



## ACTCOSS 2020 ACT Election Issue Brief

### **Better Health**

#### **For a just and fair Canberra, the next ACT Government must:**

- **Commit to real increases in spending on frontline health services to raise ACT service standards up to those of other jurisdictions**
- **Through a commitment to the Wellbeing Framework and the Preventative Health Strategy, increase investment as part of the ACT's health policy in the non-clinical needs of low-income and disadvantaged Canberrans as an acknowledgement of the social determinants of health**
- **Produce a blueprint for the development of the Canberra Hospital**
- **Design and implement a Disability Health Strategy**
- **More funding for sexual and reproductive health services**
- **Support for pain management services**
- **Expansion of palliative care services**
- **Investment in trauma informed practice and service design training for government and non-government workers**
- **Build a robust mental health sector that reflects Canberra's diversity, prioritising family programs, an adolescent mental health program and sub-acute mental health services**
- **More investment in alcohol and drug treatment facilities, including investment in the design and construction of an Aboriginal residential alcohol and other drugs (AOD) rehabilitation facility.**

## The details

**The ACT needs real increases in spending on frontline health services in the ACT to meet national standards** on waiting times for emergency admission and elective surgery. The ACT continues to fall behind NSW and the national average in its delivery of tertiary care. This includes [reducing waiting times](#) for specialist appointments.

**Produce a blueprint for the development of the Canberra Hospital** that provides long-term explanation and pathway for the development of the main hospital in our nation's capital and related services.

**Design and implement a Disability Health Strategy** that meets the ACT Government's human rights obligations and obligations under the National Disability Strategy. The Strategy must address the poor health outcomes for people with disability that arise from: economic disadvantage; diagnostic overshadowing (where a person's disability is treated as the problem rather than a person's presenting medical condition); poor attitudes; inadequate digital and physical infrastructure; and service gaps. The Strategy should include:

- Specific Health services for people with disabilities, including a once a year free extended GP consultation and support to navigate the health/disability service system interface
- Improved access to information about health conditions, screening, prevention, early intervention, treatment options and recovery support
- Auditing and fixing health infrastructure to make it fit for purpose for people with disabilities
- Specialist clinics where people with different disabilities can receive treatment and services
- Workforce development to develop confidence and skills in working with people with disability, led by people with disability including to doctors doing Centrelink assessments.

**More funding for reproductive health** affordable and available contraception and termination services; community-based and publicly available sexual health services including in the West and North.

**Additional support for pain management services** including publicly available pain management services, including financial resources and workforce development. The ACT should commit to the National Pain Action Plan.

**Expansion of palliative care** including the establishment of a dedicated palliative care ward at the Canberra Hospital; implementation of the Palliative Care Clinical Network's plan to establish an ACT-wide palliative care service and more ACT health professionals trained in palliative care.

**Prioritise a whole-of-family and an adolescent mental health program** notwithstanding completion of physical infrastructure at Canberra Hospital.

**Investment in trauma informed practice and service design training for government and non-government workers** prioritising mental health and other health settings including the rolling out of the Safewards model of care.

**The ACT needs continued investment in the non-clinical needs of low income and disadvantaged Canberrans as an acknowledgement of the social determinants of health** including through the Community Assistance and Support Program (CASP); food security and housing

**Build a robust mental health sector that reflects Canberra's diversity** including culturally appropriate services; sub-acute services; adequate funding to properly implement recommendations from existing government initiatives; services to meet gaps in NDIS service provision of psychosocial disability in the ACT; and investment in the mental health workforce.

