



SOUTH AUSTRALIA

AUSTRALIAN MEDICAL ASSOCIATION

(SOUTH AUSTRALIA) INC.

ABN 91 028 693 268

18 April 2019

Brett Humphrys  
Director – Country Health Governance Reform  
Country Health SA Local Health Network  
Hospital Road, Port Augusta SA 5700

Dear Mr Humphreys

**Re: Establishment of Regional Local Health Networks: Detailed Design Proposal Consultation Paper**

Thank you for providing the Australian Medical Association with the opportunity to comment on the Consultation Paper outlining the proposed design of the six Regional Local Health Networks (LHNs), which are to be implemented among the 10 new LHNs on 1 July 2019.

The AMA(SA) has in recent months closely monitored discussion about the proposed networks and boards, and announcements of their members. We have now also reviewed the 'Detailed Design Proposal' Consultation Paper, which outlines how the government intends the LHNs to operate to achieve the stated aims of those networks: to empower local communities and improve patient outcomes and safety through a more decentralised public health system.

AMA(SA) feedback on specific areas of the Consultation Paper is provided below.

**General comments**

The AMA(SA) supports the introduction of LHNs that capitalise on local knowledge, skills, expertise and engagement with South Australia's regions to create and nurture medical and healthcare services that cater for local people and their needs and expectations.

From the AMA(SA) perspective, the key considerations in evaluating this design proposal must be how the proposed changes will:

- ensure medical services are provided in quantity and quality so they improve patient outcomes and safety
- enable doctors and other healthcare professionals to do their jobs effectively and safely over time
- reduce the disparity in health outcomes that South Australians currently experience according to whether they live in metropolitan, rural or remote locations
- provide measurable indicators that enable comparisons and evaluations of the effectiveness and value of systems and practices within and between the LHNs.

For example, the AMA(SA) considers that the eventual design must explain how the LHNs will increase patients' equity of access to services in regional communities. It must also outline what systems will be in place to support healthcare professionals operating in regional and remote locations and strive to ensure the best available care for their patients.

It should also be clear, in the final design, how the LHNs and their boards will represent and engage with groups that have not experienced equity of access in the past: young people,

your AMA

your voice

your profession

members of culturally and linguistically diverse communities, members of socio-economically disadvantage groups, and Aboriginal Australians.

We also wish to make it known that our members have significant concerns about any proposal that does not appear to align with, adhere to, or indicate its place within the 'South Australian Health and Wellbeing Strategy 2019-2024', the proposed 'summary framework' of which we are also being asked to provide feedback this month.

It is also essential that the design, provision and evaluation of healthcare services in each region and across the state consider the potential confounding and complex factors with which these services interact, including but not limited to a safe and healthy environment, job security and the adequate provision of public infrastructure.

In examining specific components of the Consultation Paper:

### **Country Health Organisation Design Principles**

The AMA(SA) suggests that the new LHNs can make progress towards achieving measurable outcomes from day one. However, this will be possible only if realistic, measurable outcomes are established in the LHN framework and business model.

For example, the fourth 'Design Principle' aims to 'Ensure equitable access to skills and expertise'. We suggest this is an unrealistic ambition; the Roxby Downs resident is unlikely to expect the same access to some services as her sister in Rostrevor. It would be more reasonable to design the organisation according to a principle such as, 'Develop systems and practices within and across LHNs that maximise the opportunity for all South Australians to access best-quality care at all times'.

### **Regional LHN Functional Structure**

The AMA(SA) supports the introduction of LHN staff and structures that will help patients receive the best possible care when they need it. We suggest this will require a carefully considered and maintained balance of healthcare professionals and non-health professionals in service delivery and management.

In addition, we suggest that reports of board member and executive salaries and other non-service expenditure should be made publicly available on a regular basis.

### **Functions proposed to be realigned to LHNs**

The AMA(SA) supports the idea that many healthcare services should be managed and delivered on a regional basis, in response to regional needs. However, we recognise that in some cases it may not work best to devise and deploy systems or practices to specific LHNs, but that it may be more efficient to deploy a program across the state – perhaps via SA Health – customised, if necessary, at the local level. We note that the 'Rural Support Service Functional Structure' appears to be responsible for system-wide models, strategies and programs, and look forward to discussing how this body will work with the metropolitan LHNs and SA Health to ensure best-practice, high-performance models are designed and implemented in all areas of the state.

