Terms of Reference:

The following describes a review of SA Health Public Health and Clinical Systems (PHCS). The scope of this review covered:

- Public Health Services
  - Food policy and programs
  - Public health partnerships
  - Scientific services
- Communicable Disease Control
- Blood, Organ and Tissue Programs
- Drugs of Dependence
- Emergency Management Unit
- Medicines Policy
- Epidemiology
- Office of Research
- SA Medical Education & Training
- Office of the Chief Public Health Officer

This review was partially initiated to assess the potential for further budget/FTE savings. The above units combined have a total of 215 FTE and a budget of $98 million for 2015/16 which comprises 3% of the total SA Health budget. The review excluded Quality and Safety, and Library Services

The Terms of Reference sought a focus on:

1. The role and function of these units
2. The mode of service delivery
3. The staffing structure and numbers utilised to deliver the services
4. Opportunities for consolidation
1. **Review Process**

The review process comprised a combination of:

- individual interviews of senior PHCS staff, followed by a senior staff workshop and executive briefing
- analysis of a wide array of written material including relevant legislation, previous reviews and studies and papers prepared upon request for the review
- comparisons with other jurisdictions.

The reviewers are grateful to the following people for their assistance.

- Kevin Buckett. Director, Public Health Services
- Mark Cannadine. Director, Emergency Management Unit
- Miriam Charlesworth. Strategic Evaluation & Reporting Unit, Epidemiology Branch
- Katina D’Onise. Director, Epidemiology Branch
- Sue Ireland. Manager, Blood, Organ and Tissue Program
- Alison Jones. SA Medical Education and Training
- Kate Kameniar. President, Public Health Association of Australia
- Vickie Kaminski. Acting Chief Executive
- Andrej Knez. Principal Project Manager, System Performance & Service Delivery
- Ann Koehler. Director, Communicable Disease Control Branch
- Chris Lease. A/Director, Public Health Services
- Michele McKinnon. Director, Safety and Quality
- Paddy Phillips. Chief Medical Officer
- Julie Patterson. Director, Public Health Partnerships
- Len Richards. Deputy CE System Performance and Service Delivery
- Jenny Richter. Previous Deputy CE System Performance
- Stefania Verlando. President, Australian Health Promotion Association
- Jamin Woolcock. A/Chief Finance Officer
- Kae Martin. Australian Nursing & Midwifery Federation (SA Branch)
2. **Previous Reviews**

In recent times, previous reviews and organisational reforms have helped shape the current size and scope of PHCS. These have included:

1. The 2012 McCann Review, which saw significant contraction of SA Health non hospital based services, including health promotion and prevention activities.

2. Consequent to McCann, an internal review of Public Health, instigated in 2013, which saw the Health in all Policies unit and Health Promotion Branch closed and merge to form Public Health Partnerships Branch.

3. Later in 2013, further efficiencies identified internally through the Public Health Business Planning Project.

4. Following a 2015 Departmental review, further reductions in FTE across public health and the relocation of some functions to other parts of SA Health (such as cervix screening to Local Heath Networks).
3. Overview of SA Public Health Services

Scope of functions/centralization
The scope of functions comprising PHCS are analogous to the scope of public health functions in other State and Territory health jurisdictions. Whilst other larger jurisdictions have devolved many public health functions to Health Districts/Health Networks, arrangements in SA are very centralized. This Central consolidation was strengthened by the McCann review in that health promotion activities ceased in Local Health Networks.

Given the demographics of SA, the continuation of public health as a centralized service is appropriate.

Notwithstanding the centralization of Public Health functions, Public Health Partnerships Branch have utilized LHNs for accessing the public, patients and health service staff for health promotion activities. These partnerships are to be commended.

Role of Local Government
Similarly, unlike many other jurisdictions, there is a relatively limited role of Local Government in public health service delivery/monitoring. The South Australia Public Health Act 2011 identified Local Government as a local health authority in their area and the Minister for Health/Chief Public Health Officer as the health authority for all areas of the State, particularly areas not within a council area (85% of the geographic land mass). Much of the public health legislation i.e. Food Act 2001, Safe Water Drinking Act 2011, Tobacco Products Regulation Act 1991 – does not mandate Local government role but allows an ‘opt in’ arrangement for enforcing legislation.

The role of Local Government will diminish further with the completion of funding for the Obesity Prevention and Lifestyle (OPAL) Program in 2017.

