



Dignity Party

AMA Health Strategy – Election Priorities 2018

A New Clinical Senate to Advise on Health Strategy

- A new clinician - led senate to provide independent health strategy and clinical advice directly to the minister for health
- An independent clinical analytics unit within the university and research sector that interfaces seamlessly with the clinical senate
- Appropriate funding to enable rigorous, open and independent evaluation and reporting
- Increased local authority for clinical leaders such as unit heads to make decisions within their health network
- A culture of continuous improvement and leadership — people are encouraged to speak their mind even if it is unpalatable

Dignity Party support these priorities.

Hospitals

Modbury Hospital

- A funded recovery unit, with 24/7 on-call senior staff, to support a broader surgical and medical case-mix, including capacity for 72-hour surgery stay

NALHN

- Six additional intensive care beds in the Lyell McEwin hospital (LMH)
- Increased resourcing to ensure NALHN is a self-sustained LHN
- Improved public transport between LMH and Modbury Hospital
- Priority patient transfer between Modbury and LMH

Dignity Party support these priorities.

WCH

Co-located Women's And Children's Hospital in the biomedical precinct

Dignity Party support this priority.

Evaluation

- A comprehensive clinician-led child health plan to provide integrated services for children
- A clinician-led audit and testing of existing RAH facilities
- Frequent and transparent evaluation of hospital performance
- Publicly available online outpatient clinic waiting times
- A single on-site integrated Chest Clinic in the Royal Adelaide Hospital
- Support for clinical research
- An independent review of EPAS as a 'fit-for-purpose' electronic health system
- Collaboration between SA Health and the AMA(SA)'s EPAS working group to make the prescribing system workable for clinicians
- Integration with existing systems

Dignity Party support these priorities.

Hospital and GP care

- Collaborative team-based models of care between GPs and hospital staff, supported by a suitable funding model
- A clinical team to design an effective communications protocol and referral pathways to support transition from hospital, aged care and palliative care
- Integrated systems across the public and private sectors to allow increased sharing of patient information
- Collaborative funding for GP-led stepdown and outpatient services, supported by responsive community nursing

Dignity Party support these priorities.

Country

- Accessible and effective locum services for rural practices
- Local medical representation on hospital governance bodies
- Country health SA responsibilities to include clinical care, clinical research and training
- Increased scope of clinical services in larger case-mix funded hospitals to increase community access to treatment and reduce demand on metropolitan hospitals
- Investment in a hybrid model of care including hospital specialists, rural GPs and medical trainees

- Improved access to mental health care for rural patients
- Standardised equipment procurement to equate with metropolitan standards where parallel services exist
- Increased funding for transport and accommodation for rural patients treated in the city and improved access to accommodation for their families and their carers
- Alliances with the private sector to provide appropriate accommodation at moderate cost for rural patients and families and their carers

Dignity Party support these priorities.

Research

- A strategic plan for training and clinical research funding
- Risk assessments of the impact of clinical service configuration on medical training and research
- Recognition of time/resources required for clinical supervisors and teachers in hospitals
- Collaboration with universities to address medical workforce needs and medical student numbers and pathways to registration
- Innovative network training and accreditation models
- Incentives and supports for Australian medical graduates to work in rural areas
- Increased rural training places for specialists
- Better training pathways for country doctors and more funding for ongoing professional development
- Grants for rural medical research

Dignity Party support these priorities.

Mental health

- Multiple medium size purpose-built, high- dependency accommodation to provide high quality care for people with severe behavioural issues associated with dementia, mental illness and impairment
- Specialist training for staff caring for elderly patients with behavioural problems
- Dedicated mental health registry to collect data to inform the clinical analytics unit on mental health needs In South Australia
- Evidence-based mental health policy

Dignity Party support these priorities.

Palliative care

- A \$24 million per annum palliative care model that enables GPs and allied health to support people to die at home
- Commitment to reinstate funding for specialist palliative care visits to country SA
- A new 16-bed purpose-built hospice at Modbury Hospital to service the NALHN community

Dignity Party support these priorities.

