Public Health Association of Australia (SA Branch) and Australasian Faculty of Public Health Medicine (SA Regional Committee) joint submission on the “Review of Non-Hospital Based Services” in South Australia

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# PHAA and AFPHM joint submission: “Review of Non-Hospital Based Services”

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Introduction

This is joint submission by the South Australian (SA) Branch of the Public Health Association of Australia (PHAA) and the SA Regional Committee of the Australasian Faculty of Public Health Medicine (AFPHM) to address the recommendations set out in the “Review of Non-Hospital Based Services” by Mr Warren McCann, October 2012 (‘the Review’).

Public Health

Public health includes, but goes beyond, the treatment of individuals, encompassing health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs, the roles of these organisations.

The Public Health Association of Australia

The PHAA is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy work and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism to assist the National Organisation in responding to arising issues and challenges, and for the development of policies. The Australian and New Zealand Journal of Public Health (ANZJPH) draws on the Special Interest Group, along with the wider PHAA membership base, for the provision of editorial advice and support, and for review. In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and through other avenues.
The Australasian Faculty of Public Health Medicine

As part of the Royal Australasian College of Physicians (RACP) the AFPHM promotes excellence in public health medicine, aiming to achieve the highest levels of health for all people in Australia and New Zealand. The AFPHM is committed to achieving a high standard of population health through the practice of public health medicine, the training and continuing professional development of members, the promotion of public debate on matters of public health importance, and the encouragement of public health research.

Public health physicians practice medicine as part of the organised activities of society to promote, protect, improve, and, when necessary, restore the health of individuals, specified groups, or the entire population. The public health physician contributes to this organised, systematic, population-based activity, with an explicit focus on the health of the population in aggregate. Vital to their role are the assessment of community health status and the subsequent provision of health services to wider communities in addition to caring for specific groups within them.

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The Review Process

The PHAA and AFPHM are concerned about the minimal input sought from stakeholders with expertise in primary health care and population health, such as from academics, practitioners and policy officers. We are currently unaware of any previous review of SA Health services conducted by a sole reviewer that did not seek formal input from other experts from the primary health care and population health sectors.

General Review Comments

The PHAA and AFPHM support comprehensive primary health care that includes a multidisciplinary range of services and programs that are accessible, equitable, culturally respectful, safe, effective and efficient. These services include illness prevention, health promotion, community participation and services that work with individuals and populations to prevent risk behaviours and better manage chronic disease.

In making this submission the PHAA and AFPHM unequivocally recognise the need for SA Health to make savings within the health care system and the importance of fiscal responsibility within government. The organisations acknowledge the importance of programs and services having well defined objectives and key performance indicators (KPIs) and also to be cost-effective and efficient. Additionally, we believe that equal importance must be placed on the review and evaluation of these programs and services over time to avoid duplication within the system.

Review Evaluation Framework

We agree with McCann’s premise in the Review that “a robust, transparent and consistently applied framework is critical to the achievement of the review’s objectives” (p.5). However, we are
concerned that the evaluation framework that has been used in the Review has serious flaws and reflects a lack of primary health care expertise in its development:

1. **The evaluation framework and measurement criteria are too narrow to effectively evaluate primary health care and population health services**

While we agree that the “First Test” should be to screen all services against criteria consistent with primary health care policy and strategy, the subsequent criteria i.e. the avoidance of hospitalisation and the improved management of chronic diseases for positive and measurable impacts on population health are insufficient to accurately determine the impact of the services evaluated.

Primary health care includes a continuum of services from social development, to health promotion, illness prevention, community development, advocacy, treatment, and rehabilitation, (see World Health Organisation (WHO) Alma Ata Declaration and the Australian Primary Health Care Research Institute referenced in the Review, p.10). The Review’s evaluation framework failed to take into account the comprehensive array of services needed for an effective primary health care system. The Review stated that a unique evaluation framework was needed as no other was found to take into account the “totality of services that make up the Primary Health Care sector” (p.13). However, the resulting evaluation framework did not attempt to exemplify these statements, focusing rather on a narrow medical model of hospital avoidance and disease management.

