

AMA QUEENSLAND

# 2019 BUDGET SUBMISSION



**AMA**  
QUEENSLAND



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WE WALK  
BESIDE ALL  
DOCTORS.

# EXECUTIVE SUMMARY

AMA Queensland welcomes the opportunity to provide the Queensland Government with its 2019 Pre-Budget Submission.

AMA Queensland is the state's peak medical advocacy group, representing over 6000 medical practitioners across Queensland and throughout all levels of the health system. In order for our members to address the challenges and opportunities they face each and every day on the front line of the health system, we offer the following policy solutions in this submission.

## KEY RECOMMENDATIONS

### 1 MANDATE WATER FLUORIDATION

Legislate to mandate fluoride back into water supplies across Queensland and provide assistance to councils to help them meet costs.

### 2 HELP GPS GET REAL TIME READY

Queensland is likely to introduce real time prescription monitoring (RTPM) in 2020. To ensure a smooth and seamless transition to the RTPM system, Queensland Health should develop a targeted information campaign to assist prescribers with knowledge of the new system and their medico-legal responsibilities.

### 3 PUBLIC HEALTH AWARENESS CAMPAIGN ON OBESITY

AMA Queensland calls on the Government for assistance in funding and developing an innovative education and awareness campaign to help combat the obesity epidemic facing Queensland. The campaign would be developed and rolled out in partnership with Queensland Health.

### 4 WELLBEING AT WORK

AMA Queensland is seeking Government support to expand this successful program, which provides interns with the resilience and coping skills needed to survive and thrive in the field of medicine to PGY2 to 5.

### 5 GRANTS TO LOCAL COUNCILS FOR VITAL PUBLIC HEALTH INITIATIVES

AMA Queensland sees an opportunity for the Queensland Government to encourage local councils to invest in consistent public health infrastructure, such as drinking fountains and better-lit exercise routes and gym equipment.

### 6 ADD SPINAL MUSCULAR ATROPHY TO NEWBORN HEEL TEST

New South Wales and the Australian Capital Territory have added Spinal Muscular Atrophy (SMA) to the newborn heel prick test, in a bid to give children diagnosed with this condition the best chance in life. AMA Queensland recommends Queensland follow their lead and ensure that the same opportunity is afforded to Queensland newborns.



### 7 SUSTAINABILITY IN HEALTH CARE

Establish an Office for Sustainable Healthcare (OSH) and Regional Sustainability Units (RSU) to reduce costs to Queensland Health in energy use and climate change emissions.

Our Budget submission, which draws on the collective experience of our members at the coalface of delivering health services in Queensland acknowledges the important contribution of State Government, local councils, community organisations and the general public to improving the health of Queenslanders. I look forward to working with the Queensland Government on the initiatives herein.

Dr Dilip Dhupelia  
President, AMA Queensland



## 1

## MANDATE WATER FLUORIDATION

Following the amendment of the *Water Fluoridation Act 2008* in 2013, which gave local councils the choice to remove fluoride from their drinking supplies, almost twenty local councils around Queensland opted to remove fluoride from their water. These include some of Queensland's largest regional centres including Cairns, Rockhampton, Bundaberg and Hervey Bay. With these local councils seemingly unwilling to accept the weight of evidence proving the safety and efficacy of fluoridated water, AMA Queensland believes this must be rectified through direct action by the Queensland Government.

In the first instance, Queensland's *Water Fluoridation Act* should be amended to mandate the supply of fluoride into local water supplies. In 2013, when Labor was in Opposition, they criticised the former Newman Government for removing the water fluoride mandate, but since winning Government they have not acted to remedy this.

AMA Queensland calls on the Queensland Government to legislate within the 2019-20 year to mandate fluoridation of water supplies in any council water supply where fluoride is not already naturally occurring. As part of this, we call on Queensland Health, through the Hospital and Health Services, to provide briefings to local councils on the safety and efficacy of fluoridated water and its associated health benefits.

With water fluoridation estimated to cost between 60 cents per person per year (Townsville City Council, 2016) and \$1.00 per person per year (Australian Dental Association, 2016) the costs for local council are not overly prohibitive (see Table 1 below), however we recognise that some local councils may require greater assistance to deliver fluoride to their communities. For this reason, we also call on the Queensland Government to ensure that funding is made available in this year's Budget to assist those councils who may require assistance in re-establishing water fluoridation in their local water supplies.