Role of PHNs
In some jurisdictions (e.g. NSW and Qld) where there are strong Local Health District/Network arrangements and coterminous Primary Health Networks (PHNs), joint partnerships are emerging with a vehicle focus on health promotion/disease prevention. This will be a greater challenge in SA within a centralized public model. Nevertheless, the developing role of PHNs will provide a critical bridge to health prevention/promotion initiatives to ease growing demand for hospital services in conjunction with GPs and private allied health personnel.

It is proposed that SA Primary Care Committee (comprising Commonwealth Health, SA Health and PHNs), should consider the emerging roles for PHNs in delivering coordination and promotion of Public Health Services.
**PHCS Interface with other Departmental areas**
As with other jurisdictions in Australia, PHCS activities interface with other SA Health Divisions. Examples include Mental Health and Substance Abuse, Aboriginal Health strategy and Policy and Governance. Much of the Departmental effort over the past two years has been appropriately directed at the Transforming Health Agenda. This has predominantly centred on the acute sector. In the next phase of Transforming Health, much greater attention will need to be directed at the potential for health prevention activities to contribute to a reduction in the growth of hospital admissions. For example, there are 19,000 admissions per year to SA public hospitals attributable to falls. Many of these are avoidable. As the intensity of the focus on Transforming Health lessens, it will also be timely to strengthen the relations between PHCS and other Departmental areas.

**PHCS Interface with other Government agencies**
Similar to other jurisdictions PHCS have strong relationships with other State Government agencies e.g. Environmental Protection Authority, Department of Environment, Water and Natural Resources, Primary Industries and Resources SA. These relationships are based on numerous Memoranda of Understanding and, by all accounts, are effective.

**PHCS Interface with advocacy groups**
The two peak public health bodies in SA are the Australian Health Promotion Association (SA Branch) and Public Health Association of Australia (SA Branch). It would be appropriate that relationships between PHCS and these two bodies be strengthened and, following discussions with both groups, we understand that this is now in progress.

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**Recommendation 1:**
The SA Primary Care Committee should develop strategies to better engage GPs and allied health personnel in health prevention/promotion strategies.

**Recommendation 2:**
The next phase of Transforming Health should give greater attention to realising the potential of health prevention initiatives to reductions in growth of demand for hospital services.
4. Health Promotion/Disease Prevention Focus

One characteristic of PCHS as currently structured, is the absence of an identifiable focus on health promotion/disease prevention. The elements of such a program are within PCHS and elsewhere in SA Health but are not sufficiently described and consolidated. It is acknowledged that health promotion was previously identifiable within the organisation, but previous reviews have dissipated this role.

Other jurisdictions in Australia have preserved such a focus. The argument for maintaining a health promotion/disease prevention focus is that health benefits are optimized in considering strategies that transcend individual programs (e.g. tobacco, nutrition etc.) A core element of such a focus would be colocation of Epidemiology. Such an approach with a revitalized emphasis on health promotion/disease prevention is particularly important given the comparatively high rates of smoking and obesity amongst South Australians.

A consolidation of relevant programs into a single Branch, reporting to the Chief Public Health Officer is thus proposed, and a relaunch of health promotion/disease prevention as a key component of PHCS.

The elements of such a Branch would be

- Tobacco
- Nutrition
- Public Health Partnership Branch
- OPAL
- Local Government Relations and Policy Team
- Screening policy
- Epidemiology Branch
It is noted that the tobacco compliance and policy functions were organizationally separated in 2005. The circumstances that led to the splitting of functions no longer exists, and consolidation is proposed. It is possible that these various functions could be consolidated into DASSA. However, given the intent to recreate a Health Promotion/Disease Prevention focus, consolidation within PHCS is favoured.

With respect to screening, as with several other jurisdictions, there is considerable merit in collocating policy and health promotion functions for cervix, breast and bowel cancer, newborn blood spot screening and hearing screening. It is proposed the Health Promotion/Disease Prevention Branch should include this capacity.

The re-establishment of this focus can be done as a cost neutral strategy and would help sustain an emphasis in this area with the cessation of OPAL funding.

