

Greens NSW

Health Policy



Revised May 2014

Principles

The Greens NSW believe:

1. The primary goal of the health services is to improve or maintain an optimum standard of health (including physical, intellectual and social wellbeing) across the whole population.
2. Primary health care, health promotion and illness prevention are fundamental components of an effective and sustainable public health system.
3. Because a wide range of government actions affect health outcomes, a whole-of-government approach to health is needed.
4. The oversight of health outcomes should include federal monitoring through the Council of Australian Governments (COAG) and funding collaboration between federal and state authorities aimed at developing high quality health care outcomes in New South Wales.
5. Local government should be funded for and have an active role in health promotion, education and prevention.
6. Access to health services is a basic human right and should be based on health need not on ability to pay.
7. Barriers to health care need to be identified and addressed with specific state campaigns for vulnerable populations, including children, the elderly, Aboriginal people, people with disability, and people with mental illness.
8. An effective and sustainable public health system must be underpinned by evidenced-based research into conventional medicine and complementary treatment modalities.
9. A wide range of conventional and proven complementary therapies should be accessible and affordable under the health system, and

10. The unacceptable health status of Australia's Aboriginal and Torres Strait Islander people must be recognised and responded to with levels of funding sufficient to eliminate the mortality gap and create similar health outcomes to the wider Australian community's as a matter of urgency.
11. Governments must accept responsibility for providing quality public health care services. The NSW government should not be allowed to use devolution of services to shift the blame for funding shortfalls and other policy failures to Local Health Districts.
12. The unacceptable health status of the 'Forgotten Australians' (adults who spent time in care as children and their children) must be addressed, focusing on those with lifelong economic and health disadvantage due to impacts of historic abuse and neglect.

Aims

The Greens NSW will work toward:

13. Providing, at minimum, equitable access to quality health care, ensuring patients' privacy and the confidentiality of their healthcare information, informing patients and obtaining their consent before employing a medical intervention, and providing a safe clinical environment.
14. Improving primary health care, including:
 - a. addressing the causes of ill health ,
 - b. prevention,
 - c. health promotion,
 - d. early intervention and
 - e. best practice evidence-based treatment programs across the whole population
15. Ensuring improved access to emergency health services.
16. Ensuring that funding for health addresses pressing health problems such as hospital waiting lists, deficiencies in rural health services and dental health, including the needs of high priority populations groups, such as:
 - a. people with people with disability,
 - b. people with mental health conditions,
 - c. people with substance abuse issues,
 - d. Aboriginal people with poor health and reduced lifespan, and
 - e. socio-economically disadvantaged people.

17. Funding research to evaluate health interventions and service delivery, and directing resources into long-term improvements in health outcomes.
18. Increasing nurse staffing-to-patient ratios and skills mixes that ensure patient safety, better health outcomes, high recruitment retention, continued professional development, and adequate training of staff.
19. Providing sufficient funding for the priority areas of midwifery and mental health nursing especially in rural areas.
19. Ensuring sufficient numbers of medical internships are made available every year.

Primary health care, allied and community health services

20. Promoting a model of health care delivery that is based on sustainable Primary Health Care centres (as opposed to GP super clinics) that have a more affordable and accessible staff and skill mix that includes doctors, nurses, occupational therapists, physiotherapists, and health promotion officers.
21. Increasing the number of and upgrading existing community health centres in areas of need, and fund health promotion and education activities in these centres.
22. Providing incentives to encourage the co-location of GPs in community health centres.
23. Increasing the role of nurse practitioners in community health centres and other appropriate settings including outpatient settings, and supporting collaboration with allied health practitioners and GPs, especially in rural areas.
24. The accessibility and affordability under the health system of a wide range of conventional and proven evidence-based complementary therapies.
25. Improving access, according to need, to community and allied health services such as physiotherapy, osteopathy, chiropractic, podiatry, occupational therapy, counselling, complementary therapies, and midwifery.
26. Improving co-ordination and integration between health and community services, including hospitals, post-hospital services, and community providers.
27. Expanding the role of women's health nurses to include prescribing emergency contraception, and undertaking sexually transmitted infection (STI) testing.