Staff wellbeing

- Amendment to the South Australian Health Practitioner Regulation National Law to remove the mandatory reporting provision for treating medical professionals
- Resourcing for peer-to-peer support networks for all doctors, particularly doctors in training
- Commitment to safe work hours
- Commitment to provide financial support for a mentoring program for doctors, and students particularly in rural areas
- Zero tolerance for bullying behaviour, harassment or abuse

Dignity Party support these priorities.



Directions for South Australia

PRE-IMPLANTATION GENETIC DIAGNOSIS



“Where the technology exists to eradicate Huntington’s in the future, the pain for families of not doing so is unbearable.”

Kelly Vincent MLC

Introduction:

The Dignity Party stands for dignity for all, including couples whose children are at risk of inheriting the debilitating condition, Huntington’s Disease (HD). HD is a genetic brain disorder that causes sufferers to lose their ability to walk, talk, think and reason over the course of 10 to 20 years.

Reproductive technology has developed to the point that it is now possible to eradicate from families inherited diseases, such as HD, through the use of pre-implantation genetic diagnosis (PGD). However, access to IVF and PGD costs tens of thousands of dollars so it is limited to those who can afford it: This is a shocking inequity, with terrible ramifications for future generations of families that cannot afford those options.

It’s a harsh reality that some families are put in the unfathomable position of choosing to risk having a child with inherited disease, or have no children. The Dignity Party believes that those who wish to undergo IVF and PGD should be able to, whatever their bank balance.

Medicare and private health insurance cover a portion of the cost for IVF but not PGD, despite the obvious benefits of preventing inheritance of serious genetic conditions.

The Dignity Party supports making IVF and PGD more affordable for those potential parents who wish to ensure their children and future generations are HD free.

It is important to note that many disabled people are proud of their disabled identity. Dignity Party does not support the blanket eradication of all disabilities, leaving it up to personal choice. Our focus is on making SA accessible to, and accepting of, all.

Action:

The Dignity Party want the reproductive technology of pre-implantation genetic diagnosis (PGD) available under Medicare for all couples whose children are at risk of inheriting Huntington's Disease, and who elect to use the technology.

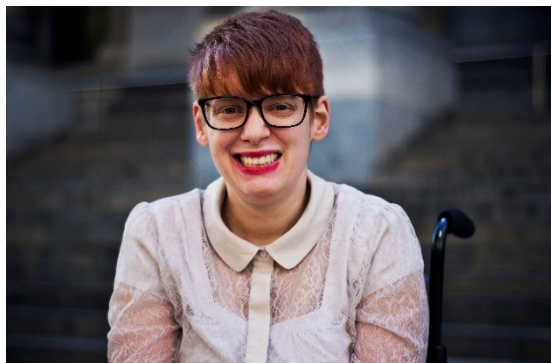
The Dignity Party call on the Federal Government to include PGD on Medicare. We believe that implementation of this policy will, over time, be cost neutral as future generations are spared the debilitating impact of Huntington's Disease and associated health costs.

The Dignity Party also call for more research into Huntington's Disease and increased support for people living with this condition, their family and carers.

Dignity Party **OPPOSE** the inequity in accessibility to IVF and PGD based on affordability.

Dignity Party **PROPOSE** the Federal Government include PGD on Medicare to make it affordable and provide choice for families unwilling to risk passing on inherited disease, such as Huntington's.

MENTAL HEALTH AND DISABILITY



"I'm sick of mental health
being treated as a political
football."

Kelly Vincent MLC

Introduction:

Mental health and wellbeing has the potential to impact many, if not most, South Australians. This could be through the direct experience of mental illness, as family and friends who care for people with psychological illness or as a member of the community where loss (such as suicide) associated with mental illness is widespread. Dignity Party recognises the additional, and sometimes multi-layered social burdens experienced by groups and individuals within the community which can increase the risk to mental health.

