

Transforming Health Discussion Paper Feedback – Consortium Submission

Background

The South Australian Council of Social Service, Public Health Association of Australia SA Branch, Australian Health Promotion Association SA Branch, Southgate Institute for Health Society & Equity and Health Consumers Alliance of SA Inc are a consortium of organisations with expertise, knowledge and a keen interest in progressing the health and wellbeing of the South Australian population. The consortium appreciates the opportunity to provide input regarding proposed changes to the South Australian health system.

Overall comments

The Transforming Health Discussion Paper states that transforming health “*must be a whole-of-system transformation*” (box, page 14) however, this initial discussion paper has a narrow focus on South Australia’s metropolitan hospitals, and improving the management of health conditions and their related in-hospital treatment.

The Discussion Paper does not give consideration to where hospital admissions are coming from; whether there might have been more appropriate, earlier interventions which may have prevented those admissions or enabled earlier, less invasive, less expensive treatments with better outcomes; or indeed, increased focus on primary prevention to reduce the incidence of disease.

While the consortium appreciates the need for a high quality and efficient health care/ hospital system, we recognise that a comprehensive health system demands a much broader framework than that referred to in this paper. A proper health system transformation would include an understanding about the need to promote good health and prevent disease as well as to manage disease. By definition, a high quality health system should support the health and wellbeing of the community. It should also acknowledge that communities can be and are differentiated by a number of features which include their location, literacy, access to income and resources, and cultural and ethnic backgrounds. As a result of these differences, many groups experience significant health inequity in the first instance.

The need for a focus on prevention is underlined by burden of disease studies that show that significant disability and death can be prevented, with cost savings for the acute health care system. The European Commission (2005) states that “*policy makers who are interested in improving economic outcomes, would have good reasons to consider investment in health as one of their options by which to meet their economic objectives.*”¹

The Director-General of the World Health Organization (WHO) has argued that; “*decades of experience tell us that primary health care produces better outcomes, at lower costs, and with higher user satisfaction.... It can prevent much of the disease burden, and it can also prevent people with minor complaints from flooding hospital emergency wards.*”² The Government’s own Generational Health Review (2003) argued strongly for a primary health care focused approach as a means of ensuring the economic sustainability of the system.

In addition to a focus on primary health care, population focused primary prevention initiatives including policy and legislation are also required, as underlined in the WHO Global Action Plan for the Prevention and Management of Non-Communicable Diseases (2013).³ The reduction in smoking levels in South Australia is good example of the success of such a population approach, which needs to be applied in other areas such as reducing the harmful use of alcohol and improving diets.

These recommendations align with the relevant legislation that commits the state health department to a population health approach, the Health Care Act 2008 and Public Health Act 2011.

¹ European Commission, 2005, http://ec.europa.eu/health/ph_overview/Documents/health_economy_en.pdf

² Dr Margaret Chan, Director-General of the World Health Organization, 2008, <http://www.who.int/dg/speeches/2008/20081014/en/>

³ WHO, 2013, Global Action Plan for the Prevention and Management of Non-Communicable Diseases, http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf

The Health Care Act 2008 outlines clear principles that guide the foundations of the state health system, with particular reference to population health approaches and an integrated health system:

- 5 (a) *“support should be given to encouraging responsibility at community and individual levels for the promotion and development of healthy communities and individuals, and to ensure that people are able to make informed decisions about their health”*
- 5 (f) *“health services should be provided as part of an integrated system that includes all aspects of health promotion and disease, illness and injury prevention so as to maximise community health and well-being”*

The Public Health Act 2011 outlines a commitment to promoting health and well-being of individuals and communities and to prevent disease, medical conditions, injury and disability through a public health approach. The Act includes principles such as *“provide for or support policies, strategies, programs and campaigns designed to improve the public health of communities and special or vulnerable groups (especially Aboriginal and Torres Strait Islanders)”* and *“to provide for the prevention, early detection, management and control of diseases, medical conditions and injuries of public health significance.”*

The aims of the SA Strategic Plan reflect non-disease, health promoting understandings of health. For example *“ensuring that our bodies are well-nourished, well-exercised and well-prepared... to live our lives to the fullest. This is how we invest in health.”*⁴ These health promotion principles could be embedded throughout the healthcare system and are not reflected in the Discussion Paper. The World Health Organization’s Standards for Health Promotion in Hospitals recognises health promotion as a core quality issue for improving health and sustaining quality of life.⁵ This can be embedded across hospital services through a targeted approach to assessment and referral via patient pathways that support health literacy information, rehabilitation, re-enablement, and early intervention.

Conclusion

In order to genuinely “transform” our current health system we believe a whole-of-system review is needed – not a hospitals review. This review needs to incorporate a clear and detailed plan with strategies to integrate services and redesign patient pathways to incorporate preventive health, and identify gaps in community support services. It needs to recognise that our hospitals themselves and the talented clinicians that we want working in them need to have a focus that looks way beyond the confines of the hospitals to the places where health issues and disease primarily develop – in our communities.

A focus on community health outcomes should include ensuring continuity of care across the primary, secondary and tertiary levels of the health care system as well as attention to population primary prevention initiatives. We do not believe “Transforming Health” acknowledges let alone is likely to achieve this.



Dr Ross Womersley, Executive Director
South Australian Council of Social Service



Dr Rebecca Tooher, President
Public Health Association of Australia SA Branch



Dr Janette Young, President
Australian Health Promotion Association
SA Branch



Dr Angela Lawless, Senior Research Fellow
Southgate Institute for Health Society & Equity



Stephanie Miller, Executive Director
Health Consumers Alliance of SA Inc

⁴ SA Plan <http://saplan.org.au/priorities/our-health>

⁵ WHO 2004, Standards for health promotion in hospitals, http://www.euro.who.int/data/assets/pdf_file/0006/99762/e82490.pdf