



AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.
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Dear Dr Cusack and Ms Chalmers

Re: COVID-19 Restrictions Tier Level Matrix

On behalf of AMA(SA) Council I wish to express our appreciation for the ongoing efforts of SA Health leadership and staff in managing the many and complex factors relating to the COVID-19 pandemic in this state. The continued emphasis on and commitment to evidence-based responses to these complexities has contributed enormously to the relatively strong position in which we find ourselves. As always, AMA(SA) Council is ready to support SA Health in considering evidence-based systems and practices to minimise the impact of COVID-19 on the health and wellbeing of our patients and communities.

We recognise that COVID-19 has affected and will continue to affect people's willingness to enter hospital for elective surgery, and also that the capacity of the system to offer elective surgery due to restrictions and/or COVID-19 and long COVID caseloads must be managed.

At our meeting of 2 September 2021, Council discussed the 'COVID-19 Restrictions Tier Level Matrix and Associated Definitions for Surgery in South Australia' that you provided in confidence for our consideration and feedback. While the matrix received a level of support, Council raised concerns that it does not provide sufficient detail about necessary responses to urgent COVID-19 situations such as those being encountered in NSW – particularly as our health system already is experiencing frequent and continuous crisis situations.

Specific feedback is summarised in the points below.

1. The matrix should be provided to all affected clinical and allied health providers for consultation.
2. COVID-19 has changed the dynamics of healthcare that should be reflected in the matrix and other work planning for future needs. There was discussion at our Council meeting about the current categories of elective surgery and a strong recommendation that RACS update them with more nuances and to align with a better evidence base. This is clearly work that should be conducted alongside the current definitions used in this matrix.
3. The matrix does not reflect that within each restriction level there are 'additional restrictions' that may affect other activity in that category. For example, as I write this, South Australia is at Level 1 restrictions, but according to the SA Health website there

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are many other 'additional restrictions' in place that may affect patients' access to and use of health services.

4. The matrix should include information about how patients will receive communications about changes in their care, especially during or because of a sudden event. For example, the matrix should note that if elective surgery is cancelled or deferred, the onus must be on the health care provider to contact the patient as soon as possible and arrange future surgery. The onus must not be on the patient to follow up for information about their surgery.
5. There must be equity between public and private patients who require elective surgery. AMA(SA) does not support deferral of elective surgery in the public system while it continues in the private system unless there is built-in capacity to accept and manage public patients in an equitable fashion in the private system.
6. The health system's preparedness plan must identify how elective surgery will continue safely and sustainably, without unpredictable stops and starts, in a COVID-19 environment.
7. There were questions at Council about preoperative PCR testing requirements, which the matrix describes as being 'recommended' in Level 5. Council strongly recommends that planning for the events that may necessitate Level 5 restrictions include processes that demand testing before any elective or emergency surgery admissions and manage the implications of positive tests.
8. We suggest the matrix or covering notes include a definition of 'COVID-19 risk assessment', and that any changes to processes relating to the assessment over time are reflected in the document. (We assume this refers to the patient and not to the service.)

As outlined in our pre-Budget submission, AMA(SA) Council believes that South Australia's response to the pandemic has demonstrated that addressing health issues as a priority is an investment in shaping a robust and resilient economy. The health system in South Australia is currently struggling with demand on services, even without a COVID-19 outbreak. We believe the health system requires an injection of funding and significant forward planning so it may continue to underpin economy-wide efforts to recover from the pandemic in the months and years ahead.

Should you wish to discuss any the issues raised in this letter, please contact me via Executive Assistant Mrs Claudia Baccanello on 8361 0109 or at claudia@amasa.org.au.

Yours sincerely



Dr Michelle Atchison

President