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Submission

Victorian Department of Health and Human Services
Policy update: Non-admitted specialist services in Victorian public hospitals: access policy
May 2019

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including 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, geriatric medicine, and addiction 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.

Victorian Department of Health and Human Services Policy update: Non-admitted specialist services in Victorian public hospitals: access policy

The RACP is a key stakeholder in specialist clinic reforms in Victoria and we are pleased to have the opportunity to provide input to the updated policy for ***Non-admitted specialist services in Victorian public hospitals: access policy*** (formerly the *Specialist clinics in Victorian public hospitals: Access policy*).

You have requested feedback on:
1. Anything missing that needs to be included in either policy
2. Any major issues of concern in relation to either updated policy.

The RACP has consulted across its Victorian State Committee members, Health Reform Reference Group and Speciality Societies.

In sending this submission, we advise you that due to the short consulting period set by the Victorian Department of Health and Human Services, that unfortunately coincided with the pre Federal Election period, these comments are provided from a relatively small cross section of the College.

1. Missing elements

The RACP makes the following comments on the contents of **Appendix 1** *Range of non-admitted specialist services available through Victorian public health services*. This section describes the range of non-admitted specialist services available through Victoria's public health services.

1.1. We suggest in section 20.41, that allergy and immunology be listed together. The draft only lists 'immunology' in 20.41.
1.2. Section 40.48 refers to haematology and immunology. It is not clear if this includes training for subcutaneous immunoglobulin replacement.
1.3. Inpatient drug and /or food challenge services as procedures could be considered relevant to this policy ambit.

2. Issues of concern

2.1. Discharge policy stipulations compromise high quality, safe care in that accords with best practice.

One of the key changes listed is Section 8:

All patients attending specialist clinics should be discharged after an initial appointment and a maximum of two review appointments, unless a consultant has approved, and documented the approval, of further appointments. A clinical handover must be provided on discharge.

The College strongly objects to the discharge requirement as part of patient management policy. This means the default policy does not provide readily for ongoing review of patient healthcare.

The College brings to your attention why this is a high risk and inappropriate policy position:

- This policy places ongoing review as an exception and not the norm. While it is clear that ongoing review can be accommodated, the policy makes it harder than is necessary to obtain this approval.
- The standard of care for many chronic diseases, most especially including inflammatory rheumatic diseases, is ongoing management by a specialist. Similarly, for many patients with neurological diseases there is a need for regular long term follow up by a neurologist. This may include a need for monitoring treatment, for support with chronic disabling disease, or for intensive follow up of very severe disease (eg Motor Neurone Disease).

- In fact, this process that the policy puts in place is incorrect for many chronic diseases, including many cancers. Further, for many highly specialised drugs, that may be used over several years or even lifelong, it is a PBS requirement that only consultant physicians can issue prescriptions, and this must follow a face to face consultation.
- In relation to neurological disease specifically, certain expectations would not be met by the proposed draft policy. For example, we note here that General Practitioners are increasingly reluctant to make any changes in the treatment of neurological disease. We also note that patients with chronic neurological disease increasingly expect rapid and easy access to telephone and email advice from their clinic.

In summary, therefore, the requirement for only a total of three hospital specialist visits to be permitted, without some form of written approval, is contrary to treatment guidelines and best practice.