

Q&A: SA Health Minister John Hill

With the SA state election coming up on 20 March, *medicSA* spoke to SA Health Minister **John Hill** about the Government's plans for the Royal Adelaide Hospital and other South Australian public hospitals, country health services, medical training, difficult decisions, and whether he would do anything differently ...

“What do you think is the biggest challenge facing the health system in South Australia at the moment?”
The biggest challenge that faces us now and will face us for the next 20 or 30 years is the growing demand for acute services that is associated with the ageing of our population ... That will produce a very large number of people who will need health services ... so we need reform to make our system sustainable. That means some hard decisions about service readjustments, so that we have a system approach to health service rather than individual hospital or unit approaches, and I know that is not always popular, but necessary. In addition, of course, we need to put more resources in.

The Opposition says that we do not need a new hospital in place of the current Royal Adelaide Hospital (RAH) and that they can save taxpayers a billion dollars by rebuilding the RAH at its current site. What would you say to voters about why your government's plan is better?

Well, first of all, just have a look at what the Liberals are saying – it just doesn't make any sense. We have analysed very carefully, using both people within the Health Department, Treasury, and outside experts, the options of rebuilding the RAH compared to building on a new site.

You can't rebuild on the same site for less money than building on a new site. It would cost over \$2 billion to properly refurbish the RAH, and it is not just a matter of putting new beds in place, it is all of the services that support the hospital – the electrical services, the water services, the gas services, the elevators. All of those things are underground and they all need to be replaced. They are coming to the end of their life – 50 years plus of life. All of the Liberal costings ignore that particular problem.

So that is number one, you can't do it for the price, so it's dishonest to say that you can do the same job at the RAH and save a billion dollars. The second point is that even if you could do all those things and you spent the \$2 billion fixing up the RAH, and that is certainly what we looked at, you can't create the extra capacity you need at the RAH to service the needs of our population.

The emergency department is virtually landlocked at the RAH. It now looks after

site to get the extra capacity, you have to go to a new site. So ... there's a lack of honesty about the costings and there's a lack of honesty about the size.

The Liberals have said they would put [in] 15-storey towers with bedrooms, but if you do the analysis, the bedrooms would be very small – a lot of them would not be open to the outside. This is contrary to all the best thinking about how a hospital should be designed.

Our plan on the new site is to have individual rooms which will aid, dramatically, control of the spread of infectious disease, but also provide more restful circumstances for patients. It will allow a lot of the procedures that people require in hospitals to be done at the bedside rather than transporting the patients around the hospitals.

So there is a whole range of clinical as well as administrative benefits you get from building a new hospital, so it is a false debate ... and I cannot believe that any serious clinician, looking at what the Liberals are proposing, would agree that you, for half the price, can build a hospital to the same standard that we are proposing to build, on the existing

site, with additional capacity, with 15-story buildings.

What are your plans for other SA hospitals?

We obviously are going through a process of redeveloping all our hospitals. Infrastructure right across South Australia was run down when we came to government. We are spending \$160 plus million dollars at Flinders Medical Centre to upgrade the emergency department there, the birthing suites and other parts of that hospital. We are part way through upgrading both the Lyell McEwin and the Queen Elizabeth Hospital, and there is work going on at the Women's and Children's. We have got work planned for Modbury and Noarlunga hospitals, ▶



65,000 or so patients – we need it to grow to look after 85,000 or so patients. You can't do that on the existing site. The Liberal plans wouldn't increase that capacity. The operating theatres aren't big enough. The biggest theatre there, I think, is 60 square metres. All of the theatres at the new RAH will be at least that size – 60-65 square metres or thereabouts. All but one of the theatres at the RAH are smaller than that. That means the most complex surgical procedures which require a lot of equipment are compromised by having smaller theatres. So we need more emergency space ... you need more operating theatres ... and, critically, the intensive care unit is too small, and at the RAH you can't rebuild that on the existing

and, also, a number of the country hospitals are being upgraded. So we have got very strong commitments to capital works programs right across all of our hospitals. It is not a matter of one or the other, it is a matter of trying to get all of them up to speed in a timeframe so that they are able to provide services to people when that population boom comes through, and that is within the next five or 10 years.

