



2022 STATE ELECTION PRIORITIES





A system in crisis



We knew South Australia's health system was broken.

The pandemic has confirmed it.

Everything about the health system that was wrong, or flawed, or damaged before COVID-19 has been demonstrated as contributing to the current crisis.

The Australian Medical Association represents doctors in all specialties. Specialists in all fields of medicine have been let down because the system isn't good enough – and, in turn, our patients have been let down.

On behalf of patients, carers and family members, today and in the years ahead, AMA(SA) seeks an overhaul of the health system so it can cope with existing demands pre-COVID and evidence-based predictions for the future.

In the following pages, we outline the areas in which significant work is urgently needed to enable us and our health care colleagues to do our jobs, so we can do our best to provide the world-class care South Australians should expect.

This is not the usual AMA(SA) election platform. COVID requires economic 'triaging' that is not our area of expertise. What we do know is where the problems are, and how and why they must be fixed so the health of South Australians and sustainability of our health system don't suffer more.

If there has been one lesson that COVID has taught politicians, it's one that doctors and our health and academic colleagues have been attempting to explain for decades: that investment in health, and most importantly in disease prevention, is an investment in economic and social growth. Dollars spent on preventative health and public health avoid a situation where many more dollars must be spent on hospital staff and the infrastructure needed to accommodate patients requiring admission and hospital treatment. We ask that as the incoming government examines its books, it recognises that a focus on preventative health is the economically justifiable foundation of a healthy and strong community.

A handwritten signature in black ink, appearing to read 'Michelle Atchison'.

Dr Michelle Atchison

*President
AMA(SA)*



Priorities for a healthy South Australia

It is no surprise that health will be a high-priority item for many South Australians in considering their votes in the State Election on 19 March 2022.

AMA(SA) and our member doctors have nominated the issues that encompass our most pressing concerns:

- COVID care and responses
- Ramping and logjams
- Rural health
- Mental health
- Women's and children's health
- End of life care
- The future health workforce
- Innovations in care.

In summarising these problems and how to solve them, we believe the following priorities are the most important in building and sustaining a health system that will care for South Australians now and as we emerge from the pandemic.

1. Ease public hospital logjams

- Create more mental health beds for non-acute patients, and increase investment in services for people with addiction, to alleviate pressure on emergency departments

- Increase pressure on the Federal Government to better manage care in the community for Australians with disabilities and those who are ageing, so they do not occupy hospital beds and contribute to 'bed block'
- Increase funding for community-based palliative services across the state

2. More data, more access

- Increase the availability of and access to objective data and insight that will provide evidence for how best to invest in health-related policies, programs and care for South Australians
- Make available data from across the system for research to improve health outcomes and attract and build world-class research capacity

3. Equal access to equivalent care

- Increase investment in rural health services, improving the health and wellbeing of rural residents and the current and future economic and social 'health' of their communities
- Establish measurable targets for the care for patients with physical and mental health issues

COVID-19 care and

The COVID-19 pandemic has amplified and extended many problems that existed in South Australia's health system. However, there are also issues that have emerged because of or that are directly related to COVID.

The AMA has participated in meetings and discussions with a wide range of decision-makers and affected parties since January 2020, so our expertise and clinical counsel could contribute to informed, health-based policies and outcomes. We recognise and appreciate that in South Australia, decisions have usually followed the health advice.

However, there have been times when this has not occurred – to the detriment of individuals, the health system and the capacity of the economy to recover and 'move on'.

