

19 August 2016
Hon. Jack Snelling MP
Minister for Health
GPO Box 2264
Adelaide SA 5000

Dear Minister

**Proposed relocation of rehabilitation services from Hampstead Rehabilitation Centre (HRC)
to The Queen Elizabeth Hospital (TQEH)**

We received a letter dated 6 June 2016 from Ms Julia Squire Chief Executive Officer, Central Adelaide Local Health Network (CALHN), advising that further staff and community consultation was occurring in relation to the transfer of rehabilitation services from HRC to TQEH, with a number of options for therapy space being explored. This was in response to our correspondence to you on 12 May 2016.

We now write to provide you with an update on the further consultations that have taken place and our assessment of the new options for therapy space.

Our overarching concern is that it is unlikely that these any of the proposed changes could result in anything other than a substantial downgrading of rehabilitation services in CALHN. While not writing on behalf of any other professional association, we understand that other allied health professions share similar concerns.

Renewed consultation process and revised set of infrastructure options

On the 7th July Ms Julia Squire (CEO CALHN) and Mr Brenton Hewitt (Executive Director Infrastructure, SA Health) convened staff forums at TQEH and HRC to present a summary of consultations made to date and to outline revised options for new building works and refurbished ward space at TQEH.

Ms Squire reported that regular consultation meetings had already taken place over many weeks with senior medical staff based at HRC and TQEH. Nine options had now been put forward for rehabilitation space at TQEH, four of which had been presented previously.

Each of the options vary according to:

- the location of ward space for the Brain Injury Rehabilitation, Spinal Injury Rehabilitation and Geriatric Evaluation Units (in various combinations of South Ground, North-East Ground and North Ground); and
- the location of new ward space for a new Palliative Care Unit (as a new floor to be built on either the existing Allied Health and Rehabilitation Building or on the proposed new building for the hydrotherapy pool and Spinal Injury therapy.)

The revised plans also include increased floor space for the provision of therapy for spinal injury patients, and identified recreation space in the former Maternity Building.

Ms Squire suggested a further option of relocating just general rehabilitation in the first instance, and the two State-wide services would move at a later stage, to provide more time to work through their specific needs.

Ms Squire also used the forums to invite questions and comments from staff, both at the forums and in writing. The APA understands that CALHN physiotherapists have since submitted a number of responses.

Summary of APA position, as expressed previously

In our previous letter to you we outlined our position, listing several concerns and offering to work collaboratively with planners to help ensure the new facilities support best practice rehabilitation services.

The following summary is provided to reiterate our position:

- The APA supports in principle the collocation of rehabilitation services on acute sites and specifically the transfer of rehabilitation services from HRC to TQEH as a potential enabler of greater efficiency and patient-centredness.
- However, the APA, along with organisations representing members of other disciplines, has remained seriously concerned since the initial plans were released about the limited scale of the facilities proposed, in particular with respect to therapy space and 'blue space' allocated to allied health staff. There has been little mention of blue space during consultations to date, apart from a view that there should be adequate blue space in the Allied Health and Rehabilitation (AH&R) Building for the staff who will transfer from HRC. However, this building does not have sufficient floor space to accommodate approximately 140 rehabilitation staff who will require it, as well as the acute and ambulatory staff who are currently accommodated within this building.
- Further to the concerns about floor space mentioned above is a deep concern about the functional proximity of therapy space and blue space to each of the respective rehabilitation wards. While the AH&R Building is adjacent to the South Wards at TQEH, there is no lift where the two buildings meet, and the journey between Ward South 1 and the Physiotherapy gym in the AH&R Building is long and convoluted. There are a few options, the shortest requiring the negotiation of several security doors, two waiting areas and the lift at the far end of the AH&R Building. This journey, for all but the fittest patients (who would usually be approaching discharge) will therefore require the assistance of orderlies.
- Currently at HRC, many patients make the journey between their ward and the Physiotherapy gym (and other therapy) themselves, augmenting their therapy and fostering their independence. Apart from the impact on patient care, increased reliance on orderly services will also involve significantly increased recurrent costs, if therapy is not to be compromised by staff attempting to provide more of it in the ward rather than in the gym, where key equipment and multiple staff enable best practice therapy.
- The significant reduction in inpatient rehabilitation beds demands maximum efficiency and effectiveness in the rehabilitation provided in the remaining beds. Currently the size of the therapy spaces for all rehabilitation wards (even after taking into consideration the increased dimensions of therapy space for spinal injury rehabilitation) and the proximity of the proposed therapy space for general rehabilitation patients to their proposed ward, are not suitable to meet this need.
- The APA is satisfied that while significantly smaller than the existing pool at HRC, the proposed pool at TQEH will be fit for purpose.

We also proposed the following:

- Refitting of the ground floor of the AH&R Building for ambulatory therapy.
- Development of a separate therapy area for the delivery of general rehabilitation, ideally through building an additional floor on the new building proposed for hydrotherapy and a spinal injury therapy, or alternatively through refitting level 1 of the AH&R Building. The latter would depend upon suitable alternative accommodation being provided for the Allied Health staff currently based in this area, preferably by building an additional level on the AH&R Building.

