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Delivering a Future-Focused Health System for Equitable Care and Healthier Communities

2022–2023 Pre-Budget Submission to the Australian Government Treasury

January 2022

About The Royal Australasian College of Physicians (RACP)

We connect, train and represent 28,000 medical specialists and trainee specialists from 33 different specialties, across Australia and Aotearoa New Zealand. We represent a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Introduction

As physicians and paediatricians, we are passionate about using our medical training and expertise to enable our patients to live longer, healthier, more fulfilling lives. Australia's experience of the COVID-19 pandemic provides valuable lessons that our nation's leaders should put to good use in solving the problems that impact the health of our communities every day.

The pandemic has shown us that:

- First Nations health leaders and services are crucial
- Our kids are resilient, but they need support now to catch up from the disruptions of the pandemic
- Social determinants drive inequities in health and wellbeing outcomes, and this must change
- We must prepare for the possibility of future communicable disease outbreaks
- We must also prepare for the impacts of other global health crises, particularly climate change
- Our health system is fragmented and there are significant opportunities for innovation
- Telehealth has been a lifeline during the pandemic. It has improved access to specialist care for patients and we need to ensure these improvements are here to stay by reinstating MBS items for telehealth consultations by phone on a permanent basis.
- We need more health care workers, including specialists
- The NDIS must be robust enough to ensure people with disability consistently get the support they need
- Digital, cultural and accessibility barriers are putting vital health information and health services out of reach
- A shortage of drug and alcohol services is harming hundreds of thousands of Australians and policy interventions (i.e. taxation and restrictions on sales) are required to address alcohol-related harms.

The Australian Government will be expected to deal with the health, economic and social challenges of the pandemic well beyond the timeframe of the next budget. It will also need to respond to the increasing demands on our healthcare system from chronic health conditions and other ongoing and emerging public health crises, including climate change.

The pandemic continues to highlight and exacerbate key deficiencies in the Australian health system and persistent socioeconomic issues which influence both the system and the health and wellbeing of Australians. We need to build on the pandemic response to take a longer-range view and prepare for future impacts. The surge of Omicron and the likelihood of new Coronavirus variants and novel viruses are likely to test the effectiveness and equitability of the system for some time into the future.

The Federal Budget is an opportunity to reset; to refocus on addressing the underlying causes of poor health and put in place the foundations for long term better health and wellbeing. We need a future-focused health system that delivers equitable high-quality care and addresses the underlying social determinants of health for healthier communities. The time for targeted and sustained investment in this system is now.

This submission offers a constructive, practical set of recommendations based on the expertise and experience of our members working across primary, community and hospitals settings in the public and private sector. The recommendations are focused on seven priority areas:

1. **Boosting the COVID-19 response, recovery and pandemic preparedness system for future communicable diseases**
2. **Delivering integrated and innovative health care to improve access and quality of care**
3. **Building an appropriately funded and safe medical specialist workforce**
4. **Closing the gap on Aboriginal and Torres Strait Islander health**
5. **Prioritising the health and wellbeing of children and young people and their recovery from the setbacks of COVID-19**
6. **Enabling Australians to live longer and healthier lives by strengthening support for preventive health**
7. **Making our health system low-carbon and climate resilient.**

The full set of recommendations is available in the appendix at the end of this document.

1. Boosting the COVID-19 response, recovery and pandemic preparedness system for future communicable diseases

The COVID-19 pandemic has had both direct and indirect impacts on the Australian health system and treatment of patients for non-COVID related conditions.[1] By June 2021 there had been 30,000 cases and 910 deaths from COVID-19 in Australia, with some population groups more affected than others. In the first year of COVID-19 in Australia, 75% of all deaths were in people living in residential aged care facilities, healthcare workers were 2.7 times more likely to contract COVID-19 than the general community, and there were almost 4 times as many deaths due to COVID-19 for people living in the lowest socioeconomic group compared with the highest socioeconomic group, with age-standardised mortality rates 2.6 times as high.[2]

Notwithstanding the fact that the number of cases and deaths from COVID-19 are changing quickly, data published on the Department of Health website[3] provides a more recent COVID-19 overview (from the beginning of the pandemic up to 17 January 2022) with a total of 1,378,449 cases and 2,668 deaths up to 17 January 2022. These numbers reflect the rapid increase in both case numbers and deaths since the Omicron variant first appeared in Australia paired with a relaxation of some public health measures.

The increased demand for COVID-19 related care in the health system has had a knock-on effect for other areas of healthcare including deaths from other diseases due to delayed diagnosis and treatment, incidence of other communicable diseases and mental health.

From January to June 2020 there were 145,000 fewer mammograms through BreastScreen Australia compared with the same period in 2018. In March to June 2020, compared with the same period in 2019, breast screening activity decreased by 51.5%. With non-urgent elective surgery suspended, there was a significant fall in the number of surgeries performed during the COVID-19 pandemic with public hospital planned surgical activity decreased by 32.6% March to June 2020. The suspension of non-urgent elective surgery has recently been reintroduced in both New South Wales and Victoria to assist hospitals in responding to the surge of the Omicron variant.[4,5] Whilst the long-term effects of cancelling or postponing non-urgent elective surgeries are not yet known, these delays are likely to result in considerable and ongoing stresses on the health system, the health workforce and the health of Australians.

During March to June 2020, the strict public health measures introduced to limit the spread of COVID-19 reduced the number of presentations to hospital emergency departments, with emergency department visits decreased by 13.9%. Between March to June 2020 ambulance incidents decreased by 7.2% with the report that people were reluctant to call for healthcare assistance as they didn't want to go to hospital and be exposed to COVID-19. Medicare-subsidised GP services for chronic disease management items also fell during the pandemic as people were unable to attend appointments in person.

