Victorian State Budget 2012–13

AMA Victoria submission

to the Treasurer, the Hon Kim Wells MLA






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There is a clear and present need for improvements to be made within the Victorian health system and these cannot be achieved without extra resources. Measures to improve all Victorians' access to care must be funded in this year's state budget. AMA Victoria calls on the Victorian Government to act now to address the deficiencies of Victoria's health system and protect the future health of all Victorians.

The points contained in this submission are proposed in addition to the initiatives already promised by the State Government as part of its pre-election commitments – including the funding of 800 new hospital beds. In order to meet patient demand, it is crucial that these beds are introduced in hospitals, as originally promised. Hospital-in-the-home should be used to complement, rather than substitute, beds in hospitals.

Easing the pressure on hospitals

Victoria is feeling the effects of a hospital system under strain and, in order to meet current and ongoing demand, our hospitals require additional financial support. Funding must be directed to the range of hospital services on which emergency departments rely so that we can enhance timely emergency care. Extra funding should also address the serious problem of growing elective surgery waiting lists in this state.

Alternative forms of care in community-based settings offer an effective means of tailoring care to particular patient groups and can alleviate the unrelenting pressure being placed on our hospital system. This budget must boost the level of resources currently allocated to alternative care options.

AMA Victoria recommends that a trial of step-out facilities be undertaken for aged patients as well as ongoing funding for community-based care for the marginalised in our society.

Improving patient safety

Victoria still does not have Information and Communication Technology (ICT) infrastructure that meets the needs of patients. Funding to facilitate this vital investment is long overdue and should be made immediately available to guarantee that adequate IT systems are fully operational in all Victorian hospitals within four years. In light of the Ombudsman's findings in November 2011, there must be no further delay in its implementation.

Enhancing access to doctors

It has been widely acknowledged, including by the Baillieu Government, that the dramatic increase in medical graduate numbers in Victoria will result in higher competition for a limited number of post-graduate training positions in our state.

With the first cohorts from the new graduate medical schools at Monash University Gippsland and Deakin University having completed their studies in 2011, the Government must act now to ensure that each graduate is guaranteed a place for post graduate training in Victoria and that the quality of teaching provided is kept to a high standard.

By directing additional resources to support training for the next generation of Victorian doctors, the Government can ensure that all Victorians will benefit from better access to high quality health care.

Addressing prescription drug abuse

The Government must respond to the rising levels of prescription drug abuse in Victoria. By establishing a real-time prescription drug monitoring system and providing more widely available education and training for GPs and specialists dealing with drug-affected patients, the Government can effectively and efficiently address this issue. Additionally, it is imperative that patient access to pain management clinics in the public system is improved.

Improving the health of Victorian prisoners

With a rapidly rising prison population, the Government must prioritise the health of prisoners in this state. Prisoners have been shown to experience poorer health outcomes than the wider Victorian population and we must improve the level of care currently available to them by expanding mental health services in prisons and increasing prisoners' access to medical assessments and primary health care.

AMA Victoria also recommends the extension of methadone treatment and a trial of a needle exchange program in Victorian prisons. New funding should ensure that prisoners' access to medical care is not diminished by reason of their imprisonment.

Summary

	2012–13	2013–14	2014–15	2015–16
	$ million	$ million	$ million	$ million
Easing the pressure on hospitals	24.6	19.3	18.6	13.3
Improving patient safety	70.0	75.0	80.0	85.0
Enhancing access to doctors	8.0	14.0	20.0	26.0
Addressing prescription drug abuse	9.9	9.9	5.6	5.6
Improving the health of Victorian prisoners	10.25	10.25	10.25	10.25

Easing the pressure on Victorian hospitals

AMA Victoria recommends $19.3 million over four years to trial a new alternative care option for aged patients

Recent hospital figures show that hospital services have not kept pace with Victoria's rapidly growing and ageing population. The Government should address this situation by funding more beds within appropriate community settings.