That is the other thing about rebuilding the RAH. We know by 2016 we will have a bigger hospital with more capacity, more beds ... but if you were to try and rebuild on the existing site it would take 15 or so years, and over that entire time you would not only have disruptions to the services, you'd have to close down part of the hospital, because there is just no way you could build on new bits while keeping the old bits going. You'd have to pull down buildings, and when you do that, that would mean a reduction in services, so it is just an impractical promise.

What plans do you have for the Women's and Children's Hospital (WCH)?

We are building two or three more stories on part of the building at the moment, which we have already announced. I have got to say it is an interesting argument; the Opposition attacks us for building a new hospital for the RAH, and attacks us for not building a new one for the WCH. We did look at combining the WCH into the new RAH but the level of investment and the cost benefit just didn't meet the appropriate hurdle. But the WCH was relatively recently upgraded; in fact, it was when the former Liberal government was in office, so it's only relatively new infrastructure. It's not in the same state as the RAH, which is up to 50 years old. So we will continue with that site ... I can't say what will happen in 20 years' time, but certainly in the short term.

You mentioned earlier the need for difficult decisions, and the government has worn criticism for some of its decisions in health. Is there anything you would do differently?

I guess sometimes you could do things slightly differently, but I think the strategy that we have set out, which is the South Australian Health Care Plan, which I released in 2007, it was the right way to go. It created a strategy for South Australian health, which I don't think we

have ever had before. It established a role for every one of the hospitals, which was clear, and we are working to implement that strategy. We have invested a huge additional sum of money into health: we are now spending over \$4 billion a year on the public health system ... we have doubled expenditure in eight years. We have employed over a thousand extra doctors, 3000 plus extra nurses, a huge number of extra allied health workers.

We actually have invested a huge sum of money, and that resource is into both expanding our services to match the needs of the population, but also reforming it, so we have an integrated health care system.

The thing that I guess I am most proud about are the establishments of the clinical networks and the engagement of clinicians in the planning of service delivery. The second thing that I am really pleased about is the South Australian Medical Research Institute which we have established – and the building, which will be built in conjunction with the new RAH, will give SA health and medical researchers the best physical space and, I think, the best governance arrangements of anywhere in Australia.

Do you have any new initiatives planned to help support general practice and primary health care?

Well, we have got a lot of initiatives already, including the practice nurse provision, where we fund 50 [practice nurse] salaries to work with general practitioners, and we have rolled that out across a lot of GP practices now ... We'll continue to do that and we will obviously work as collaboratively as we can with GPs, and I think that [the] overall approach that we are taking is one of collaboration. I think that there are some reforms that can occur, and we have certainly been talking with GPs about how that might occur, particularly when dealing with patients who have chronic disease issues and need fairly regular contact. A mixture of GPs, practice nurses and GP Plus Centres can be used to look after these people, so that they do not end up in hospitals as frequently as they otherwise might ...

What is the current plan for country health services?

Well, we tried to make some reforms in country health, and you may have been alluding to that as something I would

have done differently – and I suppose we are going to try to do this in a different way. We have identified four regional hospitals, which will be general hospitals, which will provide a greater range of services to their communities, and we have asked each of the health advisory councils to consult with the communities about what they want, what role their particular hospital should have, as part of the strategy. That process is ongoing, and we will be very much guided by that outcome.

But our overall strategy in relation to country health is to put more services into country centres so that fewer country people have to come to Adelaide for services, and in the last year or so I think [there has been] about a 5% reduction in attendances from country people in city hospitals, because they have got more services closer to home ... It makes sense to put services close to where people live but it also helps take pressure off the city hospitals. It is better for them to be in the half-empty country hospitals, with appropriate care provided, than competing for space in busy city hospitals, so that is what we are trying to do, and I think it is working well.

With more medical students entering the system now than ever before, can they be confident that they will be able to access training in SA?

Well certainly that is what we are working to. The advice I have is that all of the Australian students in training will be offered places. It is a little difficult for us sometimes, not in the short term, but for the longer term [with universities] selling places to overseas citizens, to necessarily find a place for them in our hospitals but certainly ... we want to work through how we can.

Really, it is about working out how many staff, how many doctors you need, and what skill sets you need, and then developing a plan that makes sure we have enough places to graduate enough people to do those jobs, so that's really the starting point ... I am confident that we'll be able to provide the training places that we need, and I am also confident that all of the Australian graduates looking for training places will be able to find one.

Minister Hill was interviewed by Eva O'Driscoll. Questions and answers have been edited, and are not reproduced in full, due to space constraints.