The impact of the pandemic on people's mental health increased levels of psychological distress, particularly for adults aged 18 to 45, with MBS-subsidised mental health related services accessed by 7.2 million people between March 2020 and September 2020 when COVID-19 pandemic restrictions were introduced.[6]

In terms of medical research output, Australia has been unable to contribute in a meaningful way to the pandemic due to the fragmented and uncoordinated hospital and healthcare research environment, and considerable delays in both governance processes and funding. In contrast, the UK had a coordinated research infrastructure during the pandemic, allowing the research community to make valuable knowledge contributions to treatment of patients with COVID-19 more easily.

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[1] Australian Institute of Health and Welfare (AIHW), COVID-19. Online: https://www.aihw.gov.au/covid-19 [last accessed 14/01/2022]
[2] Australian Institute of Health and Welfare (AIHW), The first year of COVID-19 in Australia: direct and indirect health effects, Summary - Australian Institute of Health and Welfare (aihw.gov.au). Online: https://www.aihw.gov.au/reports/burden-of-disease/the-first-year-of-covid-19-in-australia/summary [last accessed 14/01/2022]
[3] Australian Department of Health website, Coronavirus (COVID-19) case numbers and statistics. Online: https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics#covid19-situation-overview [Last accessed 18/01/2022]
[4] Victorian Department of Health, Changes to non-urgent surgery settings helping hospitals respond to Omicron. Online: https://www.health.vic.gov.au/media-releases/changes-to-non-urgent-surgery-settings-helping-hospitals-respond-to-omicron.5 January 2022 [Last accessed 18/01/2022]
[5] Shepherd, T, The Guardian, 'Entirely predictable': experts accuse Dominic Perrottet over Omicron surge as NSW premier backflips on restrictions. 7 January 2022. Online: https://www.theguardian.com/australia-news/2022/jan/07/dominic-perrottet-backflips-further-and-reintroduces-tougher-covid-restrictions-across-nsw [Last accessed 18/01/2022]
[6] Australian Institute of Health and Welfare (AIHW), COVID-19. Online: https://www.aihw.gov.au/covid-19 [last accessed 14/01/2022]

This year's budget must **invest in boosting the COVID-19 response, recovery and pandemic preparedness system for future communicable diseases**.

We call on the Australian Government to:

1.1. **Provide targeted investment into healthcare for populations and communities with inequitable access to healthcare prior to the pandemic and exacerbated by COVID-19, such as Aboriginal and Torres Strait Islander people, people living in rural and remote areas, people with disability, people from lower socio-economic backgrounds, and culturally and linguistically diverse communities**

1.2. **Provide targeted investment in all parts of the healthcare sector impacted by the COVID-19 pandemic including elective surgery, cancer diagnosis, palliative care and bereavement support and increased demand for mental health services**

1.3. **Provide appropriate levels of investment in staffing and infrastructure to meet current and projected healthcare demands related to COVID-19, including multidisciplinary sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services, to address post-acute COVID-19 conditions and ongoing chronic health needs and sub-acute management following injury, medical and surgical conditions.**

1.4. **Develop and invest appropriately in Ambulatory Care Services and Hospital in the Home programs to accommodate ongoing home-based treatment for COVID-19.**

1.5. **Produce and commit to fund the Government's Plan for Australia's Public Health Capacity and COVID-19,[7] including establishing a national training program in public health medicine**

1.6. **Build Australia's capacity to manufacture and provide treatments, therapies, equipment and vaccines and strengthen supply chains.**

1.7. **Fund the development and implementation of appropriate ventilation/air quality recommendations and other health and safety measures for health care facility infrastructure building or refurbishment to ensure lessons learnt from the pandemic are operationalised for the future.**

1.8. **Commit to coordination and funding of clinical research to support pandemic preparedness as a high priority**

1.9. **Establish a national health coordination body with supporting legislation to optimise and co-ordinate responsiveness to current and emerging health threats including improved pandemic and outbreak management coordination across States and Territories**

2. Delivering integrated and innovative health care to improve access and quality of care

The Australian healthcare system and its users continue to suffer from fragmented service delivery, a lack of coordination across health silos, and an insufficient patient-focus. Low levels of integration and services that do not interface well can lead to gaps in care, conflicting advice or treatments, and duplication and wastage of resources. Patients can experience difficulties in navigating between services or accessing timely and targeted care. There are instances of suboptimal care and poor patient outcomes, significant patient distress and disruption, as well as unnecessary use of valuable healthcare resources. As an example, the Productivity Commission has estimated that preventable hospitalisations alone cost more than $2 billion a year.

In addition, while Australia has historically delivered world leading medical research and innovation, investment in the sector over the past 10 years has stagnated, leading to a decrease of funding in real terms.[8] This needs to be rectified to ensure Australia's capability to develop advances in treatment and care is bolstered.

[7] Prime Minister of Australia, National Cabinet Statement, Media Statement, 26 June 2020. Online: https://www.pm.gov.au/media/national-cabinet-statement-0 [last accessed 14/01/2022]

[8] Ravenscroft, G and Gardiner EE, *COVID has left Australia's biomedical research sector gasping for air*. 2 December 2020. The Conversation. Online: https://theconversation.com/covid-has-left-australias-biomedical-research-sector-gasping-for-air-145022 [last accessed 14/01/2022]

These enduring issues have been further exacerbated and highlighted by the ongoing COVID-19 pandemic. This year's budget presents **a valuable opportunity to invest in delivering integrated and innovative care.**

We call on the Australian Government to:

