



Caring Futures Institute

Creating better lives through research

14 October 2020

South Australian Productivity Commission
Health and Medical Research Inquiry
Adelaide
South Australia

Dear South Australian Productivity Commission

Please find attached the submission on behalf of the Caring Futures Institute at Flinders University in regard to the draft report (dated 2 September 2020) of the Inquiry into Health and Medical Research in South Australia.

This submission complements and supports the overall Flinders University submission. This submission seeks to explore the issues raised and information requested by the SAPC from the view point of Flinders University Caring Futures Institute, a new Institute that is the first of its kind in Australia dedicated to the study of care and self-care across the lifespan.

Yours sincerely

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CARING FUTURES INSTITUTE

A Response from
Flinders University Caring Futures Institute to the
SA Productivity Commission Inquiry
into Health and Medical Research
October 2020

Summary of Key Points

- Define clinical research as broadly encompassing research by all members of the healthcare team acknowledging the contribution of the nursing and allied health professions and conducted in all settings.
- Sustained investment in a significant clinical-academic researcher program by the State Government is critical. Efforts to highlight areas of need for such appointments within LHNs must be prioritised. All SA universities need to host these positions, playing to their research strengths and also acknowledging their complementary research capabilities.
- The CFI welcomes the promised investment in an integrated health, care, and medical research precinct in the South. Serving a diverse and ageing population, this precinct will combine state of the art research with first class care. Building on the inclusive, interdisciplinary, co-design principles this precinct will reflect those values of collaboration and community inclusion.
- Specialist expertise in commercialisation must embrace the “public good” outputs of research and those that are pitched at the not-for-profit, policy and practice settings.
- Co-design should be an expectation of all health and medical research, with South Australia having the capacity to be a national leader.
- The critical industry partners for health and care research are the care providers. Long standing deep partnerships are vital to underpinning the real translation of care and workforce redesign into practice on the shop floor to benefit all of the community.

This submission has been prepared to complement the overall submission from Flinders University. It strongly supports the summary points of that submission, that:-

- Flinders maintains a presence in SAHMRI but with it having a revised purpose, role and governance structure.
- Flinders welcomes a two-precinct model for health and medical research in SA.
- Flinders supports increased investment in joint clinical academics.
- Flinders support improved efficiencies in research administration and the management of research data, including more consistent standardised processes and systems.

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About the Caring Futures Institute

The [Caring Futures Institute](#) (CFI) is one of the most recent research Institutes to be formed within Flinders University. Launched in 2019 under the leadership and vision of [Professor Alison Kitson](#), the Institute builds on the strengths of the researchers within the College of Nursing and Health Sciences (CNHS) to influence the way formal care is delivered in our health and social care systems and services and particularly how care can be better provided to vulnerable people such as people with disability and older Australians. Importantly the Institute also aims to enhance the informal caring provided by family and members of the community through high quality, impactful, co-designed research.

The CFI is still young but has the strong foundations and principles in place for a commitment to integration and collaboration across the State. It is not confined to one geography or one SA Local Health Network, and it is come into being to meet community needs not previously addressed. The largest care sector – community, aged and social care - currently has the least access to evidence to inform practice, policy, and quality. The Caring Futures Institute is filling that gap.

SA is innovative and can/does collaborate. Resources and systems are needed to facilitate and sustain that innovation and collaboration.

The health and medical research ecosystem is much broader than the narrative coming through in the draft report and recommendations. It must encompass the entire life course, the diversity of services and perspectives.

The Caring Futures Institute wishes to address a number of the draft report conclusions and recommendations.

Definitions of Clinical Research

Staff in the College of Nursing and Health Sciences undertake a wide range of clinical research that generates new knowledge for healthcare and gets that knowledge into practice. Its clinical research champions are nurses and or allied health professionals who lead interdisciplinary research teams that include consumers and healthcare users. It is vitally important to challenge the implicit assumption that the Productivity Commission and other opinion-leaders have made in assuming that the clinical research we discuss as a priority is only led by medical officers or specialist medical clinicians. It would be a significant lost opportunity to only refer to clinical research as that being done in hospitals by medical doctors and to assume that clinical research careers are for one health discipline only.

The Caring Futures Institute is one of the few clinical research organisations that strongly shifts the focus of clinical research to the largest workforce of health, aged and disability care providers – nurses and allied health professionals. Traditionally research funding and investment opportunities and training have been targeted toward medical researchers and biomedical research, over that conducted by the wider health and medical workforce, namely nurses and other health professionals. Given that the vast majority of care is provided by this workforce, the focus of research to improve health care must include research led by, or heavily influenced by the broader health workforce.

