

Closing address

Nicola Roxon¹

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The Hon Nicola Roxon was appointed Minister for Health and Ageing in December 2007 and has been the member for Gellibrand in Victoria since 1998. She holds a First Class degree in Arts and Law from the University of Melbourne and was awarded the Supreme Court Prize for top law graduate in 1990.

Prior to entering Parliament, she worked as an industrial lawyer, union organiser and judge's associate to Justice Mary Gaudron in the High Court of Australia.

Well, thanks very much for that Lesley. I'm glad you don't want much. I'll report back to Canberra that, if this very tight budget can just deal with aged care, mental health, dental health, and a few other issues, we'll be okay! But, whilst I make light of that, of course I do understand the seriousness of the range of issues that you're raising, and I know that Jenny, as the Chair of the National Rural Health Alliance, and your team were keen to make sure I had a flavour of that. I feel very sure, however, that once you finalise your recommendations, that they will wing their way quickly to us and we will take them seriously and, of course, want to continue to work with you to make sure we can deliver for rural and regional Australia.

Can I firstly, though, acknowledge the traditional custodians of the land that we're meeting on and pay my respects to the Elders, both past and present.

Can I acknowledge my parliamentary colleague, Judith Adams. Along with Judith and myself, you do have a lot of advocates across the parliament, both in the House and the Senate, who have worked with you for many years, who are very keen to see, as you are, the Alliance growing in its strength and influence.

Can I acknowledge the inspiring presenters that spoke before me. I'm really pleased that I was here for that. Sometimes you are forced, by the nature of this job, to fly in and out and not always get a flavour of the conference, and they were very inspiring. I do particularly have to thank Colin for inviting me to dinner rather than opening that dunny. I have been asked to open a dunny, though, I have to tell you, Colin, and that sailing club was very proud of that toilet and very pleased that I was there to open it. So—but I'm sure I will check that invitation when it comes in.

Look, I'm really impressed with the crowd of people that you have here and, of course then, the wealth of experience and perspective that you're drawing on when you talk about issues, and share your experience, and come to your recommendations. Just looking at the program the last couple of days, and the quality of your presenters and participants, is really amazing and covering areas—ones we've already touched on—but also food security, heart health, interprofessional learning, e-health with Mukesh and Sabina and other health reform commissioners that you have here.

It does really point to the very fertile landscape that is rural and regional health, and I want to congratulate you for being so determined, by your presence, to be here and drive the sort of change that you want to see in your everyday lives and that you know will make a difference in your communities and, of course, a difference to the health and wellbeing of people in those communities. So I want to thank you for that.

I also understand that we have a visitor here as one of your special guests from Japan. Can I please pass on both my and the government's heartfelt sympathies for what is happening in Japan at the moment. As some of the other speakers have indicated, it's a very distressing situation and I think one of the things that Mukesh brought home is that, when you see distressing situations like this, thinking about what actually makes not just you as a person resilient, but your system—your community resilient, is very important, and I think there are lots of ideas that rural and regional Australia have presented us with that are far in advance of sometimes what we get from elsewhere, and I think that that is something that we should build upon.

In the two years that have passed since your last national Conference, there has been a lot of progress in reforming and reinvigorating our health system, both in the cities and, of course, in the country.

And I've made it clear over the past three years, and I want to make it clear again now, that regional Australia is far too important to Australia's overall health to let services deteriorate and infrastructure degrade. And I have to say to you that long before the recent election results threw a very bright spotlight on regional issues, this government had been working to improve our regional workforce shortages, infrastructure, cancer care, and service delivery. These are improvements for patients and professionals that are taking place on the ground right now. They will improve the lives of regional residents and professionals for decades to come, by letting people receive and, I guess, provide top quality health care much closer to where many more people live.

Of course, the Prime Minister's agreement with the regional Independents, Rob Oakeshott and Tony Windsor, allows us to redouble our efforts to address health inequalities in our regional communities. Through the agreement that was reached with them, we're delivering the regional priority round of the Health and Hospitals Fund; providing one third of primary care infrastructure grants to regional Australia to upgrade general practices, primary care, community health services, and Aboriginal medical services; establishing a regional health agency—and I met with your executive to discuss issues around this just a couple of weeks ago—that will provide us with more advice about—and to the public, as well—the advice about needs, policies, service delivery, in health and aged care, in particular in regional Australia, as well as playing a high level advocacy role. And we've created, of course, the Department of Regional Australia to coordinate government effort, improve service delivery, and oversee regional infrastructure investments. These important steps will ensure that we keep travelling in the right direction over the coming term of the parliament.

