AMA Queensland Submission

Queensland Health Presentation on the Women and Girls Health Strategy

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AMA Queensland thanks Queensland Health for the opportunity to provide feedback on Queensland Health's presentation on the Women and Girls Health Strategy (the 'Strategy presentation'). Given the short one-week timeframe, AMA Queensland submits the following general responses to the questions asked by Queensland Health which must be read in conjunction with the multiple submissions and feedback already given to the Department to date on women's health issues.

The **key concerns** with the Strategy presentation, however, are:

- the failure to **recognise general practice's central role** in holistic health care provision for women across the life-course; and
- its continuation of **flawed policy biases that limit birth model choice and preference midwife group practice** over GP, GP-obstetrician and obstetrics and gynaecology specialist models.

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1. *Specific Medical Conditions in Queensland that are prevalent and challenging for women and girls*

1.1 Leading causes of death

The Strategy presentation fails to adequately focus on the leading causes of death for women and girls – dementia, followed by heart disease – particularly as set out on page 4. Improvements are urgently needed in dementia treatment including a shift to early diagnosis, improved care models and research.

Heart disease presents in women differently from men, often with atypical symptoms and at a later stage of progression. This means women are not diagnosed as early as they should be so the focus must likewise be on prevention and early diagnosis.

Lung cancer is also a significant disease for women, although AMA Queensland acknowledges separate work is being undertaken on this issue with lung cancer screening being introduced in 2025.

1.2 Endometriosis

AMA Queensland submits the Strategy presentation must include pelvic pain and period abnormalities in addition to endometriosis. Whilst AMA Queensland agrees urgent action must be taken to ensure women and girls suffering with endometriosis are diagnosed sooner than the unacceptable current 7-year average, the focus must not be solely on this single condition.

1.3 Sexually transmitted infections

The Strategy presentation lists sexually transmitted infections (STIs) as a priority health area and states that STIs amongst young women in Queensland is occurring at rates higher than that nationally. Despite this prioritisation, however, Queensland Health is refusing to halt the prescription of urinary tract infection (UTI) antibiotics for women by pharmacists (the 'UTI program').

The UTI program poses a direct threat to the safety of women who present to a pharmacist with an undiagnosed STI that the pharmacist incorrectly diagnoses as a UTI. Analysis of the pilot to the UTI program shows such incorrect diagnoses occurred during the pilot and will be continuing to occur under the now-permanent UTI program. This puts women at risk of infertility, ectopic pregnancy and chronic pelvic pain. AMA Queensland reiterates its several and urgent calls for the UTI program and associated North Queensland Community Pharmacy Scope of Practice Pilot to be immediately abandoned.

1.4 Osteoporosis

Osteoporosis is not mentioned in the Strategy presentation yet it accounts for a large burden of disease amongst women and dramatically contributes to women's loss of independence. Osteoporotic fractures also lead to significant chronic pain and increased healthcare costs, further limiting women's independence. AMA Queensland submits osteoporosis be specifically included in the presentation, in addition to osteoarthritis.

Consideration should also be given to providing free access to bone density scans for aging women so they can make associated lifestyle changes and mitigate risks associated with falls and other injuries.

1.5 Incontinence

Incontinence is a critical issue for women's independence and quality of life. It leads to social isolation as women limit or avoid communal situations due to embarrassment and fear and being unable to afford necessary aids and products. Incontinence should be included in the presentation to ensure it is given due attention in the final Strategy.

1.6 Early menopause, peri-menopause and menopause

Whilst AMA Queensland agrees greater investment is needed to address the impacts of early menopause, peri-menopause and menopause on women, its inclusion under 'Women and girls health issues & leading causes of total burden of disease' on page 4 of the presentation is confusing. These (along with other factors on page 4) are normal occurrences at different stages of women's lives and AMA Queensland submits that the presentation of the information on page 4 is difficult to navigate and comprehend and must be reviewed.

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1.7 Social determinants of health

AMA Queensland suggests the Strategy presentation include a broader focus on the social determinants of health, including group-lifestyle factors such as smoking, vaping and drug use (neither of which is mentioned in the presentation), and alcohol. Whilst the Strategy presentation lists obesity, it should also specifically include reference to eating disorders and nutrition education.

We also know women are often the primary carers for children, spouses, aging parents and other relatives. This means they often don't have the time to go to the doctor and preference the needs of others, including health and financial concerns, over their own. AMA Queensland suggests it is important to capture this more holistic issue surrounding the social determinants of women's health in the Strategy presentation.

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2. *Current service gaps and practical strategies and solutions to fill gaps*

2.1 Maternity services

<u>Caesareans and birth model choice</u>

As AMA Queensland has advised Queensland Health on multiple occasions through policy submissions, stakeholder consultations and liaison meetings, women must be provided birth-model choice. The current system is narrow and biased towards midwife-led models which do not satisfy the preferences of all women. Queensland Health must broaden the range of options available for birth, including services led by GPs, GP-obstetricians and obstetrics and gynaecology specialists.

The bias towards midwife-led models is evidenced in the Strategy presentation with multiple references to caesarean births as 'priority health areas' under 'the quantitative evidence base' and 'women and girls specific issues'. Using increasing rates of caesareans as an indicator for women's health issues is flawed since it fails to consider the reasons for such increase. This, in turn, will lead to an inappropriate and incorrect policy preference for midwife-led models over other options.

The age at which women are giving birth is older than for previous generations and the incidence of chronic disease and comorbidities is likewise rising. This makes women and their babies more at risk of complications in pregnancy and birth than before and a correlated increase in caesarean deliveries would be expected as a result.

