



AMA VICTORIA

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# State Budget Submission 2019-2020

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# President's Message



I am pleased to introduce the Australian Medical Association (AMA) Victoria's State Budget Submission 2019-2020.

Victoria's health system is ranked one of the best in the world and yet it is routinely marked down on indicators relating to health equity. AMA Victoria calls for this particularly to be addressed in mental health and regional and rural health so that every person across Victoria has equitable needs-based access to high quality and timely health care.

AMA Victoria is also advocating for improvements to public hospital culture and infrastructure, drug and alcohol rehabilitation services and palliative care.

Right now, without action and improvement, the health of many Victorians will deteriorate. This will, in turn, bring social and economic cost and adversely affect our state's international reputation as a leader in health.

AMA Victoria seeks a commitment from the Victorian State Government to achieve the goals outlined in the following paper.

We look forward to constructively engaging with all political parties and the broader community on these important health issues in the lead-up to the State Budget and beyond.


AMA Victoria will maintain sustained advocacy on these goals and will continually monitor the delivery of change and outcomes.

We will keep our members and the Victorian community well informed about the performance of the State Government in improving the health of Victorians through building and maintaining a world-class health system.

A handwritten signature in dark ink, reading "Julian Rait". The signature is fluid and cursive, with a horizontal line underneath it.

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**Associate Professor Julian Rait OAM**  
AMA Victoria President  
February 2019



Every person  
across Victoria  
should have  
equitable needs-  
based access to  
high quality and  
timely health care.

# Snapshot

## GOAL

# 1

## Investment in medical workforce planning for Victoria

**Support medical workforce planning to ensure current and future health needs of Victorians can be met**

AMA Victoria calls on the Victorian State Government to:

- » Provide funding for medical workforce planning to ensure Victoria has the necessary medical numbers, training, specialty skills and distribution across the state; and
- » Provide funding for specific medical workforce planning and health care system development to ensure that rural and regional Victorian communities have access to the health services they need in their communities.

For further information on AMA Victoria's rural and regional medical workforce planning policy, visit [amavic.com.au/policy-and-advocacy/rural-health-](http://amavic.com.au/policy-and-advocacy/rural-health-)

## GOAL

# 2

## Mental Health

**Create a sustained investment program to address major deficits in Victoria's fragmented mental health system**

AMA Victoria calls on the Victorian State Government to:

- » Invest in an additional 477 public mental health beds (including 100 acute beds) to bring Victoria's mental health system in line with the national average;
- » Fund a minimum of 4 new pilot specialist outpatient psychiatry services over the next 3 years; and
- » Fund a population ratio of specialist mental health beds for children, adolescents and young adults.

A long-term strategic requirement is to:

- » Develop an evidence-based monitoring and planning framework incorporating capacity and performance measures that underpins the investment by government in spending on mental illness prevention and treatment.

GOAL

3

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## Rural & Regional Health

**Ensure equal access to high quality and comprehensive health services for rural and regional Victoria compared with the greater metropolitan areas**

AMA Victoria calls on the Victorian State Government to:

### Workforce

- » Provide subsidies to GP registrars in rural and regional settings so that they can have equivalent conditions to hospital specialist registrars;
- » Provide subsidies for general practitioners for the provision of mental health services, maternity care and family planning support;
- » Invest in adequate training for overseas trained doctors in rural and regional settings; and
- » Invest in individual support and mentorship programs for overseas trained doctors in rural and regional settings in both hospital and general practice settings.

### Telehealth

- » Invest in telehealth for rural GPs including phone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios.

### Pathways of care

- » Provide GPs working in rural hospitals with priority access to regional hospital hubs and streamlined pathways of care for emergency advice and transfer.

GOAL

# 4

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## Improve Public Hospitals: Culture, Partnerships & Infrastructure

**Improve the cultural climate in Victoria's public health services and replace substantially outdated public health infrastructure**

AMA Victoria calls on the Victorian State Government to:

### Public Hospital Culture

- » Fund full implementation of the new public hospital Enterprise Agreements;
- » Invest to improve transparency around public hospital culture and performance by undertaking the following:
  - publicly report on culture survey results (such as the 'People Matter' survey) for public hospitals;
  - develop performance indicators that provide greater transparency around the level and quality of engagement between public hospital administrators (and Boards) and medical staff;
  - create greater transparency on waiting times by publicly stating the time from first referral by a general practitioner to the occasion of first active treatment time (referral to treatment time or RTT);
  - introduce a Victoria-wide centralised waiting list system for specialised outpatient services; and
  - implement a state-wide inquiry into public hospital culture.

### Public Hospital Infrastructure

- Continue to invest in better health infrastructure for all Victorians so that Victorian hospitals can offer optimal care, supported by the most modern equipment and facilities.

### Partnerships between Hospitals and General Practice

- » Provide funding to measure and report on indicators of communication with GPs and other medical practitioners as per the '10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors';
- » Provide funding to ensure all public hospitals are working towards the ability to receive and send secure electronic communication to and from the medical software platforms of referring doctors;
- » Provide funding for the development and extension of shared care models of community care for the management of chronic disease including ischaemic heart disease, diabetes and cancer; and
- » Provide funding to ensure that the Victorian Health Incident Management System (VHIMS) has the ability for health professionals working in general practice to initiate, view and contribute to VHIMS.



GOAL

5

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## Obesity

### Safety

- » Provide ongoing funding for the Health Service Violence Prevention Fund;
- » Provide funding for adequate security personnel to be available at hospital entrances, on wards and close to emergency departments;
- » Provide funding for building and architecture projects to make workplaces safe; and
- » Provide funding for the tracking, prevention and management of incidents of occupational violence against health practitioners.

**Establish Victoria as a national leader in obesity prevention by developing a state-wide strategy to decrease current obesity rates and also reduce obesity-related illness in future generations**

AMA Victoria calls on the Victorian State Government to:

- » Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity.

GOAL

# 6

## Reduce alcohol & drug harm

**Substantially boost prevention and alcohol and drug treatment capacity in Victoria's health system to help reduce the significant harm to our Victorian community caused by alcohol and substance misuse**

AMA Victoria calls on the Victorian State Government to:

### Treatment and Prevention

- » Provide funding to report on the capacity of the Victorian drug treatment services to meet current and projected demand for both bed and non-bed based treatment including current waiting times and unmet need;
- » Deliver increases in funding to address the capacity gaps in the treatment services system; and
- » Fund a public health awareness campaign focusing on the health risks of excessive drinking.

