AMA VICTORIA

# State Budget Submission 2020–2021

# President's Message

I am pleased to introduce the Australian Medical Association (AMA) Victoria's State Budget Submission 2020-2021.

Victoria's health system is ranked one of the best in the world but there is a challenge before us.

Building and maintaining a health care system that can respond to the needs of a booming population; one which is living longer and with more complex disease requires strategic planning and investment across both state and federal governments. It is no easy task. Costs of new technologies and treatments continue to climb and people are increasingly questioning the value of private health insurance, placing the public health system under greater strain.

Stronger investment in preventative health measures has a role to play in helping to reduce the pressures on the health system. Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows. While primary health is federally funded, the state also has a responsibility in prevention, public health and health promotion.

This work is particularly important in regional and rural areas of the state where primary care services must be optimised to deliver better preventative health care.

Victoria's health system is routinely marked down on indicators relating to health equity particularly because of the differences in health outcomes across rural, regional and metropolitan areas.

AMA Victoria calls for state and federal governments to work together to continue to address this challenge, so that every person across Victoria has equitable needs-based access to high quality and timely health care.

AMA Victoria continues to advocate for further investment in education, training and workforce planning for Victoria; greater investment in palliative care and further efforts to improve our public hospitals and their infrastructure.

The state's public hospital infrastructure is ageing - with no clear strategy in place for upgrading, improvement and renewal. Health requires complex buildings. They need to be flexible and need to be built to evolve as technology develops, delivery of care changes and community expectations shift. Many of the state's older public hospital

# Building and maintaining a health care system requires strategic planning and investment across both state and federal governments.

buildings are at end-of-life and are severely constrained in their ability to meet the standards expected in the delivery of healthcare in 2020 and beyond.

Similarly, the management of public hospital assets and equipment requires huge investment to ensure end-of-life infrastructure does not fail, for when it does, quality and safety is compromised and public confidence in the system is undermined.

The AMA agenda for 2020 is to advocate on these issues to ensure that the operational and infrastructure needs of the public health system are maintained at a level that will meet Victoria's current and future needs.

AMA Victoria seeks leadership and 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.

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.

**Associate Professor Julian Rait OAM**
AMA Victoria President
February 2020

# Snapshot

GOAL

1

## Investment in education, training and 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:

» Establish strategies to facilitate effective workforce planning and rapid identification of areas of shortage, with data analysis of annual reporting by health services of the numbers of employed hospital medical officers in accredited and unaccredited positions and the number of specialists in each specialty;

» Identify and analyse the amount of unrostered overtime being worked;

» Increase funding for rural and remote area health services, to allow for higher rates of pay for doctors in training employed there, to incentivise work in these locations;

» Provide a lump sum payment for doctors working in rural and remote area health services, consistent with existing State Government policy to offer a $50,000 bonus payment to teachers who sign on to work in rural areas;

» Facilitate early exposure to general practice through accredited prevocational rotations to promote the value of a career in general medicine;

» Develop a public hospital career medical officer pathway;

» Facilitate the development of a strong clinical informatics workforce, to build digital health capacity and use; and

» Liaise with the Federal Government to develop a common methodology for assessment of areas of need for workforce shortages that does not rely on employer statement of need.

### Inequity in general practitioner training

» General practice registrars be employed by a public hospital while on rotations. This would guarantee that the registrar benefits from enterprise agreement protections and, as a result, general practice registrars would be more likely to stay and work in rural and regional area health services.

### Medical practitioners and services in rural and regional Victoria

#### General practitioners:

» Develop strategies to assist general practitioners to provide care in the community and in small rural and regional hospitals - this should include training and skills maintenance, secondary referral to hospital specialists, facilitate the development of referral pathways and financial subsidies;

» Provide general practitioners working in rural hospitals with priority support from regional hospital hubs and streamlined pathways of care for emergency advice and transfer;

### Rural and regional hospitals:

» Provide support to hospitals to upskill and maintain the clinical skills of general practitioners in maternity care (including intrapartum care), anaesthetic care, dealing with trauma, palliative care, minor surgical procedures and long acting reversible contraception;

### Telehealth:

» Invest in telehealth support for rural GPs, and improve access to telephone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios;

» Invest in telehealth services to ensure patients living in rural and remote areas can access assessment and treatment within their community;

### Overseas trained doctors:

» Invest in training to support the delivery of quality medical practice by 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.

