



Australasian College for Emergency Medicine

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Submission to the Primary Health Reform Steering Group on draft recommendations – July 2021

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide this submission to the Primary Health Reform Steering Group consultation on their draft recommendations.

ACEM is responsible for the training of emergency physicians and the advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring that the highest standards of medical care are provided for all patients presenting to an emergency department (ED).

The College commends the work of the Steering Group in developing the draft recommendations on the Australian Government's Primary Health Care 10 Year Plan (10 Year Plan). The Steering Group have developed a comprehensive set of proposed recommendations that make clear the need to increase the capacity of the primary health care system to respond to the current and future health and wellbeing needs of the population.

The College recognises the vital role of primary health care in supporting the health and wellbeing of the Australian population and is generally supportive of efforts to strengthen primary health care in Australia. While the recommendations contained in the paper reflect a recognition of the challenges facing the primary health care system, particularly the nuanced and complex drivers impacting our diverse population groups, many of the proposed solutions do not give enough detail for the College to endorse in their current form.

The College would like to see a future recommendations paper from the Steering Group that gives much greater detail on Recommendation 7 (Comprehensive preventative care). While the recommendations set out in the discussion paper describe "empowering people to better self-care" and "addressing disconnects and disparities to access of care", these largely fail to acknowledge or address the underlying causes of poor health. ACEM has long called for a greater investment and strategic focus on public and preventative health, recognising that responding to the underlying determinants of health and wellbeing presents a complex set of challenges that require collaboration across all levels of government and non-governmental sectors. This is crucial as the underlying risk factor that is shared across many modifiable risk factors for poor health is most commonly poverty.

The College is of the view that there is an important role for our primary, community and acute health care settings in preventative health. The implementation of effective preventative health strategies can only be actualised through a commitment to provide adequate and sustainable resourcing. ACEM has actively collaborated with a range of key health care stakeholders in advocacy efforts across all levels of government to produce improved public health outcomes, with an emphasis on the intersection between EDs and the social determinants of health on emergency presentations.

While ACEM broadly supports the 20 recommendations set out in the discussion paper in principle, we cannot support Recommendation 3 (funding reform to support integration and a one system focus) as it is explained in the paper. Point 3.1.4. specifically states that in order to fund a more integrated health system, funding should be taken away from hospital services.

ACEM cannot object strongly enough to any initiative that seeks to lower vital funding for Australian hospitals at a time when an increase in funding has never been needed more. Hospital bed numbers have not increased in accordance with population growth, resulting in the number of hospital beds in Australia sitting below the Organisation for Economic Co-operation and Development (OECD) average.¹ Existing funding for hospital services must be protected and not siphoned away to primary care services. New funding must be created for both hospital and primary care services. We acknowledge that additional investment in primary care services may lead to reduced hospitalisations in the long term, however, at this time any loss of hospital inpatient capacity would have serious negative consequences for patients.

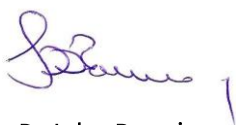
Across Australia EDs are in a near-constant state of crisis. 20 per cent of admitted patients across Australia (equivalent to 1,432 patients per day) experienced access block – a wait in the ED for transfer to a hospital bed of more than eight hours. Of these access blocked patients, 6 per cent (over 32,000; equivalent to 83 patients per day) waited over 24 hours to be transferred to a hospital bed. Access blocked patients accounted for just over one-third of the ED workload in 2019.² New patients presenting to an ED have a 10 per cent greater chance of dying within seven days of admission when more than 10 per cent of current patients waiting for admission in that ED are suffering access block.³

Access block is caused by dangerous under-resourcing of the whole hospital, with fewer inpatient beds and fewer staff to tend to patients already in those beds. These beds have become even scarcer resources in the hospital as jurisdictions battle to reduce their elective surgery backlogs, which were dramatically increased in size due to cancellations arising from the Covid 19 pandemic. Leading up to the pandemic, ED presentations increased across Australia by an average of 1.9% per annum since 2011-12, culminating in over 8.35 million presentations in 2018-19.⁴ With a greater number of presentations to EDs and greater demand on hospital beds, EDs have become more and more overcrowded, to the point that it is not safe for ambulances to transfer their patients to the ED. Ambulance ramping is a symptom of access block and is occurring in Western Australia, Tasmania, South Australia, and Victoria at unprecedented levels.^{5,6,7,8} Ambulances are delayed from responding to new community calls, with their patients also delayed from receiving treatment in the ED. Now is not the time to consider removing funding from hospitals.

Additionally, the care provided by mental health services, aged care services, and the National Disability Insurance Scheme (NDIS) in the community is vital not just for the benefit that they bring to patients, but to the functioning of the health system in general. The better these services function, the healthier the population and less the population needs to rely on primary, secondary, and emergency services. As with funding for hospital services, funding for these services must also be ring-fenced, with new funding being provided to primary care services in order to fulfil the recommendations that the Steering Group has set out.

Thank you again for the opportunity to provide feedback to this inquiry. If you require any further information about any of the above issues or if you have any questions about ACEM or our work, please do not hesitate to contact Jesse Dean, General Manager, Policy and Regional Engagement (jesse.dean@acem.org.au; +61 423 251 383).

Yours sincerely,



Dr John Bonning
ACEM President

¹ Australian Institute for Health and Welfare (AIHW). Hospital resources 2017-18: Australia hospital statistics. AIHW, Canberra: 2019 [Accessed 16 July 2021]. Available from: <https://www.aihw.gov.au/reports/hospitals/hospital-resources-2017-18-ahs/contents/hospitals-and-average-available-beds>

² Australian Institute for Health and Welfare (AIHW). Emergency Department Care. AIHW, Canberra: 2020 [accessed 13 July 2021]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>

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- ³ Jones PG and van der Werf B. Emergency department crowding and mortality for patients presenting to emergency departments in New Zealand. *Emerg. Med.Australas.* 2020 Dec 10. doi: 10.1111/1742-6723.13699.
- ⁴ Australian Institute for Health and Welfare (AIHW). Emergency Department Care. AIHW, Canberra: 2020 [accessed 13 July 2021]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>
- ⁵ The West Australian. WA ambulance ramping: Record smashed by 1000 hours in COVID lockdown. *The West Australian*, Perth: 2021 [accessed 13 July 2021]. Available at: <https://thewest.com.au/news/public-health/wa-ambulance-ramping-record-smashed-by-1000-hours-in-covid-lockdown-ng-b881917888z>
- ⁶ Tasmanian Times. Ambulance Issues. *Tasmanian Times*, Hobart: 2021 [accessed 13 July 2021]. Available at: <https://www.tasmaniantimes.com/2021/03/ambulance-issues/>
- ⁷ Australian Broadcasting Corporation (ABC). Statistics reveal thousands of hours lost to ramping outside SA hospitals. *ABC*, Sydney: 2021 [accessed 22 July 2021]. Available at: <https://www.abc.net.au/news/2021-05-07/sa-ramping-statistics/100125640>
- ⁸ The Age. Five-hour ambulance delays outside hospitals a 'public health disaster'. *The Age*, Melbourne: 2021 [accessed 22 July]. Available at <https://www.theage.com.au/national/victoria/five-hour-ambulance-delays-outside-hospitals-a-public-health-disaster-20210421-p57l5k.html>