

HEALTH

HEALTH
VICTORIA
AUSTRALIAN DEMOCRATS

2006

OUR ELECTION COMMITMENT

More than half of Victoria's health budget of \$9 billion is spent on acute, hospital based care and too little attention is paid to early intervention and prevention, community based care and keeping people well. Many are on hospital waiting lists for conditions that were preventable. Many Victorians cannot afford the out of pocket costs of GPs and private specialists or allied services such as physiotherapy and podiatry or procedures in private hospitals when these are not available to them as public services. For those in rural areas, these services are even more scarce.

The Democrats commitment is for:

Hospitals

- Establish targets to substantially reduce the list of 40,000 Victorians currently waiting for so-called elective surgery.
- Conduct a review of the case mix arrangements on which funding is based but which is largely responsible for most major hospitals operating in deficit.
- Introduce supplementary funding for all rural hospitals in recognition of the additional cost of ambulance services and attracting medical staff.
- Stop the scaling back of hospital services in rural areas, particularly obstetrics, paediatrics and surgery.
- Establish transitional or after care hostels for the frail elderly awaiting residential care, freeing up beds for acute patients.
- Establish no-fault monitoring systems to tackle mistakes that currently cost \$500 million a year, almost half of which are avoidable.
- Employ more specialists in outpatient departments of public hospitals to tackle the current 2½ year waiting lists.
- Take a more holistic approach to hospital services, allowing the involvement of allied health and complementary medicine practitioners.
- Take action to substantially reduce the excessive hours worked by hospital resident medical staff
- Increase the number of training places for doctors and nurses to meet current and forecast shortages and reduce reliance on overseas trained medical staff.

THIS TIME

AN UPPER HOUSE THAT WORKS

The DEMOCRATS VISION for a public health service is one that:

- provides people with timely, accessible services, regardless of income or location,
 - encourages a healthy diet and lifestyle,
 - provides good maternal and child health, dental and mental health, physiotherapy, podiatry and other allied health services in community based clinics, and
 - is focused on minimising harm, whether acting on avoidable hospital mistakes or dealing with drug and alcohol use.
 - Require the cooperation between and, where possible, the integration of metropolitan and regional hospitals with their local community health, aged care and rehabilitation service.
 - Increase funding for and support to hospital based infection control services and set targets for reduction in acquired infection rates.
- ### Community based health
- Enhance the current funding for Victoria's community based health centres, ensuring universal access to multi-disciplinary health teams.



A U S T R A L I A N TM
DEMOCRATS

This election commitment was updated on November 14, 2006
All our election commitments are available online at
www.vic.democrats.org.au

HEALTH

DEMOCRATS

- Substantially increase funding for home and community care for the frail, aged and disabled for whom services are currently inadequate.
- Improve the awareness and skills of health professionals in dealing with the health needs of people with intellectual disability.
- Ensure the availability of medical indemnity insurance for out-of-hospital midwives who attend to pregnant women throughout their confinement and during and after birth and consider funding this service.
- Provide discrete adolescent health service facilities either as stand alone or in conjunction with other community health services.

Dental Health

- Tackle with urgency, the waiting list for basic public dental health services that is in some cases five and a half years long and threatens the health and livelihoods of 250,000 Victorians on those waiting lists through funding the former Commonwealth dental health program (scrapped by the Howard Government in 1996), including rebates for dentists treating public patients in private practice.
- Work with the Federal Government to substantially increase the number of dentists in training to deal with the current shortage and the ageing workforce.
- Guarantee ongoing funding for the preschool dental health promotion program and fund check ups and basic dental services in primary schools.

Prevention

- Substantially increase funding for quit smoking campaigns, recognising that tobacco kills almost 5,000 Victorians annually and costs the health budget \$3 billion each year.
- Fund an advertising campaign that warns cinema goers about the insidious placement of cigarettes and smoking in film.
- Ban smoking in all public places and in cars in which children are passengers.
- Tackle childhood obesity through ensuring schools provide good physical education, providing all schools with indoor sports facilities, requiring tuckshops to provide healthy food and press the Federal Government for a ban on junk food advertising during children's television watching time.
- Provide group support based programs to assist adults in developing self management of their obesity.
- Promote physical activity in all age groups, particularly walking and cycling and participation in sport.
- Tighten restrictions on exposure to chemicals and toxic substances in agriculture, in building materials and in airborne pollution that gives rise to ill health.
- Provide funding for low cost stress management and coping skill enhancement programs.

