

## “Tell ‘er she’s dreamin’!”

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So enough introductions at this point, and enough pointers to what’s ahead. My script now, it says ‘At this point, Lee, you need to leave the stage.’ Because the circus is in town!

[Circus music]

Roll up! Roll up! Take your seats everybody! You bloody people up there, sit down! We’ve got a show to do! Come on. Roll ‘em up, roll ‘em up! Welcome everybody to the 12th Rural Health Circus, I mean, Conference! Welcome, welcome. Thank you everybody. You’ve taken your seats. Good, good, good. Right. Who here wants a bright, rural future?

[Audience responding]

Oh, god, are you still asleep? Come on! Who wants a bright, rural future?

[Audience responding louder]

So, I can’t hear you. Who wants a bright, rural health future?

[Audience responding louder]

Right, that’s better, that’s better. Because apparently, you’re all committed, otherwise you wouldn’t be here. So we can drop the commitment and we can work on the brightness. But what do we need for a bright, rural future, ladies and gentlemen? We need me, with my whip. Because I have the whip, which means I am in charge, which means I tell you where to go, what to do, how hard to push. I’m telling us where to go, you just push. That’s your job. I’m the leader, that’s what I do. I set the course, you push. Okay? Are you with me?

[Audience responding]

Who said no? Are you with me?

[Audience responding louder]

All right, that’s better. Right. So we need progress, we need direction, and above all, we need strong, decisive leadership. Who changed my theme music? I’ll get the whip to you.

[Whimsical music]

And who are you, you little fairy man?

James: Hello, boys and girls, ladies and gentlemen. I’m James, your friendly, future fairy. And it looks like I’ve arrived just in time, with all of this talk about speed and action and planning and progress. No, no, no, madam. Put your whip down. We don’t need any of that. We need to dream! We need to imagine. We need a shared vision for the future. I think you may be made of wood, madam.

[Imitating knocking on wood]

All this talk of planning makes my wand droop. Anyway, what we need is a vision, and what better way to imagine that vision, to look back into our past, and reflect on where we’ve been. So friends, with my magic wand, I’ll conjure our rural health past.

[Audience laughter]

Do you need a hand?

[Background sounds]

James: John Wakerman!

[Laughter]

Sorry, John.

[Laughter]

We're very well rehearsed, ladies and gentlemen. That's a top quality show.

James: The batteries are flat.

[Laughter]

The microphone ...

[Laughter]

John Wakerman: The past: Thanks for making me the past. The rural and remote health sector has coherence, passion and energy. It has a proud history. This year, Frontier Services turns 101.

[Gasping]

The Country Women's Association turns 91. And CRANA Plus is 31. Its had some significant wins, support for rural GPs, for other organisations, professional and academic organisations. However, the sector is still faced by deficits, by problems ~ gaps in life expectancy, work force undersupply, insufficient infrastructure, and, of course, not enough research. And many of these problems haven't changed since 'Country Towns, Country Doctors' in 1978, and the very first rural health conference in Toowoomba in 1991.

Oh goodness me, goodness me.

James: Well it seems like there's a lot of passion and there are a lot of committed people who have been in the game for a long time.

But clearly there's still a lot of stuff still broken.

James: Absolutely. How do they stay committed for so long when the problems go on and on and on? Let's take a look at what's happening now. Let me conjure our rural health 'present'.

[Background sounds]

[Audience laughter]

The present: The average life expectancy of Aboriginal and Torres Strait Islander people is 13 to 17 years less than for other Australians. Seventy per cent of Indigenous people live outside the major cities. A white man from north-east New South Wales can expect to live 11 years less than someone in Mosman, Sydney. There's a primary care deficit, mainly in Medicare and the PBS, of \$2.1 billion a year. Rural people have lower survival rates for cancer. They have a greater burden of disease overall, and rural and remote areas see a high rate of avoidable hospitalisations.

Tanya: Well I always thought the country was good. They usually have big ovals for us to put our big marquee on. I like the country, for rural and remote areas.

James: Yeah.

But obviously, it's a bit crook. There's a few things not quite right. Uh, hmm.

James: What has gone right?

Tanya: Well the one that really struck me, that's wrong, let's fix, let's look at what's wrong, because that's what we managers do. What's wrong is this \$2.1 billion a year primary health care deficit. That means, if my brain is onto it, that in fact, rural people get less health care, which is not good enough, people. Anyone in the room say that's good enough?

Audience: No!

James: No.

Oh, let me hear you say, 'No!'

Audience: No!

Right. That's not good enough. What we need, people, is some good news.

Audience: Yes.

Anybody got some good news?

Audience: Yes.

[Laughter]

Oh very good. And a microphone. Carry on.

Our successes to date: There is improved birth rate of babies, including to Aboriginal mums. Special rural programs have been put in place and maintained, such as the practice incentive program, bonded medical scholarships, support for the RFDS, regional cancer centres, the regional infrastructure end. There is some greater equivalence of support for health professionals, for example, the Chief Allied Health Officer.