The evaluation framework highlights the need to focus on “headline objectives” of the health system and cites as an example “inpatient separations” (p.13). However, inpatient separations proved not just an example, but a key focus for this Review. This inappropriately situates primary health care within a medical model. The Review states that hospital-centric principles of care apply equally to the primary health care sector (p.9) and we believe that this is fundamentally flawed, and ultimately disregards distinct primary health care and population health approaches. A primary health care and population health approach “refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations”. Primary health care and population health approaches are clearly more comprehensive than a hospital centric approach, focusing on inpatient separations.

2. **The Review provides no evidence that the evaluation framework adopted was appropriate**

While the Review repeatedly claims there is no evidence for primary health care and health promotion, it is unclear how the Review itself assessed services for “effectiveness and efficiency” other than by their “direct impact on hospital services” (p.4). A far more comprehensive evaluation of non-hospital based services is required.

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Although SA Health’s Primary Prevention Plan (2011-2016) was cited in the Review there was no consideration of the rich evidence that supports comprehensive primary health care, effective health promotion and illness prevention as being critical components of health systems, leading to improved population health and reduced demands for expensive acute services. This policy document should have provided key guidance in evaluation framework development, and we note that primary prevention has and should be considered a major pillar of the SA health system.

The PHAA and AFPHM advocate for:

- a focus on primary health care and population health as essential criteria within an evaluation framework of health services and programs, and note that the focus cannot be limited to improving chronic disease management;
- a focus on communities and populations, rather than individualistic approaches to health care;
- the integration of health promotion, preventive health and early intervention within the broader system and structures of health.

In recent months there have been several reviews conducted by different organisations and individuals to achieve savings targets and examine the structures of SA Health and Local Health Networks. While we acknowledge that the provision of health care services and programs to South Australians is complex, the PHAA and AFPHM endorse a coordinated approach to the future review of services and programs.

We recognise that health promotion and prevention are principles of the new 2011 Public Health Act and the subsequent Draft State Public Health Plan, released in January 2013 for public consultation. The Draft Plan supports the principle of making healthy choices the easy choices (p.45), and provides support for programs that impact on health through settings and environments in population health approaches. **We believe that there is a crucial need for the SA Government to provide support structures to assist with the incorporation of essential elements of the State Public Health Plan.** We believe that this would facilitate a focus beyond hospital avoidance and chronic disease, towards supporting improvements in the health and well-being of our communities.

**Future Delivery of Programs and Services**

The evaluation framework’s second criterion implies that the Commonwealth government will be taking over responsibility for much primary health care. However earlier in the Review it states “that while Medicare Locals will focus on population health and integrated planning, they will not be providing services especially to exceptionally disadvantaged groups that attend State-funded Primary Health Care services. Under this (and, possibly more, likely) scenario the State will continue to be responsible for both the funding and provision of a significant part of the primary care service spectrum for the foreseeable future” (p.6). The explicit contradiction is surprising and worrying given the seriousness of the recommendations and the potential future impacts on health equity.

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The Review outlines a number of programs and services that would be integrated into Medicare Locals as part of the recent reform by the Council of Australian Government (COAG) in 2011. The Review process did not involve consultation with the Commonwealth on the feasibility, funding or capacity of Medicare Locals to undertake these programs and services in the near future. This cost cutting exercise resembles a ‘shifting of the blame’ scenario between State and Commonwealth Governments. Further, the future role of population health within these reform structures is not made clear. We question the capacity of the preventive health workforce to deal with these programs and services in an efficient manner. Such an approach may see the workforce dispersed, without an overall 'engine room' of expertise that is critical to address population health issues across South Australia.

The PHAA has the following evidence-based National policies to support areas of focus that have been outlined in the Review. PHAA policies are developed after a consideration of all the relevant evidence and a national consultation and consensus process. They may be considered statements of evidence supporting each policy portfolio:

**Primary Health Care Policy Statement, available at:**

The PHAA believes that:

- Insufficient primary health care resources negatively impact on the present unsustainable cost of secondary and tertiary treatment and care.
- Strengthening health promotion and disease prevention in primary health care would improve functioning, resilience and health of individuals and population health and wellness.

