain in hospital not because it is the best place for them but because of a lack of funding to support their discharge to more appropriate care: we need more support for step-down and rehabilitation services.

An important part of this picture is a more co-ordinated approach for disability services, with a statewide disability services policy and appropriate funding to support the transition out of hospital and reduce bed block and hospital occupancy rates, to allow for more timely admission and treatment.

Older South Australians also face barriers in accessing the care and support they need. We will face increasing need for our ageing population to access services to remain in their homes and communities, and to facilitate transition back to the community after hospitalisation. With estimates that we will have approaching 1 million people living with dementia by 2050 the needs of this group, in particular, are already in urgent need of greater assistance.

Genuine liaison and a two-way exchange with general practitioners is a vital part of this equation: we need an ethos embedded in procedures throughout health to work together in discharge and transition care planning.

RURAL & REGIONAL AREAS

To counter the tyranny of distance we need both increased support and investment in regional health and measures to help care reach the rural people that need it.

We need increased support for specialist outpatient telemedicine clinics as well as a well-funded and enhanced Patient Assisted Transport Scheme (PATS) to support country patients’ access to specialist care.

CHRONIC PAIN

One in 5 Australians (1 in 3 over the age of 65) live with chronic pain. This equates to a cost to the health system of approximately $7 billion per annum – let alone the significant personal costs. South Australia has some of the longest waits around Australia (up to two years) for access to a chronic pain clinic. This is not good enough. The needs of this group must also be better addressed.

AMA(SA) CALLS FOR:

- Greater investment in step-down care and rehabilitation services to reduce hospital stays, and a statewide disability services policy that covers acute, chronic and support care, with appropriate funding for these services.
- Increased support for specialist outpatient telemedicine clinics, as well as a well funded and enhanced Patient Assisted Transport Scheme, improving access for rural patients to medical specialists.
- A statewide chronic pain management strategy and service, with waiting times in SA to meet the national average – at a minimum.
Improving South Australia’s health system

Our health system faces increasing demand, increasing complexity of disease and treatment, and increasing costs. Budgets are under pressure but the answer is to work ‘smarter’, rather than reducing services to meet budget imperatives. We must also measure what matters.

Attempts to measure and judge system performance too often measure the wrong thing, or examine only one part of the complex health equation. What can we do better?

OUTPATIENT LISTS & MEASURING HEALTH OUTCOMES

The overemphasis on surgical waiting lists and accident and emergency waiting times can be misleading and reductive. In contrast, outpatient waiting lists (sometimes referred to as our ‘hidden’ waiting lists) can also be very long. What then is the true waiting list to receive treatment? Making outpatient waiting lists publicly accessible would improve transparency and support better services and more informed decisions. Ultimately, the only truly relevant measurement is the time from primary care referral to definitive intervention. Our measures of success should be the health and wellbeing of members of our community, who are able to access timely, high quality care.

LESS RED TAPE & BUREAUCRACY, MORE INPUT FROM CLINICIANS

Medical practitioners and other stakeholders have much to offer in proposing solutions – as well as implementing them. Engagement is vital. Clinician-input and having clinicians in decision-making roles supports innovation in the system, efficiency and better outcomes for patients.

Reduced health bureaucracy and red tape and an increase in local autonomy make sense and will lead to a healthier, more responsive system.

ADVANCE CARE DIRECTIVES

One of the important challenges of our health system is ensuring that care provided remains in keeping with people’s wishes, even when they are not able to express them. Advance Care Directives legislation presents an important step forward to protect patient wishes and help to prevent futile care that is unwanted and unneeded, with significant costs and distress to individuals, families and the system. Appropriate implementation support will help make the most of this important initiative.

CARE AT THE END OF LIFE

Having a good system in place to support decision-making and care for patients who are dying will also deliver better care and an improved system. The government must commit funding to implementation and public education in this important area, as well as other health issues that inform decision-making.

AMA(SA) CALLS FOR:

- Outpatient clinic waiting times to be published online in the interests of accountability and transparency, to increase efficiency and improve outcomes.
- More local decision-making, and clinician input and leadership in our hospitals and health system; reduced bureaucratic costs and ‘red tape’.
- Comprehensive, practically focussed implementation support for the new Advance Care Directives legislation.
- Development & implementation of an integrated end-of-life decision-making and care system to ensure that dying patients receive the best palliative care possible.
The future: investing in children and young people

A co-located Women’s and Children’s Hospital is an important step, and must occur as part of a comprehensive plan for health services for children and young people in this state. South Australia also needs an independent Commissioner and Office for Children and Young People.

Children are particularly vulnerable members of the community, and an investment in the health of children is an investment in the future. We must ensure their needs and interests are protected.

