AMA QUEENSLAND

BUDGET SUBMISSION 2022-23

*Leading Queensland Doctors
Creating Better Health*

Queensland's pre-COVID-19 health system was stretched to its limits. Workforce shortages were already deepening and staff were fatigued. COVID-19 has forced the reshaping and reprioritising of health services, and among other impacts, Queenslanders who were already waiting too long for elective surgery are now waiting longer.

AMA Queensland has persistently advocated for action on these same issues for years. Each additional year without fundamental improvements in these areas leads to further entrenching of problems in the health system. Notwithstanding the compounding complexities of COVID-19, long-term shortcomings in health system planning have resulted in:

▸ health system capacity, design and funding failing to keep pace with Queensland's growing and ageing population

▸ workforce shortages compounding workforce stress and fatigue

▸ suboptimal technologies increasing inefficiency and administrative burden for end-users.

The pressures, shortages, gaps and inequities in Queensland's health system warrant immediate and dramatic action. Effective leadership, procedural innovation and appropriate investment are essential for ensuring that Queenslanders can access the medical care they deserve.

FIVE PRIORITY ACTIONS

AMA Queensland advocates for investment of more than **$2.34 billion** to deliver the following **five priority actions** in the 2022-23 Queensland State Budget.

1. Implement the *Ramping Roundtable Action Plan* (**>$1.2 billion)**

2. Fill fundamental gaps in mental health (**$700 million**)

3. Address unmet need in palliative care (**$120.35 million**)

4. Make medical workplaces safe and healthy (**$1.67 million**)

5. Fix digital healthcare technologies (**$313 million** conditional upon, and guided by, independent review).

1. IMPLEMENT THE RAMPING ROUNDTABLE ACTION PLAN
>$1.2 BILLION

In December 2021, AMA Queensland presented the Queensland Government with a comprehensive action plan to improve patient flow and address bed block in public hospitals – the **Ramping Roundtable Action Plan**.

The action plan was devised by a group of dedicated doctors, including specialist consultants, general physicians, doctors in training and government representatives. Over eight months, this group diligently assessed the latest data on patient numbers and ramping from Queensland hospitals and the Queensland Ambulance Service (QAS).

Analysis of data from 2020 to 2021 indicated that:

▸ emergency department (ED) presentations in most large hospitals increased by up to 30 per cent

▸ the total number of ED presentations increased from 1.69 million to 2.2 million

▸ there was a 76 per cent increase in lost ambulance hours associated with patient movements from ambulance stretchers to EDs, equating to more than 111,000 hours of lost ambulance time

▸ only one Hospital and Health Service (HHS) met Queensland's target for patient-off-stretcher-time (POST) of 90 per cent of patients transferred into the care of an ED within 30 minutes

▸ the average POST across Queensland was 53 minutes.

Informed by this alarming data and the collective expertise of the Roundtable, the Action Plan outlines five practical and actionable strategies to improve patient flow, patient safety and patient access.

Ongoing investment in more beds

▸ Invest in an additional 815 new beds across the state, including adequate teams to support these beds, which necessitates an increase in accredited training positions, and a strategic and sustained focus on training, recruitment and retention of doctors in regional, rural and remote areas

▸ Free up 685 beds currently used by NDIS recipients and those waiting for an aged care place

▸ Increase support for ambulatory care

▸ Match bed numbers to complexity of the patients

▸ Increase number of beds available for mental health patients, including dedicated beds for adolescent patients.

Fully operational acute hospitals functioning seven days a week with extended hours

▸ Employ and train sufficient staff (including doctors, nurses and allied health) to safely staff necessary shifts across acute health services and sub-acute services

▸ Facilitate patient discharge when clinically ready, seven days a week.

Hospitals operating at 90 per cent occupancy

▸ Utilise existing data to identify the number of beds needed for each hospital to meet <90% occupancy

▸ Introduce twice daily ward reviews with criteria-led discharge, and track time from decision to discharge

▸ Fund outreach and post-discharge community services essential to facilitate safe discharge.

HHSs analyse hospital patient flow and report against specific measures

▸ Daily reporting of bed availability, with inpatient bed management measured in minutes and seconds

▸ Linking hospital resources to patient flows/bed activity e.g. properly resource emergency surgery on the volumes presenting

▸ Identify local barriers to patient flow e.g. access to imaging, access to pathology, use of interim orders, use of Hospital in the Home

▸ Enhance communication between teams that leads to actions (discharges, referral to rapid access clinic) rather than overnight stay in a ward or emergency department

▸ Facilitate real-time bed availability data for clinicians on the floor

▸ Establish innovative models of care to avoid mental health patients from experiencing long stays in EDs.

