Division of Lifestyle & Environment

PINE RIVERS

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The Secretary
House of Representatives
Standing Committee on Health and Ageing
Parliament House
Canberra ACT 2600

Dear Sir

Inquiry into Health Funding

I refer to the above Inquiry and provide the following submission in regard to health funding to Pine Rivers Shire Council.

Pine Rivers is one of the fastest growing local government authority areas in Queensland. It is projected to be the third largest Council in Queensland in 2011, and sixth largest in 2026.

The population of Pine Rivers has grown considerably over the past 20 years to reach almost 135,000 inhabitants in 2003. Further strong population growth is projected, with total population expected to exceed 206,000 by 2026. The median age of the Shire population, and the share of the population aged 65 years and over, is also projected to increase substantially.

At present Pine Rivers is a youthful community with almost 26% of the total population under 15 years in 2001. The proportion of older people in the Shire is expected to increase almost five fold with substantial increases in absolute numbers over the 20 year period to 2026. In 2001 there were 7,7000 people aged 65 years or more, with this number projected to swell to just over 39,300 people by 2026.

There is no hospital within the Pine Rivers Shire with many residents having to travel to Redcliffe or Royal Brisbane Hospital complex with inadequate transport. One community health centre services the whole of the Shire.

There have been reports of people waiting for up to two weeks for a medical appointment with general practitioners (GPs) and some GP's not accepting any

new clients. Other reports suggest that only two GPs in the Shire continue to bulk bill.

Council provides a range of health care services to meet the deficiencies of services provided. Immunisation services consist of child immunisation and school immunisation for ADT and Hep B. Council also auspices four Home and Community Care (HACC) Programs.

Immunisation[1]

Immunisation is the administration of vaccine(s) to prevent disease and so reduce death and serious illnesses, particularly in infants and children but also in adults. The potential risks of immunisation are much lower than the risks or complications from these diseases. Immunisation is recognised as a key cost effective public health program. The effectiveness of immunisation was first demonstrated by Dr Edward Jenner some 200 years ago with his experience with vaccination against smallpox. Since then, the number of vaccines has grown and the role of immunisation has expanded significantly. In the early 1970s the World Health Organization (WHO) Expanded Program on pertussis, tetanus, tuberculosis, poliomyelitis and measles. Goals were also set for the eradication through immunisation of small pox (achieved in 1977), poliomyelitis (Declared free in October 2000) and measles (future possibility).

In Australia, vaccine preventable diseases are still responsible for serious illness and occasional death. The schedule of age appropriate immunisations is set out in the Australian Immunisation Handbook produced by the National Health and Medical Research Council.

The implementation of Australian Childhood Immunisation Register (ACIR) has provided a means of measuring immunisation coverage at a national level for vaccines on the standard national childhood vaccination schedule.

In 1997, to improve vaccination coverage in Australia, the Commonwealth Government initiated the Immunise Australia campaign. The main goals of the program were:

- To achieve greater than 90% immunisation coverage of children at 2 years of age for all diseases specified in the schedule
- To achieve near universal coverage at school entry
- To achieve near universal coverage of girls and boys under 17 years of age for measles, mumps and rubella.

To achieve these goals, the Seven Point Plan was implemented which included initiatives for parents (Maternity Allowance and Childcare Assistance Rebate), a

[1] Australian Institute of Health and Welfare, *Australia's Health 2000 & Australia's Health 2002*, AIHW Cat No 19, Canberra 2000 & 2002

larger role for practitioners (through the introduction of the General Practitioner Immunisation Incentives) and measles eradication.

Immunisations are carried out in a number of settings and by a number of agencies. These include local government, general practitioners and Queensland Health hospitals and facilities. The services can be provided in specific immunisation clinics, doctor's surgery or through a school based immunisation program.

Pine Rivers immunisation clinics are conducted in Council owned facilities. The child is immunised and information is recorded in a database that Council supplies and maintains. The data is checked then printed on A4 sheets for forwarding to Queensland Health. The information is then entered into Queensland Health's (VIVAS) database before sending to ACIR.