### Harm Minimisation - medically supervised injecting facility

- » Continue to invest in the medically supervised injecting facility trials in Richmond, so results can continue to be evaluated; and
- » Provide funding for an independent panel of experts to review the trial and provide a report in 2020.

### Smoking

AMA Victoria calls on the Victorian State Government to:

- » Provide funding to expand reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas);
- » Provide funding for councils to effectively enforce smoking laws, especially outside hospitals and health services;
- » Provide funding for school and university awareness campaigns on tobacco harm; and
- » Provide funding for public health information and campaigns aimed at reducing smoking rates.

### Alcohol

AMA Victoria calls on the Victorian State Government to:

- » Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses; and
- » Provide funding for public health awareness campaigns highlighting the health risks of excessive drinking.

### Drug Addiction

AMA Victoria calls on the Victorian State Government to:

- » Provide funding for training for GPs on how best to engage drug users and apply evidence-based interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug-related harm;
- » Provide funding for opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas; and
- » Provide funding for more timely access to multidisciplinary pain management services in public settings, particularly in regional areas.



A full-page background image with a teal overlay. It depicts a close-up of a smiling woman, likely a healthcare professional, with a stethoscope around her neck. Her hair is dark and pulled back. The image is partially obscured by a white text box on the left side.

GOAL

# 7

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## Victoria - A leader in end of life choice & wellbeing

**Establish Victoria as an international leader in high quality end of life care**

AMA Victoria calls on the Victorian State Government to:

- » Provide substantial investment to build a strong and integrated cross-health sector specialist palliative care workforce that can respond to community demand for palliative care services. This will ensure equity of access to palliative care in the home and that every Victorian who wants to die at home is supported to do so.

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# Goals & Recommendations

## 1



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## Investment in medical workforce planning for Victoria


### **Support medical workforce planning to ensure current and future health needs of Victorians can be met**

The Victorian Government is strongly advised to work with the Federal Government to support medical workforce planning to ensure that the current and future health needs of Victorians can be met.

Workforce planning will lead to the appropriate investment in the training of doctors and it will also identify areas of need across the state (both geographic and medical specialty).

The Victorian Government should support appropriate planning that will lead to the identification of the:

- » number of doctors required in Victoria both now and in the future;
- » types of doctors (specialists and generalists) required now and in the future;



# Medical workforce planning is important to determine community need for health services both now and in the future.

- » locations experiencing a shortage of doctors, noting type and specialty; and identifying appropriate measures to rectify the maldistribution of Victoria's medical workforce;
- » incentives and opportunities required to encourage doctors (and their families) to relocate to areas of need; and
- » employment patterns and intentions of prevocational doctors.

## AMA Victoria calls on the Victorian State Government to:

- » Provide funding for medical workforce planning to ensure Victoria has the necessary medical numbers, training, specialty skills and distribution across the state; and
- » Provide funding for specific medical workforce planning and health care system development to ensure that rural and regional Victorian communities have access to the health services they need in their communities.

For further information on AMA Victoria's rural and regional medical workforce planning policy, visit [amavic.com.au/policy-and-advocacy/rural-health-](http://amavic.com.au/policy-and-advocacy/rural-health-)

# 2

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## Mental Health

### Create a sustained investment program to address major deficits in Victoria's fragmented mental health system

There have been over 30 reports and inquiries into mental health between 2006 and 2012 and the common finding is that Australia's mental health system is in crisis.<sup>1</sup> A key reason for this is the 'missing middle' - these are patients whose needs are too complex for primary care alone but who cannot currently access a psychiatrist.<sup>2</sup> The 'missing middle' represents some of our most complex and vulnerable patients, who go without access to appropriate care. Many of these patients then deteriorate and inevitably end up in emergency departments and consequently experience 'revolving door' stays in hospitals.

AMA Victoria is hopeful of longer-term reform and improvement resulting from the 2019 Victorian Royal Commission into Mental Health.

Only a long-term and bilateral government commitment to targeted investment and careful planning will improve the accessibility and quality of mental health care in Victoria.

Investment must be, at a minimum, commensurate with sustained population growth. Mental health service delivery must also evolve to respond to changing patterns of population needs and to make the most effective use of available and future resources.<sup>3</sup>

The State Government must however continue to action immediate, high-level investment into the mental health system rather than wait for recommendations of the Royal Commission which could take up to two years.

# For many people seeking mental health services, there are few alternatives between a visit to a GP and presenting to the hospital emergency department.

Many of Australia's government-operated psychiatric hospitals and specialist outpatient services were closed down in the 1990s and it is widely accepted that Australia failed to invest adequately in a replacement model of community mental health care.<sup>4,5,6</sup> This has meant that for people seeking mental health services, and without the means to access both bed and non-bed based private psychiatric treatment, there are few alternatives between a visit to a GP and presenting to the hospital emergency department.

Community mental health services provide short-term supported accommodation options to either prevent further escalation of problems leading to hospitalisation or smooth the transition to home following hospital discharge. Many contemporary community mental health services operate on a step-up/step-down model of care. However, this subacute model is not effective for people at all levels of acuity, for example those people who display a high risk of engaging in self-harm or suicide. Nor is this setting adequately resourced for people with longer-term treatment and support needs arising from their condition.

Non-government organisations provide much needed psycho-social support but these services cannot respond in a crisis or offer the clinical psychiatric diagnosis and treatment, case management and acute support services needed by highly complex patients. While Primary Health Networks (PHNs) are able to facilitate access to psychologists and mental health nurses, they are not funded to enable referral to psychiatrists.

The time following discharge from psychiatric hospitalisation is a high risk period. Rates of hospital readmission are high and there is an increased risk of homelessness and suicide. Lack of connection with community-based treatment and support is considered to be a significant factor associated with all of these poor outcomes in the post-discharge period.<sup>7</sup>

The Victorian State Government Department of Health and Human Services (DHHS) reports that the percentage of mental health patients who were provided with post-discharge follow-up fell from 86 per cent in 2015-16 to 79 per cent in 2016-17. This data means that 1 in 5 discharged patients fail to receive post-discharge care. In addition, 14 per cent of people were readmitted to an inpatient service within 28 days of discharge. Pressure on beds is cited as a reason behind shorter-than-optimal hospital stays which then results in a higher risk of relapse and readmission.<sup>8</sup>



There have been over 30 reports and inquiries into mental health between 2006 and 2012 and the common finding is that Australia's mental health system is in crisis.