**Food and Nutrition Policy Statement, available at:**
phaa.net.au/documents/policy/20091028FoodNutritionandHealthPolicy.pdf

The PHAA believes that:

- All Australians should have access to healthy, affordable and acceptable food. Food and nutrition policies ensuring health goals as a top priority should be developed at local, state/territory and national levels and these policies should integrate agricultural, economic, food production and distribution, social, educational, and environmental factors.
- The PHAA recommends that Australian Governments:
  - Take the primary steering role in developing food and nutrition policies and provide leadership for coordinating and facilitating consistent action by other departments and government agencies such as agriculture, education, urban planning, transport and welfare.
- New migrants and refugees need to be supported by community programs that help them acquire healthy, culturally acceptable foods and prevent them from becoming food insecure. Refugees may choose to consume cheaper high kilojoule foods and this will have a potential impact on health.  

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- The development of education programs should be encouraged, incorporating knowledge and skill development about food in schools, in the community, in institutions and in the food industry that motivate people to prepare and consume healthy food.


The PHAA believes that:
- That all levels of government, the food industry, and relevant non-government organisations need to ensure that action on obesity is high on their agenda.
- From a public health perspective, prevention of weight gain is achieved through interventions to change the physical, policy, economic, educational and social environments to support increased healthy eating and physical activity in the community. In addition, further health gains beyond healthy weight, including improving nutrition, can be achieved by such interventions.4


The PHAA believes that:
- Gender is a significant component when describing patterns of morbidity and mortality; pay equity; life expectancy; quality of life; access to health care and health promotion resources; and expectations of physical, mental and emotional wellbeing.
- The Women’s and Men’s Health Movements in Australia continue to highlight specific health concerns of women and men, and advocate for greater attention to gender as a significant aspect of health and illness.
- A comprehensive policy approach requires a two-pronged strategy to implement: i) policies that focus explicitly on gender and health; and ii) gender mainstreaming (the incorporation of attention to gender in all policies and programs).
- The services provided by the current Women’s Primary Health Care teams are specialised to account for gender and disadvantage and are not designed to manage chronic disease or necessarily avoid hospital. They also meet the requirement to train mainstream health providers in the issues of gender in programs. As such these valuable components should not be ignored when assessing the strength of the Women’s Primary Health Care Services. If transitioning to a new model of care the PHAA believes that the expected outcomes should include both a focus on gender and training in mainstream to be sensitive to gender issues.

Review Recommendations

Practice Nurse Initiative

The Practice Nurse Initiative aims to enhance provision of chronic disease care in general practice through increased access to Nurse Practitioners. The program is delivered via service agreements with Medicare Locals and has achieved an increase in the uptake of Nurse Practitioners across metropolitan Adelaide, introduction of new Medicare items and new funding incentives such as the Practice Nurse Incentives Payment.

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Review Recommendation: Funding to the Practice Nurse Initiative cease on 31 December 2012 in line with the terms of the current agreements with Medicare Locals and in recognition of the primary policy responsibility of the Commonwealth in this area.

We acknowledge that the Practice Nurse Initiative falls under the responsibility of the Commonwealth. However, as previously noted we are concerned that the transition of this initiative from the State to Commonwealth Government will result in a gap of effective service delivery, particularly considering the sustainability of Commonwealth funding to support this initiative and the need for future assessment regarding expansion of Nurse Practitioner roles within primary health care.

Youth Primary Health Services

Youth Primary Health services targeted in the Review include: health promotion and primary prevention (e.g., drop in counselling, clean needle programs), secondary prevention and early intervention services (e.g., counselling, group programs, and medical services) and case management for vulnerable populations.

Review Recommendation: Three existing youth services to be replaced by a single fully integrated metropolitan youth service operating out of two service hubs, within the northern and southern region. This new youth service will focus on providing services that are consistent with policy objectives specified in the evaluation framework with a focus on vulnerable youth. It is proposed that the integrated youth service be given a new name to emphasise that a new service is being developed.

