



**AMA QUEENSLAND**

**BUDGET SUBMISSION**

**2021-22**

*Leading Queensland Doctors  
Creating Better Health*



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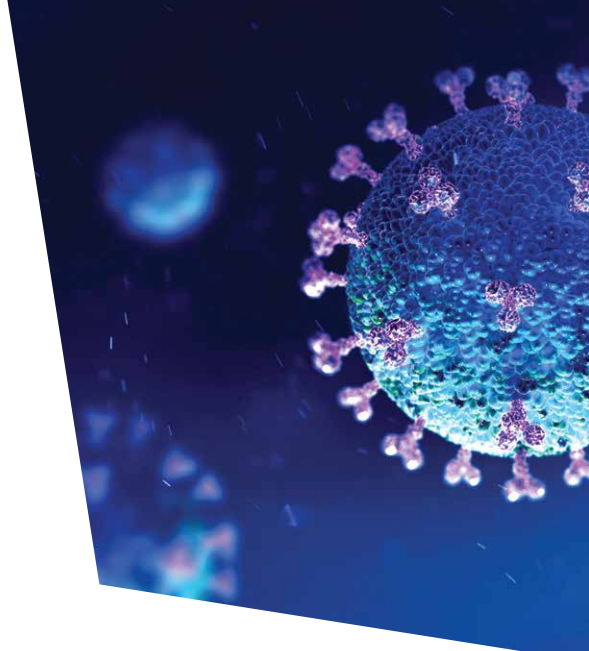
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# PRIORITIES FOR A NEW NORMAL IN HEALTH CARE



## QUEENSLAND'S HEALTH SYSTEM IS AT A CROSSROADS.

The COVID-19 emergency has evolved into an unprecedented vaccination program, the pandemic is likely to have a profound and long impact on our mental health, and international arrivals pose an indefinite infection risk to health workers and the community.

From medical students to practising doctors – every AMA Queensland member is juggling the fall-out, both at work and home.

Doctors have continued to care for the community and stepped up to support the vaccination roll-out, only to get caught in a political bun fight between the State and Federal Governments, as well as layers of bureaucracy and red tape.

Already stretched hospital services have been completely reshaped to cater for COVID-positive patients on top of spiraling numbers of patient admissions.

Emergency Departments (EDs) are in crisis with ramping occurring throughout Queensland as hospitals care for an unprecedented surge in patients.

Public health statistics show Queenslanders are living longer but spending more years in poor health with reduced quality of life. As the World Health Organisation has noted, the economic, societal and environmental implications of the pandemic will be with us for decades to come.

But the historic pressures, shortages, gaps and inequities in Queensland's health system have not gone away. It has never been more important for Queensland to have a well-resourced, accessible and agile health system.

## MORE THAN \$1.65 BILLION IS NEEDED FROM THE QUEENSLAND GOVERNMENT TO ADDRESS KEY PRIORITIES FOR PATIENTS AND DOCTORS.

### PRIORITIES FOR PATIENTS.

- ▶ Fix emergency health care and address access block (\$1 billion).
- ▶ Increase funding for palliative care (\$275 million).
- ▶ Fix health in rural and remote communities (\$6.25 million).
- ▶ Improve maternity and surgical services for Indigenous people (\$50.9 million).
- ▶ Boost specialist care for regional maternity patients (\$4.05 million).

### PRIORITIES FOR DOCTORS.

- ▶ Provide better digital health care technologies (\$313 million).
- ▶ Establish new training in addiction medicine (\$2.32 million).
- ▶ Improve mental health and workplace safety (\$1.97 million).



EMERGENCY

# PRIORITIES FOR PATIENTS

## 1. FIX EMERGENCY HEALTH CARE AND ADDRESS ACCESS BLOCK

The Queensland health system is at breaking point. People call an ambulance in an emergency only to experience dangerous delays. Ambulances ramp for hours with patients waiting for a bed in EDs. Patients remain in the ED, in corridors and every space available, while they wait for a hospital bed to become available. Hospital bed shortages and access block is crippling our hospitals with too few beds available to meet the demands of a rising population and demand statewide. This intolerable situation is putting patients' lives at risk and is placing staff under extreme pressure.