28. Increasing the emphasis on primary health care including, health promotion, illness prevention and early diagnosis.
29. Addressing workforce and demand issues in the primary care sector, including the urgent need for improved conditions and career structures for home-care and personal-care workers.
30. Implementing accreditation standards for complementary practitioners and medicines, and establishing registers, professional conduct standards and complaints mechanisms for all therapeutic practitioners.
31. Initially for patients who are terminally ill, legalising the palliative use of crude cannabis and other cannabis products for those for whom other drug choices have been exhausted, have intolerable side effects, or are too expensive.
32. Authorising compassionate trials of cannabis and cannabis-related substances for the treatment of life-threatening diseases for which other drugs have proved to be ineffective, exhibited unacceptable side effects, or are too expensive, and for which there is some clinical or medical anecdotal evidence of likely effectiveness.
33. Regulating and prescribing for medicinal purposes cannabis-derived pharmaceutical drugs based on their therapeutic and palliative effects, and improving their affordability and accessibility.
34. Ensuring universal access to public hospitals is needs-based rather than dependent upon health insurance status.
35. Improving emergency department and outpatient waiting flow by funding adequate staffing, equipment and bed availability.
36. Developing new programs to address the needs of patients with complex psychosocial needs who currently use emergency systems heavily as centres of last resort.
37. Developing alternative benchmark measures to the arbitrary and damaging 4-hour- turn-around rule for emergency departments.
38. Improving linkages and collaboration between hospitals and community-based services to ensure smooth and effective transfer of care, necessary admissions, and timely relevant follow-up.
39. Increasing the number of outpatient services offered through public hospitals, especially in rural areas.

40. Retaining all current and future public hospital developments and land in public ownership.
41. Ensuring the protection of public hospital land for public hospital services and the provision of sufficient bed numbers for current and projected population growth.
42. Opposing Public Private Partnerships in provision of public hospital services, and restoring public ownership where possible.
43. Ensuring that public hospital services are delivered as close as possible to the communities they serve.
44. Strengthening the public primary-care sector so that it can more effectively provide care and support to people in their homes.
45. Improving the working conditions, training, supervision and career structures for nurses and allied health professionals, including those in the acute, primary- and community-care sectors, aged-care hospitals, associated homes and communities.
46. Increasing the number of registered nurses so that the average staff-to-patient ratio is at least 1 to 4, in line with the NSW Nurses and Midwifery Association's 'Safety in Numbers' campaign.
47. Opposing the development of Urgent Care Centres as replacements for emergency departments.
48. Opposing replacement of doctors with videolink facilities in rural and regional emergency departments where community and local medical staff are opposed to such a move.

Dental Care

49. Funding federal/state dental services to ensure access for all to comprehensive public dental care and to ensure that per capita funding for public dental-health services in New South Wales sets a benchmark for all other states, and providing an additional \$100 million in funding over the next three years.
50. For at-risk populations funding prevention and awareness programs targeting initiatives to increase access to dental services for those who are at a higher risk of poor dental health as well as targeted initiatives for those most in need, including older people, people with intellectual disabilities, refugees, Aboriginal peoples, 'Forgotten Australians,' and people in rural and remote communities.

51. Ensuring increased funding for public emergency dental services and preventive dental-health programs.
52. Investing in comprehensive public oral-health workforce development initiatives, including the development of a workforce strategy, including increasing the number of TAFE places for dental health professionals.
53. Lobbying the federal government to:
 - a. Increase the number of university training places for dentists,
 - b. Provide Medicare rebates for dental care, and
 - c. Support the development of programs to increase accessibility to quality dental care.
54. Increasing opportunities for direct access to public dental health services.

Mental health

54. Significantly increasing funding for public mental-health services, including public hospital inpatient services, community-based outpatient and outreach services, and case managers, especially for patients with acute and pervasive mental-health conditions.
55. Improving hospital and community-based mental health services and continuity of care.
56. Addressing the high rate of homelessness among mentally ill people by establishing supported government-endorsed accommodation for people with mental illness, including crisis, medium-term and long-term accommodation with rehabilitation programs.
57. Increasing support and respite services for carers/families that care for people with mental illness.
58. Providing appropriate treatment in public health facilities and in prisons and other correctional facilities for prisoners with mental health problems.
59. Increasing resources for community based public services providing early-intervention programs for mental health issues.
60. Funding additional public services, including specialist psychiatric services, to assist people who present with symptoms of mental illness at hospital emergency services.
61. Improving funding for services and research to address the complex needs of people with both mental health and drug and alcohol issues.

62. Ensuring that people who are drug and alcohol dependent are primarily regarded as clients of the health system rather than the criminal justice system.
63. Supporting the development of innovative and targeted public mental-health interventions.
64. Recognising and addressing the special needs of refugees and asylum seekers, including those in detention, and other displaced persons.
65. Making additional funding available to allow the provision of public mental-health services within schools and other educational institutions.
66. Ensuring that all involuntarily detained mental health patients have access to a visit from the Mental Health Review Tribunal within the first eight days of admission.
67. Recognising and addressing the special needs of 'Forgotten Australians', including their children and their grandchildren, by means such as improved funding for services and research.
68. Developing health services for patients with both physical and intellectual disability.