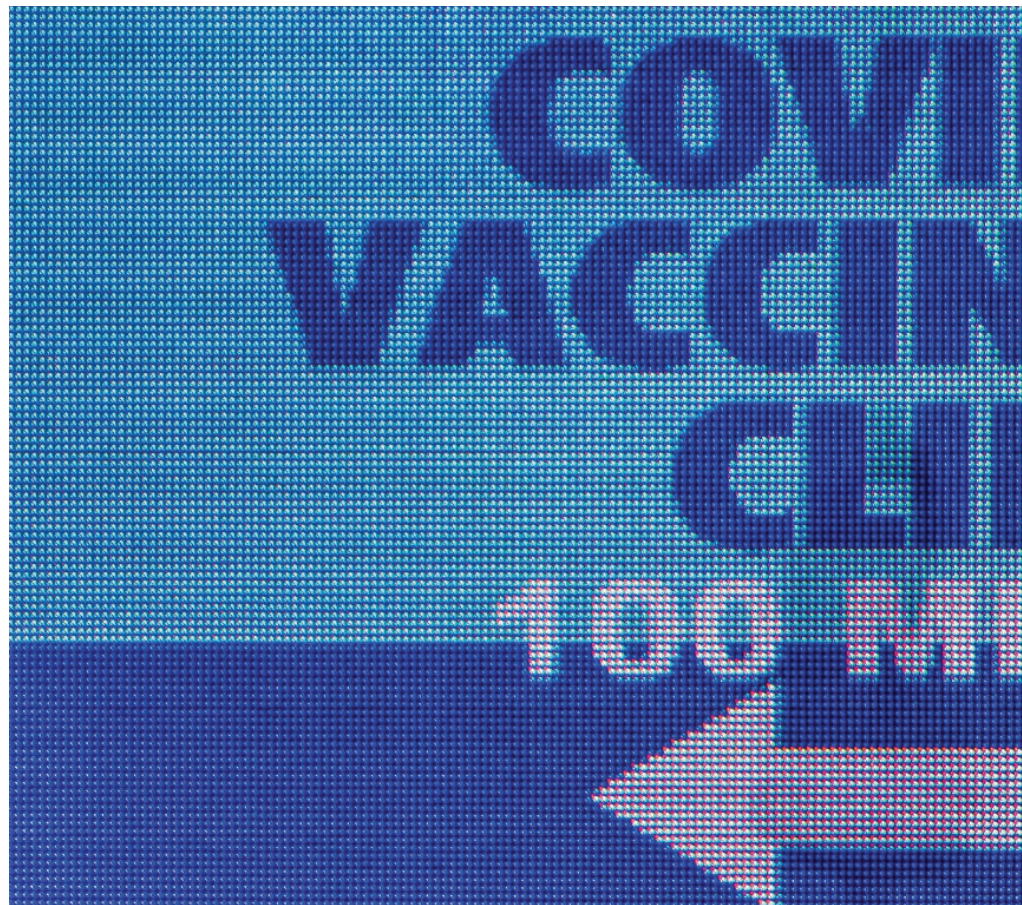
Many of the issues and challenges that have emerged and about which we have commented during the pandemic are no longer relevant – for example, our call for purpose-built quarantine facilities. As we move further into the third year of

the pandemic, we ask that decisions continue to be based on the best health evidence at a point in time, and that decision-makers look to and heed the lessons from other jurisdictions that have had to address specific concerns before us.

Investment in personnel

Based on COVID-related issues that have arisen over the past 24 months, we ask that priorities are given to investments in:

- the best testing available, ensuring it is available and accessible to everyone who needs it, including freely available testing for health practitioners
- ongoing supplies of personal protective equipment (PPE), not just for hospital staff but also for community GP and non-GP specialists. We are tired of hearing who should be supplying it – stop the fights between federal and state and just ensure it is available



responses

- staffing that enables doctors, nurses and other practitioners to rest and recover as they need, including through paid COVID leave
- infrastructure such as negative pressure rooms
- care for patients whose treatment, including elective surgeries, has been delayed, with clear roadmaps to restart elective surgery if and when it is paused.

What does health need?

We ask that future planning include engagement with the experts on the ground – including in emergency departments, obstetrics wards, general practice and other private practice, and mental health services, in rural and metropolitan areas. Health care workers are best placed to understand their needs and those of patients. Listen to us.