Funding

ACIR provides $3 for every event a child (under 8 years of age) immunised. For every child immunised in a doctor's surgery, ACIR provides $15.

Pine Rivers Shire Council receives $3 of this amount of money provided by the Commonwealth. Queensland Health provides a grant to Local Government Association of Queensland (LGAQ) which is forward onto to Council's based on numbers of children immunised in clinics.

Funding to Local Government:

State	Pre school program	Schools Program	Computer
SA	Receive $6 per child immunised	Hep B and ADT provide $15 per student for two visits	Provide IMPS to all Local Government with a charge of $500 per year for help desk support
Vic	Receive $11 per child immunised	Provide some funding for school program provided on a per dose arrangement	VIC health developed the IMPS program which is purchased by Local Government
NSW	Receive $6 per child immunised	No school program. School children go to their Doctor for Hep B and ADT.	Not known
Tas	Receive $6 per child immunised	No School program.	Varied systems for collection of data used in the State
WA	Receive $6 per child immunised	If done together $6 Men C and $12 for Hep B If Men is done separately then $12 for Men C	Local government have their own databases and forward immunisation data directly to ACIR bypassing WA Health
Qld	Receive $3 per child immunised	No funding for school program	Various systems used throughout Qld. Data reentered into VIVAS Qld Health database.

Council in the current financial year is expected to spend $150,000 to maintain the Immunisation program. Additionally, a new data base has been purchased at a cost of $14,000 so that accurate records can be maintained for each person immunised. Through ACIR funding and a grant received through the LGAQ, the expected revenue will be $11,000 for 2004/2005.

For General Practitioners (GPs) who only bulk bill, they would receive:

Medicare Schedule if Doctor sees patient	$30.85
Medicare Schedule if Practice Nurse sees patient	$5
Payment from Medicare if patient under 16 years	$5
ACIR payment	$3
GP Immunisation Incentive payment for immunisation	$18.50
TOTAL	**$62.35**

Extra payment made to a practice if 90% or more of the practice's cohort is immunised.

For General Practitioners who do not bulk bill then fees are higher.

As can be seen from the above, the Commonwealth more than adequately funds GPs to perform immunisation of children and at the same time provides inadequate funding to local government who can provide the same service more efficiently. Funding levels should be reviewed to ensure that local government is adequately funded to provide this service. The service provided by local government meets the needs of client groups who cannot afford to pay GPs who no longer bulk bill, or have extensive waiting lists or are unable to wait with children until the Dr has finished their previous appointment.

Home and Community Care (HACC)

Council provides four programs under the HACC funding:

- Disability Program
- Aged Care Respite
- Community Assisted Transport
- Home Maintenance

All programs are funded jointly by Commonwealth and Queensland Health in an effort to maintain older people or people with disabilities in their own home and reduce the cost burden on health facilities and nursing homes/hostels.

Council provides and maintains, at a substantial cost, a number of buildings for the delivery of these services. Additionally no infrastructure charges are currently applied to continue the running of these services to ensure that maximum benefit is obtained for the client.

Never the less, there are waiting lists in all four program areas due to limited resources. As can be seen by the demographics of Pine Rivers, the aged population is expected to grow almost five fold by the year 2026 and the community will expect Council to meet this growing need.

Changes in workplace health and safety, the need to employ more qualified staff to meet client needs and other increasing costs has had enormous impact on the delivery of services by this Council and cannot continue without an increase in funding that meets increasing costs.

SUMMARY

Pine Rivers Shire Council provides valuable services to the community, which are not being met by other service providers.

The funding available to provide essentially health services is limited and a growing burden on Council.

The services provided either prevents disease or maintains people in their homes therefore reducing the burden on the health care system.

Funding levels should be increased to local governments to continue to provide community services. Funding should also be provided to address the social determinants of health and build sustainable communities through collaborative arrangements.

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Yours sincerely

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