- **2.1. Increase patient access to physician care by:**
  - **2.1.1. Reinstating MBS items for telehealth consultations by phone on a permanent basis.**
  - **2.1.2. Fund videoconferencing technology packages to enhance the take up for priority populations to promote equitable access to telehealth including in rural and regional areas, aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual).**
  - **2.1.3. Providing a Practice Incentive Payment covering all consultant physicians to promote telehealth models of care and the delivery of integrated multidisciplinary care in conjunction with the patient's GP.**
  - **2.1.4. Introducing specialist health items to the MBS to facilitate secondary consultations with general practitioners, other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and allied health providers, with or without the patient present.**
  - **2.1.5. Including specialist and consultant physicians in the Voluntary Patient Registration (VPR) where ongoing treatment and condition management is involved.**
- **2.2. Fast track the response to the Royal Commission for Aged Care Quality and Safety, supported by adequate funding provisions, including for specialist consultant physician palliative care services to become an integral and accessible part of care across many settings on an equitable basis.**
- **2.3. Fund a model of care with proof of concept sites, for the management of patients with comorbid chronic health conditions that integrates specialist physician care (the RACP Model of Chronic Care Management[9] or variation).**
- **2.4. Fund mechanisms to enable equitable access to health technologies for patients whose disease management can be facilitated through devices and technologies, as is the case in many health areas.**
- **2.5. Invest in expanded multidisciplinary ambulatory care services, integrated care services and outreach programs to ensure timely provision of complex care including direct engagement of specialist care.**
- **2.6. Invest in supporting, training and growing an appropriate rural and remote medical workforce with specialists and rural generalists working collaboratively through guaranteeing long-term equitable and transparent funding for the Rural Health Outreach Fund to improve access to physicians and paediatricians, GPs, allied and other health providers in rural, regional and remote areas of Australia and other measures as required**
- **2.7. Increase funding for medical research including through further investment in the National Medical Health Research Council (NHMRC).**

3. Building an appropriately funded and safe medical specialist workforce

An appropriately funded and safe medical specialist workforce is essential to a functioning, effective and sustainable health system. The Australian health workforce faces many issues which have been further exacerbated by the ongoing COVID-19 pandemic such as increasing pressures and demands affecting health workers' mental health and wellbeing and an uneven distribution of medical professionals across both locations and specialties[10] leading to difficulties for patients to access care in some circumstances.

[9] The Royal Australasian College of Physicians, *Complex care, consultant physicians and better patient outcomes. Streatmlined complex care in the community*. October 2019. Online: https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14 [last accessed 14/01/2022]

[10] Australian Government, National Medical Workforce Strategy 2021/2031. Online: https://www.health.gov.au/initiatives-and-programs/national-medical-workforce-strategy-2021-2031 [last accessed 14/01/2022]

The RACP conducted a member survey[11] in late 2021 to gauge the impact of the Delta variant on physicians and their work. The survey findings based on 812 individual respondents highlighted key stressors on the health care system and the health workforce due to COVID-19 including staff burnout (87% of respondents), fatigue (64%), moral distress (47%), risk of infection/illness (62%) and risk to mental health (46%). In addition, 30% of survey respondents felt that their employer hadn't provided them with sufficient support during the pandemic to manage the increased risk of COVID-19 infection and increased workload and stress. A quarter of respondents did not feel supported by their employing organisation to deliver health care safely in a "COVID normal" world. These results are worrying, and it is likely that many of these key stressors have been further aggravated by the challenges brought about by the Omicron variant.

With the ongoing challenges paused by the COVID-19 pandemic entering its third year, it has become ever more pressing for the Government to invest in addressing these issues now to improve the resilience and sustainability of the health system over the long term by building an appropriately funded and safe medical specialist workforce.

We call on the Australian Government to:

- **3.1. Support the healthcare workforce via skilled migration strategies and appropriately indexed Medicare rebates without rebate freezes.**
- **3.2. Maintain funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements.**
- **3.3. Commit to address current and emerging critical, short and long term national medical specialist workforce issues and patient care management.**
- **3.4. Support the needs of rural, regional and remote clinicians in accessing training opportunities, including via funding for locum support while specialty continuing professional development is undertaken.**
- **3.5. Invest in supporting the healthcare workforce through national strategies for flexible training/work hours /parental leave and support (especially for doctors in training).**

4. Closing the gap on Aboriginal and Torres Strait Islander health

Although some gains have been made in recent years, the health disparities and resulting shorter life expectancies experienced by Aboriginal and Torres Strait Islander people remain unacceptable, especially when compared with continued improvements in non-Indigenous health.

The latest Australian Government Closing the Gap Report 2020 outlined that "in 2015–2017 life expectancy at birth was 71.6 years for Indigenous males (8.6 years less than non-Indigenous males) and 75.6 years for Indigenous females (7.8 years less than non-Indigenous females).[12] It found that "over the period 2006 to 2018, there was an improvement of almost 10 per cent in Indigenous age-standardised mortality rates", "however, non-Indigenous mortality rates improved at a similar rate, so the gap has not narrowed."[13]

Complex factors have contributed to the current situation including the ongoing effects of colonisation, dispossession, and loss of identity, culture and land. Social determinants of health also impact on Indigenous Australians' health: poverty, housing, environment, education, employment, social capital and racism, discrimination, and culturally unsafe health services all contribute to poor health outcomes.

