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[NSW Health issue new policy – ‘Identifying and Responding to abuse of older people’](#)

On 29 January 2020, NSW Health published “*Identifying and responding to abuse of older people*” as part of its *NSW Ageing Strategy 2016-2020* commitment to raising awareness of the abuse of older people and developing both, methods to respond to abuse, and strategies to prevent abuse.

The policy directive adopts the World Health Organisation's definition of “abuse of older people” (being recognised in Australia as people aged over 65 and Aboriginal people aged over 50):

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“a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.

Statistically, older people frequent health care providers more often than young people; giving “frontline” health care providers an opportunity to identify potential financial, psychological, physical or sexual abuse or neglect. The policy directive provides a framework for identifying abuse and neglect, as well as, a framework for responding to claims of abuse and neglect.

The policy directive also requires all NSW Health organisations to implement systems of intervention (which adequately deal with cultural and linguistic diversity) and provide training to all staff on such systems.

To read “Identifying and responding to abuse of older people”, click [here](#).

[NSW Government invests \\$42 million to lower IVF costs](#)

The NSW Government has committed \$42 million over four years to improve affordability and access to IVF services across NSW, by:

- providing a rebate of \$500 for out-of-pocket expenses related to pre-IVF fertility testing, administered through Service NSW;
- expanding the availability of NSW Government supported IVF clinics at the Royal Prince Alfred Hospital, Westmead Hospital and the Royal Hospital for Women to provide lower cost IVF treatments for around 6,000 women between January 2020 and June 2023; and
- establishing the first state-wide fertility preservation service for cancer patients at The Royal Hospital for Women, in partnership with the University of NSW.

Current residents of NSW are eligible for the rebate once a Specialist confirms they have a fertility issue and have out-of-pocket expenses related to fertility testing. The test(s) need to have occurred from 1 October 2019.

For more information click [here](#).

[Consumer group and APRA seek changes to private health insurance industry](#)

The Consumers' Health Forum of Australia (CHF) has noted the statement of Geoff Summerhays (Australian Prudential Regulatory Authority (APRA) Board member) that there needs to be a rethink of private insurance.

Mr Summerhays stated in a speech to the Members Health Directors Professional Development Program on 4 February that he had concerns about the state of the private health insurance industry. He saw the most ‘immediate prudential concern’ in the private health insurance industry as being ‘the rising disparity between growth in claims costs and premiums’. Based on APRA’s available data, this situation means that only three insurers will have a sustainable business model in two years’ time.

Following Mr Summerhays’ comments, CHF is lobbying the federal Government to establish a review into private health insurance.

CHF’s believes that the experience of patients and families to pay for the out of pocket costs associated with private care is creating a ‘lose/lose’ situation, whereby due to increased premiums more Australian consumers are opting out of private health care, leading to an increase in insurance

costs. APRA's response has been to emphasise risk management within these organisations, as well as governance and capital resources.

You can access Mr Summerhayes' speech [here](#).

[Current barriers to patient access to medicinal cannabis in Australia](#)

On 14 November 2019, the Senate referred an inquiry into the barriers to patient access to medicinal cannabis in Australia to the Senate Community Affairs References Committee.

The committee will be examining, amongst other things, the suitability of the Pharmaceutical Benefits Scheme to subsidise patient access to medicinal cannabis, the education of medical professionals in the Endogenous Cannabinoid System and the availability of training for doctors under the current Therapeutic Goods Administration regulatory regime.

Submissions into the inquiry were requested by 17 January 2020 and a report is due to be completed by the 26 March 2020.

Further details about the scope of the inquiry are provided in the [terms of reference](#).

[AHPRA and National Boards welcome policy directions](#)

The COAG Health Council (**COAG**) has provided two new policy directions to the Australian Health Practitioner Regulation Agency (**AHPRA**) and the National Boards. The directions reinforce that public protection should be prioritised in the administration of the National Registration and Accreditation Scheme (**the National Scheme**).

The first policy direction outlines that AHPRA and the National Boards are required to consider the potential impact of a practitioner's conduct on the public when deciding to take regulatory action. To support this, COAG has authorised limited sharing of information to employers and state and territory health departments about serious conduct matters in relation to a registered health practitioner.

The second policy direction mandates that the National Board consult with safety and consumer groups when developing or revising registration standards, codes and guidelines. With every new or revised code or guideline, a "patient health and safety impact statement" will also be provided. Additionally, the National Board must also directly consider the impact of any changes on Aboriginal and Torres Strait Islander people.

AHPRA CEO Martin Fletcher welcomed the directions, stating that they provide clear guidelines for the National Boards and AHPRA to consider in deciding to take regulatory action, and when drafting or amending registration standards, codes and guidelines.

You can access the policy directions [here](#).

[Has the coronavirus shown the need for better public health responses](#)

Following the coronavirus outbreak, concerns have emerged over inconsistent messages circulating from multiple health agencies. The resulting confusion relates to the spread of the virus, the need for facemasks and other preventative measures.

The Royal Australasian College of General Practitioners (**RACGP**) has vocalised the need to formalise a single centralised body dispensing authoritative information on the coronavirus and other national pandemics hitting Australia.

in Australia.

Communication should be consistent, timely and independent of the government. In addition, planning, financial funding and early access to resourcing would assist with a unified national plan.

Whilst earlier efforts to create a centralised response to public health disasters have not gained traction, a 2013 Federal Government inquiry into Australia's response to the threat of globalised infectious disease noted that fragmentation was a major concern.

Further information on coronavirus can be found on the [RACGP website](#).

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