19 December 2011

By email: osisdc@parliament.vic.gov.au

Mr Nathan Bunt, Executive Officer
Outer Suburban/Interface Services and Development Committee
Parliament of Victoria
Spring Street
EAST MELBOURNE VIC 3002

Dear Mr Bunt

RE: Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne

It is well known that Victoria’s health system will face significant challenges over coming years and that extra resources, considered planning and development are needed to ensure that it functions adequately in these circumstances.

This inquiry into infrastructure and business development in outer suburban Melbourne is therefore timely and should generate pragmatic strategies targeted to ensuring that health services are delivered effectively into the future.

- Adequate resourcing, considered planning

  The primary element necessary to produce adequate health services is adequate resourcing. The quality of health service delivery, and the system’s ability to respond to complex challenges, directly correlate to the level of funding allocated to it.

  A secondary aspect of effective health service delivery is expanding and improving existing services in a way that will satisfy growing demand. We must ensure that our health system is structured in a way that will achieve this through comprehensive and considered planning and development strategies.

  Victoria’s growing and ageing population means that our health system will be required to respond to changing community need combined with an increasing number of Victorians living with chronic disease. There will be a significant strain on the health system in the future. Infrastructure and business development will need to be planned in the context of communities moving beyond city boundaries and into outer suburban areas.
All planning and development activities must include a thorough consultation process by which the members of local communities are consulted and involved. This must be undertaken on a case by case basis. Each locality must be thoroughly examined so that any deficiencies and opportunities for capacity-building can be usefully identified. Tailored solutions which are specific to the characteristics of each community can ensure, to the greatest extent possible, that patients have access to the care they need, when and where they need it.

It is against this background that AMA Victoria looks forward to the release of the government’s Capital and Resources Plan which should clearly elucidate guidelines for effective infrastructure planning and business development. The plan must outline how health care services can be developed to best meet community need in outer suburban areas and should include a planning and approval process for establishing health related services that will facilitate this.

- **Accommodating increased population growth**

  The capacity of existing infrastructure to meet current levels of demand is questionable; its ability to meet rapidly rising demand into the future is seriously limited.

  Victorian hospitals are being put under considerable strain to provide the services currently required by the community and it is abundantly clear that they are struggling to keep up with demand. Statistics show that Victoria’s public hospitals are operating well above the recommended capacity targets.

  Hospitals will not be able to accommodate increased demand flowing from increased population growth if additional resources are not allocated to them. Health services need more beds, better infrastructure and greater resourcing. Beds - in hospitals - are sorely needed.

  It is a term of reference to this Inquiry that the Committee assess the capacity of existing infrastructure to accommodate increased population growth. We suggest that this information could have been collected more easily had the Government delivered on its election commitment to audit the number of beds in hospitals. We have repeatedly called on the Government to release the data on the type, location, and number of beds in all Victorian public hospitals.

  Victorians need better access to care in the acute setting now but their ability to do so in future will be further undermined if resources are not allocated to it.

- **Options to reduce pressure on infrastructure and essential services**

  Recent hospital reports show that infrastructure has not kept up with Victoria’s rapid population growth. The Government can confront this situation by funding more beds within appropriate community settings which would help to ease the pressure on metropolitan and regional hospitals alike.

  **Hospital in the home**

  Hospital in the home, while not a substitute for acute inpatient hospital care, can effectively complement and support the services provided within hospitals.

  AMA Victoria strongly endorses this measure as a means of providing care to the high number of aged patients currently occupying much-needed spaces in Victoria’s hospitals and as a means of freeing up spaces for other patients in need. We would be happy to work with the Government on delivering these in a way that will best service community need.
Aged care alternatives

Older patients who require care are often placed in hospitals because they are not yet able to return home. These are patients who do not require a position in a residential aged care facility but do need a level of care and supervision greater than what they would get at home.

The options currently open to them fall short and mean that aged patients are spending more time in hospital than they require. This necessarily means that scarce hospital spaces are being occupied by those who could be effectively treated outside the hospital system. AMA Victoria calls for another option to be made available to older Victorians which recognises that the level of care provided should reflect the level of care that is needed: care should be delivered to patients within the most appropriate setting.

An alternative to hospital care should be made available to older Victorians who are not sick enough to be in hospital but are not ready to return home. We propose that the government allocates funds to establish facilities in which up to eight patients could live in a well-supported house or unit with each individual having their own private room and access to a shared kitchen, common area and laundry.

