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24 MAY 2005
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Queensland Government

Premier of Queensland
and Minister for Trade

24 May 2005

Mr Tony Morris QC
Bundaberg Hospital Commission of Inquiry
Level 9, Brisbane Magistrates Court
363 George Street
Brisbane QLD 4000

Dear Tony

I am pleased to provide you with a copy of the statement delivered in the House this morning addressing key issues concerning the future of our health system in Queensland.

The statement seeks to lay out some goals for the future and some specific suggestions for reform of the system. The Royal Commission under your stewardship, together with the Forster Review of Queensland Health Systems will undoubtedly bring many and far ranging proposals for reform. However, the Government and the Parliament have a responsibility to continue to look at ways of significantly improving the system, and to provide a better health service for all Queenslanders.

To that end, I have used this statement to make some specific suggestions based on my own views and experience. However, every Member of the Parliament will undoubtedly have strong views on what needs to be done, and I have urged them to forward me any proposals that they think should be considered in the months ahead. I will forward copies of these proposals to you once received.

Yours sincerely

HON PETER BEATTIE MP
PREMIER AND MINISTER FOR TRADE

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Premier – Ministerial Statement – **Future of Health**

Over the next four months, while the Royal Commission and the Forster Review are sitting, my Government is starting work on a blueprint for the future of health.

Today I am setting out some of my initial thoughts about this blueprint but more work needs to be done.

We need a health system which -

- Is people oriented and focussed on people's needs
- Allocates resources where they are needed
- Promotes better health, as well as better health care
- Is structured in a simple way, easy to use and navigate
- Is staffed by a multi-skilled and flexible workforce
- Expands the roles of nurse practitioners
- Offers high levels of quality and safety in all parts of the system
- Values staff; and
- Deals openly and honestly with both medical and system complaints

1. STRUCTURE

Let me be frank - I am not convinced that Queensland Health in its current structure can meet the challenges I have just outlined.

There may be a need to break up this very large and cumbersome organisation.

One answer could be to establish a Hospitals Department, and this could be complemented by a Department of Primary Care and Health Service Integration.

This is only an option, but one worth thinking about.

Under this model, we may be able to deliver better hospital services as well as improving our prevention and primary health care services.

We should also be able to achieve better integration of services with health service providers talking to each other and sharing information in the best interest of the patients.

2. COMPLAINTS

People – patients and those who work in our health services - have to understand their rights and we have to ensure that complaints are taken seriously, fully assessed and acted upon speedily.

I am also keen to ensure that the actions are then closely monitored and that people are held accountable for their implementation.

We need structural change and to streamline complaints mechanisms to make sure that patients and staff can have their views heard and taken seriously.

We may need to remodel the Health Rights Commission to achieve this.

There are a number of options for creating independent complaints bodies and I am keen to look at them.

I have taken the liberty of forwarding to Peter Forster, Tony Morris QC and the Crime and Misconduct Commission these initial thoughts about potential structural changes and I am interested in receiving their views.

3. WORKFORCE

Apart from structural change, we need to look at innovative workforce solutions.

Professor Peter Brooks, Executive Dean of the Faculty of Health Sciences at the University of Queensland, talks about the need to break down the "Ego System."

This would open the way for medical professionals accepting other health care providers as integral players in the health care system.

4. NURSE PRACTITIONERS

One step in this direction is to fast-track the introduction of stand-alone nurse practitioners.

These highly trained health professionals are playing an increasingly important role in many countries, working in primary care and some specialist areas.

At Prince Charles Hospital nurses are trained as first assists to the surgeons undertaking coronary by-pass surgery.

This means they actually provide direct assistance to the surgeon.

We must expand this initiative throughout the public hospital system.

I am also aware of an initiative in Britain where the Royal College of Surgeons and the Royal College of Nursing are working together to develop nurse surgical training.

This will see nurses trained to perform routine surgical tasks.

We need to look at these models and adapt them to the Queensland context.

I am also advised that other countries have trained nurse anaesthetists to undertake some routine procedures.

At the moment in Queensland, we have a severe shortage of anaesthetists in the public hospital system which is delaying elective surgery for many patients.

We have to do something to address this problem in order to be able to offer public hospital patients elective surgery in a reasonable time frame.

Yesterday's Melbourne Age newspaper reported an innovative scheme to allow nurses to discharge patients from hospitals without having to wait for a doctor's final approval.

This seems a common sense change.

It gets patients home quicker, frees up doctors to do more complex tasks and, in an average-sized regional hospital, would allow around 2,000 extra patients to be treated.