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:

» Increase the psychiatric bed capacity in public hospitals;

» Provide adequate resourcing for community care services to address the 'missing middle' through investment in state-wide psychiatric outpatient clinics;

» Invest in specialised mental health areas that have not been adequately resourced – emergency departments and crisis presentations, dual diagnosis services, dual disability services, psychotherapy training for psychiatric registrars and general medical practitioners; and

» Invest in ongoing specialist support for general practitioners to treat and manage patients with mental illness, with a recognition of the longer term nature of many mental illnesses.

### Shortages in psychiatric sub-specialties

» Invest in developing the psychiatric workforce, including structures, resources and processes that encourage healthcare workers to undertake a career in mental health;

» Invest in greater access for psychotherapy training for trainees in metropolitan and regional and rural areas;

» Increase the number of rural rotations available for psychiatry registrars;

» Provide access to tele-psychiatry for rural and regional patients. Such technology could also be used to support the professional development and connectedness of rural psychiatrists and trainees.

GOAL

# 3

## Improve Public Hospitals

**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 health operational funding

» Increase operational funding for public hospitals so hospitals can meet increased demand.

### Public hospital culture

» Ensure public health services comply with doctors' enterprise agreements;

» Ensure public health services have the resources to comply with doctors' enterprise agreements;

» Ensure new hospital developments are built with consideration given to EBA clauses and entitlements so that hospital infrastructure provides adequate office space, rest areas, and other EBA entitled spaces such as on-call rooms;

» Invest in a review into gender discrimination, sexual harassment and bullying at public hospitals.

### Public health infrastructure

» Invest in a public hospital renewal strategy; and

» Increase its investment in the maintenance budgets of all public hospitals;

### Access and transparency

» Mandate hospitals into reporting in real-time their referral to treatment times for each specialist outpatient service; and

» Commit significant funding towards Victoria's public hospital specialist outpatient services.

### Hospital communication

» Fully fund the integration of SafeScript into hospital electronic medical records so that SafeScript fits seamlessly into prescribing workflows of public hospital doctors;

» Measure and report on the timeliness, quantity and quality of discharge planning and clinical handover to general practitioners under hospital accreditation standards;

» Mandate that all public hospitals must develop a single point of contact to receive electronic referrals sent by general practice;

» Mandate that communication to a general practitioner must include why the referral was rejected. If the referral was rejected because:

- it is out of area - then inclusion of the service and contact details that will accept the patient must be included;
- the hospital does not provide the service required - then inclusion of the service and contact details that will accept the patient must be included; and
- it does not meet the requirements of the hospital for care - then this decision should only be made on a case-by-case basis by a medical practitioner (in such a case, there must be the ability for the GP to contact the medical practitioner to discuss this in a timely manner, with details included in the letter).

GOAL

# 4

## Preventative Health

**Preventive health care is a very important pillar of our health system. Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows. While primary health is largely federally funded, the state also has a responsibility in prevention, public health and health promotion. This work is particularly important in regional and rural areas of the state where primary care services must be optimised to deliver better preventative health care.**

AMA Victoria calls on the Victorian State Government to:

### State-wide Obesity Strategy

» 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.

### SunSmart

» Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.

### Aged care facilities

» Support public hospitals to work with general practitioners, RACFs and primary health networks to provide:

- a full range of in-reach services;
- timely secondary support and streamlined referrals for GPs; and
- an increase in point-of-care testing (including imaging and pathology).

GOAL

# 5

## 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 Facilities

» 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

» 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

» 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

» 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.

GOAL

# 6

## 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.

# Goals & Recommendations

1

## Investment in education, training and workforce planning for Victoria

Workforce planning, education and training should align with community health needs. The medical workforce needs to be prepared for an ageing population, changing patterns of disease and the challenges and solutions of digital technologies within health.

The increasing number of medical graduates is an opportunity to improve the access to medical services without compromising the health and working conditions of medical staff. It is crucial to match the numbers of medical graduates with training opportunities and long-term employment prospects.

Efforts have been made to provide intern placements to all Victorian graduates, but there are insufficient pre-vocational positions for PGY2 and PGY3 doctors-in-training.