### **Inpatient psychiatric services**

AMA Victoria welcomed the State Government's announcement of 89 new and existing acute inpatient beds.<sup>9</sup> However, the number of beds in the state system has grown by 7 per cent, while the state's population has increased by 15 per cent over 8 years. The availability of beds per 100,000 people has fallen by 9 per cent.<sup>10</sup>

There is a significant shortage of acute hospital services for patients in need of psychiatric care in Victoria. Urgent funding for public inpatient psychiatric care is essential across the state, including funding for inpatient child, adolescent and youth psychiatry services.

Without a significant increase in the number and availability of appropriately staffed public beds, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Victorian Branch has estimated that 120,819 Victorians (who are currently not able to access public psychiatric care) will continue to miss out on the care they need.

To close this gap, the RANZCP Victorian Branch recommends that an additional 477 public mental health beds need to be provided at a minimum, including over 100 acute beds.<sup>11</sup>

**AMA Victoria calls on the Victorian State Government to invest in two major commitments to immediately address the gaps in Victoria's mental health system:**

- » **An additional 477 public mental health beds (including 100 acute beds) to bring Victoria's mental health system in line with the national average; and**
- » **A committed population ratio of specialist mental health beds for children, adolescents and young adults.**



4

A minimum of four new pilot specialist outpatient psychiatry services should be funded over the next three years.

477

Victoria requires an additional 477 public mental health beds.

### **Access to a publicly-funded outpatient psychiatry service**

Of great concern to AMA Victoria is the need to address the gaps in specialist outpatient mental health care for Victorians.

Without publicly-funded outpatient psychiatry services, general practitioners in Victoria often find themselves unable to refer complex patients for psychiatric assessment, support and treatment in the community. With private psychiatry services only available for those patients who can afford to pay, this is unacceptable and inequitable.

An investment by the Victorian Government in publicly-funded outpatient psychiatric services aligned with and linked to general practitioners, hospitals and Primary Health Networks (PHNs) will help to rebuild a fragmented system characterised by its 'missing middle' and serious gaps in the continuity of care. Such an investment would re-instate the ability for a GP to refer patients to public psychiatrists and to access timely advice from them.

**AMA Victoria calls on the Victorian State Government to urgently address the needs of complex patients across regional and metropolitan areas and:**

- » Fund a minimum of 4 new pilot specialist outpatient psychiatry services over the next 3 years.

### **An evidence-based and transparent approach to mental health spending**

Governments can lose traction on maintaining acceptable levels of investment and services over the longer term. This neglect in system capacity partly reflects changing policy directions with inadequate strategies or policy implementation - such as the marked evolution from a system once structured around largely bed-based institutions to a community-based model. It can also represent a failure to commit to a system of services planning and regular growth that closely monitors changes in the:

- » Population;
- » Incidence and prevalence of conditions;
- » Distribution patterns of conditions within the population and across the state; and
- » Social and economic conditions under which people are becoming unwell and attempting to recover.

**AMA Victoria calls on the Victorian State Government to:**

- » Fund an evidence-based monitoring and planning framework incorporating capacity and performance measures that underpins the investment by government in spending on mental illness prevention and treatment.



# 3

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## Rural & Regional Health



### **Ensure equal access to high quality and comprehensive health services for rural and regional Victoria compared with the greater metropolitan areas**

There are good reasons to ensure that the provision of accessible and high quality health care for people living in Victoria's rural and regional areas is a priority for the State Government:

- » In rural and regional areas, there is a higher prevalence of mental health and chronic illness but access to resources is more challenging, with health outcomes for the same illnesses often worse.<sup>12</sup>
- » Around 65 per cent of Aboriginal and Torres Strait Islander people live outside major cities. As a result they are disproportionately affected by social inequality and poorer health outcomes. The National Rural Health Alliance reported that Aboriginal and Torres Strait Islander people are disproportionately affected by poverty.<sup>13</sup>

» Investment in rural health is a significant economic issue that impacts on national, community and family budgets for Victorians living in rural and regional areas. In 2015, approximately two-thirds of the value of Australia's exports came from rural Australia.<sup>14</sup> In 2016-17, Victoria accounted for 79 per cent of Australia's dairy exports, 55 per cent of wool exports, 46 per cent of horticultural exports and 38 per cent of prepared food exports.<sup>15</sup> Food and fibre exports achieved a record \$12.8 billion.<sup>16</sup>

The 2018-19 Victorian Budget committed to bridging the gap in health inequalities between the 23 per cent of Victorians who live in rural and remote areas and the remaining 77 per cent who live in the cities. Most notable were the \$461.6 million investment to redevelop the Ballarat Base Hospital and the additional \$50 million boost to the Regional Health Infrastructure Fund.<sup>17</sup>

# General practice plays an integral role in supporting rural and regional Victorians to be healthy and productive members of society.

Decreases to the scope of services delivered in smaller public rural hospitals has adverse impacts on the provision of health services to rural communities. This results in many unintended consequences including:

- » patients not seeking care;
- » greater financial and non-financial costs of seeking care;
- » poorer preventative health; and
- » reduced opportunity for doctors and other staff to maintain their skills.

This all leads to poorer health outcomes, greater inequity and impacts on the viability of living in rural communities. Rural GPs, specialists and hospitals need to be supported to safely maintain and increase their scope of services.

A Deloitte consultation report prepared for the Victorian Department of Health and Human Services in 2016 pointed out that:

the ability for health services to provide a service [is] locally dependent on the availability of the workforce to deliver that service. This leads to instability in the service availability and capability of health services, impacting on access to services for rural and regional communities.<sup>18</sup>

Greater focus is needed on key initiatives aimed at addressing health workforce shortages in rural and remote regions of the state by allocating funding to support teaching, training, recruitment and retention of medical practitioners, in particular general practitioners (GPs).

General practice plays an integral role in supporting rural and regional Victorians to be healthy and productive members of society. There is significant variability in the density of GP services in rural and regional areas. In many regional areas, GP practices are concentrated in larger towns and this creates access issues for people living in more remote parts of rural Victoria. For example, older men in rural areas are less likely to attend a doctor compared with men in urban areas.<sup>19</sup>

In regional Victoria, especially the smaller cities and towns, GPs working as Visiting Medical Officers (VMOs) are the backbone of the medical workforce in public hospitals. AMA Victoria is concerned about the challenges of attracting and supporting GPs, as well as other specialist doctors to Victorian regional areas.