Also, in the United States there are around 60,000 Physician Assistants who are trained and licensed to practice under the supervision of doctors in primary care, emergency, chronic disease and surgery.

If nurse practitioner systems can work in Britain and the United States, why not in Queensland?

Task substitution initiatives are not restricted to nursing.

Options are being explored in many jurisdictions for enhanced roles for radiographers, pathology technicians, dental technicians and optometrists, and all with the aim of freeing up doctor's time to concentrate on the more specialist tasks.

Patients are the winners.

5. MORE DOCTORS

We also need to train more doctors.

Both levels of government have responsibilities for the training of our highly skilled doctors, nurses and allied health professionals.

The Commonwealth Government controls the number of university places.

Until recently, there's been no increase in medical school intakes, despite increases in both population and demand for medical services.

Clearly we need to train more health professionals than we're training at present.

In 2003, I tabled a paper at the Council of Australian Governments which alerted the Prime Minister to the projected shortfall in skilled and qualified health professionals.

Unfortunately, little action has resulted from the Commonwealth and in fact, I will again raise these issues when the council meets on June 3.

I am also keen to investigate whether we can develop more effective scholarship schemes that encourage graduate doctors to work in regional and rural Queensland.

I have asked my Department to provide advice on this.

6. MEDICAL BOARD

In the interim, we will still need to use overseas trained doctors, but we will ensure that they are appropriately registered, monitored, trained and supervised.

Working closely with the Queensland Branch of the Australian Medical Association, my Government has recently designed the toughest registration system in the country.

The changes mean that prior to registration applicants will:

- Have the Board in the country where they trained send a Certificate of Good Standing directly to the Medical Board of Queensland.
- Have the Board in any country where they practiced send a Certificate of Good Standing directly to the Medical Board of Queensland.
- Provide specific references in support of their application for registration and have the recruiting agency certify that reference checks have been undertaken.
- Have their initial qualification certified by the International Credential Service of the US Educational Commission for Foreign Medical Graduates.

- Pass a computer administered screening examination (from July 2006).
- Successfully pass the English Language Proficiency Test.

After registration:

- Most registrants will be supervised for 1-3 months and, if necessary, referred to the Skills Development Centre at Herston for further skills assessment.
- Registrants undertaking specialty activities such as surgery, anaesthetics and obstetrics will be supervised by an external supervisor nominated by the relevant College.
- Within six months, registrants will receive professional development and training about Queensland's legislation, Aboriginal health, women's health, cross cultural training, health insurance and how best to work in the Australian health care system.
- Registrants must complete the Australian Medical Council's examination or the relevant specialty College certification within four years of their initial registration; and,
- Supervisors will be required to report on the clinical competence of the registrant after one month, three months, six months and 12 months in each annual registration period.

If issues are raised in regard to clinical competence after registration:

- Registrants will be required to undertake further clinical assessment if an issue is raised about their clinical competence.
- Supervisors must refer any issue to Queensland Health for a review of the registrant's employment status and the Board will consider any action necessary in relation to the registration status.

7. MORE NURSING HOME BEDS

As indicated, our population is ageing and we will need to get ready to care for increasing numbers of senior citizens.

Already too many senior citizens are stuck in acute hospital beds because there are too few alternatives, especially in regional and rural Queensland.

In future, we will need better community support services to allow our older people to remain at home for as long as possible.

8. INFORMATION TECHNOLOGY

Information technology can play an important role.

People who use more than one health service can quite rightly expect that they should not have to repeatedly explain their history.

We also don't want clinicians to spend their valuable time hunting and gathering basic patient information.

That is why we have been working on, and will continue to improve, the electronic transfer of health records.

HEALTH PROBLEMS AND SOLUTIONS

To deliver the necessary changes we face significant challenges.

We know the problems and we have a good idea where the future challenges lie.

No change is not an option.

No solution, if it achieves our vision, is off limits.

I want to stress to the people working in the health system that we should not be afraid of opening the system up to scrutiny.

This is the only way to find what's wrong and fix it.

Given the calibre and fierce independence of the people in charge of the inquiries, I have every confidence that we will receive positive and

far-reaching recommendations that will lead to improvements in Queensland's health system in the future.

I call on all Queenslanders with an interest in making the health system better to come forward with complaints, ideas and suggestions.

This is a once in a lifetime opportunity – now is the time to be part of the solution.

A dispersed population

Queensland is the most regionalised State in Australia.

Most Queenslanders live outside our capital city.

We have nearly 4 million people spread over 1.7 million square kilometres, presenting a unique challenge for service delivery.

The challenge is to apply a consistent approach to health services – so that people across the State know what they can expect and that they have access to the same level of quality and safety everywhere.