A significant proportion of acute and sub-acute care beds are currently occupied by aged patients who would be better served by a cheaper, more appropriate level of care.

These patients are often placed in hospitals because they are not yet able to return home and, while they do not require a position in a residential aged care facility, they do need a level of care and supervision greater than they would get at home. The Government should introduce a new option to allow such patients to be effectively treated outside the hospital system.

AMA Victoria proposes the establishment of a facility offering a shared accommodation option for older people to make the transition from acute care to home (or possibly residential care).

The facility would include up to four units, with each unit comprising eight individual suites and a kitchen and common area which would be shared by the eight patients. This way, each individual would have their own private room and access to other shared facilities including a laundry and gymnasium.

The facility could be supervised by a GP and have one nurse on-site 24 hours a day. Patients would have access to visiting allied health professionals such as occupational therapists, physiotherapists, counsellors and dieticians to assist recovery.

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.

A facility of this sort would:

- ensure patients have another care option other than straight to home or to residential aged care
- provide practical and intensive allied health support to ensure the best possible chance of the patient returning home
- free up acute hospital beds, and
- allow older people an opportunity to see if they were ready to go back home, or improve acceptance of the need to move to residential care.

The trial could learn from existing facilities offering similar services, such as the Mercy Health Assisted Living units in Parkville, and could ascertain whether the facility led to fewer patients ending up in residential aged care, fewer re-admissions to hospital, and if acute beds are released for other patients. We propose an evaluation take place over three years.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Capital costs	3.0	0.5	0.5	
Running costs	4.5	4.5	4.5	
Evaluation	0.6	0.3	0.6	0.3
Total	**8.1**	**5.3**	**5.6**	**0.3**

AMA Victoria recommends $22.5 million over four years for additional community-based settings for marginalised patients

Marginalised patients, sometimes referred to as "rotating-door" patients, also need access to beds in alternative settings. These are people who are identified in St Vincent's Hospital Admission Risk Program (HARP) as 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 structure of a family home. This way we can ensure good quality medical care reaches those who are most at risk of missing out.

The 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.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Capital costs	3.0	0.5	0.5	0.5
Running costs	4.5	4.5	4.5	4.5
Total	**7.5**	**5.0**	**5.0**	**5.0**

AMA Victoria recommends $2.8 million funding over four years for additional Crisis Accommodation Centres

There is a clear need for more crisis support accommodation services in this state which offer services similar to those provided at Ozanam House, the Salvation Army Flagstaff Crisis Accommodation and McAuley House. Homeless Victorians need access to safe and secure environments in which they can live for short periods of time and participate in a range of support services and programs.

Patients in distress, who have been discharged from hospital during the night, and do not have a home to go to, should be provided with accommodation, meals and services which meet their needs.

AMA Victoria recommends the funding of two additional centres each comprising 25 overnight beds and communal facilities for this purpose. The centres would require adequate levels of staffing, with at least one staff member present over 24 hours, and should be funded to offer support and referral services along with psychological assessment and treatment programs for residents experiencing mental health issues.

Additional accommodation and support services will help to ensure that homeless Victorians are not left to fall through the gaps in our health system.

Cost ($m)

	2012-13	2013-2014	2014-15	2015-16
Capital costs	1.0	1.0		
Staffing costs	0.2	0.2	0.2	0.2
Total	**1.2**	**1.2**	**0.2**	**0.2**

AMA Victoria recommends an increase in funding of $9.6 million over four years for Psychiatric Crisis Assessment and Treatment (CAT) Teams[1]

Mental health CAT services assist people who are in crisis with mental problems including people who are suicidal, delusional or experiencing a psychotic episode. CAT services provide treatment and support for people whose acute mental illness can be managed in the community as an alternative to hospitalisation and can lead to better clinical outcomes.

