

SUBMISSION BY DOCTORS REFORM SOCIETY (WA)

COMMONWEALTH PARLIAMENTARY INQUIRY INTO HEALTH FUNDING

- a) The roles & responsibilities of different levels of government and
- b) Simplifying funding arrangements

The DRS (WA) firmly believe that there are far too many "gaps" between the current State- and Federal-provided health services. The present arrangements, which often involve governments of different political persuasions, are not conducive to collaborative and productive partnerships.

In addition, inevitably governments are swayed by political issues, rather than having expert understandings of how to implement the best possible health system. It would create a better health system if much wider consultation was undertaken to inform the guiding principles and general direction of health services. Those working in the fields of community health, mental health, public health, Aboriginal community controlled health organisations and health economics, and many other community members, could provide useful input.

Provided that the principles were:

- equitable access for all to health services,
 - groups with the greatest health needs taking priority,
- the DRS (WA) considers that a single level of Government should take responsibility for health, which would provide better outcomes for the Australian community.

This would have the effect of simplifying funding arrangements, along with ensuring that one Government took full responsibility for all health issues. However, in the current political climate, we recognise a trend towards encouraging the privatisation of health. We are concerned that that trend may be fundamentally at odds with the principles of equity and care according to need that we have outlined above. The imperatives of efficiency and equity must be carefully balanced in any proposed reforms.

- c) Accountability to the Australian Community

A single authority responsible for health would allow for much greater accountability to the community, as no shifting of responsibilities or blame to another level of government would be possible.

Certain guiding principles should be established, such as equity of access, and priority according to the level of need. Wide community input into the development of ongoing priorities and guiding principles should be sought. Information should then be available to the community about the extent to which these principles have been adhered, to increase accountability.

- d) Strong private sector and
- e) Making private health insurance more attractive

The DRS(WA), contrary to the terms of reference, does not believe that increasing the private sector is in the best interests of the Australian community. Better health for all is more likely to result from all Australians contributing through taxation to a single, efficient, needs-based health system, rather than multiple, profit-driven, fee for service providers and funds. There is plentiful evidence that since the introduction of the 30% private health insurance rebate, total health costs as a proportion of GDP have increased markedly. However, those who rely upon the non-private system do not appear to have benefited from better health, or better access to health services. Further, there is plentiful international evidence that health systems that rely heavily on the private sector for provision of care tend to have higher total health costs but less equitable health outcomes (such as in the USA).

We consider that enhancing the public sector is a better use of available resources, in particular better resourcing of Aboriginal community-controlled health services, mental health services and preventative & community health are important priority areas for public health spending.

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