

31 January 2019

Anthony Beasley secretary

Select Committee on Health Services in South Australia

The Rural Doctors' Association of South Australia (RDASA) welcomes the opportunity to provide written input to the Select Committee on health services in South Australia.

We would also like to present oral evidence to the Committee.

Workforce Crisis

RDASA believes that there are significant workforce issues across rural South Australia which are having a considerable impact on the quality, accessibility, and affordability of health services across rural South Australia.

Many communities have been left without adequate numbers of General Practitioners to provide primary health care and preventative health services. There are considerable strains placed on the existing practices who are providing Emergency Department services, inpatient, obstetric, maternity and afterhours care at their local hospital.

Currently there are over 60 vacant General Practitioner positions across rural South Australian towns, and many of the surgical/maternity units are under staffed in relation to rural Obstetricians and Anaesthetists. In addition, there is an inadequate number of Doctors available to provide cover for the Emergency Department rosters.

In the last few years there has been a huge increase in the number of locums providing services in Emergency Departments across many major towns through rural South Australia with a huge blowout to the health budget.

This workforce crisis has led to considerable distress amongst many rural clinicians who are struggling to provide services because of inadequate workforce planning by the Department of Health, Country Health SA and the Governments of the day.

Workforce Planning

Over 10 years ago there was considerable work put into a solution and the 'Road to Rural' proposal was commissioned by the Government. This recognised the need to have a dedicated rural training pathway for junior Doctors and Registrars keen to pursue rural practice. Unfortunately, the Labor Government during this time made no effort to undertake significant long-term workforce planning, and eleven months into the current Liberal Government, there are still no long-term medical workforce planning with any measurable outcomes on the horizon.

RDASA has lobbied the Minister to introduce an advanced skills training program, as well as giving Country Health SA formal teaching hospital status with appropriate budgetary support. This will allow advanced skill posts and training positions to be allocated to junior Doctors and Registrars who are keen to undertake rural training to be long term rural Doctors.

Unless there is a commitment to a rural Registrar advanced skills training program, there will continue to be worsening workforce shortages across rural South Australia.

In 2019 we saw a considerable drop in the number of doctors applying for rural general practice training. This has led to a significant decrease in the number of Registrars available to provide primary health services and help support Doctors in their rural practices and hospital work. Most importantly, this means there are falling numbers of doctors in the pipeline to be rural doctors of the future.

There is an opportunity to create a rural training program which will provide a long-term workforce solution allowing patients to be treated locally in their hospitals by doctors who have the necessary skills and training. This will also serve to take a large amount of the strain off metropolitan hospitals which are under severe bed pressure at present.

It will also provide doctors with adequate training in preventative health, emergency care, Aboriginal health, mental health services, palliative care, and inpatient hospital care for patients in their own community.

Transforming Health

RDASA believes that the current health system is in crisis. Transforming Health has led to confusion amongst many clinicians as to what services will be provided at which metropolitan hospitals. This has led to increasing bed pressures.

There are considerable delays in the transfer of patients via ambulance because of ramping, bed blocking and the lack of availability of metropolitan beds. As a result, those requiring a higher level of care are at substantial risk.

This heightens stress levels and places a greater workload on rural Doctors and Nurses providing inpatient care for their patients. It has also exacerbated the pressures and stress of managing patients with acute mental health problems who require detention and transfer to Adelaide.

There are a number of high acuity patients who have had to wait over 12 hours for ambulances to transfer them to metropolitan hospitals because of delays in bed availability. In addition, SA Ambulance Service are unable or do not see these patients as a priority to transport.

RDASA believes that this is related specifically to the Transforming Health process, where there has been an inadequate number of beds being made available for the system, especially with the closure of the Repatriation Hospital and a decrease in the number of nRAH beds.

There are significant delays in the capacity of the system to discharge patients from hospitals to aged care facilities and the complexity involved with organising care packages has further added to the stress and pressure on Doctors to provide ongoing care. Patients unable to access care packages in their homes, ultimately leads to an increase in the length of hospital stays.

EPAS

When EPAS was trialed in Port Augusta five years ago, RDASA recognised inherent problems with the system and strongly lobbied the government against proceeding with broader implementation. Despite RDASA's protestations, clinicians' advice was ignored, and EPAS was rolled out across other hospitals, with increasing numbers of problems.

RDASA understands that the roll out of EPAS has resulted in a restricted number of outpatient appointments resulting due to increasing complexities. Entering data during patient care has also led to a number of critical incidents and poor patient outcomes.

RDASA believes that it is critical that the voice of our clinicians is heard. If the advice of RDASA had been taken in the early stages, then the problems regarding the failures surrounding EPAS would never have occurred and would have saved the taxpayers many millions of dollars.

Community health and PHN

Over the last few years, there have been considerable changes in the community health sector, with the introduction of more Federal

Government monies available for Mental health, Aboriginal health, and Drug and Alcohol services.

These have been delivered by both the Adelaide Primary Health Network, and the Country Primary Health Network, but there does still appear to be gaps in the services provided across the sector.

It is most important that the State hospital services and Federal funded community services are coordinated so that the patient outcomes can be maximised. There are still some deficiencies in the system in relation to providing packages for patients' care, especially those who have been discharged from hospital, and those requiring ongoing mental health services.

Telehealth and Medical Records

Whilst the introduction of some digital telehealth initiatives has some advantages, it is still most important that there be enough clinicians available on the ground to provide face to face services across rural South Australia.

The deficiencies in not having an electronic health record available in country hospitals is also frustrating for many rural doctors, and also the unavailability for doctors to access the Oacis system at their Practices, which would enable them to look into the hospital system for results and Discharge Summaries.

This information is only available if the doctor is present in a Country Health SA Hospital, and RDASA believes that there should be access available for rural doctors from their own private clinics to access Oacis information. This would lead to a better understanding of the patients' journey through the health system and their particular needs, especially once they have been discharged from the hospital back into the community.

Surgery capacity

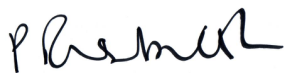
RDASA believes that there is the capacity for rural hospitals to undertake more surgery and anaesthetic procedures. There should be an increase in the number of hospitals undertaking these services, and appropriate budgetary services available to increase these surgical services in rural hospitals.

Regionalisation

There is considerable confusion as to how the new Health system will work in relation to the introduction of six Regional Boards across rural South Australia.

RDASA is keen to work with the local Regional Boards and the Government of SA to provide clinical and system advice to improve the quality of services, both at a hospital level, as well as in primary and preventive health care. This will ensure rural communities have the highest possible level of health care available, delivered by adequate numbers of a well-trained rural medical workforce.

Yours sincerely



Dr P. Rischbieth
President
Rural Doctors' Association of South Australia