It is not appropriate to apply a chronic disease lens when evaluating youth-targeted health promotion and prevention services. The geographic location of youth-targeted health services in their immediate social contexts builds relational experiences in access and retention of use within particular local services, a factor paramount in the provision of services to vulnerable youth in disadvantaged regions.

A single fully integrated metropolitan service would require consideration of several crucial elements:

- An integrated service **must** identify gaps and pathways that are caused by closing services and programs and work to reinstate and/or develop new options.
- Service providers **must** ensure that the trust developed between vulnerable youth and their current services is maintained in any transition to an integrated service. Vulnerable young people must not be left unsupported and must be notified of any changes (and their consequences) to the services they currently receive.
- In any new service it is vital that all service providers are equipped to work with young adults.

In considering the above, we **do not** believe that an integrated service will achieve improved equity, access or provision of services to our vulnerable youth. Instead we believe an integrated service poses substantial risks to sustaining and improving the health and wellbeing of our most vulnerable youth.
Health Promotion

The Review stated that health promotion activities currently undertaken by chronic disease primary health teams will be reoriented to chronic disease management services to reduce waiting times for existing services and/or to develop service responses where gaps currently exist. Services and programs targeted include: Women’s and Children’s Health Network, Do it For Life, Eat Well Be Active, Healthy Weight Initiative, Community Foodies, Healthy Youth Project, and Start Right Eat Right.

Review Recommendation: The funding for these programs will cease at the end of the 2012/13. The provision of primary prevention services such as health promotion & illness prevention are identified by the Commonwealth as areas for Medicare Locals to address.

Start Right Eat Right (SRER): The SRER project promotes healthy eating and good nutrition for young children in South Australian child care centres. This state-wide project assists in achieving the goals of South Australia’s nutrition and healthy weight strategies as part of Eat Well South Australia and Eat Well Be Active. This program takes a settings approach and endeavours to make ‘the healthy choice the easy choice’ as promoted in the State Public Health Plan. We view this as an essential program to continue, reaching thousands of children who are in day care each year.

Community Foodies: There is a suggestion that programs such as Community Foodies could be transitioned to the Obesity Prevention and Lifestyle (OPAL) Program. While there is merit in this suggestion, to maintain the health benefits of connection to community and volunteering it is vital that there is a transition plan in place to maximise the outcomes that have been achieved and to ensure that the local programs are not lost. However, OPAL is not a state-wide service, covering only 20 Local Government Areas. Thus there is a considerable risk of a new service gap emerging together with the loss of valuable community connections and interactions further impacting on already marginalised communities.

Centre for Health Promotion (Women’s and Children’s Local Health Network (WCLHN)): The Centre for Health Promotion has provided a range of policy and health promotion services over many years and has been accredited by the World Health Organisation’s Promoting Health Services Network. Such accreditation, ignored within this Review, requires the provision of substantial evidence of the skills, capacity, evaluated success and competence of the Centre.

The Review proposed that health promotion services should be reoriented to focus on chronic disease management. This is completely at odds with world best practice health promotion frameworks which aim instead to reorient clinical service to be more preventive and health promoting. Utilisation of resources to prevent chronic disease is undoubtedly preferable to treating people once they have developed diseases.

One such example from the Centre is the notable work conducted in the area of breastfeeding. Breastfeeding is a major contributor to infant health and prevents future obesity⁵ and has proved vital to the health of South Australian infants and mothers. Moving breastfeeding to the Australian

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Breastfeeding Association (ABA), a volunteer organisation (which was temporarily defunded in 2012/13) is not appropriate. While the ABA is a commendable organisation they cannot hold responsibility for policy directions and population strategies to increase breastfeeding. To remove health promotion strategies and prevention services from a population of mothers and their infants/children would be a step backwards and should without doubt be reconsidered.