Many CAT teams no longer receive funding to provide 24-hour support in the community.[2] A survey completed by the Health and Community Services Union found that even during operational hours CAT teams are often unable to attend to patients in need.[3] Last year it was also revealed that funding was not renewed for the Police, Ambulance and Crisis Assessment Early Response trial that teamed mental health workers with police.[4] This means that an increasing number of psychiatric patients are forced to attend emergency departments to receive treatment.

While the Coalition acknowledged the importance of CAT teams in its election platform, it has not yet provided any additional funding to improve CAT team services.[5] We call on the Government to address this shortfall.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Staffing costs	2.2	2.2	2.2	2.2
Administration support	0.2	0.2	0.2	0.2
Total	**2.4**	**2.4**	**2.4**	**2.4**

1. This is equivalent to the $3.9 million funding increase for ECAT services in 2006/7 that funded approximately 34 EFT positions).
2. Department of Human Services, A review of crisis assessment and treatment (CAT) services and functions (2007), p 13-4.
3. 'Mental crisis staff 'stretched to limit', Sunday Age (27 November 2011).
4. 'Crisis callout system axed', Herald Sun (25 November 2011).
5. The Victorian Liberal Nationals Coalition Plan For Mental Health (2010).

AMA Victoria recommends $600,000 over four years to release publicly available bed counts for all hospitals

AMA Victoria recommends the quarterly publication of bed data to show the number, location, type and occupancy rate of all Victorian public hospital beds.

Total bed capacity is a useful heuristic by which to measure the ability of the public hospital system to provide care to patients and would address the current lack of transparency in Victoria about the capacity of our public hospital system.

In 2011 there were regular reports of bed closures at Victorian public hospitals and reports that new wards were not being opened at full capacity.[6] While we welcomed the Baillieu Government's commitment to open 800 new beds in its first term, as well as its promise to increase bed capacity at specific hospitals, the actual increase in bed numbers overall is difficult to determine.

Publicly accessible information on the type of hospital beds available in Victoria would provide a clear indication of which clinical services are under resourced and when extra investment is required.

AMA Victoria also calls on the Government to release bed occupancy data for all Victorian public hospitals, information which is already published in other states. Such data is an essential indicator of hospital overcrowding which affects patient safety and waiting times in emergency departments and for elective surgery.[7] Average bed occupancy rates in excess of 85 per cent are risky as they leave little capacity for hospitals to cope with spikes in demand.[8] Currently doctors and the public have no way of determining whether Victorian bed occupancy rates are at a safe level.

While the Australian Institute of Health and Welfare (AIHW) regularly produces reports on the number of public hospital beds in each state and territory, these reports are only released nine months after the end of each financial year and do not provide a breakdown of beds in each hospital. Given that bed data is already being collected by hospitals for AIHW reports, the quarterly reporting of the information would require little additional funding.

While some hospitals do publish bed data on their websites and some publish bed estimates in hospital annual reports, these are the exception and self-reported bed counts often do not reflect the actual bed availability.[9] By making bed counts publicly available, doctors and nurses will be able to verify their accuracy.

Quarterly reporting of data would reveal the total number of fully staffed and serviced beds in Victoria and could accurately track the changes in bed numbers as they vary with seasonal demand.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Running costs	0.15	0.15	0.15	0.15
Total	**0.15**	**0.15**	**0.15**	**0.15**

6. In 2011 there were reports of bed closures at Box Hill Hospital, Frankston Hospital and Monash Children's Hospital.
7. AMA, Public Hospital Report Card 2011: An AMA Analysis of Australia's Public Hospital System (2011).
8. McCarthy S, 'Hospital capacity: what is the measure and what is the goal?', *Medical Journal of Australia 2010*, 193: 252-253.
9. The Austin for example states that it has 400 beds including 30 ICU beds and 55 mental health beds. Available at <http://www.austin.org.au/Page.aspx?ID=38>; 'Hospitals fall far short on beds', *The Sunday Age* (12 December 2010).