Support alternative models of accessing hospital care other than through emergency department presentation

▸ Direct admissions from the community

▸ Rapid access clinics

▸ Rapid virtual reviews

▸ Hospital in the Home

▸ Transit lounge arrangements for semi-urgent admissions and stable representations.

AMA Queensland is eager to work in partnership with the Queensland Health to fully cost all elements of the *Ramping Roundtable Action Plan*.

2. FILL FUNDAMENTAL GAPS IN MENTAL HEALTH
$700 MILLION

The Queensland Government retains the disappointing title of being the Australian jurisdiction with the lowest investment in mental health per head of population of in Australia[1]. AMA Queensland echoes the call from the Royal Australian and New Zealand College of Psychiatrists for a recurrent investment of between $650 million and $700 million per year to meet current demand for mental health services in Queensland.

GPs remain the dominant provider of mental health care services for the majority of the Queensland population. Queensland's doctors consistently report they are seeing more patients with mental health issues, and members of the AMA Queensland Committee of General Practice report up to 50 per cent more patients presenting with mental health issues since the pandemic began.

The Productivity Commission reports that upon seeing a GP for assistance with mental health, six in 10 patients are prescribed medication, three in 10 receive some counselling, education or advice, and only two in 10 are referred to a psychologist or a psychiatrist[2]. AMA Queensland members know that long waiting times to see a psychiatrist or psychologist mean Queenslanders can wait up to two years for an appointment, leaving many patients with limited options for accessing specialist care. This is especially the case for patients with symptoms too complex to be adequately treated by a GP, but who do not reach the threshold for specialised mental health services, a gap coined the 'missing middle' by the Productivity Commission[3]. In the absence of services for these patients, GPs persevere to provide them with adequate care.

The skewing of Queensland's mental health clinical care system towards acute services leads to major gaps across the spectrum of mental illness. This manifests in urgent needs for mental health services, especially perinatal mental health, child and adolescent mental health, and mental health services for older people including those presenting with dual diagnoses, i.e. mental health issues, comorbidities and substance use disorders.

These gaps in mental health service access and availability result in EDs functioning as the 'overflow valve' for people requiring mental healthcare[4].

AMA Queensland calls on the Queensland Government to urgently invest $700 million to:

▸ increase the number of beds available for patients presenting to ED with mental health conditions, including dedicated beds for adolescent patients

▸ review mental health funding models, focussing on how GPs are subsidised to support mental health and increasing funding for community mental health services

▸ extend activity-based funding to community ambulatory mental health services to increase their efficiency (by motivating a higher proportion of time to be spent on consumer-related activities) and reduce incentives of local hospital networks to prioritise hospital-based care[5]

▸ provide alternatives to EDs for people seeking mental health care, for example peer- and clinician-led after-hours services and mobile crisis services[6]

▸ support additional mental health training and professional development for GPs, including:
  • approaches to assessing mental health (e.g. consideration of cultural influences, relationships and trauma)
  • inclusion of carers and family in diagnosis and treatment discussions
  • attitudes to peer workers
  • additional training on medication management and de-prescribing
  • online supports

▸ improve the competency of mainstream health services in mental health care by providing additional support for GPs

▸ increase the number of psychologists, psychiatrists and mental health nurses particularly in regional communities

▸ improve the use of technology in assessments, referrals, treatments and supports, and increase the range of treatments and supports available, including:
  • access to a telephone-based psychiatry advisory service for GPs (e.g., to enable GPs to seek advice from a child/adolescent/adult psychiatrist to inform mental health care options, such as decisions about medication commencement, or to enable treatment in advance of formal psychiatrist review if waiting lists prohibit timely specialist access)

▸ increase perinatal mental health services to ensure a secure attachment between parent and baby in the early stages of life

▸ adopt innovative workforce solutions to increase and maintain staffing levels, including the proposed step down solutions for retiring doctors previously submitted by AMA Queensland to the Minister for Health and Ambulance Services

▸ amend workers' compensation schemes to fund clinical treatment for mental health related workers' compensation claims, regardless of liability, until the injured worker returns to work or up to a period of six months following lodgement of the claim, which is estimated to cost around 0.6 per cent of total annual premium revenue received by insurers[7].

3. ADDRESS UNMET NEED IN PALLIATIVE CARE
$120.35 MILLION

The demand for quality palliative care in all health care settings is increasing as the Queensland population ages. Additional funding for palliative care is urgently needed to ensure Queenslanders at the end of their lives die with dignity and comfort.