TABLE 1 - INDICATIVE COSTS FOR THE REINTRODUCTION OF FLUORIDE IN THREE REGIONAL COUNCILS IN QUEENSLAND

COUNCIL	POPULATION (ABS, 2018 <sup>1</sup> .)	INDICATIVE COST PER ANNUM \$A
Tablelands Council (Far North Qld)	25,338	Between \$15,202 and \$25,338
Charters Towers (Central Qld)	11,968	Between \$7,180 and \$11,968
South Burnett (South West Qld)	35,575	Between \$19,545 and \$32,575

<sup>1</sup> ABS 3218.0, Regional Population Growth, Australia, various editions and Queensland Treasury estimates

# 2

## HELPING GPS BECOME REAL TIME READY

AMA Queensland understands the Queensland Government plans to implement real time prescription monitoring (RTPM) in Queensland in 2020.

We have previously advocated for a real time prescription monitoring system to be urgently introduced into Queensland so we strongly support this plan<sup>2</sup>. It is clear that the current “Monitoring of Drugs of Dependence System” (MODDS) system maintained by Queensland Health is not updated frequently enough to ensure that doctor shopping and prescription medicine abuse is effectively monitored.

We further understand the introduction of RTPM will come with legislation that will make it an offence for a doctor prescribing medicines such as S8 drugs

not to look at the RTPM database before issuing the prescription. Although AMA Queensland supports this measure in principle (subject to viewing the final legislation and the associated penalties) as a means to ensure the RTPM system is effectively used by GPs around the state, we are concerned there will be many GPs who do not currently possess the skills to effectively use, or whose practices may not be able to access the new RTPM system in a reliable manner. This could result in the RTPM not being used as effectively as possible, may lead to medico-legal consequences for GPs and could result in delays for patients, particularly in rural, regional and remote areas. AMA Queensland therefore calls on the Government to assist GPs across Queensland to become “real time ready.”



### EDUCATION:

AMA Queensland will develop and deliver a campaign over 12 months, which will alert, educate and advise GPs on the need to become real time ready and what their obligations and responsibilities under the new laws will be. AMA Queensland will deliver this via workshops as well as information distributed via our member magazine *Doctor Q*, our online newsletter *Pulse* in addition to our website and social media feeds.



### FINANCIAL ASSISTANCE FOR GPS:

We recommend the Queensland Government develop a financial package to support those practices who may require computer or other infrastructure upgrades to purchase the equipment that will allow them to become real time ready. This assistance should be means tested and capped at \$10,000 per individual GP to help purchase necessary computer upgrades, IT training and the development of internet infrastructure where necessary (for example, in rural and remote areas with intermittent or no internet access).

<sup>2</sup> AMA Queensland Real Time Prescription Monitoring Position Statement (2017), <https://ama.com.au/sites/default/files/QLD/PDFs/Real%20time%20prescription%20monitoring%20position%20statement.pdf>



# 3

## ENDING THE OBESITY CRISIS



The burden of Queensland's growing population of overweight and obese residents is at an unprecedented level with the level of obesity in Queensland in 2018 at 30%<sup>3</sup>. Queenslanders are becoming larger and unhealthier, with poor nutrition, diet and inactivity amongst the leading contributors to chronic disease and burgeoning healthcare costs.

AMA Queensland believes it could forge a powerful partnership with Queensland Health to tackle the obesity crisis effectively and meaningfully.

AMA Queensland proposes working with Queensland Health to develop a joint public education and awareness campaign as part of a newly established annual **Queensland Obesity Awareness Week** with PR opportunities in mainstream media and amplified via a social media campaign.

The Minister for Health and AMA Queensland President would jointly announce these strategies as an important part of **Queensland Obesity Awareness Week** to the media.

<sup>3</sup> The Health of Queenslanders Report from the Chief Health Officer Queensland, Queensland Government, Brisbane 2018

## 4

## WELLBEING AT WORK

In August 2015, AMA Queensland launched the pilot of the AMA Queensland *Resilience on the Run* educational program at Rockhampton Hospital, aimed at providing interns with the resilience and coping skills needed to survive and thrive in the field of medicine. The program was developed by AMA Queensland Council of Doctors in Training.

*Resilience on the Run* proved so successful in helping to improve wellbeing and reducing burnout that in 2017 the Queensland Government funded AMA Queensland to deliver the program to all medical interns from 2017-2019.