AMA Victoria recommends $21 million over four years to reduce violence in hospitals

The findings of the recent parliamentary inquiry into violence and security arrangements in Victorian hospitals point to the clear conclusion that security arrangements in Victoria's hospitals and emergency departments must be improved. Additional effective measures must be implemented to ensure the safety of our health care workers, and reduce their vulnerability to verbal abuse, intimidation or physical harm in the workplace.

AMA Victoria recommends that additional funding be allocated to the installation of CCTV and electronic equipment in emergency departments, triage areas and other areas within hospitals to monitor possible aggressive behaviour, the establishment of Behavioural Assessment Rooms in appropriate Victorian hospitals with emergency care facilities, and the employment of trained security officers on duty 24 hours a day in close proximity to emergency departments in all Victorian hospitals. Additional resources should also be allocated to employing more staff with training in psychiatric issues in hospitals, particularly those located in regional and rural areas.

The Coalition's election commitment to provide $21 million to reduce violence in hospitals should be implemented in this year's state budget. The recommendations published by the Drugs and Crime Prevention Committee deserve priority.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Funding of measures to reduce hospital violence	5.25	5.25	5.25	5.25
Total	**5.25**	**5.25**	**5.25**	**5.25**

Improving patient safety

AMA Victoria recommends $310 million over four years for Information and Communication Technology

The continuing lack of suitable information technology in public hospitals is wasting time and money and, most importantly, compromising patient care.

In light of the Ombudsman's recent evaluation of the HealthSMART program, it is time for a new approach to health ICT – one which will provide the funding necessary to improve the quality and safety of Victorian hospitals.

Electronic drug charts, medication management systems, and patient records could all be held on secure, portable devices, and used at patient bedsides which would benefit patient care.

Although uncommon, medication errors are significant and affect patient outcomes and contribute to higher readmission rates. With the right IT support, such errors could be virtually eliminated and improve efficiency, quality and safety.

Improved IT support could also provide for better continuity of care across the GP-hospital-aged care interface. The transition from GP to hospital and back to community care is a key determinant of better patient outcomes and maintaining continuity of care improves the uptake of preventive care and adherence to treatment plans. This has been shown to result in fewer emergency department visits, reduce the likelihood of hospitalisations, decrease the incidence of adverse events following hospitalisations, and improve the cost-effectiveness of patient care.

Victoria's ICT systems need ongoing investment. Steady recurrent funding would address several key issues including the lack of functional up-to-date computers for use by medical staff and the lack of standardised software between hospital networks. It would also allow for replacement of sub-standard hardware and software systems.

Effective information technology in public hospitals is well overdue.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Sustainable funding for ICT	50.0	55.0	60.0	65.0
Specific funding for medication management systems	10.0	15.0	15.0	15.0
Specific funding for GP-hospital-aged care IT interface	10.0	5.0	5.0	5.0
Total	**70.0**	**75.0**	**80.0**	**85.0**

Enhancing access to doctors

AMA Victoria recommends $68 million over four years to provide comprehensive training for all new Victorian doctors

Patient access to health care is currently limited by the lack of doctors in Victoria, particularly within rural and regional communities. Training places must be guaranteed for every Victorian medical graduate in order to the address the shortage.

The number of Victorian medical graduates has risen dramatically over recent years from 347 in 2007 to 699 in 2012, and the number is set to increase further in coming years. These doctors will not be ready to fully serve the community on graduation and will need a minimum of five to eight years of postgraduate training to become specialists. The investment in medical practitioner undergraduate training is wasted if equivalent resources are not provided for postgraduate training.

Junior doctors will be able to provide needed services in hospitals, but they require more training to ensure that patients get the full benefit of specialist trained doctors. The Government must support both senior and junior medical staff to enhance postgraduate training and development.

At a minimum, twenty per cent of doctors' time should be allocated to teaching, training, quality assurance and research. Ensuring twenty per cent clinical support time for all doctors, including visiting medical officers (VMOs) and doctors in training, will help promote better training opportunities.