Even if a service is not available in their own town, they need to know that they are part of a bigger service network which gets them access to the services they need.

Access to hospital services in a geographically dispersed state

Queenslanders frequently use public hospitals for services that could be provided by general practitioners.

In regional areas, people are very attached to their local hospitals and have a high level of expectation that they will have all the services they need close to where they live.

In clinical service delivery, there is a need to keep up staff's technical skills through constant practice. There is also a need to have certain support services and safety standards in place to ensure quality and safety.

We must be realistic about this.

We know that not every community will have a tertiary hospital or all the possible health services the system can provide. But people rightly should expect two things:

1. that they are part of a clinical service delivery system that ensures their access to the services they need in a timely and safe manner; and,
2. there is no compromise on quality and safety anywhere in the system.

Integrated services

We have been talking about strengthening primary health care for a long time, but we can do better in this area.

We need to continue to pursue the establishment of bulk-billing GP clinics alongside emergency departments in public hospitals.

This is designed to ease the pressure on our hospitals' emergency departments and provide a better service for patients.

We need to have GPs linked with our community health centres and communicate easily with our public hospital system.

Achieving effective linkages between different parts of the health system is much harder to do than it seems and is dependent upon partnerships across sectors.

People should be able to access a quality primary health care service when they need it – but it should not distract busy emergency department staff dealing with major acute problems.

An ageing population

Our population is ageing and costs are rising unsustainably.

Health expenditure on older people is nearly four times that of people aged less than 65 years.

- One quarter of Australians will be aged 65 years or more by 2044–45 – this is roughly double the current proportion. This will have a profound impact on the demands placed on our hospital system.

- Health expenditure on senior citizens is nearly four times that of people aged under 65 years.

- Healthcare costs are projected to rise by about 4.5 percent of gross domestic product over this same period, with ageing accounting for nearly one-half of this.

Parents in our society have many pressures and worries about health – not just worries about their own health but they have one eye on the health of their kids and another on the needs of their ageing parents.

Our ageing population will have an impact on the provision of health care in a number of ways.

There will be a shift in health service resources towards senior citizens, particularly in relation to the treatment and long-term care of those with chronic diseases.

There will also be a greater need for community care and support for care-givers.

Our senior citizens will also require quality care in our nursing homes and better community support services to allow them to remain at home for as long as possible.

Chronic disease

There is a significant increase in chronic disease, requiring prevention and management.

The increase in chronic disease, its prevention and management, will be a major strategic health priority in the years ahead.

Chronic diseases including depression, dementia, heart disease, asthma, stroke, type 2 diabetes and kidney disease account for more that one-third of all deaths in the State.

The causes are the result of a complex interaction of social, economic, environmental, and genetic factors. They are modern day diseases.

Declines in the amount of physical activity, poor nutrition, an increase in overweight and obesity, as well as continuing high levels of smoking and alcohol misuse require action if we want to reduce a potential explosion in demand on the Queensland health system in the future.

Much of the burden of disease caused by these conditions can be prevented by reducing smoking rates, improving nutrition, increasing physical activity, and reducing rates of harmful and hazardous alcohol consumption.

We need to help people to manage their own health better and make healthy choices – in particular in the context of the burgeoning incidence of chronic disease.

People require the knowledge, skills, ability and tools to manage their own health.

This will keep them healthier and out of hospitals.

The growing prevalence of chronic disease forces us to meet new significant challenges to:

- Review established methods of health care and service delivery;
- Plan workforce needs into the future;
- Identify new technologies we will require;
- Strengthen our focus on prevention and primary care; and
- Develop new models of care based around the home and the community - not just our hospitals.

And we need to ensure that our young people get a discipline of a healthy, active lifestyle!

A complex funding system

We are also hamstrung by a very complex funding system split between the States and the Commonwealth, which encourages buck passing rather than fixing the problems.

We are trying to do more all the time with less and frankly we are struggling to keep up.

This is not just a problem in Queensland but also in other Australian States and across the Western World.

There's no doubt the health system we've got in Australia is complicated, with two layers of government funding around 70 per cent and the rest coming from private health insurance funds and individual contributions:

- Medicare is funded by the Federal Government, (with co-payments by users) and that provides a range of medical services including GPs and diagnostics;
- Individuals fund the largest share of other professional health services like physiotherapy.
- Public hospitals are jointly funded by the Federal Government and States, but States are responsible for them;
- State Governments are mostly responsible for funding and running services such as mental health and community health, patient transport, as well as public health programs including health promotion, disease prevention and environmental health; and,
- Residential aged care is mainly funded and regulated by the Commonwealth which also funds services for veterans;

This split in responsibilities for funding and delivering health services creates inefficiencies and gaps.

