

O'Brien Street Practice Relocation

Report and Recommendations

Prepared by Professor Judith Dwyer AM for the Minister for Health and Wellbeing and the Central Adelaide Local Health Network Board

Adelaide, September 2022

O'Brien Street Practice Relocation: Report and recommendations

This paper reports on an enquiry into concerns arising from the need to relocate the O'Brien Street Practice, and uncertainty about new premises and ongoing services. It presents a summary of the current situation; priorities for the required resolution; and recommendations.

It was conducted during late August and early September 2022. It has been undertaken at the request of the Minister for Health and Wellbeing, the Hon. Chris Picton, and with authorisation by the Central Adelaide Local Network (CALHN) Board. The Minister asked me to:

- Invite stakeholder representatives to talk with me about their priorities and concerns
- Engage with the relevant CALHN and Department of Health and Wellbeing (DHW) staff to clarify options
- As needed, conduct a meeting of stakeholders to discuss possible locations and arrangements for the future and for the transition period
- Recommend a course of action to the Minister and the CALHN Board.

There is some urgency as the Practice is currently on a periodic (monthly) tenancy following the expiry of its lease. I have held discussions with 24 stakeholders, who were approached on the basis of their expertise and roles in the sexual health sector and as advocates for the LGBTQI and HIV-positive communities. The group included interested elected representatives in state and local government and O'Brien St patients. I also attended two online meetings (hosted by CALHN staff): one with patients and one with interested stakeholders.

I am grateful for the generosity of those with whom I have spoken and corresponded in sharing their expertise and experience; to CALHN staff who worked with me on the organisation of meetings and access to information; and to staff in DHW and the Minister's office for their assistance.

THE CURRENT SITUATION

1. It is not feasible for the Practice to remain at O'Brien Street

The DHW Director of Property has advised that it is not possible for the Practice to remain in its current building in the medium- or long- term. There are several reasons:

- The building is old, and there are basic structural problems that have not been addressed
- The current fit-out is also old and not in keeping with modern healthcare standards
- Any lease negotiations would be on 'as is' basis, and upgrading (for IT and other problems) is estimated to require an investment of at least \$1.5M, without including the cost of structural fixes
- In any case, the building does not have a long-term future.

2. The Practice needs certainty about the future

People living with HIV have a life-long condition and many have complex health care needs. The experience of patients who acquired the virus decades ago has been difficult, complicated by discrimination, loss of loved ones, impacts on their earning capacity and side-effects of early and

current treatment. Patients also include people of diverse backgrounds who are at risk of contracting HIV. For all patients, confidentiality and privacy are important, as is access to knowledgeable, skilled practitioners with training and commitment to this area of care.

The employed staff at the Practice are 1 fulltime receptionist and one administrator (0.4fte), one nurse (0.7fte) and one Senior Medical Practitioner (0.4 fte) who also acts as the medical practice coordinator. Some management and administrative tasks are undertaken offsite by other staff working in CALHN's Integrated Care Division (estimated at 0.6fte). There are currently 7 independent practitioners (who bill Medicare for their services) and an average of 14 sessions are offered for patients each week (1.4 fte approximately). The clinical workforce is made up of general practitioners (including drug and alcohol- and counselling- focused), a psychiatrist, a psychologist and a sexual health specialist. The level of clinical staffing has declined over several years (from 14 independent practitioners in 2017-18 to 7 in 2021-22).

The reduction in independent practitioners is due partly to the effective freeze on Medicare rebates in recent years which has also affected General Practice more broadly. A decision was made to conduct all consultations via telehealth during the COVID peak in January-March 2022, effectively closing the Practice to intending new patients. While new patients can now be accepted, the low levels of staffing mean that timeliness of appointments is an ongoing problem. Uncertainty about the future, and the pressures on sexual health services in Adelaide, have also had an impact.