## The evidence

- Only 46% of ACT emergency patients commenced treatment within the recommended time in 2018-19 (National 71%; NSW 78%).<sup>1</sup>
- Only 32% of ACT emergency patients classified as 'urgent' and 74% of 'emergency' patients commenced treatment within the recommended time in 2018-19.<sup>2</sup>
- 7.2% of ACT patients waited more than 365 days for surgery (National 2.1%; NSW 1.9%).<sup>3</sup>
- 600-700 people access specialist alcohol and other drug services a day in the ACT.<sup>4</sup>
- Over 70% of people trying to access residential rehabilitation in the ACT have to wait to do so, with many waiting up to 3-months.<sup>5</sup>
- For every \$1 invested in alcohol and drug treatment, society gains \$7 including through reduced demand for acute health services.<sup>6</sup>

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1 AIHW, *Waiting times for emergency department care: proportion seen on time*, AIHW website, 6 August 2020, <https://www.aihw.gov.au/reports-data/australias-health-performance/australias-health-performance-framework/national/all-australia/access/accessibility>

2 *ibid.*

3 AIHW, *Waiting times for elective surgery: percentage waited more than 365 days*, AIHW website, 6 August 2020, <https://www.aihw.gov.au/reports-data/australias-health-performance/australias-health-performance-framework/national/all-australia/access/accessibility>.

4 ATODA, *Submission to the ACT Budget Consultation 2020 – 2021: The specialist alcohol and other drug service system is in funding and infrastructure crisis*, ATODA, 2020, [https://www.budgetconsultation.act.gov.au/\\_data/assets/pdf\\_file/0019/1454212/243.-Alcohol-Tobacco-and-Other-Drug-Association-ACT-ATODA.pdf](https://www.budgetconsultation.act.gov.au/_data/assets/pdf_file/0019/1454212/243.-Alcohol-Tobacco-and-Other-Drug-Association-ACT-ATODA.pdf).

5 *ibid.*

6 *ibid.*

- The ACT has some of the lowest rates of patients for whom attendances (specialist and GPs) are bulk billed creating barriers to healthcare for people on low incomes.<sup>7</sup>
- As of June 30, there were about 3700 children under 16 waiting for an initial appointment with a specialist.<sup>8</sup>
- Median wait times for a child to get a dermatology appointment were as long as four years, while for some urology patients it was more than three years.<sup>9</sup>

## Testimonials

*“I think that the ACT and Federal Governments, should improve the community aspect of mental health care. Not all people with mental illness need to go to hospital. They can have their chronic illnesses treated in the community. This means that more funding needs to swing that way instead of into hospitals. By far the numbers of people who could be treated in the community outweigh those who have acute illness and need to be hospitalised.” – Janine\*, *Imagining Better* report<sup>10</sup>*

*“I feel like Canberra has too many private clinics and private health care and private expectations – that goes for private counselling as well you have to go for a bare minimal arrangement even with [large provider]. The type of freely available (bulk billing) health care and well-being you can actually get is not known unless it’s through word of mouth” – Bron\*, *Imagining Better* report<sup>11</sup>*

\*not real name.

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7 Senate Community Affairs Committee, *Answers to estimates questions on notice: health portfolio: supplementary budget estimates 2019 – 2020, 23 October 2019*, Ref No: SQ19-000826, 2019, <https://www1.racgp.org.au/RACGP/media/AJGP/documents/Appendices/GP-bulk-billing-rates-by-electorate.pdf>.

8 K Lewis and D Jervis-Bardy, Labor candidates receive email threatening negative ads if they support gay conversion therapy ban, The Canberra Times website, 26 August 2020, <https://www.canberratimes.com.au/story/6895870/labor-candidates-threatened-with-negative-ads-over-gay-conversion-therapy-legislation/?cs=14225>.

9 S Evans, ACT Health Minister addresses children’s health wait times in Canberra, The Canberra Times website, 25 August 2020, <https://www.canberratimes.com.au/story/6894802/health-services-working-hard-to-address-childrens-health-wait-times/?ocid=uxbndlbing>.

10 ACTCOSS, *Imagining better: reflections on access, choice and control in ACT health services for people with disability*, report of the Appreciative Inquiry Project supported by the ACT Office for Disability, 2019, <https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-imagining-better-act-health-services-for-people-with-disability.pdf>.

11 *ibid.*