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**FUNDING CUTS UNDERMINING PUBLIC HOSPITAL EMERGENCY DEPARTMENT TARGETS**

The AMA is calling on all the major parties to make public hospital funding a policy priority ahead of the July election.

AMA Vice President, Dr Stephen Parnis, an emergency physician, said today that a recent peer-reviewed clinical article shows clearly how funding cuts affect the capacity of public hospitals to meet targets and community health needs.

The article – *The National Emergency Access Target (NEAT) and the 4-hour rule: time to review the target* – published in the latest edition of the *Medical Journal of Australia* (MJA), links the National Emergency Access Target (NEAT) with reducing in-hospital mortality of emergency admissions.

Dr Parnis said that State and Territory targets for NEAT were previously accompanied by specific funding to support States and Territories to improve their capacity, but this funding was cut in the 2014-15 Budget.

“Performance against the NEAT at the national level had been improving in each year from 2011-12,” Dr Parnis said.

“But it has now plateaued, with no further improvement in 2014-15, with the likelihood that the situation could deteriorate as a result of the Budget cuts.

“A target that was working to improve performance has stopped delivering further improvements.

“The cuts to public hospital funding are having an effect on hospital performance – to the detriment of patients.

“The AMA wants the NEAT funding restored as part of a larger rescue package for public hospitals.

“The additional \$2.9 billion (over three years) in funding to the States announced at COAG on 1 April is welcome, but clearly inadequate to enable public hospitals to meet public need over the long term.

“The MJA article is further evidence that arbitrary public hospital funding cuts have real consequences for patient mortality.”

The AMA’s public hospital election policy is contained in *Key Health Issues for the 2016 Federal Election* at <https://ama.com.au/article/key-health-issues-federal-election-2016>

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