# The medical workforce needs to be prepared for an ageing population, changing patterns of disease and digital technology.

Bottlenecks have formed at the level of entry into advanced training positions and also at the level of consultant or specialist positions after training completion. Addressing and avoiding bottlenecks requires ongoing examination of statistics from all medical training colleges of specialised training positions and the number of specialists in Victoria.

Across Victoria, many hospital medical officer positions are unaccredited. Each year, doctors-in-training who miss out on accredited specialist training positions remain employed in highly demanding unaccredited positions to compete with a larger group of doctors in the next round of training selection, perpetuating a highly competitive working environment where employees are strongly discouraged from raising workplace concerns due to the need to secure a positive reference for the next round of training applications.

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

- **Establish strategies to facilitate effective workforce planning and rapid identification of areas of shortage, with data analysis of annual reporting by health services of the numbers of employed hospital medical officers in accredited and unaccredited positions and the number of specialists in each specialty;**
- **Identify and analyse the amount of unrostered overtime being worked;**
- **Increase funding for rural and remote area health services, to allow for higher rates of pay for doctors-in-training employed there, to incentivise work in these locations;**
- **Provide a lump sum payment for doctors working in rural and remote area health services, consistent with existing State Government policy to offer a $50,000 bonus payment to teachers who sign on to work in rural areas;**
- **Facilitate early exposure to general practice through accredited prevocational rotations to promote the value of a career in general medicine;**
- **Develop a public hospital career medical officer pathway;**
- **Facilitate the development of a strong clinical informatics workforce, to build digital health capacity and use; and**
- **Liaise with the Federal Government to develop a common methodology for assessment of areas of need for workforce shortages that does not rely on employer statement of need.**

# Goals & Recommendations

### Inequity in general practitioner training

General practitioner registrar training has significantly decreased remuneration and entitlements compared with hospital registrars. This includes a 30 per cent reduction in salary and effectively no access to paid parental leave.

Furthermore, the employment contracts signed by GP registrars every six months vary widely as they rotate through different practices. Unlike hospital trainee contracts, which must comply with the current hospital Enterprise Agreement, GP registrar contracts are not bound to a minimum standard of work entitlements.

In the AMA Victoria, Victorian Public Health Sector – Doctors-in-Training Enterprise Agreement 2018-21, Clause 31 addresses rotation to a general practice training program. The Enterprise Agreement contemplates general practitioner registrars, but general practitioner registrars are not captured by this framework as they usually operate under separate arrangements under the National Terms and Conditions for the Employment of Registrars.

**AMA Victoria proposes to the Victorian Government that:**

» **General practice registrars be employed by a public hospital while on rotations. This would guarantee that the registrar benefits from enterprise agreement protections and, as a result, general practice registrars would be more likely to stay and work in rural and regional area health services.**

### Medical practitioners and services in rural and regional Victoria

The provision of accessible and high quality health care for people living in Victoria's rural and regional areas must be a high priority for the Victorian State Government.

Key initiatives are required to address health workforce shortages in rural and remote regions, including allocation of funding to support teaching, training, recruitment and retention of all medical practitioners, and particularly general practitioners.

For many general practitioners and GP registrars working in rural and regional areas access to education, research opportunities and support and mentorship from specialists is scarce.

In rural and regional areas of Victoria, where the incidence of chronic and complex conditions is high, sophisticated skills and a depth of experience are required. General practitioners need access to education to maintain and improve their skills in order to provide quality services to their patients and the community across their career life. In rural and regional settings, they require access to well-functioning, supported and sustainable hospitals for their patients.

AMA Victoria advocates that hospitals should be appropriately resourced and tasked with supporting general practitioners in their regions to develop and maintain their clinical skills. Identified clinical areas of need include maternity care (including intrapartum care), anaesthetic care, trauma management, palliative care, minor surgical procedures and the insertion of long acting reversible contraception (such as Intra Uterine Devices).

Access to telehealth services for doctors more broadly will enhance the reach of medical services in a more equitable way across Victoria. Whilst it does require infrastructure, with today's web-based technologies, it need not be a prohibitive cost. It is particularly useful also in cancer care, aged care and in general practice.

