Lower Eyre Peninsula Health Leaders' Forum

Port Lincoln, 21 February 2018

Output report

Health Performance Council

Government of South Australia
Health Performance Council

Lower Eyre Peninsula Health Leaders' Forum – Port Lincoln, 21 February 2018 – Output report

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Disclaimer

This document incorporates views and opinions which are intended to represent in aggregate those of the delegates to the Health Performance Council's leaders' forum and which do not necessarily reflect those of any or all of the individual delegates or of the Health Performance Council, SA Health or the Government of South Australia.

Summary

The Health Performance Council (HPC) hosted a forum in Port Lincoln for local health leaders. We enjoyed an open, thought-provoking and engaging conversation and took on board the top priorities that emerged from the evening:

1. Patient transport
2. Day surgery accessibility
3. Workforce provision and retention

We also noted a number of other areas of concern that were debated, including issues of housing and other social determinants of health; health education and literacy; and the migrant population including refugees and International Graduate Medical Practitioners.

We will consider the issues raised when putting together our future programme of work.

This was the first forum of this nature that the HPC has held in regional South Australia, and we were pleased to note that delegates gave us uniformly positive feedback about the event.

We thank all those who attended for their valuable contributions.

Introduction

The Health Performance Council ('HPC') is a South Australia's expert health system monitoring and evaluation body, providing advice to the Minister for Health about the operation and effectiveness of South Australia's health systems. Our reports are always published on our website: www.hpcsa.com.

We engage widely with stakeholders and communities to help decide our priorities for review, making particular effort to seek out stakeholder groups who are commonly less well heard. Based on the success of our regular *Aboriginal Leaders' Forums* and our more recent *Culturally and Linguistically Diverse Leaders' Forums*, we planned this regional event to engage local leaders with health interests in a frank and open discussion about the particular health system interests in the Lower Eyre Peninsula.

Participants

We are grateful to all delegates for their generous donation of time and insight. We also thank those others whom we invited but were unable to attend.

Delegates

John Buckskin, Country SA PHN
Jane Cooper, Country SA PHN
Sandy McCallum, SA Country Women's Association
Dr Susan Merrett, Port Lincoln Hospital
Carolyn Miller, Port Lincoln Aboriginal Health Service
Harry Miller, Commissioner for Aboriginal Engagement
Stephen Rufus, City of Port Lincoln
Terry Sparrow, Office of Commissioner for Aboriginal Engagement

Health Performance Council hosts

Mary Patetsos, HPC Deputy Chair
Professor Lisa Jackson Pulver AM, HPC Member

Health Performance Council Secretariat

Andrew Wineberg

Proceedings

Welcome and introductions

Our hosts, Mary Patetsos (HPC Deputy Chair) and Professor Lisa Jackson Pulver AM (HPC Member), opened the evening with an acknowledgement of country and a moment of silent reflection:

I would like to acknowledge the Barngarla people, the traditional owners of the land on which we meet today and pay my respects to their Elders past and present and extend that respect to other Aboriginal and Torres Strait Islander people who are present today.

Hosts and delegates introduced themselves, briefly recounting their diverse backgrounds and areas of expertise. We were pleased to welcome to the forum a mix of clinicians, health service planners, community leaders and consumer representatives.

Discussion

The hosts opened up the floor to an open and frank discussion on issues that delegates considered to be of most importance for improving health outcomes for people living in the region and in other communities in country South Australia. To help foster diversity of opinions and candour in the conversation, even where opinions might be seen as controversial, the proceedings were held under the Chatham House Rule, under which it is permitted to make full use of everything discussed but on a strictly non-attributable basis[1]. The discussion that followed was respectful, honest, free and at times contentious but not divisive.

Key points

Delegates quickly converged on a consensus as to what were the core issues for Port Lincoln, and more generally for regional South Australia.