AMA Victoria calls on the Victorian State Government to provide greater support for rural GPs so that they can deliver quality care for their communities.

## Goals & Recommendations

Improved networking and communication between primary care and other public and tertiary health services is needed.<sup>20</sup> Victorian rural GPs could be better supported through access to expert and timely specialist advice from dedicated public hospitals, including in emergency scenarios. Further, GPs should be able to access relevant professional development and skills maintenance and upskilling from larger rural, regional and tertiary hospitals.

Targeted subsidies for the provision of mental health care and whole of maternity and family planning care by GPs is needed to ensure these services are provided in rural and regional areas.

The discrepancy of remuneration and conditions between registrars at the same level in hospitals and general practice settings is considerable. In order to attract and retain young GPs in rural and regional areas of Victoria, GP registrars should be provided with equitable training, remuneration and conditions to their hospital colleagues. While the ultimate goal is to retain well-trained GPs in rural areas, AMA Victoria supports employment models and arrangements that facilitate continued mobility between urban and rural opportunities over the span of a GP's career.<sup>21</sup>

AMA Victoria calls on the Victorian State Government to:

### Workforce

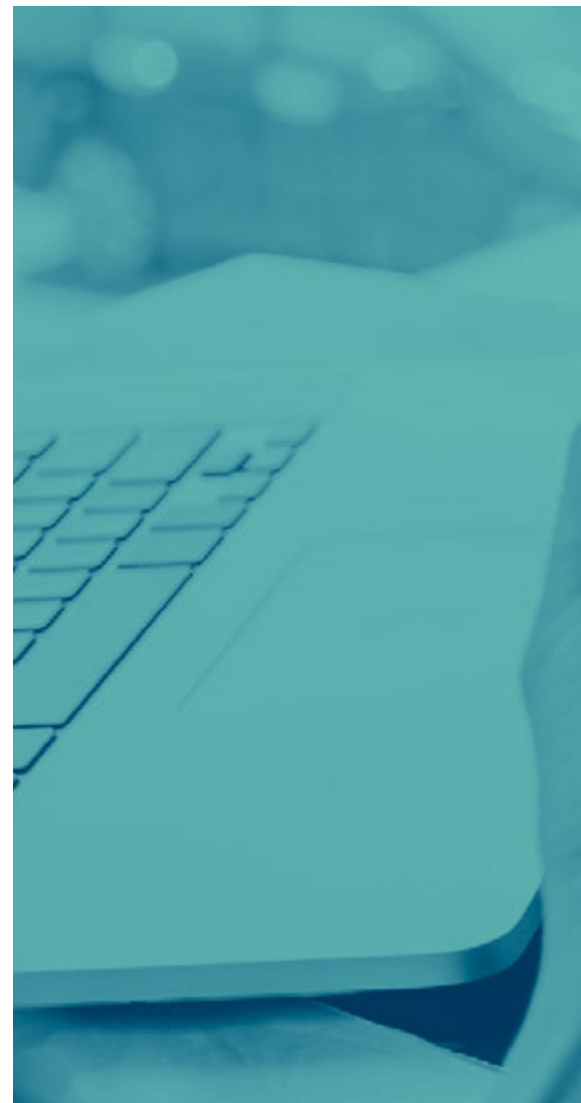
- » Provide subsidies to GP registrars in rural and regional settings so that they can have equivalent conditions to hospital specialist registrars;
- » Provide subsidies for general practitioners for the provision of mental health services, maternity care and family planning support;
- » Invest in adequate training for overseas trained doctors in rural and regional settings; and
- » Invest in individual support and mentorship programs for overseas trained doctors in rural and regional settings and in both hospital and general practice settings.

