South Australia’s Health Care Plan 2007-2016

The South Australian Government’s plan for health care over the next 10 years
# Table of contents

**Foreword** .......................................................................................................................... 3  
South Australia’s Health Care Plan ......................................................................................... 3

**South Australia’s health care challenges** ........................................................................... 5
  Ageing population .................................................................................................................. 5
  Chronic diseases .................................................................................................................... 5
  Obesity ................................................................................................................................... 6
  Diabetes .................................................................................................................................. 6
  Growing demand on hospital services ................................................................................... 7
  Health workforce .................................................................................................................... 7
  Capital works/Ageing infrastructure/Information technology ............................................... 8
  Safety and quality .................................................................................................................. 8

**Meeting the challenges** .................................................................................................... 9
  Better health through 21st Century hospitals ...................................................................... 9
  Building Australia’s most advanced hospital ...................................................................... 9
  Investing in our major hospitals ............................................................................................ 9
  Better focus for our general hospitals ................................................................................... 10
  Better health for people through GP Plus Health Care Centres ............................................ 11
  Helping you choose a healthy lifestyle ................................................................................... 11
  Helping clinicians to work together ...................................................................................... 12
  Improving information technology ....................................................................................... 13

**How services will change** .................................................................................................. 14
  Services for older people ....................................................................................................... 14
    *Providing appropriate health care for an ageing population* ............................................... 14
    *Increased rehabilitation services* ....................................................................................... 14
    *Better coordination of aged care services* ........................................................................ 14
    *Enhanced palliative care services* ....................................................................................... 14
  The best maternity and paediatric care .................................................................................. 15
    *Start healthy and stay healthy* ............................................................................................ 15
  Emergency departments ......................................................................................................... 16
  Elective surgery ..................................................................................................................... 16
    *Improve the timeliness of elective surgery procedures* ...................................................... 16
  Specialist services .................................................................................................................. 17
    *High quality and safe specialist care* ................................................................................ 17
  Mental health .......................................................................................................................... 17
Foreword

South Australia’s Health Care Plan

All South Australians deserve access to quality, safe, complete and affordable health care.

Keeping South Australians healthy and caring for them when they are ill is a priority for the State Government.

We have been working to improve our health care system – making it more efficient so it can continue to deliver good services to all in our community.

We have a highly regarded public health system. Our hospitals provide very good care and our staff are dedicated and professional.

But as a state, we are facing challenges in providing health care.

South Australia has an ageing population with growing health care needs.

On top of this comes the rise in chronic diseases like diabetes in our community and a shortage of doctors and nurses.

All these pressures are being keenly felt in the health system.

The State Government is determined to maintain our top quality system, to ensure that all South Australians continue to have access to good services and care.

The Generational Health Review (GHR) was our first step towards reforming the health system.

Recommendations from that have been implemented across the system over the past four years, including an increased focus on primary health care – keeping South Australians healthy and out-of-hospital.

South Australia’s Strategic Plan includes these goals for ensuring our community stays healthy, with a focus on preventing illness through improving our lifestyles.

Through the GHR, we have opened two new GP Plus Health Care Centres in Adelaide to provide after-hours access to GPs and primary health care services, and we are planning another eight metropolitan centres across Adelaide.

We have now come to the next step of reform, guided by the GHR.

South Australia’s Health Care Plan has been developed by the State Government to meet future challenges.

The plan outlines the most significant single investment in health care in South Australia’s history.

The government will build the 800-bed Marjorie Jackson-Nelson Hospital, a state-of-the-art facility in Adelaide’s city centre that will become Australia’s most advanced hospital.

The 10-year plan also proposes new investment in other major hospitals, promotes healthy lifestyles and illness prevention through new GP Plus Health Care Centres, and makes South Australia the best place for health professionals to work.
SA’s Health Care Plan will mean:

- Better coordinated hospital services.
- A responsive health workforce for the future.
- GP Plus Health Care Centres, with more primary health care services.
- More elective surgery.
- Less pressure on emergency departments.
- Improved management of chronic diseases.

But to make these changes, we need South Australians to get involved – and to make their good health a focus and priority.

At the heart of this plan is the well-being and healthiness of all South Australians.

While we can change the way our hospitals provide services and remodel our system to improve it, so much of this plan is based on our community making its own healthy choices.

Healthier lifestyles can reduce chronic diseases and the need for health services – prevention is always better than cure.

The dedicated doctors, nurses and other health professionals in the public system will play a very significant role in helping to shape South Australia’s reformed health system.

With your support, we can create a new system that will meet our state’s future health needs and continue to provide South Australians with the best possible health care.

Hon. Mike Rann MP
Premier of South Australia

Hon. John Hill MP
Minister for Health
South Australia’s health care challenges

Ageing population

Australia has an ageing population, and South Australia has the highest proportion of older people in the nation, with one in six people over the age of 65. In the next 15 years, that population will nearly double and as the “baby boomer” generation ages, the over 65s will further increase.

As we age, we are more likely to need health care. People aged between 65 and 75 years are twice as likely to be admitted to hospitals as the rest of the population – and those aged over 85 years are more than five times likely to be admitted to hospitals.

Older people also have particular health care needs. Those over 65 years currently make up 15.3% of the South Australian population, but make up 65.5% of those hospitalised for injuries caused by falls. These patients account for 71.1% of all hip replacements and 64.2% of all knee replacements. The demand for rehabilitation and palliative care services is also higher among the older population.

Chronic diseases

The increasing burden of chronic diseases is adding further pressure to our health services. Chronic diseases can’t be cured, but can be prevented from developing in the first place. Our hospitals are very effective in treating the symptoms, but the best way to fight chronic disease is to prevent it by maintaining a healthy lifestyle.

Chronic diseases are now responsible for more than 70% of diseases in Australia. About 40% of South Australians have at least one of the following chronic conditions: arthritis, cardiovascular disease, chronic obstructive pulmonary disease, diabetes and osteoporosis. An estimated 15% of South Australians suffer two or more chronic diseases.
**Obesity**

The obesity epidemic among children will lead to a huge rise in chronic diseases in the future, as it is a major factor causing heart disease, diabetes and some cancers.