3. Patient Care and Disease Control are both important

O'Brien Street is highly valued by its patients as a safe, expert and private place to receive care; and it makes an important contribution to the prevention of HIV transmission. The Practice currently has approximately 200 HIV-positive patients receiving care, and about 600 other active registered patients.

Both patient care and HIV control are critical. The public health policy goal is to eliminate locally acquired transmission in SA and nationally.¹ Medication is available to control progression for those who are HIV positive, and to protect against infection following likely exposure (Post-Exposure Prophylaxis ['PEP']). Pre-Exposure Prophylaxis ('PrEP') is also used to protect those who are at high risk of acquiring the virus, both in the short- and long-term. Ensuring that people who need these medications are linked effectively to the health system and are able to receive continuity of care is important for their health and for effective disease control in the community.

HIV medications are classified by the Commonwealth as 'Section 100' drugs², and prescribers must be licensed for this purpose. The effective freezing of Medicare rebates since 2014 has had a detrimental effect on General Practice nationally, and the impacts have been worse in complex areas of care including HIV, resulting in fewer GPs being willing to become licensed prescribers. The emerging role of licensed Nurse Practitioners as Section 100 prescribers can potentially be an important adjunct to comprehensive care for patients.

4. The sexual health sector is complex and currently under review

The sexual health sector in Adelaide is small and faces a number of challenges, including a funding base which has not kept up with demand. There are virtually no identified sexual health services based in regional SA, and resources are scarce in suburban Adelaide. The sector addresses

specialised sexual health needs and related aspects of primary care, health promotion, education for the community, education for health professionals, responses to new pathogens and effective disease control. The agencies involved in patient care are Local Health Networks and non-government organisations whose funding is generally in the form of periodic grants, along with Medicare billing. There are also a small number of GPs with a special interest and expertise in sexual health working in community general practices.

A review of some aspects of sexual health services in South Australia is being conducted by the Department for Health and Wellbeing, under the guidance of an expert committee³ and is scheduled to report in December 2022. It is hoped that the Review will chart a future for the sector including capacity to address both established and emerging sexual health needs.

However, it is not feasible for CALHN to await the outcome of this Review, as the Practice needs to move regardless.

5. The processes of consultation and decision-making to date

Patients, staff and other stakeholders have expressed concerns about a lack of consultation and information in CALHN's process of responding to the need to relocate in the context of declining levels of service. The need for formal consultation with patients, the sector and the interested community in the early stages of preparation for relocation (considering and evaluating options, finding a site, etc) was not effectively addressed by CALHN in a timely way. This has meant that patients have been worried about their care and their ongoing relationships with their practitioners. Organisations and staff in the sexual health sector have also been concerned about potential closure of O'Brien St and the impact on access to care across the sector. In response, advocacy groups have been active in raising those concerns among decision-makers and in the community generally through social and mainstream media.

CALHN has responded to these concerns by meeting regularly with staff, writing to patients, holding (online) forums for patients and stakeholders and establishing a webpage. Information has been given explaining both what is not happening (ie closure of the Practice or a move out of the Adelaide CBD); and what is known (including that remaining in the O'Brien St building is not feasible; and that a search is underway for suitable alternative premises in the Adelaide CBD). It is anticipated that a decision on a new location will be made (in consultation with staff and consumer representatives) by the end of October.

CALHN management has acknowledged that there are lessons to be learned from this experience in relation to community engagement, particularly when there are potential changes in established health care services. Steps are underway to ensure that guidance in these matters is available to all staff in future.

FUTURE NEEDS AND RECOMMENDATIONS

6. Priorities for the immediate future of the O'Brien Street Practice

The consultations I have conducted in recent weeks, and those conducted by CALHN, have identified clear priorities for the relocated Practice.

For patients they are:

1. A location in the Adelaide CBD

A city location is strongly preferred because of the relative anonymity and access to public transport and other services (eg supportive pharmacy care).

