

Transition of services from central to northern Adelaide

Context

South Australia's Health Care Plan 2007-2016 (SAHCP) identified the need for transformation of health services in metropolitan Adelaide to address, among other things, the growth in population and increasing demand for services in Adelaide's north. Part of this transformation has included the refocus of the Lyell McEwin Hospital (LMH) from a 'community hospital' to become one of the three major adult tertiary hospitals servicing the SA community.

The Government has committed significant resources to the ongoing redevelopment of LMH which will see an additional 124 beds (inclusive of 96 general and 28 specialist type beds) and associated infrastructure to support the projected increase in activity.

A staged transition for the opening of the beds is underway, with the first tranche of 24 medical beds opened in July 2013. The remainder of the beds will be phased in over the next three to 18 months on the basis of agreed clinical service transition plan between Central and Northern LHNs.

The majority of clinical activity realignment will occur between the Royal Adelaide Hospital (RAH) and The Queen Elizabeth Hospital (TQEH) to LMH and/or Modbury Hospital. The planning of the realignment is being undertaken collaboratively between Central and Northern Adelaide Local Health Networks and has relied heavily on consultation with clinical staff.

It is anticipated that the expansion of clinical services which have been planned to be staged over the next two years within the north, and in particular the LMH, will provide people in the north much needed access to services closer to home rather than having to travel to the RAH or TQEH.

The priority clinical areas identified have included:

- Cardiology
- Respiratory
- General Medicine
- General Surgery
- Vascular
- Orthopaedics
- Stroke/Neurology
- Rehabilitation
- Gastroenterology

What northern services have changed/extended?

There have been expansions to cardiology, general medicine, respiratory and neurology services. This will allow more patients who live in the local area to receive health care at the LMH rather than having to travel to the RAH or TQEH.

What does this mean for northern patients?

The expansion of services means that more patients will be able to receive health care in their own community, instead of needing to travel to hospitals outside of the area. The expansion also means a higher level of care can be provided to patients at LMH, decreasing the need for patients to be transferred to another hospital.

Extremely complicated cases and some emergency cases may still need to be seen at the RAH as it remains the State's main trauma hospital.

What does this mean for the RAH and TQEH hospitals in Central Adelaide?

Central Adelaide Local Health Service will maintain the range of services across its hospitals but will now be able to concentrate more fully on providing these services for the local community.

Why has this come about?

South Australia's Health Care Plan identified the LMH, along with the RAH and Flinders Medical Centre, as the three tertiary-level hospitals within the metropolitan area. The LMH has undergone major redevelopment works to increase its capacity and ability to provide more and higher level (more specialised) care to its local population. These redevelopment activities are now nearing completion and services are progressively commencing in a staged way at the LMH.

What other northern services are planned for transfer/expansion in the future?

In July 2013 the LMH opened a new \$51.8 million, 96-bed inpatient building immediately boosting hospital capacity by an additional 24 beds.

The remainder of the beds in the new building will be phased in over the next 12-18 months to support the additional refurbishments for the existing wards within the hospital.

This will allow for the transition and expansion of a range of additional services at LMH, including additional operating theatres and surgical services, an expansion of medical services, an expanded Intensive Care Unit, services for women and children (including more neonatal special care nursery cots), a new and expanded Paediatric Ward, a new Women's Assessment Unit and expanded services to support imaging, pharmacy and pathology.

Planning is also currently underway for the expansion of services associated with Orthopaedics in the near future. The outcome of this planning will result in more patients who live in the north or surrounding areas being able to access these services 24 hours, 7 days a week

What impact will this have on the local communities?

The northern community will be able to access spacious, state-of-the-art-facilities in the new and refurbished areas of the LMH. Expanded and new services will mean more northern residents will receive health care in their local community.

In Central Adelaide, the local community will continue to have access to all existing services at both the RAH and TQEH.

What does this mean for country patients?

Many country patients already go to the LMH for their care and this is expected to continue. In particular, patients living in the Gawler, Barossa and areas in South Australia's lower-north will now increasingly be able to receive care within the north reducing the travel time for those formerly sent to central Adelaide.

I'm a northern GP, can I still refer patients to other hospitals?

General Practitioners are encouraged to direct their referrals to the most appropriate location for the care their patient requires. In many instances given the enhanced clinical service provisions that will be available at LMH, this care may now be managed in the north.

Senior clinical staff will continue to review all referrals received at RAH, TQEH, LMH and Modbury to triage patients. In some instances where patients have been referred to RAH or TQEH, discussions will occur with the referring General Practitioner about the opportunities for transferring the referral to LMH in order to facilitate the transition.

Along similar lines, some patients referred to northern hospitals may be identified as needing a highly specialised service or care which is not provided locally and may still need to be sent to the RAH or TQEH. In all such cases discussions with GPs will ensure these patients are referred to the most appropriate location.

For more information please visit the following link:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+services/outpatient+services/outpatient+clinics>

Can I still see my Doctor at the RAH / TQEH?

Patients currently receiving their care at the RAH or TQEH can continue to be seen by their treating clinician, until such time as that clinician believes that patient can be discharged from their care back to their GP.

Decisions to transfer the care of existing patients at the RAH and TQEH to the LMH or Modbury Hospital will be made by clinicians in conjunction with patients.

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