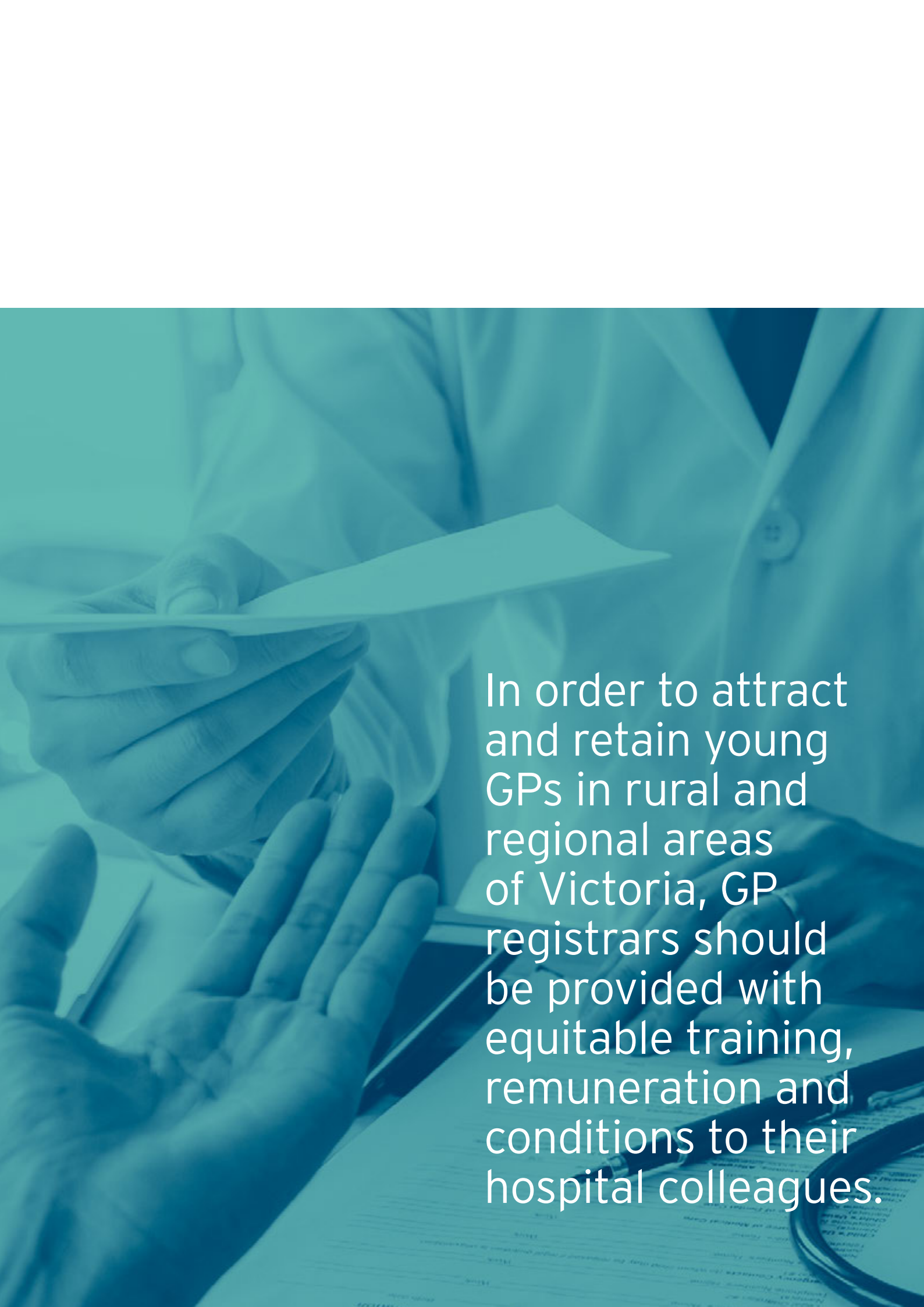
### Telehealth

- » Invest in telehealth for rural GPs including phone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios.<sup>22</sup>

### Pathways of care

- » Provide GPs working in rural hospitals with priority access to regional hospital hubs and streamlined pathways of care for emergency advice and transfer.





In order to attract and retain young GPs in rural and regional areas of Victoria, GP registrars should be provided with equitable training, remuneration and conditions to their hospital colleagues.

# 4



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## Improve Public Hospitals: Culture, Partnerships & Infrastructure

**Improve the cultural climate in Victoria's public health services and replace substantially outdated public health infrastructure**

### **Culture and Transparency**

Improving public hospitals is a priority for AMA Victoria.

Too many doctors in public hospitals experience bullying, sexual harassment, blame, low levels of morale, fatigue, high levels of stress, low levels of support, unsupportive management and high levels of burn-out. Young doctors are particularly vulnerable.

The 'Hospital Health Check Survey', conducted by AMA Victoria's Doctors in Training Subcommittee in January 2018 found that almost half of the trainee doctors surveyed had been bullied and harassed at work. The majority of trainee doctors surveyed attended work when they should have been home due to illness and most worked almost an extra day a week as unpaid overtime. Just under three quarters of those surveyed rated their hospital's support for their mental health and wellbeing as 'very poor to average'.<sup>23</sup>



# 50%

Nearly 50 per cent of trainee doctors surveyed in AMA Victoria's *Hospital Health Check Survey* had been bullied or harassed at work.

# 75%

Just under 75 per cent of trainee doctors surveyed rated their hospital's support for their mental health and wellbeing as 'very poor to average'.



Hospitals where staff are engaged report reduced patient mortality, lower absenteeism and lower staff turnover.

The Duckett Report<sup>24</sup> recommended that the Department of Health and Human Services should commit to improving voluntary reporting, including by monitoring hospital culture surveys to ensure that staff do not face barriers to reporting, discussing and addressing patient safety risks.

There is evidence that improved patient experiences and health outcomes will follow from an improvement in public hospital culture. Evidence suggests that staff engagement is the most critical measurable element of organisational culture that affects patient experiences and patient outcomes.<sup>25</sup> Hospitals where staff are engaged report reduced patient mortality, lower absenteeism and lower staff turnover.<sup>26</sup>

There is an important shared responsibility to improve the workplace culture in Victoria's public hospitals. This responsibility obliges the cooperation of multiple stakeholders including governments at federal and state levels, public hospital administrators and of course, the staff.

AMA Victoria calls on the Victorian State Government to demonstrate strong leadership on this issue through a renewed commitment to greater transparency; and an undertaking to fully implement the new public hospital Enterprise Agreements.

**AMA Victoria calls on the Victorian State Government to:**

» **Fund full implementation of the new public hospital Enterprise Agreements;**

» **Invest to improve transparency around public hospital culture and performance by undertaking the following:**

- publicly report on culture survey results (such as the 'People Matter' survey) for public hospitals;
- develop performance indicators that provide greater transparency around the level and quality of engagement between public hospital administrators (and Boards) and medical staff;
- create greater transparency on waiting times by publicly stating the time from first referral by a general practitioner to the occasion of first active treatment time (referral to treatment time or RTT);
- introduce a Victoria-wide centralised waiting list system for specialised outpatient services; and
- implement a state-wide inquiry into public hospital culture.

Evidence suggests that staff engagement is the most critical measurable element of organisational culture that affects patient experiences and patient outcomes.

### **Public Hospital Infrastructure**

AMA Victoria commends the Victorian Government's planning framework: Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017-2037.

AMA Victoria supports ongoing research and planning for the future health needs of the growing Victorian community, including the new infrastructure required to support Victorian hospitals to deliver the best possible care.

**AMA Victoria calls on the Victorian State Government to:**

- » Continue to invest in better health infrastructure for all Victorians so that Victorian hospitals can offer optimal care, supported by the most modern equipment and facilities.

### **Safety**

AMA Victoria calls for a uniform approach to occupational violence and aggression across public health services in Victoria.

**AMA Victoria calls on the Victorian State Government to:**

- » Provide ongoing funding for the Health Service Violence Prevention Fund;
- » Provide funding for adequate security personnel to be available at hospital entrances, on wards and close to emergency departments;
- » Provide funding for building and architecture projects to make workplaces safe; and
- » Provide funding for the tracking, prevention and management of incidents of occupational violence against health practitioners.

### **Partnerships between Hospitals and General Practice**

The provision of safe and high quality care involves effective communication between many health care professionals across many sectors.

AMA Victoria would like to see improvement on this front. Our general practitioner members and their patients are very frustrated by poor communication with public hospitals, with many opportunities for improvement. For example, GPs and patients are often left in the dark when it comes to waiting times for an outpatient appointment.

Communication and care planning between hospitals and GPs and other doctors providing care in the community also needs to be improved, with much greater transparency.





Our GP members and their patients are frustrated by poor communication with public hospitals.



Most hospitals cannot receive or send communication to GPs electronically.

The provision of shared models of care between general practice and hospitals that would enable patients to be cared for in the community by their GP and other supporting specialists are too few.

Furthermore, most hospitals cannot receive or send communications to GPs electronically.

Clinical errors, risks and incidents frequently involve both hospitals and general practice. As such, it is crucial that both health professionals in hospitals and general practice are able to capture and communicate these in order to monitor safety and quality of care and inform improvements.