In fact, the pandemic has highlighted how often health and public-sector communication does not achieve desired outcomes. Too often the AMA and

other health entities have learned of important policy changes – national and in the state – from media or in materials that are badly worded and too late for consideration and strategic planning purposes. We ask that broader engagement becomes a regular and expected feature of public health communications.

The pandemic has demonstrated the importance of public and private pathology testing facilities, which have all been crucial in responding to COVID testing needs. We ask that investment in SA Pathology, which was at risk of privatisation before the pandemic, continues to ensure this state can call upon public facilities to fulfil their roles in testing capacity.

In addition, the pandemic has demonstrated the importance of onshore manufacturing in Australia of medications that patients rely on. AMA(SA) asks that the State Government apply all necessary pressure on the Federal Government to develop the capabilities and physical infrastructure to manufacture medications and other essential supplies.



Ramping and logjams

South Australia's public hospitals continue to be the 'face' of the crises crippling the state's health system.

Ramping, bed block, inefficiencies that keep the wrong people in beds for too long, staff shortages – they are all most visible in the impacts on patients and employees in and serving public hospitals.

The 2021 AMA Public Hospital Report Card showed:

- South Australia performed better on the emergency department measures compared to the previous year, but its performance slipped on elective surgery
- the percentage of emergency department urgent patients seen within 30 minutes is significantly less than the average for all states/territories
- South Australia was the third-worst state in emergency department visits completed in four hours or less
- the median waiting time for elective surgery increased from 41 days to 43 days, compared with 39 days across all states and territories
- the percentage of category 2 elective surgery patients admitted within the recommended time of 90 days decreased again, continuing a period of decline since 2013-14.

Many of the issues in our public hospitals relate to the absence of sufficient community care services to care for patients when they are discharged. Investment in such services will have a major impact on the 'bed block' issues. General practitioners must be funded and supported to work with and refer to state-funded programs to provide effective community care that serves patients' needs and relieves the pressure on emergency departments and hospitals.

Transitional beds are needed so aged care patients can 'step down' to aged care or community care. More support is needed for aged care services so unnecessary transfers to emergency departments are avoided.

In all cases, planning for future services and delivery, and assessments of their efficacy, must be based on reliable data and analytics, and on the reported experiences of those working in and using the services.

Ramping

Hospital ramping – where patients cannot be moved from ambulances to emergency departments because



there are no available beds – has been an all-too-frequent feature of South Australian health services for many years. Late last year, ramping was reported at the Women’s and Children’s Hospital, and in January the Port Lincoln Hospital reported its first incidence of ramping.

Ramping is invariably a symptom of broader systemic issues, including:

- patients who are occupying beds because they have nowhere else to go, including aged care patients, NDIS patients, and psychiatry patients
- lack of community care placements for people who present to emergency departments because there is insufficient capacity in the services designed to help them. These include people with issues and conditions related to or requiring mental health support, palliative care, post-surgery or illness rehabilitation and recovery
- over-burdened emergency departments that cannot admit patients into hospitals or discharge them quickly enough to avoid banks of ambulances waiting outside.

Aged care facilities do not have the nursing staff to appropriately care for patients with acute and chronic conditions – and this was an issue long before COVID. NDIS packages don’t meet the needs of the people and carers who need them. These are Federal Government funding issues, reinforced in the findings of the Aged Care Royal Commission. While they are not addressed, patients occupy beds and require staffing that could be directed elsewhere.

AMA(SA) also asks that the State Government regularly and transparently provide data about congestion, and the number and category of ED presentations. We need data about the programs that are introduced, and publicly available data about their effectiveness.

Ambulance services

Ambulance services must be appropriately staffed, equipped, resourced, and prepared to manage the current demand in a COVID-burdened environment, and to meet short-term and longer-term surges when COVID’s impact on the state’s health system is reduced.