We're very fortunate, I think, to live in a country that is globally acknowledged as having a strong and resilient health system, but my personal view is it won't stay that way, or ever be able to improve, if we don't implement reform better and to better meet patients' needs and the challenges of the coming years.

And whilst almost a third of Australians live in rural, regional, and remote areas, for decades—and I know many of you have been advocates against this trend—the focus has largely been on improving health care in our big cities and major metropolitan hospitals, while the regions have been asked to do more with less, while regional infrastructure has deteriorated or couldn't keep pace with growth, and vital health professionals retired or left town and weren't replaced.

Interestingly, from these difficult circumstances, we have often seen enormous innovation. So it's been here, with ground breaking new ways to provide health care over large areas to diffuse populations, that these ideas that have originated in rural and regional Australia are now many of the ideas that are being adopted across the country as part of health reform. And I hope that should give you some encouragement to continue with your agenda and see that you are helping to deliver improvements not just to your communities, but actually to the way we provide health care more broadly.

So I want to acknowledge these issues and express our determination to achieve better outcomes in the future.

A couple of areas that I particularly want to talk about—I'm especially pleased, I have to say, to be addressing you here in Western Australia. This is the first time that I have visited Western Australia since the COAG health reform agreement was struck last month, and as strong as the aspects of the 2010 reform proposal might have been, of course, it did not lead to a national agreement.

Western Australia stood outside that agreement, not on issues concerning health services—both Premier Barnett and Minister Hames said that they agreed with the government's health reforms—but because of an argument over the GST.

That's why the successful negotiations that were lead by the Prime Minister and resulted in the agreement this year, with all states and territories, was so important.

Now we have a truly national deal, which addresses the long term needs of the health system, clearly defines responsibilities, and importantly introduces more transparency and accountability—some of the key issues that I know you've been arguing for, for some time.

An equal partnership to pay 50 per cent of growth in hospital costs, funding delivered to a single national independent pool, a commission on safety and quality in health care to improve clinical safety and quality in hospitals and other health care settings, a nationally efficient price for each public hospital service provided to public patients using an activity base funding model.

But we also recognise that what works for big hospitals, that can employ economies of scale to deliver large number of services, doesn't necessarily work for our smaller regional hospitals. We will retain block funding for these hospitals, where activity base funding would not deliver the resources they need to maintain their community service obligations.

The benefits here in Western Australia, under the reform, are significant. I've just been today, for example, to announce the 81 new GPs that are training here in Western Australia—more than 70 per cent increase from when we first came to office—and those sorts of figures are replicated across the country, more than half of those in regional Australia. \$350 million now that's on the table with Western Australia to improve service delivery, whether it's in sub-acute care, elective surgery, emergency departments and, of course, then the extra billions of dollars of investments that are on the table in the next decade to cope with the growth in services here in Western Australia.

But I have to say to you that although we're very pleased and proud that we have reached a truly national agreement, I don't think that's important just because it goes across state boundaries. It's also important because it crosses the far greater divide between regional and metropolitan Australia.

I mentioned accountability and transparency before, and I know a constant frustration for many of you has been to identify the real resource base that is used for regional and rural health. Integral to the COAG agreement is the provision of more transparency in the use of resources and the outcomes achieved.

That's why the establishment of the new National Health Performance Authority is so significant. It will require hospitals and health services to provide standardised and consistent reporting on their performance. And I know from even recent meetings with you, but from meetings in the first days when I became the opposition health spokesperson, that many of you see this as the key to identifying where extra resources are needed in rural and regional Australia.

Lesley mentioned a couple of issues in her very brief summary of recommendations that I should expect from this conference, and I want to touch on a couple of those areas.

A key component of our health reforms is ensuring that communities have the health and aged care services that they need, and a key way we believe this can be delivered is through having much more locally responsive planning and management of health services.

