



The Hon Peter Dutton MP
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Shadow Minister for Health and Ageing

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Speech by the Hon Peter Dutton MP
at the launch of
Health Care in Australia: Prescriptions for Improvement
Australian Centre for Health Research

.....*CHECK AGAINST DELIVERY*.....

Thank you very much for the invitation to be with you today and it is a great honour to launch this book.

It is very exciting to be here in this hospital and to see the improvements that are being made.

I would very much like to acknowledge the Honourable Neil Batt. Neil is an iconic person within the health sphere and a great contributor to public debate in this country and I think he does fantastic work for the Centre.

I would also like to acknowledge the board members, all the contributors and those over the last six years who provided seed funding and importantly, ongoing funding. There are not too many organisations within the health space that could survive on \$300,000 a year and certainly Queensland Health is not one of them.

I have been talking for a little while about the numbers in Queensland Health and I have to admit today that I have been using the figure of 68,000 staff and today I see the Premier has said there are 85,000. That makes it about the third largest employer in the country and it goes to much of the debate canvassed in the pages of this book.

The fine reputation of the Centre has been further enhanced by bringing together the sharpest public policy and health minds in a collaboration that is both eloquent and complementary.

The book distills the contemporary problems in health and it provides practical and well evidenced solutions.

It could have been a depressing read because it is a reminder of issues and blockages that have been neglected. Ultimately though, it is refreshing because it offers the reader a path forward centred on patients, not on politicians or vested interests.

I want to say thank you to those that contribute resources in support of the Centre's work.

The impact this publication will have on public debate reflects positively on all those involved.

The contributing authors have a wealth of experience in health, economics, politics and public policy which is reflected in the quality of the publication.

Neil Batt, as Executive Director of the Centre, has served as a Deputy Premier and Treasurer and is Chair of a range of private, community and charitable organisations.

Ken Baxter is a former Secretary and Director General of the Departments of Premier and Cabinet in Victoria and New South Wales and is also Chairman of a range of organisations.

Professor Just Stoelwinder is a person known to many of us and has been front and centre of the debate over the last four years. A specialist General Physician, Just is Chair of Health Services Management and Head of the Division of Health Services and Global Health Research at Monash University. He has also served as a CEO and board director for hospitals and health services and has done an enormous amount of work in raising awareness of the opportunities and challenges of competitive health care models such as Medicare Choice.

Dr David Charles, Chairman of Insight Economics, has also held a range of senior positions in the Commonwealth public service, including Head of the Department of Industry, Technology and Commerce.

Professor Michael Cousins, a renowned pain specialist, is impressively credentialed and it is no wonder he is such a significant contributor to this publication. His work in pain management and pain medicine is a great credit to him.

Professor Michael Georgeff is Founder and Chief Executive Officer of Precedence Health Care, Professor in the Faculty of Medicine, Nursing and Health Sciences at Monash and has extensive leadership experience in software development.

Three of the sharpest minds in the public debate are Chris Berg, Julie Novak and Tim Wilson from the Institute of Public Affairs. Julie's most recent publication of last month in relation to productivity contributes much intellectual rigour to this debate.

That is not an exhaustive list of the contributors, but it does give an indication of the calibre of those who have participated in this project, the quality of the work and the significance of this book for the policy debate.

There are some unpopular truths canvassed in this work which don't feature prominently in the public debates in health.

The price of inaction and capitulation can be high, as is playing out in Queensland as we speak.

Tasmania is at breaking point and part of the palpable frustration, that jumps from these pages, is rooted in the period 2007 to 2008. Expectation was lifted and dashed. In this country we have had a significant debate about the management of public hospitals, whether there should be a single funder, the Commonwealth should take over services, discussions around those who fund and those who provide services.

At the core of the problem, as Ken Baxter identifies in his work, is the dysfunctional constitutional arrangements which present themselves to us in the 21st Century. Nobody

when the Constitution was being drafted could have imagined the difficulties that present today. Ken talks about abolition of the Federal Department as we know it, which may also have an application to significant conglomerates at a state level. There is a compelling argument for a more streamlined bureaucracy for the future.

In the Federal portfolio, we have 6,500 staff, including 3,700 staff in Canberra. The Department and agencies don't employ doctors, nurses or health professionals to provide services to patients. It is time to move from idle debate and discussion into taking action to refocus resources to frontline services.

The disappointment with the current agreement is that does not address this issue and to a large extent increases bureaucracy and red tape.

To address the much cited challenges, we need more flexibility to improve innovation; we need to reduce red tape.

Functions and responsibilities need to be streamlined between the agencies and the core department to reduce the administrative compliance burden on providers, reduce waste and free resources for front-line services.

At the last election, the Coalition said that we would continue to decentralise the model as much as possible and if you look at some of the preliminary changes that have been introduced in New South Wales, it is possible to better streamline bureaucracy within the existing constitutional constraints.

I would also like to focus more attention on the issue of productivity.

What has been missing in the recent agreement is genuine consideration of productivity.

There has been a lot of discussion about the health workforce and collaboration between health professionals, but it has not dealt directly with how resources can be employed more productively.

I commend Julie and others who are exploring the issue of productivity, as demands on the health budget continue to grow faster than our fiscal capacity to provide additional expenditure.

Without productivity changes people are going to be disappointed, not just within the community, but within the sector as well.

We should also expand our thinking beyond just the health workforce in our efforts to improve health outcomes.

Much has been made of improving collaborative models of care between medical practitioners and allied health professionals, such as dietitians, optometrists and pharmacists. Whilst this is important, we shouldn't ignore other socio-economic determinants of health.

I think the challenge as we go forward and I put this challenge out today to the Centre, is for a more detailed look at the correlation between social and economic issues such as unemployment and financial status and health outcomes.

With mental health issues, cause and effect is even more difficult to determine, but important to achieving long term improvements for patients.

With an evidence base, we may be able to develop better linkages between health services and social services that assist with employment, education and financial planning.

We have a job network that spans the country that provides intensive assistance to those who might be long term unemployed.

Comprehensive care can involve more than just health interventions and providing more opportunities for health professionals to assist their patients access appropriate social services has the potential to improve health outcomes, quality of life and deliver economic benefits.

This doesn't have to involve greater expenditure, subsidisation by Government or more bureaucracy, but rather may be achieved by better utilising and linking existing community infrastructure across portfolios. In effect, achieving more with what we already have in place.

Complementing the issue of productivity, choice is still front and centre of the Coalition's philosophy. We still believe very strongly in providing support for the public system and although we are somewhat constrained by the agreement that has been signed between the State, Territories and Commonwealth, we want to continue to build a transparent and direct link between Commonwealth funding and outcomes in public hospitals.

If we want a good health system, we can't neglect the significant contribution of the private sector. The non-government sector will have an increasingly important role in the provision of services into the future and has been at the forefront of innovation in improving efficiency, productivity and delivering high quality care.

Whether it is e-health, the politics of reform, the costs of regulation, financing models, the future of pharmaceutical therapies, evaluation of health outcomes, end of life care or improving processes for post surgery pain management, the most pertinent issues for policy makers have been addressed in a concise, insightful and accessible manner.

Health Care in Australia: Prescriptions for Improvement is a credit to the dedication of the contributors and the foresight of the supporters of the Australian Centre for Health Research.

So thank you very much and it gives me great pleasure to officially launch *Health Care in Australia: Prescriptions for Improvement*.

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