Priority 1: Patient transport

Delegates observed that patient transport is a perennial issue for health consumers living outside the Adelaide metropolitan area. Much reviewed but little improved, a substantial number of people in regional South Australia – some suggest well over half of the population – face an effective exclusion from many health services ostensibly available to them owing to difficulties in being able to travel to receive services. Some population subgroups, including older persons, were noted to be particularly badly affected.

> '[Even a nearby town] might as well be 500km from Adelaide'

It was agreed that the principle at stake was not one of health service provision in every small regional community, a utopian panacea recognised to be unfeasible, but more simply of ability to travel to Adelaide or larger regional towns in order to access services provided in larger hospitals. Indeed, some said that as long as there are GP clinics available to provide primary care and stabilisation, it could be better to shut down small local health centres and put the money saved into patient transport and other, more viable, services.

> 'As long as you have *access*, that's enough'

Although delegates readily recognised that the population density in the Eyre Peninsula is, as in other areas, so low as to render it difficult to provide services locally, they were concerned that the consequence was the creation of a class of the 'transport disadvantaged'. The considerable efforts of volunteers in the community was much appreciated in filling the transport gap to allow consumers to access health facilities in large centres; but for this charity, delegates said, there would be a serious

[1] 'When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed' — https://www.chathamhouse.org/about/chatham-house-rule

impact on access to health care for so many. Sadly, we heard, deaths have occurred that ought not to have for want of access to transport.

Priority 2: Day surgery accessibility

Related to the issue of patient transport, but a concern in its own right, was the ability of regional consumers to access large centres for day surgeries: what is a same-day exercise without access issues for those consumers based in Adelaide and other large centres can, for country consumers needing to travel, require admittance to hospital or other arrangements for accommodation the nights prior to and after the surgery.

'Use data to understand the size of the problem'

A solution to the problem, delegates suggested, might result from such simple but effective thinking as allowing for relaxation in what is currently a rigid application of policy. Assisting in this, it was noted that, contrary to many of the issues for health in country, analysis of routinely collected hospital activity data should allow for the size of the day surgery access issue to be determined with high accuracy.

Priority 3: Workforce attraction and retention

We heard that it is very difficult to attract qualified health personnel to work in regional South Australia and to persuade them to stay. Far from being limited to the most remote parts of the State, delegates said that the issue arises everywhere outside of the Adelaide metropolitan area. We were told that, to some extent, the issue is found nationally in that the country lifestyle is not appealing to many younger health professionals. There is additionally a South Australia specific effect arising from the state's relatively low population growth. There is a need to revisit regional workforce planning to abate this issue and ensure that residents in country South Australia have local access to sufficient qualified medical staff.

'You can wait *days* to see a doctor'

The workforce attraction difficulties go to the issue of consumer access to health services. The use of technology was thought helpful, teleconsultations being especially lauded but recognised as being able to serve as a solution to problems only to a limited extent.

Other priorities

We also noted a number of other areas of concern that were debated during the evening.

Delegates told us that the health of the community was markedly affected by factors other than the overtly clinical, the sometimes-called 'social determinants' of health.

'You can't look at health in isolation'

We were told that housing has been found repeatedly to be a leading contributory causal factor in poor health, across the population at large and in Aboriginal communities in particular. The New South Welsh *Housing for Health* approach[2] was much commended and especially called out for its analytical approach to making the case for relatively low levels of investment in housing by demonstrating the positive financial return on investment that this can generate. It was noted that housing budgets were being squeezed because of ever-increasing spend on health, especially on acute hospital care, thus exacerbating the problem.

Another social determinant of concern was that many people in country South Australia, we were told, are not skilled in understanding health service information and using it to improve their own health. These skills, sometimes referred to under the umbrella term 'health literacy', are important for enabling people to have productive and informed discussion with health care professionals and to take charge of managing their health and wellbeing. Education – to improve comprehension, decision making and critical thinking skills – is necessary to remedy this.