The number of young South Australians who are overweight has almost doubled over the past decade – increasing from 11.5% in 1995 to 19.9% in 2005 – and obesity now ranks with tobacco as the number one preventable cause of death in South Australia.

**Diabetes**

Diabetes is one of the fastest growing chronic diseases in Australia. By 2003, more than 83,000 South Australians were diagnosed with the condition. This number is predicted to almost double by 2016, increasing to more than 150,000 South Australians with diabetes. People with diabetes are more likely to have cardiovascular disease and renal failure, and more likely to need acute hospital care in the later stages of the disease. In many cases, diabetes is preventable by maintaining a healthy weight and regular exercise.

The following graph shows the expected growth in hospital demand for patients with chronic diseases, if we do not take steps today to prevent or better manage them.
Growing demand on hospital services

The ageing population and increasing prevalence of chronic diseases are just some of the key factors leading to an increase in the demand for hospital services. In addition, the lack of access to GP services in some metropolitan and country areas means people who don’t need to be admitted to hospital are seeking treatment through hospital emergency departments.

In 2005-06, South Australia experienced record demand in our hospital emergency departments, with attendances increasing by about 17,900, a 5.8% increase on 2004-05 attendances. By 2012, there will be a predicted 11% increase in the number of hospital admissions. That will mean an extra 43,750 admissions.

Health workforce

Demand for health care services is increasing at a time when there is international shortage of medical and nursing staff. It is increasingly difficult to recruit GPs to work in country areas. And while South Australia has succeeded in recruiting health professionals in recent years, we know recruitment will become more difficult in particular specialties, such as obstetrics and intensive care.

The graph below shows the age profile of nurses registered by the Nurses Board of South Australia (NBSA) in 2006.

The South Australian Government’s plan for health care over the next 10 years
The following graph shows the increase in the average age of GPs from 2001 to 2005 as reported in the March 2006 Department of Health publication titled 'South Australian Medical Labour Force 2005'.

**Capital works/Ageing infrastructure/Information technology**

Hospital and community health facilities in South Australia have served us well, and there has been a major capital works programme committed by the current State Government to health facilities in recent years. However, given that 34% of the metropolitan hospital buildings are more than 35 years old, we now need to plan for growing future health care requirements to meet the changing needs of the coming generations.

Information technology needs to be upgraded to ensure we have a modern health care system, which can rely on timely access to information about the health of an individual. The current system requires the patient to provide the relevant information about their health to each health care provider every time and doesn’t allow communication between all health services in order to meet the needs of the patient.

**Safety and quality**

South Australia has a high number of duplicated hospital services. These include six adult intensive care units, four metropolitan obstetric units and four in-patient paediatric services.

At the same time, we are facing increasing pressure in staffing some of these units, with an international shortage of specialists in areas like intensive care and obstetrics.

The duplication of services reduces the ability to achieve safe and high quality services, as clinical staff face the challenge of providing more services to more people across several hospital sites.
Meeting the challenges

SA’s Health Care Plan will reform our health system so that it meets the health challenges of an ageing population, the increasing incidence of chronic diseases, international workforce shortages and ageing infrastructure. These changes will ensure South Australians have access to the best available health care in hospitals, health care centres and through GP and other health professionals.

Better health through 21st Century hospitals

Hospital services will be better coordinated and more able to respond to the needs of the community. We will clearly define the distribution of services to be provided at each of our hospitals to ensure we are providing the most appropriate health services for the needs of the local community. For example, in the western suburbs, where the population is ageing at a faster rate than the state average, the Queen Elizabeth Hospital (TQEH) will increase its focus on services for an older population.

Hospital facilities across metropolitan Adelaide will be upgraded to ensure they can continue to provide South Australians with world-class hospital care into the future.

Building Australia’s most advanced hospital

Marjorie Jackson-Nelson Hospital will be built in the centre of Adelaide on North Terrace, on the site of the Adelaide railway yards. This state-of-the-art hospital will become the largest of its kind in Australia, replace ageing infrastructure at the Royal Adelaide Hospital (RAH) and accommodate some of TQEH’s more complex services. It will become South Australia’s premier hospital and will be fully equipped with 21st Century equipment and technology.

The purpose-built Marjorie Jackson-Nelson Hospital is due to be completed by 2016, and will be designed to assist in meeting the future health care needs and the projected demand for hospital services.

The new hospital will include services providing the most specialised care, including trauma, renal transplantation, major burns and spinal injury care.

While the new hospital is being constructed, we will continue to invest in RAH to ensure facilities there are maintained to provide high standards of service.

Investing in our major hospitals

The new Marjorie Jackson-Nelson Hospital, Flinders Medical Centre (FMC) and Lyell McEwin Hospital (LMH) will become South Australia’s three major adult hospitals, with capital investment and service changes. These hospitals will form the backbone of the state’s high level critical and complex hospital services.

FMC and LMH will be upgraded and expanded to meet the needs of our fast-growing southern and northern suburbs.

These hospitals will provide a full range of major complex, surgical, diagnostic and support services for the south, north and central suburbs and be the referral hospitals for all other hospital and health facilities. Improved links and greater collaboration between health services will occur to benefit patients and their carers.
At the moment, LMH provides less than 50% of hospital services for the local community. With its expansion, the number will increase – meaning more people will be able to be treated locally.

The Women’s and Children’s Hospital (WCH) will continue to be the main provider of maternity and paediatric health care to the parents and children of South Australia, and will develop closer links with the other major and general hospitals.

**Better focus for our general hospitals**

There will be three general hospitals in metropolitan Adelaide, TQE, Modbury Hospital (MH) and Noarlunga Hospital (NH), providing services to their local communities with an emphasis on general medicine and general surgery, but with a specific focus on rehabilitation, aged care and palliative care services.

TQE and MH will also be developed as high-volume elective surgery sites with the aim of people getting their surgery in a more timely way, and reducing the chance of surgery being cancelled when there is peak demand in emergency departments.

The capacity for high-volume surgery will be increased at these hospitals.

Meanwhile, the paediatric service at MH will be transferred to WCH and, in time, the obstetric unit will also transfer to WCH and LMH.

At the moment, less than 25% of local mothers in the Modbury area are choosing to have their babies at MH, with the majority opting for either the WCH or LMH.