Key areas within the SA Health Care Plan are to be cut due to loss of the Centre for Health Promotion:

- Lifestyle coaches/care coordinators will help you manage your own health and well-being, and prevent you from becoming ill.
- Ongoing investment in public health campaigns that will help lead lifestyle change, including smoking cessation, healthy weight, nutrition and physical activity campaigns.
- Healthy weight, nutrition and physical activity programmes in schools and childcare centres aimed at reducing the levels of obesity in the community, in particular through the Eat Well Be Active Healthy Weight Strategy.

The above cuts contradict the Review’s assertion that cuts are in line with the SA Health Care Plan.

The dissolving of this unit will lead to a loss of critical mass and cohort with applied population health knowledge. The imminent closure of the Centre for Health Promotion is already leading to a loss and dispersal of corporate and historical knowledge. Rebuilding this knowledge will take time and may well be impossible.6 As Kickbusch7 has previously outlined, you cannot “just go out and make communities healthy” you need the ability to think strategically, to identify stakeholders at all levels, to identify how these people can be brought on board and consider the broader implications. The workforce requires a sophisticated skill base and expertise that is relevant to addressing complex population health issues at all levels of the system.

The Review findings assert that many of the health promotion programs (now targeted for funding cuts) have not demonstrated positive health outcomes. However, these conclusions are based on the very narrow evaluation criteria used in the Review evaluation framework, and largely ignore the significant impacts that health promotion programs have on the underlying social and emotional determinants of health. The Review acknowledges that health promotion interventions can work, although there is often a long lag time and suggests that “to overcome the lag issue, therefore, it could be a matter of taking this evidence as given and crafting a number of short term output (rather than outcome) indicators which demonstrate that best practice is being applied” (p.51). The Review reveals an internal inconsistency in relation to its recommendation for some health promotion programs – while it claims that some programs are not achieving desired health outcomes, it also suggests that these programs should be Commonwealth (rather than State) funded; this not only implies a recommendation for continuance of the programs, but also a belief of the programs’ related positive health outcomes.

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Child Health Services

The Report outlines that three services are currently in operation for the following Adelaide metropolitan areas; Central (Parks), Northern (GP Plus Modbury, Salisbury, Playford) and Southern (Noarlunga, Marion, Aldinga, Seaford, Morphett Vale) regions. The target in the Review is children aged 0-4 years with, or at risk of, developmental delays.

**Review Recommendation:** No funding reductions due to government priority towards early childhood development and that transition of services to Department of Education and Child Development is not yet complete. The shared service currently provided be reconfigured to develop a less ‘siloed’ primary health service.

Although the recommendations for services to children appear to have survived most of the Review’s recommended cuts, severe cuts to youth services, women’s health services, health promotion programs and other essential community services have been proposed. These suggested cuts will ultimately cascade, affecting child health; the health and well-being of parents and communities are important determinants of the health of children. Further, early childhood is only one stage of development (which the Review acknowledges), and there must be continuity of support beyond the age of five to ensure children have an ongoing equitable and sustainable chance to a healthy life.

Women’s Services

Three services currently exist: Women’s Health Statewide, Dale Street Women’s Centre and Southern Primary Health Women’s Health. Services include counselling, health screenings to those not catered for in general practice environments, and state-wide programs that support specific issues e.g., HIV education and health promotion. Many services do not contribute to the objectives having a stronger focus on social support, community engagement and health promotion. Provision of screening services to those not catered for in general practice was deemed an issue for the Medicare Locals to address.

**Review Recommendation:** The three services will be replaced by a single integrated metropolitan Women’s Health Service. Further consideration to where to locate the service hubs noting the main population centres & greatest need in North & South. New women’s health service to focus on providing services consistent with policy objectives specified in the evaluation framework with focus on vulnerable women including those who are socially &/or financially disadvantaged. The integrated service to be renamed to emphasise that a new service developed and the restructure implemented as a whole of service change to minimise confusion and service gaps. Funding for services be maintain at current levels for remainder of 2012/13, reduction by $0.5m 2013/14 and further $0.5m 2014/2015.