### **Mental health**

The AMA(SA) is aware that mental health is an important issue in all South Australian communities. We support a strategy that identifies the need for designated mental health

services across the state, noting that different regions are likely to have different needs that will require tailored approaches and service delivery based on local evidence.

### **Clinical services**

The Consultation Paper notes that the CEO of each LHN will 'be accountable to the Board for the provision, management and administration of health services'. It also provides a leadership structure that includes five roles at director and executive-director levels aligned closely to healthcare delivery: Executive Director of Medical Services, Executive Director of Nursing and Midwifery, Executive Director of Community & Allied Health, Director of Aboriginal Health, and Director of Mental Health. However, there is little explanation of how these and associated roles will operate to deliver healthcare services in their respective LHNs.

The AMA(SA) is concerned that according to the *Health Care (Governance) Amendment Act 2018* and this document, there may be no doctor appointed to an LHN Board or at the helm of the LHN in a particular region. Our recommendation is that there should be a registered medical practitioner on the Board of each LHN. At any time that this is not the case, the AMA(SA) considers it imperative that the 'chief clinical advisor' be a medical practitioner.

We are similarly concerned that while nursing and midwifery, community and allied health, and mental health are accorded leadership roles at 'executive director' level within management structures, there is no such provision for medical practitioners. To ensure our roles and responsibilities are recognised and able to serve the communities, the 'medical services' division should be re-labelled to ensure it focuses on medical treatment and not (potentially) the delivery of other related services.

The AMA looks forward to viewing and commenting on more detailed proposals demonstrating how services will be delivered, measured and evaluated by the Rural Support Service and within each LHN.

### **Additional comments**

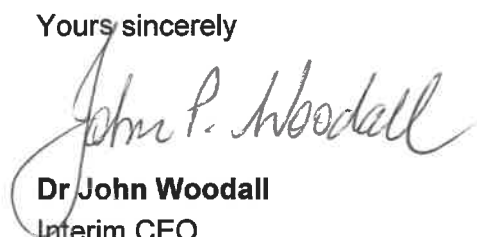
The AMA(SA) suggests that there are recent innovations to healthcare organisations and service delivery that should be regarded as role models for what can and should be the objectives of the new LHN structure and for all services in this state. Such organisations establish measurable processes and targets that are significant to their environment, then assess and report progress in achieving these goals according to evidence-based criteria and checklists. They carefully devise multi-disciplinary strategies, infrastructure and teams that respond to the needs of clinically meaningful subgroups, instead of using enormous resources to attack a single case and then reinvent the process on subsequent occasions. They discuss issues with other similar organisations, identify potential solutions and implement customised programs to suit local conditions.

The Integrated Cardiovascular Clinical Network South Australia (iCCnet CHSA) is an exemplary example. It was established to remove barriers to access to necessary, safe cardiovascular care and to improve the clinical outcomes of people who present with symptoms or signs that suggest cardiovascular disease. Its success is a result of collaboration and integration of services provided in a strategic and systematic way by professionals who understand what clinicians and patients need. Evaluation and improvements are possible through measurable examination of key performance indicators. Progress towards excellence and safety is driven by robust patient outcome data.

The AMA(SA) urges that for the LHNs, measurement must be an integral part of accountability, and open and transparent reporting of such measurement must be publicly available. Progress towards excellence and safety must be driven by robust patient outcome data. We strongly recommend that SA Health and the incoming LHN boards and staff design, introduce, measure and evaluate evidence-based and outcome-oriented programs and activities that enable local communities to examine how the LHNs are working to improve services in their areas, to compare outcomes with other communities in the state, and to quickly adapt and change when such comparisons indicate there is a better way.

Please contact us if we can provide further information or participate in the development of LHNs best able to improve the health and wellbeing of South Australians across the state.

Yours sincerely

A handwritten signature in black ink that reads "John P. Woodall". The signature is written in a cursive style with a large initial 'J'.

**Dr John Woodall**

Interim CEO

Australian Medical Association (SA)