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AMA WELCOMES PUBLIC HOSPITAL POLICY DEBATE

AMA President, Dr Andrew Pesce, said today that the AMA welcomes reports that the Coalition will make health funding, including public hospital funding and governance, a key policy battleground at the next Federal election.

It is reported that the Coalition policy includes direct Commonwealth financing of new local hospital boards, leaving the States out of the process.

Dr Pesce said that having both major parties committed to dramatic health reform would benefit patients and communities desperate for better access to quality health services.

“There is not yet enough detail of the Coalition’s plan for the AMA to support or reject it, but there are elements that are consistent with our reform proposals,” Dr Pesce said.

“The AMA wants the Commonwealth to be the single national funder of public hospitals, with the States to continue the day-to-day management of the hospitals.

“While we have not pushed for the creation of new local hospital boards, we have called for purchasing and service provision at the local level with local clinician involvement in service level resource allocation in our hospitals.

“The AMA looks forward to seeing more detail of the Coalition’s policy.

“We are equally keen to see the Prime Minister’s long-awaited plan to fix our public hospitals.

“Every day that passes without new funding and resources for our overburdened public hospitals exacerbates existing problems.

“We can only hope that a high-level policy battle between the Government and the Coalition will hasten the reform process,” Dr Pesce said.

The problems facing Australia’s public hospitals were highlighted in the *AMA Public Hospital Report Card 2009*, which was released in October. Key findings of the report included:

- There are not enough hospital beds. Major metropolitan teaching hospitals commonly operate on a bed occupancy rate of 95 per cent or above. The AMA has no confidence that public hospital bed numbers will be increased to ensure a maximum 85 per cent occupancy. When the Commonwealth government puts extra money in, there is evidence that some States (for example, NSW) decrease their funding, which means no net increase;
- Patient care is being compromised by access block in emergency departments (ED) with far too many patients waiting more than eight hours in ED to be admitted to a hospital bed. A recent Australian College of Emergency Medicine (ACEM) survey showed that 70 per cent of patients waited more than eight hours in ED before being admitted to a bed, whereas the ACEM target is 10 per cent or fewer patients waiting more than eight hours;

- The public hospital system right across Australia has huge ground to make up to meet the 80 per cent target of ED presentations seen within the clinically recommended time. The National Healthcare Agreements, signed in 2008, set a target of 80 per cent of ED presentations seen within the clinically recommended time by 2012-13, but the States are not anywhere close to meeting that target;
- Waiting times for elective surgery are the longest they have ever been – nationally, median waiting time for elective surgery has increased to 34 days, which represents a substantial deterioration over the last six years. Every State and Territory has longer median waits compared with 2001-02;
- There is a new phenomenon of hidden waiting lists of people waiting to get on the waiting lists for elective surgery. That is, people waiting to have their first appointment with a public hospital specialist and so are not on the surgery waiting list; and
- We have no certainty that public hospitals will be funded to ensure that there are intern places available for all medical school graduates over the next few years.

Dr Pesce said these trends are from the latest nationally comparable, publicly available independent data.

“Our members – the doctors working in the public hospitals - tell us every day that the situation has not improved,” Dr Pesce said.

“And the Prime Minister agrees with us.

“As he said at Murray Bridge, South Australia, on 14 October: *‘Can I say about the AMA’s report – I basically agree with them. There is a real problem out there, and therefore the Australian Government, rather than simply pushing this problem under the carpet, believes it’s time we had a fully fledged national debate about how to fix the system for the long term’.*

“The time for that national debate has arrived,” Dr Pesce said.

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