AMA QUEENSLAND

What health experts are saying about Queensland's 2017 Budget

WE WALK BESIDE ALL DOCTORS THROUGHOUT THEIR CAREER

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Executive Summary

The 2016-17 Queensland Budget was the Palaszczuk Government's second budget since being elected in 2015. In that budget the Government allocated $14 billion to health, a record spend that was welcomed by AMA Queensland.

However, we also lamented the fact that much of this spending was not being targeted at issues which would reduce demand on our public waiting lists. Although the Budget contained numerous worthwhile and necessary spending measures, AMA Queensland believes a smart budget would avoid merely tinkering at the edges and make targeted investments that could deliver substantial long term reform.

In our *2017 Budget Submission*, AMA Queensland calls on the Queensland Government to fund three key projects that will ensure our health system is not only funded by smart investments but ensures its sustainability and accountability for many years to come. In short, we recommend the following.

INCREASE FUNDING TO THE OFFICE OF THE HEALTH OMBUDSMAN AND REFORM IT

As outlined in our 2016 Discussion paper regarding the Office of the Health Ombudsman (OHO), we believe the performance of this vital office is being hampered by funding and legislative restraints. AMA Queensland wants the Government to give the OHO the funding it needs while delivering reforms that will help restore trust in the OHO and deliver accountability and fairness.

INCREASE FUNDING TO PALLIATIVE CARE AND ADVANCE CARE PLANNING

In Part Five of the AMA Queensland Health Vision, we called on the Government to increase funding to the palliative care sector in Queensland and to aim for a target of "Fifty over Fifty" – in other words, 50 per cent of people over the age of 50 will have a registered Statement of Choices or an Advance Health Directive in place by 2021. We believe this Budget, the last before another election, is the perfect opportunity to fund these initiatives.

ESTABLISH A QUEENSLAND MEDICAL EDUCATION TRAINING INSTITUTE (QMETI) AND REFORM THE CULTURE OF OUR MEDICAL WORKPLACES

AMA Queensland again calls on the Queensland Government to fund the Queensland Medical Education Training Institute to improve the quality and consistency of the junior doctor training experience in Queensland, and to improve the resilience of our medical workforce.

AMA Queensland believes these targeted investments into our health system will ensure a fairer, healthier, happier and more compassionate health system which all Queenslanders rely on. We look forward to discussing these recommendations with the Government in further detail in the lead-up to the 2017-18 Queensland Budget.

Reform of the Office of the Health Ombudsman

Queensland requires an effective medical regulator. Ensuring a fair and fast response to the handling of medical complaints should be one of the highest principles of such a body. A well-resourced and appropriately governed regulator would ensure the public is protected from both individual and broader systematic problems, and would help to maintain high professional standards among the medical profession. By ensuring a fair and fast response to the handling of medical complaints, it would retain the trust and confidence of both the profession and the public.

The Office of the Health Ombudsman (OHO) was established by the Queensland Government in 2013 to strengthen the health complaints management system. It replaced the Health Quality and Complaints Commission (HQCC), an organisation that had been criticised for fundamental deficiencies in the way it handled complaints, as well as unjustified delays in dealing with complaints against medical practitioners

The OHO has, in our view, succumbed to the same inefficiencies and poor complaints management processes that drove the Government to replace the HQCC. Our members have consistently raised the considerable delays in the OHO making decisions, even where the matter is simply trivial or vexatious. Given the mandated time frames were a key feature of the Health Ombudsman Bill 2013 (Qld), they should be strictly followed and, if not, appropriate explanations must be given as to why not.

The Queensland Parliament's Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) recently released its report into the performance of the Office of the Health Ombudsman. This report follows AMA Queensland's discussion paper on the OHO and our significant concerns regarding the speed, impartiality and fairness of its investigations.

The first recommendation in the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's report is that the Queensland Government investigate the merits of amending the HO Act to introduce a joint consideration process between OHO, AHPRA and the National Boards in an effort to improve the OHO's poor performance against its statutory timeframes[1]. AMA Queensland supports this recommendation; however, there is no corresponding recommendation for extra resourcing as part of this recommendation.

