19 February 2014

Hon. Rob Lucas MLC
Shadow Minister for Health
North Terrace
Parliament House
Adelaide SA 5000

Dear Shadow Minister,

The Australian Physiotherapy Association represents nearly 15,000 physiotherapists including some 1400 in South Australia. Physiotherapists work across the whole spectrum of the health sector, including public hospitals and clinics, and private practice, as well as across a range of areas including pediatrics, rehabilitation, neurology and women’s health.

Our members have identified the priority areas for physiotherapy, and are seeking commitments on these issues from the Australian Labor Party, the Liberal Party and the Greens as a component of our 2014 South Australian election advocacy.

The issues and their corresponding questions are as follows:

**Advanced and Extended Scope of Practice for Physiotherapists**

Q. Will the Liberal Party continue its commitment to develop advanced and extended scope of practice roles by funding these roles within SA Health consistent with the May 2013 Policy Directive: “Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health”?

**Physiotherapists in Emergency Departments**

Q. Will the Liberal Party commit to fund these extended scope physiotherapy roles in Emergency Departments across SA Health as supported by recommendations from the Health Workforce Australia project?

**Spinal Assessment Service**

Q. Will the Liberal Party commit to recurrent funding for the Spinal Assessment Clinic?

**Recognition of Skills and Training**

Q. Does the Liberal Party support in principle, direct referrals to selected medical specialist services and limited prescribing rights for appropriately credentialed physiotherapists.

**Public Sector Career Pathways for Physiotherapists**

Q. Does the Liberal Party commit to recognition of experienced, post-graduate qualified physiotherapists working in the public system through appropriate remuneration?

Q. Will the Liberal Party commit to reviewing employment arrangements of public sector physiotherapists to provide for more opportunities for career advancement and recognition?
Physiotherapy Funding
Q. Will the Liberal Party commit to providing increased funding and therefore increased access to physiotherapy services in SA hospitals, country health and community health settings?

New Royal Adelaide Hospital
Q. Will the Liberal Party commit to increasing the number of physiotherapists employed at the new RAH to reflect the increase in the hospitals functioning capacity?
Q. Will the Liberal Party commit to providing the same level of outpatient services either at the new RAH, or at an appropriate ambulatory care facility within the current catchment area?

Stroke Rehabilitation
Q. Will the Liberal Party commit to providing increase rehabilitation services to allow stroke survivors to access appropriate rehabilitation?

Children with Mild to Moderate Disabilities
Q. Will the Liberal Government commit to ensuring, throughout the roll-out period and transition to NDIS, children with disabilities will continue to be able to access the government subsidised services they require until such time as they are registered with the NDIS.

A brief summary on each of the above issues are attached with this letter.

The responses received by Wednesday, 12 March 2014, will be emailed unedited to our 1400 Branch members, to provide them with the views of the parties pertaining to physiotherapy. Please limit your responses to 750 words and do not hesitate to ask for more information by telephoning the SA Branch on 83621355 or emailing our Branch Manager at Carolyn.coleman@physiotherapy.asn.au.

Thank you for your time and consideration of our questions and we look forward to receiving the Liberal Party response.

I would also like the opportunity to meet with you or the respective portfolio spokesperson after the election to further discuss the issues we have raised with the Liberal Party and will therefore be in touch again in due course.

Yours sincerely,

Paul Wilcock
President
APA (SA) Branch

Cc: SA Liberal Leader, Hon Stephen Marshall MLA
Advanced and Extended Scope of Practice for Physiotherapists

The recent SA Health Policy Directive: ‘Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles, May 2013’ outlines the roles, responsibilities, processes and systems to be used by health services and across all professional groups when reviewing or considering advanced or extended scope of practice roles in SA Health.

The policy acknowledges that “advanced and extended scope of practice roles contribute to the achievement of a flexible, sustainable, responsive and adaptable workforce that delivers quality clinical and safe patient outcomes. It recognises that no single health care provider or service model can adequately meet the complex requirements of today’s health care consumers and that Health services must consider the impact of advanced or extended scope of practice roles on the professional boundaries across disciplines in conjunction with any potential disinvestment in components of existing roles including where efficiencies will be achieved. New service delivery models require the exploration of the efficiencies and effectiveness to be gained by expanding levels of autonomy, skill and clinical judgment and decision-making in advanced or extended scope of practice roles.”

There are already a number of advanced practice and/or extended scope roles being provided by Physiotherapists in the public hospital system across Australia, and there remains much potential for increasing and developing these further.

Existing roles for physiotherapists include PT’s in Emergency Departments, spinal assessment and arthroplasty clinics. In these roles, physiotherapists have demonstrated they are cost effective and improve patient access, care and outcomes. Future tasks could potentially involve ordering imaging, prescription of pharmaceuticals, injection procedures and referral to medical specialists.