These ‘step-out’ facilities provide an opportunity for rehabilitation and can give older Victorians the opportunity to keep their independence and return home if they can. They are a safe and efficient means of providing care made more urgent by the ageing of our population.

The facility could be supervised by a General Practitioner (GP) and have one nurse on-site 24 hours a day. Patients would have a range of allied health professionals such as occupational therapists, physiotherapists, counsellors and dieticians to assist recovery, as well as access to a communal gymnasium.

It is widely acknowledged that the longer older patients remain in hospital, the more difficult it is for them to readjust to life at home. Under this proposal, patients could be assisted in their transition back to their local community. At the end of their stay, some patients may well decide to transition into an aged care facility but an important factor is that this ‘step-out’ facility would give patients more time to consider the choices available to them.

Alternative care for marginalised patients

Marginalised patients (sometimes referred to as ‘rotating-door’ patients) also need access to alternative bed settings. These are people who are identified in St Vincent hospital’s Hospital Admission Risk Program (HARP) and are at higher risk of presenting to hospital because of chronic disease or complex medical or social issues.

Community-based settings are needed to provide care to patients who do not have a home, are living in boarding houses or in any type of accommodation where they do not have the support of a family home.

These alternative care settings could take a form similar to that offered by Sister Francesca Healy Cottage run by St Vincent’s hospital. Many more of these programs could be supported within the community to allow for care for the homeless and marginalised. A structure along the lines of the proposal above for aged patients would also be suitable.

In this way, the government could simultaneously reduce avoidable hospital admissions and ease the pressure on emergency departments.
**Easing planning restrictions**
Victoria’s growing and ageing population also highlights the need to improve access to general practice.

AMA Victoria has repeatedly brought it to the attention of the state government that patient access to primary care is being obstructed by state planning regulations. General practices that want to expand services to the community are often thwarted by the planning regulations which require five car parks per full time practitioner. Where existing parking supply is sufficient, GPs should not be subject to such unnecessary restrictions.

Indeed the ramifications of these requirements are wide-reaching. Funding opportunities for GPs, such as Primary Care Infrastructure Grants, are being missed as a result of the requirements. Many GPs have expressed frustration that they are unable to obtain the grant because of the car parking requirements.

In addition, the recommendations of an independent advisory committee in 2007 included that parking requirements be lowered for practices employing additional medical practitioners. These recommendations are yet to be implemented and we strongly urge the government to change these planning regulations.

Attention should also be given to planning regulations which could support existing medical and general practices within communities to help them expand and allow them to provide more patients with medical care.

**Public Transport Zoning**
An obvious way to increase patient access to health care is to adjust Victorian public transport zoning. Accordingly we call on the government to adjust the zones for Box Hill railway station which is the closest train station to Box Hill Hospital. The ticket regulations that apply to people travelling there are impeding patients’ access to the hospital.

Box Hill is one station out of zone one and the difference in price of tickets between zones one and two is significant. Box Hill station should be adjusted to a dual zone between zones one and two which would give patients and staff who use the train greater access via rail to the hospital and make travelling by public transport economically more viable.

The redevelopment of Monash Medical Centre raises similar issues. The Government must adjust the zones for Clayton railway station, the closest train station to Monash Medical Centre, so as to remove the barriers for patients accessing hospital services.

- **The role of small businesses in developing local expertise**

Local doctors should be involved in the consultation process for any major projects planned in their area. With strong links to the local community, doctors have significant insight to offer. For any significant changes to infrastructure or development in their local area, doctors should be given the opportunity to comment ensuring that health needs will be considered.

All infrastructure planning must take into account the services already being offered within a community so that the role of existing service providers is not unnecessarily, and unfairly, supplanted by new and unproven services. Each individual locality should be examined on a case by case basis to ensure that any planned additional services will build on, not subtract from, those already existing. Surrounding communities should also be involved in the consultation process.
Environmental design and public health

AMA Victoria’s submission to the Inquiry into Environmental Design and Public Health contained a number of proposals relevant to this Inquiry; in particular it addressed how communities can best promote the health and wellbeing of the public by planning and built environments. Accordingly I would draw your attention to this submission, a copy of which could be made available at request.

If you would like to discuss any of the matters raised in this submission, please contact Elizabeth Muhlebach, Policy Officer, on (03) 9280 8754 or elizabethm@amavic.com.au.

Yours sincerely

Jane Stephens

CHIEF EXECUTIVE OFFICER