Using the rates of caesareans is therefore a flawed indicator and will lead to policy errors that preference midwife-led models over doctor-led models since midwives do not treat medium- to high-risk patients who need caesareans sections to deliver safely and are not qualified to perform the surgery. AMA Queensland submits that all references to caesarean birth be removed and replaced with a focus on immediately reducing the rates of women unable to access birth services close to where they live.

<u>'Birth trauma'</u>

Similarly, AMA Queensland submits that the Strategy presentation's inclusion of 'birth trauma' is too narrow and should be broadened to include all issues surrounding perinatal mental health. This would

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also help in identifying at-risk parents and families at the point of birth so they can receive the help they need, with long-term benefits such as reduced incidents of child health disease, abuse and youth crime.

A key issue to be addressed in this area is the current time from birth to hospital discharge. This is occurring far too soon for adequate mental health and domestic and family violence screening and for women to adjust to the birth and their baby, including associated matters such as breastfeeding, which can contribute to poorer mental health outcomes. Women would also benefit from assessment and appropriate treatment from a physiotherapist post-delivery to provide a more holistic standard of care.

2.2 Abortion and contraception services

AMA Queensland has previously raised access to contraception and termination of pregnancy services as an urgent issue facing Queensland women. Whilst the Strategy presentation identifies 'women under 20 years giving birth higher in Qld than nationally' as a 'Qld women and girls specific issue' and lists 'access to termination of pregnancy care' and 'contemporary sexual and reproductive health education and services' as 'Action statements' it does not specifically mention contraception or provide adequate focus on abortion services.

Doctors have raised concerns about the absence of dedicated pregnancy termination services in many Queensland Health hospitals and facilities. At present, such services are only available at a very limited number of hospitals (e.g. Logan) where demand is very high and must compete with the similarly high demand for obstetric services.

AMA Queensland submits that each public hospital and health service must have a dedicated pregnancy termination service or alternative, including pregnancy choice clinics to provide contraception and termination services in close collaboration with primary care services. The Queensland Government must also advocate for the Federal Government to require all hospitals, whether public or private, which receive public funding to provide contraception and termination of pregnancy services. Whilst individual health practitioners may conscientiously object to providing these services, it is unacceptable for facilities in receipt of taxpayer monies to do so. AMA Queensland also notes this was a Labor commitment prior to the 2019 Federal election.

2.3 Absence of general practice

The Strategy presentation fails to take a holistic approach to women's and girls' health by glaringly omitting specific reference to the central role of general practice. The majority of health issues affecting women and girls are the backbone of treatments provided by general practitioners (GPs).

The Queensland Government must work to improve patient access to GPs and not undermine existing practices by duplicating their services within Queensland Health. Instead of wasting finite public monies establishing models such as satellite 'hospitals' and stand-alone services for specific women health conditions, the Government must invest in schemes to increase patient access to GPs.

AMA Queensland is concerned that the establishment of women-specific services such as reported 'Women and Girls Hubs' will simply duplicate the work traditionally provided by general practice and public hospital clinicians whilst doing nothing to increase access for women needing these services. There are significant delays for women seeking public hospital gynaecological services and such hubs do not fix this problem and will only further fragment care. They will also worsen current chronic workforce

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shortages by poaching practitioners from general practice and public hospitals without increasing the overall number of health professionals.

GPs are generally the first point of contact for women and girls and are best placed to manage specific women's health conditions in the context of the whole person. This is also particularly important to improve geographical distribution of GPs in our non-metropolitan areas, given Queensland is the most decentralised Australian state.

Reform in this area could be better achieved by jointly funding or advocating for the Australian Government to do the following, instead of establishing 'Women and Girls Hubs':

- increase Medicare rebates for mental health consultations and longer consultations for women's health issues (e.g. by introduction of a women's health assessment MBS item number);
- invest in GP and GP-obstetrician models for pregnancy and birth, including:
    - funding to support GPs to undertake the associated training;
    - incentives to encourage existing GPs to maintain their skills and service regional, rural and remote communities;
    - a robust pathway for GP shared care; and
    - addressing Government policies and materials that inappropriately promote and favour midwifery models over GPs.
- ensure MyMedicare does not result in unintended consequences (e.g. by preventing women or girls from rural areas wishing to speak with a doctor outside their local area from accessing telehealth rebates);
- improve pathways for GPs to refer patients to gynaecologists, psychologists, psychiatrists. Funding must go straight to GPs and not Primary Health Networks to reduce red tape and the administrative burden that acts as a disincentive to practices;
- amend Medicare rebates for medical termination of pregnancy to be a 'package' rebate that includes initial consultation and follow-up (doctors report following-up women to remind them to have subsequent blood tests is challenging and time-consuming);
- inclusion of free medical abortion medications in doctors' bags so patients can more easily access medical terminations through their GP; and
- improve access to fully-subsidised ultrasounds required for women's health concerns, particularly termination of pregnancy, endometriosis and pelvic pain.

2.4 Education

AMA Queensland submits that a significant gap in the Strategy presentation is the education of girls and their parents and carers about specific and holistic health issues. Such matters include what is considered 'normal' (e.g. advice that missing school or sports due to painful periods or flooding through sanitary products may not be normal and health advice should be sought).

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The Queensland Government needs to invest in education for women across the life course. Whilst many general practices do this free of charge either within their clinics or at local schools and other organisations, Queensland Health must partner with GPs to assist in providing education to girls and their families about puberty, hygiene and health prevention, perimenopause/menopause, domestic and family violence and other key issues.

2.5 Supports for vulnerable girls and women

Likewise, AMA Queensland calls on the Queensland Government to provide 'health basics' to at-risk girls and women such as subsidies for GPs to treat these patients and enable free provision of sanitary products and contraception.

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