This is particularly important given the demographic profile of South Australia and co-morbidity patterns. Add to this the relative paucity of high-quality evidence to inform many care interventions or models of care, then the work of the CFI is both innovative and international in its reach. In addition, the unique strength of the Caring Futures Institute by the presence of other diverse professional expertise such as health economists, sociologists and behavioural scientists all of whom are critical to developing and delivering comprehensive high-quality research in the study of care and self-care.

Examples of our important clinical research include:

- [Cardiac rehabilitation](#) – to reduce further coronary events – led by Professor Robyn Clark (nurse-researcher)
- [Improving child health outcomes through nutrition](#) – led by Professor Rebecca Golley (dietitian-researcher)
- Enhancing Brain-Injury Rehabilitation through Virtual Reality Assessment of Everyday Function – led by A/Prof Belinda Lange (Physiotherapy researcher)

Conclusion

Define clinical research as broadly encompassing research by all members of the healthcare team acknowledging the contribution of the nursing and allied health professions and conducted in all settings.

Capacity building and active partnerships across SA Health system

The SAPC report states there should be *“.....alignment of priorities and incentives between public hospitals, universities and research institutions to support collaboration focussed on fields where the state has actual or potential research strengths;”* and for there to be more *“....investing in research talent, particularly jointly appointed clinical research-academic leaders;”*

Clinical Appointments

The Caring Futures Institute has recently appointed two joint clinical research-academic leaders. Academic nurse and research scientist Professor Jeroen Hendriks and academic research midwife Professor Annette Briley will be based at the Royal Adelaide Hospital, Central Adelaide Local Health Network and Lyell McEwin Hospital, Northern Adelaide Local Health Network, respectively, ensuring consistent clinician access to researchers.

Professor Annette Briley

[Dr Briley](#) is providing evidence-based support for maternity care and midwifery in Adelaide’s northern suburbs. Dr Briley was attracted to Flinders University from the UK, where she was Consultant Midwife and Clinical Trials Manager at King’s College London and Guy’s and St Thomas’ NHS Foundation Trust. She has worked as a clinical midwife, specialising in foetal medicine and for more than 20 years she has been involved in national and international clinical trials with Kings Health Partners, aiming to improve pregnancy outcomes for mothers and babies, and the evidence base for midwives and other health care professionals. Briley has worked on a range of clinical trials and developed many collaborations locally, nationally and internationally. Her research has contributed to better care for women and their babies in a variety of settings.

During this time, she has also developed a multidisciplinary research team which is revered as one of the best within the UK. She intends to replicate this approach working in partnership with midwives and mothers and the wider healthcare team using NALHN as her primary clinical site.

Professor Jeroen Hendriks

[Dr Hendriks](#) has a focus on integrated care management in atrial fibrillation and related cardiovascular conditions. Dr Hendriks has expertise in the field of redesigning health care, a broad and dynamic research area which is evolving rapidly. His major interest is in integrated chronic care management in cardiac care – heart rhythm diseases, particularly atrial fibrillation (AF), and the translation of this approach in chronic heart disease, integrating primary and secondary care services, and incorporating allied health professionals in the management process. This includes related topics like patient educational and self-management interventions, shared decision making, and interventions to improve guideline adherence. He holds a Future Leader Fellowship from the Australian Heart Foundation and also received funding for his integrated care clinic from The Hospital Research Foundation. Hendricks' leadership and collaboration with all members of the cardiology team at RAH will enable him to trial more evidence-based flexible patient-centred models of care that will be both scalable and sustainable across the healthcare ecosystem.

Professor Sue Gordon

Prof Gordon brings over 20 years of physiotherapy clinical experience and more than 10 years of academic experience to the role of the Chair of Restorative Care in Ageing. Her position is joint funded by Aged Care and Housing Group (ACH) who she works closely with to promote a healthy ageing agenda. Her research involves collaboration with local councils (Holdfast Bay, Marion and Salisbury), health service providers including Common Ground, SA Health and Queensland Health, and colleagues from other universities. She is investigating healthy ageing and functional decline to better understand the opportunities to identify, measure, limit and reverse early changes that are often covert.

Prof Gordon is also leading the Phase 1 of the work to establish the Commonwealth Government funded Australian Aged Care Centre for Growth and Translational Research, which has a high level of aged care sector support.

Associate Professor Stacey George

Dr George has an internationally recognised track record in rehabilitation and driving research. She has a joint clinical appointment with NALHN.