The health and well-being of women is dependent on their status in society, their incomes and opportunities for social and economic participation which, in turn, are shaped by social, economic, political and cultural factors. The consequences for women’s health and well-being of social norms that create gender stereotypes, discriminate against women and girls, uphold unequal laws, and create inequality, are critical.
If women’s health and population health are to be improved, health systems have a responsibility to acknowledge social relations, social factors and conditions. The purpose of a health system should be to increase health, well-being and equity, and to decrease inequities. To do this it is essential for all policy, population planning and programs to be explicitly gendered. However, the tendency of health policies and programs to be gender blind undermines those fundamental goals. Health policies, whether for cancer, heart disease, mental health, or ageing women, should provide a guide for health practice and programs by ensuring that:

- health systems are responsive to women’s particular needs and work with women’s health and NGOs for information about best practice;
- strategies are developed to improve the health status and experiences of all women, particularly vulnerable and marginalised women;
- there is a commitment to expanding service, workforce and system capacity for gendering of policies and programs;
- there is accountability and outcomes for women which are measured and transparent;
- gender mainstreaming, the infusion of gender analysis, gender sensitive research, women’s perspectives and gender equity goals into policies, project and institutions, is promoted by the health sector, so that gender is embedded in policies across sectors, e.g., in social inclusion, disability and employment policies.\(^8\)

Again, it is not appropriate to apply a chronic disease lens to addressing areas of women’s health. There does not appear to be any cost savings made in the recommendations set out in the Review. Considered overall, we do not believe that an integrated service will be able to achieve improved equity, access or provision of women’s services.

### Residential Care Health Service Support

Residential care health services provide education and support to residential care staff with the aim of preventing unnecessary presentations to emergency departments, direct care services to residents of aged care facilities (e.g., blood tests) and General Practitioner (GP) services.

**Review Recommendation:** Funding to residential aged care health support services cease by end 2012/2013. There is the possibility of the programs fitting with other primary care providers e.g., Medicare Locals.

Again, we are concerned that the transition of these services from the State to Commonwealth Government risks creating a gap in effective service delivery, particularly considering the sustainability of Commonwealth funding to support this initiative.

### General Practice Spirometry and Lung Function Service

The General Practice Spirometry and Lung Function Service is located at the Noarlunga Hospital and provides support and education to GPs. The program includes provision of lung function tests for people referred by their GP, as well as education and general practice support in testing and

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interpreting results. The services were deemed not to contribute to hospital avoidance or population health but do contribute to chronic disease management.

**Review Recommendation:** Funding for the General Practice Spirometry & Lung Function unit cease end of 2012/13.

It is feasible that the funding maybe taken over by the Commonwealth (i.e., Medicare Locals), although once again we highlight the importance of an assessment of the feasibility of sustaining funding and the need for an appropriate transition of services.

**Integrated Complex Care of Older People**

Integrated Complex Care of Older People services are located in the Central Western and Northern areas delivered via service agreements with a shared service provider. The services provide care coordination and direct support (e.g., nursing for older people living in the community with complex needs, such as with multiple conditions). The service has contributed to management of chronic disease and hospital avoidance. The Review outlines overlap with Mobile Assessment & Support Team (MAST) service with exception of longer term case management.

**Review Recommendation:** Funding to be maintained in 2012/13 with a transition plan developed to support integration with the functions of the MAST program. Funding in 2013/14 will be decreased in line with reduced administration, corporate overheads, and withdrawal from long term case management.

We agree with the importance of integration of the MAST service and services for the integrated complex care of older people. **However we do not agree** that there is evidence to promote reduced funding for this new integrated service. we believe reduced funding will have long term consequences, most notably in the demands on our already over-stretched health system.

**Aboriginal and Torres Strait Islander Services and Programs**

The Aboriginal Workforce Initiative includes pre-employment programs, enrolled nursing cadetships, scholarships, health training programs, job-matching and retention strategies. These are all important initiatives that work towards the SA State Strategic Plan targets to:

- Halve the gap between Aboriginal and non-Aboriginal unemployment rates by 2018 (Target 51);
- Increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2% by 2014 and maintain or better those levels through to 2020 (Target 53).

**Review Recommendation:** Funding for the Aboriginal Workforce Initiative be maintained in 2012/2013 (unless the proposed changes can be achieved earlier) and reduced by $0.200m in 2013/2014 through the development of a more consolidated service in line with the evaluation framework.