Drugs and alcohol

- Increase awareness of the dangers of using drugs to general and mental health using accurate, unbiased information



that challenges incorrect normative beliefs, is known to be effective and includes harm minimisation strategies, as appropriate.

- Fund school education programs that are based on students needs and experiences, start before initial experimentation occurs, are based on harm reduction rather than abstinence and are interactive.
- Fund interventions that work such as developing skills in decision-making and communication and good counselling.
- Significantly increase access to detox and drug rehabilitation services, ensuring they are also available in all areas.
- Find alternatives to the criminalisation and imprisonment for personal drug use.
- Fund research into dependence on methamphetamines and other drugs for which there is currently no definitive treatment.
- Fund research into the use of cannabis to alleviate the symptoms of chronic and terminal illnesses.

- Resume effective education programs to highlight the dangers of sharing needles and other unsafe injecting practices for HIV AIDS and hepatitis C.
- Introduce needle and syringe exchange programs into Victorian prisons.
- Conduct a trial of heroin prescription for those for whom methadone has proven to be unsuitable.
- Introduce a safe injecting room in Melbourne staffed with health workers, along the lines of the facility in Sydney which has been very successful in saving lives and referring people to detox and rehabilitation services.
- Provide a program of training for health professionals in the drug and alcohol field.

See also our commitment on mental health: www.vic.democrats.org.au

The Problems

Public hospitals are short of beds and understaffed. Victoria has the second lowest number of public hospital beds per head of population in Australia (2.3 per 1,000 people). Emergency departments in hospitals are overcrowded due to lack of beds and patients wait for attention on trolleys for unacceptably long periods. The productivity commission reported that more than 17 hospital admissions per 1000 people were for preventable chronic disease that could be avoided if primary and community care were improved.

40,000 Victorians await elective surgery and around 500 die each year while on waiting lists. A State

Government commissioned report estimated that 550 additional public hospital beds were needed to provide more timely surgery.

Hospitals in country Victoria have been closed and the services they offer narrowed, forcing people to travel long distances for hospital treatment.

For some years too few nurses, doctors, specialists, dentists and allied health workers have been trained in Australia. It is estimated that Victoria needs another 35 dentists in training a year to replace the ageing workforce soon to retire. The shortages in rural areas are particularly acute.

Obesity is looming as a major crisis as more Australians become significantly overweight and this is a major factor in type 2 diabetes, high blood pressure, asthma, heart disease, stroke, sleep apnoea, breast and colon cancer, osteoarthritis and depression.

Oral health care is the least subsidised area of state health at around \$120 million a year for public patients. Research shows that people with dental health problems are more likely to suffer other serious illnesses such as cardiovascular disease. Waiting times have been reduced to an average of 23.5 months but in some rural areas like Sale it is still five years and overall 17,435 Victorians still await basic dental services. Private dentistry is prohibitively expensive for people on low incomes.

More than 40% of Victorian children experience some form of dental problem before they reach school. To make matters worse, up to 75 % of those are not seeking dental care.

Tobacco remains the leading cause of death and disease, killing almost

5,000 Victorians annually and costing more than \$3 billion a year in health services. Alcohol misuse costs \$5 million a day and takes up 300 public hospital beds. It is the most common drug to lead a person to seek treatment and there is some evidence that alcohol use has grown amongst the young while illicit drug use has stabilised.

The total cost of heroin use in Victoria has been conservatively estimated at \$800 million a year yet investment in drug use prevention is less than 1% of that cost and Victoria still trail other states and territories in providing detox and rehabilitation services. Methamphetamines, particularly crystalline methamphetamine is the second most preferred drug after cannabis and increasing alarmingly with higher rates of related mental illness and drug related violence and crime.

There are no pharmacotherapeutic treatments for amphetamine dependence although people can be treated for the withdrawal symptoms of anxiety, depression and psychosis in the usual way.

Two decades ago governments committed to the National Campaign against Drug Abuse, the cornerstone of which was harm minimisation. More recently the catchcry has been tough on drugs and just say no - costly, discredited approaches that do more harm than good.

We need to recommit to harm minimisation, be clear about what it means and assist drug users to quit and/or to help them live safer, more productive lives. This would assist in reducing crime and the corrupting influence of illicit substances in our police force, the trade in drugs, prostitution and infectious disease.