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COVID funding extension welcome but so much more to do to address health crisis

The AMA welcomed as a “critical first step” today’s announcement by the National Cabinet of an extension of National Partnership on Covid-19 ‘50-50 hospital funding’ until December this year, but warned without a long-term fix the nation’s hospital crisis will only worsen and avoidable deaths will result.

“The National Partnership funding is critical to dealing with COVID demand now, but this short extension will not see us through the hospital crisis, nor through COVID, nor through the additional pent-up demand from two years of lockdowns,” AMA President, Dr Omar Khorshid said.

Dr Khorshid said the AMA was hopeful the decision to extend the funding for a few months beyond September had been made in order to give the Government time to work on a longer-term solution for the hospital system, including through the review chaired by Professor Glyn Davis.

“We know that long term solutions take time to design and negotiate and we’re hopeful those negotiations will now start in haste so that we have a new, adequate agreement ready to commence from December. That’s because we know this pent-up demand will still be here next year, as will COVID, as will chronic disease and our ageing population — clearly we’ll need something better in place for 2023 onwards. Three months extra COVID funding will not fix a decade of hospital underfunding,” he said.

“But the review and the negotiations need not take too long. We know what is required — making 50-50 funding permanent, while also scrapping the growth cap on funding, and injecting funds to help with capacity expansion, performance improvement and avoidable admissions, as outlined in the AMA’s hospital logjam campaign.”

The AMA welcomed the commitment from National Cabinet to work together address the intersecting issues of hospital demand, aged care, NDIS and primary care.

“There’s no doubt we have issues with hospital beds being taken up by those who could be better supported in aged care facilities, through the NDIS or in the community by our GPs. These are long standing issues that can only be solved by all jurisdictions working together to overcome the silos of our federated health system.”

“And COVID hasn’t gone away, with thousands of cases still being reported every day. We need telehealth arrangements, which are due to be scaled back on July 1, to be extended for primary care. These arrangements keep people with respiratory illnesses out of the community where infection can spread.

“Governments must also better address COVID, by improving communication on the need for people to get the third dose and giving Australians the clear message that they can do their bit by wearing masks.”

“But we must also be realistic. While every dollar of investment in primary care is very welcome and can help with avoidable admissions, many people who are very ill will continue to suffer as a result of

ambulance ramping and waiting times in emergency — GPs, aged care and the NDIS cannot solve that. Only additional capacity and reduced wait times in our hospital system can,” Dr Khorshid said.

“Without solutions, our hospitals will remain in crisis, pressures resulting from workforce issues will continue and the community will suffer as a result.”

17 06 2022

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