In this context, AMA Queensland would implore the Queensland Government to examine the resourcing of the Office of the Health Ombudsman as part of its response to the Committee's report and as part of the next budget cycle. Given the 2015-16 budget for the OHO of $14 million proved to be insufficient due to the organisation completing that year with a budget overspend of 15 per cent,[2] there should be scope for a discussion on whether further resourcing is needed.

The timeframes, as outlined in the *Health Ombudsman Act 2013 (Qld)*, are an important development and should be regarded as sacrosanct. If the OHO is unable to meet these timeframes without a budget overspend and the resources it currently has, this must be addressed. Fair allocation of resources to support the workloads of both AHPRA and the OHO to work collaboratively to resolve complaints effectively and efficiently in the public interest is paramount.

1. Report No. 31, 55th Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, December 2016
2. OHO, Annual Report 2014-15, 2015, p 56

Increase funding to palliative care and advance care planning

It is a fact of life that every person will die, and will go through the process of dying. This is true regardless of one's socio-economic status or how healthy or unhealthy they are. But compared to other factors that can influence health outcomes, such as obesity and smoking, death and dying attracts far less attention and funding in our health system.

AMA Queensland believes this needs to change. We know that Australia has an aging population[3]. People are living longer but with multiple and more complex conditions requiring more complex healthcare. This reality affects the care that is provided at end-of-life. Queensland families face difficult choices about how their loved ones spend their dying days. In general, families and health practitioners want to honour the wishes of the dying person, however, the low numbers of people who have a documented advance care plan means that doctors and families may face confusion and lack of direction about the level of care to provide, including what care the patient would or would not want to receive at end of life.

Evidence shows most people who need palliative care services in Queensland will be treated not by a specialist service but by their family general practitioner (GP). Others will be treated by a doctor working in our public hospital system. This is making death and dying in Australia "institutionalised" which is a very poor result when considered against the fact that 70 per cent of Australians want to die at home but only about 14 per cent actually do.[4] We believe compassionate change must be enacted to ensure that our members are able to effectively care for their patients, and that the wishes of patients and their loved ones are respected.

Reliable data on the use and uptake of palliative care is difficult to come by given a lack of data on funding and expenditure on palliative care at a state level[5]. However, Palliative Care Queensland estimated the total amount of funding available to specialist palliative care services was $77.81M, including $8.1M of Commonwealth funding in 2012. In that year, Queensland's population was estimated to be 4,610,932[6], with 28,300 registered deaths[7]. Queensland's population is estimated to reach 5,488,667 by 2020, with expected deaths to reach 32,932. Our specialist palliative care services are already stretched, with referrals to services increasing annually by 20 per cent while funding was only expected to increase by an annual 12.9 per cent.[8] Despite this, quality of palliative care services has been maintained, but this has come about through rationing of services, such as limiting palliative care to only the last three months of life as opposed to the recommended six months[9]. A strategic injection of funds is urgently required to help our palliative care services meet demand and give our most vulnerable Queenslanders the care they need at the end of their life. This funding should be targeted at the following initiatives.

BENCHMARK DATA

To ensure funding is targeted to areas where there is the most need, AMA Queensland recommends the Queensland Government first undertakes a state-wide assessment of palliative care needs. This was a recommendation of the Queensland

Parliament's Health and Community Services committee in 2013. This information should be reported and available publicly to help provide a benchmark on how Queensland is managing and meeting demand.

FUNDING

AMA Queensland believes the State and Federal Governments should be responsible for ensuring the provision of comprehensive palliative care services to all Queenslanders, within a coordinated, strategic framework. Emphasis should be placed upon the need for the provision of adequate long-term and recurrent funding to enable the implementation of a sustainable, equitable palliative care policy for Queensland. We call upon the Queensland Government to establish as a priority the infrastructure necessary to enable health care providers to efficiently and compassionately address the growing need for palliative care services in Queensland. We also call upon the Federal Government to increase its funding of the National Palliative Care scheme over and above the $52 million over three years it committed in 2014.[10]

SERVICES

AMA Queensland advocates for diversity within palliative care services to allow maximum flexibility with regard to care options, and maintains that continuity of care is pivotal to the effective management of palliative care patients. AMA Queensland upholds the need for a culturally sensitive approach to the provision of palliative care to Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

Within the framework set out under the whole-of-government public health plan we advocated for in *Health Vision Part One*, AMA Queensland believes the coordination and resourcing of palliative care services in Queensland should, and would be, best performed by designated multi-disciplinary specialist palliative care service units. Each unit should be responsible for a specific geographic region and should coordinate and resource palliative care services within that region, based on evident need, ideally determined by means of targeted research.

