

KEY HEALTH ISSUES FOR THE 2020 ACT ELECTION



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KEY HEALTH ISSUES FOR THE 2020 ACT ELECTION

Health policy will be a vital factor in the outcome of the 2020 ACT Election. It influences votes at every election. It must.

Between us, the AMA ACT and RACGP NSW&ACT Faculty represent all Canberra's doctors, not just our members, and we advocate for the best health system and the best health outcomes for all Canberrans.

Doctors witness the best and worst of government health policy every minute of every day.

We witness it in public hospitals, private hospitals, in general practice, in private non-GP specialist practice, in aged care facilities, mental health, in people's homes, in emergency situations, in medical research, in academia. In all settings.

We witness it in our city centre, in our town centres, in our suburbs and our region.

We witness it at all stages of life – from pregnancy to childbirth to infancy to teens to adult years and to aged care.

Doctors are uniquely placed to comment on health policy. We have the daily lived experience to know what works and what doesn't work. Our patients tell us what is good and bad about their patient journey.

Doctors are very good health policy advisers. The AMA ACT and RACGP NSW&ACT Faculty collects this knowledge from the grassroots of health service delivery, and we pass this knowledge on to all interested parties and people.

We strive for a better-informed community, a better informed polity and a better healthcare system.



Our Key Health Issues for the 2020 ACT Election document sets out what the AMA ACT, the RACGP NSW&ACT Faculty and the medical profession believe are three key areas to focus on in order that our ACT health system continues to improve and deliver high quality services to our ACT community. These key areas are:

- **Our ACT public hospitals**
- **Better care for our Canberra community**
- **GPs care for our mental health**

What's required now is a commitment by the major parties to commit to these key areas, undertake the hard work and policy development, together with significant well-targeted funding to keep our ACT health system continually improving and evolving as it delivers high quality care.

Health is the best investment that any government can make.

A handwritten signature in black ink, appearing to read 'Antonio Di Dio', written over a horizontal line.

Dr Antonio Di Dio
President
Australian Medical Association (ACT)

A handwritten signature in blue ink, appearing to read 'Charlotte Hespe', written in a cursive style.

Dr Charlotte Hespe
NSW&ACT Faculty Chair
Royal Australian College of General Practitioners

OUR ACT PUBLIC HOSPITALS

Public hospitals are a critical part of our health system. The doctors, nurses, and other staff who work in them are some of the most skilled in the world.

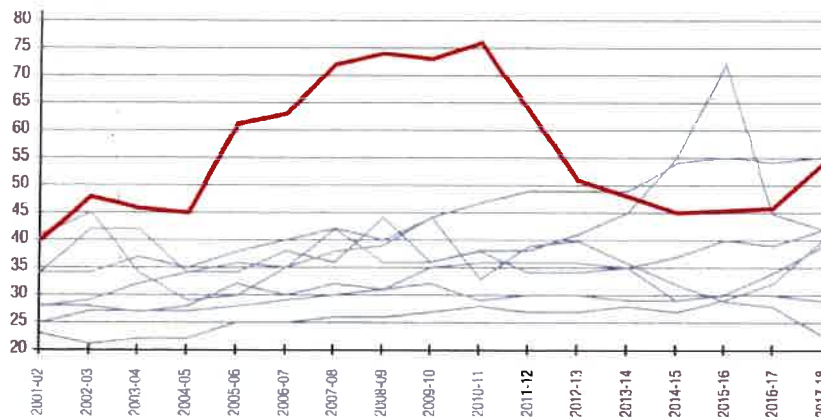
The most recent available data shows that, in 2018-19, our ACT public hospitals provided more than 118,000 episodes of admitted patient care and, in 2017-18, managed over 150,000 emergency presentations.

However, It's not unusual to read headlines that point to the significant pressure that both Canberra Hospital and Calvary Public Hospital are under. For many years now, the AMA Public Hospital Report Card has shown our ACT public hospitals as lagging the country in waiting times for both emergency department treatment and elective surgery:

Elective surgery

Waiting times

Median waiting time for elective surgery (days) – ACT (compared to other states)