2. Access to culturally-appropriate care by practitioners with expertise in HIV and sexual health, and knowledge of the health care needs of the patient communities

HIV is still a stigmatised condition, and the LGBTQI community has long experience of marginalisation and discrimination. Like all patients, O'Brien Street patients value practitioners with the required clinical knowledge and skills, and also with understanding and acceptance of their values, cultures and practices.

3. Provision of primary and specialised care with continuity for patients

Patients value receiving holistic care for the range of their health care needs, and the ability to see their own GP/ practitioner. This requires a workforce with a range of expertise and qualifications, and effective referral networks and linkages with related agencies.

4. Privacy and confidentiality, including a Practice-based medical record

Privacy and confidentiality are critical for patients, and they value having a separate Practice medical record which is not linked to the records they may have at hospitals or other health services.

For staff, practitioners and other stakeholders, in addition, the priority issues are:

5. Improved ICT

Services at OBP have been disrupted by ICT inadequacies including for telemedicine consultations, some of which have been addressed recently. Reliable ICT is a priority for the new premises.

6. Continuation of training programs for GPs and others in sexual health

The Practice has for many years provided registered training in sexual health for GPs. This function is important and needs to be reinstated.

7. Capacity to increase the number of practitioners and appointments available for continuing and new patients

It is important that the new premises include space for future increases in the number of consulting sessions available, in line with demand.

8. Dedicated practice management/administration

The Practice is not big enough to warrant a full-time practice manager but continuing part-time on-site management support is needed.

9. Transition support for patients

In the transition period, it will also be important for patients to be offered skilled support (including access to case managers) so that continuity of care is assured.

7. The long-term future

It is outside the scope of this report to address issues beyond those arising from the need to relocate the O'Brien Street Practice. However, it must be noted that there will be a continuing need for a primary-care service for people living with or at risk of acquiring HIV in South Australia for many years to come. The integrity of governance, including clinical governance, the quality and safety of services and sound practice management need to be assured. The Practice provides an important service for a community with complex health care needs; and plays an important role in the prevention of local transmission of HIV and other STIs. It needs to be managed accordingly.

8. Recommendations

Work is underway to secure suitable premises in the Adelaide CBD. These recommendations are primarily addressed to CALHN and cover outstanding matters only.

1. That CALHN consider the priorities for the immediate future of the O'Brien Street Practice outlined in section 6 of this report and communicate its response to patients and other stakeholders.
2. That detailed functional specification of the requirements for new accommodation, in consultation with staff, independent practitioners and consumer representatives, is completed as soon as possible.
3. That during the transition period, continuity of care for all patients is supported through access to experienced case managers as well as their usual practitioners.
4. That CALHN take steps to ensure that the learning from this experience is incorporated in organisation-wide protocols for engagement with communities and patient groups affected by (potential) change in the services they use or have access to.
5. That the Minister approve this report being made available to interested parties.

Professor Judith Dwyer AM

September 2022

¹ See Eighth National HIV Strategy 2018–2022, at [https://www.health.gov.au/resources/publications/eighth-national-hiv-strategy-2018-2022#:~:text=This%20strategy%20is%20of,infections%20\(STI\)%20in%20Australia.](https://www.health.gov.au/resources/publications/eighth-national-hiv-strategy-2018-2022#:~:text=This%20strategy%20is%20of,infections%20(STI)%20in%20Australia.)

² A list of expensive medications that are specifically funded by the Commonwealth Government for use both in hospitals and in the community. Prescribers must be individually accredited.

³ The South Australian Sexually Transmitted Infections and Blood Borne Viruses Advisory Committee (SASBAC). The current SA plan is available here: https://www.sahealth.sa.gov.au/wps/wcm/connect/1ad2d6d4-6645-41ec-8c5b-755d76aaec2e/CDCB_SA+STI+Implementation+Plan+2019-2023_20210414.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-1ad2d6d4-6645-41ec-8c5b-755d76aaec2e-o0BkeG0