



PARLIAMENT OF AUSTRALIA
HOUSE OF REPRESENTATIVES

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Windsor raises rural and regional health service needs with Minister

Health service needs in regional and rural communities were raised directly with the Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery, the Hon Warren Snowden MP by the Independent Member for New England, Tony Windsor on the floor of the Parliament in Canberra on Tuesday.

Mr Windsor took the opportunity of a “Matter of Public Importance” debate in conjunction with his fellow Independents, Rob Oakeshott (Lyne – NSW) and Bob Katter (Kennedy – Qld) to highlight some of the problems being faced by communities in the New England in attracting and retaining doctors, issues with Medicare, training new doctors for country communities and the opportunities that the National Broadband Network rollout will present for the delivery of health services.

Mr Windsor also specifically asked the Minister to have a close look at the terminology that was used in the original setting up of the Aboriginal medical services and the term ‘culturally significant application of health’ with particular reference to the Pat Dixon Aboriginal Medical Centre in Armidale and how it has impacted on the Armidale Indigenous community.

He also asked the Minister to look at the arrangements in terms of the Council of Australian Governments’ (COAG) 2006 through to 2011 program on suicide prevention and mental health and follow-up on where the suicide prevention arrangements are at, particularly some of the 24-hour hotline arrangements, because he has been told that in various states the COAG outcomes are not being achieved.

Mr Windsor also praised the hardworking individuals in the health workforce and thanked them for their efforts.

Mr Windsor’s Hansard follows:

When I first went into the New South Wales parliament in 1991, the proportion of the state budget that went to health was about 20 per cent. About one-fifth of the state’s budget was allocated to health. I am told that in New South Wales at this particular time, even though the budget is much larger, over 40 per cent is allocated to health. There would be a number of political debates as to how and why that occurs—whether the doctors or pharmaceutical companies are getting too much, whether it is management—but I think it is becoming very plain to most people that a portfolio area that is absorbing something like 40 per cent of the state’s budget cannot go much beyond that proportion. There are a number of things that have to happen there; probably the simplest one is that there has to be more money going into that system. Once you get to 50 per cent of the total in a budgetary sense, other things have to drop out: the vital necessities of the provision of services by the states, from police to education—the whole range of other activities that are demanded of the state’s budget.

So there has been this massive explosion in spending. From time to time the debate in this place is about who took what, who cut the budget and who did not do what they should have done, but there is no doubt that across Australia in the last decade or so there has been an explosion in health costs and expenditure. At some stage, I think, we as a population really

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have to look at what is actually going on here. There are a number of things that I think we possibly should look at, but one of them is that the Australian population may well have to pay more for their health care. It is the No. 1 issue; it always is the No. 1 issue; it will be the No. 1 issue at the next election. There will be a debate that goes on about who is going to do what in terms of health policy. At some stage the people have to recognise that, for the population that we have with the remote area issues that the minister spoke of and many other issues that we are all aware of in country areas, we are going to have to address this by injecting more money into it. Management can do only so much.

We will always debate whether we need local hospital boards or other boards, whether the Commonwealth takes it over or the states stay in charge. Those things may achieve something at the margin, but none of them are likely to achieve the outcomes that many people, particularly those who live in the country seats of the Independents who have put forward this motion today, deserve. I suggest that we either look at increasing the amount of money that we put in—and I mean that from the people rather than from the existing budget areas—or we look at other measures like the Medicare provider number that has been explored before. I know the AMA has a very large union in terms of health policy, but we have limited funds from the taxpayer and we have this, in my view, rather absurd system where the doctors can access a Medicare provider number and, hence, the public purse in any location they prefer rather than the location where the patient needs them. I think that is something we have to have a serious look at. I know it is very easy to get into an argument with the doctors over that. I have nothing against private practice—doctors can practise privately wherever they are—but accessing a depleting public purse is something where I think the policy arrangements should come into play.

The minister would be well aware of the importance of the Tamworth Base Hospital redevelopment in terms of the training of medical students. The Leader of the Opposition copped a bit of flack a moment ago. I would like to pay him a compliment, because when he was Minister for Health and Ageing he came to Tamworth, looked at what was happening with the University Department of Rural Health, the relationship between the University of New England, the University of Newcastle, and the Tamworth Base Hospital and other hospitals as well, and recognised the importance of training for the future. There were many others involved, but I think the current opposition leader played no small role in the development of a medical school at the University of New England and the subsequent relationship with training facilities in Tamworth, Armidale and Taree.

I think we also have to recognise—and I am sure the minister does—the importance of the National Broadband Network to remote health, regional health, country health and health generally. This could be one of the significant ways in which costs can be saved. The delivery of some of the services that the member for Lyne mentioned could be changed in an enormous way. The National Broadband Network or access to high-speed broadband is to me the one thing that negates distance as a disadvantage of being in the country. It turns the tables. It will allow access to global specialist and teaching services in a medical sense. I see at the University of New England's University Department of Rural Health some of the extraordinary communication services that are based there at the moment and linked into the Tamworth Base Hospital. There are some extraordinary initiatives occurring there, so I hope that at some stage we get some unity of purpose in a rollout of a national broadband network, particularly with how it relates not just to the individual but also to our health and education systems.

Another issue I want to raise briefly, if I could, is the way in which Aboriginal medical services are being treated. There have been issues, particularly in my electorate in Armidale. There is a real issue, Minister, and I am sure you would be aware of this. Given your background you would have a close look at it anyway—it is in the original documentation about the development—

I ask the minister to have a close look at the terminology that was used in the original setting up of the Aboriginal medical services and the term 'culturally significant application of health'. I think that has really dropped off in recent years. I have not seen an improvement since the change of government, but there are some very real issues there, in terms of the cultural appropriateness of the delivery of some services to Aboriginal people. I ask the minister would he have a look at that issue and particularly how it has impacted on the Armidale Indigenous community.

Small-town doctors are another issue that has been raised today. It is a very important issue, a critical issue. In my home town of Werris Creek, which has only 1,700 people, we are having difficulties with doctors again. We have had some tremendous people in that particular area—and in Quirindi and other smaller communities around the region. I think it applies right across the board. We really are having difficulties with the ageing workforce. I understand the minister has said that we are very dependent on overseas doctors. We are, and we are very grateful for them. This is something we really need to concentrate on.

In conclusion I would just like to—through you again, Madam Acting Deputy Speaker—ask the minister if would he look at the arrangements in terms of the Council of Australian Governments' 2006 through to 2011 program on suicide prevention and mental health and follow-up on where the suicide prevention arrangements are at, particularly some of the 24-hour hotline arrangements, because I have been told that in various states we are not achieving the outcomes that COAG set out.

In conclusion, I endorse what others have said, in terms of those who are in the health workforce. It is all very well from time to time for people to play politics with the health system, but I think we all have to remember that there are very hardworking individuals within all those systems, and the very great majority of them work extraordinarily hard for the benefit of our people. I think it is quite appropriate that a forum such as this recognises their work and thanks them for their efforts for our people.