Dr George has experience in undertaking research with adults in acute, rehabilitation and community settings in relation to driving, vision and rehabilitation. She has coordinated randomized controlled trials, involving the coordination of a team of therapists and research staff across government and non-government organizations. Her unique research methodology focuses on the translation of clinic-based techniques to the real driving environment is unique in the field. She is actively seeking collaborative partners to further research exploring application to the real driving environment.

These clinical joint appointments are the start of what the Caring Futures Institute sees as a significant program of clinical research capacity building in nursing, midwifery and allied health professions. These will be critical to the ability to rapidly translate evidence into practice, another very strong focus of the Caring Futures Institute. Identifying and supporting credible and proven senior clinical research leaders means that we can develop clinical research career pipelines for our nursing and allied health staff to work alongside clinical medical research colleagues.

Our vision at Flinders and Caring Futures Institute is to have clinical joint appointments within each LHN using that clinical base as the 'living laboratory' to test innovations and new models of care, and once effective, scale up the innovation across the other LHNs, building on the evidence.

Collaboration

A key strategic initiative of the Caring Futures Institute will be the development of the new **Flinders Village** as a fully integrated intergenerational living laboratory for care across the life course. The integration between the Flinders Medical Centre, other local health and community services and the University provides an extraordinary opportunity to demonstrate evidence-based health care in a real-world setting, beyond the hospital ward and with multi-disciplinary teams. The vision for the Flinders Village is to be an intergenerational living laboratory that has broader influence and translation across the State and nationally.

Conclusion

Sustained investment in a significant clinical-academic researcher program by the State Government is critical. Efforts to highlight areas of need for such appointments within LHNs must be prioritised. All SA universities need to host these positions, playing to their research strengths and also acknowledging their complementary research capabilities.

Knowledge Translation

The Caring Futures Institute defines knowledge translation (KT) in the following way: 'KT enables people to generate, refine and apply knowledge to where it needs to go to have the most impact on individuals, care and society'. The CFI is driven by the quest to translate knowledge generated by researchers, globally and locally, into better quality care and services. Effective knowledge translation is built on collaboration not competition. The collaboration between academics, clinicians, consumers, service providers, carers and community members is what will translate that knowledge rapidly and widely. We also strive to bridge the teaching/research nexus so that our research is continually informing our teaching of the next generation of health professionals, and that our teaching influences the types of research being undertaken, drawing on clinical knowledge and experience and the fresh eyes of our students while on placement.

The processes of knowledge translation are constantly being better understood. It is a combination of knowledge provided in easily and readily absorbed forms, delivered at the bedside or as close as possible to when and where care is provided. But it is also about the long-term relationships built with care providers and health professionals. [KT at the Caring Futures Institute](#) is a supported program that all professionals can engage with, through a collaborative sharing of education and practical tools.

The [Flinders University Research Centre in Palliative Care, Death and Dying \(RePaDD\)](#) is an excellent example of how a research group, led by [Professor Jen Tieman](#), can build up the trust and confidence of a medical, nursing and allied health workforce to ensure the best-possible evidence about palliative care can be delivered effectively to improve the quality of care for people in the end-stages of their life journey, using state of the art communication and digital platforms. These prototypes will shape the further refinement of KT processes and products that will speed up research implementation, thus improving impact on patient care.

All health and medical research must have a strong focus on translation of the research outputs into the health and community services system. Too often it is an after-thought. At the Commonwealth level there is greater acknowledgement of the translation imperative, demonstrated by the investment in Translation Centres, one of which is located at SAHMRI with SA Health, all LHNs, Primary Health Networks and Universities as partners. Its task is enormous and investment locally in expanding its capacity would be a wise investment. Embedding resources in each LHN may be a more effective mechanism.

“Regarding the southern HMR precinct comprising Flinders University and the Flinders Medical Centre, the picture is somewhat different because its area of HMR operations is largely separate from the North Terrace precinct. The Commission sees merit in explicitly accommodating that reality in the architecture for HMR in South Australia.”

Flinders University is committed to retaining its role within, and connection to, SAHMRI. However, one way to address both the opportunity for translation, and the geographic challenge for the southern institutions, would be for the Flinders/SALHN collaboration to be strengthened by resources to drive translation into Flinders and Noarlunga Hospitals, and all Southern health and community services. Negotiations would be held with Health Translation SA, to ensure a coordinated effort, but drawing resources specifically to the South.

However, the Caring Futures Institute, and Flinders University more broadly is not defined by the geography of the main campus and the base of our research. We have enduring relationships and presence within regional SA – Mt Gambier, Riverland and Whyalla. This means the research influence and knowledge translation can spread into the Country SA LHN.