#### **AMA Victoria calls on the Victorian State Government to:**

- » **Provide funding to measure and report on indicators of communication to GPs and other medical practitioners as per the AMA's '10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors';**
- » **Provide funding to ensure all public hospitals are working towards the ability to receive and send secure electronic communication to and from the medical software platforms of referring doctors;**
- » **Provide funding for the development and extension of shared care models of community care for the management of chronic disease including ischaemic heart disease, diabetes and cancer; and**
- » **Provide funding to ensure that the Victorian Health Incident Management System (VHIMS) has the ability for health professionals working in general practice to initiate, view and contribute to VHIMS.**



# 5

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## Obesity



**Establish Victoria as a national leader in obesity prevention by developing a state-wide strategy to decrease current obesity rates and also reduce obesity-related illness in future generations**

Obesity is a major public health issue in Australia.

Almost 7 in 10 Australians are now considered overweight or obese.

In 2017-18, Australian Bureau of Statistics (ABS) figures reported that two thirds (67 per cent) of Australians 18 years and over were overweight or obese. This figure increased from 63.4 per cent in 2014-15<sup>27</sup> to 67 per cent in 2017-18. This change was driven by the increase in the proportion of adults categorised as obese, which increased from 27.9 per cent to 31.3 per cent.

Less than half of those aged 18-24 years (46 per cent) were overweight or obese. By age 35-44 years, this had increased to 68.7 per cent and by the age of 65-74 years, the proportion had increased to almost four out of five (78.2 per cent). Most notably, there was a large increase amongst young people aged 18-24 years, with 38.9 per cent overweight or obese in 2014-15 increasing to 46 per cent in 2017-18.<sup>28</sup>

Obesity substantially contributes to preventable, non-communicable diseases, shortened life-expectancy, and impaired quality of life. The impacts of obesity are significant and warrant considerable and sustained attention.

An aerial, high-angle photograph of a large crowd of people walking on a paved surface, likely a city street or plaza. The image is overlaid with a semi-transparent blue filter. The people are seen from above, moving in various directions. Some are carrying bags or backpacks. The overall scene suggests a busy, public environment.

# 50%

More than half of Australian adults have a body weight that puts their health at risk.

# 10%

The proportion of Australian adults who are Obese Class 2 (or severely obese), increased from 5 per cent in 1995 to almost 10 per cent in 2014.

The causes of obesity are complex and multifactorial but we know that poor dietary choices are a substantial part of the problem.

The World Health Organization (WHO) recommends that no more than 10 per cent of energy intake should come from 'free' or added sugars.<sup>29</sup> On any given day, close to half of adult Australians exceed this recommendation.<sup>30</sup> This comes at a considerable cost to the health system from conditions like obesity, heart disease, Type 2 Diabetes, some cancers, depression, fatty liver disease, kidney disease and dental problems.

**AMA Victoria calls on the Victorian State Government to:**

- » **Provide funding for a state-wide obesity strategy to promote appropriate dietary behaviour and greater physical activity, targeted interventions, community-based programs, research and monitoring, along with the treatment and management of obesity.**

## A state-wide strategy is urgently required to decrease obesity rates and help prevent obesity-related illness in future generations.

# 6

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## Reduce Alcohol & Drug Harm



**Substantially boost prevention and alcohol and drug treatment capacity in Victoria's health system to help reduce the significant harm to our Victorian community caused by alcohol and substance misuse**

### **Treatment and Prevention**

While illicit and prescription drug misuse is evident across the Victorian community, alcohol remains the principle substance of concern.

In 2011, alcohol across Australia was responsible for:

- » 5.1 per cent of the total burden of disease and injury;
- » 28 per cent of road traffic injuries (motor vehicle occupants);
- » 24 per cent of chronic liver disease;
- » 23 per cent of suicide cases and self-inflicted injuries; and
- » 19 per cent of stroke cases.<sup>31</sup>

Research shows these harms are not limited to individual drinkers but also affect their families, other bystanders and the broader community.<sup>32</sup>

Victorian data shows a steady rise in the rate of alcohol-related family violence incidents from about 15 to 23 incidents per 10,000 people over a 10-year period.<sup>33</sup> The risk of domestic violence increases when alcohol is involved<sup>34</sup>, and worsens the severity of physical aggression.<sup>35</sup> Parents affected by alcohol or other drugs have impaired ability to be sensitive or responsive to the needs of their children and the risks of neglect or abuse are increased.<sup>36</sup>

Alcohol also costs the Australian economy. In Australia in 2015, alcohol-related absenteeism was estimated at 7.5 million days, resulting in a cost of over \$2 billion in lost workplace productivity.<sup>37</sup>





# 28%

In 2011, alcohol was responsible for 28 per cent of road traffic injuries in Australia.

# 24%

In 2011, alcohol was responsible for 24 per cent of chronic liver disease in Australia.

# \$2b

In 2015, alcohol-related absenteeism was estimated at 7.5 million days at a cost of \$2 billion in lost workplace productivity in Australia.

Asset funding of \$40.6 million over three years was announced in the 2018/19 State Budget for three new 30-bed regional alcohol and drug residential rehabilitation facilities in Barwon, Gippsland and Hume, alongside a further \$10 million of capital upgrades to existing mental health and alcohol and drug services.

This year's Budget also saw increases in operational funding, with \$6.7 million over four years announced for the treatment of up to 80 people a year at the new Grampians residential rehabilitation facility.

This funding provides a 'down payment' against Victoria's critical need to increase the capacity of its publicly-funded alcohol treatment services in metropolitan and rural areas. Increased capacity is necessary to improve timely access to care for people experiencing daily alcohol-related problems with function, mood and social relationships (including family violence) as well as alcohol-dependency itself.

New public health awareness campaigns are required to focus on the health risks of excessive drinking including a focus on early intervention and prevention.

