



AMA SA Access to Care Round Table

Recommendations for Action

Background

On 9 May 2025 AMA SA staged its Access to Care Round Table. The event brought together more than 30 leaders from across the health sector to share perspectives and generate ideas to capitalise on primary care services and reduce emergency presentations at South Australia's hospitals.

Participants included the Minister for Health and Wellbeing, the Hon Chris Picton, AMA President Dr Danielle McMullen, Chief Medical Officer Dr Michael Cusack and Professor Keith McNeil of the Commission on Excellence and Innovation in Health.

Round Table outcomes and themes

Immediate Past President Dr John Williams, Dr Bridget Sawyer and Dr Emily Kirkpatrick are leading consultation within AMA SA to review the issues and suggestions discussed at the Round Table and to nominate practical recommendations for effective reform.

Their review has identified the following two key themes that summarise participants' perspectives about the overall reforms needed to keep patients healthy in their communities and out of hospital.

I. Sustainable reform demands whole-of-system collaboration and information sharing.

Round Table participants noted repeatedly that barriers to communication between primary, tertiary and aged-care providers remain among the most pressing obstacles to accessible, streamlined care.

Participants strongly endorsed the need to improve cross-sector integration. Those with lived experience expressed the human impact of system gaps, especially for older people, those with complex conditions, members of Indigenous communities and those for whom the financial cost of accessing care in their communities is prohibitive.

II. Better leveraging of general practice and community care will keep people healthier in their communities and avoid hospital presentations.

General practitioner (GP)-led multidisciplinary teams in general practice should be the nexus of connected services that help patients understand and access different types of care, and that prevent fragmentation and the costly duplication of services. While GP funding is usually the responsibility of the Commonwealth, state-funded inter-professional teams can build and sustain longitudinal care that supports health and wellbeing and avoids hospital re-presentations.

Access to Care Round Table - Recommendations

The following recommendations aim to help SA Health and other entities eliminate barriers that currently prevent South Australians accessing the care they need in their communities.

We urge SA Health to include clinicians and consumers in the design, testing, implementation and evaluation of all measures, new and existing, to ensure their knowledge and experience are considered and reflected in services throughout the health system.

1. Establish a visible and realistic SA Health 12-month Action Plan.

- A shared roadmap of reform initiatives will enable clinicians and other healthcare professionals to contribute their knowledge and expertise to effective, patient-focused change. Current work is often hidden, visible only to a select few within SA Health leadership. Participants called for a co-owned and public-facing Action Plan led by SA Health that outlines specific initiatives (including practical, low-cost programs and services and long-term reforms), capitalising on digital and AI capabilities, with:
 - Implementation timeframes
 - Responsible leads and partners
 - Metrics for progress, evaluation and accountability.

2. Provide physical and digital resources for the GP clinic that support a unified, person-centre health ecosystem, enabling care to be delivered at the right time and right place and by the right provider.

- Provide funding to employ nurse practitioners, registered nurses and other allied health professionals to enable GP clinics to open after hours, linked with discharge-planning KPIs.
- Mandate the use of clear, standardised discharge and referral summaries that are uploaded to My Health Record and available to the patient's nominated GPs and residential aged-care homes (RACHs) within 24 hours of discharge.
- Integrate into Local Health Networks (LHNs) care coordinators and discharge planners who work with Primary Health Networks (PHNs) to collaborate with GP clinics to provide follow-up post-discharge and identify at-risk patients in their communities, focused on reducing avoidable representations and readmissions to hospital, aligned with NSW Lumos evidence.
- Enable read-only access to Sunrise for GPs, private specialists and rural after-hours access teams, noting that workarounds exist currently with non-GP specialists who see private and public patients, without clear patient consent and privacy.
- Establish direct contact lines between GPs and other specialists in public and private settings, with the formation of a statewide database led by the State Health Coordination Centre, linked to Healthdirect's health provider directory.
- Expand virtual care specialist support services for GPs, with the Virtual Care Service (VCS) working with Hospital in the Home (HITH) services to provide specialist, real-time advice and navigation to primary care, reducing fragmentation and unnecessary presentations to emergency departments (EDs).

3. Reform outpatient and specialist access pathways to improve efficiency, enable clinicians to focus on providing clinical care, and reduce long wait times.

- With AMA SA input, establish an outpatient department (OPD) implementation group or taskforce to identify practical measures to improve outpatient services, with recommendations to be included in the SA Health Action Plan.
- Capitalise on artificial intelligence, two-way SMS communication with patients and e-referrals, and provide support for clinicians, to reduce the burden of administrative tasks in outpatient settings, such as managing requests for specialist input, completing referrals and wait times management.
- Create a state-wide e-referral 'front door' for outpatient care across all LHNs that enables a single referral, regardless of locality and health network, reducing barriers that cause confusion when LHNs have different boundaries for different services.
- Embed team-based video conferencing arrangements with hospital specialists, mirroring models in Victoria at Northern Health that enable rapid access to advice, reducing reliance on traditional OPD appointments, yet still uses activity-based funding. Linked to an expanded rapid access model for outpatient clinics (e.g., respiratory, gastroenterology).
- Introduce GPs with special interests, into OPDs, with a focus on reducing long wait times and opportunities to redirect care back to primary care with specialty advice coordinated by the OPD GP.

4. Improve aged-care coordination and dignity with end-of-life care, formalising communication pathways and shifting care to people's homes.

- Establish an Aged Care Working Group to include the PHNs, consumers and GPs, with the aim of:
 - developing a central repository for and training in the use of Advance Care Directives that is accessible to RACHs, South Australian Ambulance Service and GP clinics, building on previous pilots within the Barossa Hills Fleurieu LHN and the Department for Health and Wellbeing
 - Establish pathways to facilitate RACH communication with a patient's nominated GP clinic, including hospital notifications, to prevent unnecessary transfers and tests and to monitor the patient's post-hospital needs.
- Expand VCS in-reach to RACH residents that focuses on rapid access reviews and VCS capability, with referral to HITH without the need for ED attendance.

Next steps

AMA SA asks that the Minister for Health and Wellbeing convene a meeting with senior health officials and AMA SA at the earliest opportunity to consider these recommendations and to prioritise and collaborate on a clear and achievable set of actions, detailed in the Access to Care Action Plan outlined above, in collaboration with sector partners. AMA SA recognises the critical need to leverage digital and AI capabilities to enable SA's health ecosystem to be unified and efficient, despite the inherent financial challenges of developing a world-class health system.