Our government is committed to doing this through Medicare Locals and local hospital networks, and I see that your recommendations will include advice for us on things we need to take account of to make sure that those structures can be truly locally responsive.

Our National Health Reform Agenda will deliver new services that are designed specifically to meet real community needs, through a model that enables a much stronger engagement with local health services and local communities.

In regional Australia, we believe that using Medicare Locals and local hospital networks, we will be able to shape health services that will be of local communities and will work for local communities, but it needs you engaged and prepared to participate in those structures.

These important new local bodies will make it easier for rural patients to navigate the health care system, ensuring smoother transition between service providers, and few gaps in services for the patient.

Our key criteria for Medicare Locals is that they must reflect, cater for, and be responsive to the health needs of the regions that they service. And of course, we will be looking closely at applications as they come in, to ensure that any organisation wanting to be a Medicare Local can prove to us that they can meet those responsive requirements for local communities.

These components of a truly national reform agreement are, of course, going to build on the hard work that is already under way, whether we look at the establishment of a network of GP Super Clinics, which are now providing thousands of multidisciplinary services across urban and regional areas, or whether we focus on our long neglected workforce by issues that I've mentioned; expanding training places into our regional areas, whether it's GPs or specialists, providing targeted incentives, establishing our first ever national workforce planning body, many of you will see these new people already turning up in your communities. And importantly, in a community like the Northern Territory, you can see your locals—young people actually being able to fulfil their ambitions of being trained to become a doctor and not having to leave the territory to do that. We've welcomed our first intake of Northern Territory students just several weeks ago in Darwin—an exciting sort of change.

We're trying to deliver innovative services, again building upon experiences and ideas that really people in this room came up with, by putting more investment into multipurpose services, for example.

We listened to you about expanding the MBS beyond GPs to nurse practitioners and to midwives. Before the new structure of this parliament that we're in now, 37 per cent of our first \$3.2 billion health and hospitals fund infrastructure investment were regional projects, including 21 regional cancer centres, such as patient-focused cancer centres, and accommodation across Greater Southern, Wheatbelt, Mid West, and Goldfields regions here in Western Australia.

These themes of addressing regional infrastructure, service delivery, and workforce deficits appear again and again through our first three years of government, because they are the core of delivering more for patients. And I want to say to you that, although the media sometimes wants to demand new or flashier ideas—a moving feast to report and debate—in health reform, I believe it's the hard work of focusing time and time again on areas of need and ensuring we are delivering that really matters.

And one of the best ways to tip the scales of regional health over the long term, and one of our key priorities, is educating and training health professionals, who are ready, willing, and able to spend their careers in regional Australia.

Workforce shortages are an especially acute problem in many parts of regional Australia, including here in the West, and to deliver many of the tailored service structures that we all aspire to, it requires health professionals that are on the ground to do it.

Shortages and uneven workforce distribution, as you all well know, means health care providers have come under increased pressure. The stress that many of you have worked under for your entire careers is no longer acceptable. Long and late hours, lack of support, fear of taking well-earned breaks because you don't know who will cover for you, all inevitably take their toll.

And we've been tackling these environmental stresses head-on, strengthening our regional workforce over the long term.

Alongside our innovative workforce incentives and training programs, we're doing all we can to promote the advantages of working in rural and regional Australia. And I've been heartened by some of the other examples I know you've been presented with over the course of the last couple of days. A good example is the Rural Champions program. The Champions include experienced rural doctors and aspiring students, and through a site that they use, they provide first-hand accounts of their personal and professional experiences living and working in rural Australia. On the blog, you can read such comments as this, and I give you a quote:

My first posting, as a doctor fresh out of the security of teaching hospitals, was to the opal mining town of Coober Pedy in the far north of South Australia. Here's what I encountered; summer temperatures in the high 40s, mining accidents, a community of 47 different nationalities, mining accidents, searching for lost tourists, and a Danish backpacker with typhoid fever. It was challenging but it confirmed that this type of work was for me, plus I could go to work in shorts and thongs. I've never been one for suits and ties.

Of course, many of you in this room are mentors, as well, but finding new ways to get these messages to the young graduates, who are making decisions about where they want to work, is an important challenge for all of us.