This move will make greater use of the excellent existing facilities at WCH and better utilise the available obstetrics workforce at a time when there is significant workforce shortage in this specialty.

MH’s single intensive care bed will be merged into its high dependency unit.

The renal transplant unit at TQE, which services the entire state, will transfer to the Marjorie Jackson-Nelson Hospital, and in the meantime the RAH, and the intensive care unit and high dependency unit will merge into a single unit. In the future, patients requiring intensive care will be transferred to the Marjorie Jackson-Nelson Hospital.

These changes will ensure smaller services are placed with some smaller services to provide greater assurance of quality and safety.

The changes will also enable MH and TQE to focus on their local communities, providing services that are more relevant to local health demands.

The Repatriation General Hospital (RGH) will focus on its role as a specialist hospital, providing rehabilitation, palliative care and mental health services for the southern suburbs and the veteran community. This means that in time, some surgical services and intensive care will be transferred to FMC. It will specialise in orthopaedic surgery, offering more procedures. The government will consult widely with the veteran community regarding the implementation of these changes.

Communities in country SA will have access to health services currently only available in Adelaide by expanding clinical services at hospitals in Mt Gambier, Port Lincoln, Berri and Whyalla. The Port Augusta Hospital (PAH) will take on a specialist role as a centre of excellence in the care of Aboriginal and Torres Strait Islander people.
**Better health for people through GP Plus Health Care Centres**

GP Plus Health Care Centres will help South Australians take control of their health care, stay healthy and out-of-hospital. These centres will ease the pressure on our emergency departments and relieve some of the workload of our busy hospital-based doctors, nurses and allied health workers.

For the community, GP Plus Health Care Centres will be the foundation of primary health care. They will provide advice on how to manage chronic diseases, provision of support for more in-home care and guidance for those who want to stay healthy.

We have already opened two GP Plus Health Care Centres, at Aldinga and Woodville, and planning has begun for two centres at Marion and Elizabeth. The State Government is planning to build up to ten of these centres across Adelaide.

In country SA, a GP Plus Health Care Centre will be developed at Port Pirie, and the Ceduna Health Service will be redeveloped to include both in-patient and GP Plus Health Care components.

**The services offered at each GP Plus Health Care Centre will vary, depending on the needs of the local communities, including:**
- Chronic disease self-management programmes
- After-hours GP services
- Physiotherapy
- Nursing and midwifery services
- Health education
- Specialist clinics
- Minor medical procedures
- Allied health – podiatry, dental, physiotherapy, occupational therapy
- Children and youth health
- Drug and alcohol services
- Community mental health
- Counselling
- Aboriginal health

Services at GP Plus Health Care Centres will be available for extended hours.

**Helping you choose a healthy lifestyle**

All South Australians are entitled to enjoy good health and a long life. We will provide greater access to information on how to maintain a healthy lifestyle, and more importantly, we will ensure there is greater support to assist you.

Improving the health and well-being of the South Australian community will require us all to take responsibility to develop a combined approach from individuals, community groups, government and non-government sectors, and will involve working closely with GP and other private health care providers.
Here are just some of the ways we can help you focus on a healthy life:

- A new role will be developed to assist people with chronic disease risk factors to make changes to improve their health. Lifestyle coaches/care coordinators will help you manage your own health and well-being, and prevent you from becoming ill.
- Ongoing investment in public health campaigns that will help lead lifestyle change, including smoking cessation, healthy weight, nutrition and physical activity campaigns.
- Healthy weight, nutrition and physical activity programmes in schools and childcare centres aimed at reducing the levels of obesity in the community, in particular through the Eat Well Be Active Healthy Weight Strategy.
- Falls prevention programmes and active ageing programmes to keep older people active and prevent injury through falls.
- The implementation of the National Health Call Centre.

Helping clinicians to work together

A series of Statewide Clinical Networks are being established to increase the level of clinicians’ involvement in the planning of health services, to find ways to better coordinate the delivery of those services, to ensure better health outcomes for all South Australians and to ensure a strong, sustainable health workforce.

These networks will link doctors, nurses, allied health professionals, GPs and community representatives to better work together to assist in fully integrating service provision across hospital sites and GP Plus Health Care Services. For example, the Cancer Clinical Network will explore ways in which country people can receive the majority of their cancer care closer to home. This could be receiving chemotherapy at home or visiting their local specialist. The Orthopaedic Clinical Network will work to identify ways to prevent falls among the elderly and ways in which increased access to elective orthopaedic surgery can be achieved.

There are eight Clinical Networks in the process of being established:

- Renal.
- Cancer.
- Mental health.
- Maternal and neonatal health.
- Child health.
- Cardiology.
- Rehabilitation.
- Orthopaedics.

Clinical Networks will also have a key role in improving the performance of our hospitals by improving safety and quality, reducing the length of hospital stays to national benchmarks, reducing emergency department waiting times and working with community-based services to allow patients to be discharged from hospitals where appropriate and receive care at home.
Improving information technology

New information management systems are fundamental to improving the delivery of health care services in the future. Over the coming years, we will develop information technology to allow health service providers to have appropriate access to patient information – with the consent of the patient.

For example, this will allow a GP to have access to the same information as doctors and nurses in a hospital, or will enable a diabetes nurse located in a GP Plus Health Care Centre to book an appointment for a patient with a podiatrist at a hospital site or another health care clinic.

Access to patient information will also reduce the need for duplication of medical tests and reports. This investment will further reduce the pressure on hospital emergency departments, GP clinics and will help reduce waiting times for specialist appointments.
How services will change

Services for older people

Providing appropriate health care for an ageing population
To meet the future health needs of an older population, we are increasing services to provide more appropriate care for older South Australians.

Increased rehabilitation services
South Australia has some of the best rehabilitation services in Australia at both the Hampstead Centre and RGH. To provide for the growing demand for rehabilitation services, we will:

• Establish new services at TQEH, MH and the four country general hospitals.
• Expand rehabilitation services at homes.
• Increase the number of dedicated rehabilitation consultants and allied health staff, and establish new training positions to provide the best rehabilitation care for people recovering from conditions like stroke or major orthopaedic surgery, so they can return home as soon as possible.