**Recommendation 3:**

*That a defined Health Promotion/Disease Prevention focus be re-established within PHCS*
5. Communicable Diseases

Communicable Disease Control Branch is responsible for reducing communicable disease burden in South Australia by the development and implementation of policies, best practice guidelines and information and public health interventions including surveillance, response to outbreaks and immunisation programs. The Branch is made up of six units reporting to the Director who is a senior medical consultant.

Specialist Services
Specialist Services provides communicable disease medical advice 24/7 to a range of internal and external stakeholders including outbreak investigation, immunisation, infection control, blood borne viruses and sexually transmitted infections. It also coordinates the Commonwealth funded South Australian Rheumatic Heart Disease Control Program which aims to reduce the burden of disease associated with rheumatic heart disease.

Disease Surveillance and Investigation Service
Disease Surveillance and Investigation undertakes surveillance of communicable diseases to enable the detection of trends and issues of concern. It investigates communicable disease outbreaks, coordinates implementation of control measures, monitors interventions and provides advice 24/7. The State funded positions are a mixture of nursing and Professional Officers although a significant part of the work performed appears to require clinical.

The Service took 10,773 disease notification calls last calendar year. Under the South Australian Public Health Act 2011 both laboratories and medical practitioners are required to report to the Chief Public Health Officer (delegated to the Communicable Disease Control Branch) suspected and confirmed cases of conditions as listed in the South Australian Public Health (Notifiable and Controlled Notifiable Conditions) Regulations 2012. Currently there are 72 notifiable conditions listed in the Regulations, a subset being controlled notifiable conditions. Notifications from doctors consist of telephone calls for urgent notifications, or report forms (usually paper based) that are required to be submitted either urgently or as soon as practicable within three days dependent on the disease. Pathology services provide further information. This dual reporting for all conditions is not a feature of other Public Health jurisdictions throughout Australia.

There is no doubt the dual reporting mechanism in SA improves data completeness and provides a robust system, but it comes at a significant cost due to the large number of calls and the requirement for a greater number of staff in the Data and Corporate Services area to enter data. The current system uses manual procedures and paper-based processes. Current costs could be mitigated by investment in a contemporary surveillance system that enabled doctors and Pathology services to electronically share information.
Whilst requiring some initial investment, a new surveillance system would generate significant resource savings in data entry and the nurse led call centre and will also result in efficiencies in the Specialist Medical Staff resources.

Recommendation 4:
SA should expedite a business case to replace its current Notifiable Diseases Database with a system that could support effective and timely electronic reporting from medical practitioners and pathology laboratories.

Immunisation Section
The Immunisation Section manages and coordinates the National Partnership Agreement on Essential Vaccines for South Australia as well as the state funded immunisation programs with the aim of reducing vaccine preventable diseases. The budget includes $8.043 M revenue. The majority of the revenue at $7.291 M is National Immunisation Program vaccines funded by the Commonwealth that is still procured by SA on behalf of the Commonwealth. This and the value add money of $243K will go once the Commonwealth takes over all vaccine procurement in June 2017. There is a small amount of genuine revenue from online immunisation programs of $211K which may increase if the SA program is adopted nationally. There is also $288K which is reimbursed by LHNs for healthcare worker influenza vaccines procured by the Department.

The Immunisation Service runs a call centre which last calendar year took 15,947 calls and to the end of July has already taken 13,293 calls this calendar year. This is done through an expert call centre for health professionals and the community staffed by the Immunisation Section. The workload has been rapidly increasing and may prove unsustainable with current staff levels. A significant percent of the calls originate from interstate, particularly after hours. The reviewers believe there is potential to achieve some economies of scale in the call centre operation.

Recommendation 5:
PHCS should review the types of calls taken by the Immunisation Service call centre and investigate whether alternative strategies could be employed for some of the calls such as online information or gain efficiencies by combination with other call centres utilising scripts to address questions.
Infection Control Service
The Infection Control Service aims to minimise the occurrence of healthcare associated infection and antibiotic resistance in SA by statewide monitoring of infection rates, and provision of best practice guidelines, resources and tools to assist facilities achieve compliance with standards.

Sexually Transmissible Infection and Blood Borne Virus Section
The Sexually Transmissible Infection and Blood Borne Virus Section coordinates the SA policy and program response to STIs, HIV and viral hepatitis by managing the partnership with key national and local stakeholders. It is also responsible for procuring and managing $9 M of contracted health services in the NGO sector.