This has also proven to be an enormous success. Feedback received from those who have taken part in the training has been overwhelmingly positive.



## IN 2017;

- ▶ 633 interns from 21 public hospitals attended the *Resilience on the Run* sessions in Queensland
- ▶ Mindfulness in terms of techniques, exercises and examples was considered to be the most useful element of the program by attendees, followed by meditation exercises, self-awareness and self-care, where to get help and how to avoid burnout

## IN 2018;

- ▶ 790 interns from 21 public hospitals who attended the *Resilience on the Run* sessions in Queensland
- ▶ 84% of the 728 respondents to the post session survey rated Resilience on the Run between 4 and 5 out of 5
- ▶ Mindfulness techniques, self-care tips and hearing the stories of their peers were rated as the most useful elements of the sessions







Testimonial responses from participants further reinforces the value junior doctors place in and derive from the *Resilience on the Run* program.

**W** *“Any knowledge or skill we can learn that is able to contribute to junior doctor well-being is brilliant. Resilience on the run is delivered in a practical and relevant way and can’t help but improve awareness and resilience.”*

*“Enjoyable, empowering session. Actually realistic and applicable to stage of career.”*

*“Great program with very helpful and practical information. Will be of great value to anyone wanting to succeed emotionally in their junior doctor years.”*

*“ROR helped normalise a lot of my thoughts and feelings. It was reassuring to hear my whole cohort were heaving similar experiences.”*

*“This was an excellent program which was straight to the point. I can take a lot away from this and hope to share some of these strategies and resources with my colleagues.”*



An evaluation from a more recent Resilience on the Run program held in November 2018 with a group of registrars found equally positive results.

✓ 32 registrars from GCUH attended the course.

✓ 94% of the respondents to the post session survey rated *Resilience on the Run* as meeting their needs.

✓ 100% of the respondents to the post session survey rated the length of the *Resilience on the Run* course as adequate.

✓ 89% of the respondents to the post session survey rated the *Resilience on the Run* course as excellent.

✓ 84% of the respondents to the post session survey for the *Resilience on the Run* course indicated the course would help them do a better job.

✓ 79% of the respondents to the post session survey for the *Resilience on the Run* course indicated they had gained 1 or more specific skills they could implement in their area of practice.

With the value of the program self-evident, AMA Queensland now advocates for extending the program beyond the intern years to PGY 2 through 5 from July 2019. The extended program, to be named *Wellbeing at Work*, can be delivered state-wide, by AMA Queensland.

This should be seen as an investment in individual clinicians - to increase their wellbeing and to better prepare them for their roles within the health system. Queensland patients would be the ultimate beneficiaries through healthier treating physicians.



## 5

## GRANTS FOR HEALTHY INFRASTRUCTURE

AMA Queensland encourages Queensland Health and the Department of Local Government to work together to develop an infrastructure grant package to local government authorities (LGAs), which would be used specifically to allow councils to improve existing infrastructure such as bike paths, running tracks and gym equipment to make them safer and more appealing to use by members of the public.

AMA Queensland is aware that the Department of Local Government offers a Local Government Grants and Subsidies Program (LGGSP) which provides funding assistance to support local government to deliver infrastructure projects. The LGGSP would be an ideal program to deliver this infrastructure however the total amount of funding available for all councils is currently set at \$57.906m over the 2019/20 and 2020/21 financial years. This funding allows councils to gain a subsidy towards eligible projects of up to 60 percent of the total eligible cost.

AMA Queensland, encourages the Queensland Government to increase the amount offered through LGGSP in 2020/21 by an additional \$10 million to allow councils to deliver health focused local infrastructure projects such as extensions to bikeways, better lighting, and contemporary outdoor gym equipment. The delivery of this infrastructure will encourage the community to become more physically active and improve connectedness, ultimately reducing costs on the health system.

We note that the LGGSP guidelines state that whilst local governments can request a higher subsidy rate than 60 percent, this is at the discretion of the Minister for Local Government. We recommend to the Minister that it should be made known to local governments that infrastructure projects which promote a healthy lifestyle would be looked on favourably in regards to attracting a higher subsidy rate.