Oh, that's a good one.

James: Mm hmm.

[Laughter]

There are UDRHs and rural clinical schools, telehealth and e-health, and for some time, there has been multiple ministerial representation nationally. Currently, there are ministers for health, mental health and aged care, and Indigenous health.

So there is some good news, and thank goodness for that. And do you know what, friends? It's in large part because of your commitment and your vision for a bright future and the work that you've done. So, well done. We've got spreading of resources, more and more, through regional areas. We've got some of these long established regional institutions. Let's have three cheers for what we've done so far. Hip, hip, hooray! Hip, hip, hooray! Hip, hip, hooray! And now let's reflect a little bit on how we feel—about how we feel about how many wonderful things ...

No, no, no, no, no. Enough reflection. We've got to get on with it, people! There is still work to be done. We're not there yet! You saw the deficit slide. I pointed that one out to you. Blind Freddy, even if he couldn't see it, heard it. I said it! We've got work to be done. Okay, so, I know what we need. We need strong, I get back to what I said before ... strong, deci-

[Laughter]

What are you doing? Strong, decisive leadership is what we need! No good circus ever came off a namby-pamby ringleader. We need strong, decisive leaders.

James: Well, we do need strong, decisive leaders, you're right. But we need leaders at all levels. We need everybody to step up to the plate. We need the health consumers, the students. Students, are you here?

[Cheering]

Yes, we need the students. We need the frontline health service delivery folks. We need the policy people, we need the government people. We need everybody to step up and lead.

Do we need the politicians?

James: We need politicians to lead.

Have we got politicians here, anybody? Hmm? Oh, very good. Hello, good morning.

James: So that's what we need. We all need to be in this. We need people to challenge the status quo, to innovate and to come up with bright new ideas.

Hmm, yeah, yeah, but I think you're being a bit, you know, frankly, namby-pamby. What we need, actually, apart from all that good idea, fluffy tree-hugging mungo mungo mumbo jumbo, is teams that will work hard. Because we all know there's a big job to be done. We all know we need to get the job done on time, to budget, and to my high and very exacting standards.

James: We do need teams, and sure, we need to work hard. But maybe more than that, we need to work smarter. Maybe we need to let go of some of the things that don't work, or that somebody else can do better than us. We need to save our energy and resources to put into the things that we can change. We need to work smarter as teams.

Yeah, yeah, yeah, all right, all right, I'll give you that. We do need well-functioning teams. Because if that funny little clown that I get to do the trapeze-y thing, and the safety equipment, if he doesn't do a good job, I could have a disaster on my hands. So we need good teams. But, those teams need to do their steps, they need to report back to me. They need to be assessing the risks, they need to be documenting the risks. They need treatments, they need controls and they need KPIs. And every Monday morning, I want to be monitoring those KPIs, because if they're not managing those risks, then my butt is not covered. And that's what I care about.

James: We'll get on to your butt later, madam, but sure, we need to cover all the bases and we need to be safe. But more than that, you can't be over everything that's happening in the circus. You need to be able to trust people to do their jobs. They've got to know where they're going, and be given the skills and resources to get there. And you need to let go of control and not micro-manage and let things happen.

Yeah, yeah, yeah, I get that. But you say, resources. Let me tell you a thing about resources. The ... people, am I wrong? The part ... oh, the microphone is slipping. The part is shrinking. Yeah? The resource shrunk well. We're spending too much. The resources are shrinking. So I think you've got a point about teams working together ... about whether they're empowered or not, eh, I'm coming around to what you're thinking. But, I think I need, because the resources are shrinking, I can't throw away money on frivolous training. You know, professional development, whatever they call it, these fancy new age words. I can't waste money on training. What I need is my current staff to step up. I need them to push harder, put their elbows to the grindstone, work harder. They can teach the new ones what to do. They can tell them what to do. We don't need to spend money on training. We've got people who can just show them and they can follow.

James: Heads down, bum up. I understand all of that, and we need to work, we need to do that. But we need to train people, we need to train a workforce together. I mean, in the ideal, real world, we'll all be working together in multi-disciplinary teams. So surely we need to be training in multi-disciplinary

teams, so that we understand each other, and we understand the problems, and we can get on and be part of the solution.

So it is about the problems, then? You're saying it's about the problems?

James: A little bit, some of the time, sure.

Hmm.

James: Hmm.

You know, maybe your ... pointy little stick thingy there is bewitching me, because you're starting to make sense and I tell you people, that is pretty amazing.

James: Well, it's a wand. It is a wand, and you're right, I am amazing. I'm not sure if that's what you said or not, but what we need is vision. We need to focus on the problems, but at the moment, we focus on them 80% of the time and spend 20% of our time on solutions. Why not spend 20% on the problems ~ we know them well already ~ and spend 80% of our time on the solutions? And do you know what? The vision that we need is not a vision of mine, it's not a vision of yours, it's not something we can conjure up with this wand. It's the people in this room who have the key to the solutions. You have the answers. It's our shared vision, friends. So what I'd like you to do now ...