# The provision of accessible and high quality health care for people living in Victoria's rural and regional areas must be a high priority for the Victorian State Government.

AMA Victoria calls on the Victorian State Government to:

General practitioners:

» Develop strategies to assist general practitioners to provide care in the community and in small rural and regional hospitals - this should include training and skills maintenance, secondary referral to hospital specialists, facilitate the development of referral pathways and financial subsidies;

» Provide general practitioners working in rural hospitals with priority support from regional hospital hubs and streamlined pathways of care for emergency advice and transfer;

Rural and regional hospitals:

» Provide support to hospitals to upskill and maintain the clinical skills of general practitioners in maternity care (including intrapartum care), anaesthetic care, dealing with trauma, palliative care, minor surgical procedures and long acting reversible contraception;

Telehealth:

» Invest in telehealth support for rural GPs, and improve access to telephone and email advice from dedicated public hospitals to ensure optimal care, timely referral and assistance in urgent and semi-urgent scenarios;

» Invest in telehealth services to ensure patients living in rural and remote areas can access assessment and treatment within their community;

Overseas trained doctors:

» Invest in training to support the delivery of quality medical practice by 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.

# 2

# Mental Health

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

AMA Victoria welcomes the findings of the Interim Report of the Royal Commission into Victoria's Mental Health System. We await the outcome of the Victorian Government Royal Commission into Mental Health Final Report.

AMA Victoria agrees with the Royal Commissioners' assertion that significant and urgent investment in mental health services is urgently required to ensure Victorians receive adequate care, support and treatment.

There is an immediate need for investment in key mental health priority areas.

AMA Victoria calls on the Victorian State Government to

- Increase the psychiatric bed capacity in public hospitals;
- Provide adequate resourcing for community care services to address the 'missing middle' through investment in state-wide psychiatric outpatient clinics;
- Invest in specialised mental health areas that have not been adequately resourced – emergency departments and crisis presentations, dual diagnosis services, dual disability services, psychotherapy training for psychiatric registrars and general medical practitioners; and
- Invest in ongoing specialist support for general practitioners to treat and manage patients with mental illness, with a recognition of the longer term nature of many mental illnesses.

# 92%

of psychiatrists work in the metropolitan area. AMA Victoria advocates that there should be opportunities for psychiatry registrars to undertake rural rotations.

# There is a shortage of psychiatrists in Victoria, particularly in regional and rural areas.

### Shortages in psychiatric sub-specialties

Victorian psychiatrists are leaving the public sector at an alarming rate. The reasons for psychiatrists leaving the public sector are multi-faceted, but encompass the excessive demands placed on them, the increasing acuity of patients, shortened lengths of admission and greater mental health presentations to the emergency department.[1]

This shortage of psychiatrists in Victoria is particularly evident in regional and rural areas.

Data shows psychiatrists continue to demonstrate a strong preference to live and work in major cities, with 92 per cent of psychiatrists working in the metropolitan area.[2] AMA Victoria advocates that there should be opportunities for psychiatry registrars to undertake rural rotations.

Furthermore, in order to combat the geographically inequitable access to psychiatry, the Victorian Government should ensure access to tele-psychiatry for rural and regional patients. This technology and infrastructure could also be used to support the professional development and connectedness of rural psychiatrists and trainees.

Maldistribution of the psychiatry workforce occurs across areas of metropolitan Melbourne and is a trend likely to increase. The four growth corridors in the south-east, north, Sunbury and the west – are expected to accommodate close to half of Melbourne's new housing over the next 30–40 years. This presents a need for psychiatry workforce planning to be responsive to changing demographics but should not be at the expense of existing mental health facilities.[3]

# There is a severe shortage of child and adolescent psychiatrist training positions.

There is also a severe shortage of child and adolescent psychiatrist training positions.[4] The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has noted that to become a psychiatrist, a trainee needs to complete a six-month placement in child and adolescent psychiatry. However, there are insufficient training places, creating a bottleneck of trainees and restricting the overall number of psychiatrists trained in Victoria.

The number of applications submitted for the RANZCP Fellowship Program continues to increase, however the annual number of available first-year training places has not increased to accommodate demand, or the potential needs of future population growth.

Despite evidence for its effectiveness, access to psychotherapy training is quite limited both in metropolitan and regional and rural areas in Victoria. The State Government should invest in greater access for psychotherapy training.