Non-public hospital settings, such as private hospitals, community healthcare centres, and Aboriginal medical services can be used to effectively train new doctors. Allowing more doctors to undertake surgical, physician and other specialist training in private hospitals and community settings will broaden their scope of practice and provide essential specialist services in the areas that need it most.

Our hospitals currently rely on volunteerism by VMOs to meet the training needs of new doctors. We call on the Government to provide additional resources to hospitals to allow them to employ more VMOs, drawn from the ranks of recently retired doctors, to occupy teaching and mentoring roles.

This can ensure that hospitals have the skills and expertise available to help with training and support quality clinical care. Training should also be provided to these specialist VMOs to equip them with the skills to teach the current generation of undergraduates and postgraduate trainees.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Funding for additional teaching time	4.0	8.0	12.0	16.0
Training the trainer package	4.0	6.0	8.0	10.0
Total	**8.0**	**14.0**	**20.0**	**26.0**

Addressing prescription drug abuse

Opioid medications have become increasingly available over recent years and this has widened the potential for their use without prescription and diversion (that is, buying, selling or passing on drugs outside of prescribed use). The harms arising from the non-medical use of prescription opioids, including overdose, injection-related harms and dependence, are significant and must be minimised.

Recently published statistics show that rising levels of opioids prescribing has been accompanied by increases in the number of people seeking treatment for dependence on prescribed opioids in Australia. Victorian data shows literally thousands of ambulance callouts related to prescription drug use.

Doctors require better tools to ensure that the right patients get the right medication as well as more support to provide coordinated ongoing care for patients with drug-related conditions.

Doctors and patients need to be educated about the risks of dependence on, and overdose of, prescription drugs, especially when higher doses are prescribed. Prescribers and pharmacists need to inform patients about the risk of fatal overdose if they use these drugs in combination with other drugs, including alcohol.

AMA Victoria recommends $2.8 million over four years to provide prescription education to GPs and specialists

AMA Victoria recommends funding for ongoing education and training for GPs prescribing opioids and other prescription drugs about when, and when not, to prescribe to a patient. Comprehensive training for GPs in assessing patients with chronic non-malignant pain and prescribing of opioids would minimise the potential for harms associated with the use of these medications. This will result in each patient being assessed properly for risk, reduce prescribing to at-risk groups and thereby limit misuse.

Pain management seminars for doctors can usefully examine how to identify at-risk patients and look at effective strategies for dealing with difficult patients. In areas where such seminars are conducted currently, GP attendance levels are high. We call on the Government to fund a comprehensive state-wide scheme.

Similar education and training opportunities must also be made available to pain management specialists who are often the initiators of oral and transdermal opioids, and discharge patients to GPs with a treatment plan.

AMA Victoria recommends $6.2 million over four years to enable better access to pain management clinics

GPs perform an essential role in initiating treatment options for patients experiencing pain resulting from drug use but it is also imperative that patients receive ongoing support in managing their pain as part of a care plan. Programs offered by pain management clinics provide patients with effective strategies for coping with their pain and stress, and help to promote their long-term health.[10]

Regrettably, patients needing access to pain management clinics in public hospital settings face extensive wait times before being assessed and, as a result, many people are forced to go through the private system (for which the waiting list is typically shorter). Funding should be allocated in this state budget to address the shortage of pain management services available in Victoria.

Unless adequate pain management services are made available, the treatment provided by GPs and specialists in Victoria is rendered less effective. The full benefit of drug treatment cannot be realised unless it is administered as part of an overall management plan.

