

1 February 2019

Mr Anthony Beasley
Secretary to the Committee
Legislative Council Select Committee on Health Services in SA

Email: shealthservicesinsa@parliament.sa.gov.au

Dear Mr Beasley

Thank you for your letter of 13 December 2018 to Emeritus Professor Anne Edwards AO, President of COTA SA, inviting a submission to the Select Committee on Health Services in SA. We are pleased to have the opportunity to have input to the select committee's discussion.

COTA's 2018 comprehensive national survey, *State of the (Older) Nation*¹ found that health was the most important factor – just ahead of cost of living - affecting older people's perceptions of quality of life.

Before responding to the terms of reference we urge a new approach to framing health services such that the following 4 principles are prominent –

1. It is the job of health services to respond to the pain points that punctuate an individual's health journey and facilitate the best possible outcome – short and long term, using resources well, and controlled as much as possible by the choices and preferences of the people themselves.
2. Our health services continue to ignore the potential to make better use of people's ownership of their own health – through knowledge, through access to prevention and promotion opportunities and through making informed decisions about options. Enabling people (including and especially older people) to understand their own health and to retain control and drive their own decision-making should be a much higher priority.
3. We need to start defining "health services" to include the other major systems (apart from hospitals) that impact significantly on health outcomes for older people including primary care services, self and other informal care and aged care. We need to do a much better job of joining them up.
4. Our health services are hard to use and navigate because, despite the great potential for innovation and transformation through genuine co-design with people with lived experience, it remains rare, limited and tokenistic.

Our responses to the terms of reference are as below:

a) Opportunities to improve the quality, accessibility and affordability of health services including through an increased focus on preventative health and primary health care

Investment in research entities by the South Australian government is critical to ensure that our State's innovation, momentum and leadership in being able to deliver appropriate health services to the older people who need them. The Registry of Older South Australians (ROSA) and the CRE on Health and Frailty are leading world thinking about frailty, a condition that is

¹ State of the (Older) Nation 2018, Council on the Ageing

often misunderstood as inevitable, irreversible and longstanding. Similarly the Flinders University project *Inspiring Health*² indicates investment before the onset of chronic and other health conditions has the potential to improve lives and save money for the health budget (see section on Preventative Health Measures).

Our State hosts the National Health and Medical Research Council Centre of Research Excellence in Frailty and Healthy Ageing, based out of the Basil Hetzel Institute in Woodville and part of a global network including the WHO's Clinical Consortium in Health Ageing. Frailty is a hidden national public health issue; forecasts say that by 2027 just over 609,300 individuals could be living with frailty with another 2.25 million at risk nationally. South Australia leads the way nationally in research.

ROSA is a partnership initiative led out of the South Australian Health and Medical Research Institute (SAHMRI) and funded by the South Australian government. ROSA is monitoring the health outcomes of aged care service recipients in South Australia going forwards while also looking at historical national data and outcomes. In 2018 work out of this registry highlighted the association between prolonged wait time for home care and poor outcomes such as mortality and placement into permanent residential aged care. Currently the team is working on the frailty index which is likely to have national applicability.

It is critical that investment to support these research entities continues beyond 2020.

Advance Care Directives

The uptake of Advance Care Directives by older people, despite the overhaul of the system some years ago, is very low. Advanced Care Directives are also not well used by professionals. A modest investment in peer approaches, already used to support road safety objectives and improve understanding aged care for almost 7,000 older people per year, could significantly increase the use of Advance Care Directives.

Oral Health

Dental disease and conditions are the most common cause of preventable hospital admissions in SA.³ There were 67,060 preventable hospitalisations for oral health conditions throughout Australia in 2015-16 (10 per cent of all preventable hospitalisations), at an estimated cost of some \$230 million.

There is a significant wait for public dental services. The Productivity Commission's latest report on government services (2019) shows wait times for public dental treatment in 2017-18 to be an average of 327 days; wait time for dentures is 515 days.⁴ While 36 per cent of the population is eligible for public dental services, there is capacity to provide services to only about one-fifth of this group.⁵

Cost is often a factor precluding people with low incomes from accessing private dental services. Of those people accessing the SA Dental Service (SADS), only 23% are concession card holders. There is therefore an understanding that many individuals who would greatly benefit from, and otherwise be eligible for, SADS services are not accessing them. Priority needs to be given to relieving the symptoms and vulnerability of older people on low incomes needing dental care (including and especially those in country SA) either through the public system or in partnership with private providers.

² Lead by Professor Sue Gordon Strategic Professor, Chair of Restorative Care in Ageing

³ <https://www.sahealth.sa.gov.au/wps/wcm/connect/6513697c-c216-417e-be20-3ee3fa1ebcd5/SOHP+Consultation+Paper++May+2018+-+FINAL.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-6513697c-c216-417e-be20-3ee3fa1ebcd5-mxUNmnJ>

⁴ Productivity Commission Report into Government Services (2019)

⁵ <https://www.abc.net.au/news/2018-08-21/dental-divide-and-the-decay-of-public-dental-services-medicare/10138870>

Poor oral health has significant knock on effects including the proven links with increased risk of stroke and cardiovascular disease as well as poor nutrition and the social costs around lack of confidence leading to isolation and depression.