Q. Will the Liberal Party continue its commitment to develop advanced and extended scope of practice roles by funding these roles within SA Health consistent with the May 2013 Policy Directive: “Governance Framework for Advanced Scope of Practice and Extended Scope of Practice Roles in SA Health”?

Physiotherapists in Emergency Departments

Many musculoskeletal injuries and complaints slow down patient flow in the Emergency Department and take medical and nurse practitioner staff away from more serious problems that they are ideally trained to diagnose and treat.

Physiotherapists are trained to diagnose and treat soft tissue injury, acute back pain and un-displaced fractures. They are also ideally placed to assess and identify more complex trauma and refer it on appropriately.

SA Physiotherapists have, at varying times over the past 4 years, had limited opportunities to work in Emergency Departments at the FMC, QEH and LMH, where they have demonstrated their efficacy and safety in the management of musculoskeletal presentations.

Currently the only extended scope of practice role performed by physiotherapists in the Emergency Department setting within SA Health is at Flinders Medical Centre.
While states such as Queensland and Victoria have made major commitments to reducing waiting lists and increasing efficiency in their respective health systems by encouraging advanced roles for physiotherapists, in SA it has been a very slow progression in relation to funding, developing and expanding the roles of physiotherapists in triaging and treating patients.

As a result South Australia is definitely lagging behind other States in regard to innovation in reducing Emergency Department waiting times. The States that have implemented and then expanded such schemes have achieved reduced waiting times and Emergency Department efficiency.

Emergency Departments across SA Health will continue to struggle to meet the National Emergency Access Target of 4 hours. States such as Western Australia, Queensland and Victoria have identified the opportunity presented by expanding the scope of practice within Emergency Departments to help meet those targets. South Australia has not embraced this innovation.

Health Workforce Australia has undertaken a nationwide project to examine the effectiveness of Expanding the Scope of Practice for Physiotherapists in the Emergency Department. This was selected as one of four expanded scope role, as there was already a growing body of evidence to support its effectiveness as a service. Trial sites across Victoria, Queensland, South Australia (Flinders Medical Centre) and the Northern Territory have been involved. A workshop will be held in Adelaide in April 2014 to disseminate the positive results and make recommendations.

Q. **Will the Liberal Party commit to fund these extended scope physiotherapy roles in Emergency Departments across SA Health as supported by recommendations from the Health Workforce Australia project?**

**Spinal Assessment Service**

Each year, the Spinal Assessment Clinics (SAC) at the Royal Adelaide Hospital, Queen Elizabeth Hospital and several GP+ sites provide outpatient services to more than 1000 South Australians in need of assessment for spinal disorders and neck and back pain. Led by physiotherapists, these clinics thoroughly assess patients to allow either surgical triage, or make recommendations to assist GPs manage their patients’ in the community. This clinic reduces the number of patients (< 10%) who require a subsequent consultation with an Orthopaedic Surgeon, thus providing a more effective and cost efficient service to all South Australians.

Despite being in its 8th year of temporary funding, the (SAC) has developed to a multi-site state wide service, embracing ambulatory reforms and new models of healthcare such as telehealth. It is of great concern to the APA that the future of this service, which has had such obvious success in reducing surgical outpatient waiting lists, remains uncertain beyond the end of this financial year. This uncertainty places pressure on the service which, as a result, is left without the capacity for any long term planning and staffing succession. If its funding was to be cut or reduced, this would only increase surgical outpatient waiting lists (currently over 3000 new patient referrals per year). The APA is keen to ensure that proven innovations in health workforce roles, such as the (SAC), are supported with sustainable funding, in order to provide better services to South Australians.

Q. **Will the Liberal Party commit to recurrent funding for the Spinal Assessment Clinic?**
Workforce

Recognition of Skills and Training
Within the primary health care context, physiotherapists provide treatment as first contact practitioners. They can effectively assist with provision of primary health care with savings accruing from hospital avoidance, by adequate and appropriate service provision across the public / private sectors.

The APA nationally through its ‘Pre budget Submission’ is campaigning for direct referrals to selected medical specialist services and limited prescribing rights to streamline the patient journey and reduce costs. Governments around the country will be asked to recognise and support this.

Q. Does the Liberal Party support in principle, direct referrals to selected medical specialist services and limited prescribing rights for appropriately credentialed physiotherapists.

Public Sector Careers
Within the Public sector setting, the APA would like an assurance that physiotherapists will be able to maintain services to the community in an efficient and effective manner.

All areas of the public health system consistently have difficulty in recruiting and retaining experienced staff due to the limitations of a flat career structure and no mechanism for physiotherapists with post graduate qualifications, research or experience in advanced practice to be remunerated to reflect that. High turnover of staff costs the system. The lack of recognition also results in a disproportionate number of physiotherapists in the public system being junior, or having less than three years experience.