In May 2021, the State Government committed \$100 million funding to boost public hospitals. This is a drop in the ocean towards addressing a problem that may need in excess of \$1 billion to fix. AMA Queensland is coordinating an expert roundtable to put an end to the mismanagement of EDs and hospital bed numbers by successive governments over decades. The roundtable will be comprised of a cross-section of expertise such as emergency physicians, inpatient consultants and medical administrators, to create a five-year action plan with short and long-term goals out of ramping and access block.

### AMA QUEENSLAND IS CALLING ON THE QUEENSLAND GOVERNMENT TO HEED THE ROUNDTABLE'S RECOMMENDATIONS AND BUDGET ADVICE TO:

- a. implement innovative and effective models of care that alleviate the pressures on access block;
- b. fund additional emergency staff and resources to address unmet need;
- c. allocate the necessary budget for more beds in hospitals which need it most; and
- d. commit to short-term actions and long-term planning, beyond the election cycle, to meet the needs of an increasing and ageing population in Queensland.



## 2. INCREASE FUNDING FOR PALLIATIVE CARE

Palliative care in Queensland is severely and historically underfunded, forcing many Queenslanders to die without the dignity or comfort they deserve. Queensland has only half the number of specialist palliative care services it needs, especially in rural and remote parts of the state.

AMA Queensland joins with Palliative Care Queensland and the Queensland Specialist Palliative Care Directors' Group in calling for an additional \$275 million per year to address this priority.

The demand for palliative home care packaging, infrastructure upgrades and workforce shortages – particularly in regional, rural and remote communities – cannot be ignored any longer.

There is an urgent requirement for additional funding in 2021–22, ahead of the potential introduction of voluntary assisted dying (VAD) laws, to ensure the community is aware of palliative care options, has information on how it differs from but can coexist with VAD, and ensure people are supported whichever choice they make.

AMA Queensland is also calling on the State Government to re-establish a fully-funded, week-long intensive palliative care training course for GPs.

### AMA QUEENSLAND ASKS THE GOVERNMENT TO SUPPORT THE FOLLOWING STRATEGIES WITH \$275 MILLION TO DELIVER:

- a. palliative home care packaging (\$117 million);
- b. statewide palliative care workforce package (\$72 million);
- c. palliative care support programs (\$31 million);
- d. development of new models of care, including a proposed base and outreach model for regional, rural and remote communities (\$27 million);
- e. specialist palliative care training/workforce development training (\$13 million);
- f. palliative care infrastructure upgrade (\$10 million); and
- g. improved health literacy about choices at the end of life through a statewide public education program and increased emphasis on advanced health directives (\$5 million).



### 3. FIX HEALTH IN RURAL AND REMOTE COMMUNITIES

More than a third of Queenslanders live in regional and remote communities, yet they are disadvantaged when it comes to health care, as successive Queensland governments have reduced access to essential services such as maternity, mental health and pain management programs.

This disadvantage is driven by a health system which measures success by reduced waiting lists, cost efficiencies and patient numbers for specific health conditions, accentuated by shortages of health workers and excessive workloads for staff.

The Chief Health Officer's 2020 report *The Health of Queenslanders* shows regional and remote Queenslanders have poorer health than those in urban centres.

More funding and attention is needed in several key areas.

#### AMA QUEENSLAND RECOMMENDS \$6.25 MILLION OF FUNDING FOR:

- a. increased involvement of specialist obstetricians and doctors with obstetrics experience in regional communities (see point 5);
- b. pain management services in rural and remote communities, including immediate action to provide safe and culturally-appropriate pain management services for Indigenous Queenslanders, who are three times more likely to need them (\$4 million);
- c. new models of pain management for Indigenous patients, including children, through the use of telehealth involving interdisciplinary teams (\$750,000); and
- d. greater support and extra mental health services, including better access to psychologists and psychiatrists, to support patients with chronic pain during the current pandemic (\$1.5 million).

## 4. IMPROVE MATERNITY AND SURGICAL SERVICES FOR INDIGENOUS PEOPLE

Many Indigenous Queenslanders face barriers to accessible and affordable health care, and communication difficulties with health professionals, both in rural areas and cities.

