



Hon Sue Ellery MLC
A/Convenor
Subcommittee Inquiry into Public Sector Expenditure
Parliament House

Dear Ms Ellery

Inquiry into Public Sector Expenditure

I make an urgent request to your Committee to permit me to provide a brief submission but importantly appear before your Inquiry.

Please understand my reasons for the late request. I have Chronic Obstructive Pulmonary Disease and regularly attend Hospital based Pulmonary Rehabilitation Clinics.....since 2006. I am "on" oxygen all night and need oxygen by day with ANY activity, in due course eating and swallowing

It was with concern I read report in the Sunday Times, enclosed, **Lung Health Care Folds**. Your Committee will understand that I do have a very real interest in Lung Rehabilitation Classes.

In the November 22 – 23 rd edition of the Weekend Australian, Health section I was the "patient" reported on in the Australia wide edition. (copy enclosed)

- I have found attendance at Rehab classes, agonising, punishing, but very beneficial.
- Attendance at Rehab introduced me to many other "patients" braver than me.
- Attendance meant being supervised and monitored by experienced Physio professionals.
- In my case I was very thankful during monitoring my supervised program was stopped and referred back to GP. On resumption it was again stopped. Subsequent medical tests revealed I had a real problem but did not know it.
- Rehab classes provided critical "respite help" for my sole carer wife.
- Rehab professionals provide critical patient & carer information.
- Any threat to cessation of services causes direct anguish to the Carer and has a profound negative impact on the Patient.

I also take part in the Australian Lung Foundation monthly telephone "hook-up" with "patients" from all States and Territories discussing various matters of common interest.

As a former Member of Parliament involved in many Inquiries and with my first hand understanding of this factor of the Health Expenditure for Western Australia I believe I can make a positive contribution to your Committees deliberations.

I sincerely hope favourable consideration can be given to my request and I would seek the opportunity to address your Committee and provide more information.

Your faithfully
Bruce Blairie 17th Feb 2009

Sunday Times
Feb 15 2009

Lung care class folds

By ANTHONY DECEGLIE
Health Reporter

REHABILITATION classes for lung patients at Bentley Health Service have been cancelled because of a lack of resources.

The Opposition says the cuts could be part of the Health Department's strategy to cut \$120 million from its budget as part of the State Government's 3 per cent efficiency drive.

A letter sent to patients on Tuesday said the rehabilitation classes would finish in two weeks.

"It is with sincere regret that I must inform you that due to a lack of resources and increasing pressures on our services, the Bentley Health Service Physiotherapy Department is no longer able to provide staffing for the Pulmonary Rehabilitation Program," BHS physiotherapy manager Kelly Simpson said in the letter.

There are plans for some classes to be moved to Royal Perth Hospital.

A Fremantle Hospital insider said that cutting back patient physiotherapy was also being looked at as part of their plan to meet the Government's efficiency drive.

Health Minister Kim Hames has promised the budget cuts won't affect frontline health services.

On Thursday, *The Sunday Times* website PerthNow exclusively revealed details of a controversial discussion paper setting out proposed savings at Fremantle Hospital.

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Exercise can battle breathlessness

Lung disease is serious but research shows some treatments do help, writes Bianca Nogrady

It happens regularly in Barry Blaikie's life: he finds himself standing breathless and paralysed in a street or shopping mall, trying desperately to drag enough oxygen into his damaged lungs to take that next step. People stop to help and ask him what's wrong, and he's brutally honest about his condition.

"I tell people straightaway I've got airways disease." But it's the next question that always bothers him. "Ninety-nine times out of a hundred, someone says 'did you smoke?' And you know what happens when you say yes — all recognition just switches straight off," says Blaikie, the 73-year-old former West Australian state MP who quit smoking more than 30 years ago.

"If you have AIDS there is some empathy — if you smoke there's none, if you have smoked there's none."

Airways disease, or chronic obstructive pulmonary disease (COPD), is an umbrella term for several different conditions with the shared features of chronic, irreversible and worsening breathlessness. The most common conditions that come into the COPD category are chronic bronchitis and emphysema. Most people with COPD, but not all, have smoked.

According to a report released last week by the Australian Lung Foundation, this year COPD cost the Australian economy an estimated \$98 billion in healthcare costs, lost productivity and loss of wellbeing. Heather Allan, executive director of the foundation's COPD National Program, says the report confirms fears about the high prevalence of COPD. The report shows 2.1 million Australians currently have some form of COPD and of those, 1.2 million have symptomatic COPD.

"That means that already the breathlessness is starting to affect their daily lives," says Allan. "They're starting to have to limit their physical activity, right through to most severe end where walking to their kitchen to make a cup of tea is a mission."

This year alone the disease killed 16,000 Australians, according to the report.

Despite these figures, COPD is under-recognised, under-diagnosed and under-treated. As many as one in three people with the disease don't know they have it. Even a well-established form of treatment called pulmonary rehabilitation, proven to actually save money by keeping patients out of hospital, is available to just a tiny fraction of the patients who might benefit from it.