Data and Corporate Services
Data and Corporate Services provides comprehensive information technology system administration/support, financial, human resource, records management, data entry, communication/call centre management, reporting, project and corporate administrative support to all sections of Communicable Diseases Control Branch. There are 7.3 FTE State funded staff who are all in the admin stream. 5.3 FTE of the staff are data officers required to enter data into the Notifiable Diseases Database which uses manual procedures and paper-based processes.

Grants
Communicable Disease Control Branch manages a large number of NGO and Local Government grants particularly in the Immunisation, Sexual Health and Blood Borne virus areas. It is understood that some are of long duration and should be regularly reviewed to ensure cost effectiveness and contemporaneity. For example, some sexual health services may be able to be provided in the Primary Care sector through the evolution of PHNs - the Primary Health Care Committee could assist assessing this potential.

Recommendation 6:
Grants managed by the Communicable Disease Control Branch should be reviewed to ensure they are contemporary in the current health environment and still required.
6. Epidemiology

The reviewers were impressed with competency and quality of the Epidemiology Branch of PHCS. The reviewers fully endorse the Business Case to cease the agreement with the University of Adelaide for undertaking the population health surveys and to incorporate these activities within Epidemiology Branch. The Business Case is carefully crafted and will over a period of years realize considerable savings to the Department. The proposal to relocate Epidemiology within a Health Promotion/Disease Prevention Branch will facilitate better integration of data analytics and program design, implementation and evaluation.

The Pregnancy Outcomes Unit monitors and reports on perinatal, material and abortion data for service planning, health policy, research, program and treatment evaluation. There is an opportunity to review the systems and analysis performed.

One unusual, even unique, feature of the Unit is the maintenance of the abortion data collection. This operates at a cost of 0.9 FTE salary (currently approx. $80K) plus database costs (managed in-house). All terminations of pregnancy are mandated to be notified to the Department of Health.

No other jurisdiction in Australia collects this data and while it may be useful for research purposes, it is the opinion of the reviewers that, whilst a small expenditure, the resources could be better applied.

Recommendation 7:
The proposal to locate the population health surveys within Epidemiology, rather than through the University of Adelaide is fully endorsed.

Recommendation 8:
Review the data and analysis performed by the Pregnancy Outcomes Team. In future Public Health legislative reviews, the Department should reconsider the appropriateness of ongoing involvement in requiring mandatory reporting of abortion data.
7. Public Health Services

Public Health Services delivers a range of services, products and policies to protect public health, prevent illness and promote good health and well-being. It has a broad remit. There have been significant decreases in the FTE numbers and budget over the last five years.

**Recommendation 9:**
Public Health Services currently has a very broad remit. There is an opportunity to remove and consolidate the illness prevention staff and functions from the Service into the proposed Health Promotion/Disease Prevention Branch.

**Office of Public Health**
The Service is made up of an Office of Public Health and four branches reporting to the Director who is a specialist public health officer. The Office of Public Health supports the Director of Public Health Services to provide executive leadership and management of SA Public Health functions. Within the Office of Public Health there are 5 FTE in a Local Government Relations and Policy Team who work closely with the Local Government Association of SA, local councils and other stakeholders to enhance local government capacity to act on public health priorities. This is a similar role to the one carried out by the 5 FTE in the Strategic Relations Team who do similar work but engage with a different set of stakeholders including other State Government agencies, the non-government sector, the university sector and private enterprises.

**Recommendation 10:**
The 5 FTE in the Local Government Relations and Policy Team within the Office of Public Health would benefit from combining with the 5 FTE in the Strategic Relations Team currently in the Public Health Partnerships Branch. By working together, the two teams would create a strong core for the new proposed Heath Promotion/Disease Prevention Branch.
Health Protection Branch
The Health Protection Branch focuses on the identification, monitoring, investigation and management of environmental factors that impact on the health of the SA community. The branch is responsible for legislation, policy and advice and is also responsible for statewide enforcement of tobacco plus service delivery of statutory public health functions across the unincorporated areas of SA which make up 85% of the State. There is 1.5 FTE Tobacco Compliance staff but as the activity is spread across multiple officers it would be difficult and inefficient to remove the function from this area into a new Health Promotion/Disease Prevention Branch. It would be important for the compliance staff to work closely with this new entity.

