

insidestory

political feature



days

There has been plenty of hype surrounding the new government's first 100 days. So, what has Labor done for the health sector in that time? Pamela Wilson reports.

NINE days after winning the federal election, Prime Minister Kevin Rudd ratified the Kyoto Protocol.

After 80 days, Mr Rudd apologised to the Stolen Generation, while deputy leader Julia Gillard, in the government's first legislative act, tabled legislation to abolish Australian Workplace Agreements.

This government has shown it can move quickly to deliver policy change on important and emotive issues.

It was also quick to demonstrate to the Australian public just what it had done in 100 days by releasing a 55-page booklet highlighting its early achievements.

So, has Labor proven it's just as committed to health as it is to those issues with the 'wow' factor?

An open letter published last year in the Medical Journal of Australia (2007;187:608-09) stated that the first 100 days of the new health minister's role would be crucial in securing "the credibility of longer-term plans".

On day 25, the government announced \$150 million for a national blitz on waiting lists (see box).

On day 92, it established the National Health and Hospitals Reform Commission.

The commission is to provide an interim report on a long-term health reform plan by the end of 2008, and a final plan in mid-2009.

Dr Lesley Russell (PhD), co-author of the MJA letter, says it's "excellent" the government moved quickly to establish the commission and is hopeful it will be an "independent, expert authority able to deliver advice to the government across the health portfolio".

She points out, however, it "is about more than delivering one report a year from now and then disbanding".

But some commentators question if health minister Nicola Roxon has spent too much time holding discussions and establishing taskforces, committees and working parties, and not enough time developing policies.

Some even question her true mettle as a party powerbroker and wonder if it is Mr Rudd who is ultimately signing off on all the decisions.

POLICY NOT PROMISES

Dr Russell, a Menzies Foundation Fellow and former policy adviser to Julia Gillard, says Ms Roxon has a huge task and major public expectations to meet that can only be achieved by translating promises into action.

"She needs to get beyond the talk-fests to details and agreements, marshal the expertise and evidence at hand and get some initiatives out there."

But Dr Russell does have renewed confidence that the health system will be strengthened under Labor.

"[Ms Roxon] personally has the commitment, and the Rudd government... has commitment to improving healthcare.

"The Rudd government's approach to the Australian Health Care Agreements and the relationships between the Commonwealth and the states... has the potential to make a real difference."

But she is tentative in predicting outcomes.

"We need to... see if they can actually achieve their commitments around addressing the blame game and improving public hospitals, and that is just one aspect of healthcare."

Other issues Dr Russell hopes Ms Roxon will deliver on soon include:

- Indigenous health
• preventive health
• definitive details of the GP super clinics
• workforce strategies that not only include nurses but also doctors, dentists and allied health professionals.

Dr Russell urges the government to reject the "piecemeal" approach that has plagued health in favour of reform linking isolated initiatives into a coherent plan to maximise effectiveness.

line it has given the commission to report back.

"I would challenge anyone to show me... a genuine policy that is going to at least address the crisis we face in health today, especially in rural and regional Australia."

He understands that the government needs to operate on a system of long- and short-term policies, but believes expediting the work of the commission should have been a priority.

"It is not Roxon's interest [in health] that is important, it's Rudd's..."

His concern is that, while the commission discusses options, thousands of workers will get fed up and leave the health sector.

He also feels the government should have already delivered a 'lifeline' in the form of MBS reform.

"That was a good, easily implemented short-term policy.

"From day one, [Labor] was madly putting together industrial relations legislation, but what have they actually done for health?"

Meanwhile, Dr Alexander says that although Ms Roxon may be receptive,

it's Mr Rudd to whom lobby groups should be pitching their proposals.

"It is not Roxon's interest [in health] that is important, it's Rudd's interest... he's the grand master."

GP groups are treading more cautiously with their comments, saying Ms Roxon seems keen to deliver change but conceding she hasn't offered much in the way of policy outline or funding commitments.

In some cases, she hasn't even committed to follow-up discussion dates to move from proposals to policy.

"She's got her head around the issues... the next sophisticated step is to be able to pick the winners and move them forward," says AMA Council of General Practice chair Dr Rod Pearce. "But her first 100 days have been a bit slow."

Dr Pearce says the government must now listen to the commission and move quickly on the short- and long-term solutions when its reports are delivered.

"If the commission comes out with suggested changes for a five-year plan, and it's got a lot of short- and long-term [goals], then you would be happy. If it just delays everything for five years, we'll be unhappy."

On MBS reform, Dr Pearce says the government has indicated it's going

to troll through the book one item number at a time, and that, as yet, it hasn't begun a systematic review.

The AMA and the department met two weeks ago to look at an individual item number, but it was not a meeting to discuss overall strategy for reform.

"We've been told by the department there is stuff already happening, but we haven't been involved in that."

Meanwhile, he's angry the government is "holding up" general practice referrals for MRI and urges it to work more directly with primary care in developing strategies.

CLOUT AT THE CABINET TABLE

At the recent National Rural Health Workforce Roundtable, RDAA president Dr Peter Rischbieth had a good feeling that Ms Roxon was keen to get to the heart of the problems, but urged her not to repeat the last government's mistake in completing health system reviews, but not acting on them.

"We hope this will be a government that addresses the problem rather than just identifying it."

He also agrees with Dr Alexander that Ms Roxon needs clout at the cabinet table and support from the party to implement changes.

Although Ms Roxon ensured the group that the lines of communica-

Nicola Roxon's 100 days

- Established a National Health and Hospitals Reform Commission.
• A national preventive health taskforce was also promised, but is still to come.
• MBS reform not yet begun in earnest.
• Announcement of funding details of \$150 million to the states for a national blitz on waiting lists.
• A visit to the rural town of Cootamundra to witness a potential GP super clinic model. (Still waiting for in-depth blueprint on how the government envisages them operating.)
• Established an audit of the health workforce shortage in rural and regional Australia, for delivery by the end of February (still waiting).
• Invested \$124 million in new medical and health research projects.
• Agreed to double the \$49.3 million for substance and alcohol rehabilitation and treatment services in Indigenous communities.
• Announcement of the Nurse Family Partnership project, to be funded under the Rudd government's initiative, New Directions: An equal start in life for Indigenous children.

tion to her office would stay open, she didn't commit to meeting with them again any time soon.

"There is no timeframe of an outcome, but we'd be hoping there would be opportunities in the [commission] and in rejigging the Australian Health Care Agreements."

AGPN chair Dr Tony Hobbs sounded like an official mouthpiece for Ms Roxon, reiterating her many intentions for health, but conceding it was "still early days".

He is confident of her commitment to reform the MBS by July and is reassured that those areas of health that are struggling will be strengthened.

"My initial response to what Roxon and Rudd have said is they are very keen to move those areas forward."

RACGP president Dr Vasantha Preetham, meanwhile, has welcomed the "positive comments" from the minister regarding preventive health, Indigenous health and community-based care, and says the signs are good for the future of the health sector.

With the first 100 days over, the pressure is now on for Ms Roxon to turn words into policy.

There is little doubt her credibility as an effective health minister depends heavily on how she performs over the next six to 12 months.



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