Achieving equitable health outcomes for Indigenous Australians requires "full and genuine partnership" with Aboriginal and Torres Strait Islander people as outlined in the National Agreement on Closing the Gap.[14] As stated in the Hon Greg Hunt MP's *Message from the Minister* in the National Aboriginal and Torres Strait

[11] The Royal Australasian College of Physicians (RACP), Results of RACP member survey: "Are you COVID-19 safe?" – a full report. November 2021. Online: https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/are-you-covid-19-safe-member-survey-report.pdf?sfvrsn=8082c61a_4 [last accessed 18/02/2022]
[12] Australian Government (2020), Closing the Gap Report 2020. Online: https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf [last accessed 14/01/2022]
[13] Australian Government (2020), Closing the Gap Report 2020. Online: https://ctgreport.niaa.gov.au/sites/default/files/pdf/closing-the-gap-report-2020.pdf [last accessed 14/01/2022]
[14] Closing the Gap website: https://www.closingthegap.gov.au/national-agreement [last accessed 12/01/2022]

Islander Health Plan 2021-2031,[15] "ensuring Aboriginal and Torres Strait Islander people are leading the decisions that impact their health and wellbeing" is key to closing the gap on Aboriginal and Torres Strait Islander health and "the COVID-19 response, led by Aboriginal and Torres Strait Islander health leaders and ACCHS, is an exemplar of what can be achieved when partnerships are based on empowerment, trust and mutual respect."

Through this budget, the Government must commit to fully supporting Indigenous-led measures to close the gap on Aboriginal and Torres Strait Islander health.

We call on the Australian Government to:

- **4.1. Commit to fully fund the effective implementation of the newly released National Aboriginal and Torres Strait Islander Health Plan 2021-2031.[16]**
- **4.2. Invest in health workforce development to equip everyone in the health system to implement the new approach set out in the National Agreement on Closing the Gap[17]**
- **4.3. Support the prioritisation, expansion and provision of sustained and long-term funding to Aboriginal Community Controlled Health Services (ACCHS) for the delivery of primary healthcare services for Aboriginal and Torres Strait Islander people.**
- **4.4. Fund a national workforce development strategy led by the National Aboriginal Community Controlled Health Organisation (NACCHO) to boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general practitioners, non-GP medical specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and strategies.**

5. Prioritising the health and wellbeing of children and young people and their recovery from the setbacks of COVID-19

Whether it is the loss of education from missed face-to-face teaching, the emotional impact of reduced social connection with their peers, or the lack of access to sport and recreational activities, the COVID-19 pandemic has disrupted many parts of children's lives that contribute to their development, mental health and wellbeing.

We know that the impact has not been equal. COVID-19 has amplified existing inequalities across our communities, impacting most on children from low-socio-economic backgrounds, First Nations children, children from culturally diverse backgrounds, children with disability and children experiencing family violence.

The RACP is calling for the urgent development of a national plan to address the health and wellbeing of children and young people and accelerate their recovery from the setbacks of the COVID-19 pandemic.

Australia's federal system of government means that responsibility for child health and wellbeing services and policies fall across multiple agencies within different tiers of government. A coordinated whole-of-government policy approach is therefore crucial in promoting the recovery of children and young people from the setbacks of COVID-19. While the Federal Government has a key role in providing national leadership, it is also critical that there is strong collaboration with States and Territories.

A national Chief Paediatrician should be appointed to provide clinical leadership and advocacy for child health. **Similar roles exist in NSW and Aotearoa New Zealand.** A Chief Paediatrician sitting within the office of the Chief Medical Officer would be able to help focus and coordinate efforts across relevant government

[15] Australian Government, National Aboriginal and Torres Strait Islander Health Plan 2021-2031. 2021. Online: https://www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_2.pdf [last accessed 14/01/2022]
[16] Australian Government, National Aboriginal and Torres Strait Islander Health Plan 2021-2031. 2021. Online: https://www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_2.pdf [last accessed 14/01/2022]
[17] Closing the Gap in Partnership, *National Agreement on Closing the Gap*. July 2020. Online: https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf [last accessed 14/01/2022]

departments and with state and territory counterparts. The role would be well placed to consider the implications of all legislation on children and young people.

In this budget, the Government must **prioritise the health and wellbeing of children and young people and their recovery from the setbacks of COVID-19.**

We call on the Australian Government to:

- **5.1. Appoint a national Chief Paediatrician to provide clinical leadership on child health and adolescent health.**
- **5.2. Establish a taskforce to lead the development of a national plan to help children, young people and their families recover from the setbacks of COVID-19, co-led by the Chief Paediatrician and the National Children's Commissioner.**
- **5.3. Substantially expand mental health support for children and young people with a focus on prevention, early identification and timely response to the needs of children with emerging mental health issues. This should include strengthening the role that schools play in promoting a wellbeing culture and providing targeted support for students who are struggling.**
- **5.4. Work in collaboration with state and territory governments to expand provision of evidence-based parenting programs.**
- **5.5. Increase Commonwealth funding for evidence-based school support, such as for tutoring, for students with disability and with learning difficulties.**
- **5.6. Implement universal access to quality early childhood education programs for all three-year old children.**

6. Enabling Australians to live longer and healthier lives by strengthening support for preventive health

Fund evidence-based 'best buy' preventive health measures

On average, Australians are living longer and spending more of their life in good health. However, years lived in ill health are also increasing, Australians from lower socioeconomic groups live fewer years in full health[18] and the gap in health-adjusted life expectancy at birth between Indigenous and non-Indigenous Australians is stark (15.2 years for males and 13.9 years for females).[19]

The prevalence of chronic conditions is also increasing with almost half of Australians (47%) having one or more chronic conditions compared with 42% a decade ago.[20] In addition to negatively impacting the lives of many Australians, their loved ones and the broader community, these conditions place a heavy burden on our health system and the public purse that funds it.

The toll of the ongoing COVID-19 pandemic in terms of lives lost and reduction in quality of life has further highlighted the significant human costs of chronic conditions which increase the risk of severe illness from contracting COVID-19.

Chronic conditions account for over 50% of the total burden of disease in Australia.[21] Given that almost 40% of the burden of disease could be prevented by addressing modifiable risk factors such as overweight and obesity, dietary risks, high block pressure, tobacco and alcohol use,[22] **it is crucial that the Government invests in preventive health measures that target these risk factors**.

