



**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

29 July 2019

Mr Jeremy Conway
Chief Executive
Infrastructure SA
Email: infrastructure@sa.gov.au

Dear Mr Conway

Re: Australian Medical Association (SA) response to State Infrastructure Strategy Discussion Paper

Congratulations on your appointment as Chief Executive of Infrastructure SA, and thank you for the opportunity to respond to the State Infrastructure Strategy Discussion Paper.

The Australian Medical Association in South Australia (AMA(SA)) recognises the vital role of strategically planned and carefully developed 'hard' infrastructure in shaping and maintaining healthy, sustainable and cohesive communities. From transport links to utility pipelines, from schools to sports facilities, infrastructure is the foundation upon which 'soft' services and programs can be developed and delivered.

For the AMA(SA), there is always the danger that too much attention can be placed on 'hard' infrastructure, with corresponding funding allocation. If one area receives too much funding, another (or others) miss out, and it is the impact of this unbalanced allocation that is of concern. As I noted in interviews after the 2019-20 State Budget was released on 18 June, the AMA(SA) is concerned primarily about people and the capacity of the system to serve them. To be successful, our health system – and our state's economy – must allocate funding to services to support the people who need them, where and when they need them. South Australians need more resources dedicated to community care, mental health care, and end-of-life care; more care for people from CALDS communities, in Aboriginal communities and for people in at-risk situations. A philosophy that puts these needs before buildings must be at the heart of any infrastructure planning.

The proposed Women's and Children's Hospital

As noted above, the AMA(SA) acknowledges that societies do need to fund and build physical facilities that are designed, operated and maintained. They are necessary for the provision of customised, quality spaces from which services are offered and in which people feel safe to visit, receive care and work.

The proposed Women's and Children's Hospital (WCH), discussed on page 29 of your Discussion Paper, is an example of a facility that must be planned to suit the people who will use it: patients, carers, visitors and healthcare professionals. We have long advocated for a new WCH to be co-located with the Royal Adelaide Hospital; now we want to ensure that the hospital is planned and developed according to a strategy that is more about processes that will guarantee the hospital successfully serves its people than about a grand design and the bricks and glass from which it is created.

Along these lines, we have spoken to Minister Stephen Wade and emphasised that the lessons of the new Royal Adelaide Hospital build must be applied, the main one being that,

this time, doctors and nurses must be genuinely involved in the design of the hospital at all stages. We want to ensure that there is no reduction in the quality or availability of services, and that the position next to the RAH will be used to advantage.

For example, at the new Royal Adelaide Hospital we have been left with emergency cubicles that are too small and where doctors and nurses have no line of sight to observe patients. This is an example of structural problems that are now only overcome by the dedication and ingenuity of staff. Having real clinicians decide how large a room needs to be, or what equipment is required, would seem to be common sense. It might also save a great deal of money, with a good example being the new Calvary Adelaide Hospital on Angas St, which employed this principle and which although offering about half the beds of the new RAH is slated to come in at a great deal less than half the cost.

The doctors of the AMA(SA) are committed to helping design a new hospital that is less about a flashy building than it is a place that the people of South Australia can be proud of because of the quality of care they receive there. We are equally committed to ensuring that existing facilities in the metropolitan area and in regional communities across the state are maintained at levels that ensure they do not compromise the standard of care.

Data and technology

The Discussion Paper refers on page 11 to the unprecedented access to knowledge that Industry 4.0 will allow. The AMA(SA) has on previous occasions voiced concerns that South Australia's systems for capturing, measuring and evaluating data are below par; we suggest that the State Infrastructure Strategy should demonstrate how and when South Australia will obtain the technological capabilities this state needs if we are to achieve global social, economic and environmental benchmarks and targets.

In the United Kingdom, entities such as the new Health Data Research UK recognise that healthcare interactions and research are 'enhanced by access to large scale data and advanced analytics'; and that 'by making health data available to researchers and innovators we can better understand diseases and discover ways to prevent, treat and cure them'. Such entities must have physical homes, and the AMA(SA) suggests that a central precinct such as Lot Fourteen, which is supported by world-class digital innovations and benefits from proximity to South Australia's universities, is an ideal position for an entity that could 'put this state on the map' in health and other community data and informatics enterprises.

These processes require input from clinicians at every step, and I look forward to input from the AMA(SA) being sought now and in the future. Please let me know if I can be of assistance at any time.

Yours sincerely

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Dr Chris Moy
President