Conclusion

The CFI welcomes the promised investment in an integrated health, care, and medical research precinct in the South. Serving a diverse and ageing population, this precinct will combine state of the art research with first class care, with a broader reach into regional South Australia due to the Flinders University bases in key centres. Building on the inclusive, interdisciplinary, co-design principles this precinct will reflect the values of collaboration and community inclusion.

Impact and Commercialisation

The research performed by the Caring Futures Institute and the College of Nursing and Health Sciences does not often result in immediately commercialisable “products” or treatments. Much of the output sits in the public domain and is absorbed into policy and practice. Some products such as short courses or training can generate revenue. The impact of its research, a key measure of the benefits of funded research on the community at large, cannot be understated. The recent report presented to the Royal Commission on Aged Care on the future of aged care funding by CFI’s Professor Julie Ratcliffe has had significant reach and influence on the national dialogue on the crisis in the aged care sector with over 1.5 million reads and reference in over 140 news mastheads nationally. Prof Ratcliffe and her team are at the cutting edge of developing quality of life measures for the aged care sector, which could generate global interest.

However, the CFI has a strong technology focus, drawing on links with the [Flinders Digital Health Research Centre](#). The CFI Technology Enabling Theme has also potential to facilitate commercialisation of digital and virtual reality technologies in management of certain chronic or acute conditions. This type of commercialisation requires very specific knowledge and skills to protect and exploit the research outcomes.

There are other research outputs that could be “sold” into the aged care and social care systems but will always be at a lower price point due to the very nature of the majority of not-for-profit organisations in those sectors. Again, specialist support and expertise would be welcomed.

Conclusion

Specialist expertise in commercialisation must embrace the “public good” outputs of research and those that are pitched at the not-for-profit, policy and practice settings.

Vulnerable Population Groups and Giving a Voice to Those Not Heard

Health and medical research has traditionally been slow to embrace consumer and community involvement, and specifically research co-design methodologies. There are some moves in the right direction; however, the Caring Futures Institute has established strong fundamental principles and practices to bring co-design to the fore.

There needs to be higher expectations of co-design and the CFI sees itself as the State leader in regard to methods, techniques and approaches that co-design research with consumers, industry, and the community.

We are particularly connected with people with disability and marginalised people who do not have a voice in many aspects of their lives. By co-designing research, people have the chance to steer the type of research to be done, how it is conducted and how the results get translated effectively into action.

Conclusion

Co-design should be an expectation of all health and medical research, with South Australia having the capacity to be a national leader.

Competitiveness

“The worsening in the state’s HMR environment occurred as HMR competitors in the eastern states strengthened their capabilities and better positioned themselves to capitalise on the shift in national funding priorities toward larger scale HMR projects with translational impact.”

South Australia must invest in research and research infrastructure to survive. We must play to our strengths. We cannot compete with the biomedical infrastructure built up over the past two decades in NSW, Queensland, and especially Victoria. It is time to position the State where there are niches of expertise and international standing. How to pivot the vast formal and informal care sectors to quality and sustainability is where SA could strategically invest.

Flinders University has reinvigorated its investment in the research capacity and capabilities that it already has for health and community services research. The Caring Futures Institute is an example of building a platform for growth and strength in an area where traditionally there has been limited rigorous research performed – care, self-care and caring. The platform is being built to provide a solid and somewhat unique set of enabling themes for the research:

1. Technology in care and caring
2. Health and social care economics
3. Innovative methodologies
4. Knowledge translation

The Caring Futures Institute is directly addressing the current national priorities of aged care and disability services quality and safety. With recent Royal Commissions on both areas, the Caring Futures Institute is well positioned to immediately influence the recommendations and impact of any shift in approaches identified. Indeed, two of the leaders within the Caring Futures Institute have already appeared before the Royal Commissions and been contracted to prepare analysis or to join advisory committees associated with the Commissions. Professor Julie Ratcliffe and her team have undertaken two contracts for the Aged Care Royal Commission and Professor Ratcliffe is now a highly sought-after commentator on the economics of providing quality aged care. Professor Sally Robinson has been providing commentary and advice with the Disability Royal Commission and the recent inquiry into the death of Anne-Marie Smith. These are two examples of the need to have robust research capabilities and expertise within the State to contribute to, and influence, national policy, and service delivery. There is an intention to research locally but have an impact nationally and globally.