[18] Australian Burden of Disease Study 2018: key findings. Published 18 August 2021
[19] Australian Burden of Disease Study 2018: key findings for Aboriginal and Torres Strait Islander people. Published 7 October 2021
[20] Australian Bureau of Statistics, Chronic Condition, 2018. Online: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-release#:~:text=Endnotes-,Key%20statistics,chronic%20conditions%20increased%20with%20age [last accessed 12/01/2022]
[21] Australian Burden of Disease Study 2018: key findings. Published 18 August 2021
[22] Australian Burden of Disease Study 2018: Key findings. Published 18 August 2021

We call on the Australian Government to:

- **6.1. Commit to fully fund the effective implementation of the National Preventive Health Strategy which requires 5% of health expenditure for prevention over 10 years and the soon to be released National Obesity Strategy. COVID-related expenditure should be excluded from the funding for the National Preventive Health Strategy to ensure that adequate funding is available to deliver preventive health on non-communicable diseases.**
- **6.2. Restrict marketing of unhealthy diets to children and young people through adequately resourced regulation with effective compliance strategies.**
- **6.3. Implement a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages**
- **6.4. Improve consistency and reduce alcohol-related harm by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.**
- **6.5. Raise the baseline rate of social support to increase recipients' ability to make healthy choices, particularly around preventive health issues such as positive diet and lifestyle changes. These support measures should be extended to people living on Temporary Visas, particularly asylum seekers and refugees.**
- **6.6. Provide ongoing funding for the implementation of the recommendations from the National Dust Disease Taskforce, including operationalising the National Occupational Respiratory Disease Registry and establishing a dedicated cross-jurisdictional governance mechanism with clinical leadership to oversee implementation.**
- **6.7. Establish a workplace health unit to improve preventive health programs and more effective return to work programs to maintain Australia's workforce.**
- **6.8. Provide more funding for falls prevention clinic and health aging programs to address unmet demands in the community and prevent unnecessary admissions.**

Improve access to services for alcohol and other drug treatment and prevention

The consumption of alcohol and other drugs is widespread in Australia and substance use disorders affect around 1 in 20 Australians.[23] Those working in the alcohol and other drug sector have consistently highlighted the severe shortages of treatment services in Australia over decades. The current system is estimated to leave up to 500,000 Australians without access to the treatment services they need to effectively address their substance use disorder[24] and it has been estimated that the alcohol and other drug treatment system needs a boost of at least $1 billion per year[25] if it is to address this unmet demand.

The extensive disruptions caused by the COVID-19 pandemic are likely to have exacerbated and led to increased problematic alcohol and other drugs use amongst the many Australians who are struggling. This makes the need for **increased funding for effective treatment services and evidence-based harm reduction measures in the alcohol and other drugs sector** even more pressing.

We call on the Australian Government to:

- **6.9. Invest adequately in the prevention and treatment of harms arising from the misuse of alcohol and other drugs, including enhanced services as critical parts of the general and mental healthcare systems and better treatment options.**
- **6.10. Commit funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency, including by permanently establishing COVID-era changes to the delivery of medication assisted treatment of opioid dependence as set out**

[23] Health Direct website. Online: https://www.healthdirect.gov.au/substance-abuse [last accessed 13/01/2021]
[24] *Ritter, Alison, et al. "New Horizons: The review of alcohol and other drug treatment services in Australia." Sydney: Drug Policy Modelling Program, National Drug and Alcohol Research Centre (2014)*
[25] St Vincent's Health Australia, At Least $1bn Boost Needed to Meet Demand for Alcohol and Other Drug Treatment Services. December 2018. Online: https://www.svha.org.au/newsroom/media/boost-needed-to-meet-demand-for-alcohol-and-other-drug [last accessed 13/01/2021]

in the Interim Guidance endorsed by the RACP, the RANZCP, the RACGP and the Pharmaceutical Society of Australia.[26]

6.11. Continue funding for free take-home naloxone medication to consumers, friends and family. This should be done through the expansion of the Commonwealth take-home naloxone pilot[27] to continue permanently for all of Australia.

6.12. Improve availability and access to chronic pain management services delivered by multidisciplinary teams of qualified health professionals with expertise in addiction medicine and pain management to support non-opioid pain management in the community.

Maintain a strong NDIS

The RACP strongly supports the National Disability Insurance Scheme (NDIS), its underlying values and principles, including individual autonomy, non-discrimination, and full and effective participation. Better disability services will enable people with disability to participate more fully in society, including through employment.

A strong sustainable NDIS is essential to supporting people with a permanent and significant disability that affects their ability to take part in everyday activities through an equitable, effective and responsive disability support system.

We call on the Australian Government to:

6.13. Ensure the NDIS remains appropriately funded and that full transparency is provided over future sustainability issues. Particular attention should be paid to improving linkage and communication between clients of and staff working in the health and disability sectors, including discharge planning from hospital, disability training for physicians and other healthcare professionals and implementation of Australia's Disability Strategy 2021-2031.

6.14. Provide appropriate funding for specialty complex care for young people living with disability to support continuity of care and access across settings, including in the community.

6.15. Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the NDIS for people from culturally and linguistically diverse communities including Aboriginal and Torres Strait Islander people.

