

Swoboda, Kai (REPS)

From: Catchpole, James (REPS) on behalf of Committee, HAA (REPS)
Sent: Friday, 24 March 2006 4:17 PM
To: Swoboda, Kai (REPS)
Subject: FW: Inquiry into Health Funding

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From: John Stafford [mailto:john@rbcdgp.com.au]
Sent: Friday, 24 March 2006 3:09 PM
To: Committee, HAA (REPS)
Subject: FW: Inquiry into Health Funding

Dear Mr Somlyay

Thank you for the opportunity to address the Inquiry into Health Funding. We were appreciative of the attention you gave to our proposal at the end of a long day.

At the end you asked us what we wanted from the Inquiry. After some reflection our reply should have been:

1. Recognition that it will produce better health outcomes if more resources are put into health prevention in both primary (whole of population) and secondary (at risk populations) prevention

2. Acknowledgement that poverty, employment, housing and the other social determinants of health are prime contributors to illness and more resources need to be put into whole of government approaches to remedying their affects

3. Recognising that chronic disease prevention and management are more complex than acute medical conditions and require multidisciplinary care and a range of interventions not currently available under the MBS

5. The creation of an innovative funding pool where new ideas can be tried so that they can be adopted widely once proven successful

4. Ideally funding to enable us to be able to create wellness centres in order to meet the health needs of our community

5. A clear statement on the need for Australia to be at least self sufficient in the production of health practitioners

6. Resolve the Commonwealth/State divide issues so that money can get to the patients when they need it.

On Thursday in The Book Report on ABC there was an interesting section by Charles Leadbeater - a corporate thinker, strategist and consultant. Our Executive Officer was so taken by part of it that he transcribed it.

"Libraries for the 21st century.

Charles Leadbeater

The biggest challenge facing health (in the UK) is not in hospitals, the biggest challenge is diabetes. Diabetes costs the NHS 5 million pounds per day.

By the time a diabetic gets to hospital it too late. Where you need to start dealing with diabetes is out there, in homes and kitchens and supermarkets, in people's lifestyles and diets. Helping them self manage and also helping them prevent.

So the average diabetic spends 3 hours a year with a doctor, spends 8000 hours a year self managing. The big gains in the self management - not in the professional service. If we can improve self management then you get a big potential saving to the NHS.

The answer is that the frontline of health care is not in hospitals but the front line is out there. And that's where the resources, the knowledge, the tools, they need to be distributed close to people in the vernacular not in the professional language.

Once you've built a hospital its absolutely clear what you have to do to run it efficiently, you've got to fill it up. To have the beds used as much as possible, but the sign of a healthy society is an empty hospital but somehow all our health debate is about how we fill hospitals. This is the kind of mess we can get into if we don't think about outcomes and means to achieve them but think about institutions and how to save them.

So my plea to you is to mostly think about outcomes, what is it that we want as a society to achieve?"

We hope this is useful in your deliberations.

Finally we made a few errors in reading out our presentation. What is the correct method of resolving those errors?

Yours sincerely

John Stafford