- Ensuring wards and therapy areas for spinal injury rehabilitation and brain injury rehabilitation inpatients are custom-built, to meet the highly specialised needs of these state-wide services. Because of the specific needs of brain injury patients, therapy facilities of adequate dimensions must be located on the ward.

APA response to the revised plans

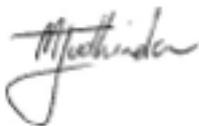
- The APA applauds the recommencement of consultations in relation to the proposed transfer of rehabilitation services from HRC to TQEH, remains supportive of the transfer in principle and acknowledges that increased therapy space for spinal injury rehabilitation and the allocation of space for recreation facilities are steps in the right direction.
- The APA remains concerned however about all of the issues described in the previous section.
- The APA is dismayed that, during the extended consultations that took place prior to July, there was inadequate opportunity for physiotherapists and other allied health staff to discuss the key factors needed for rehabilitation services to meet the needs of consumers in the years ahead. There has not been appropriate opportunity to evaluate the potential effects of the proposed reduction in inpatient bed numbers, and in facilities provided at TQEH, on rehabilitation services in CALHN. Our concern is that it is unlikely that these changes could result in anything other than a substantial downgrading of rehabilitation services in CALHN.
- The APA is also disappointed that none of the points raised in our previous letter have been addressed in a material way. Apart from the increased therapy space for spinal injury therapy (already flagged at the time of our last letter), there seems to have been no modification of the plans to provide adequate areas for therapy and blue space, and closer proximity of such space to the corresponding ward for each of the respective teams. Only after specific questions were asked during the staff forums on 7 July was it revealed that the planners are open to considering refurbishment of the existing AH&R Building and installation of a lift between the South wards and the AH&R Building. Whilst it is somewhat reassuring that future planning could potentially encompass these needs, for the reasons described above, a simple refurbishment will not suffice.
- The expansion of the list of options to nine may give an impression of an abundance of choice, however it needs to be noted that none of these options address the concerns the APA raised previously (in particular in relation to therapy space). Our position remains that none of these options are suitable.
- The APA reiterates its recommendation that therapy space for general rehabilitation be created through the additional of another floor above the proposed building for hydrotherapy and spinal injury therapy (i.e., just across the Level 1 'Pedestrian Street' from Ward South 1). The APA believes this area, if equivalent to the combined area of the proposed hydrotherapy facility and spinal therapy area, may be sufficient not only for therapy space but also for blue space and consultation rooms for general rehabilitation, and perhaps even for one or both of the other rehabilitation teams.
- The APA notes that the addition of another floor on the proposed new building is technically feasible. A number of the nine proposed options include a new palliative care ward as an additional floor above this building. If instead the planners choose refurbishment of Level 1 of the AH&R Building for general rehabilitation therapy needs, alternative accommodation for the staff who currently use this area would need to be provided. The APA believes this would be best created through the addition of another floor on the AH&R Building. Refurbishment of the ground floor would also need to be considered to allow for occupational and speech therapy needs of ambulatory patients, as the existing therapy facilities on Level 1 will not be adequate for both inpatients and ambulatory patients.

- Whichever option is chosen, each rehabilitation team must be provided with both adequate floor area for therapy, and close physical proximity between therapy space, blue space and the corresponding ward. A more-widely understood application of this key design principle is in the area of kitchen design, where there needs to be an even, close spatial relationship between stove, refrigerator and sink. In the same way, therapy space and blue space need to be close to each other and to the ward.
- The proposed recreation facilities at the new TQEH site, which are intended to replace the existing recreation facilities currently located in the PE gym at HRC, are also inadequate. The floor space designated for recreation facilities at TQEH is a fraction of what is currently available at HRC and will be too small to accommodate many activities such as learning wheelchair skills and sports or upper limb strengthening. These activities would therefore need to be undertaken in general therapy space, in particular the therapy space for spinal injury rehabilitation. The APA already believes the therapy space proposed for spinal injury is inadequate, without being compounded by the need to use it for recreation space as well.
- Finally, the APA would regard the idea of relocating general rehabilitation at an earlier stage than the two State-wide services as being entirely unacceptable for two reasons. Firstly, this would involve a delay to the new building works (which includes the new hydrotherapy facility), thus denying general rehabilitation patients access to hydrotherapy. Hydrotherapy is more than a mere adjunct to therapy. It is an integral component of rehabilitation physiotherapy, and is necessary for best practice rehabilitation and efficacy of outcomes. Secondly, it would split the rehabilitation workforce, eliminating the efficiencies of cross-unit redeployment at times of short-staffing and, more importantly, create an unsafe situation for spinal injury staff who would then be working in isolation in the Therapy Complex.

In summary, the APA remains supportive in principle of the proposed transfer of rehabilitation services from HRC to TQEH and welcomes the re-established consultation process. However, we remain concerned about some key issues, in particular the inadequate floor space for therapy and blue space, and the inadequate proximity of both of these functions (for each of the three rehabilitation teams) to the corresponding ward.

Notwithstanding these concerns, the APA reiterates its interest in working constructively with the planners to ensure that the future facilities at TQEH are fit for purpose in supporting best practice services for future rehabilitation patients.

Yours sincerely



Martin van der Linden
President
APA (SA) Branch

CC: Chief Allied Health and Scientific Advisor Catherine Turnbull
Hon. Stephen Wade MLC – Shadow Minister for Health