Rural health

AMA(SA) believes investment in rural health services is imperative if our state's regional and remote communities are to survive and thrive.

Our state needs regional communities to flourish. They will only do so if they have the essential services and attractive amenities to keep people in rural towns. Health services – along with schools – are among the most essential of these services. But despite repeated calls from rural doctors, and the residents and communities they are committed to serving, rural areas do not receive equitable funding to provide adequate and safe health care to the people who live and work there.

In recent months, AMA(SA) has worked with the Rural Doctors Association in South Australia (RDASA) to develop and advocate for conditions that adequately reward rural doctors for their efforts in providing care and securing health services in rural towns and centres. The agreement is a major step in securing the future of rural health workforces and their role in community safety and development. But it is only one of many changes needed in rural health settings.

Rural hospitals need more staff, updated facilities and equipment, and access to the most up-to-date technology that allows them to seek support when their regional patients need urgent specialist advice.





We ask that funding be made available for an independent, external, evidence-based report of the impacts of the new agreement and other clinical developments in the LHNs, to measure and evaluate the state's investment in rural health.

We also ask for greater investment in preventative care and community programs to keep people healthy, and to provide care for older people, people with disabilities, people with mental health issues, and people at end of life in community settings and out of hospital.

The sustainability of rural health services will be increased if people are encouraged to return to their local areas when they qualify in their professions. We ask that medicine and other health care training pathways incentivise rural practice, including for First Nations and other 'locals' who want to provide care in their communities.

AMA(SA) also seeks much-needed measures to support rural generalist training in regional areas, including funding to ensure senior doctors can train the next generation.



Mental health

Everyone has the right to expert mental health care when they need it.

Yet SA Health data released in October 2021 showed that over the course of a year, we had in South Australia 1,500 patients waiting more than 24 hours for admission to urgent mental health care in our public hospitals.

This major access block issue significantly contributes to emergency department ramping within our tertiary public hospitals. Frequently our tertiary hospitals have 25 per cent of their ED occupied by psychiatry patients, yet these patients represent only 5 per cent of all ED presentations.

The real situation is likely to be that there are more than that, because the number depends on how patients are categorised – and doesn't include those people who leave hospital facilities before being given beds or those waiting in medical wards for psychiatry beds. And many more than 1,500 patients must wait too long in inappropriate environments.

The data showed South Australia has 32 'psychiatry beds' per 100,000 residents, including 27 public and 5 private sector beds. The national average is 41 psychiatry beds (28 public and 13 private) per 100,000 residents.

Based on our state possessing 7 per cent of Australia's population, to bring the state to the national average, this state requires 160 more mental health beds. And Australia itself is lagging far behind the OECD average of 65 beds – double South Australia's current total.

South Australia most urgently needs more non-acute psychiatry beds. This will direct chronically ill patients from being 'stuck' in acute psychiatry wards in our tertiary hospitals to care in more appropriate and less expensive non-acute psychiatry beds.

Drug and alcohol services are under-resourced and understaffed in metropolitan and regional areas, adding to the congestion in emergency departments. Staff are not trained, nor are they provided with the appropriate resources, to manage issues arising from methamphetamine use.

Urgent care centres

The Federal and State governments have applauded their 'urgent care centres'. However, these will support individual patients and the system only if they are staffed with people with the training to deal with people seeking urgent help at any time of the day or night. Help may be needed for substance abuse issues, other mental health issues, or a combination of factors that culminates in anger, violence or suicide attempts.

In Victoria, the State Budget allocated \$3.8 billion in response to a Royal Commission into the state's mental health system that highlighted many of the issues we are dealing with in South Australia.

In the 2021-22 State Budget, a 'Mental Health Crisis Stabilisation Centre' was proposed for the northern suburbs that, when operating in 2024-25, would manage and divert persons from ED with a mental health condition and have the capacity for overnight stays. AMA(SA) asks for a commitment to providing appropriately trained clinicians and staff, with expertise in urgent mental health care, to manage this and similar centres. Waiting until 2024 is too long.