And I think this sort of working environment, of course, is going to definitely appeal to those students coming through the system who have a more adventurous streak.

Nationwide, we're also taking action to get more specialists to cope with the increasing range and variety of chronic diseases, like heart conditions, arthritis, and diabetes.

But the gap in specialist skills in rural and regional Australia has to be acknowledged, and it's something that we have started to tackle. We're now remedying this by—this imbalance—by boosting the training of our nation's specialists through a united community oriented program called the Specialist Training Program.

Through this program, our government is spending \$356 million to train medical specialists, with about 50 per cent of the new training places for medical specialists outside hospitals and that will be in rural and regional locations.

And I just want to give you this figure—I think it's a good example when we get impatient that not enough is happening and there's always an opportunity to do more—but in 2007, there were 51 of these federally funded medical specialist training places.

Just several weeks ago, I announced the placements of 518 medical training specialists as part of our government's investments with, for the first time, a focus on getting people to be trained outside hospitals and into parts of the country where training had not necessarily occurred before.

By 2014 we will have created 900 new specialist training places. And we're doing the same in general practice, where we are doubling the number of training places to 1200. We're already half way through that increase to 900 and we've got additional investments here, in Western Australia, where the shortages have been very severe.

So we're determined, through all these investments, to meet what you believe, and I believe, is a legitimate challenge; that patients living in rural and regional Australia should be able to see a GP or a specialist closer to their home, and that we need to do all that we can to make that more possible for people.

I touched on the importance of new health infrastructure earlier, but I wanted to impress upon you the unprecedented building program, which is currently under way across regional Australia. Of the 64 GP Super Clinics, for example, with 34 of those that are either operating, under construction, or planned for regional and remote areas, but we have many open already at Ballan, Port Stephens, Southern Lake Macquarie, Burnie, Devonport, Palmerston—innovation in rural and regional areas, who have really taken up this opportunity enthusiastically.

As I mentioned before, 37 per cent of the \$3.2 billion dollars of the Health and Hospitals Fund first round was dedicated to regional areas. And, of course, we're assessing the third round—the regional dedicated round—right now.

21 regional cancer centres, so people can get best-practice cancer care close to their families and support networks, and we can start to reduce the gap in cancer outcomes between our regional residents and their urban counterparts.

But these investments are more than just buildings—they're demonstrating to regional communities that we recognise their contribution, understand their health needs, and respect their right to conveniently access modern facilities.

Super Clinics, in particular, are more than a provider of primary care and allied health services. In most instances, they're providing a hub for multidisciplinary training, a convenient centre for universities to place and supervise students, and will be critical to the mass that is needed to revitalise health care in our growing regional centres.

And, of course, it's not just Super Clinics or major hospital rebuilds—it's also investing in smaller programs that can make a huge difference, like providing funding for new rooms or equipment or training facilities at a local general practice.

Many of you have already seen these opportunities and didn't wait for a government program, but you have the opportunity, also, to be able to expand those services that are well along this path already.

More than a third of the \$117 million Primary Care Infrastructure Grants for regional GPs and allied health professional facilities, with almost half of the first round grants allocated to rural and regional Australia.

Just to give you an example, which you'd be interested in, I think we've recently signed a \$330,000 grant agreement with the Goyder's Medical Centre in Jamestown in South Australia. It's about 60 kilometres east of Port Pirie and, amongst its claims to fame is the birth nearby of R.M. Williams, the famous bush outfitter and, I'm sure, no doubt, close to the hearts of some in this room.

But this small investment, which people might say doesn't make a big deal, actually will fund the extension of the existing GP practice building, allowing access to an additional GP, nurses, allied health professionals, and students to deliver more treatment services. And this is happening through our investments at hundreds and hundreds of practices across the country.

Lesley, in her short presentation, mentioned one of the pressing challenges that we all still face, and that is our continuing commitment and determination to close the gap in life expectancy and life opportunities for Indigenous Australians.

This remains the nation's most compelling health challenge.

The 2010 budget—the year we're in now—saw almost \$1.2 billion dedicated for Aboriginal and Torres Strait Islander programs. This equates to an 87 per cent increase since just the 2007 Federal Budget.

But these aren't just numbers of a page. Through this ongoing commitment and the hard work, including of many people here today, on the ground, we're starting to see real progress in some of our key indicators.