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

- **Invest in developing the psychiatric workforce, including structures, resources and processes that encourage healthcare workers to undertake a career in mental health;**
- **Invest in greater access for psychotherapy training for trainees in metropolitan and regional and rural areas;**
- **Increase the number of rural rotations available for psychiatry registrars;**
- **Provide access to tele-psychiatry for rural and regional patients. Such technology could also be used to support the professional development and connectedness of rural psychiatrists and trainees.**

# 3

# Improve Public Hospitals

### Public health operational funding

Despite record investment from the State Government, this past year has seen an operational funding crisis in our public hospitals.

The system is constrained by current infrastructure and resourcing. In many respects, we are experiencing the perfect storm in Victoria: booming and ageing population pressures, a consumer shift from the private health sector to the public and inadequate chronic disease management.

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

- **Increase operational funding for public hospitals so hospitals can meet increased demand.**

### Public hospital culture

*Doctors-in-training:*

Public hospital culture and excessive doctor workload is everyone's problem.

High levels of burnout are associated with more medical errors and compromised patient safety. Conversely, improved patient experiences and health outcomes follow from optimal public hospital culture.

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 state and federal governments, public hospital administrators and of course, hospital staff.

# There is an important shared responsibility to improve the workplace culture in Victoria's public hospitals.

At AMA Victoria, we hear of a growing number of problems experienced particularly by doctors-in-training working in public hospitals including poor workplace conditions, excessive fatigue, high levels of stress, inadequate support, bullying, unsupportive management and burnout.

The public hospital business model is built on the exploitation of doctors – and early career doctors in particular – whose workplace agreements are not honoured by health services and whose overtime regularly goes unpaid.

Furthermore, many registrars are not given access to 5 hours per week of training time – an important enterprise agreement entitlement – to improve and broaden their medical skills.

The wellbeing of doctors-in-training will continue to be an issue if enterprise agreements are not adhered to by public health services.

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

- **Ensure public health services comply with doctors' enterprise agreements;**
- **Ensure public health services have the resources to comply with doctors' enterprise agreements;**
- **Ensure new hospital developments are built with consideration given to EBA clauses and entitlements so that hospital infrastructure provides adequate office space, rest areas, and other EBA entitled spaces such as on-call rooms.**

# Our public hospital infrastructure is ageing - with no clear strategy in place for upgrading, improvement and renewal.

*Gender equity in the medical workplace*

Much work needs to be done to address systemic problems of gender discrimination and sexual harassment across the public health system. The health workforce is predominantly female, but is predominantly male-led. Gender inequity is highly detrimental to the medical workforce – at both individual and systems levels. In 2019, AMA Victoria called on the State Government to launch a review into gender discrimination, sexual harassment and bullying at public hospitals; and we do so again.

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

» **Invest in a review into gender discrimination, sexual harassment and bullying at public hospitals.**

## Public health infrastructure

Whilst the Victorian State Government has gained great kudos with its focused investment on transport infrastructure, it has taken its eye off the public hospital infrastructure needs across the state.

Our public hospital infrastructure is ageing - with no clear strategy in place for upgrading, improvement and renewal.

Many of our older public hospital buildings are at end-of-life and are severely constrained in their ability to meet the standards expected in the delivery of healthcare in 2020 and beyond. Health requires complex infrastructure. Buildings need to be flexible and need to be built to evolve as technology develops, delivery of care models change and community expectations shift.

Similarly, the management of public hospital assets and equipment requires huge investment to ensure end-of-life infrastructure does not fail. When hospitals draw on operational funding to pay for the replacement and upgrading of obsolete or failing equipment there is an opportunity cost seen in reduced capacity to deliver patient care. When critical public hospital infrastructure fails, as we have seen in a number of major tertiary hospitals in Melbourne this year, quality and safety is compromised and public confidence in the system is undermined.

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

» **Invest in a public hospital renewal strategy; and**

» **Increase its investment in the maintenance budgets of all public hospitals.**

## Access and transparency

The performance of public hospitals lacks transparency. Consumers of health services, their families and general practitioners are not provided with information on how long the wait will be for a specialist outpatient service, or for elective surgery. Informed decisions about the patient's care therefore cannot be made.