Enhance consumer and carer health literacy

Health literacy is an essential building block to empowering consumer and carers to make informed decisions about their care. Low levels of health literacy are linked to worse health outcomes and adverse health behaviours such as lower engagement with health services including preventive health services, higher hospital re-admission rates, poorer understanding of medical instructions and lower ability to self-manage care.[28]

We call on the Australian Government to:

6.16. Allocate funding to make health information and systems more responsive and accessible to consumers and carers with varying levels of health literacy and ensure

[26] Lintzeris N, Hayes V, Arunogiri S. (2020) Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response. Sydney RACP. Online: https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/interim-guidance-delivery-of-medication-assisted-treatment-of-opiod-dependence-covid-19.pdf?sfvrsn=e36eeb1a_4 [last accessed 14/01/2022]

[27] Australian Government, Take home naloxone pilot. Online: https://www.health.gov.au/initiatives-and-programs/take-home-naloxone-pilot [last accessed 14/01/2022]

[28] Australian Government, Health literacy snapshot. Release date: 23 July 2020. Online: https://www.aihw.gov.au/reports/australias-health/health-literacy [last accessed 13/01/2022]

health-related information is available and accessible to communities of diverse culture and linguistical backgrounds.

6.17. Design and fund initiatives to improve consumer and carer health literacy including social and interactive skills through measures to improve digital literacy

6.18. Invest in improving the health literacy of support health care workers, prioritising strategies for disability support workers, including those who are part of the intellectual disability support workforce.

7. Making our health system low-carbon and climate resilient

The latest report from the Intergovernmental Panel on Climate Change's (IPCC)[29] figures represent a 'code red for humanity'. Unless strong action is taken, Australia faces warming of up to 6 degrees since the preindustrial era by 2100. Climate change threatens to worsen food and water shortages, impact climate-sensitive diseases and increase the frequency and intensity of extreme weather events. Health impacts, such as respiratory illness from bushfire smoke and heat stress, are already being seen.

Health systems are both part of the problem and the solution. Australia's health system contributes approximately 7% of the nation's CO2 emissions.[30] It is also the main line of defence for populations facing health threats resulting from the impacts of climate change including increased temperatures and climate-related extreme weather events.

Without urgent action, climate change will continue to have serious and worsening consequences for public health. To avoid the worst health impacts of climate change, global emissions must halve by 2030 and net zero achieved by 2050. Our international allies are committing to ambitious climate policies, but Australia remains a climate laggard.

Currently, state and territory governments adopt differing and at times diverging approaches to climate change and health. Commonwealth leadership is needed to align emissions reduction targets, strategies for sustainable healthcare systems and the coordination of policy and funding required to protect health and the health system from climate change impacts. In addition to a **just transition to renewable energy across all sectors,** the RACP calls for a **national climate change and health strategy** that supports resilience and sustainability in the healthcare sector and **funds adaptation and mitigation research and initiatives.** The UK National Health Service (NHS) is leading by example and Australia should look to the successes of Greener NHS and NHS Innovation for its own **national sustainable development unit**, led by a **Chief Health Sustainability Officer**, to oversee the route to net zero.

We call on the Australian Government to:

7.1. Transition to zero emission renewable energy across all economic sectors with support to affected communities.

7.2. Urgently implement and fund a national climate change and health strategy to build climate resilience and an environmentally sustainable healthcare sector, including a plan to achieve net zero emissions in healthcare by 2040.

7.2.1. Establish a national healthcare sustainable development unit. The unit would draw on local best practice and leading international models, such as Greener NHS (and formerly the Sustainable Development Unit) in the UK.

7.2.2. Appoint a national Chief Health Sustainability Officer to provide leadership, coordination and capacity building.

7.2.3. Allocate dedicated funding for climate change and health mitigation and adaptation initiatives including national research funding, grant funding for states and territories,

[29] Intergovernmental Panel on Climate Change (IPCC), Sixth Assessment Report. Online: https://www.ipcc.ch/report/ar6/wg1/ [last accessed 14/01/2021]

[30] Malik, Arunima, et al. "The carbon footprint of Australian health care." *The Lancet Planetary Health* 2.1 (2018): e27-e35.

and funding for the development and scaling up of innovative projects at the local level.

Concluding remarks

The Australian Government will be expected to deal with the challenges brought about by the ongoing COVID-19 pandemic on our health system, economy, and society more broadly for some time into the future. It will also need to respond to the ever-increasing demands on our healthcare system from chronic conditions and other ongoing and emerging public health crises, including climate change.

The Commonwealth Budget 2022-2023 presents an opportunity for the Government to learn from the current situation and look to the future by addressing the enduring key deficiencies in the Australian health system that have been highlighted and exacerbated by the pandemic and the persistent socioeconomic determinants that shape both the system and the health and wellbeing of Australians.

Delivering a future-focussed Australian health system for equitable and healthier communities can be achieved by funding the constructive measures highlighted in this submission which focus on addressing preparedness and capacity building through innovation, integrating care, minimising the impact of climate change, fully supporting Indigenous-led measures to close the gap on Aboriginal and Torres Strait Islander health, accelerating the recovery of children from the setbacks of COVID-19 and building an appropriately funded and safe medical specialist workforce. Such a health system will be more resilient to both noncommunicable and communicable diseases and responsive to health emergencies and crises, saving and improving Australian lives.

We look forward to working collaboratively and constructively with the Australian Government to deliver the future-focussed health system Australians need and deserve to live longer healthier lives.