No, no, no. I, I, I hear you. I hear you. I ... sorry, because it's important that I say what I've got to say.

James: It is.

I, um, I hear you because you remind me of a good friend of mine.

James: Who is that good friend?

That's Dr Seuss.

James: Ah.

He is a good and dear friend of mine. And one of the things that he says is, 'Unless. Unless someone like you cares a whole awful lot, then nothing is going to get better. It's not.' And I thought that that was his way of blaming me for things being wrong. But what he's saying is that it's about all these people. They're the problem, I mean, they're the solution.

[Laughter]

James: Well, 80% of them are probably the solution, yes.

[Laughter]

Who are the 20% here who are the problem?

[Laughter]

They're not here yet. Anyway, absolutely right and so is Seuss it's about everybody here, and it's all about caring and us opening our hearts and our souls to this problem. It's about us imagining a bright future. And what I'd invite you to do friends, is join me in closing your eyes, and imagine the bright future for rural health. Imagine your place in it. What does it feel like?

(lyrics) Imagine there's no heaven

See yourself in it.

(Lyrics) It's easy if you try

Come on, people.

(Lyrics) No hell below us

I like this vision stuff.

(Lyrics) Above us only sky

Imagine all the people living for today

James: What does it look like, friends?

(Lyrics) Imagine there's no countries

Open your eyes. You are there.

(Lyrics) It isn't hard to do

That's wonderful. Turn your lighter off please, madam.

[Laughter]

It's all about vision. What did you see? What did you feel? Give us your word. Shout out one word that describes what it was for you in that moment, when you were allowing yourself to imagine.

Creativity.

Creativity, yes madam, wonderful. And what else? Hope. Hope. Absolutely. Without hope, nothing.

Joy.

James: Joy. Yes, joy, joy. Fun. It has to be fun, madam, otherwise we won't keep turning up.

Yeah, we like fun. Yes, clearly.

James: Strength. Absolutely, it's true. We need strong systems, strong people, strong teams.

What about the people and their health? If we're talking about a bright future and a vision for health, what about the people? What do the people need? What's happening at that individual level?

Power.

Power for the people.

James: Decision-making power. Decentralised, absolutely.

Ooh. Anything else?

Trust.

James: Trust. Above all, we need trust. I only say that because that's the last comment that we'll accept.

[Laughter]

Unless there's another one. So I saw you all there as well, people. I saw you. I saw the individuals. Let's see what the individuals in our bright new future look like.

[Laughter]

Oh, he's going to use that magic stick thingy again.

James: It's a wand, madam, a wand.

Excellent.

An individual future: Rural individuals will be health literate, that means, Dr Google, for those of you who haven't used Google before.

[Laughter]

Self-caring and community oriented. Observant, well connected and understanding. Healthier and cared for at home, locally, in larger rural centres and, heaven forbid, in cities only when necessary. And lastly, we can be served by technology as individuals.

Hmm, hmm. Hmm. I see it here. But, I ... the stuff that really tickles me about that is the well connected.

James: Um hmm, um hmm.

I think that's important.

James: I agree. And being well connected brings us into communities, doesn't it?

It does, it does. Funny that.

James: So what would our communities look like in a bright, rural future?

Here he goes again, everyone.

[Laughter]

[Background sounds]

A community future: the rural communities will be resourceful, resilient, cared for by public resources, well connected, respected and acknowledged. Delightful, charming, real communities.

James: Hmm. I see it. I see it, madam. It's true. We'll be connected. We'll live in thriving places that are vibrant, where people want to come and live and bear children, and grow children and educate children, and work and reach the pinnacle of their positions, of their careers. And now rural and remote towns; that's what we want. That's what the future of our communities looks like.

Hmm.

James: And we'll have a health system that we interface with, that we work within. And I wonder what that health system ...

Here it comes without your wand. It's magic.

[Laughter]

Our health systems will be a wellness system, enabling healthy choices. It will be equitable, with resources distributed according to need. Multi-disciplinary with partnerships extended to individuals and families. It'll be holistic and patient-centred, over the life course. Rigorously researching its processes and outcomes and continuously improving. It will be of high quality and cost-effective, and integrated with the social determinants.

Hmm, hmm. It's starting to make sense, really. But you know what really strikes me is that the people in this room, magic that together. So really, all we need for a bright future are the people here. Their commitment.

James: I see it. You're right. And we do need a little bit of whip. We need leadership.

Yes, we do.

James: We need decisiveness and decision making. And we need to get on with the job.

And I think, I could probably be gracious enough to say that we probably also need a little bit of magic. We need a little bit of wand, a few dreams, some innovation, some perseverance and can-do.

James: It's obvious.

Yeah.

James: And you know what?

Both: Together we can achieve a bright future.

[Applause]

[Circus music]

[Silence]

How do you follow that?