

Regional stakeholders' dinner

12 September 2018, 6:00pm – 8:00pm

Renmark Club, Renmark

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 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.

Acknowledgement

We acknowledge the diverse Aboriginal peoples of South Australia and their participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective country and we acknowledge them as the custodians of their country and that their cultural and heritage beliefs are still important to them today.

The Health Performance Council

The Health Performance Council is South Australia’s expert health system monitoring and evaluation body, providing advice to the Minister for Health and Wellbeing about the operation and effectiveness of South Australia’s health systems.

Our reports are 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 Riverland region.

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Summary

The Health Performance Council and Flinders Rural Health South Australia (part of Flinders University) welcomed regional stakeholders to a dinner forum in Renmark. This was an opportunity to hear directly about local healthcare and health outcomes issues affecting people living in the region.

Priorities that emerged from the discussions:

1. Workforce challenges
2. Budget challenges
3. System challenges
4. Regional boards.

We thank all those who attended for their honest and valuable contributions to Health Performance Council considerations.

Photos from the event



Photos were taken with participants' knowledge and consent. People were welcome to opt out if they chose.

Participants

We are very grateful to the following regional stakeholders for their generous donation of time and insight.

Regional stakeholders

- Annette Newson, Australian Medical Association (SA)
- Benjamin Kealy, medical student
- James Cheesman, nursing student
- Jane Pitt, Renmark Paringa District Health Advisory Council
- Leon Stasinowsky, Mayor, District Council of Loxton Waikerie
- Liz Quinton, SA Country Women’s Association
- Margaret Hampel, SA Country Women’s Association
- Owen Jones, medical student
- Sally Shannon, Director of Nursing, Riverland General Hospital

Health Performance Council

- Steve Tully (Chair)
- Brett Rowse
- Jennene Greenhill
- Lisa Jackson Pulver
- Stephen Duckett

Health Performance Council Secretariat

- Andrew Wineberg
- Nicholas Cugley

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Welcome

The meeting opened with an Acknowledgement of Country. Participants introduced themselves, their diverse backgrounds and areas of expertise.

Discussion was held over dinner. 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 basis¹. The discussion that followed was respectful, honest, free and at times contentious but not divisive.

Key issues raised

Frank discussions took place on issues considered to be of most importance for improving health services and health outcomes for people living in the Riverland region, summarised below:

- Workforce challenges
- Budget challenges
- System challenges
- Regional boards.

Workforce challenges

Regional stakeholders told us that local doctors/nurses are already stretched to the limit and the problem is compounded further by an ageing workforce.

“Staff are working double shifts and extended periods of overtime. This leads to high levels of stress/sick leave, high rates of burnout, and compromises patient safety and quality. Also labour costs shoot up as services have to rely on agency staff, but agency staff are not flexible to rapidly changing demand – have to be booked in advance.”

We heard that health services in the Riverland experience difficulty in filling vacant positions and that workforce shortages extend into the training pipeline.

“Number of rural GP trainees is very low.”

“60% of GP students elect to go into specialty but don’t come back to region to work as specialists.”

“We have difficulty in attracting specialists from metropolitan Adelaide. Want to look at patients closer to home but need resources to do that.”

We also heard that access to GPs is a significant challenge in the area.

“In the Riverland there’s a fee to attend the hospital emergency department to deter GP-type presentations – it wasn’t seeing emergencies.”

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>

However, on the positive side, we heard that there are many benefits to living in the region as a student. Medical and nursing students told us they were attracted to study in the area, particularly by the diversity of clinical practice on offer.

“I made the right decision to change my profession and move my family to the Riverland to study.”

“We have so many opportunities to learn, and we have good supervisors at Waikerie clinic and Berri hospital.”

“I love rural medicine and I’m keen to become a rural doctor.”

“The amount of medicine you can do here through the Parallel Rural Community Curriculum² is broader and more interesting than what you get in the city.”

“I have access to more training resources here, for example more time to practice in the simlab.”

“The cost of living is lower here and the lifestyle is better.”

Budget challenges

Regional stakeholders told us that they feel they are constantly being told that they are over-budget but don’t feel empowered to find a solution.

“We’re constantly being told to ‘just put up with it’ and this pressure just adds to more staff burnout.”

“It’s impossible to meet budget goals – the budgets are all wrong.”

“There’s a disparity between funding of services versus type of patients actually seen”.