Population health

69. Effectively addressing the diverse individual health needs of all people in New South Wales, prioritising Aboriginal and Torres Strait Inlander people as well as vulnerable groups such as 'Forgotten Australians'.
70. Prioritising patient care and direct service delivery.
71. Increasing funding for basic health promotion and disease prevention to better meet essential non-acute health needs in the community.
72. Reviewing the funding and resourcing of health services.
73. Developing an integrated whole-of-government framework for good health, by identifying and co-ordinating activities in portfolios that contribute to health, such as urban planning, employment, transport, community services, and environment.
74. Supporting local government planning and policy development that addresses needs at the level of people's daily lives and experiences.
75. Providing a variety of structured physical activity programs based in schools, other educational institutions, workplaces, and in the community.

76. Promoting, through community campaigns and education, the importance of healthy-lifestyle choices to the general population and to specific target groups.
77. Providing increased funding to expand the range of health-promotion activities provided by NSW Health.
78. Developing public health impact assessments for all major industrial and infrastructure developments.
79. Supporting the implementation of municipal public health plans in all local government areas.
80. Extending and enforcing a ban on smoking in all defined and enclosed or partially enclosed public spaces including 'high roller' rooms in casinos.
81. Licensing all retail tobacco outlets and banning cigarette vending machines.
82. Establishing and funding the implementation of smoking reduction targets and restoring funding for mass media campaigns.
83. Expanding programs to increase physical activity and good nutrition in children and young people, including providing school-based programs such as making healthy canteen menus mandatory and providing skate parks, green open spaces and 'walking school buses'.
84. Increasing awareness of the importance of physical activity and diet to health.
85. Ensuring that physical activity and healthy food choices become a recognised part of Occupational Health and Safety policies and workplace health policies.
86. Supporting the development of a better understanding of the effects of work (including exposure to physical, chemical and psychosocial hazards at work) on individual and community health.
87. Requiring public- and private-sector food services, hospitals, and child care centres to offer a variety of healthy food choices consistent with recognised dietary guidelines.
88. Strengthening the regulation of the foods served in school canteens to improve health outcomes.
89. Advocating a ban on advertising unhealthy foods during children's television viewing times and supporting the introduction of a federal tax on unhealthy foods.
90. Banning the sale and manufacture in New South Wales of products containing trans fats.
91. Improving and enforcing mandatory accurate and comprehensive food labelling, including the labelling of salt, saturated fat and energy content of all fast foods.

Maternal and child health

92. Supporting maternity and birthing services (including pre-conception care) that are sensitive to the needs of all women, and that give them control, choice, and continuity, and allow them to remain active in the labour and birthing experience.
93. Developing an integrated approach to the needs of children and young families.
94. Increasing funding for primary maternal health care with the aim of reducing interventions in labour such as induction, instrumental and Caesarean deliveries.
95. Providing breastfeeding support programs based on women's needs and experiences, free from the influence of commercial interests.
96. Providing culturally sensitive maternity and early childhood services.
97. Ensuring all women have access to adequate personal income, leave, rest and social support during pregnancy.
98. Ensuring all parents caring for children have access to adequate personal income, leave, rest and social support.
99. Increasing midwife-based birthing services and woman-centred services and improving continuity of care in all public hospitals.
100. Providing a birth centre in each region where these services are not offered in mainstream health services.
101. Expanding maternal and child health and early childhood services.
102. Increasing public post-natal services and, in particular, services for women experiencing post-natal mental health issues.
103. Providing programs in hospitals and the community designed for women at risk for birthing and parenting.
104. Increasing funding for education and programs that promote the benefits of mass immunisation.

Community consultation

105. Achieving greater and more effective community participation in health decision making.

106. Resourcing those health organisations that assist people to participate fully in decisions about health care and health resources.
107. Implementing a Charter of Patient Rights, with patients, families and carers encouraged to play a stronger role.
108. Including members of the health workforce (doctors, nurses, midwives, allied health and other health professionals and support workers) in health-service-delivery policy development and planning.
109. Developing a code of practice for the provision of health information.

Commonwealth/state responsibilities

110. Advocating through the Council of Australian Governments (COAG) for
 - a. Medicare, and increased public health funding, and
 - b. The redirection of the current subsidy to private health insurance to the state public health system.
111. Rejecting the case-mix funding model as a crude attempt to cut costs at the expense of health-care staff and patient wellbeing.
112. Supporting the inclusion of local clinicians, nurses and allied health workers on the governing councils of local health networks.
113. Supporting the increased presence of patient and community representatives on the governing councils of local health networks.

Definitions

The Greens support the Australian Medical Association's 2010 definition of Primary Health Care (2.2).