Barriers to accessing surgical services include lengthy wait times in the public hospital system, lack of transport and exorbitant parking prices, as well as the reluctance of patients to attend large and unfamiliar hospitals.

### AMA QUEENSLAND RECOMMENDS \$50.9 MILLION FOR:

- a. increased access to culturally-appropriate maternity services and surgical services such as dialysis; oral health; women's health; gastroenterology; ear, nose and throat procedures; cancer treatment; and ophthalmology (\$33 million);
- b. establishment of transport services for patients (\$375,000);
- c. funding for a scholarship scheme for Indigenous doctors and nurses, in partnership with Queensland medical and nursing schools (\$125,000);
- d. expansion of the Birthing in Our Community (BiOC) program (currently at Salisbury) to three additional sites at Brisbane North, Brisbane South (Logan) and Bayside (Redlands) (\$9.7 million); and
- e. higher staffing levels (part of (d) above) including senior medical officers and nurses at Institute of Urban Indigenous Health (IUIH) and Inala Indigenous Health Service (IIHS) clinics in Brisbane (\$7.7 million).

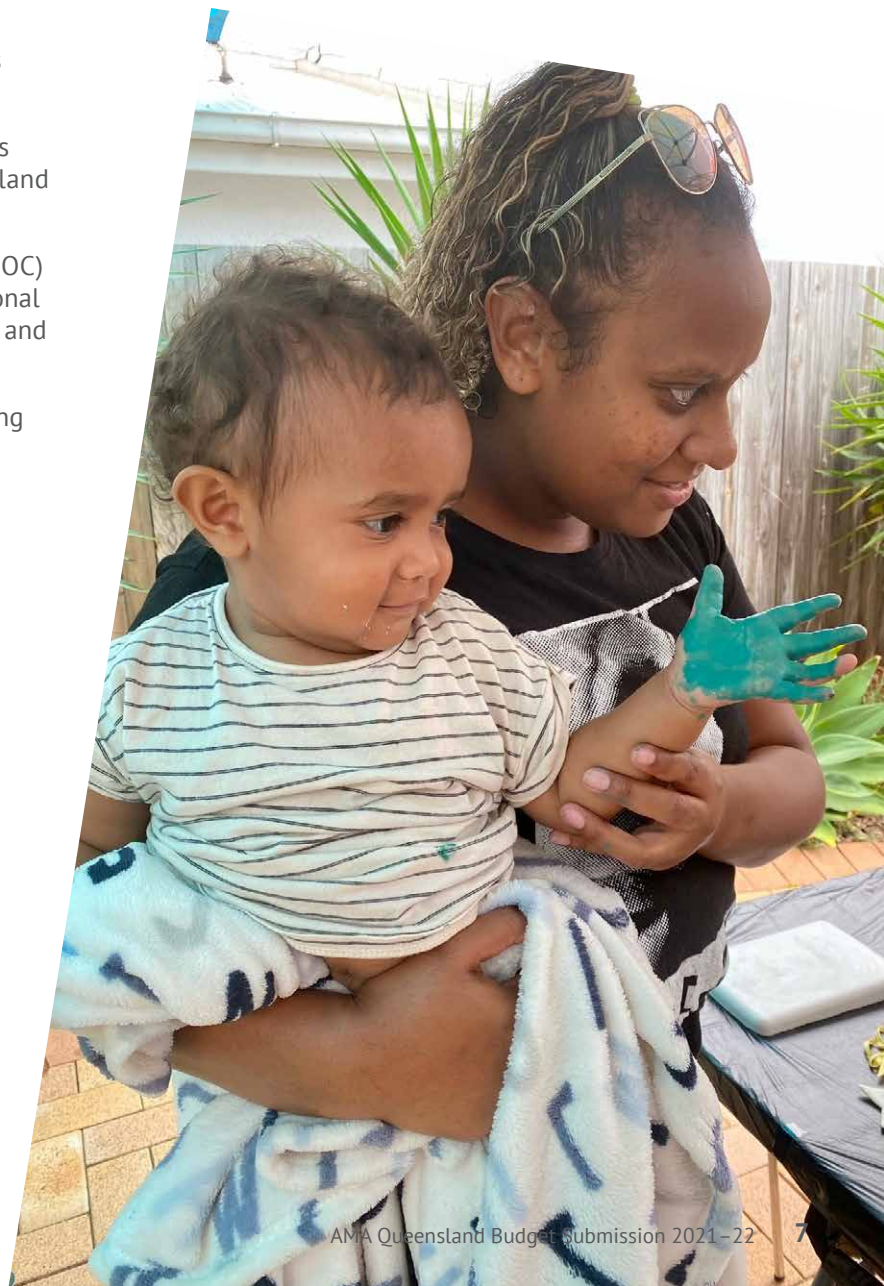
### HOLISTIC AND HEALTHY CHILDBIRTH

The BiOC program is an outstanding success story.

The program is a unique model of Indigenous-led pregnancy care that provides Indigenous women with their own midwife, family support worker and multidisciplinary pregnancy and birth team.

It is run in partnership with the IUIH, the Brisbane Aboriginal and Torres Strait Islander Community Health Service and the Mater Mothers Hospital.

Expanding the BiOC program to create four centres across South East Queensland could reduce premature births by 50 per cent, reducing complications and caesarean section rates and increase levels of breastfeeding.





## 5. BOOST SPECIALIST CARE FOR REGIONAL MATERNITY PATIENTS

Queensland mothers and babies are being exposed to unintended harm through the absence of obstetrics specialist care in regional hospitals.

It is vital that the health of Queensland mothers and babies is supported by collaborative maternity care involving obstetricians, doctors with obstetrics experience and midwives working together.

Extra services which should be publicly funded and offered in public hospitals include screening for carriers of genetic disease, post-natal checks, family planning, and post-natal mental health checks.

Also, the development of 'safe cultural spaces' for pregnant Indigenous, Muslim and other culturally diverse women should be a priority. These should be devised in consultation with Indigenous elders and medical graduates from different cultures.