The Australian Bureau of Statistics (ABS) refers to psychological disability as:

- *A nervous or emotional condition which causes restrictions in everyday activities that has lasted, or is expected to last for six months or more; or*
- *A mental illness for which help or supervision is required that has lasted, or is expected to last for six months or more; or*
- *A brain injury, including stroke, which results in a mental illness or nervous and emotional condition which causes restrictions in everyday activities.*

According to the latest ABS statistics:

- *Of all people with any type of disability, 18.5% have a psychological disability with an increase of 2.8% since the last survey (2009).*
- *Persons with a disability or condition that profoundly or severely limits their activity experience higher levels of psychological distress than the general South Australian population.*
- *Of those with a psychological disability, just over four in ten reported profound levels of core activity limitation, and a further two in ten severe core activity limitations.*

The United Nations Convention on the Rights of People with Disabilities (UNCRPD) include those who have long-term mental impairments. The UNCRPD asserts their right to full and effective participation in society on an equal basis with others.

Action:

Dignity Party believe in South Australia we must:

- Uphold the UNCRPD for people with psychological disability
- Ensure the findings of the 2017 community consultations (SA Mental Health Strategy) are clearly translated to recommendations which are supported by detailed strategy, timely actions and evaluation
- Ensure the smooth transition into NDIS funding so that services are optimised not diminished and that existing services are not dismantled before new services are put in place
- Advocate for improved planning and consistency between state and national mental health initiatives
- Improve access to mental health care, including simplifying Medicare processes and increasing accessible primary health care intervention and support options
- Build opportunities to de-stigmatise mental illness and promote mental health in South Australia by implementing strategies such as integrating the topic of 'mental health' broadly across the SA Education Framework from Kindergarten to year 12
- Implement and maintain strategies which support and value the equal participation, and therein promote the mental health, of all South Australians
- Ensure that the Borderline Personality Disorder Centre for Excellence and Intensive Home Based Support Service (IHBSS) are fully implemented as negotiated by Dignity Party MP Kelly Vincent.

Dignity Party **OPPOSE** the Government mental health funding allocation of the 2017 budget. It is insufficient and unfair.

Dignity Party **PROPOSE** that adequate resources are made available for the SA Mental Health Strategy to honour the findings of the 2017 community consultations, with effective and life-changing solutions for South Australians.

Dignity Party **SUPPORTS** the common sense recommendations of leaders within the mental health sector such as the establishment of a national community health strategy.

"This [national community health strategy] would demonstrate how the primary and tertiary mental health sectors will join up to provide the blend of clinical, psychological and social support necessary to finally enable people with a mental illness to live well in the community." *Sebastian Rosenberg (The Conversation May 11th 2017)*

References:

ABS (Australian Bureau of Statistics) 2012 cat. no. 4433.0.55.004

Rosenberg, S. (2017) Mental health funding in the 2017 budget is too little, unfair and lacks a coherent strategy. The Conversation.

SA Mental Health Commission: accessed 15th August 2017

<http://samentalhealthcommission.com.au/what-we-do/sa-mental-health-plan/> UNCRPD: accessed 15th August 2017 <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

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“A positive impact on dangerous drug use requires a compassionate, holistic approach for addicts, and a hard-line approach to stamping out supply.”

Kelly Vincent MLC

Introduction:

The use of crystal methamphetamine is a serious and growing social problem fuelled by the increase in supply and increased frequency of consumption among users. Use of crystal methamphetamine is frequently related to violence, and the drug places a burden on our health system.

Since 2010, daily or weekly use of crystal methamphetamine has risen from 12.4% to 32% in 2016 (Claydon, C., Webber, K., & Sweeney, J., 2017).

In order to address the issue of drug use, and more specifically crystal methamphetamine use, Dignity Party believe we need a holistic approach to treating the addiction along with underlying causes of use such as education, poverty, mental health and socioeconomic status.

Dignity Party believe that accurate recording of crystal methamphetamine usage including waste water testing, is important to monitor the success of policy initiatives and trends in usage.

Crystal methamphetamine use has been of particular concern in regional South Australia and dedicated, local support is needed to address this.

A large proportion of prisoners entering the correctional services system have a history of substance misuse. It is clear that we need effective drug rehabilitation implemented in South Australian prisons and juvenile detention centres, including programs suitable for Aboriginal and Torres Strait Islander prisoners as a matter of urgency. Dignity Party support more evidence based drug treatment and rehabilitation services being mandated for prisoners serving a prison sentence related to drug misuse.

Dignity Party believe that people wanting to enter drug rehabilitation and treatment facilities should not be placed on long waiting lists, and want to see more investment in rehabilitation and treatment facilities that have psychological support built into programs rather than hollow tough on drugs rhetoric.