Appendix: Recommendations

Priority area	Recommendation
1. Boosting the COVID-19 response, recovery and pandemic preparedness in the health system for future communicable diseases	1.1. Provide targeted investment into healthcare for populations and communities with inequitable access to healthcare prior to the pandemic and exacerbated by COVID-19, such as Aboriginal and Torres Strait Islander people, people living in rural and remote areas, people with disability, people from disadvantaged lower socio-economic backgrounds, and culturally and linguistically diverse communities
	1.2. Provide targeted investment in all parts of the healthcare sector impacted by the COVID-19 pandemic including elective surgery, cancer diagnosis, palliative care and bereavement support and increased demand for mental health services
	1.3. Provide appropriate levels of investment in staffing and infrastructure to meet current and projected healthcare demands related to COVID-19, including multidisciplinary sub-acute, community and workplace-based health services, ambulatory care and rehabilitation services, to address post-acute COVID-19 conditions and ongoing chronic health needs and sub-acute management following injury, medical and surgical conditions.
	1.4. Develop and invest appropriately in Ambulatory Care Services and Hospital in the Home programs to accommodate ongoing home-based treatment for COVID-19.
	1.5. Produce and commit to fund the Government's Plan for Australia's Public Health Capacity and COVID-19,[31] including establishing a national training program in public health medicine
	1.6. Build Australia's capacity to manufacture and provide treatments, therapies, equipment and vaccines and strengthen supply chains.
	1.7. Fund the development and implementation of appropriate ventilation/air quality recommendations and other health and safety measures for health care facility infrastructure building or refurbishment to ensure lessons learnt from the pandemic are operationalised for the future.
	1.8. Commit to coordination and funding of clinical research to support pandemic preparedness as a high priority
	1.9. Establish a national health coordination body with supporting legislation to optimise and co-ordinate responsiveness to current and emerging health threats including improved pandemic and outbreak management coordination across States and Territories
2. Delivering integrated and innovative health care to improve access and quality of care	2.1. Increase patient access to physician care by: 2.1.1. Reinstating MBS items for telehealth consultations by phone on a permanent basis. 2.1.2. Fund videoconferencing technology packages to enhance the take up for priority populations to promote equitable access to telehealth including in rural and regional areas, aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual). 2.1.3. Providing a Practice Incentive Payment covering all consultant physicians to promote telehealth models of care and the delivery of integrated multidisciplinary care in conjunction with the patient's GP

[31] Prime Minister of Australia, National Cabinet Statement, Media Statement, 26 June 2020. Online: https://www.pm.gov.au/media/national-cabinet-statement-0 [last accessed 14/01/2022]

Priority area	Recommendation
	2.1.4. Introducing specialist health items to the MBS to facilitate secondary consultations with general practitioners, other types of specialists where one of the health providers is the primary specialist who requires assistance from another specialty and allied health providers, with or without the patient present. 2.1.5. Including specialist and consultant physicians in the Voluntary Patient Registration (VPR) where ongoing treatment and condition management is involved.
	2.2. Fast track the response to the Royal Commission for Aged Care Quality and Safety, supported by adequate funding provisions, including for specialist consultant physician palliative care services to become an integral and accessible part of care across many settings on an equitable basis.
	2.3. Fund a model of care with proof of concept sites, for the management of patients with comorbid chronic health conditions that integrates specialist physician care (the RACP Model of Chronic Care Management[32] or variation).
	2.4. Fund mechanisms to enable equitable access to health technologies for patients whose disease management can be facilitated through devices and technologies, as is the case in many health areas.
	2.5. Invest in expanded multidisciplinary ambulatory care services, integrated care services and outreach programs to ensure timely provision of complex care including direct engagement of specialist care.
	2.6. Invest in supporting, training and growing an appropriate rural and remote medical workforce with specialists and rural generalists working collaboratively through guaranteeing long-term equitable and transparent funding for the Rural Health Outreach Fund to improve access to physicians and paediatricians, GPs, allied and other health providers in rural, regional and remote areas of Australia and other measures as required
	2.7. Increase funding for medical research including through further investment in the National Medical Health Research Council (NHMRC).
3. Building an appropriately funded and safe medical specialist workforce	3.1. Support the healthcare workforce via skilled migration strategies and appropriately indexed Medicare rebates without rebate freezes.
	3.2. Maintain funding for Specialist Training Program (STP) positions while allowing for some flexibility for medical specialty variations to the recently introduced rural training requirements.
	3.3. Commit to address current and emerging critical, short and long term national medical specialist workforce issues and patient care management.
	3.4. Support the particular needs of rural, regional and remote clinicians in accessing training opportunities, including via funding for locum support while specialty continuing professional development is undertaken

[32] The Royal Australasian College of Physicians, *Complex care, consultant physicians and better patient outcomes. Streatmlined complex care in the community*. October 2019. Online: https://www.racp.edu.au/docs/default-source/advocacy-library/c-final-mccm-document.pdf?sfvrsn=f873e21a_14 [last accessed 14/01/2022]

Priority area	Recommendation
	3.5. Invest in supporting the healthcare workforce through national strategies for flexible training/work hours /parental leave and support (especially for doctors in training)
4. Closing the gap on Aboriginal and Torres Strait Islander health	4.1. Commit to fully fund the effective implementation of the newly released National Aboriginal and Torres Strait Islander Health Plan 2021-2031[33]
	4.2. Invest in health workforce development to equip everyone in the health system to implement the new approach set out in the National Agreement on Closing the Gap[34]
	4.3. Support the prioritisation, expansion and provision of sustained and long-term funding to Aboriginal Community Controlled Health Services (ACCHS) for the delivery of primary healthcare services for Aboriginal and Torres Strait Islander people
	4.4. Fund a national workforce development strategy led by the National Aboriginal Community Controlled Health Organisation (NACCHO) to boost the employment of Aboriginal and Torres Strait Islander allied health professionals and other health workers, including general practitioners, non-GP medical specialists, nurses, midwives and visiting specialists, supported through existing employment and training programs and strategies
5. Prioritising the health and wellbeing of children and young people and their recovery from the setbacks of COVID-19	5.1. Appoint a national Chief Paediatrician to provide clinical leadership on child health and adolescent health
	5.2. Establish a taskforce to lead the development of a national plan to help children, young people and their families recover from the setbacks of COVID-19, co-led by the Chief Paediatrician and the National Children's Commissioner.
	5.3. Substantially expand mental health support for children and young people with a focus on prevention, early identification and timely response to the needs of children with emerging mental health issues. This should include strengthening the role that schools play in promoting a wellbeing culture and providing targeted support for students who are struggling.
	5.4. Work in collaboration with state and territory governments to expand provision of evidence-based parenting programs
	5.5. Increase Commonwealth funding for evidence-based school support, such as for tutoring, for students with disability and with learning difficulties
	5.6. Implement universal access to quality early childhood education programs for all three-year old children
6. Enabling Australians to live longer and healthier lives by strengthening support for preventive health	***Fund evidence-based best buy preventive health measures***
	6.1. Commit to fully fund the effective implementation of the National Preventive Health Strategy which requires 5% of health expenditure for prevention over 10 years and the soon to be released National Obesity Strategy. COVID-related expenditure should be excluded from the funding for the National Preventive Health Strategy to ensure that adequate funding is available to deliver preventive health on non-communicable diseases.
	6.2. Restrict marketing of unhealthy diets to children and young people through adequately resourced regulation with effective compliance strategies.
	6.3. Implement a tax on sugar-sweetened beverages to encourage manufacturers to reduce the sugar content of beverages