Better coordination of aged care services
As people age, many will experience one or more chronic diseases and most will experience an acute illness of some sort. To ensure all our health services are able to respond to the particular needs of elderly people, we will:

• Implement specialist programmes to help our staff understand the special needs of elderly people who become ill.
• Establish systems to improve collaboration between health professionals to ensure elderly people get the best care in the most appropriate place at the right time.

Enhanced palliative care services
South Australia has excellent in-patient and community-based palliative care services at RGH, TQEH and at LMH. We will:

• Expand palliative care services to make it easier for all people at the end of life to receive palliative care either at home or in hospital.
• Increase the focus on palliative care in-hospital services at MH, TQEH and RGH.
• Improve the focus on providing palliative care services for cancer sufferers and people suffering from renal failure, respiratory disease, cardiac disease and other end-stage illnesses.
• Expand the ‘Informed Choices Programme’, which helps patients and their families to make the right choices about care needs at the end of life.
The best maternity and paediatric care

Start healthy and stay healthy

South Australians have access to good obstetric health care and we have the lowest infant mortality rate in the nation. In order to maintain a high quality, safe maternity service in a time of international workforce shortages in the obstetrics specialty, we will bring together services at larger, more modern sites that are better equipped to care for mothers and newborns.

We already have excellent maternity care facilities at the world-renowned WCH. The high-quality facilities at FMC and LMH will continue to cater to children with chronic diseases or short-term, non-life threatening illnesses in the south and north.

Since 2005, expecting mothers in the western suburbs have been offered a different kind of maternity service. Ante and post natal care is provided by their GPs through a GP Shared Care programme, while birthing services and complex post natal care take place at WCH.

The shared care maternity service that's working well for women in the western suburbs will be replicated for women in the north-eastern suburbs. Ante and post natal care will continue at MH, and links will be improved with GPs for women who want to continue their care with their own GP. Women will also be given the choice of midwifery-led care.

Maternity services will be transferred from MH to WCH and LMH, so we can make the best use of our hospitals and health workforce, and provide the best service for mothers and babies.

Currently, only a quarter of women who live in the MH service area are choosing to have their babies at Modbury. In 2005-06, more than 40% chose to have their babies at WCH.

Caring for the health of children is vital and maternal health and paediatric care service options will continue to expand so that our children can start healthy and stay healthy.

Out-of-hospital services, including public health, early intervention and prevention programmes will play a critical role in improving the health and well-being of children both now and in the future. As the origins of many adult diseases are set in childhood, these investments will also help to lay the foundations for South Australia’s future health.

The Every Chance for Every Child initiative introduced by the State Government focuses on the health and well-being of our children. South Australian families are already benefitting from the Universal Home Visiting Programme, where every family with a newborn is offered a home visit by a community health nurse in the first few weeks of their baby’s life.

We will expand the Family Home Visiting Programme, which offers extra support for families who need it during the first two years of the child’s life.

We will increase community-based services for women and children for ante and post natal care, and paediatric care through GP Plus Health Care Centres, GP and community health services.

GPs and GP Plus Health Care Centres will also have a role in delivering illness prevention services and detecting illnesses among children.

In country South Australia, four hospitals, at Berri, Mount Gambier, Port Lincoln and Whyalla, will provide paediatric services through visiting or on-site paediatricians. These hospitals may also provide some elective and emergency paediatric surgery. Port Augusta will continue to be a key centre for Aboriginal child health.
Obstetric services in the four country general hospitals will continue with support from the state’s maternity and neonatal clinical network. Obstetric services in other country hospitals will continue to be provided, but monitored closely for the quality and safety of the services. Changes may be required in the future, if services are threatened by loss of skilled staff or insufficient levels of births to maintain a safe service.

For children who are the sickest and need the most complex care, we will:
- Maintain the role of WCH as the state’s major hospital for paediatric services and increase rehabilitation services for children.
- Develop closer links between WCH, FMC, LMH and country hospitals in the provision of children’s health care.

Emergency departments

We will:
- Increase the capacity of the emergency department at LMH, and provide more capacity than RAH at Marjorie Jackson-Nelson Hospital to better deal with growing demand.
- Provide more specialist rehabilitation, aged care and palliative care services, which will make more acute hospital beds available for emergency admissions.
- Increase the availability of community-based care through GP Plus Health Care Centres, in-home care and hospital support packages that allow people to be cared for at home, and will free up more acute in-patient beds in hospitals.
- Increase support for the early detection of chronic diseases, which will mean early intervention to keep people well and out-of-hospital.

We have already improved our emergency department waiting times through the Redesigning Care Programme in some hospitals, and these further steps will allow us to better meet national benchmarks for waiting times in emergency treatment and elective surgery.

Elective surgery

Improve the timeliness of elective surgery procedures

Our strategies to reduce demand for emergency care will help increase our capacity for more timely elective surgery, at a time when demand for elective surgery will continue to rise, particularly in the treatment of cancer and in orthopaedics.

We will increase the capacity for high-volume, low-complexity surgery by creating high-volume elective surgery sites at TQEH and MH. These general hospitals will consolidate expertise in the areas of:
- Orthopaedics.
- Gastrointestinal/Endoscopy.
- General surgery.
- Ear, nose and throat.
- Ophthalmology.
- Urology.

We will recognise RGH as a specialist elective surgery site for orthopaedics.

The capacity of NH and the four country hospitals at Berri, Mt Gambier, Port Lincoln and Whyalla will be enhanced to provide more general surgical procedures closer to where people live.

Extra investment in elective surgery has already seen significant improvements in the timeliness of procedures, and these strategies will further assist in meeting national benchmarks for timeliness.
**Specialist services**

**High quality and safe specialist care**

The provision of high-volume services at our general hospitals will provide increased capacity at the tertiary hospitals to focus on surgery required for the treatment of cancer, cardiac disease, neurosurgery, trauma, vascular surgery and other more complex surgery.

In order to provide high quality, safe services, and make the best use of our valued health workforce, some specialist services will be consolidated over time.

**We will**

- Work with Clinical Networks to assess the provision of specialist care and identify the best distribution of surgical services, taking into account available workforce and service quality and safety.
- Develop a plan to consolidate vascular services as one of the first services to be consolidated.
- Renal transplant services will move from TQEH to the new Marjorie Jackson-Nelson Hospital. Before the hospital is constructed, the services will move to RAH to enable service changes at TQEH.