Nationally Aboriginal and Torres Strait Islander health outcomes remain much worse than for other Australians. Life expectancy is 12 years less for an Indigenous man and 10 years less for an
Indigenous woman than other Australians and infant mortality is 2.6 times the rate for all Australians. Health expenditure per person is only 20% higher for Indigenous Australians despite this demonstrable greater health need (AIHW Australia’s Health, 2010).

The National Health and Hospital Reform Commission (NHHRC) report strongly endorsed the Aboriginal community controlled comprehensive primary health care model and recommended that this model be implemented more broadly throughout the health system. In addition, far greater effort is needed in the governance and function arrangements of Medicare Locals to address concerns in relation to the impact on the administration and operation of the Aboriginal Community Controlled Health Sector (ACCHS). This will be best addressed by the creation of dedicated Aboriginal primary health care organisations or Medicare Locals. Information to date has indicated there has not been appropriate emphasis on ensuring Medicare Locals comprehensively encompass primary health care across the board, including for Aboriginal and Torres Strait Islander peoples. There is thus a risk that the ACCHS, which have been highly successful in providing high level, holistic care for Aboriginal and Torres Strait Islander peoples, will be undermined by the transition to Medicare Locals as currently proposed.

Thus, we believe that transferring Aboriginal Workforce initiatives to Medicare Locals or Local Health Networks would not be sustainable; firstly, there is not apparent capacity to fund these initiatives; and secondly the service providers may not function to understand the needs of Aboriginal health and well-being.

The evaluation framework is not useful in this instance as the program is not designed to meet the framework’s objectives. The current program should be assessed against the KPIs set for the individual components. Aboriginal Workforce Programs meet SA Strategic Targets and should be given priority to ensure that that are sustainable, continue to be culturally appropriate and meet clear targets and objectives related to workforce, not management of chronic disease.

We do not support the recommendation to decrease staffing and funding for this initiative.

Conclusion

The PHAA and AFPHM support the broad direction of continual review and evaluation of our primary health care system. However, we are dedicated to ensuring that an evaluation framework applied to any future reviews of the primary health care system is appropriate for addressing the pressing issues that relate to population health in South Australia. Additionally, existing programs and services require certainty regarding future of funding streams and their accountability within this system.

The complexity of the national health reform process is self-evident. This does not provide a rationale for the States to implement major cuts, devolution of key services, or abandoning principles of primary health care and population health. The Review recommendations to cut such services are undeniably at odds with previous review recommendations, current Government Policy, and international health thinking which supports increased investment in primary health care, particularly in disease prevention and health promotion.
PHAA and AFPHM joint submission: “Review of Non-Hospital Based Services”

It is certainly clear that the main aim of the Review was to assess avenues by which to ‘cut’ the State’s health budget; and we believe that the evaluation framework applied, the overall process and findings are undoubtedly biased towards such an outcome. The recommendations from the Review are short-sighted and will only increase the burden on our already over-stretched hospital system. As Mr McCann states in the Review, this is a “blunt instrument” (p.50) and our organisations advocate for funding decisions about primary health care and health promotion programs to be made based on evidence of their effectiveness and impact.

In summary, we question:

- the use of a limited definition of primary health care, particularly the focus on ‘hospital avoidance’ and ‘chronic disease’;
- limiting population health to improvements in ‘chronic disease management’;
- the exclusion of social capital, health benefits and quantitative measures of service delivery in the evaluation framework;
- defunding programs for transition to other areas (e.g., Commonwealth) without appropriate consultation and planning;
- the limited consideration of issues of social justice and equity in the Review process and resulting recommendations;
- the impact these recommendations will have on our current and future primary health care and population health workforce.

The PHAA and AFPHM value the opportunity to make this submission and the ability to comment on important issues relating to the health and well-being of South Australians. Moreover, we would welcome ongoing discussion and consultation concerning the future direction of the health of our South Australian population. Please do not hesitate to contact our organisations should you require additional information or have any queries in relation to this submission.

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