A COMMISSIONER & AN OFFICE FOR CHILDREN & YOUNG PEOPLE
The AMA has a long and strong history of advocacy in the area of children’s health. In South Australia, this has included our advocacy for a Commissioner for Children and Young People (now supported by both major parties) and our call for the future co-location of the Women’s and Children’s Hospital (WCH) with the new Royal Adelaide Hospital (RAH). We also call for the role of Commissioner to be supported by an appropriately resourced Office for Children & Young People, to improve the coordination of all health, family and social services for children and adolescents.

A HEALTH SERVICE PLAN FOR SA’S CHILDREN & YOUNG PEOPLE
The future co-location of the WCH and new RAH should be considered within the context of a comprehensive statewide service delivery plan for health services for children and young people in South Australia. Relocation of the existing WCH alone – although a necessary and positive step – will not resolve current inadequacies in services for children and young people.

EARLY INTERVENTION
Important elements of a statewide service delivery plan include increased funding for early intervention measures, especially in the areas of developmental delay and chronic disease, including mental health, and measures to increase the health literacy of children and young people (for example through the Youth Friendly Doctor program).

A GOOD TRANSITION, & GETTING THE NEW WCH RIGHT
Early, clinician-led planning will be needed to ensure that the new WCH meets its potential, and that this welcome move delivers a big step forward in healthcare for mothers and babies in SA. It will also be vital that the existing WCH is supported to provide an appropriate quality of care and range of services in the interim before the new WCH is fully established. Such refurbishment as is required to support safe and appropriate standards of care should be delivered as and when needed. Our other centres of excellence (across Central, Northern, Southern, and Country Local Health Network areas) must also not be left behind.

AMA(SA) CALLS FOR:
• Co-location of the WCH with the new RAH, with planning to commence in 2014 and commitment to a timeframe that delivers a new WCH as soon as possible.
• An independent Commissioner for Children and Young People and an appropriately resourced Office for Children and Young People, to improve the coordination of all health, family and social services for children and adolescents.
• A comprehensive statewide service delivery plan for health services for children and young people in South Australia.
• Early, clinician-lead planning will be needed to ensure that the new WCH delivers a big step forward in healthcare for mothers and babies in SA.
Investing in our workforce, training and research

Care delivery, training and research are the pillars of our public hospital system. To ensure that our community has access to the highly trained doctors it will need, we need strong workforce planning, and sufficient, high quality postgraduate training positions in SA hospitals. Clinical research must also be a priority and special purpose fund (SPF) issues need urgent resolution.

The number of medical students in Australian universities has been increased dramatically in response to medical workforce shortages. As these students graduate they will require further training to become the fully qualified hospital medical staff, general practitioners and other specialists our community will need. Planning will be vital. We must also ensure that clinical research is preserved as part of the core remit of our public hospitals.

TRAINING OUR DOCTORS

Newly graduated students require intern positions to complete their training, and new doctors require a minimum of five or more years of postgraduate training to become general practitioners or other specialists. It is vital that medical graduates have training pathways to high quality training, and are able to access meaningful jobs, serving the health needs of the community, at the end of their training. Providing training positions here in South Australia also helps to ensure that these new doctors remain or return to our state, avoiding the ‘brain drain’. The significant public investment in medical practitioner undergraduate training is wasted if support is not available for postgraduate training, which requires both training positions and teaching/mentoring and supervision by senior medical staff. Planning is vital to ensure we will have the health workforce needed.

CLINICAL RESEARCH

Teaching and research are two of the three pillars of our public hospitals, but have been gradually subsumed by the escalating demands of service delivery: balance between all three elements is vital and needs to be retained.

Ongoing clinical research is essential to improving medical care and health outcomes for the users of the health system. It should be seen as part of health ‘business’ and not just what researchers do. It cannot and should not happen in isolation from the doctors, nurses and patients in our health system.

Teaching and research must be supported with time, resources and space. This includes the need for dedicated space in the new RAH, which must continue to have an important clinical research role, covering areas outside the remit of SAHMRI.

SPECIAL PURPOSE FUNDS: SUPPORTING THE FUTURE

Special purpose funds (SPFs) are an important part of the research equation and must be preserved and accessible for their important purposes of research, training and education.

AMA(SA) CALLS FOR:

• Guaranteed internship positions for all local graduates, with increased numbers of postgraduate (Year 2 and 3) positions, in line with increasing numbers of graduates.
• Training positions in country hospitals (to expand capacity) as well as the private sector.
• ‘Stocktake’ of the number of training positions available across the health system to allow for better future workforce planning.
• Support preservation and unhindered use of special purpose funds (SPFs) for research and allow appropriate expenditure from them, while improving governance arrangements where appropriate.
SA’s Health and Biomedical Precinct: A Master Plan

Deliver on the promise of the new Health and Biomedical Precinct, ensuring the required space is retained and delivering a master plan that will meet our state’s needs and the potential of this major investment. There is a vital and pressing need for genuine support of clinician leadership, consultation and engagement.

