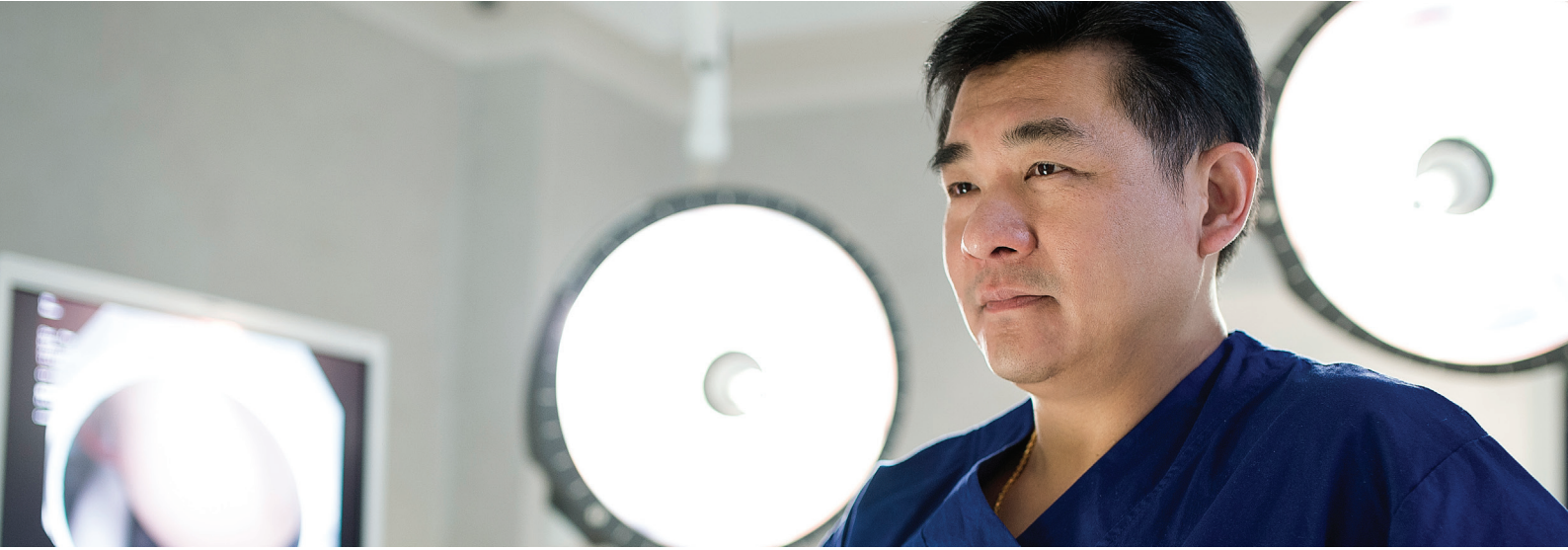


AMA(SA) Key Priorities for Health BEYOND THE FIRST 100 DAYS





What next for health?

The new Government has reached and breached its first 100 days, and has acted on a range of pre-election promises from its health agenda, some welcomed, some more controversial.

In the lead-up to the 2018 State Election, the AMA(SA) set out a range of priorities for the new Government in its *People-First Health Strategy for South Australia* document.

Key priorities included a clinician-led governance model, including a clinical data analytics entity to support evidence-based health policy; integrated hospital and GP services; and a commitment to training and research. The Association advocated for key measures to help younger South Australians; for older South Australians who Oakden failed; for improved rural and remote health; palliative care; and caring for the carers with support for doctors' wellbeing.

As the Government prepares to deliver its first budget and continues with governing after those first 100 days, the AMA(SA) revisits some of the key elements of the Association's pre-election policy agenda which still need action.

These are some of the top areas identified by the AMA(SA) on which the new Government must act to improve health in our state. They are areas which may, in some cases, 'fly under the radar' while the focus falls on other important areas such as waiting lists, the resolution of outstanding RAH issues, the future of the Repat and a new co-located Women's and Children's Hospital.

More information on the AMA(SA)'s *People-First Health Strategy for South Australia* can be found at www.amasa.org.au > Advocacy.

A/Prof William Tam
President, Australian Medical Association (SA)



The right care: clinician-led, clinically informed decision-making

The new State Government has embarked on its restructure of the SA health system with the introduction of regional health boards. The government has stated that its new model will improve clinical involvement through clinical engagement strategies, and health professional representation on boards. More is needed.

Our health system must make much better use of the clinical expertise in SA Health and beyond it, to inform policy and practice. The former government disbanded the previous Clinical Senate in favour of Transforming Health committees. Yet the Transforming Health project failed to properly access clinical expertise.

Clinicians and patients must be engaged in decisions around health services and service changes (see our *People-First Strategy* for some service-specific recommendations). Importantly, the new regional health boards must include doctors. Also, a renewed Clinical Senate would be of value to provide independent health strategy and clinical advice directly to the Minister for Health.

Better information leads to better understanding which in turn leads to better decisions. Too much has been decided in health without a true understanding of the services being delivered. Flawed data has underpinned flawed decisions. We can and must do better when it comes to data management.