10. Medical Journal of Australia, Vol 178, 5 May 2003, p 444.

AMA Victoria recommends $10 million over four years for the establishment and ongoing operation of a real time prescription monitoring system

Current systems to monitor the dispensing of medications are inadequate. Relevant information is not accessible by doctors on a 24-hour basis and the systems often contain out-of-date information. [11]

Accordingly, AMA Victoria recommends the introduction of a real-time prescription monitoring system which will help to ensure that patients receive the right treatment and prevent tragic cases involving overdose on prescription medication. With access to accurate, up to date information on the medication recently dispensed to a patient, doctors and pharmacists will be able to combat doctor-shopping and drug seeking behaviour.

AMA Victoria recommends a total funding amount of $10 million for the adoption of a real-time prescription monitoring system in Victoria. We support Coroner John Olle's recommendation on 1 August 2011 and the repeated calls of Victorian Coroners over the past 10 years for real-time prescription monitoring.

Tasmania's real-time system, which monitors all prescriptions of schedule 8 drugs, provides a good example – it is time a similar system was introduced in Victoria along with sufficient safeguards to protect doctors' safety.

AMA Victoria recommends $12 million over four years to offer incentives and support for GPs participating in pharmacotherapy

While pharmacotherapy has had a well-recognised role in treating addiction to illicit opiates such as heroin, it also has an important role in treating addiction to prescription opiates. Over 12,710 patients were treated in the State Government's opioid replacement program in the last annual reporting period – an increase of 620 people from the previous year. A large portion of this increase is believed to be the result of increased prescription drug abuse in the community.[12]

For patients engaging in prescription opioid drug use, GPs can provide effective maintenance on legal opioid substitutes (such as methadone) which has been shown to coincide with decreased use of opiates among patients.[13]

Yet the pharmacotherapy system in Victoria is operating well below capacity. While 770 doctors are approved to prescribe in Victoria, only 340 doctors are active prescribers.[14]

In order to prescribe legal opioid substitutes, medical practitioners must have considerable clinical skill, along with the ability and willingness, to manage sometimes difficult patients. To address the outstanding need, AMA Victoria recommends that medical practitioners be offered a financial incentive of $5,000 per year, and additional support, to treat opioid-dependent patients.

Ensuring patients have access to pharmacotherapy prescribers should be prioritised so that we can reduce prescription drug abuse in our state.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Prescription education seminars	0.7	0.7	0.7	0.7
Support for pain management clinics	2.2	2.2	0.9	0.9
Real-time prescription monitoring system	4.0	4.0	1.0	1.0
Incentives and support for GPs participating in pharmacotherapy	3.0	3.0	3.0	3.0
Total	**9.9**	**9.9**	**5.6**	**5.6**

11. For further discussion of the limitations of current systems see Royal Australian and New Zealand College of Psychiatrists, Response to the National Pharmaceutical Drugs Misuse Strategy (2011).
12. 'Army of prescription drug addicts seeking help' *Herald Sun* (18 December 2011).
13. Policy for Maintenance Pharmacotherapy for Opioid Dependence, Drugs & Poisons Controls in Victoria, Department of Health.
14. Department of Health, Victoria.

Improving the health of Victorian prisoners

This budget is a vital opportunity for the Baillieu Government to address the health of Victorian prisoners. Improvements must be made within the prison system to reduce the high rate of disease and illness among this growing section of our population.

AMA Victoria recommends additional funding to improve mental health care in Victorian prisons

Proactive steps should be taken to address the poor mental health of people living in incarceration. Almost one third of Victoria's male prisoners have diagnosed mental health conditions and the prevalence of schizophrenia and bipolar disorder among them is almost 10 times greater than the general community.[15]

Arguably these statistics can be attributed to what the Ombudsman has termed the "grossly inadequate" level of mental health services available in prisons – and must be reversed. Mental health issues have been shown to increase the likelihood of prisoners reoffending and, if not addressed, can adversely impact on the community upon prisoners' release.

More beds are needed in psychiatric wards for male prisoners to afford them the care they require and to reduce the significant waiting times they currently face in accessing medical care. It has been reported that, in some prisons, there is up to a three month waiting period to access treatment in psychiatric wards and the Ombudsman has reported that the male prison system supplies only one bed for every 88 prisoners.

