

**ACT Community-based Health Care Election Forum:
Questions received prior and during that were not asked due to time constraints**

Response from ACT Labor

1. What plan do the panel members have to improve digital health access? As our system becomes increasingly reliant on e-prescriptions, telehealth and booking appointments online, what about consumers who don't have the technology, adequate internet access, skills or time to learn those skills? We know these patients are also the most likely to have the worst healthcare outcomes and most reduced access to face-to-face services. How will you improve **digital health access** for those in need?

The ACT Labor Government has made a significant investment in the development of a new Digital Health Record, which will be delivered in 2022-23. Consumers will be able to access their own Digital Health Record through a secure website or a mobile app. This will allow them to access and update their information from home and manage future appointments. They may also be able to access patient education materials tailored to their record.

ACT Labor recognises that going digital, whether for health records or appointments via telehealth, can increase accessibility for many consumers but also highlights barriers for some consumers and carers. In response to COVID-19, the ACT Labor Government provided \$200,000 and in-kind support for Carers ACT work with Health Care Consumers Association and others to support consumers to access telehealth and ensure that those most in need would still be able to access care. A re-elected Labor Government would continue to partner with the community to ensure that everyone benefits from these new models of care or can access face-to-face services where telehealth is not an appropriate option.

Through our commitments to local health centres and a patient navigation service, we'll also work with consumers, carers and health professionals to implement models of supported access to telehealth appointments. This will enable vulnerable consumers not just to access the technology, but to receive support in understanding specialist advice and planning their care.

2. I am a local Canberra GP. The panel has spoken about GPs and their central role in primary care and improving access and integration. You've also mentioned a number of plans that involve GP involvement. But as GPs are generally quite busy caring for their patients & trying to stay afloat during COVID with increased precautions but reduced foot traffic - what are your plans to **engage more closely with GPs** to ensure that these plans will be effectively implemented?

There is always more work to do to increase the integration across our health system. I appreciated the opportunity to meet and hear from GPs at the General Practitioner Forum in October 2019 and, if re-elected, would be keen to maintain these forums to engage directly with GPs. There is also an opportunity to look again at the role and composition of the Clinical Leadership Forum established in 2019, which includes a GP representative, to increase primary care representation and focus the group's work very clearly on health system integration.

3. The involvement by pharmacists in the recent emergencies (Victorian Asthma emergency, bushfires, COVID 19 pandemic) has shown the value to patient care of the important and key role they bring to these types of situations through not only their accessibility and availability but also, importantly, their unique and diverse skills.

Currently, their roles both formal and informal in disaster preparedness and management are largely undefined or acknowledged by government despite significant research having been undertaken in this area which identified 43 pharmacist-related roles within the international disaster community dependent upon individual jurisdictional considerations across the preventive, preparedness, responsiveness and recovery phases.

Do you see **pharmacists** being used more widely to maximise their potential contribution in disaster and emergency situations and, how do you see their skills being recognised and used?

The ACT Labor Government has valued its relationship with pharmacies and pharmacists during this term of Government and recognises the key role pharmacists play in improving health outcomes for Canberrans. Our collaboration during last summer's bushfires ensuring we were able to rapidly distribute masks to vulnerable Canberrans is one example of our strong relationship, as is the expansion of influenza vaccination by pharmacists.

I agree that the events of last summer highlighted the critical role pharmacists can play during emergencies, and a re-elected Labor Government would continue to work closely with the pharmacy sector to ensure that we understand, recognise and leverage this capacity. There have been several reviews into the bushfire response, and the outcomes of these reviews and the Royal Commission into National Natural Disaster Arrangements will be important in informing future arrangements. The ACT Government will work with health sector stakeholders, including pharmacists and their representatives, to respond to the Royal Commission and other reviews to inform future emergency planning.

4. When it comes to preventative health for both cardiometabolic health as well as mental health, **exercise and physical activity** can play a huge role. Do you have any plans to increase access to this in through the health system?

I was pleased to release the ACT Preventative Health Plan 2020-2025 (Healthy Canberra) last year. The Healthy Canberra Plan builds on the achievements of the Healthy Weight Initiative and aligns with a range of other ACT policies and strategies including the Office for Mental Health and Wellbeing Work Plan.

The Healthy Canberra Plan sets the foundations for reducing the prevalence of chronic disease and supporting good health across all stages of life. Enabling active living is a key focus area of the Plan. While primary responsibility for specific actions under the plan sits outside the Health portfolio, ACT Labor will also continue to pursue opportunities to engage the health system through initiatives such as “green scripts”.

We’ve also committed to building a new public hydrotherapy pool in Canberra’s south, recognising the importance role hydrotherapy can play for people with chronic illness and pain in improving mobility and mental health.

5. I would like to ask the forum what is the cost per patient seen at the **Nurse-led walk-in clinics**. Could this costing include the cost of running the facility as well as wages, insurance etc? Has any party thought of subsidising GP visits as the cost of GP visits goes through Medicare and therefore federal funding, as opposed to ACT Government funding?

