



MEDIA RELEASE

RUTH FORREST MLC

PO BOX 104, WYNYARD TAS 7325 TEL: 03 6443 8600 FAX: 03 6443 8603

CAUTION, TIME & FULL CONSIDERATION OF DETAIL NEEDED BEFORE AGREEMENT TO FEDERAL GOVERNMENT HEALTH REFORMS

Murchison MLC Ruth Forrest has urged that caution be exercised by the Premier and State Government, especially in the absence of a Health Minister, when considering the proposed National Health and Hospitals Network reforms proposed by the Federal Government. Stage two of the Government's National Health Reform Plan has only recently been released and lacks critical detail that must be provided prior to the signing of any agreement to ensure the budgetary and health care needs of Tasmania and Tasmanians are fully understood and taken into account in this plan.

Ms Forrest suggested that whilst there are many potentially positive outcomes that could result from the proposed reforms, much hinges on a full acceptance at short notice, with considerable detail lacking. "Many questions need to be answered that aren't addressed in the available documentation including questions regarding the economic and practical consequences of the commitments and proposals related to these reforms" Ms Forrest stated.

"In the interests of ensuring the best health and economic outcomes for the State and people of Tasmania, more time is needed to fully consider the finer detail of this reform and to be sure this is the most appropriate model for Tasmania into the future" Ms Forrest said.

"It is vital that the full implications of the proposed reforms are revealed, understood and deemed suitable to meet the long term health and economic wellbeing of Tasmania, rather than being coerced under the threat of a withdrawal of funding should a State not wish to proceed until all the finer detail is available and comprehended" Ms Forrest stated.

"With the funding model itself unclear, poorly articulated and lacking vital detail, the impact on the States GST revenue must be considered and the implications of this model fully understood before any agreement is signed" Ms Forrest cautioned. "In last year's State and Federal Budgets all States were told to expect large reductions in future GST revenue as a result of the GFC, however, just before this year's revelations about expected future GST revenue, the States are being asked to hand over 30%" Ms Forrest said.

Ms Forrest also questioned the appropriateness of the proposal for primary health care organisations and Local Hospital Networks which effectively separate primary and acute health care into discrete areas with unconnected funding models, that are then required to link into aged care.

"An integrated health care approach would be preferable to avoid fragmentation of care, within a comprehensive health plan where links are built between hospitals and primary care, integrating the roles of health professionals across the health service" Ms Forrest suggested.

“Tasmania has been moving successfully down the path of Area Health Services that provide such a model. Does this reform undo the progress being made in Tasmania that has resulted in reductions in waiting lists and times for surgery in a number of areas on the North West Coast where it has been progressively implemented?” Ms Forrest asked.

Ms Forrest stated that “the omission of mental health and dental health as an integral part of primary health services, receiving the briefest of mentions under ‘next steps’, must surely be an oversight. With approximately one in five Australians experiencing a mental illness during their lifetime, this area must form an essential part of primary and acute health services. Poor dental health impacts on many areas of health systems including an increased rate of premature birth, dramatically increasing human and financial costs to acute health services and ongoing health care within primary health settings. Why is there no commitment to dental health as an integral public health issue?” Ms Forrest asked.

“Could initiatives such as the four hour National Access Targets to timely treatment in emergency departments lead to practices such as ramping of ambulances to avoid entry to the emergency department until this target can be achieved? Has adequate attention been given to dealing with issues of bed blockage, that prevent the flow of patients through the emergency departments, been addressed? What provisions exist to address and avoid huge costs being imposed on State Government to pay for surgery in other public or private hospitals for those patients who may not have had elective surgery in the required time frame, when exceptional circumstances beyond the control of the State have arisen, for example, the loss of a specialist surgeon, shortage of specialists, and a pandemic such as the H1N1 virus that has the capacity to shut down surgery? If these targets are not met for these reasons, smaller States will often find these challenges more difficult to overcome with less redundancy in any health systems due to poor economies of scale and access to backup resources. This could be compounded as the States will also not receive financial rewards that could assist them to deal with some of these challenges” Ms Forrest suggested.

“Aged care reform requires full consideration of all relevant factors, including the current funding model, as circumstances threatening aged care facilities around Tasmania do not only relate to inadequate funding. On the North West Coast an oversupply of beds and lack of residents is threatening the viability of many facilities. The funding model must consider the broad variety of challenges facing the aged care sector. Will consideration of models such as the UK ‘Gold Standard Framework’ for end of life care in aged care facilities be considered to enhance the care of elderly people and palliative care patients?” questioned Ms Forrest.

“The proposed reform considers workforce shortages, particularly of nurses in aged care. Whilst the current discrepancy in rates of pay between aged care and other nurses continues, these workforce issues will persist and no mention is made of addressing this significant factor” Ms Forrest stated.

“Whilst some of these questions may have been discussed at recent meetings of Premiers, what role has Tasmania had in these discussions? In view of the delayed appointment of a Government, a caretaker Premier until April 13, the current Premier preoccupied with meetings to form a new Government, and no Minister for Health in place to argue Tasmania’s unique circumstances and needs, how can we be assured as Tasmanians that our interests have been fully considered in the undue haste to have Premiers sign off next week?” Ms Forrest asked.

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For further information contact Ruth Forrest on 0419 879 524.