### AMA QUEENSLAND RECOMMENDS \$4.05 MILLION TO:

- a. increase involvement of specialist obstetricians or doctors with obstetrics experience in regional, remote and rural communities (\$2.53 million);
- b. provide screening for carriers of genetic diseases (\$640,000);
- c. introduce Spinal Muscular Atrophy (SMA) in the Queensland New Born Screening (NBS) Program (\$700,000);
- d. deliver post-natal checks for mothers and babies (existing budget);
- e. conduct statewide consultation for the development of safe cultural birthing services (\$54,000);
- f. develop clear transfer guidelines for all Queensland maternity services, instead of asking mothers to agree to have their baby in maternity services where the risk to the mother and baby may be higher (nil cost); and
- g. fund scholarships for doctors from diverse backgrounds to be able to provide care for culturally diverse patients (\$125,000).

### SPINAL MUSCULAR ATROPHY (SMA)

SMA is the childhood version of motor neurone disease and is a leading genetic cause of infant death worldwide. Detection via newborn screening allows for early intervention with maximum benefit.

Pilot programs are occurring in New South Wales and the Australian Capital Territory testing more than 200,000 babies for SMA as part of the newborn heel prick test.

The Federal Government has committed 45 per cent of the funding for testing and asked more states to include SMA in screening programs.

AMA Queensland wants SMA testing introduced to the newborn heel prick test in Queensland so babies diagnosed with the disease can begin treatment early and have a better quality of life.



# PRIORITIES FOR DOCTORS



## 1. BETTER DIGITAL HEALTH CARE TECHNOLOGIES

Telehealth was embraced by patients and doctors during the COVID-19 pandemic and will continue to be an important element of primary health care into the future.

The Federal Government oversees telehealth policy and implementation throughout Australia and governs the associated Medicare rebates and rules.

The Federal Government has committed to fund telehealth as a permanent Medicare item but has only extended it until the end of 2021.

AMA Queensland is calling on the State Government to support lobbying of the Federal Government to ensure telehealth is permanently funded and that doctors have all the necessary support to be able to harness this technology and help patients throughout the state.

This is of significant importance for Queensland given the size and decentralised nature of the state.

Other technology barriers exist for doctors working in the Queensland public hospital system.