The Prime Minister announced in her annual Closing the Gap report to the Parliament in February, that we are on track to halve the gap in Indigenous child mortality by 2018, from a gap of 120 deaths per 100,000 in 2008, to 60 in 2018.

This is perhaps the most fundamental measure of a society: that it values and respects the rights of all of its citizens to have the best start in life, no matter who you are, where you live, or the colour of your skin. These are kids who will get the chance to grow up, live a healthy life, and contribute to their community, and they are the faces behind these statistics.

Of course, again, we need your ongoing support to make sure that we can reach those targets.

So despite what I am very optimistic about, and what I believe are big steps that our government has taken since we've been in government, I do recognise that we must continue to deliver improvements to our regional health system.

For example, we're in the process of establishing the Rural Health Agency and, beyond the public advice role envisaged in the agreement with the Independents, I consider that the agency must have the seniority of leadership and status to coordinate funding and policy, as well as argue the benefits of regional health funding across government.

I thank the National Rural Health Alliance for its constructive contributions to the development role and functions of this body.

As I mentioned, we're finalising our assessment of the applications to the Health and Hospitals regional priority round. We received 237 applications from across regional Australia, for projects ranging from a few hundred thousand to almost a quarter of a billion dollars.

The independent Board found about half of the applications met the eligibility criteria, which still leaves us with a lot of high-quality proposals for the government to consider. Port Macquarie Base Hospital was the first hospital to receive confirmation that its application, for \$96 million, was successful, as provision was made for this in the Mid-year Fiscal and Economic Outlook following the election and as part of our agreement with the

Independents. All other applications will be considered and successful proposals will be announced in the Budget context.

We must ensure—and I'm pleased your recommendations will go to this—that Medicare Locals are established to be truly responsive to local health needs, and representative of local health providers and consumers. This is a major shift in health care provision, so I do understand why there is some uncertainty about the role, even maybe the name, of Medicare Locals. But I see this as an opportunity for local communities to finally have the bigger say in what they need to improve local health services.

I'm determined to make sure that we continue to drive true transparency in health funding, so people can see where the money is going and what it's being used for. That's why our efforts over this year, to implement that nationally efficient pricing that I mentioned and establish the National Health Performance Authority is so important.

And, of course, as Mukesh touched upon, we need to embrace the future by incorporating new technology in the provision of day-to-day health services. Mukesh used examples of how technology can help in times of crisis. And, of course, you in this room have many examples of how technology can help in challenges of distance and lack of access to services.

We hope, by the implementation of tele-health and e-health initiatives, that we can assist in overcoming that tyranny of distance that is the source of much of the gap in health outcomes.

Of course, at the same time as training more specialists in rural and regional Australia to live and work in rural and regional Australia, we also want to be able to unleash the potential of allowing, for example, specialists to examine and talk with patients from across the country.

We want patients to not have to remember and explain their medical history to every new health professional they see, and we want to be able to cut down on errors and complications, such as allergies and reactions that, of course, can be more readily apparent with an e-health system.

So there's lots and lots of opportunity and, of course, we think that e-health is a very tangible sign of our government's determination that we want the health system to serve the patient, not the other way around—expect the patient to fit the system. And this is something that I know is very important for you when you argue for rural and regional health.

The Prime Minister has made clear that the year 2011 is a year of delivery, so it's a year where you really are going to see more and more of the benefits of our investments coming on line—those investments that have been made in the past three years—and I've just touched upon some of them. Regional patients and health care professionals will be front and centre in this drive to address the historic inequities that you have seen over many of your careers.

We hope that we're playing our part to improve Australia's regional health system and believe that we all have the same goals; allowing patients to see a doctor or health professional when they need one, ensuring that the facilities, tools, and training that are needed are available in rural and regional Australia, that there is a workload that is manageable, and that transparent delivery of funding makes sure that those who need it most receive it.

I look forward to working with you on the challenges over this next term of government. We think it's a very exciting time and it gives me an enormous amount of pride to see how successfully your Alliance is turning into a very effective advocacy organisation, and making very clear and sound advice to government. That's valuable for us and I encourage you to keep doing so.

Thank you very much.