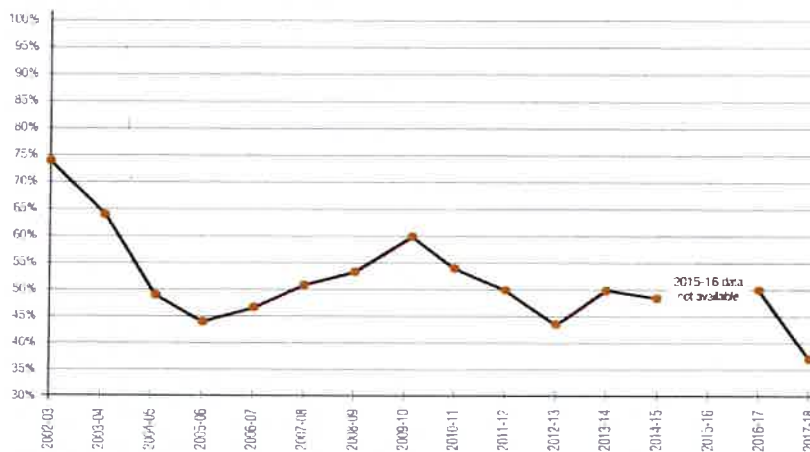


Sources: AIHW elective surgery data cubes (2001-02 to 2006-07); AIHW Australian Hospitals Statistics: elective surgery waiting times (2007-08 to 2017-18)

Emergency department*

Waiting times

Percentage of Triage Category 3 (urgent) emergency department patients seen within recommended time (<30 minutes) – ACT



Sources: The State of our Public Hospitals (DoHA, 2004 – 2010); AHW Australian Hospital Statistics: Emergency department care (2010-11 – 2017-18)

The question is – why are we seeing this underperformance from the ACT public hospital system?

Stanhope and Ahmed Analysis

While the answer to this is multi layered, former ACT Chief Minister Jon Stanhope and former ACT Treasury official, Dr Khalid Ahmed believe a significant part of the answer lies in the special characteristics of the ACT public hospital system that lead to higher costs and an unwillingness by government to properly fund our local system.

In a series of articles and a public lecture, Stanhope and Ahmed outline their analysis and claim that the main factors contributing to the relatively high cost of the ACT public hospital system are the small scale of the local operations and the cross-border patient flows from NSW.

While, intuitively, this makes sense for those of us who live and practice in the ACT, Stanhope and Ahmed then explain how these factors lead to the need for relatively higher funding than

other, larger jurisdictions. In their 30 March 2019 op-ed in the *Canberra Times*, Stanhope and Ahmed state:

A close look at the ACT budget shows that [public hospital] funding is going backwards by about 1 per cent a year after taking into account population growth, an ageing population and changes in health technology. That's without taking into account growth in wages and other costs.

In the four years from 2012-13 to 2016-17 the shortfall was \$67 million in hospital funding. In 2016-17, an extra \$37 million should have gone into hospitals just to keep up with demand, not including increases in wages and other costs. Once wages and costs are included, the shortfall for that year alone is, conservatively, \$120 million.

Further, they point to:

[T]he inadequacy of growth funding in successive ACT budgets. Data from the Australian Bureau of Statistics, supplied by the ACT government, reveals severe constraint since 2012-13. From 2007-08 to 2011-12, nominal health spending grew by an average of 10.3 per cent a year. By comparison, from 2012-13 to 2016-17, this was slashed to just 4.1 per cent.

Looking forward, based on data from the ACT Government 2018-19 Budget, the situation is not forecast to improve in the period through to 2021-22.

If Stanhope and Ahmed are correct in their analysis, it wouldn't be unexpected to see a manifestation of the 'chronic underfunding' emerge in extended delays for patients accessing services, waiting times blowing out and a poor workplace culture. In other words, the type headlines, and problems we've been hearing about.



Tell Us Where You Stand

Tellingly, ACT Labor has not responded to Stanhope and Ahmed while the Canberra Liberals have remained likewise silent.

Our community deserves a response from both major political parties because, if Stanhope and Ahmed are right, whichever party forms government after the October election will be faced with deteriorating public hospital performance and further delays in waiting times for emergency department services, elective surgery, and out-patient appointments.

We challenge both major parties to tell us where they stand on this issue.



BETTER CARE FOR OUR CANBERRA COMMUNITY

We've known for some time that if we can better integrate care across our health system – from public hospitals, to general practices and on to allied and other healthcare services – better outcomes can be achieved for our patients.

In other words, we support patient focussed, GP-led integrated care.

In a formal sense, integrated care is about the organisation and delivery of health services to provide seamless, coordinated, efficient and effective care that responds to all a person's health needs.

Models of integrated care are based on decisions about what services are needed, who is best to provide those services, and how patient access is facilitated. The practice of integrated care involves collaboration and cooperation between providers and services and occurs across primary, secondary and tertiary care; extending beyond a patient's regular medical home or single provider, and into the 'medical neighbourhood'.