The cost of a Nurse Led Walk-in Centre (WiC) presentation was \$154 in 2017-18 (the most current data that is comparable over time using National Published Data Sets). This includes the full cost of delivering the WiC service.

Noting that primary health care is a Commonwealth responsibility, ACT Labor Governments have been working to address the fact that the ACT has one of the lowest rates of bulk billing for GPs in the country. These measures acknowledge that state and territory governments cannot legally provide co-funding for the same service that is delivered under Medicare.

However, ACT Labor Governments have made significant investments over the past 10 years to grow our GP workforce, support a range of general practices and primary health care initiatives, including:

- Over \$12.0 million in incentives, since 2009, to support and grow the GP workforce of the ACT. This includes infrastructure funding through a competitive grants process, an intern placement program, scholarships, and services to assist GPs to attend housebound and aged care patients.

- Ongoing funding of over \$4.2 million per annum to support:
 - Two primary health care services—Winnunga Nimmityjah Aboriginal Health Service and Companion House—that target vulnerable and hard-to-reach populations (Aboriginal and Torres Strait Islanders, and refugees). The GP services at these organisations are free of cost to the consumer.
 - A weekly primary health care service at the Early Morning Centre in the city, and nurses to provide opportunistic primary health care at the Needle and Syringe Program (NSP) in the city, and at Ainslie Village.
 - The Canberra Afterhours Locum Medical Service (CALMS) to support the provision of GP services through the whole of the after-hours period at three agreed clinic settings, as well as at home and in residential aged care facilities, as clinically appropriate.
- \$1.05 million over three years in 2017-18 for the Bulk Billing General Practices Grant Fund to encourage the expansion or establishment of general practices with a demonstrated commitment to bulk billing in the Tuggeranong and Molonglo areas. Applications for this Grant round were assessed by a panel with members from the ACT Health Directorate, the Capital Health Network, the ACT Health Care Consumers' Association and the ACT branch of the Australian Medical Association.
- Additional funding has recently been provided for Junction Youth Services, Companion House and Directions Health Services to help address significant barriers for people who have difficulty accessing and navigating mainstream primary health services. This is part of a \$2.5 million 2019-20 Budget initiative and a re-elected Labor Government will work with stakeholders to determine how the remaining funds from measure can be used to improve access to primary care and integrated health pathways for people living with chronic and/or complex conditions.
- A \$13.5 million in 2018-19 to build a new Community Health facility to replace the existing Winnunga Nimmityjah Aboriginal Health Service Community Medical centre.

ACT Government measures have contributed to a gradual increase in bulk billing rates over the last decade from 51.1 per cent in the June quarter of 2009 to 63.9 per cent in the June quarter of 2019. However, the ACT is still well below the national rate (85.9 per cent in the June quarter 2019) for bulk billing by GPs.

That is why it was so disappointing when the Commonwealth recently cut Medicare bulk-billing incentives for children, pensioners and concession patients in the ACT by 34 per cent. ACT Labor will continue to advocate to reverse the cuts to bulk-billing incentives in the Territory and for the Commonwealth to appropriately fund primary care.

6. Obesity is a significant issue in the ACT. The territory's Healthy Weight Initiative currently supports community access to childhood and adult obesity management programs, however, it does not address the growing obesity rates in adolescents. Will your Party commit to closing this gap by extending, and funding, **obesity management programs for adolescents**?

It's Your Move (IYM) is an ACT Labor Government initiative that enables high school students to develop creative solutions to improve health. It is delivered in partnership with the ACT Education Directorate (EDU) and has reached 24 ACT high schools. IYM started as a three-year (2012–2014) systems intervention to prevent obesity among adolescents. Two of the three intervention schools showed a significant decrease in the prevalence of overweight and obesity. The third school showed a positive impact on reducing the risk of depression.

The evidence showed the effectiveness of using a systems approach in schools and IYM went on to become an ACT Labor election commitment in 2016 and has received additional funding until June 2021.

A re-elected ACT Labor Government will continue to invest in evidence-based interventions to both reduce the prevalence of obesity among children and adolescents and help young people manage chronic health conditions. Our network of health centres will play an important role in prevention, early intervention and coordinated support for people with chronic ill health.

7. This week two ACT Health related subjects were in the media:
 - a) The massive backlog in access to various **Specialist appointments** - ranging from Paeds, Plastics, Urology, ENT, Orthopaedics, etc.
 - b) The opening of a fifth **walk in clinic** in Dickson.

My question - there is a limited pool of funds for Public Health and clearly there are insufficient resources to adequately supply the tertiary health services ACT residents need.