Respiratory specialist professor Peter Frith, head of respiratory services at Adelaide's Flinders Medical Centre and Repatriation

General Hospital, has his theory about why COPD languishes so far from the public eye and government purse: "I think there's been a negative attitude amongst the general public and GPs because it's self-induced, generally ugly and you can't do anything about it."

While there are no treatments available that will reverse the lung damage, drugs can offer some symptom relief and may possibly improve lung function. They are expensive, but a treatment exists that is well-established, relatively cheap and shown to improve patients' quality of life — and, most importantly, keep them out of hospital.

Pulmonary rehabilitation is essentially a program of exercise training for people with COPD, with the goal of improving, and maintaining, their fitness and confidence.

Nola Cecins, senior physiotherapist at Perth's Sir Charles Gairdner Hospital, and colleague associate professor Sue Jenkins, recently conducted a study among patients attending their rehabilitation program, exploring the benefits of pulmonary rehabilitation. Numerous similar studies have been conducted overseas, but this was the first in Australia and like the overseas studies, the results were positive.

Cecins and Jenkins found a 46 per cent reduction in the number of patients admitted to hospital in the year after attending the eight-week program, compared to the previous year, and a 62 per cent reduction in the total number of days patients spent in hospital. This adds up significant savings, says Cecins, because hospital stays cost around \$600 to \$700 a day, and on average patients with COPD stay in hospital for seven days.

The odd thing is that no one is really sure why pulmonary rehabilitation keeps patients out of hospital, Cecins says. The rehabilitation doesn't actually change patients' lung function or alter the underlying disease process. So why such good results?

"These people get very breathless when they do activity and therefore they stop doing as much activity," says Cecins. This inactivity can speed up the decline because as patients cut back their activity, they are less able to look after themselves, especially when their condition worsens.

Perhaps the biggest benefit is the boost to patients' confidence. "We show them what exercise they're capable of doing," Cecins says. "You're trying to get them to do some regular exercise and you hope that will improve their exercise capacity, their fitness, they'll be able to do more and then they'll start doing more in their everyday life."

The rehabilitation program at Sir Charles



Rehabilitation: Physiotherapist Nola Cecins takes patient Barry Blaikie through his program
Picture: Colin Murty

Gairdner Hospital also includes education, to teach patients about how their disease affects them and what they can expect from it.

"We always say to them, very rarely do people die of breathlessness, they die of other things, and that's quite mind-blowing for

them," Cecins says. "It allays anxiety in their condition and they are more empowered to manage their own condition, and may be able to pick up signs they're worsening earlier and know when to speak out."

Barry Blaikie is a regular at Sir Charles Gairdner, after trying a number of other

rehabilitation programs. He appreciates the fact that while it is a group program, he is able to exercise to his level of comfort.

Given the seriousness of his breathlessness, this is important to him.

"I think the best day I ever did with them about nine months ago was [walking] 900m in 20 minutes," says Blaikie. "The other day I was there and I did 550 metres in 20 minutes, with a walking frame on full oxygen."

However, at last count, the Australian Lung Foundation found just 1 per cent of people with COPD who would benefit from rehabilitation had access to it, despite the fact that the costs are essentially limited to the physiotherapist's time and venue costs.

Frith says there is evidence that pulmonary rehabilitation helps at almost any stage of the disease, although it is currently focused on those with moderate to severe disease.

"It has been shown to be effective at any stage but in Australia we really do have a lack of pulmonary rehabilitation places, so I guess there's some degree of rationing."

But when you look at the figures, it's difficult to understand why. Frith and Cecins have looked at the cost savings that might flow from more widespread use of pulmonary rehabilitation and subsequent reduction in hospital bed use.

"It could result in a 37 per cent reduction in total bed days — and if you work out the cost of that saving, it would be \$90 million in a year for Australia," Frith says.

But it's more than just a financial saving. "Two out of every five people admitted to hospital are going to die within that year," Frith says. "That means the earlier you pick it up, the more effective the treatment in the early stages, the less likely that is to happen."

But these programs are not funded at the federal level through Medicare, and so are at the mercy of state government health coffers.

It's easy to blame a lack of funding for the poor state of COPD management in Australia, but as Heather Allan says, people aren't very good at looking after their lung health.

"People don't take their lung health seriously," says Allan. She cites the example of a focus group conducted by the Foundation, involving people selected because they had shortness of breath and a history of smoking. The focus group was held in a room up a short flight of stairs.

"Everybody took the elevator because they didn't feel they could manage the stairs — but every single one felt their health was good," Allan says.

It's an attitude the foundation is trying hard to combat. "It's at this stage where we really want to alert people to the fact that breathlessness is not normal," she says. "If you're breathless, and more breathless than your peer group, and you have a history of smoking you should speak to your doctor about lung health."