



MEDIA RELEASE

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LACK OF FUNDING IN THE HEALTH SECTOR

Over the past four years, there has been continuing disquiet over health funding as a percentage of federal GST receipts. The recently released RDME report showing a deficit of \$96.4 million in 2015-16, rising to \$100 million in 2016-17 highlights the ongoing problems in Tasmania's health sector, with Tasmania showing the lowest health funding as a proportion of GST receipts and significantly lower than any other state.

The question must be asked, is there a real surplus to the Tasmanian budget or is it just a lack of spending in the health sector?

Dr John Davis President AMA Tasmania said today, "even though there has been an increase recently in funding and staff since the election, has the health sector suffered to prop up other sections of Government spending and if so what impact has this had?"

This perfect storm of bad planning and underfunding have created a system that hasn't grown in capacity to meet the needs of Tasmanians most vulnerable patients who need mental health care, emergency hospitals admissions, and elective surgery. A system anaesthetised to ambulance ramping, and hospital staff unable to provide adequate continuing care as they are physically unable to handover patients to hospital staff or into a hospital bed.

Lack of planning, unacceptable waiting periods for follow up for possible cancers including endoscopy for bowel cancers, unnecessary delays for medical appointments, procedures and surgery. Hospital accreditation for specialist training programs under review and in some circumstances being removed. General practitioners being overwhelmed by having to manage patients in the community until they can have access to hospital procedures coupled with a heavy reliance on agency doctors, nurses and other health workers. With both Departments of Emergency Medicine in Hobart and Launceston experiencing record presentations, and admissions.

Dr Davis called for an apparent breakdown of funding showing obvious comparisons with expenditure in other states.

The health system cannot function when it is continually asked to do more with less. Only a fully staffed and fully operational and supported health care system will be able to undertake innovative health care delivery to find efficiencies and savings.

The chronic underfunding is crippling the health service as it seems to stumble from one critical point to another. The AMA is calling for an end to this ad-hoc funding which has failed to address the underlying inadequate capacity and staffing requirements to meet the daily operational needs. A whole of government commitment is needed to fund health care adequately and put an end to the day to day crisis management.

ENDS

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