A commitment is sought from both major parties to deliver on the promise of the landmark new Royal Adelaide Hospital (new RAH), the proposed co-location of the Women’s and Children’s Hospital (WCH), and the broader biomedical precinct, ensuring the new RAH has the services and capacity to meet demand, without corners cut, or lengthy delays. We must make the most of this important investment in health in SA.

A MASTER PLAN
The AMA(SA) is calling for the provision of a ‘master plan’ for the SA Health and Biomedical Precinct. We call for ongoing, transparent and timely collaboration with clinicians in the execution and delivery of this plan. The plan should incorporate space for the co-located WCH, locking in the vision of co-location of adult, women’s and children’s hospitals, as they have in every other state. The AMA(SA) also supports inclusion of the Dental School on the site. The precinct provides a valuable opportunity and forum for co-ordinated research and training with all three universities. Provision of sufficient room for clinical research and integrated pathology services for both hospitals, and accommodation provisions for patients’ families, are other important elements.

EXPANSION SPACE
Space must also be preserved for future expansion of the new RAH, and for the WCH in the future, as needed – without compromising helipad access in any upwards build. The AMA(SA) has raised concerns that the 700 (overnight) bed capacity of the new RAH is inadequate. We remain unconvinced that this will be sufficient for current need. ‘Future proofing’ the state’s major health assets is not only economically responsible but is a basic risk management consideration.

CONSULTATION WITH CLINICIANS
Genuine and regular consultation and engagement with clinicians will be vital to ensure the welcome move of the WCH delivers on its potential. It will also be vital to ensure the right decisions are made regarding the new RAH and other developments to ‘get it right’ in the best interests of patient care – and avoiding mistakes that may be costly both financially and in terms of lost opportunities.

AMA(SA) CALLS FOR:
• A ‘master plan’ for the SA Health and Biomedical Precinct site locking in the vision of co-location of the new RAH and the WCH.
• Guaranteed retention of both the space required for co-location, and sufficient expansion space for both hospitals.
• Inclusion of the Dental School on the site, as well as the University of Adelaide Medical and Nursing School.
• Room for clinical research and integrated pathology services for both hospitals, and accommodation provisions for patients’ families.
• Medical input into the further development of plans for the Health and Biomedical Precinct, in particular the new hospitals, is vital.
Preventing disease and promoting good health

Budget imperatives can mean a search for savings, and the axe can tend to fall on programs that focus on prevention and health promotion as attention goes to waiting lists and emergency department delays. This is shortsighted. We seek policies to prevent disease and promote good health.

The remit and value of primary care services, prevention and promotion are perhaps not well or widely understood but their value is significant. It is important that our health system has the resources, capacity, infrastructure and workforce to place an emphasis on the prevention of disease: not just its treatment. Preventive action in health takes the long-term view. The benefits of immunisation offer just one example.

A PUBLIC HEALTH FOCUS
Ideally, we would have greater investment in measures against obesity and smoking, promoting exercise and good nutrition, promoting road safety, and preventing harm from alcohol and other drugs. These are significant long-term hospital avoidance programs.

Other areas of concern include sexual health (for example chlamydia and HIV infections), and the health effects of problem gambling. Indigenous health is an area of national shame. More needs to be done to address this health gap, and also the gaps and impediments faced by others in our community who are at greater risk of ill health or poorer health outcomes.

OBESITY, SMOKING & BETTER SAFETY ON OUR ROADS
Obesity in Australia is at highly concerning levels, and South Australia has not fared well in recent Australian Bureau of Statistics data on obesity levels. The health consequences of obesity include diabetes, heart disease and stroke, as well as other negative health impacts. Tobacco smoking, alcohol and other drug use, and road accidents, also cause significant injury, sickness and harm. Cancer is one of our leading causes of death (estimated at 3 in 10 deaths), and cancer prevention encapsulates responses in a number of these areas.

A CO-ORDINATED APPROACH
As long as there are problems to be addressed, all governments rightly have a role to play. Cost- and blame-shifting achieve little. Our hospitals bear the brunt of the costs of preventable disease – and our communities are the ultimate losers. What is needed is a co-ordinated approach between state and federal health promotion and preventive programs. We call for South Australia to be a leader in the prevention of disease and promotion of good health, starting where the need is greatest – which will also reap the greatest rewards.