Additionally, we heard that budgets are inflexible when it comes to unexpected costs, for example transport costs.

“Could save significant costs if there was a dedicated courier service in the region rather than running taxis with blood tests in between local facilities and back and forth between Adelaide.”

System challenges

Regional stakeholders told us that Aboriginal health, mental health, and responding to the large culturally and linguistically diverse patient cohort in the region are some of the biggest challenges for Riverland health services.

We heard that Riverland has significant aged care demands, with dementia the biggest issue being faced.

“Patients are sitting in hospital for weeks at a time waiting for ACAT (Aged Care Assessment Team) assessment.”

We also heard there’s a strong need to make better use/expanded use of telehealth in the Riverland.

“We love iCCnet³ but need something like it for all clinical paths. Through iCCnet, every rural hospital has remote access to a senior clinician/specialist for cardiology. Now if you have a cardiac episode in rural South Australia your outcomes are the same as for metro.”

² The Parallel Rural Community Curriculum (PRCC) program is an initiative of Flinders University to “introduce third year medical students to the rigours, challenges and rewards of rural and regional medicine.”

³ iCCnet (Integrated Cardiovascular Clinical Network) provides a state-wide clinical network which supports the practice of evidence based medicine and continuous quality improvement in the management of cardiovascular disease across regional, rural and remote South Australia.

Other system challenges that regional stakeholder raised included:

“Need more appropriately trained professionals in region making decisions – lot of unnecessary procedures following city-based protocols.”

“The lack of a high dependency unit is a challenge here. For example it limits our ability to care for patients with BMI>40, and limits our ability to respond to complications from difficult births.”

“Wait times for high acuity procedures are extreme.”

“Very supportive of rural health services but concerned about the costs and difficulties for people who have to travel to and be accommodated in Adelaide for treatment.”

“Community support is invaluable especially when people have chronic disease or cancer treatment.”

Regional boards

Regional stakeholders told us they were uncertain what the new regional local health network boards will mean for the Riverland.

“Don’t really know. Have an open mind but a bit nervous.”

“Top priority for new boards should be make sure budgets are achievable.”

“Old boards just rubber stamped what they were told from central office.”

Appendix – Summary of review card feedback from the dinner

Review cards were distributed to seek feedback from our guests on the value of the dinner discussions and how the HPC Secretariat might improve events in the future.

A total of seven guests out of the nine who attended completed review cards. Results are summarised below:

Q1. How do you rate the event in terms of its outcomes and outputs?

The average score was 8.5 out of 10, with a range of 7–10.

Q2. How do you rate the event in terms of its design and running?

The average score was 9.0 out of 10, with a range of 5–10.

Q3. What was best about the event?

“Hearing a variety of perspectives and sharing things relevant to the area.”

“A logical and honest review.”

“Honest, open discussion.”

“The interaction between everyone.”

“Its openness and frankness by all to talk freely.”

“Combining differing views across policy / industry / community”

“Hearing from doctors, nurses and students of the “real” experiences.”

Q4. What would you like to have been different?

“Like to know how to interpret the statistics.”

“All good.”

“Eliminate background noise.”

“Venue – better sound. Couldn't hear some parts of conversation.”

“Venue was noisy – had difficulty hearing many speakers.”

Q5. What will you tell others?

“Issues risen. Possible next steps suggested.”

“I need to do more research.”

“This was a powerful meeting, thank you.”

“A worthwhile exercise for getting information.”

“Get behind the council. Let them know your problems.”

“That the HPC collects and uses extraordinary data and is very motivated to engage and improve.”

“Travel costs. Better resourcing of a main hospital. Funding of hospitals.”

Q6. What should happen next?

“More data analysis of current trends re: regional patients going to Adelaide.”

“Inform our health workers and have reasonable expectations.”

“Look forward to it.”

“Take info back to whoever can try to fix things. Really listen to what is being said.”

“Keep going with community and industry engagement – excellently done – and many thanks.”

“Report to my organisation.”

Q7. One word summarises how you feel now?

Participants were asked to identify one word that best summarised how they felt at the end of the forum.

“Challenged.”

“Thinking.”

“Positive.”

“Energised.”

“Great night.”

“Informed.”

“Awareness.”

**On behalf of the Health Performance Council and Flinders Rural Health South Australia,
thank you to everyone for your participation**

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