Challenge and reward

We know it's a challenge to bring the various parts of the healthcare system closer together and get them working in harmony – particularly in of the midst of the COVID-19 pandemic. But that's where the big gains lie. ACT Health know this, as do Canberra Health Services, as well as our local primary care network. GPs know it and, most importantly, so do our patients and their advocates.

To achieve better integration, we must support primary care, including general practice, as part of multidisciplinary healthcare teams meeting patient needs. These teams will, for example, be



better placed to manage and reduce the risk of patient comorbidities and reduce adverse medication events through increased access to a broad range of health expertise.

Data-driven quality care initiatives will improve patient outcomes through evidence-based health care.

WICs are not the answer

We know the current Walk in Centres are expensive and a poor substitute for our Canberra community having affordable access to high quality primary care, including general practice.

We also know that affordable access to general practice can reduce Emergency Department presentations and hospitalisations.

Taken together, this is also why the recent announcement on five new Walk in Centres was so disappointing to us.

At a time when we all should be working towards better integration of care, the new Walk in Centres, where people are seen on a one-off or very short-term basis, carry with them the significant risk of further splintering care.

In our view, it's time for a far greater focus on better integration of care for our ACT community and we call on the major parties to commit to implementing models of integrated care for patients with chronic cardiovascular, respiratory, musculoskeletal and mental health conditions in the first two years of the next term of government.



GPs CARE FOR OUR MENTAL HEALTH

It might surprise many in our community that 80% of all mental health issues are dealt with in general practice. While psychologists, psychiatrists and public hospital mental health facilities are a crucial part of the puzzle, anyone who has a family member experiencing mental health issues knows that their care is often undertaken by a GP.

General practice, long term and longitudinal, is the key to co-ordination of acute and chronic specialised input in a complex system, where patients need a central support. With our network of 92 general practices in Canberra, much of the mental health workload is undertaken by GPs and a key means of ensuring better mental health outcomes is to support those GPs to do what they do.

COVID has only increased the need for GPs to play a key role in supporting their patients through these difficult times.

In summary, with appropriate support, GPs are best placed to facilitate the provision of continuity of mental health care in the community.

The Current Situation in the ACT

In the ACT, specialist psychiatry services are available in both the public and private sectors.

However, the current public psychiatry workforce is understaffed and working beyond capacity while private psychiatrists have continued to provide substantial care via Telehealth during COVID.

While patients continue to have access to GP appointments, community mental health care providers through their GP, Access Mental Health referrals, the Federally funded Headspace program and limited access to public psychology services, they are almost inevitably being



treated for emergency/crisis presentations with short term care while continuing to need support over time and prolonged care.

What this Means

First and foremost, we see demand for mental health services increasing with COVID.

In addition, we see community services that are overloaded and difficult for patients with moderate illness to access. Hospital care appears to be only available for patients with severe illness for crisis care. Often we see that patients are being discharged before they have adequately recovered and then being returned to community services that have insufficient capacity to support them.

The result of all of this is the cycling of patients between the community and hospital during mental health crises.

While GPs are willing step up to assist their patients in these circumstances, we are also aware of the increasing impact on the GPs themselves and the need to manage and prioritise both patient and GP wellbeing.

Our Objectives

Our key objective is to provide continuity of mental health care to our patients. Properly supported, GPs play a vital role in long term psychiatric care as part of a team approach that also includes community mental health services, hospital mental health services and specialist psychiatry services.

We should also aim to reduce the pressure that mental health care places on crisis services and our emergency departments.

When a patient does need hospital care or specialist psychiatry services, we need to ensure that care can be accessed in a timely and appropriate manner.



And importantly, we need to prioritise the wellbeing of GP and other health workers.

Recommendations

We call on both major parties to commit to the following initiatives:

- Introduction of the GP Mental Health Liaison Officer service to work at each public hospital
- Introduction of ACT Health Mental Health nurses in General Practice, thus keeping patients in a safe and familiar environment. A similar scheme should be scoped for adoption in private psychiatry practice.
- Introduction of ACT Health funded Social Workers in General Practice, also keeping patient in a safe and familiar environment.
- Expansion of the ACT Health Next Step service to include those impacted by COVID
- Expansion of the psychiatrist support phone service for GPs through increasing the number of public sector psychiatrists.
- Increased funding and workforce incentives to bolster public psychiatry services
- Additional support for GPs and other health worker wellbeing services such as the Doctors Health Advisory Service