Short term contracts in public hospitals also hamper the ability to attract and retain needed health professionals in areas of growing demand.

If the South Australian health system adequately recognised the skills, training, education and experience of physiotherapists by providing a career path and remuneration for senior clinicians, retention would not be such a problem. Increased numbers of advanced and extended Scope Physiotherapy jobs in specifically funded services would not only enhance SA health care, but also achieve savings accrued from better utilisation of Physiotherapists skills.

The APA recognises that since 2010, under the South Australian Public Sector Wages Parity Enterprise Agreement, there has been a process for peer assessed progression from AHP1 to AHP2, however what is now needed is a similar process for peer assessed progression to senior clinician (AHP3).

Q. Does the Liberal Party commit to recognition of experienced, post-graduate qualified physiotherapists working in the public system through appropriate remuneration?

Q. Will the Liberal Party commit to reviewing employment arrangements of public sector physiotherapists to provide for more opportunities for career advancement and recognition?

Physiotherapy Funding
There has been ongoing public acknowledgement that Allied Health, including physiotherapy at the existing SA Health hospitals is chronically underfunded with resultant workforce shortages. This particularly a major concern in at the Lyell McEwen Hospital where staffing levels are poorest and
population growth is largest. Furthermore, the SA Health Plan is to shift many services to the Lyell McEwen.

In addition, it is in the country areas where there are the greatest gaps in physiotherapy service access for the public. Physiotherapy funding and recruitment and retention issues are a real concern in Country Health SA.

Community is another glaring deficit for physiotherapy with minimal services. The overall lack of physiotherapy services in community health settings across SA, limits the ability to manage patients with chronic disease such as arthritis, diabetes, osteoporosis and respiratory disease in the community. This will continue to place additional demands on all existing hospital outpatient services, until alternative physiotherapy services are provided at community health centres such as GP Plus.

Q. Will the Liberal Party commit to providing increased funding and therefore increased access to physiotherapy services in SA hospitals, country health and community health settings?

Health Service Planning

New Royal Adelaide Hospital
The new Royal Adelaide Hospital is a significant change to health service delivery in South Australia.

The current Government states publicly and on the RAH website, that “the new hospital will be the State’s flagship hospital providing a comprehensive range of tertiary level care and state-wide services to patients. It will have additional 120 bed capacity with more operating theatres and procedural rooms, more intensive care beds and a significant increase in emergency care, thereby providing an overall 30% increase in capacity for patients throughout the hospital.

Clinical staff who work at the existing RAH who will transfer to the new hospital, and more staff will also be recruited as the new hospital will have significantly more capacity than the existing facility. In addition, all services provided at the existing RAH will transfer to the new hospital when it opens in 2016.”

The APA is keen to ensure that all current inpatient physiotherapy services and the related workforce are not only transferred to the new RAH, but expanded upon to meet the increased demand for physiotherapy services throughout the hospital.

Physiotherapy also requires a dedicated space in the new hospital to function as a discipline which is so important for clinical governance, including the provision of effective and timely professional supervision – this space is not guaranteed in the new RAH.

Physiotherapists at the RAH currently provide outpatient services for patients from the local catchment area, who are unable to afford private physiotherapy.

The APA is keen to ensure there is no overall reduction in the provision of outpatient services currently provided at the RAH, whether they are located at the new hospital or situated elsewhere at ambulatory care centres within a central catchment area.

Q. Will the Liberal Party commit to increasing the number of physiotherapists employed at the new RAH to reflect the increase in the hospitals functioning capacity?
Q. Will the Liberal Party commit to providing the same level of outpatient services either at the new RAH, or at an appropriate ambulatory care facility within the current catchment area?

Stroke Rehabilitation
National stroke foundation guidelines recommend that all patients, including those with severe stroke who are not receiving palliative care, should be assessed by a specialist rehabilitation team regarding their suitability for ongoing rehabilitation.

Audit reveals that this does not happen as there is an insufficient supply of suitable rehab services (inpatient, ambulatory or home-based) so inpatient acute stroke teams pre-select patients they refer for rehabilitation assessment. This results in significant hidden demand for rehabilitation services.

Q. Will the Liberal Party commit to providing increase rehabilitation services to allow stroke survivors to access appropriate rehabilitation?

Children with Mild to Moderate Disabilities
The National Disability Insurance Scheme (NDIS) is being introduced in age-related stages.

From 1 April 2014, the age limit in South Australia will be extended to 0-5 (up to age 6), and from 1 July 2014, children in South Australia up to 14 years of age will be covered. Roll out of the full scheme nationally will commence progressively from July 2016.

Q. Will the Liberal Government commit to ensuring, throughout the roll-out period and transition to NDIS, children with disabilities will continue to be able to access the government subsidised services they require until such time as they are registered with the NDIS.