Why is the ACT Government therefore insisting on pushing forward with the roll-out of more Nurse led walk-in Clinics? These clinics provide primary health care service to the community which is NOT traditionally the domain of State Governments. The anecdotal motivation that it is due to a lack of bulk billing GPs and after hours GPs is unproven and there are NO studies backing this up. The evidence also clearly shows that these clinics are much more expensive to the taxpayer than those provided by the General Practice community. Even the Chief Minister admits (as per this morning's ABC News) that the ACT has the wealthiest people in Australia on average so, even if the falsehood of a lack of access to bulkbilling GPs was true, the average Caberran could easily afford the \$40-50 out of pocket to see a private GP.

What they cannot afford in \$300+ out of pocket to see private Specialists or \$1000s to have private procedures - this is where our limited pool of Health Funding should be directed at.

I would also ask that the Minister does not deflect the current role of the Weston Creek Clinic as a red herring to deflect the question - The Covid issue is a unique situation and did not require an extremely expensive solution such as the walk - in clinics. If that was the case all of the WiCs would have been used for this role.

One of the main aims of the nurse-led walk-in centres is to decrease the pressure on our Emergency Departments. Over the last two years, we have seen a significant reduction in Category 4 and 5 presentations at our EDs, while Category 1, 2 and 3 presentations have grown significantly. Canberrans have embraced the Walk-in Centre model, which provides care from 7.30am to 10pm 365 days a year. Of the 61,216 presentations in 2018-19:

- 85 per cent were fully treated at the centre;
- 6 per cent were referred to the ED;
- 5 per cent were referred to the GP; and
- 4 per cent were referred elsewhere.

Demand for medical specialist outpatient services in Canberra continues to grow. A number of specialty-specific challenges impact on waiting times, including workforce issues and demand capacity mismatch. There is therefore no single solution to address these challenges and Canberra Health Services is implementing a range of strategies to improve access to specialists, including:

- Working to recruit additional specialists in areas of recognised shortage such as paediatrics and ENT.
- Working with speciality services to clearly define their scope of services to ensure they only see people with conditions where tertiary specialist input is required.
- Working closely with Capital Health Network (CHN) to ensure the Health Pathways are appropriate to the ACT context and provide support to GPs to manage patients either pre-referral or whilst waiting for an outpatient clinic appointment.
- Working with CHN and CHS GP Liaison Unit to ensure GP education is targeted to improve primary management of conditions being inappropriately referred.
- Supporting the work of CHN in facilitating GP to GP referrals, for appropriate conditions where GPs have further education or specialty in a certain area.
- Improving referral information to better delineate patients in more urgent need of attention.

- Updating the Walk-in Centre protocols and scope to provide diversion from outpatients as appropriate.
 - Extending the hours of operation of clinics, restructuring clinics to ensure maximum appointments and utilisation of phone clinics.
 - Utilising advanced practice nurses, extended scope physiotherapists and GPs with specialist skills to conduct clinics.
 - Increasing the percentage of appointments for new patients by discharging more patients back to primary healthcare providers, recognising the important role GPs play in providing continuity of care.
8. My questions relate to **mental health** so most relevant to the Minister for MH Shane Rattenbury.
- What is being done to address the significant bed shortage for mental health patients in the ACT? I understand there has been a significant increase in MH presentations to ED during the pandemic & whilst many do not require admission, even those who do can often not get a bed. I have patients who regularly have to travel to Sydney or the south coast for inpatient care, this is only a viable option for those with private health care.
 - What are you doing to support the Barwon/HealthCare development of a private MH unit in Canberra? Given the territories bed shortage, it would seem an overdue resource for our community.
 - Can you provide a timeframe for the completion/opening of the planned Adolescent MH unit? Again, I see my young people having to travel to Sydney or south coast for intensive care, this is unacceptable for our community & there has been talk of an adolescent unit for so long but no clear date for operations.
 - What is being done to address the significant shortage of psychiatrists in the ACT - both in the public and private arena? I run a practice with 3 consultant psychiatrists but yet I still have patients travelling to Sydney for treatment due to wait times. This is particularly pertinent for families with young people needing specialist care locally.

The ACT Government has increased the number of mental health beds from 71 in 2009 to 123 in 2020. During the COVID-19 pandemic, the ACT Government opened an additional five low dependency mental health beds at Calvary Public Hospital Bruce to help manage demand. We have also invested additional funding to increase the number of high dependency beds in the Adult Mental Health Unit and to construct a new 10-bed mental health ward at Canberra Hospital. These projects are both underway.

The Adolescent Mental Health Unit is due for completion in 2022, while a partnership with the Commonwealth Government will also deliver a community-based residential eating disorder treatment centre with the Butterfly Foundation and National Mental Health Commission by 2023-24. We welcome the development of new private residential facilities in the ACT that will complement

these public services for those who have private health insurance or are able to pay for private care.

ACT Labor recently announced that we will further increase access to resources and timely care for young Canberrans experiencing mental health challenges, increasing total mental health funding to over \$200 million a year. More information can be found here: <https://www.actlabor.org.au/blog/act-election-announcements/act-labor-to-increase-mental-health-support-for-young-canberrans-during-covid/>.