[2] http://www.health.nsw.gov.au/environment/aboriginal/Pages/housing-for-health.aspx

We heard that some population groups are particularly marginalised when it comes to health care in country areas. Aboriginal people experienced continued racism and denigration of their needs and desires. The silver lining to this cloud was the spur to such innovations as the creation over many years of Aboriginal Community Controlled Health Services. Fundamentally, though, we were told that Aboriginal people in country SA want the same as everyone does: access to appropriate health care without their particular needs being exploited by others for political ends. Migrant populations, too, have related needs that are not being fulfilled, with refugees noted to be particular poorly served. We were told clearly that there should be no concept of 'us versus them' in this regard as, when the issue is unpacked, everyone's needs are much alike.

'Your issues are our issues'

Coming full circle to the top concern we heard of the evening, and postulated by some in the medical profession to be the source of a solution to workforce attraction difficulties, we heard that the cohort of International Medical Graduates, although greatly valued and helping to fill what would otherwise be a greater workforce gap, did not amount to an adequate substitute for a properly constituted local provision of fully qualified clinicians.

Next steps

The hosts agreed that the three key issues from the discussion would be discussed with the other members of the Health Performance Council with a view to incorporating them appropriately into the Council's future programme of priority topics for audit.

Outlook

Rounding off the forum, delegates briefly reflected on their aspirational forecasts for health services in South Australia ten years' hence. Rather than directly echoing the key points of the main discussion, this serious but mildly irreverent exercise teased out the more optimistic thoughts of our delegates. A picture emerged of a state that has ceased doing more of the same but is making a concerted effort to achieve equitable access to healthcare as of right where nobody is left behind regardless of gender, location or whether Aboriginal or not; there will be, delegates thought, a non-partisan approach to the state's health services and a better rationalisation of health services in country areas.

On behalf of the Health Performance Council, we thank everyone for their participation.

Learning from the forum

The HPC is a learning organisation and we always seek feedback on our events so that we can make improvements and best engage with the community. As this was the first regional forum of this nature that the HPC has run, we were particularly keen to know whether the design and structure of the event was best suited to getting the most out of it.

Who attended

We invited 14 guests, 8 of whom were able to join us. We found this to be a good number, generating productive conversation which everyone was able to join in without being too exposed and yet not so many as to lose focus.

Delegates came from across the spectrum of health leadership, representing health consumers, service providers, broader community representatives, service commissioners, and clinicians in both primary and acute secondary care.

Review methodology

We distributed review cards to delegates towards the end of the forum. Based on our past experience with similar events, we kept our review questions very short and to the point, seeking an impression on how well we did in the forum's design and ability to achieve what it ought, and brief comments on what delegates thought had worked well, what could have been different, what they would take away from the event, their post-event sentiment.

Delegates were free to complete their review cards anonymously or to decline to give feedback without feeling any coercion to do so.

A summary quantitative analysis (simple descriptive statistics) and basic thematic analysis of qualitative data was undertaken to extract insights into the operation of the forum which the HPC will take into consideration when designing and running future such events. The small number of delegates and the necessarily crude nature of the review data collection mean that only a limited scope analysis can reasonably be performed.

Response rate

We had a 100% survey response rate overall, and the majority of our questions also had 100% completion rates with there being only a few omitted answers across all of the returned review cards.

Results

Delegates rated the forum's design and running at 8 out of 10 or higher with a median of 9. With regard to the forum's outcomes and outputs, results were similar, delegates again rating 8 out of 10 or higher with a median of 9.

Delegates told us that they appreciated the ability to share opinions openly and frankly, with all having a good chance to contribute to a discussion from diverse perspectives. The only thing we were told we might do differently about the event was to make it longer. Moving forward, delegates want to see the issue raised acted upon and for further forums like this to be held in the future.

We are pleased to note that delegates told us that they went away from this forum feeling optimistic and invigorated.

Thanks to everyone for participating

Photos taken and used by kind permission of the participants

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