The AMA(SA) continues to strongly advocate for the State Government to invest in clinical analytics to improve care and health services. The Association has called for the funding and establishment of an independent Clinical Analytics entity, within the university and research sector. Investment in informatics expertise and sound data collection across the whole of public and private health can deliver significant benefits through evidence-based health policy decisions. Health should not be subjected to political whims, but rather sound facts on population health needs.

Big decisions are made on the information we have. Let's make it the right information. Health care systems around the world are investing significantly in health informatics. SA has made a clear investment in health with its striking Biomedical Precinct – now is the time to extend the investment in health infrastructure to an investment in health intelligence, to make those dollars go further.

>> The AMA(SA) calls for a Clinical Analytics Institute, and more clinician-led decision-making across the system.

Also ...

> Increased local authority for clinical leaders to make decisions in their network.

> Publicly available online outpatient clinic waiting times with improved data; and an appropriately funded response to the findings of the EPAS review.

> A strategic plan for training and clinical research funding.



Rural and remote health: No South Australian left behind

Approximately one in five South Australians live outside the greater Adelaide metropolitan area but statistically, many of these South Australians are at a disadvantage when it comes to access to health care.

People living in regional, rural and remote Australia often struggle to access health services that urban Australians would see as a basic right. These inequalities mean that they have lower life expectancy, worse outcomes on leading indicators of health, and poorer access to care compared to people in major cities.

The AMA(SA) calls for a significant budget increase for rural and regional clinical services, infrastructure and workforce, including teaching and training, and grants for rural medical research. Country Health SA should be responsible for clinical care, clinical research and training in regional and remote hospitals.

Many country doctors are working unsustainable hours. Country hospitals need more clinical hands on deck, and a sustainable workforce, including appropriately trained nursing and allied health, and regional specialist services. Clinical staff need to be supported with accessible training, supervision, visiting and resident specialists, and collaborative networks. Grants for rural medical research, ICT services, telemedicine, and continuing medical development are also essential.

There is a need to increase rural training positions for specialists, provide incentives for Australian graduates to work in rural areas, and encourage specialists to country areas, as well as better funding for professional development for rural doctors.

Clinicians must be involved in decisions to develop both service-related (infrastructure) and medical-related (clinical), policies and procedures. They must also have oversight of a quality system for documenting and monitoring outcomes. There should also be standardised equipment among hospitals offering comparable services, not winners and losers.

An increased scope of clinical services in larger case-mix funded hospitals would also enable more patients to be treated locally and help to reduce demand on metropolitan hospitals. More on measures needed can be found in the AMA/RDAA Rural Rescue Package at ama.com.au > Advocacy > Rural Health.

>> The AMA(SA) calls for a significantly increased budget for rural and regional clinical services, infrastructure and workforce, including teaching and professional development.

Also ...

> Funding for a larger mental health services presence in rural South Australia, and specialist palliative care visits to country SA.

> Increased funding for transport and accommodation for rural patients treated in the city and improved access to accommodation for their families and carers.



Children and young people: investing in the future

Children have been left behind in recent health policy. The best care of children and young people in this state requires a co-ordinated and planned approach.

The AMA(SA) has long advocated for a Child Health Plan to guide future services and investment. It should address child health issues, including obesity, development and learning, behavioural problems and mental health, with a focus on prevention, and should be clinician-led.

The Plan should also address transitional care for young people with chronic disease/disability who are moving to the adult system. A model for transition to adult care is urgently needed to ensure the ongoing engagement and safety of these young people.

The Child Health Plan should incorporate both SA Health services and other government and non-government services. Such a plan was under development for several years, but shelved. It is time to reinvigorate planning for children and young people.

As part of this process we need a detailed clinician-led review of hospital and community services for children, with an emphasis on equity of service provision. Early intervention and prevention services, in particular, must target those at greatest risk and must include pre-conception and prenatal services.

This planning must also incorporate the important move to a relocated Women's and Children's Hospital at the new Royal Adelaide Hospital site. The promised new Women's and Children's Hospital should be delivered under a clinically-informed plan guided by doctors: its design and models of care must be guided by paediatricians and other medical leaders, including in adult care.

The AMA(SA) and the medical community have long advocated for a co-located WCH with the new RAH, and this move must remain a priority of government

It must also be an integrated model which incorporates both the women's and children's services. A separation of women's and children's services, as contemplated under the past government, is not the right model and would represent both a backwards step and a broken promise to the people of this state.

>> The AMA(SA) calls for a Child Health Plan and the new Women's and Children's Hospital in the Biomedical Precinct as a key priority.

Also ...

> Legislation, as undertaken pre-election, to enshrine prevention as a vital component of the Government's approach to children's safety, health and wellbeing.

> An injection of ongoing funding for early intervention and prevention services for the health, safety and wellbeing of children and young people.



Older South Australians, mental health, rights & wellbeing

The reports into Oakden highlighted galling failures in our state's care for older people. Oakden was the only service in SA providing services for people with severe behavioural and psychological symptoms of dementia and others needing similar care, such as those with brain damage through alcohol and drug use.

