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NATIONAL RURAL HEALTH ALLIANCE INC

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QUESTION AND ANSWER SESSION:

SENATOR BARNABY JOYCE

Facilitator: Sue McAlpin

SUE McALPIN: Thank you, Senator Joyce, for that provocative and stimulating address to set the scene for a conference today. I wonder if there are any questions that people might have? Yes? Can you just say your name and where you're from?

PRUE POWER: Prue Power from the Australian Health Care Association representing the Public Health Sector. Earlier in your talk you mentioned governance issues. You talked about clinical versus admin, but particularly about boards versus CEOs, say, or departments. Another way of tackling that actually might be to talk about safety and quality and talk about standards - say a national standard for safety and quality.

The national standard would incorporate the requirement to report outcomes, say patient care outcomes, financial outcomes, if you like as well, and if everybody was reporting about safety outcomes against the national standard then - in fact that might then set the scene for how the health facilities are governed. And it might not matter whether they're governed by a CEO or by a board because these things are cyclical, actually, quite often. But if everybody was adhering to a national standard, we might find that we are - we feel confident about the governance.



BARNABY JOYCE: I think, yes, you know, we're talking about the standards and the quality. There is so often you hear - I hear amongst my wife's friends - other nurses who say that they're at a - they're doing - they're at a hospital and especially with the delivery of children and things like that. And they know full well that their time finishes at half past 6 and they're off then, but they're not going to - they then have a commitment to that person - to that patient that they're going to see this issue through, and they know that the next two hours or one hour is not paid for, but - and talking to them this morning I said, but you do that because you have a commitment to a process, a commitment to a process, a commitment to an outcome that you're not going to go through the middle of the birth of a child and say, well, sorry, I'm out now and there - now, so Gladys is in and Pam's gone. You know, that person, you know - it's the human nature of people that we have - that we hopefully are a bit broader than just being so diagnostic.

I think the outcome position has obviously failed in - obviously Bundaberg. Whatever the system was, there was no standards and there was no check and balance on what was going on. So this is certainly something that has to come about. One of the issues that is also brought up is, I can't quantify my standard of care by budgetary constraint. If I have a - if I espouse the standard of care, you know, what is the price on that, and I think this whole idea of more nurses, less administrators because it's the nurses at the end of the day who are beside your bed. Yes, I think this is the process. My - I've heard what you said, it was cyclical. My position is on, you know, and I'll lobby for it, is to have the reintroduction of boards because I look around this room here and what I see is a whole range of potential board members of their local hospital and that would be a great place for you to be, because that's dealing with the problems at the micro level.

SUE McALPIN: We've got time for a couple of more questions. Yes?

ANN CAHILL: Hi, Senator Joyce. I'm Ann Cahill, formerly CEO of Women's and Children's Hospitals Australasia and now a consumer, and for the purposes of today, I'm defined as a regional patient even though I live in this town. Two points. Firstly, I wanted to make the point that there are two jurisdictions here that do only have two senators each even though they have a population that's similar to Tasmania and we're nicked off about that, so I just mention that.



But secondly, you did talk about boards and I happen to agree with you that we do need to reintroduce those, because while Prue's made the point that safety and quality standards - national standards are important, if they're being reported to different boards that are miles away, and in fact, in New South Wales, for example, the size of the regions now are just enormous. As big as those electorates of Kennedy or Kalgoorlie or whatever, they're just so far away. But the key thing in all of this is that New South Wales and Victoria and South Australia and so forth, they all have different governance arrangements, different funding arrangements and therefore the requirements are quite different.

We all pay our taxes. I wonder how the Coalition might actually eventually bring everyone to the table so that we might actually have one national health system with national standards and national governance arrangements.

BARNABY JOYCE: Yes, sorry - well, that's for that, Ann. The other day in our state - well, there has been actually suggested at one stage by Minister Abbott and I think Premier Beattie erred towards that he was going to hand it across. I'm trying to work out what Mr Beattie would do then, because there's really not much left to do regards states' rights. Right at the start you talk about the territories have two senators. Well, I'm glad that - it's funny, Anne, that you say that. There are so many people - it's good that you actually know that much, you know, and know who they are. That is good. There are so many people at the Senate level aren't even aware that the territories have two. They think, well - and they don't - they're not aware how many their states have. Now, 12 for the states, two for the territories, you know, 76 in all.

I suppose there must be - obviously there has to be - we have to have a set of standards that are Australian standards. I'm sure we can work out a way to both get the community accept the board level acceptances of this is your goal, these are the standards that you should aspire to. In just what you said, you were going to have far more hospital boards in some areas than you're going to have members of parliament in that - for the lower house level. That's why it's so important to get a better representation - a politically better representation of regional health. It's going to come from your hospital board, because a seat like Kennedy or a seat like Maranoa or a seat like Kalgoorlie or even Gwydir, you're probably going to have five, six, seven, eight hospital boards.



There are some federal members of parliament who may only have one, you know, because they'll have - or two. So there is - that is getting the politics of delivery back down to a ground level - it's a hospital board. And, yes, obviously you'd have to - it's something - it's always that - getting people within COAG to come up with a uniform agreement on - a base line - these are the basic criteria that we would aspire to across our nation. If at a state level you want to go above that level, then so be it. That's fine - fine to you, but we must have a base line commitment of health, and I'm sure Tony Abbott would do that in form and the argy-bargy of it is, of course, once you start making requirements to the states, they start asking for more money, even though they get all the GST already, but yes, that is the goal that we'd try and pursue.

SUE McALPIN: Thank you, Barnaby. I wonder if you'd be able to stay with us for the morning session so that when we have some further discussion after the two presentations - - -

BARNABY JOYCE: Certainly.

SUE McALPIN: - - - that would be lovely.

BARNABY JOYCE: As long as no one makes any fun about my hat.

SUE McALPIN: No, I'm sure they won't.

BARNABY JOYCE: Okay. Thanks.

SUE McALPIN: Thank you.
