



STANDING COMMITTEE
15 NOV 2005
ON HEALTH AND AGEING

Mr. P Lindsay,
P.O. Box 226
Aitkenvale.

Dear Mr. Lindsay,

Re fixing the health System

I agree it must be fixed. I retired after 40 years of working mainly in the Public Health System - both in hospitals and in the Community Health sector.
The Terms of Reference 8

- a. There were overlap of services in some areas and probably still are. When Community Health Services are split up into different departments, ego Ethnic/ Aboriginal and Islander it takes more funding as it increases the number of administrators employed. Interpreters, and other essential staff could be employed under anyone system without the need to create separate departments

It is usually easier for clients of the 'specialised' areas to obtain benefits than others. I would be willing to discuss specifics if necessary.
- b. Simplifying funding arrangements - no comment on that, but the amount allocated to administration in relation to other staffing requirements needs to be reviewed Defining roles and responsibility should not only be between the government levels but between administrative and health professionals. At times the admin. held authority over the decisions and work practices of health professionals. Administrative staff should not be able to unilateral decide clinic and theatre times.
- c. Accreditation would come under this area. The institutions are given a lot of warning as to when the accreditation team is coming and so every thing is ship- shape when they arrive. There might be some surprises of there were ad hoc, un-notified inspections during the time during which the accreditation certificate is valid!
- d. The health funds, and private hospitals should base fees on the provision of health services, and the necessary auxiliary services and not on luxuries.

During my working years, if one had concerns one had to go through the 'proper channels' and there was not further avenue if ones concerns were not addressed. One had to do one's best to change the situation, or put up with it. There are specific incidences, but I do not wish to put them in writing. There should be some way made for getting around this difficulty.

Another thing that greatly influences our society is the 'sue happy' mentality. The nonsensical compensation payouts that have been awarded effect all levels of community service, but particularly health.

This may not come under the mandate of the review committee, but Ministers of Health need to be aware of the attitudes of their 'minders'. When I was acting Director of Child Guidance (now part of Mental Health) the then Minister of Health paid a surprise visit to the clinic and asked many relevant questions, which I answered openly and honestly. When he left, several of his 'minders' stayed behind and took me to task over the way in which I had answered the questions, and implied that I should have gone through them.!!

A number of top administrators, even health professionals, have no idea of what life is like outside a big city; they need to consult with the local MP or get out into the regions and know what's going on.. eg I was asked to drive to Mt Isa and hold a day clinic and drive back - expenses for overnight accommodation would not be provided!!!

Health is to the whole person, and there should be close liaison between hospital and community services. Yes, they have different roles and responsibilities, but the client is the reason for both services

Another aspect of funding is in the area of "preventative" health. There is a need to look more closely at what the funding is really for, Some is granted for activities that are really on the fringe of any benefit for preventative health.

At present the overseas doctors who are being brought in to fill vacancies in the rural areas are not given sufficient information about rural health in Australia or the service they can tap into for support.

Any review of the health system needs to look at the whole picture and how the services overlap and are interrelated, instead of each aspect being considered in isolation.

Yours Sincerely

G.J. Morris
MB BS. DCCH.