It is vital that the issues identified in the Oakden reports are addressed and the right services and protections put in place to ensure that vulnerable older south Australians receive safe, caring, appropriate care.

The number of such patients is expected to grow significantly over the next 10 years, requiring urgent planning to ensure they can be managed with safety and dignity.

We can, and must, provide safe and caring treatment facilities. The AMA(SA) calls for the establishment of three purpose-built high dependency accommodation facilities for people with severe behavioural problems associated with dementia, mental illness and impairment.

These should be built across the three metropolitan health networks to service all South Australians. Having multiple sites would also reduce institutionalisation and provide training opportunities in high-level healthcare.

These facilities must be run by well-trained psychiatric nurses and allied health staff as well as having strong oversight by experienced psychiatric medical staff. Specialist training is needed for staff caring for elderly patients with behavioural problems.

We also need better dementia care pathways overall, including for the transfer between hospitals and aged care, and better interfacing between the public system, and aged care and the private sector. Better use of data would also support this. The need in this area is only going to grow in the future: the time to act is now.

>> The AMA(SA) calls for three purpose-built facilities for people with severe behavioural problems associated with dementia, mental illness and impairment, and specialist training for staff caring for elderly patients with behavioural problems.

Also ...

> Evidence-based mental health policy, supported by a dedicated mental-health registry to collect data to inform the government's response to the mental health needs of South Australians.

> Appropriate home-like accommodation for people with severe chronic, transitional and acute mental health problems supported by appropriate models of care, drawing on best practice.



Integrated hospital & GP care

Best practice health care recognises the need for seamless care for patients from hospital to home. It also requires tailoring health services to meet the needs of individuals rather than asking them to navigate a system built around funding models.

A multi-disciplinary, integrated approach is needed to develop communication protocols and pathways to support transition from hospital, aged, step-down, mental health and palliative care. This would reduce pressure on inpatient and outpatient services and produce a better patient experience. It might draw on insights from the Gold Coast Integrated Care Program, for example.

When it comes to palliative care, only 10 per cent of South Australians can access palliative care when they are dying because funding models have made it difficult for general practitioners and allied health to provide these services. While most people want to die at home, it can be very difficult to obtain home care support and equipment such as tilting beds and wheelchairs.

Palliative Care South Australia estimates the state needs \$24.5 million annually for an integrated palliative care model that enables GPs to deliver home care and specialist support for patients. This would benefit patients and reduce pressure on hospitals.

More broadly, we require a model of state-supported home care using GPs and allied health. This would be based on collaborative team-based shared care between GPs and hospitals, and triaging GP referrals.

This means adopting the AMA's guidelines to improve transfer of care plans and the patient journey from hospital to general practitioner care as well as developing appropriate Commonwealth-state funding models.

This is essential to reduce bounce-back rates to hospital and bed blockage, increase public access and reduce expensive and lengthy hospital stays. Most importantly it would improve patient experience.

>> The AMA(SA) calls for collaborative team-based models of care between GPs and hospital staff, and funding for GP-led stepdown/outpatients, supported by responsive community nursing.

Also ...

> A clinical team to design an effective communications protocol and referral pathways to support transition from hospital, aged care and palliative care, and integrated systems across the public and private sectors to allow increased sharing of patient information.

> \$24.5 million per annum for a palliative care model that enables GPs and allied health professionals to support people to die at home.



Heal the healers: doctors' wellbeing, and system culture

The AMA is deeply concerned about the issue of doctor suicide and mental health within our profession.

There has been increased public attention to this issue following several young doctors taking their own lives in recent times. The 2013 Mental Health Survey of Doctors and Medical Students by beyondblue found that, compared to the Australian population and other Australian professionals, doctors reported substantially higher rates of burnout, psychological distress and attempted suicide.

It is vital that medical practitioners are able to find support from their peers through mentoring, or from mental health professionals, without jeopardising their career.

The AMA(SA) has long advocated that South Australia's mandatory reporting laws be amended to prevent doctors from being discouraged in seeking help for their mental health and wellbeing.

COAG has made some encouraging comments about national change in this area, but we urge the South Australian Government to ensure this important change is made for South Australia. This is equally critical in rural areas where practitioners are juggling multiple clinical demands.

Safe working hours is also a crucial workforce issue that the Government must commit to, for city and country.

Finally, we need to develop a culture of respect and support for all health professionals. The AMA(SA) is aware of reports of a bullying and oppressive culture within SA Health. We call for a commitment to overcome the current negative culture in our public service. Open, honest and respectful relationships between the bureaucracy, the health professionals and the public are vital for a healthy public system.

>> The AMA(SA) calls for funding for a mentoring program for doctors and medical students, particularly in rural areas, and peer-to-peer support networks for all doctors but especially doctors in training; and commitments to safe work hours and zero tolerance of bullying.

Also ...

> A culture of continuous improvement and leadership in which people are encouraged to speak their mind even if it is unpalatable.

> Appropriate funding for rigorous, open and independent evaluation and reporting.



AUSTRALIAN MEDICAL ASSOCIATION (SA) INC