“Excellence in HMR, particularly clinical research and translation, is fundamental to the state securing more grant funding, lifting the scale, competitiveness and productivity of research and delivering greater HMR impacts in terms of improved health and economic benefits to South Australians from a health and medical industries sector”

The Caring Futures Institute has attracted high performing researchers to Flinders University to create a strong base of activity on which to grow a sustainable research group. Key appointments include:

- [Professor Julie Ratcliffe](#) – a talented health economist with a strong nationally competitive grant track record focussing on quality of life for older Australians
- [Professor Sally Robinson](#) – a respected social researcher focused on social inclusion and the rights of marginalised people in the community
- [Professor Robyn Clark](#) – a highly regarded cardiac researcher focused on rehabilitation and integrated care in the acute and community settings
- [Professor Rebecca Golley](#) – a strong performer in nutrition dietetics and leading teams of researchers and providers for a healthy start to life for Australian babies and children and their families.
- [Professor Joanne Arciuli](#) – an innovative researcher in child development

Many of these appointments have only been possible through strategic university investment together with modest funding from philanthropic organisations. This is the start of a new investment approach to supporting applied research that will make a difference to patient care. Funding Strategic Professorships is essential to building strength, sustainability, and profile to drive excellent research, attract funds and make an impact locally, nationally, and globally.

The Caring Futures Institute has also piloted innovative ways of supporting clinicians to undertake clinical PhDs with the first being trialled with FMC and Caring Futures Institute.

The need to rethink and redesign the caring sector

Critical to this local, state and national imperative is the effective engagement of the formal care sector, the Caring Futures Institute's key industry partners. Increasingly care providers whether they are aged care, disability care, or social care, whether they are facility or community based, whether they are government, for-profit or not for profit organisations, are recognising that quality and service improvement has to be backed by evidence and best practice, and so strengthening partnerships with research and workforce training institutions is so critical. Another reason the Caring Futures Institute is so well positioned to bring the research funding in this endeavour, government or industry, to SA.

A really important example that is developing right now is the active involvement of the Caring Futures Institute under the leadership of [Professor Sue Gordon](#), the Chair of Restorative Health, a position co-funded by industry partner ACH Group, to be instrumental in the set up the newly proposed Australian Aged Care Centre for Growth and Translational Research funded by the Federal Government. A major initiative specifically charged to "examine new ways to deliver care for older Australians and training and education for aged care providers, drawing on the world's best practice", [Flinders has recently been awarded](#) the stage one tender. A hallmark of the Flinders University and Caring Futures Institute involvement in this important endeavour is the evidence of its meaningful, trusted and long standing relationships with aged care industry partners and peak bodies.

It is well accepted that a critical aspect of addressing the exponential rise in costs associated with the nation's acute hospital system lies in the redesign of the aged, disability and social care sectors. They also have a profound impact on the economy in terms of employment and capital investment. Rethinking care models, workforce models and governance systems require the robust translation of research into practice that the Caring Futures Institute is designed to address.

Conclusion

The critical industry partners for health and care research are the care providers. Long standing deep partnerships are vital to underpinning the real translation of care and workforce redesign into practice on the shop floor to benefit all of the community.

Responding to other matters raised in the SAPC draft report

In the Commission's view, a set of sustained long-term reforms is needed, including:

• creating a better institutional architecture to achieve close alignment of HMR incentives among the key institutions, beginning with the state government setting HMR as a priority for South Australia and giving effect to it with an accountability framework that:

- makes HMR a priority for the health networks and their boards accountable for ensuring it is resourced and done;*
- lifts HMR in the health department to a strategic advisory and review function;*

It is clear that doing more of the same will not improve the situation for South Australia in terms of research success. SA needs to embrace a much more inclusive vision of research impact and culture. We need to break away from the dominance of the biomedical model and embrace a much more holistic approach to health, care, and medical research.

• having leadership in those institutions that, at all levels, jointly shares the view that HMR is strategically important and acts accordingly;

Inherent to the belief in the importance of research is the issue of attitudes and culture within organisations. The first step is for an evidence-based culture of enquiry where research becomes part of everyone's business – whether it is using it, translating it, or generating new research.

• paying greater attention to, and investing in, talent, especially in appointing great clinical researchers into hospitals with access to the facilities to do that research;

Investment must be interdisciplinary with investment in research capability of the whole team. Again, it is critical that there is a commitment to support researchers from non-medical fields to add richness and diversity. Great clinical researchers can be allied health, nursing and midwifery professionals who work in social services and non-hospital settings and have as great, if not deeper impact on policy and practice. We need to influence community services who care for people with chronic conditions, not just health services. The lifelong care of many people happens outside the acute care system and often outside of the health system. If we want to improve the effectiveness of our acute health system performance, we must know how to take a more holistic, systemic approach to solving many of the problems of delivering quality health and care to our communities.

This submission was prepared on behalf of the Caring Futures Institute Leadership Team by:

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