AMA Queensland calls for an additional $120.35 million investment for:

▸ Palliative Home Care packaging ($117 million), including
  - Last Days Packages ($70 million)
  - Palliative Care Community Packages ($42 million)
  - statewide palliative care patient equipment and syringe driver program ($5 million)
▸ Seed funding for new initiatives to improve access to quality palliative care and support for Queenslanders from diagnosis to bereavement ($3.35 million).

AMA Queensland also calls on the Queensland Government to change the time period for which patients can access palliative care to ensure consistency with Section 10 of the *Voluntary Assisted Dying Act 2021*, i.e. palliative care should be available to patients for 12 months rather than the current three month constraint. This timeframe for palliative care would conform with the overwhelming preference of AMA Queensland members, 98 per cent of whom feel palliative care should be offered at the same time as, or prior to, assessment for voluntary assisted dying.

4. MAKE MEDICAL WORKPLACES SAFE AND HEALTHY
$1.67 MILLION

It is unequivocal that Queenslanders will receive better healthcare when the health workplace is safe and fosters positive mental health and wellbeing for its workforce.

The results of the *AMA Queensland Resident Hospital Health Check 2021* reveal more needs to be done to improve the wellbeing of medical practitioners in the public health system, particularly doctors in training.

Some alarming trends have emerged from the data, including:

▶ 30 per cent of respondents felt their safety at work had been compromised, for example from verbal or physical intimidation or threats from patients or staff, which is up from 27 per cent in 2020 and 22 per cent in 2019

▶ 51 per cent had been concerned about making a clinical error due to fatigue from long work hours

▶ 34 per cent had experienced bullying, discrimination or harassment, with a further 17 per cent witnessing such behaviours.

These figures are troubling and indicate there is more to be done by Queensland Health to improve the working environment in hospitals. While AMA Queensland acknowledges Queensland Health's previous investment in the *Wellbeing at Work* program as well as the local activities at some hospitals, the current state of workplace morale warrants urgent attention.

AMA Queensland is calling for $1.67 million to:

▶ extend *Wellbeing at Work* to all doctors in training (PGY2-5).

The physical safety of medical practitioners must also be protected by providing:

▶ adequate PPE, including fit testing for all doctors

▶ appropriate travel and fatigue management policies, especially for doctors in training required to travel between placements.

5. FIX DIGITAL HEALTHCARE TECHNOLOGIES
$313 MILLION

AMA Queensland acknowledges the temporary cessation of digital health progress due to COVID 19. However, it is imperative that the Queensland Health recommit to, rollout and improve technologies that support continuity of care.

Optimisation of digital technologies can improve patient safety, boost productivity and provide rich clinical and administrative data to inform decision-making. It can also ensure the efficient use of medical professionals' time.

However, end-users continue to raise persistent issues with integrated electronic Medical Record (ieMR), Communicare and QScript that compromise patient safety and increase administrative burdens for staff. Therefore, it is essential that robust, transparent and independent external review guides investment in IT systems. Such review should focus on patient safety, productivity and privacy, and ensure that the yield from IT investments exceeds other potential interventions or investments that would improve patient outcomes.

AMA Queensland calls for:

▸ past reviews of ieMR and Communicare to be published (cost neutral)

▸ technical issues delaying the expansion of ieMR to be addressed (previous analysis indicates a required investment of $313 million, however spending should be conditional upon, and guided by, a robust and transparent external review)

▸ clear and consistent messaging for doctors about QScript be developed and communicated (cost neutral)

▸ regulations governing the use of QScript to be reviewed and amended to ensure QScript can deliver its potential in minimising intentional and unintentional harms from monitored medicines (cost neutral).

1   Australian Institute of Health and Welfare (AIHW), Mental health services in Australia Expenditure on mental health related-services 2019-20 tables, see Table EXP.1: Recurrent expenditure ($'000) on state and territory specialised mental health services, states and territories, 2019-20 (https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services)

2   Productivity Commission, Mental Health Inquiry Report No. 95, Volume 1, page 34 (https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf#page=19&zoom=100,0,0)

3   Productivity Commission, Mental Health Inquiry Report No. 95, Volume 1, page 30 (https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf#page=19&zoom=100,0,0)

4   Australasian College for Emergency Medicine, Nowhere else to go: why Australia's health system results in people with mental illness getting 'stuck' in emergency departments, page 2 (https://acem.org.au/nowhere-else-to-go)

5   Productivity Commission, Mental Health Inquiry Report No. 95, Volume 1, page 57 (https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf#page=19&zoom=100,0,0)

6   Productivity Commission, Mental Health Inquiry Report No. 95, Volume 1, page 29 (https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf#page=19&zoom=100,0,0)

7   Productivity Commission, Mental Health Inquiry Report No. 95, Volume 1, pages 50-52 (https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf#page=19&zoom=100,0,0)