**Mental health**

The Minister for Mental Health, Gail Gago, has released the first stage of the State Government’s response to the Social Inclusion Board’s Stepping Up report into the state’s mental health system. A stepped model of care will be implemented to bridge gaps between hospital and community care. This means when people are ill, they will receive the most appropriate level of treatment in the most appropriate place.

**This new model of care will provide:**

- 90 new intermediate care beds - 60 at four centres across Adelaide and 30 in country hospitals.
- 73 more 24-hour supported accommodation places across Adelaide.
- Priority access to services for about 800 people with chronic and complex needs, including those who also have drug and alcohol problems, a history of homelessness or who may be involved in the criminal justice system.
- Eight mental health nurse practitioners in regional areas by 2012.

Mental health system reform will reduce the need for people with mental illnesses to be admitted to hospitals, through the provision of more community support services. This means people will be able to access help at an earlier stage of illness and avoid repeated hospital admissions.

There will be more mental health rehabilitation services available in the system through three community recovery facilities at Mile End in the city’s west, Noarlunga in the south and the Playford area in the north.

Community Mental Health Centres are also being developed near GP Plus Health Care Centres to bring a range of services closer to where people live.

Adult acute services will be expanded at the new Marjorie Jackson-Nelson Hospital, LMH, and TQEH will have new facilities for aged acute mental health services.

Country services will be improved so more people can remain in their own communities during an acute phase.

Services at Glenside Hospital will be modernised and improved. A Master Plan for the Glenside site is currently under development. This may lead to some minor changes to capital works projects currently planned for the Glenside site.

Workforce

Recruiting and retaining a strong, capable health workforce

We will:
- Establish an integrated workforce plan to ensure our workforce is well equipped and positioned to meet the future health needs of South Australians.
- Build better facilities that our doctors, nurses and allied health professionals will want to work in. The new state-of-the-art hospital will be an important part of workforce recruitment.
- Improve safe work practices through the consolidation of some complex services currently spread across a number of sites.
- Increase the teaching capacity for doctors, nurses and allied health professionals within the public health system through increased capacity in country hospitals and GP Plus Health Care Centres.
- Create new roles to free up the time of highly skilled professionals to care for those most in need. New roles will include physician assistants and an increased number of nurse practitioners.
- Reduce the pressure on the hospital-based health workforce through new GP Plus Health Care Centres and improvements to community-based health care that will help keep people well and out-of-hospital.

Teaching and research

Learning is the key to providing a first-class health service and a workforce with high-level skills and capacity. We want to ensure that all health service staff have access to ongoing training, support and professional development and to ensure that SA remains at the cutting edge of health research and health service technology.

We will:
- Increase the capacity of the public health system to train young health professionals. Expanding services at LMH to ‘tertiary’ hospital capability will be a key strategy to reach the target of a 20% increase in capacity.
- Expand teaching capacity in our country hospitals.
- Work with SA universities to increase the number of nurses and allied health workers training in SA.
- Establish new research facilities at TQEH and Marjorie Jackson-Nelson Hospital to build research capacity for health workers in SA. At FMC, additional research facilities will become available through the Centre for Cancer Innovation.
- Establish a new skills laboratory.
- Build on the new intellectual property policy to foster advanced research.
- Encourage collaboration between South Australia’s educational, research and industrial expertise to best use the knowledge and expertise we have in the state and to attract national and international researchers to South Australia.
Safety and quality

The best and safest results in patient care are achieved when medical, nursing and allied health staff work together, doctors-in-training are well supervised and supported and the best medical equipment is available. To make this happen, some services – especially those providing complex care – need to be located together.

Consolidating complex services will ensure critical services remain high quality and are sustainable into the future. The expertise of health care staff working in these specialised units will increase and patients will receive the highest quality care.

We will:
- Consolidate renal transplant services at RAH/Marjorie Jackson-Nelson Hospital.
- Transfer MH obstetrics services to WCH and LMH.
- Consolidate intensive care services at Marjorie Jackson-Nelson Hospital, FMC and LMH and at WCH for children and mothers.
- Establish the Safety and Quality Council, which includes consumer representatives, to provide advice on the delivery of health services in SA.
- Better use information technology to improve the flow of information between health services.
- Report annually to the Minister and Parliament on the outcome of quality and safety initiatives.
- Promote a culture of open and transparent identification, reporting and analysis of incidents as a way to improve overall standards.
Will there be changes at your local hospital or health service?

Central eastern suburbs
Up to ten GP Plus Health Care Centres are being planned across Adelaide.

Australia’s most modern hospital
Within nine years, Adelaide will have a new state-of-the-art hospital. It will replace RAH and will take on some complex care services from TQEH, including renal transplant. It will provide a full range of major complex medical, surgical, diagnostic and support services for adults.

The construction of the new Marjorie Jackson-Nelson Hospital will allow RAH to continue providing services without disruption, while the new hospital is completed. The new hospital will be designed to include the latest medical technology, which will provide a modern working environment to attract and retain clinical staff, and will have the latest energy and water saving standards. The new hospital will be located adjacent to Adelaide’s rail and road transport hub, improving access to the site and will be the main referral hospital for parts of the western suburbs.

Statewide services that will be located at the new hospital include renal transplant services, spinal services and a specialist burns unit.

$1.7 billion will be spent on building Marjorie Jackson-Nelson Hospital.

Royal Adelaide Hospital
RAH will continue to provide the full range of major complex medical, surgical, diagnostic and support services, while construction of Marjorie Jackson-Nelson Hospital is underway.

The new hospital will be completed by 2016. In the meantime, investment will continue to be made in RAH, ensuring services continue to operate efficiently and safely.

Until the new hospital is built, RAH will continue to operate as normal with some upgrades.
• It will remain the major referral centre for TQEH and parts of MH service areas and many country centres.
• It will provide a full range of major complex medical, surgical, diagnostic and support services for speciality and sub-specialty levels.
• The renal transplant unit will transfer from TQEH to RAH.

Intensive care services will be expanded.