As a preventative health measure, increasing access to public dental services will flow into better general health for the population who cannot afford private dental treatment and reduce the hospital admissions that directly stem from poor oral health and its co-morbidities. COTA SA strongly recommends that the State Government explore (including with the federal government) options to improve access to oral health care for older South Australians on low incomes.

Preventative Health Measures

Health is a key factor for quality of life but over half of Australians over 50 do not do the recommended amount of weekly exercise and exercise levels decline steadily as we age. Older adults who are physically active have lower rates of all cause mortality, have a biomarker profile that is more favourable for the prevention of disease and exhibit higher levels of functional health. COTA SA acknowledges the State government's further investment in the Strength for Life program in the last budget so it can be made accessible to new groups of disadvantaged people.

Inspiring Health was a 2017 project to investigate the health of community dwelling 40 to 75 year olds in Adelaide. The project identified many areas of covert health change in seemingly healthy community dwelling adults in Adelaide which had not been previously identified. The principal finding from the research was a recommendation to provide 40 to 75 year olds with education and intervention to limit and reverse health changes and address functional deficits. The project report notes that further research is required to develop and evaluate self-management and targeted interventions but it views the current approach to wait until a condition or disease is established as negligent and not cost effective.

Accessibility

Transport to medical services is an important part of understanding access to health services. As an example, older people raise issues with us around public transport to the new RAH and the dental hospital. From the suburbs they used to take one bus and be dropped at the hospital. Now they need to walk from the bus to the tram to get up North Terrace; the distance to the pedestrian crossing which allows safe crossing of North Terrace is a challenging walk from the tram stop for people with mobility issues.

b) The South Australian experience around health reform in SA, specifically Transforming Health, EPAS, the reactivation of the Daw Park Repatriation Hospital and other related projects or programs.

As an overarching comment, older people feel left out of consultations about health reform including Transforming Health. The design of reform appears to be around clinical convenience rather than any understanding of the patient experience and journey. While older people are very important stakeholders in health care⁶, they have struggled to be heard in the redesign of health services in South Australia. COTA SA recommends that the State Government involve older people in trials of new health service delivery models – including through use of new technologies – that would reduce the need for hospital presentations and admissions by providing services where people live, including in aged care facilities. COTA SA is very willing to be involved in this work.

Transforming Health reforms are a good example about how lack of consultation about the ways people will use a system negatively impacts people's experience of health services. We frequently heard stories where repurposing of hospitals into specialist centres meant patients were sent to hospitals so far away from their communities that it was impossible for friends and

⁶ p396, *Australia's Health 2014*, AIHW

relatives to visit. Older people told us they had relocated to areas specifically because they had easy access to the local hospital only to find that the Transforming Health reforms meant that hospital no longer took general admissions or had an emergency department. The level of distress this particular change caused in our community cannot be over-estimated.

Daw Park Repatriation Hospital reactivation has overwhelmingly been seen positively – in general because the perception is that South Australia needs more health services, not fewer and because the site itself is easy to access and enjoys a good reputation. COTA SA notes that the State government has consulted with clinicians and the community about which services should be prioritised for the site with the final report from that consultation to be released early 2019.

c) **The Federal Government's funding of State Government services and the linking of other federally funded services in SA such as Medicare funded GP services and Adelaide Primary Health Network and Country Primary Health Network.**

Cost of Specialist Services

We are increasingly hearing that the need to pay for specialist services up front is problematic for people already very anxious about cost of living and this is reinforced by agencies like the Health Consumers Alliance. The request to bulk bill can result in long wait times for people who seek that option when they try to make a booking. COTA SA has also referred this issue through the COTA Federation to be raised with the Commonwealth.

d) **Any related matters.**

- Reinstatement of direct access through GPs to MRIs for people aged over 50.
- Improve the interface between aged care services and health – for example by trialling *in situ* services to prevent the need for hospitalisation where it is not warranted.

COTA SA embraces co-design principles. We encourage that the experiences of older people themselves be utilised to explore ways to identify and implement health delivery models including through use of new technologies that would reduce the need for hospitalisation by providing services where people live. COTA SA's own social enterprise The Plug-in can match older people with opportunities to be involved in the redesign of the health system, and our outstanding peer education model can be used to improve older people's health literacy, provide information about the choices available and the management of existing conditions, as well as delay the onset of other illnesses.

Thank you for the opportunity to make input into the Legislative Council's discussion. I am happy to expand on any of the points made in this submission.

Yours sincerely

Jane Mussared
Chief Executive