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

- **Mandate hospitals into reporting in real-time their referral to treatment times for each specialist outpatient service; and**
- **Commit significant funding towards Victoria's public hospital specialist outpatient services.**

# Goals & Recommendations

## Hospital communication

Safe and optimal patient care requires adequate and timely communication between all medical and health professionals providing care to patients – as per the AMA's '10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors' (https://tinyurl.com/AMA-10MinimumStandards).

Discharge from hospitals is a high-risk time for patients. General practitioners continue to provide accounts of frequent poor communication and discharge planning from hospitals that put patient care at risk.

Referrals to hospitals from general practice is also a major area of concern. Many hospitals are unable to receive referrals by secure electronic referral mechanisms and are reliant on faxes. This is inefficient, unsafe and a waste of paper. Additionally, with the National Broadband Network (NBN) roll out, some general practices will no longer have the ability to fax referrals.

Many general practitioners tell us referrals to hospitals are being rejected. This is because the patient is out of area, the service is not provided by the hospital, or it does not meet the requirements of the hospital for care.

With the introduction of state-wide referral guidelines, the prevalence of this problem is likely to increase.

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

- **Fully fund the integration of SafeScript into hospital electronic medical records so that SafeScript fits seamlessly into prescribing workflows of public hospital doctors;**
- **Measure and report on the timeliness, quantity and quality of discharge planning and clinical handover to general practitioners under hospital accreditation standards;**
- **Mandate that all public hospitals must develop a single point of contact to receive electronic referrals sent by general practice;**
- **Mandate that communication to a general practitioner must include why the referral was rejected. If the referral was rejected because:**
  - **it is out of area - then inclusion of the service and contact details that will accept the patient must be included;**
  - **the hospital does not provide the service required - then inclusion of the service and contact details that will accept the patient must be included; and**
  - **it does not meet the requirements of the hospital for care - then this decision should only be made on a case-by-case basis by a medical practitioner (in such a case, there must be the ability for the GP to contact the medical practitioner to discuss this in a timely manner, with details included in the letter).**

## Aged care facilities

The provision of appropriate health care and services to people living in residential aged care facilities (RACF) is vital. Health care is largely provided by general practitioners in the aged care setting however, general practitioners require access to a wide array of health professionals and services to provide high quality and timely health care.

AMA Victoria considers better supporting public hospitals to work with general practitioners would enable aged care residents to be cared for in place and would also decrease the burden on public hospitals and emergency services.

General practitioners advise that residents in RACF require greater access to in-reach services by both specialists and allied health professionals and that general practitioners require greater access to point of care testing and timely secondary support and streamlined referrals.

# Safe and optimal patient care requires adequate and timely communication between all medical and health professionals providing care to patients.

AMA Victoria calls on the Victorian State Government to:

- Support public hospitals to work with general practitioners, RACFs and primary health networks to provide:
  - a full range of in-reach services;
  - timely secondary support and streamlined referrals for GPs; and
  - an increase in point-of-care testing (including imaging and pathology).

# 4

# Preventative Health

**Preventive health care is a very important pillar of our health system. Investment in illness prevention and early detection is vital as the prevalence of chronic disease grows. While primary health is largely federally funded, the state also has a responsibility in prevention, public health and health promotion. This work is particularly important in regional and rural areas of the state where primary care services must be optimised to deliver better preventative health care.**

# Stronger investment in preventative health measures can help reduce pressures on the public health system.

## State-wide Obesity Strategy

Obesity is a major public health issue in Australia. Almost 7 in 10 Australians are now considered overweight or obese. Obesity contributes to preventable, non-communicable diseases, shortened life-expectancy and impaired quality of life.

**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.**

## SunSmart

AMA Victoria is supporting Cancer Council Victoria to advocate for improved SunSmart practices in secondary schools.

Limiting ultraviolet radiation (UVR) exposure in children and adolescents is critical for reducing skin cancer incidence in Australia. While sun protection policies have been effective in increasing sun protection in primary school settings, very few secondary schools in Victoria choose to implement best-practice policy to protect adolescent students from UVR.