Statewide services will include renal transplant services, spinal services and a burns unit.

$15 million has been allocated to upgrade RAH to ensure it maintains high-quality service until Marjorie Jackson-Nelson Hospital is built.
Women’s and Children’s Hospital

WCH will continue to provide world-class care for women and babies as South Australia’s major referral centre for South Australia for maternal, neonatal and children’s services.

WCH will continue to provide a full range of major complex medical, surgical, diagnostic and support services for speciality and sub-speciality areas.

The hospital will continue to provide a full range of obstetrics services, and will be able to absorb obstetric services relocated from MH.

All paediatric work from MH will be transferred to WCH.

Northern and north-east suburbs

A GP Plus Health Care Centre will be built in Elizabeth by 2009. A total of ten GP Plus Health Care Centres are being planned across Adelaide.

Lyell McEwin Hospital

LMH is already undergoing a multi-million dollar redevelopment, and will be further expanded under SA’s Health Care Plan to be the major referral centre for the northern suburbs, reducing the need for people to leave the area to access services.

LMH will provide a full range of major complex medical, surgical, diagnostic emergency and support services for adults, and a range of surgical and medical services for children and mothers.

Surgical services at LMH will be expanded to offer a more comprehensive service to people who live in the north, allowing them the choice to have their treatment closer to home, rather than travelling to RAH or TQEH.

The expansion will include:

- Cardiac services, including interventional cardiology
- Urology
- Ophthalmology
- Orthopaedics
- Cancer services, including radiation therapy
- Neurology
- General medicine

Mental health services will be expanded to include both adult and aged acute mental health services. Community mental health will also be expanded through the provision of a community recovery centre in the Playford area.

We will spend $202 million to further redevelop LMH. This will bring the total investment in redeveloping LMH to $336 million.
Modbury Hospital

MH will tailor its services to meet the needs of the ageing population in the north-eastern suburbs.

*Services for older people will be enhanced at MH in the areas of rehabilitation, aged care and palliative care.*

- A new specialist rehabilitation service will be established, including stroke and orthopaedic-focused care.
- New aged care assessment services will be developed.
- Palliative care services will be expanded.

*Maternity and paediatric care*

Maternity services will be relocated from MH to WCH and LMH. This move reflects the significant workforce shortages in obstetrics, and will allow for better use of existing specialist obstetrics facilities at WCH and LMH. It also reflects the current use of the obstetrics services at MH. In 2005-06, only 24% of women in the Modbury service area chose to have their babies at MH.

About 40% of women are already accessing these services at WCH, 25% at private facilities and 10% at LMH.

Ante natal and post natal care will still be available at MH. A shared care model, like the one currently in place in the western suburbs, will be developed to allow women to choose to have their ante and post natal care with their own GP or through the hospital or GP Plus Health Care Centre.

Paediatric care will also relocate to WCH.

MH’s single intensive care bed will be merged into its high dependency unit.

Mental health will maintain a strong focus at MH, however, the way this is delivered will change in line with the Social Inclusion Board’s recommendations.

* $12 million will be spent to upgrade facilities at MH to cater for its new service role.*

Western suburbs

Up to ten GP Plus Health Care Centres are being planned across Adelaide.

The Queen Elizabeth Hospital

TQEH as a general hospital will tailor its services to meet the needs of its local community and have a special focus on its ageing community. Its clinical services will include emergency services, general surgical and medical services, diagnostics, ambulatory care, high dependency and mental health services.

It will also become a site for high-volume, low-complexity elective surgery, reducing the possibility of elective surgery being cancelled in times of peak demand for emergency departments.

*Rehabilitation, aged care and palliative care*

- A new specialist rehabilitation service will be established, including stroke and orthopaedic-focused care.
- The current aged care assessment service will be expanded.
- Palliative care will be expanded to be one of three hospital sites offering fully integrated in-patient and community-based care.
- St Margaret’s will develop closer links with TQEH for the provision of rehabilitation/aged care.
Renal transplant service
The renal transplant services will transfer to Marjorie Jackson-Nelson Hospital. This is in line with its role as the provider of a range of highly complex and specialised services for the whole of the state. Figures for the renal transplant services over the past five years indicate that only 13% of recipients are from TQEH local catchment area. Dialysis services will continue to be provided at TQEH. Before the new hospital is constructed, the services will move over time to RAH, so that TQEH can take on its role in catering to its local community.

TQEH’s intensive care unit will be merged with its high dependency unit. In the future, patients requiring intensive care could be transferred to the state-of-the-art Marjorie Jackson-Nelson Hospital. TQEH will continue its strong role in cutting-edge medical research.

Southern suburbs
The state’s first GP Plus Health Care Centre has opened at Aldinga, and another centre is planned for Marion. Up to ten GP Plus Health Care Centres are being planned across Adelaide.

Flinders Medical Centre
FMC will provide a full range of major complex medical, surgical, diagnostic, emergency and support services. It will also offer surgical and medical services for children and mothers.

Current redevelopment plans over the next six years
• The intensive care unit, operating theatres and emergency department are already being redeveloped to meet the needs of the southern region and to support service consolidation.
• New facilities will be state-of-the-art.

Medical and surgical services
• Vascular surgery, ophthalmology, urology and oncology services from RGH will eventually be moved to FMC.

Mental health
The Margaret Tobin Mental Health Unit has recently been opened, providing the southern suburbs with expanded in-patient mental health services. These services will be complemented by the provision of a community recovery centre at Noarlunga.

We will allocate a further $8.7 million for additional capacity at FMC, on top of the $145 million already committed for the redevelopment.
Noarlunga Hospital

NH will enhance its capacity to provide for a broader scope of services to meet the needs of the local catchment area.

NH will continue to provide most hospital care for adults, but people requiring more complex care will continue to be referred to FMC.

**Mental health** adult in-patient facilities will continue to be provided, and community mental health services will be strengthened through the provision of a community recovery centre near the hospital, due to open in December 2007.

*More than $31.4 million will be spent upgrading NH to cater for its expanding service role.*

Repatriation General Hospital

RGH will focus on its role as a specialist hospital, providing rehabilitation, palliative care and mental health services in the southern suburbs. This means that some surgical services, the intensive care unit and some medical specialties will transfer to FMC.