Scientific Services Branch
The Scientific Services Branch develops legislation, policy, strategies and programs to minimize impacts from environmental hazards from air, water, soil, hazardous substances, climate, noise and other emerging environmental factors. There are a number of ongoing challenges for the unit in responding to new and emerging environmental issues.

All functions related to radiation protection were transferred to the South Australian Environment Protection Authority (SA EPA) in 2005 and now sit within their Mining, Radiation and Regulatory Support Branch. These functions include licensing and policy development. Their activities revolve around administering the Radiation Protection and Control Act 1982 and include licensing users (medical, mining, etc) and policy development. High level advice is provided by the Radiation Protection Committee (which includes medical expertise).

Radiation health related issues (such as the recent ban on solaria) are also managed under this arrangement with enquiries from national forums such as Australian Health Ministers Advisory Council or the general public being referred to the SA EPA for response.

The Controlled Substances Licensing Unit sits in the Branch. There may be efficiencies if this area combined with the other two areas in the Department responsible for Controlled Drug policy and programs.

Food and Controlled Drugs Branch
The Food and Controlled Drugs Branch has two roles. First to protect the public from preventable health risks associated with food consumption and provide advice in the development of nutrition policy and related initiatives. Second to regulate and monitor the use of drugs of dependence to allow access to treatment but minimize the potential harm associated with misuse of prescribed drugs.

There is a small nutrition policy function in the Food Standards Development team who would have more impact if they became part of the proposed Health Promotion/Disease Prevention Branch. They would need to maintain close links with the Food Standards team.
The Drugs of Dependence Unit with 10 FTE is the main area in the Department responsible for reviewing, developing and implementing standards, guidelines and polices under the Controlled Substances Act, 1984. Consolidation of all teams providing functions under the Act would achieve better coordination, system alignment and opportunities to maximise efficiencies.

**Recommendation 11:**
The small nutrition policy function in the Food Standards Development team should become part of the proposed Health Promotion/Disease Prevention Branch.

**Recommendation 12:**
The three teams in the Department responsible for developing and implementing controlled drugs policy should consolidate into one area within the Food and Controlled Drugs Branch. This includes the current team in the Medicines and Technology Programs Branch which is responsible for developing controlled drugs policy, the Drugs of Dependence Unit and the Controlled Substances Licensing Unit which currently sits in Scientific Services.

**Public Health Partnerships Branch**
The Public Health Partnerships Branch supports key requirements for the implementation of the SA Public Health Act and related planning through capacity development, facilitation, collaboration and brokerage. OPAL funding of 12.88 FTE ends June 2017.

The Public Health Partnerships Branch is a small unit that has become increasingly effective at developing strategic partnerships across other State government agencies and the wider health system. As described in Recommendation 10 it would benefit by combining with the 5 FTE in the Local Government Relations and Policy Team to create a strong focus and further work to strengthen the partnerships approach.

**Recommendation 13:**
The Public Health Partnerships Branch should combine with the Local Governments Relations and Policy Team to become the core part of the proposed Health Promotion/Disease Prevention Branch.
Screening Services
The Screening Policy and operational function for breast, cervical and bowel cancer screening, newborn blood, spot screening and hearing screening is currently spread across a number of areas in the Department, LHNs and through an outsourced arrangement to Victoria. Screening policy would benefit from being consolidated in the Department.

SA Health has a contract with the Victorian Cytology Service (VCS) to deliver Cervical Screening Register services until 30 June 2019.

Cost of the contract is:
- 2016/17 $603,000
- 2017/18 $625,036
- 2018/19 $648,760

All State and Territory jurisdictions are currently considering the option to join the National Cervical Cancer Screening Register which will be in place May 2017. The Commonwealth has an agreement in place with Telstra Health to provide this new National Register. There is no ongoing cost to the States or Territories to join the National Register, however, there may be some costs involved in migrating current data. Once the National Register is operational and SA can exit its current arrangements, the reviewers believe, SA should join the national register.

Recommendation 14:
A missing function in the Department is the combined policy function for breast, cervical and bowel cancer screening, newborn blood spot screening and hearing screening. It would be beneficial to include the policy function for screening programs in the proposed Health Promotion/Disease Prevention Branch. This could result in a more efficient and effective service planning function.