It also tends to fragment care for people, particularly the elderly and those with a chronic illness.

Under the current five-year Australian Health Care Agreement, the Commonwealth has cut public hospital funding to Queensland by around $160 million, compared to the last agreement.

That potentially equates to 61,000 Queenslanders missing out on hospital admissions.

The Agreement represents a 2.1 percent funding increase for public hospitals this year.

By contrast, the Commonwealth Government has sanctioned private health insurance premium rises of nearly 8 percent.

In short, public hospitals are being asked to do more with less.

This is not an excuse – it's a fact and a challenge.

Queenslanders expect governments to work together and sort these problems out.

Ultimately, they don't care who pays, so long as services are provided when they are needed.

We will need to enter into new models of co-operation and funding to meet this challenge.

The Commonwealth Government needs to take factors such as growing population and geographic needs into account in its funding model.

Our health workforce

Countries in the western world are identifying difficulties in attracting and retaining sufficient staff to meet future health care needs.

In Australia, growth in the working age population is projected to decline.

At the same time growth in our older population is rising.

In short, there will be fewer people to care for more patients who require more care.

The workforce of the future will need to be increasingly flexible.

The traditional barriers between professions will need to be overcome and services will need to integrate.

The changing nature of the workforce will require ongoing planning and training for both existing and new health workers.

Both levels of government have responsibilities for the training of our highly skilled doctors, nurses and allied health professionals.

The Commonwealth Government controls the number of university places.

Until recently, there's been no increase in medical school intakes, despite increases in both population and demand for medical services.

Clearly we need to train more health professionals than we're doing at present.

State Governments are responsible for the training of junior doctors, nurses and allied health professionals once they are employed in our public health system.

The training of medical specialists is shared between the medical colleges and the hospitals where they are employed.

This involves a significant commitment of resources, time and effort by health professionals be they in general practice, an operating theatre, a midwifery clinic or a mental health group.

It's this skill and commitment which is the backbone of our health care system.

Strengthening our health workforce is imperative. Education and training sectors need to work with Governments to produce a health workforce that meets current and future needs.

We have to train more doctors, nurses and other health professionals – and we have to keep them in the public health care system.

We have to work hand-in-hand with the Commonwealth, university sector and the Medical Colleges to:

- increase the number of positions in universities for doctors, nurses and allied health professionals to reduce our reliance in the medium to long term on overseas trained professionals
- increase the number of training positions for key medical specialties; and,
- introduce more student selection and support programs to ensure that graduates reflect, and return to practice in, their local communities.

There's already good collaboration between the Colleges and State health authorities, but we can both do better.

I think the Colleges could be more flexible and approve more medical specialist positions, especially in surgery. But I recognise for this to work State health authorities have to be prepared to fund these.

I'm prepared to look at that.

Valuing the Workforce

As I have said previously, our doctors, nurses and other health service staff are the foundation of the Queensland health system.

It is essential that we create a culture in which staff and their contributions are valued and nurtured.

It is important that people who work in the system feel that they have some influence on where the system is going and how it responds to patients.

Open lines of communication between all parts of the system are a major factor in tapping into the expertise of front line staff and acknowledging their importance to the system.

Meeting public expectations

Health care systems across the western world are being challenged by the demands of more informed consumers.

People are increasingly using the Internet to obtain health information, research medical procedures and drugs and even obtain a diagnosis for their condition.

There is, quite rightly, an increasing expectation amongst consumers that they will be active participants in decisions about their health care.

The people who use the system need to be able to influence how services are delivered and whether patient's needs are met.

It is pretty clear that we need to simplify the system for users – the sharing of roles and responsibilities should not result in a complicated and non-transparent system for patients.

They should also be able to expect that health service providers talk to each other and share information with the best interest of the patient in mind.

New technologies, new drugs, and new medical and surgical techniques

Over the past decade there have been incredible advances in health technologies – some of which have come from health and medical research conducted here in Queensland.

Further major advances are likely to occur in areas such as gene therapy and genetic screening, nanotechnology and stem cells technology.

Advances in medical technology are estimated to have contributed around one-third of the healthcare expenditure increases over the past decade (to 2002-03).

These advances are welcome because they have the potential to improve the quality of life of Queenslanders, but they bring with them some challenges – particularly to the way we do things in the health system.

They will require new methods of clinical practice and management and difficult choices about the way we deliver services and what we choose to invest in.

I believe that what I've outlined today clearly demonstrates my government's willingness to undertake reform to address the issues that need attention in the health system and restore public confidence in our hospitals.