Services for women

The AMA has repeatedly called for more clinical input into planning the new Women's and Children's Hospital (nWCH), and more investment into staff and infrastructure at the existing WCH and in aligned programs and services to ensure women and children receive appropriate care until the new WCH opens.

The failure to produce a comprehensive child health plan for South Australia continues to jeopardise both hospital and community health services for children and young people throughout the state. The absence of such a plan has serious adverse effects on the delivery of services now, and on the planning of the nWCH.

In the new WCH, we continue to call for:

- enough beds to meet demand today and in the future, including in consideration of the burden of COVID cases on the WCH and aligned resources in the metropolitan area and across the state
- negative pressure rooms in existing delivery facilities and in the new WCH to ensure women, children and staff are adequately and appropriately protected from COVID and future infectious diseases.

The planning, delivery and evaluation of existing and future services and physical infrastructure must include ongoing engagement with independent clinicians with specialist expertise in each and all aspects of women's and children's health, including obstetrics, gynaecology, paediatric medicine and specialties, emergency medicine, mental health and radiology.



and children

Abortion reform

AMA(SA) asks for a commitment to the provision of funding to provide and maintain care for women seeking abortions in metropolitan and regional areas, as established in the *Termination of Pregnancy Act 2021*.

Our advocacy over many months ensured the Act would decriminalise abortion and establish it as a women's health issue in South Australia. We also ensured that important provisions related to conscientious objection were recognised in the Act. Yet important reforms outlined in the Act have not been implemented more than one year since its passing. This has disadvantaged many South Australian women and families.

We call for the introduction of efficient telehealth options for early medical abortion (EMA) in metropolitan and regional areas, for patients seeking this service and when it is safe. This will increase access to services and minimise the need for face-to-face consultations in a COVID-restrained health system.

An example exists: Marie Stopes International can provide telehealth EMA with an immediate start, albeit at a cost to the client. In the Northern Territory, publicly funded telehealth is available at no cost to the client. In South Australia, the Pregnancy Advisory Centre could offer a similar service.

AMA(SA) is ready to continue our earlier campaign for this important component of women's health and will participate in and support as needed the design and implementation of resources.





Care at the end of life

Each year, about 5,000 South Australians receive some kind of palliative care. The number choosing to access Voluntary Assisted Dying (VAD) is predicted to be about 100 a year. AMA(SA) calls for a proportional investment in services that support each and every South Australian achieving a 'good' end of life.

AMA(SA) provided ongoing input and advice during the development of the VAD legislation that passed in 2021 and will be implemented in 2022-23. Our input ensured that the politicians voting on the legislation understood how it must work with both South Australia's existing and world-leading end of life and informed consent laws.

At the same time, we voiced concerns that while focusing on VAD legislation, funding and resources for palliative care would be overlooked. We believe it is vital that every South Australian seeking end of life care should be able to expect those services, as outlined in some of the world's best legislation for caring for those at the end of life.

Investing in a 'good' end of life

An investment in palliative care will lead to improved care and reduced costs elsewhere in the system. We support the call from Palliative Care SA for an additional investment of \$29.2 million in palliative services, which will:

- reduce the number of unnecessary and unwanted hospital transfers, admissions, treatments and procedures
- decrease the time in hospital for those people near the end of their lives
- reduce the number of calls on ambulance services for patients at or near the end of life.

Palliative Care SA notes that each \$1 invested in palliative care services in South Australia will lead to savings of \$4 across the system.

In particular, AMA(SA) seeks:

- funding to provide appropriate palliative care services in homes, hospitals and residential facilities across the state
- recognition in allocating this funding that many people wish to die in their homes
- more hospice beds for acute crises so that hospital beds need not be diverted to palliative patients.