These units should facilitate the implementation of community-based palliative care models, providing education and training, consultation and respite resources for community and other-hospital-based palliative carers within designated geographic regions, as well as providing a domiciliary visiting team to support general practitioners and domiciliary nurses within their designated community.

Community care should be provided by integrated teams of community-based carers, led by a well-trained, palliative care medical officer and consisting of appropriately trained and experienced nursing, allied health and volunteer staff with access to specialist palliative care.

Care should be provided in the location of choice, wherever possible. Within that environment, there is a place for inpatient palliative care units which are generally attached to hospitals due to the complexity of medical management and the need to involve a variety of clinicians in order to attain effective symptom management.

Each major training hospital should be resourced to set up a specialist palliative care team within a dedicated Palliative Care Unit, according to the interconnected requirements of existing Clinical Service Capability Frameworks. Although hospital-based, these teams should support and work within the framework of the community-based palliative care model.

TRAINING AND EDUCATION

AMA Queensland recognises the need for and strongly promotes specialist palliative care training and education. Access to this training and education should exist for all providers of palliative care within the medical, nursing and allied health professions, as well as within the community more generally. The special training needs of volunteer palliative carers should also be taken into account. This training and education should be consistent across Queensland and would be best delivered by the Queensland Medical Education and Training Institute (QMETI) body we advocated for in *Health Vision Part Two*.

AMA Queensland supports the training of a number of general practitioners to take a leading and informed role in facilitating a greater palliative care participation and commitment of their GP colleagues. These practitioners would provide an interface between other general practitioners, domiciliary nursing and specialised palliative care services, as well as hospitals, nursing homes and other groups involved in professional care. Further, we believe as many GPs as possible should receive sufficient basic palliative care training to enable them to provide high-quality and effective care to palliative patients. Again, this could and should ideally be delivered by QMETI.

3. The Commonwealth of Australia, *2015 Intergenerational Report Australia in 2055*, Australian Government, Canberra, March 2015
4. Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute
5. Australian Senate Committee Inquiry, Palliative care in Australia, 50–53
6. Queensland Statistician, Population Growth, Queensland, December Quarter 2012, http://bit.ly/1hGDYiV, Queensland Government, June 2013
7. Queensland Statistician, Deaths, Queensland 2012, http://bit.ly/1Ewu0FP, Queensland Government, November 2013
8. Health and Community Services Committee, Palliative and Community Care in Queensland: towards person-centred care, Queensland Parliament, May 2013
9. ibid
10. Nash, F, $52 Million to Improve Palliative Care Services and Training, http://bit.ly/1MwDMzD, Australian Government, 2014

Medical Workforce and Training

AMA Queensland and its members know that a healthy, well planned and engaged medical workforce is fundamental to the success of Queensland's health system. Without these three elements being appropriately addressed the health system will not be able to deliver the care that Queenslanders expect or deserve. We congratulate the Queensland Government for the significant strides it has made in this area since its election, however there is always room for more to be done. In particular, AMA Queensland believes that the health of our medical workforce is a continuing cause for concern. To this end, we offer the following proposals for a strategic injection of funds.

HEALTHY

In 2015 AMA Queensland piloted our 'Resilience on the Run' program with a cohort of interns at Rockhampton Base Hospital. The program was developed following an alarming *beyondblue* report into the mental health and wellbeing of junior doctors that found they suffered from alarmingly high rates of anxiety and burnout. Resilience on the Run was designed in direct response, to provide early career doctors with the resilience and coping skills needed to survive and thrive in the field of medicine.

Resilience on the Run, delivered by resilience expert Dr Ira van der Steenstraten, focused on skills such as resilience and mindfulness, managing interpersonal relationships, navigating difficult scenarios on the job and practical steps for asking for help. Since the successful pilot, AMA Queensland has had interest in the program from Medical Education Units from around Queensland and interstate. Resilience on the Run has been rolled out in 2016 by Metro South to the Princess Alexandria Hospital, Logan, Redlands and also at Rockhampton Hospital this year, delivering the program to 170 doctors in training. However, these hospitals have indicated funding is not guaranteed for 2017 as professional development budgets are tight.

