2016 NORTHERN TERRITORY ELECTION

Position statement

August 2016
INTRODUCTION

Established in 1927, the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation representing more than 7,000 surgeons and 1,300 surgical trainees. Approximately 95 per cent of all surgeons practising in Australia and New Zealand are Fellows of the College (FRACS).

RACS is committed to ensuring the highest standard of safe and comprehensive surgical care for the communities it serves, and as part of this commitment, it strives to take informed and principled positions on issues of public health.

Prior to all government elections in Australia and New Zealand, RACS provides an opportunity for political parties to outline their policy positions on key issues relevant to the delivery of surgical services. RACS then distributes these responses to its membership and the public. This document outlines areas of specific concern and relevance to our membership.

KEY ISSUES

RACS has identified five key focus areas relevant to the 2016 Australian Federal Election:

1. Support of NT Surgeons
2. Road Trauma
   a. Unrestricted speed zones
   b. Point to point speed enforcement
3. Aboriginal and Torres Strait Islander health
   a. Gap in health outcomes
   b. Ear Health
4. Alcohol related harm
   a. Reduced Outlet Density
   b. Trading Hours
   c. Mandatory collection of alcohol-related ED presentations
5. Northern Territory Audit of Surgical Mortality
SUPPORT FOR NT SURGEONS

RACS has recently released its Surgical Workforce 2014 Census Report and the Surgical Workforce Projections to 2025. The Northern Territory is the only jurisdiction that does not have resident surgeons in all nine-subspecialties. This means specialty areas, such as neurosurgery, are reliant on visiting surgeons.

Furthermore, the numbers of general surgeons per head of population is lower in the Northern Territory than any other jurisdiction (1 surgeon per 21,000 persons in the NT, compared to each 1 surgeon per 16,000 persons nationally). The Northern Territory continues to rely upon locum surgeons to supplement the surgical workforce. The Northern Territory Regional Committee strongly believe that there is sufficient workload for additional surgical positions across the NT, and are happy to work with the elected government to identify the greatest areas of need.

Q1 Will your party commit to creating additional surgical positions across the NT? Including in subspecialties where there are currently no resident surgeons?
ROAD TRAUMA

Unrestricted Speed zones

Roads without speed limits were re-introduced back into the Northern Territory on a trial basis in February 2014 on a 204km stretch of the Stuart Highway north of Alice Springs; this area has subsequently been expanded. Since the introduction of this policy RACS has consistently outlined the risks it poses to all road users in the Northern Territory. We have repeatedly called upon the Government to abolish open speeds, particularly in the absence of any publically available evidence to support that this decision will not put Territorians at increased risk.

The response from the Government has been to highlight the role of fatigue, alcohol and seatbelts in road accidents, and to promote the need for increased driver awareness. Whilst the aforementioned factors are pivotal, a policy that downplays speed as a risk factor sends the wrong message to road users. Road safety needs to be considered as a package, and a vital element of that package is missing when the role of vehicular speed is ignored. Regardless of the initial cause of a road accident, all available evidence suggests that the risk of serious injury and death are linked exponentially with increasing vehicular speed.

Internationally, there has been global trend away from open speed limits, based on consistent evidence linking speed to car crashes, deaths and injuries. Research shows that a 5% increase in speed leads to a 15% increase in serious injury crashes and a 22% increase in fatal crashes. According to the Northern Territory Government’s own figures, speed was listed as a contributing factor in a quarter of road fatalities over the past decade, and almost a third of all road fatalities in 2015. These figures also come with the caveat that speed is a relevant consideration in all road accidents.

The Northern Territory Government has a bipartisan commitment to the National Road Safety Strategy 2011-2020 (NRSS). The continuation of roads without speed limits directly contravenes what was agreed by all jurisdictions when they signed the NRSS. As medical professionals we see first-hand the full extent of road trauma, and the devastating consequences it can have on individuals, families and communities. We therefore find it unacceptable that a jurisdiction, which already has a road safety record far worse than any other Australian state or Territory, has used placed popularity above the safety and lives of its citizens.

Point to point speed enforcement

Point-to-point speed cameras involve measuring the average speed of vehicles over long distances, and are an effective way of encouraging safe driving speeds. While most other jurisdictions now have in place point to point speed cameras, the Northern Territory has yet to implement such a system. RACS recommends the adoption of point-to-point speed infrastructure as part of a more comprehensive road safety package.

Q2 Will your party commit to ending unrestricted speed zones in the NT?

Q3 If not, will you commit to more transparent reporting including providing the evidence base which can be used to support such a policy, and how this outweighs the wide breadth of research that suggests the opposite?

Q4 Will your party commit to adopting point to point speed enforcement across the NT?
ABORIGINAL HEALTH

Gap in health outcomes

Results from a recent review from the NT Audit of Surgical Mortality study have shown a twelve-year gap in the life expectancy between Indigenous and non-Indigenous Australians, which is greater than previously reported. The results give an insight into the physical disadvantages and difficulties that still exist within Aboriginal communities. Although no deficiencies of surgical care were identified as contributing to this gap, the study indicated the more likely contributing factor was a greater burden of disease amongst Aboriginal people, particularly diabetes, renal and liver disease, with rates of these cofactors at death almost four times higher, age and gender adjusted.

As surgeons who work closely with Aboriginal people and who visit the Aboriginal communities where our first Australians live, we recognise the impacts of alcohol on liver disease, as well as the impacts of renal failure and diabetes. We recommended increased awareness of healthy lifestyles by education and health management in all NT communities.

Ear health

Aboriginal and Torres Strait Islander ear health is a priority area for RACS. There is an established body of research that has examined the causes and impacts of hearing loss within these communities. Ear disease can lead to delayed speech and educational development, low self-esteem, unemployment and a range of other health, social and economic problems.