The veteran population is increasingly accessing health care services closer to where they live, with a subsequent decline in the use of RGH by veterans. More than 50% of the total veteran public hospital activity occurs in hospitals other than RGH. The government will consult widely with the veteran community on the implementation of these changes.

**Rehabilitation, aged care and palliative care**

- Expanded specialist rehabilitation unit to focus on stroke and orthopaedic care
- Expanded aged care services
- The palliative care service will continue to be a specialist centre, offering fully integrated services for patients and provide support for families.

**Complex care and surgical services**

Over time, vascular surgery, oncology, urology and ophthalmology will be transferred to FMC. This will allow for an expanded orthopaedic role and for more rehabilitation services to be established at RGH.

It will offer more elective surgery in the speciality area of orthopaedics.

The most critically ill patients, who need intensive care treatment, will be transferred to FMC.

**Mental Health**

A new in-patient mental health facility for older people was opened in April 2007 to provide state of the art facilities for older people in the southern suburbs.
An essential component of this plan is Marjorie Jackson-Nelson Hospital, which will provide South Australia with the most advanced hospital in Australia.

Complementing the provision of GP Plus Health Care Centres, this new hospital will be progressed as a high priority, so that it is ready to meet demand for complex hospital care.

The design of the new hospital will allow clinicians to explore alternative models of care using world’s best practice experiences.

**The new hospital will:**

- Be the most modern hospital in Australia, optimising technology and efficiency of service delivery.
- Be the central core of South Australia’s four major hospitals.
- Incorporate all the current services at RAH and some complex services currently provided at TQEH.
- Provide a modern working environment that encourages staff collegiality and the attraction and retention of staff.
- Provide facilities that allow clinicians to maximise teaching and research opportunities.

The hospital will be central to major rail, tram, and road services, becoming a medical hub for all South Australians – city and country.
Services to be provided include:

Critical care services
- Emergency department
- Trauma
- Intensive care
- Hyperbaric medicine

Statewide services
- Burns
- Cystic fibrosis for adults
- Infectious diseases
- Renal transplant
- Major trauma
- Hyperbaric
- Spinal
- Radiation oncology

Mental health and drug & alcohol

Researching

Diagnostic services
- Medical imaging/CT/MRI
- Pathology
- Nuclear medicine
- Endoscopy
- Angiography

Medical & surgical services, including
- Cardiology/cardiothoracic
- Neurosurgery
- Vascular
- Respiratory
- Haematology, including stem cell transplant
- Colorectal
- Orthopaedic

Ambulatory care

Teaching

RAH will continue to function until the new hospital is completed.

This construction has been comprehensively costed against rebuilding RAH. The Marjorie Jackson-Nelson Hospital will cost $1.7 billion and will be open within eight years. This is also a larger site capable of expansion and will cause minimal disruption to clinicians and patients. In comparison, to ensure that RAH meets current building codes and provides a modern service to patients, the cost would be $1.4 billion and would take 15 years to complete. There would also be significant disruption to the running of the RAH over that time.

For the city of Adelaide, the new hospital will:
- Achieve remediation of a contaminated site.
- Improve access to the River Torrens.
- Continue the North Terrace upgrade with new cultural and open spaces.
- Comprise world-leading green building design to achieve the highest environmental performance in water and energy efficiency.
- Improve community access via tram and train access to the new hospital.

$1.7 billion will be spent building Marjorie Jackson-Nelson Hospital.

Country South Australia

Residents in country SA often travel to metropolitan Adelaide for routine care. SA’s Health Care Plan will develop more services at four key country locations to provide the majority of health services closer to where people live, and reduce the need for travel to Adelaide.

Country people will also benefit from an enhanced focus on early intervention and illness prevention aimed at keeping people healthy and out-of-hospital.

A SA Country Health Care Plan is being prepared to develop the detail of the improvements to services for country South Australians, and to consider what further changes should be made.
GP Plus Health Care Centres and community hospitals

Some hospitals in mid-size communities in country, rural and remote areas function as local integrated health services offering community health services, as well as providing access to emergency treatment, acute in-patient services and GP services. The SA Country Health Care Plan will provide further guidance on enhancing the capacity of these country hospitals to provide these services.

A GP Plus Health Care Centre is planned for Port Pirie, and a redevelopment of Ceduna Health Service will incorporate a GP Plus Health Care Service.

Enhanced hospitals

Four hospitals located in Berri, Mount Gambier, Port Lincoln and Whyalla will be designated general hospitals and will have their existing services expanded, so they can provide a more comprehensive range of services. This will reduce the need for patients to travel to metropolitan Adelaide, or be transferred to Adelaide for routine care.

These regional centres will be developed to manage the majority of health care needs so that only patients requiring very highly specialised or complex care will be required to travel to Adelaide.

Specialist services will be provided through country hospitals by resident and visiting specialists, supplemented by a range of other specialist services consistent with the health needs of the local community. This will include chemotherapy, dialysis and mental health services.

These four country general hospitals will continue to operate emergency departments to service their local communities as well as core services, including general medicine, aged care, palliative care, rehabilitation, paediatrics, mental health, obstetrics and gynaecology and ambulatory services, including dialysis and chemotherapy.

Maternity and paediatric services

Country general hospitals will offer a core of specialist services provided by resident and visiting specialists, covering obstetrics and gynaecological care and paediatric care. Hospital services will work closely with GP Plus Health Care Centres and primary health care teams in delivering maternity services close to home, where it is safe and practical to do so.

Local integrated health services will be equipped for the planned delivery of low-risk births.

In country South Australia, hospitals will provide paediatric services through visiting or on-site paediatricians. These hospitals may also provide some elective and emergency paediatric surgery. Port Augusta will become a key centre for Aboriginal child health.

Remote communities

Some smaller and remote communities have difficulty supporting resident general practitioner services. Where this happens, the primary care needs of the communities will be met through services staffed by resident nurse practitioners, supported by visiting general practitioners, community nurses and allied health staff. Rural and remote communities will continue to be supported by tele-medicine and the Royal Flying Doctors Service.
Conclusion

In South Australia, we’ve already begun the process of reforming our health system through GHR and South Australia’s Strategic Plan.