#### **AMA Victoria calls on the Victorian State Government to:**

- » **Provide funding to report on the capacity of the Victorian drug treatment services to meet current and projected demand for both bed and non-bed-based treatment including current waiting times and unmet need;**
- » **Deliver increases in funding to address the capacity gaps in the treatment services system; and**
- » **Fund a public health awareness campaign focusing on the health risks of excessive drinking.**

## Goals & Recommendations



### Harm Minimisation - Medically Supervised Injecting Facilities

The area around Victoria Street in North Richmond is the state's largest street drug market and users regularly gather in more than a dozen public places nearby to inject heroin.<sup>38</sup>

In the two months since the medically supervised injecting facility opened its doors at North Richmond Community Health, there has been a high uptake of services, with:

- » 8,000 visits; and
- » 140 overdoses prevented.<sup>39</sup>

The medically supervised injecting facility operates as a 'pass-through' model that provides a diverse range of ancillary support services to drug users, as they attend the centre. The facility has so far treated patients with hepatitis, referred people to other drug treatment services and managed other medical and dental concerns. It provides a gateway to health and social assistance for patients - help that they would not be able to access otherwise.

#### AMA Victoria calls on the Victorian State Government to:

- » Continue to invest in the medically supervised injecting facility trials in Richmond, so results can continue to be evaluated; and
- » Provide funding for an independent panel of experts to review the trial and provide a report in 2020.<sup>40</sup>

### Smoking

AMA Victoria supports ongoing Victorian Government investment into tobacco reform.

The Australian Bureau of Statistics (ABS) reported that in 2017-18, just under one in seven (13.8 per cent) or 2.6 million Australian adults were daily smokers. A further 1.4 per cent reported smoking on less than a daily basis.

Over recent years, the daily smoking rate has remained relatively similar (14.5 per cent in 2014-15).

In 2017-18, young adults aged 18-24 years were more likely to have never smoked than any other age group with more than two thirds of men (69.6 per cent) and four in five women (81.5 per cent) in this age group reporting that they have never smoked.

Smoking among young people has dropped to a record low. This is a positive sign of a potentially smoke-free generation but to achieve this goal, the Victorian State Government needs to continue investing in public health strategies to reduce smoking initiation.



# 8,000 140

Within two months, the medically supervised injecting facility in North Richmond had 8,000 visits.

140 overdoses were prevented within two months at the medically supervised injecting facility in North Richmond.

In Victoria, smoking was banned in outdoor dining areas from 1 August 2017. This means that outdoor areas that only serve drinks and snacks (but not food) can be entirely dedicated to smoking. Or if a venue does serve food in its outdoor area, the entire outdoor space can become a smoking area once the kitchen closes and everyone has finished their meal.

In both these scenarios, there is no smoke-free outdoor area available to non-smokers, families, and people particularly susceptible to the harms of second-hand smoke like pregnant women, babies and children, and people with respiratory health conditions.

In Queensland, smoke-free laws that cover areas where food and/or drinks are being served mean that there can always be a safe outdoor area for non-smokers and families to enjoy a meal and drinks outside - as well as a designated area for smoking.

AMA Victoria recommends that both dining and drinking be covered by smoke-free laws. Queensland's model represents current Australian best practice in this area.<sup>41</sup>

The Victorian Government must commit funding to ensure smoking laws are enforced effectively and safely.

School-based interventions have been the traditional cornerstone of efforts to prevent the adoption of health-compromising behaviours by young people, including smoking.<sup>42</sup> The Victorian Government needs to provide funding for school and university awareness campaigns on tobacco harm.

The Victorian Government should fund public health campaigns to deter people from taking up smoking and to encourage existing smokers to quit.

**AMA Victoria calls on the Victorian State Government to:**

- » Provide funding to expand reforms to tobacco laws (specifically the ban on smoking should be extended to outdoor drinking areas);
- » Provide funding for councils to effectively enforce smoking laws, especially outside hospitals and health services;
- » Provide funding for school and university awareness campaigns on tobacco harm; and
- » Provide funding for public health information and campaigns aimed at reducing smoking rates.



While illicit and prescription drug misuse is evident across the Victorian community, alcohol remains the principle substance of concern.

### Alcohol

While illicit and prescription drug misuse is evident across the Victorian community, alcohol remains the principle substance of concern.

Victoria needs increased capacity to respond in a timely way to problem drinking in people who are alcohol-dependent or experience daily problems with function, mood and social relationships, including family violence.

**AMA Victoria calls on the Victorian State Government to:**

- » Provide funding for additional capacity in the state's drug treatment services to respond to patients with problem drinking and to deliver early intervention responses; and
- » Provide funding for public health awareness campaigns highlighting the health risks of excessive drinking.

### Drug Addiction

#### *Opioid replacement therapy*

Opioid replacement therapy (also called pharmacotherapy) is used to provide treatment to those addicted to opiates, such as heroin and fentanyl. When patients successfully stabilise their addiction treatment, ORT can achieve long-term harm minimisation and the prevention of illicit drug use.

Many Victorians with opiate addiction would benefit from access to multidisciplinary health teams, which include access to ORT prescribing GPs, ORT dispensing pharmacists, drug and alcohol counsellors, social workers and other allied health workers. There is a need for the Victorian Government to establish regional public multidisciplinary clinics, to provide ORT and other drug and alcohol services.