The future workforce

South Australia needs a health system equipped with and managed with the staffing resources necessary to keep people healthy and safe.

The pandemic has highlighted many staffing shortfalls – in the number of health care workers available, in performance expectations, and in how they are treated in their workplaces.

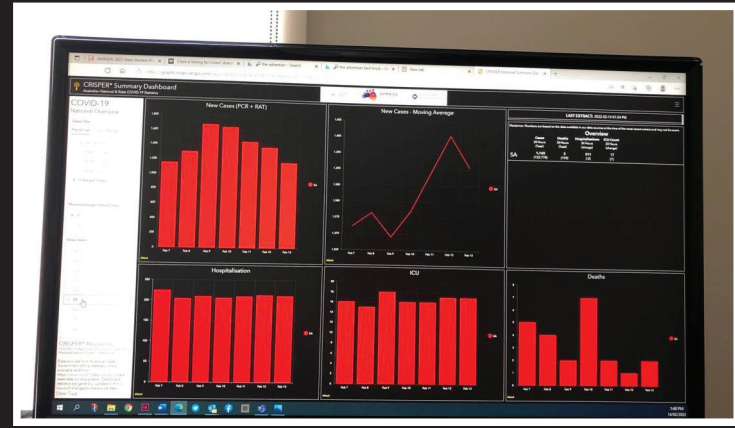
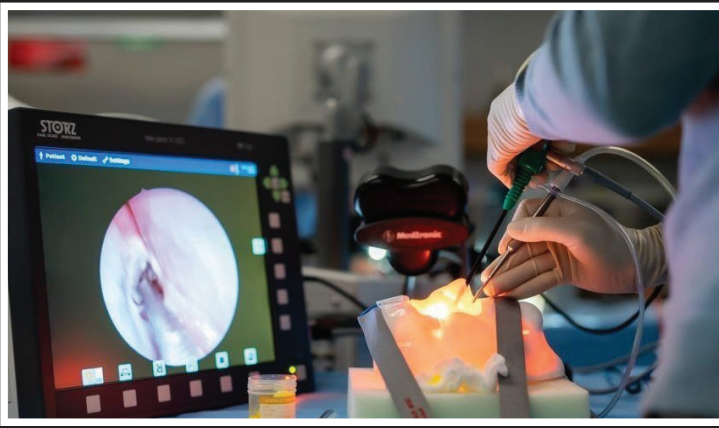
A secure workforce comprises professionals who are qualified to perform the roles asked of them and who are satisfied that their contributions are recognised and valued. Following the AMA(SA) Culture and Bullying Summit in February 2020, the State Government introduced legislation that allocates responsibility for workplace culture and staff safety to the Local Health Network Boards. This is a nation-leading approach to staff welfare that should be promoted at all levels of SA Health and LHN operations.

The lack of trainees choosing general practice as a career will lead to significant deficiencies in primary care and subsequent pressure on the hospital system.

AMA(SA) asks:

- that all prevocational roles are accredited, to ensure patient safety
- that general practice Doctors in Training be employed in a single-employer model that provides security throughout their training period and provides and guarantees portable leave entitlements, including parental leave
- that rural trainees are included in discussions about entitlements, job descriptions and workplace culture, to ensure the expectations of their performance can be understood and addressed
- that the importance of senior doctors in supervising trainees as part of their training is recognised and included in job descriptions.





Innovations in care

AMA(SA) has repeatedly emphasised that health investment, particularly in preventative and community health care, is an investment in social and economic growth.

However, there are other areas in which investment will have beneficial health outcomes in the short and longer term.

Research and data analysis

AMA(SA) calls for a commitment to sustained funding of health-related research that will provide beneficial health outcomes and cost savings and boost South Australia's reputation as an innovative economy.