Now we have reached the next step – building the nation’s most advanced hospital and redeveloping our existing hospital services to provide a new model of care for all South Australians that will see us well into the future.

This document outlines the overall direction and key elements through which South Australia’s health care system will be progressed over the next ten years.

The next 12–18 months will see a period of intensive planning with clinicians and our partners across the system to realise the directions and the vision of improved health services for all South Australians.

All South Australians deserve access to quality, safe, complete and affordable health care – this plan will achieve that.
## Appendix 1

### Clinical service delivery matrix

The matrix below shows planned changes in clinical service delivery by 2016 for all metropolitan hospitals and the four general hospitals in country areas.

<table>
<thead>
<tr>
<th>SERVICE DELINEATION BY CLINICAL SPECIALTY</th>
<th>Flinders Medical Centre</th>
<th>Norville Hospital</th>
<th>Repatriation General Hospital</th>
<th>Women’s &amp; Children’s Hospital</th>
<th>Lyell McEwin Hospital</th>
<th>The Queen Elizabeth Hospital</th>
<th>Lyndsay Hospital</th>
<th>Mount Gambier</th>
<th>Pt Lincoln</th>
<th>Whyalla</th>
<th>Berri</th>
<th>Glenelg</th>
<th>St Margarets</th>
<th>Hampstead</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL SUPPORT SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaesthetics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperbaric Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Theatres</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURGICAL SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac &amp; Cardiothoracic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gynaecology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head and Neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopaedic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transplant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GenMed/Imm/Allgy/Infect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrinology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gerontology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastroenterology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haematology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dialysis services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAEDIATRIC SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATERNAL AND NEONATAL SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Appendix 2

## Service movements and capital developments

The table below details an indication of timeframes within which it is expected that changes to roles and delineation for each hospital will occur. The timing of the capital developments required to facilitate the movements of activity is also shown in the table.

<table>
<thead>
<tr>
<th>Health facility</th>
<th>First year 2007-08</th>
<th>Two – three years 2008-09 to 2009-10</th>
<th>Four – five years 2010-11 to 2011-12</th>
<th>Six – seven years 2012-13 to 2013-14</th>
<th>Eight – nine years 2014-15 to 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Adelaide Hospital (RAH)</td>
<td>Renal transplant moves from TQEH.</td>
<td>Ward upgrades for an additional temporary 100 beds.</td>
<td>ICU/HDU changes completed progressively as LMH complexity grows.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Renal transplant moves to RAH.</td>
<td>Inpatient building and car park complete.</td>
<td>Rehabilitation service commences.</td>
<td>Stage two completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master plan development finalised.</td>
<td>20 mental health aged care acute beds transferred from Oakden.</td>
<td>Additional elective surgery commences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Queen Elizabeth Hospital (TQEH)</td>
<td>Paediatric ward upgrade completed.</td>
<td>Oncology and ophthalmology services transfer from RGH.</td>
<td>Theatres, ED, short stay and ICU redevelopment completed.</td>
<td>Ward upgrades completed.</td>
<td></td>
</tr>
<tr>
<td>Flinders Medical Centre (FMC)</td>
<td>Cardiac catheter lab opened and existing ICU capacity utilised.</td>
<td>Cardiac services to expand.</td>
<td>ENT, urology and ophthalmology to be progressively increased.</td>
<td>Obstetrics service grows and orthopaedic, neurology, palliative care and general medical increase.</td>
<td>Stage three completed.</td>
</tr>
<tr>
<td>Lyell McEwen Hospital (LMH)</td>
<td>As space becomes available services will grow through the progressive transfer of services from TQEH and RAH</td>
<td>Cancer services to be established.</td>
<td>30 additional mental health beds and 30 extra general medical and surgical beds become available.</td>
<td>70 new beds built to meet increased local demand.</td>
<td>Construction for additional 50 beds in progress for completion 2016-17.</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Repatriation General Hospital (RGH)</td>
<td></td>
<td>Potential for orthopaedics to increase in volume.</td>
<td>Expand rehabilitation services.</td>
<td>Vascular and urology services transfer to FMC.</td>
<td></td>
</tr>
<tr>
<td>Modbury Hospital</td>
<td></td>
<td>Paediatric activity transfers to WCH and LMH. Obstetrics services transfer to WCH and LMH. Additional elective surgery commences.</td>
<td>Establish rehabilitation service and begin expansion of palliative care services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noarlunga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Redevelopment of day surgery and other support facilities completed.</td>
</tr>
<tr>
<td>WCH</td>
<td></td>
<td>Modbury paediatric work transfers. Modbury obstetric work transfers. Northern obstetrics transfers to LMH.</td>
<td>Complex children’s services consolidate at WCH.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hampstead Rehabilitation Centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Margaret’s</td>
<td></td>
<td>Potential for St Margaret’s beds to transfer to TQEH. Site used for alternative service.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marjorie Jackson-Nelson Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marjorie Jackson-Nelson Hospital opens</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td>Ceduna Hospital / GP Plus redevelopment complete.</td>
<td>Port Pirie GP Plus complete.</td>
<td></td>
</tr>
<tr>
<td>New Forensic Centre</td>
<td></td>
<td></td>
<td>New forensic facility occupied.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health facility</td>
<td>First year 2007-08</td>
<td>Two – three years 2008-09 to 2009-10</td>
<td>Four – five years 2010-11 to 2011-12</td>
<td>Six – seven years 2012-13 to 2013-14</td>
<td>Eight – nine years 2014-15 to 2015-16</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Glenside Hospital</td>
<td>20 beds transfer to Playford CRC, 20 beds to Mile End CRC and 20 beds to Northern CRC.</td>
<td>Intermediate care facilities completed at Glenside and western suburbs. New rural and remote and secure rehab facilities complete. Intermediate care facilities completed in the northern and southern suburbs.</td>
<td>New DASSA facility complete Perinatal and acute facilities completed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP Plus Health Care Centres</td>
<td></td>
<td>Elizabeth and Marion open.</td>
<td>Planning for additional GP Plus Health Care Centres,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community mental health centres</td>
<td></td>
<td></td>
<td>Six centres available.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Where can I find out more?

Visit www.health.sa.gov.au