Training and professional development for police officers, and hospital emergency department staff who regularly respond to members of the public who are under the influence of crystal methamphetamine, should be implemented as a harm minimisation practice.

Action:

Dignity Party understand the wicked problem that drug use in society often poses, and believe that an holistic, harm minimisation approach is urgently needed.

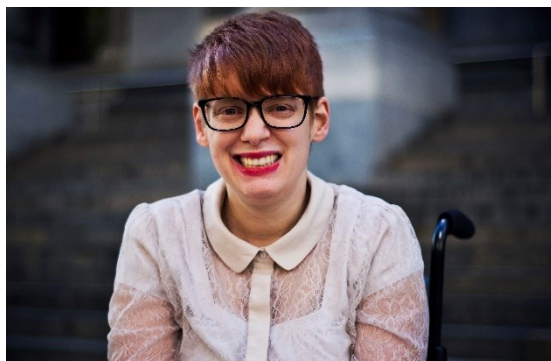
In South Australia we must:

- Invest in drug treatment and rehabilitation services across South Australia, with particular focus on regional areas with high drug usage.
- Reduce wait times for rehabilitation and drug treatment facilities.
- Closely monitor the usage of crystal methamphetamine in South Australia through a variety of means including waste water analysis.
- Fund dedicated drug treatment and rehabilitation services to be provided in South Australian prisons, and ensure prisoners have the right access to tools and services once released to continue their rehabilitation journey.
- Invest in adequate training for front line workers who have regular contact with people who are addicted to or under the influence of crystal methamphetamine, promoting harm minimisation tactics.
- Provide counselling services and community groups for partners, family and friends of people who are experiencing crystal methamphetamine addiction.

Dignity Party **OPPOSE** tough on drugs rhetoric which promotes gaol time without proper rehabilitation support.

Dignity Party **PROPOSE** an holistic approach to tackling crystal methamphetamine addiction and the reasons behind it.

**ADDRESSING GAMBLING
HARM**



“While gambling harm has social implications beyond the individual, the state government’s 6.1% tax windfall from poker machines is a disincentive to action.

Introduction:

Dignity Party believes there is enough evidence to show that South Australia needs to address our addiction to gambling and the harm it causes.

It is estimated that in 2015-16 South Australians lost over \$1bn while betting around \$10bn on gaming, racing and sports. Poker machines account for around half of net gambling expenditure and three-quarters of gambling taxes (Qld Treasury, 2017, Govt of SA, 2017).

While it *is* legal, gambling can be extremely harmful to consumers. Gamblers might run up debt, face bankruptcy and perhaps lose their homes. Stress, mental health issues and substance abuse are also linked to problem gambling. However, harm is not limited to the individual, but has wider social implications in relation to crime, relationship breakdown and family violence.

Given the social implications, it would be wise to de-stigmatise gambling addiction and address the problem as a health issue rather than individual choice. Taking a public health approach (similar to smoking) could include market and advertising restrictions, public education and examination of poker machine design.

The nature of sports betting and online gambling dictates it is best tackled at a national level with federal and state government involvement. Poker machines are within the SA Government’s purview, but with poker machine taxes making up 6.1% of South Australian state taxes (Govt of SA, 2017) there is clear disincentive to act.

Action:

Dignity Party believes In South Australia we must:

- Introduce \$1 per spin bet limits on poker machines
- Reduce the number of poker machines to 12,000 as previously flagged by state government
- Remove EFTPOS machines from gaming areas, as required for ATMs
- Fund advocacy for consumer protection and gambling harm prevention measures.

Dignity Party **OPPOSE** the state's continued reliance on revenue from harmful poker machines.

Dignity Party **PROPOSE** implementation of harm reduction strategies as a minimum.

References

Govt of South Australia (2017) *State Budget Paper 2017-18, Budget Statement, BP 3*, Government of South Australia.

Qld Treasury (2017) *Australian Gambling Statistics*, 33rd Edition, 2015-16. Queensland Government Statistician's Office, Queensland Treasury, Brisbane.

Govt of South Australia (2017) *State Budget Paper 2017-18, Budget Statement, BP 3*, Government of South Australia.