AMA(SA) CALLS FOR:
• Support and increase funding for community health services and preventive and primary care programs, including health promotion.
• Continue implementation of road safety measures to target areas of highest risk and reduce traffic accidents, including road safety public awareness campaigns, and infrastructure safety measures.
• Strengthen services to mitigate harm from alcohol and other drugs, and anti-smoking measures, including implementing smoke-free outdoor eating and high density activity areas, and return and increase funding for anti-smoking campaigns.
• A fully funded campaign with initiatives to address the growing obesity problem and associated health issues, particularly among children.
Public and country hospitals: no hospital left behind

It is important that other hospitals, including our country hospitals, are not left behind in the focus on the new Adelaide-based Health and Biomedical Precinct. Investment and support must be preserved for our other hospitals to continue to meet demand and provide quality care.

Our health system is not static: it needs to grow and improve, and be responsive to the needs of our communities as they grow and change. While the new Royal Adelaide Hospital, to be situated in the Health and Biomedical Precinct, presents a landmark development and significant investment, other areas of the health system, including other public hospitals, must not be left behind.

SERVICE CONFIGURATIONS & THE NEED TO CONSULT

With the new Royal Adelaide Hospital (RAH) set to open in April 2016, there is a vital need to determine how service provision will be configured among our public hospitals in the new scheme that will see the new RAH take the place of the existing Royal Adelaide Hospital, and ensure robust and well-coordinated transition arrangements.

The needs of all regions must be considered, and the inter-relationships between them. There is more to do in this important planning space.

Genuine consultation and engagement with clinicians delivering services, and support for clinician leadership, has not been evident, and is vital.

AN ONGOING INVESTMENT PROGRAM WILL BE VITAL

Flinders Medical Centre, Modbury Hospital, Lyell McEwin Hospital, The Queen Elizabeth Hospital, the Women’s and Children’s Hospital, and our other public hospitals, all provide essential services in their regions, as do our country hospitals. South Australia can be rightly proud of its centres of excellence that are outside the ‘centre’ of our CBD mile. We must not devalue our other centers of excellence – in research and in clinical care – as the new buildings rise. We need an investment program across all our hospitals. Ongoing refurbishments and renewal must be continued and bed numbers should not be reduced.

COUNTRY AREAS

We also need a planned program to build up resources in the country and expand services available in rural communities. This should include support for more country hospitals to become true teaching hospitals.

AMA(SA) CALLS FOR:

• An investment program across all SA’s public hospitals, ensuring no hospital or region is left behind. This includes both infrastructure needs and clinical services.

• A planned program to build up resources in the country and expand services available in and for rural communities.

• Meaningful and ongoing engagement and consultation with medical practitioners and others delivering services on what health care services will be delivered at SA’s hospitals, and how, to ensure robust service plans that will meet community needs.
Mental health: a crucial part of the health picture

Being healthy means mental as well as physical health and, despite the efforts of the many dedicated people working in our system, we are currently failing some of our most vulnerable people. We need to achieve the right balance and mix of services to provide the help that is needed. More targeted funding towards clinical services is part of this picture.

Many Australians experience a mental illness at some time in their lives. Around one in 6 South Australians (17.1 percent of those aged 16 or more) is living with a doctor-diagnosed mental health condition. Tragically, suicide remains the leading cause of death among Australians between 15 and 34 years of age.

IMPLEMENTING THE STEPPED SYSTEM OF CARE
Mental health services in South Australia have been reformed to provide a 'stepped' system of care. Not all the 'steps' are currently working, however. Acutely unwell people facing mental health crises are presenting to and remaining in crowded hospital emergency departments as they are not able to access the acute care beds they require. This is bad for emergency departments and bad for patients.

FORENSIC MENTAL HEALTH
The provision of mental health services in forensic (prison) settings is also an area of significant need, adding to pressure elsewhere in the health system. All prisoners should have access to quality mental health care.

ACUTE CARE NEEDS
We have called for an end to acute mental health care bed closures and moves to ensure that our state has, at a minimum, the national average of general adult acute mental health beds, as well as sufficient capacity in the forensic system.

YOUNG PEOPLE WITH EATING DISORDERS
It is important that young people facing mental health issues receive the best possible care. Young people with eating disorders present a particularly vulnerable group with significant general medical as well as psychiatric needs, and the AMA(SA) is calling for an integrated paediatric medicine and psychiatric eating disorder program to better meet the needs of this particularly at-risk group.

GETTING THE BALANCE OF SERVICES RIGHT
We need to ensure that people experiencing mental illness are able to access the level of care and support they need, in appropriate settings, when they need it. The AMA(SA) has called for a needs analysis of the SA population, adjusted by a suitable catchment area profile, and a review of models of care for adult mental health, to help ensure we get the mix right.

AMA(SA) CALLS FOR:
- Psychiatric acute bed closures should be ceased. South Australia needs to have, at a minimum, the national average of general adult acute mental health beds.
- Appropriate support and funding for forensic (prison) mental health, including enhanced bed capacity, with sufficient acute care and other beds.
- Commitment to an integrated paediatric medicine and psychiatric Eating Disorder program at Flinders Medical Centre.