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

» **Improve evidence-based sun protection practices in secondary schools through a comprehensive approach including best-practice policy adherence, education through the curriculum and sun protection measures such as shade.**

# 5

# 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 2015, alcohol use contributed to:

- 4.5 per cent of the total burden of disease in Australia;
- 40 per cent of liver cancer burden;
- 28 per cent of chronic liver disease burden;
- 22 per cent of road traffic injuries– motor vehicle occupant burden; and
- 14 per cent of suicide burden.[5]

Research shows these harms are not limited to individual drinkers but also affect their families, other bystanders and the broader community.[6] 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.[7] The risk of domestic violence increases when alcohol is involved[8], and worsens the severity of physical aggression.[9] 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.[10]

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.[11]

**40%**

In 2015, alcohol was responsible for 40 per cent of liver cancer burden.

**22%**

In 2015, alcohol was responsible for 22 per cent of road traffic injuries—motor vehicle occupant burden.

**$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.

The 2018/19 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.[12]

In just the first two months after the medically supervised injecting facility opened its doors at North Richmond Community Health, there was a high uptake of services, with:

» 8,000 visits; and

» 140 overdoses prevented.[13]

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.[14]**

## 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**

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

**140**

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.[15]

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.[16] 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*

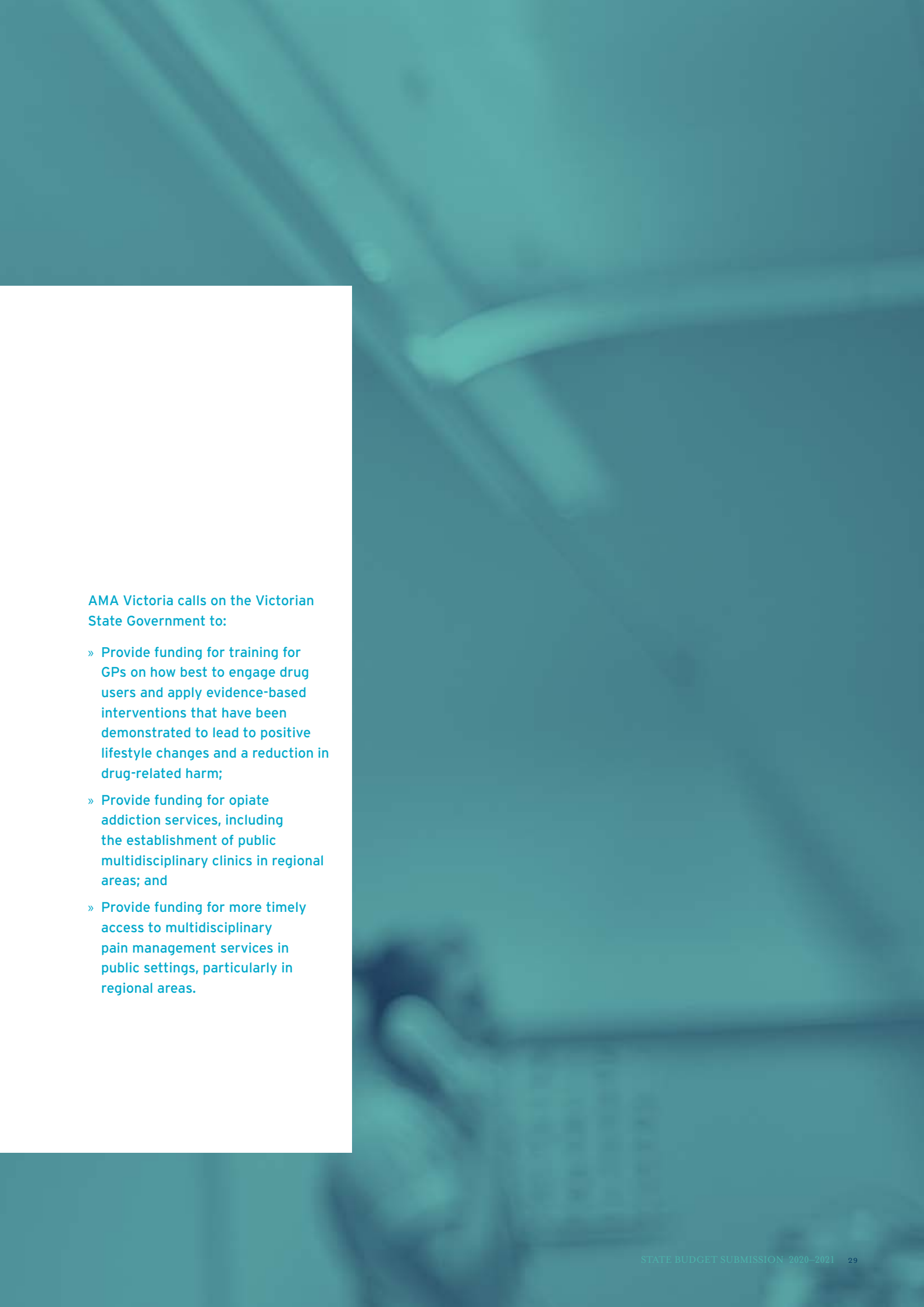
Opioid replacement therapy (also called pharmacotherapy) is used to provide treatment to those addicted to opiates, such as heroin and fentanyl. When patients successfully stabilise their addiction treatment, ORT can achieve long-term harm minimisation and the prevention of illicit drug use.