### *Pain management*

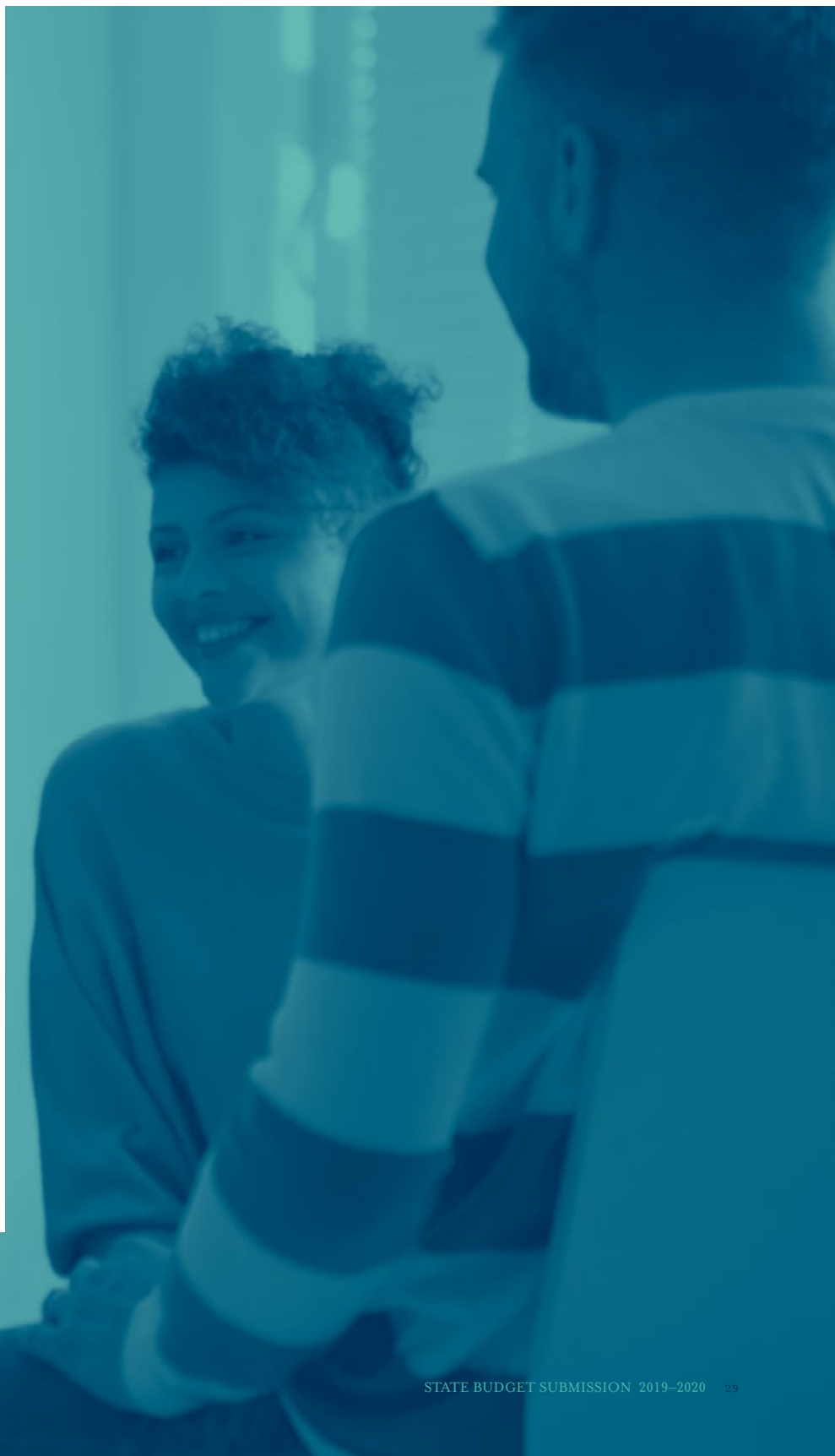
Chronic pain will affect one in five Australians during their lifetime, and has significant effects on a person's physical and psychological wellbeing.<sup>43</sup>

AMA Victoria calls for greater access to public pain management services, particularly in regional areas. For patients with chronic and acute pain, timely access to public multidisciplinary pain management services, led by pain specialists, is critical to preventing opiate reliance and addiction.



AMA Victoria calls on the Victorian State Government to:

- » Provide funding for training for GPs on how best to engage drug users and apply evidence-based interventions that have been demonstrated to lead to positive lifestyle changes and a reduction in drug-related harm;
- » Provide funding for opiate addiction services, including the establishment of public multidisciplinary clinics in regional areas; and
- » Provide funding for more timely access to multidisciplinary pain management services in public settings, particularly in regional areas.



# 7



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## Victoria - A Leader In End Of Life Choice & Wellbeing

### **Establish Victoria as an international leader in high quality end of life care**

Many people die each year in Victoria without access to much-needed palliative care or sufficient support to die in their own home.

Palliative Care Victoria estimated in 2017 that at least 10,000 Victorians who die each year currently miss out on needed palliative care. This is a conservative estimate based on available data on palliative care service provision to Victorians, compared with the estimated population need for palliative care. This includes specialist palliative care and palliative care integrated into usual care within primary, acute, and aged care settings.<sup>44</sup>



# 10,000

In 2017, it was estimated that 10,000 Victorians miss out on palliative care each year.

In 2012-13, 67 per cent of people who died in the care of a Victorian community palliative care service recorded their preferred place of death. The majority indicated that they would prefer to die at home, however, only half were able to do so.<sup>45</sup>

While there has recently been some additional funding to meet demand (more than \$62 million in 2017 for the next five years)<sup>46\*</sup>, ongoing funding and the development of enhanced and integrated cross-health sector models of care are required to meet the community need for palliative care.

AMA Victoria calls on the State Government to improve the equity of access to palliative care and access to palliative care in the home - as per the recommendations made by the Victorian End of Life Choices Inquiry<sup>47</sup> and the Victorian Auditor-General.<sup>48</sup>

AMA Victoria calls on the State Government to fully fund the implementation of Victoria's End of Life and Palliative Care Framework and to further fund a range of measures to improve timely and local access to end of life and palliative care services across Victoria.<sup>49</sup>

The framework identified support for services that provide community and home-based care as a priority. AMA Victoria recommends that the State Government explore innovative cross hospital and general practice models of palliative care to ensure that people receive care at home, or according to their preferences and needs.

Additional funding to build a sustainable cross-health sector specialist palliative care workforce which can respond to demand is urgently needed. In addition to the clinical advice provided by palliative care nurses, community-based services must be funded to allow specialist palliative care physicians to provide direct patient consultation and secondary consultation advice for GPs.

This will help to better support GPs in their role as the primary care doctor and ensure the continuity of the long-term doctor-patient relationship in the palliative phase of life. It will also help to manage patients' symptoms of long-term terminal illness and help maximise their wellbeing, even when confronted with an incurable health condition.

\* Palliative Care Victoria had advocated to the Victorian Government to commit to an additional \$65 million per year to support implementation of Victoria's End of Life and Palliative Care Framework and fund a range of measures to improve timely, local access to end of life and palliative care services and associated workforce planning and development. (Source: Palliative Care Victoria, Ensuring Victorians can access palliative care and end of life care - when and where it is needed, 2017.)

## Goals & Recommendations

Specialist community-based palliative care services are not adequately funded to provide people with sufficient hours of care each day in the home and to relieve tired family members of care duties. The benefits of palliative care at home include a sense of normality, choice and comfort. Home death is commonly viewed as a more dignified and comfortable experience than death in hospital.<sup>50</sup> This situation of under-resourced care and overstrained family members leads to unplanned hospital admissions and people dying in hospital as opposed to the home setting.

**AMA Victoria calls on the Victorian State Government to:**

- » **Provide substantial investment to build a strong and integrated cross-health sector specialist palliative care workforce that can respond to community demand for palliative care services. This will ensure equity of access to palliative care in the home and that every Victorian who wants to die at home is supported to do so.**





## Footnotes

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