Through additional resources, the Government can employ more consulting psychiatrists to provide services within Victorian prisons and address the unmet needs of prisoners for psychiatric advice and treatment.

AMA Victoria recommends increased funding for additional doctors and nurses in prisons

Medical assessments must be provided to prisoners to ensure they are provided with prompt physical and mental health care when necessary.

While all prisoners are required to be assessed by a doctor within 24 hours of entering the prison system, or upon transfer to a new prison, doctors have reported serious concerns about the time allocated for each assessment. Evidence suggests that, due to time constraints, inadequate resources and the number of prisoners entering prisons, doctors are often required to perform assessments in significantly less time than is deemed appropriate for good medical care.

The Government must invest more resources to ensure that there are enough doctors working in the system to provide the time and care necessary to protect the health of those who are imprisoned.

Adequate resourcing should also allow for greater communication between medical professionals and prisoners. Currently prisoners often rely on prison officers to assist with their medical requests and forms to justify why they need to see medical staff. This is occurring for a number of reasons, including illiteracy and segregation.

Additional funding should guarantee that health professionals are able to collect prisoner health forms from prisoners directly (rather than via prison officers). This would give professionals time to talk to prisoners which would improve their access to treatment and allow medical staff to ascertain a better understanding of prisoner health complaints. This would also help to protect prisoners' rights to confidentiality.

15. Department of Justice, Justice Mental Health Strategy, 2010.

AMA Victoria recommends the extension of methadone treatment for prisoners and ex-prisoners

The Ombudsman also highlighted the lack of access to Opioid Substitution Therapy (OST) in prisons[16] and that an increased demand for OST services in prisons has lead to difficulties for prisoners wanting to access treatment. These included limitations on prison transfers and some prisoners not receiving treatments at appropriate times.[17]

While the Department of Justice has undertaken to improve access to OST in prisons, funding should be made available specifically for this purpose. Access to OST is an important part of rehabilitation and can improve the health of prisoners and the Victorian community.

AMA Victoria recommends $1 million over four years to conduct a trial of needle exchange programs in prisons

AMA Victoria calls for a trial of needle exchange programs in Victorian prisons. While such programs have been able to significantly reduce the spread of HIV and hepatitis C in the general community, Victorian detainees are still being denied access to safe injecting equipment. [18]

Forty-one percent of prisoners have been found to have Hepatitis C compared with one per cent of the general population; and 20 per cent of prisoners have Hepatitis B compared with one per cent of the general population.[19] Reducing the spread of blood borne viruses in prisons will improve the health of prisoners and reduce potential transmission of disease in the wider Victorian population.

This recommendation is supported by the Government-commissioned 2011 report in the ACT which recommended a trial of the introduction of Needle and Syringe Programs in prisons.[20] Such a program must be accompanied by intensified efforts to reduce the availability of illicit drugs to prisoners.

Cost ($m)

	2012–13	2013–2014	2014–15	2015–16
Funding to Justice Health to improve health of prisoners	10.0	10.0	10.0	10.0
Needle exchange program trial	0.25	0.25	0.25	0.25
Total	**10.25**	**10.25**	**10.25**	**10.25**

16. G M Brouwer, *Victorian Ombudsman: Investigation into prisoner access to health care* (2011).
17. G M Brouwer, *Victorian Ombudsman: Investigation into prisoner access to health care* (2011). 44-55.
18. Dolan, K. MacDonald, M., Silins, E. & Topp, L. 2005. *Needle and syringe programs: A review of the evidence.* Canberra: Australian Government Department of Health and Ageing
19. G M Brouwer, *Victorian Ombudsman: Investigation into prisoner access to health care* (2011).
20. Michael Moore, *Balancing access and safety: Meeting the Challenge of Blood Borne Viruses in Prison* (2011).