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.[17]

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.

# 6

# 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.[18]

# 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.[19]

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[20] and the Victorian Auditor-General.[21]

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.[22] 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.

# 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.[23] 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


1. "The challenges facing the public mental health sector: implications of the Victorian Psychiatry workforce project", *Australasian Psychiatry*: 1-4, 2019.
2. The Royal Australian and New Zealand College of Psychiatrists (RANZCP), Victorian Branch 2019-20 Pre-Budget Submission, 2018.
3. "The challenges facing the public mental health sector: implications of the Victorian Psychiatry workforce project", Australasian Psychiatry: 1-4, 2019.
4. Ibid.
5. According to information drawn from the National Hospital Morbidity Database on drug-related principal diagnosis, alcohol was the drug with the highest number of hospital separations across the 5-year period from 2013-14 to 2017-18, accounting for about half of those separations (53%).(Source: https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/impacts/health-impacts)
6. The National Health and Medical Research Council, Australian guidelines to reduce health risks from drinking alcohol, 2009.
7. Turning Point, Alcohol and Other Drugs (AOD) Statistics, 2017.
8. Abramsky, T., et al., "What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence." *BioMed Central*, 2011; 11:109.
9. Graham, K., et al., "Alcohol May Not Cause Partner Violence But It Seems to Make It Worse: A Cross National Comparison of the Relationship Between Alcohol and Severity of Partner Violence." *Sage Journals*, 2010; 26(8): 1503-1523.
10. The Australian Institute of Family Studies, Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do, 2008.
11. Roche, A., et al., "Alcohol and drug-related absenteeism: a costly problem." *Australian and New Zealand Journal of Public Health*, 2015; DOI: 10.1111/1753-6405.12414.
12. "Police 'displace' Richmond's heroin injecting problem," *The Age*, 24 May 2012.
13. "Melbourne safe injecting room hailed a success by director after thousands of visits in first two months", *ABC News*, 31 August 2018.
14. Premier of Victoria's Office Media Release, Saving Lives and Reducing Drug Harm in North Richmond, 29 June 2018.
15. Queensland Government, Tobacco laws in Queensland, updated 2 February 2017.
16. The Cancer Council, Tobacco in Australia: Facts & Issues, 2018.
17. Hogg, M.N. et.al., "Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia", Medical Journal of Australia, 2012; 196(6): 386-390.
18. Palliative Care Victoria, Estimated Need and Unmet Need for Palliative Care in Victoria, 2017.
19. Victorian Auditor-General's Office (VAGO), Palliative Care, 2015.
20. Parliament of Victoria, Inquiry into End of Life Choices: Final Report, 2016.
21. Victorian Auditor-General's Office (VAGO), Palliative Care, 2015.
22. Victoria State Government, Victoria's end of life and palliative care framework, 2016.
23. Hudson, P. "Home-based support for palliative care families: challenges and recommendations." *Medical Journa l of Australia*, 2003, 179(6):35.

**Australian Medical Association Victoria**

293 Royal Parade
Parkville Victoria 3052
www.amavic.com.au

Telephone: 03 9280 8722
Country Freecall 1800 810 451
Facsimile: 03 9280 8786
Email: amavic@amavic.com.au