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Decision time looms for Australia's public hospitals

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DECISION TIME LOOMS FOR AUSTRALIA'S PUBLIC HOSPITALS

On Monday 7 December Kevin Rudd will present to COAG, what recommendations of the National Health and Hospitals Reform Commission (NHHRC), or what alternatives should be adopted. COAG will reach final decisions at a further meeting in March 2010. In 2007, he had promised to 'fix' the public hospitals, taking them over if the States had not fixed them in a year.

The fundamental problem for public hospitals across Australia is that for nearly 15 years they have been managed, at political and bureaucratic direction, against cleverly developed financial and throughput 'derivatives' and politically mandated figures on waiting lists or emergency room waiting times. These take no account of what the community expects in terms of quality, safety and appropriateness of the medical services they need to provide. The culture of hospital management has changed as a result of this framework of accountability.

The NHHRC wants to retain this system, with central agencies telling hospitals how to treat their patients rather than testing the value of treatment and introducing innovation through the clinical research associated with medical faculties in major teaching hospitals. To make things worse, a new Health Workforce Agency is to intrude between the faculties and their teaching hospitals controlling medical education on the basis of a model derived from TAFE and manufacturing industries, abandoned for University purposes as long ago as 1993 by the Hawke Government. The recommendations will make performance of hospitals worse rather than better and jeopardise the future of the medical profession.

The profound problems which emerged in Bundaberg and then at the Royal North Shore Hospital and in the Road Trauma Unit at the Alfred Hospital in Melbourne reflect just these shortcomings in hospitals performing well on bureaucratic yardsticks. Peter Garling SC stated, in his 2008 NSW review, *"I have identified one impediment to good, safe care which infects the whole public hospital system. I liken it to the Great Schism of 1054. It is the breakdown of good working relations between clinicians and management which is very detrimental to patients."*

The British National Health Service had suffered a similar fate from control by central bureaucratic regulation, with deteriorating services. Gordon Brown intervened. Remarkable reforms, led by Lord Darzi, a brilliant academic surgeon, brought the system back from the brink, with dramatic improvement in quality over just 2-3 years. Medical faculties played the key role to bring medical expertise into partnership with administration at every level. Medical professionals take pride in the quality of services for sick people if given the chance to contribute.

We believe the PM should recommend:

- Measures to bring clinical doctors to interface with health administration at every level.
- Measures to assess quality of services, to be used alongside current KPIs for hospitals.
- Safeguard the relationship between the medical faculties and their teaching hospitals.
- Encourage development of Academic Health Science Centres around major teaching hospitals, as recommended in the 2008 International Review of NHMRC, to secure continuing advances in quality of health care for Australia.
- Bring together the various 'silos' of primary care, public hospitals, preventive strategies and aged care in Regional Clusters, using the resources already present in university faculties, to further enhance regional and remote health care as new intern and training positions are urgently developed for new medical and nursing graduates.

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