Studies have demonstrated that 91% of Aboriginal children tested have deafness for more than three months of a year and 100% have an ear infection under the age of three months. One quarter of Aboriginal children in the Northern Territory have eardrum perforations. There are many Aboriginal children in youth detention centres and approximately 80% have hearing issues when tested.

The award winning Queensland Deadly Ears program has demonstrated significant improvements in hearing health outcomes for children and young people, including reductions in hearing loss, chronic suppurative otitis media presentations at ENT clinics and middle ear conditions. The program is part of a successful intervention model focused on prioritising health promotion and disease prevention, strengthening primary health care and implementing effective early intervention approaches. A national organisation founded on this model could coordinate existing resources where they are available and expand programs with a focus on increased services in rural and remote areas.

Q5 How will your party promote increased awareness of healthy lifestyles by education and health management in all NT communities?

Q6 Will your party commit to address Aboriginal and Torres Strait Islander ear disease in the Northern Territory in support of a national response?
ALCOHOL-RELATED HARM

RACS has advocated against the harmful effects of alcohol for many years, not only for the increased risk of complication that it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole.

Reduced Outlet Density

There is a positive relationship between alcohol outlet density (general, on-premises, and packaged) and increased rates of violence. A recent study by the NSW Bureau of Crime Statistics and Research found that the concentration of hotel licences in a Local Government Area, particularly at higher density levels, was strongly predictive of both domestic and non-domestic assault rates. Another study by the National Drug Law Enforcement Research Fund demonstrated that off-site outlet alcohol sales and total volume of alcohol sales within a region are important predictors of assault. The researchers conclude that, “policy decisions that ultimately increase total alcohol sales within a community or that increase numbers of on-site outlets (eg hotels/nightclubs or restaurants) are more likely to exacerbate, rather than ameliorate, harms associated with alcohol.”

Trading Hours

The Northern Territory government is to be congratulated for its efforts to create a safer drinking culture through its ongoing policies to restrict trading hours and mandatory closing time. However, we believe this legislation can be further strengthened. The evidence increasingly suggests that lockouts do work. Since legislative reforms were introduced in Sydney NSW, assaults in Kings Cross have declined by 32%, in the Sydney CBD Entertainment Precinct by 26%, and in the sub-section area of George Street South by 40%. Across NSW there was a 9% decrease. St Vincent Hospital in Darlinghurst reported a more than 50 per cent reduction in serious head injuries in the year after lockout laws were introduced compared with the year prior.

The success of the New South Wales Coalition government’s reforms have set a benchmark for other governments to follow and prompted stronger action across the country. For example, the Queensland Labor government recently announced plans to introduce 2am lock-out laws following a rise in late night assaults in that state. At a time when other jurisdictions are strengthening their legislation in this area, it is important that the Northern Territory does not fall behind, and the elected government shows leadership in the face of opposition from vested interests. RACS recommends that the Northern Territory follows the example of New South Wales and Queensland and implements earlier lock-out times.

Mandatory collection of alcohol-related ED presentations

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse. However, agencies do not monitor or report the total costs to the community through alcohol-related trauma and law enforcement, meaning we do not have a complete picture of the harm caused by alcohol. Data on alcohol-related hospital presentations is not routinely collected in Northern Territory hospitals. Subsequently, independent studies are relied upon as one of the few sources of information in this area.

As an example, a study conducted by the Australasian College of Emergency Medicine (ACEM), found that one in twelve presentations to emergency departments in Australasia are alcohol related. This figure increases to one in seven on weekends. According to ACEM “This is the biggest public health challenge facing our emergency departments.” While such studies are useful, their ad-hoc nature means they cannot be relied upon in the ongoing development and monitoring of public policy.

RACS appreciate that government resources are scarce, however, such an investment of funds should be regarded as a long term saving. The increased availability of high quality data allows for more effective policies to be implemented and evaluated. If managed properly, this will result in significant long-term savings to the health, social welfare and policing budgets, all of which will always face resourcing constraints by their nature.
Q7 Does your party agree that there is a correlation between increased outlet density and alcohol related harm? If so, what policies will you implement to negate these risks?

Q8 Will your party follow the lead of other jurisdictions, such as Queensland and New South Wales, in introducing increased restrictions upon trading hours as a way of reducing alcohol-fueled assaults?

Q9 Does your party support RACS’ position for mandatory collection of alcohol related ED presentation data?
NORTHERN TERRITORY AUDIT OF SURGICAL MORTALITY

The Northern Territory Audit of Surgical Mortality (NTASM) has been operating since 2010, and has shown that mortality is declining despite an increase in surgery. The Audit assesses surgical deaths in the Northern Territory and provides feedback to hospitals and the Government on systemic issues within the public and private sector. It currently covers surgery in all public hospitals, some private hospitals and a number of day surgery hospitals. This independent approach, in a qualified privilege environment, is greatly supported by Northern Territory surgeons, as it encourages greater participation and ultimately better health outcomes for patients.

Since 2010 – 315 surgical deaths have been assessed and currently all hospitals notify NTASM and are involved in the process.

Q10 The mortality audit program is part of an effective quality assurance activity aimed at the ongoing improvement of surgical care. The current contract expires on 30 June 2017. RACS seeks a commitment from your party that a further three years funding will be supported.

Conclusion: The Royal Australasian College of Surgeons Northern Territory Regional Committee is appreciative of your time in addressing these matters. We are acutely aware of the tight time frames surrounding this election campaign time and we look forward to receiving your response by 25 August 2016. This will enable us to inform our membership of your policy positions prior to the election on 27 August 2016.