This makes it all the more important that we continue to provide this valuable training to our junior doctors. AMA Queensland calls on the Queensland Government to commit $400,000, provided to AMA Queensland, to fund the Resilience on the Run program across all hospitals that accept interns through the state ballot process. This should be seen as an investment in both the individuals, to reduce the risk of anxiety, and to the broader system in ensuring that talented young doctors are not immediately burnt out. Queensland patients would be the ultimate beneficiaries through healthier treating physicians.

WELL PLANNED

AMA Queensland congratulates the Queensland Government on listening to the profession and establishing a high-level working group dedicated to examining prevocational medical training in Queensland. We would like to see this working group build on the principles outlined in the *AMA Queensland Health Vision*, namely the establishment of a dedicated medical workforce organisation, the Queensland Medical Education and Training Institute (QMETI), which works across hospital and health services to develop the Queensland's medical workforce. AMA Queensland began advocating for the establishment of QMETI to ensure that all early career doctors, no matter where they are in Queensland, receive the education and training necessary to effectively serve their patients.

QMETI would improve the medical workforce in Queensland through developing linkages between pre-existing resources, such as the excellent medical education units across the state, and developing services where gaps may

exist. It would also work closely with the Office of the Chief Medical Officer in workforce planning and development, to ensure that there is a cohesive strategy for every medical officer in Queensland to practice as effectively as possible.

The benefits of such an organisation are manifold. Firstly, it would ensure that the best and brightest are attracted to Queensland by the high quality training and opportunities provided. Secondly, it would ensure that all doctors have a clear path to develop their skills, so as to provide the highest quality health service to Queenslanders. Finally, Queensland patients would benefit from having a highly motivated, well trained, and focused workforce available to treat them, no matter where they live.

ENGAGED

AMA Queensland is extremely supportive of programs that develop the leadership capabilities and competencies of medical practitioners. These programs should comprise of a combination of structured, academic learning, coaching, mentorship and evaluation. We commend the work of the Healthcare Leadership Unit within Queensland Health for establishing these programs. However, we believe they must be expanded, with funding to match, to ensure that all Queensland clinicians can access the programs.

AMA Queensland believes that by making a prudent investment in these areas the public can enjoy the dividends for years to come through a healthier, better planned, and more engaged medical workforce providing a higher standard of care to Queenslanders.

SAFE

In October, AMA Queensland launched a discussion paper which examined ways in which the challenges which face maternity services across Queensland can be improved. AMA Queensland developed this paper in direct response to the Central Queensland Hospital and Health Service report into Maternity Services at Rockhampton Base Hospital (RBH).

This report identified numerous issues common to many regional hospitals including midwife training, significant cultural issues and a poor recognition of deteriorating patients with slow escalation to the obstetrician. It also clearly indicated that there needed to be greater input into women's care and coordination of multi-disciplinary team efforts by an obstetrician.

AMA Queensland believes the results of the Rockhampton Hospital Maternity Service review findings are reflective of long-standing practice challenges faced by maternity services across Queensland. There has been a slow transition to midwifery-led practice in recent years with a subsequent reduction in involvement by the obstetrician in public hospitals.

Obstetricians are increasingly being called in only when a labour problem becomes serious or life-threatening. This is despite significant evidence that mother and baby benefit from specialist care throughout the entire pregnancy, so that possible complications can be identified and mitigated at an early stage.

AMA Queensland's discussion paper, which was supported by the National Association of Specialist Obstetricians and Gynaecologists (NASOG), proposed a model of care that recommends obstetricians:

- Review all new patients at their first antenatal visit at a public maternity service, prior to midwifery consult;
- Review all patients on admission to labour suite for risk analysis and documentation;
- Review and examine all labouring patients every four hours.

In addition, it recommends better communication and involvement with the patient's regular general practitioner.

AMA Queensland believes it is vital that Queensland's expectant parents have confidence in the public hospital system's ability to safely deliver their newborn child into the world. It is our hope that our discussion paper helps to begin conversations between the Government, ourselves and other stakeholders, so that we can ensure that confidence is well placed and well earned.

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