## 6

# SPINAL MUSCULAR ATROPHY TESTING



Spinal Muscular Atrophy (SMA) is a genetic neuromuscular disorder which is characterised by loss of motor neurons and progressive muscle wasting. SMA is the childhood version of motor neurone disease and is one of the leading genetic causes of infant death worldwide. It occurs in one in every 10,000 births and the majority of infants diagnosed with SMA type 0 or 1 succumb to the disease before the age of four.

New South Wales and the Australian Capital Territory are currently undertaking a two-year pilot program, which will see more than 200,000 babies tested for the SMA as part of the newborn heel prick test<sup>4</sup>. The NSW Government estimates this will cost the Government \$2 million<sup>5</sup>.

In 2016, there were 62,779 babies born in Queensland Hospitals (46,163 in public hospitals, 15,974 in private hospitals and 670 other births)<sup>6</sup>. This report also indicates that the number of births in Queensland has increased approximately 590 births per year for the last decade. If an allowance is made for this anticipated increase then the number of births in 2019-20 would be approximately 63,960, so the funding required for this initiative would be \$640,000 for the 2019-20 financial year.

AMA Queensland believes the Queensland Government should follow the lead of NSW and the ACT and

introduce SMA testing to the newborn heel prick test so that Queensland newborns, who are diagnosed with the disease, can begin treatment as soon as possible with improved health outcomes and better chance at life.

The identification of SMA affected infants via newborn screening will allow for early detection and intervention before the child develops symptoms with maximal therapeutic benefit through the administration of treatment pre-symptomatically.

Importantly, as with any genetic testing, it is important that it be done in a setting that allows people who can counsel the person receiving the result of the test appropriately. Genetic information is complex and needs to be presented in a meaningful and non-judgemental way that is relevant to the individual needs of each patient. The goal of genetic counselling is to enhance the patients' ability to use genetic information in a personally meaningful way that minimizes psychological distress, increases personal control and facilitates informed decision-making.<sup>6</sup> AMA Queensland recommends that as part of the process of implementing the new test for newborns Queensland Health develops targeted provisions and referral pathways to ensure appropriate counselling is provided.

<sup>4</sup> <https://www.abc.net.au/news/2018-10-14/genetic-testing-sma-added-to-newborn-heel-prick-test/10359622>

<sup>5</sup> [https://www.health.nsw.gov.au/news/Pages/20181015\\_00.aspx](https://www.health.nsw.gov.au/news/Pages/20181015_00.aspx)

<sup>6</sup> The Health of Queenslanders 2018 Report of the Chief Health Officer, Queensland

<sup>7</sup> <https://www.hgsa.org.au/documents/item/13>

## 7

## MITIGATING THE IMPACTS OF CLIMATE CHANGE ON HUMAN HEALTH

Climate change is the most important public health threat globally. The impact of global climate change will be felt beyond just extreme weather events and hotter temperatures. Public health is also likely to be adversely impacted, particularly in communities that are closer to the Queensland coastline.

With the health care sector responsible for at least 7% of emissions, it is important that the Queensland Government do all that it can to consider how its use of health resources impacts the environment and what can be done to not only adapt to climate change, but to mitigate its impact on the health of Queenslanders.

### ESTABLISH AN OFFICE OF SUSTAINABILITY IN QUEENSLAND HEALTH

AMA Queensland believes an Office for Sustainable Healthcare (OSH) should be established with sufficient independence from the policy and operational aspects of the Department to ensure it provides clear advice to the Minister for Health, Director General and health services on how best to improve the health systems performance on Sustainability and Climate Change objectives.

The OSH should initially focus on the development of:

1

**Benchmarks and targets for sustainability in health services** provision including emissions, waste, consumption, and sustainability linked to health care quality measures

2

**A plan to invest in green/sustainable infrastructure** for health operations (solar panels, green space and energy efficiency) including service provision and facilities

3

**Terms of Reference for a review of procurement policies and practice** to specify emissions reduction and waste reduction in health services and in the establishment of new facilities, and

4

**An engagement strategy for clinicians and managers to encourage** and share experiences of service-level actions and a culture of support and leadership for climate change action and sustainability measures across the health system.

The OSH, headed by a Project Director, supported by Project Officer and appropriate administrative support, should be represented on the Health Executive Committee to ensure that these matters are under active consideration in all Queensland Health system decisions. It should draw on expert advice from a multidisciplinary team to ensure that the plans they develop do not impact on patient care.

The OSH should be sufficiently resourced for a three-year period to allow them enough time to progress their targets and for their outcomes to be objectively assessed.







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