[33] Australian Government, National Aboriginal and Torres Strait Islander Health Plan 2021-2031. 2021. Online: https://www.health.gov.au/sites/default/files/documents/2021/12/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031_2.pdf [last accessed 14/01/2022]

[34] Closing the Gap in Partnership, *National Agreement on Closing the Gap*. July 2020. Online: https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf [last accessed 14/01/2022]

Priority area	Recommendation
	6.4. Improve consistency and reduce alcohol-related harm by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.
	6.5. Raise the baseline rate of social support to increase recipients' ability to make healthy choices, particularly around preventive health issues such as positive diet and lifestyle changes. These support measures should be extended to people living on Temporary Visas, particularly asylum seekers and refugees.
	6.6. Provide ongoing funding for the implementation of the recommendations from the National Dust Disease Taskforce, including operationalising the National Occupational Respiratory Disease Registry and establishing a dedicated cross-jurisdictional governance mechanism with clinical leadership to oversee implementation.
	6.7. Establish a workplace health unit to improve preventive health programs and more effective return to work programs to maintain Australia's workforce.
	6.8. Provide more funding for falls prevention clinic and health aging programs to address unmet demands in the community and prevent unnecessary admission
	Improve access to services for alcohol and other drug treatment and prevention
	6.9. Invest adequately in the prevention and treatment of harms arising from the misuse of alcohol and other drugs, including enhanced services as critical parts of the general and mental healthcare systems and better treatment options.
	6.10. Commit funding for increased access and affordability of opioid pharmacotherapies for people with opioid dependency, including by permanently establishing COVID-era changes to the delivery of medication assisted treatment of opioid dependence as set out in the Interim Guidance endorsed by the RACP, the RANZCP, the RACGP and the Pharmaceutical Society of Australia.[35]
	6.11. Continue funding for free take-home naloxone medication to consumers, friends and family. This should be done through the expansion of the Commonwealth take-home naloxone pilot[36] to continue permanently for all of Australia.
	6.12. Improve availability and access to chronic pain management services delivered by multidisciplinary teams of qualified health professionals with expertise in addiction medicine and pain management to support non-opioid pain management in the community
	Maintain a strong NDIS
	6.13. Ensure the NDIS remains appropriately funded and that full transparency is provided over future sustainability issues. Particular attention should be paid to improving linkage and communication between clients of and staff working in the health and disability sectors, including discharge planning from hospital, disability training for physicians and other healthcare

[35] Lintzeris N, Hayes V, Arunogiri S. (2020) Interim guidance for the delivery of medication assisted treatment of opioid dependence in response to COVID-19: a national response. Sydney RACP. Online: https://www.racp.edu.au/docs/default-source/news-and-events/covid-19/interim-guidance-delivery-of-medication-assisted-treatment-of-opiod-dependence-covid-19.pdf?sfvrsn=e36eeb1a_4 [last accessed 14/01/2022]

[36] Australian Government, Take home naloxone pilot. Online: https://www.health.gov.au/initiatives-and-programs/take-home-naloxone-pilot [last accessed 14/01/2022]

Priority area	Recommendation
	professionals and implementation of Australia's Disability Strategy 2021-2031.
	6.14. Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the NDIS for people from culturally and linguistically diverse communities including Aboriginal and Torres Strait Islander people
	6.15. Fund the development of a comprehensive cultural competence framework for the National Disability Insurance Agency (NDIA) to help improve the experience of the NDIS for people from culturally and linguistically diverse communities including Aboriginal and Torres Strait Islander people.
	Enhance consumer and carer health literacy
	6.16. Allocate funding to make health information and systems more responsive and accessible to consumers and carers with varying levels of health literacy and ensure health-related information is available and accessible to communities of diverse culture and linguistical backgrounds.
	6.17. Design and fund initiatives to improve consumer and carer health literacy including social and interactive skills through measures to improve digital literacy
	6.18. Invest in improving the health literacy of support health care workers, prioritising strategies for disability support workers, including those who are part of the intellectual disability support workforce.
7. Making our health system low-carbon and climate resilient	7.1. Transition to zero emission renewable energy across all economic sectors with support to affected communities.
	7.2. Urgently implement and fund a national climate change and health strategy to build climate resilience and an environmentally sustainable healthcare sector, including a plan to achieve net zero emissions in healthcare by 2040. 7.2.1. Establish a national healthcare sustainable development unit. The unit would draw on local best practice and leading international models, such as Greener NHS (and formerly the Sustainable Development Unit) in the UK. 7.2.2. Appoint a national Chief Health Sustainability Officer to provide leadership, coordination and capacity building. 7.2.3. Allocate dedicated funding for climate change and health mitigation and adaptation initiatives including national research funding, grant funding for states and territories, and funding for the development and scaling up of innovative projects at the local level.