In its response to the South Australian Productivity Commission's *Final Report: Research and Development Inquiry* (18 January 2021) the South Australian Government noted that health and medical research (HMR) is 'a key priority' and 'a vital part of our healthcare system' and recognised that 'implementing the Commission's recommendations will maximise growth in HMR, unlocking new economic opportunities and supporting job creation in the state'.

AMA(SA) calls for increased funding for medical research and for the collection, analysis and transparency of data that is essential to such research. We need investment in clinical research positions and an acknowledgement of the time needed for research in clinicians' workloads.

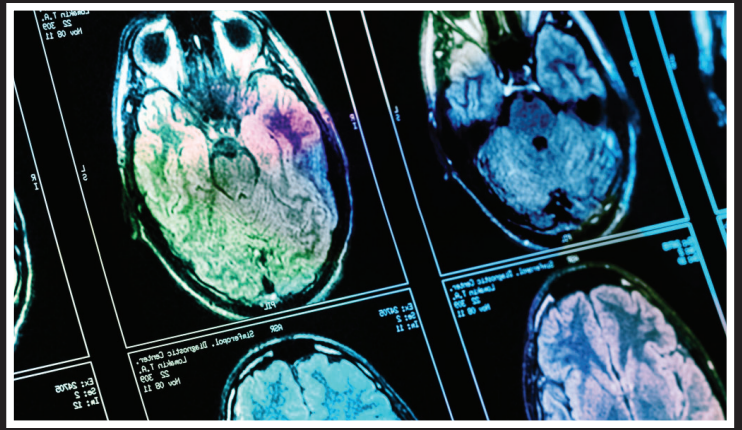
We call for the establishment of an independent medical research institute that, in accessing data from SA Health and private hospitals, and working with the state's public universities, South Australian Health and Medical Research Institute and private providers, will accumulate and make available information to support health outcomes. We note that since the Health Performance Council was abolished and some of its roles moved to the Commission for Excellence and Innovation in Health, there is no independent and objective body examining and providing for public scrutiny the health system and its parts.

AMA(SA) specifically supports funding of clinical academics, which has been declining significantly over the past decade.

Training

AMA(SA) believes that funding for adequate numbers of advanced specialist trainee positions in South Australian public hospitals must be a priority.

While there is extensive, urgent national (National Medical Workforce Strategy) and local (Rural Medical Workforce Plan) work to be done to overcome the gaps in knowledge and future planning for the medical



workforce, there is also a need to maintain and increase advanced specialist training positions. General practice training in rural areas must encompass training in rural hospitals – they cannot be considered separate specialties as they are in urban areas.

A failure to attract trainees into regional areas risks losing a large potential future specialist cohort to interstate hospitals and increase the potential for serious service gaps in South Australia.

Medical students in rural areas should be able to continue to work there and become interns, then junior doctors and rural registrars in their areas. Funding is also needed to enable rural GPs to supervise trainees working in hospitals and on-call, as well as in the practice.

Sustainable health care

The AMA declared climate change a 'global health emergency' in 2019. This major announcement recognised the many impacts climate change has on health, including:

- higher mortality and morbidity from heat stress
- injury and mortality from severe weather events and bushfires
- increases in the transmission of vector-borne diseases
- food insecurity, resulting from declines in agricultural outputs
- a higher incidence of mental ill-health.

South Australia has been a recognised leader in renewable energy and other action to minimise environmental impacts for more than a decade. AMA(SA) calls for a commitment from the State Government to build on this foundation and identify and pursue avenues to minimise the impacts of climate change and, in doing so, enhance its global reputation as an innovative and future-focused economy.

We await the release of clear and measurable targets for and status updates on actions aligned to the focus areas outlined in the *South Australian Government Climate Change Action Plan 2021-2025*, with:

- a sustainable healthcare system
- inclusion of sustainability measures in the design, implementation and evaluation of all health projects, including the new WCH
- publicly accessible sustainability targets for SA Health
- the State Government advocating for sustainability measures within hospital accreditation criteria.

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