Many doctors are using software that is inefficient and not user-friendly, which negatively impacts patient safety, hospital productivity and the quality of data available for clinical and administrative decision-making.

### AMA QUEENSLAND RECOMMENDS \$313 MILLION TO:

- a.** create a permanent telehealth Medicare item for GPs given the success of the system during the COVID-19 pandemic (support lobbying of Federal Government);
- b.** ensure GPs have the same support to provide telehealth as specialists with flexibility to charge appropriate gap fees that will allow practices to procure and maintain the necessary equipment and meet associated expenses (support lobbying of Federal Government);
- c.** establish a standard fee for video and telephone consults, as not all GP clinics have access to high-speed internet, nor the funding to support the set-up costs of telehealth (support lobbying of Federal Government);
- d.** increase the availability of telehealth for those living in rural and remote areas, providing the ability to have a telehealth consultation with a city-based doctor (support lobbying of Federal Government); and
- e.** address technical issues delaying the expansion of ieMR (integrated electronic medical record) and eMR (electronic medical record) systems and implement an expert review of the system (\$313 million).



## 2. NEW TRAINING IN ADDICTION MEDICINE

As the number of Schedule 8 (S8) medications being prescribed continues to grow (2.9 million in 2019-20), there remains a lack of statewide support services for Queenslanders addicted to opioids.

The Queensland Government's delay in introducing QScript has not helped as deaths and intentional and unintentional harm due to opioids has continued to increase.

AMA Queensland is calling on the State Government to fund additional training for doctors working with opioid addicted patients, as Queensland Health's approach of referring people to drug and addiction services and psychiatrists has not worked.

### AMA QUEENSLAND RECOMMENDS \$2.32 MILLION TO:

- a. create six addiction medicine specialist positions – three in South East Queensland and three outside South East Queensland (\$1.97 million);
- b. establish outreach services by addiction and mental health specialists in Cape York and the Torres Strait Islands, to help those in need (\$201,000);
- c. provide GPs and rural doctors with extra training in addiction medicine and mental health (\$150,000); and
- d. implement real-time reporting and QScript as soon as possible as the number of unintentional overdoses and deaths for some Schedule 4 (S4) and S8 medicines continues to increase (existing budget).

### UNINTENTIONAL DEATHS FROM PRESCRIPTION MEDICATION

Opioids remain the main cause of unintentional deaths, followed by benzodiazepines and stimulants, according to *Australia's Annual Overdose Report 2020* from Melbourne's Pennington Institute.



### 3. IMPROVE MENTAL HEALTH AND WORKPLACE SAFETY

Medical staff are subjected to shocking levels of bullying, sexual harassment and fatigue, according to the annual AMA Queensland *Resident Hospital Health Check* (RHHC).

Systemic change is needed and AMA Queensland again calls on Queensland Health to expand the level of support provided to improve the wellbeing of practitioners, particularly junior doctors and doctors working in the private sector.

#### AMA QUEENSLAND RECOMMENDS \$1.97 MILLION TO SUPPORT THE EXPANSION OF THE *WELLBEING AT WORK PROGRAM* TO:

- a. doctors in post-graduate years two to five, PGY 2-5, (\$1.67 million); and
- b. doctors working in the private sector in collaboration with Doctors Health in Queensland (\$300,000).

#### THE 2020 RHHC REVEALED:

- ▶ 12 per cent of junior doctors said they had been harassed at work, 22 per cent experienced bullying and 16 per cent witnessed it.
- ▶ fear of ‘negative consequences’ prevented 57 per cent of junior doctors from speaking up, while 22 per cent said they felt unsafe at work.
- ▶ 46 per cent were concerned about making a clinical error due to fatigue caused by working long hours.

#### WELLBEING AT WORK

Junior doctors experience significantly higher rates of burnout, depression and anxiety than the general population.

In 2021 the *Wellbeing at Work* program will deliver more than 50 sessions at 17 hospitals throughout Queensland, equipping young doctors with the resilience and coping skills needed to survive and thrive in medicine.

The program empowers first-year medical interns through two x 90-minute workshops with techniques for resilience and mindfulness, better managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help.

The program is an Australian-first initiative that was first piloted in 2015 and won the 2018 *Best Public Health Initiative Award*.



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