Recommendation 15:
At present the cervical cancer screening register is outsourced to Victoria. Once the National Register is operational and SA can exit its current arrangements SA should join the national register, thereby saving the cost of the contract.
8. Blood, Organ and Tissue Programs

Blood, Organ and Tissue Programs sits within Safety and Quality which looks to be a good fit. It is responsible for the strategic oversight of the management, use and supply of blood and blood products, and organ and tissue-related services throughout SA. The Program has a budget of $36.9 M. Over the last few years it has had significant budget savings in the blood program due to both reduced use and reduced wastage. There is an opportunity to reframe the blood budget to ensure any savings are captured at the start of each financial year. There are also potential savings in the blood budget if some of the newer pharmaceutical products were utilized. These would have a cost but there would be a net saving to the wider health service. One example is erythropoietin.

Tissue Typing service
The 2013 report “South Australia’s Tissue Typing Service Planning Review” recommended transfer of the Tissue Typing Service operations from the Red Cross Blood Service to SA Pathology (a service within CALHN). Immediate consideration should be given to transferring management responsibilities and associated budget risks of the Service contract with the Red Cross to SA Pathology, and therefore to remove these responsibilities from the Department. This would focus SA Pathology on prioritising a solution.

Recommendation 16:
The blood program budget should be reframed to align the projected cost of blood at the start of the financial year with the estimated spend for the forthcoming year. The aim would be to decrease the amount of the credit funded to the Department for any savings due to ordering a higher amount of blood than is required.

Recommendation 17:
A new process to coordinate between the pharmacy budget and the blood budget should be introduced when alternative products become available that are more cost effective either through altering models of care by reducing inpatient length of stay or are less expensive.

Recommendation 18:
The responsibility for management of the current contract for Tissue Typing with the Red Cross should be transferred from the Blood, Organ and Tissue Program to SA Pathology.
9. SA Medical Education and Training

The main role of SA Medical Educating and Training (SA MET) Unit is to administer the applications, allocations and offer systems for intern and Postgraduate Year 2+ positions in South Australia. Related to this is the ongoing accreditation of intern and PGY2+ posts. Unlike other areas of PHCS, the effectiveness of the Unit is significantly dependent on relationships with the Executive Director of Medical Services (EDMS) in the LHNs. At the time of preparation of this report, there was no EDMs in Northern Adelaide, Southern Adelaide, Central Adelaide and Country Health South Australia Local Health Networks. This is a significant risk for SA Health in ongoing medical education and training.

One other emerging risk is the capacity of SA Health to continue to guarantee for every medical student an intern placement. This will become increasingly important for SA as the output from the two medical schools continues to exceed the workforce requirements within SA hospitals and increasing constraints on SA intern placements in other States. Another risk is ensuring that adequate attention is paid to education and training coupled with Transforming Health agenda/opening of the new Royal Adelaide Hospital.

The unit has developed a proposal for some participant fees in training as a means to expand training opportunities and to become more cost efficient. This proposal is fully supported.

The unit is functioning well and potential for further cost efficiencies of existing staff are not evident.

**Recommendation 19:**
SA Health should assess the future implication of maintaining the existing guarantee for every domestic medical student to gain an intern placement in SA hospitals.

**Recommendation 20:**
The proportion to introduce participant training fees to both provide additional revenue and expand the scope of training is fully endorsed.
10 Emergency Management

Emergency Management comprises 5.2 FTEs

The service is akin to emergency management services in other jurisdictions, other than there is a centralized training component, which in some jurisdictions is a devolved function. This centralized training role is best suited to South Australian Health characteristics.

The service is well managed and functional and no changes are recommended.

11 Budget Considerations

As indicated in the introduction, this review was partially instigated as part of SA Health’s ongoing review of its overall budget position. Preliminary targets have been identified by the Department for PHCS 2016/17 and 2017/18 financial years for both FTEs and budgets.

This paper has highlighted some areas where savings could be achieved. However, in an area that has been subject to considerable budget/FTE reductions over the past three years, it is important that the cuts are not arbitrary nor impact detrimentally on the States’ important public health requirements – many of which are legislatively based.

Some of the strategies described above which could provide budget savings require initial investment (eg. Notifiable Diseases Database), significant organisational changes (creation of a health promotion/ disease prevention focus), or more detailed analysis (review of grants).

On balance, the reviewers believe that savings (in both budget terms and FTE) could safely be achieved in PHCS but for some of the identified initiatives, there is a need for system investment and the subsequent implementation will require a longer timeframe.