

# Why Policy and Politics Matter to Patients

22 November 2011

## Address to the National Press Club

As Australians – there are many things about our society that define us. I don't just mean the beach and barbecues, I mean the social and economic pillars of our nation that we expect to be available for all Australians.

Healthcare, education, retirement benefits and social security are four pillars of our society that Australians expect to be universal – available for all.

These pillars prevent Australia from growing a large underclass that we see in some other developed countries, help our strong economy and are built from the Australian “fair go” – a Government articulation of a great Aussie spirit. Australian “fair go” – a Government articulation of a great Aussie spirit.

Our success in many of these areas makes us the envy of the world.

These areas are also what help to define the Labor Party. Our party's mission over the decades has been to build and consistently strengthen these fundamental pillars, giving every Australian, regardless of their means, access to better health, dignity, opportunity and financial security across the broad spectrum of our society.

It's our advocacy for these positions that places our party at the centre of the political spectrum – standing up for important Australian values and delivering practical improvements.

In the four short years this Labor Government has been in office we have taken action in each of these areas – as the community would expect a Labor Government to do.

Increasing the pension with its biggest jump in history. Increasing superannuation from 9 – 12%. Delivering Australia's first, universal, paid maternity leave scheme, increasing child care support for working families and tax cuts for low and middle income earners. Historic reforms to teacher quality and transparency on educational outcomes to give every child a great education. Setting a price for carbon, to reduce our carbon pollution.

And, of course, reforming our health system so it can continue to deliver quality care to all Australians.

These are important and in some cases difficult reforms that will last the test of time. While you might argue we've taken on too much, you can't argue we haven't tackled the big issues.

Today of course I want to focus on my area of health – our investments, our reforms and the improved outcomes for patients these are delivering.

Our predecessors acted to make penicillin available to the poor and sick. Our predecessors acted when they saw ordinary people forced into bankruptcy from medical bills they could not pay.

Delivering to the community regardless of location, class or gender – has been the priority of our Government since we came to office in 2007. We've acted to stabilise and reform the financing of health to ensure a strong base for continued delivery into the future. We have also acted on the growing frustration of Australians who couldn't access a local GP or a GP at night or on the weekend. And we have acted on the injustice of different outcomes for cancer patients in country and city.

We had to do this because in the health system that we inherited the pressure was building; the cracks in the service delivery were becoming more and more obvious, and there was a general dissatisfaction with the lack of direction.

The previous Government had run out of steam. It saw health as a policy area which was to be managed down and made into a small target.

Instead of a plan for the nation's health, they had a badly stitched together hotchpotch of policies, made on the run that were thrown over problems as a short term fix: with numerous unsustainable regimes – often at the behest of the doctors, but rarely with a full focus on the patient.

These short term measures didn't satisfy anyone, they didn't fool anyone. Huge tracts of the country could not get adequate services and without reform all the predictions were that it was going to get worse.

We are now four years into our term. A long time in politics, yet a relatively short time in the reform of a \$112 Billion health system.

We can now see how the investments made at the beginning of our term – a much needed funding boost to public hospitals, sorely needed workforce increases, Indigenous partnerships, and some turbo charging in pressure point areas like elective surgery, combined with our implementation of health reform – are starting to deliver.

After hours GP services for worried parents at night, GP Super Clinics attracting doctors, nurses, students and dentists to parts of the country that had rarely seen them before; upgrades to GP practices stretching the whole expanse of the country; and 700 hospital infrastructure projects underway are all starting to deliver real improvements to patient services.

This is not a full list – it doesn't even touch on many reforms – such as how our changed financing, pricing and accountability will improve sustainability and care.

Today I want to focus on what our health reform is delivering for those patients and communities who have had to constantly battle for services. Those who were missing out – and had to wait for a Labor Government to identify the gaps and care enough to fill those gaps in our health system.

## **Western Sydney**

As an example, I want to begin by talking about Western Sydney – perhaps brave territory for a Victorian MP!

The story of delivering services and infrastructure to the communities of Western Sydney has been a battle for many years. As Sydney stretched to the West and communities grew, the eastern and northern suburbs domination of health services became more and more entrenched.

A Labor Government's offer, or indeed Whitlam's threat, to part fund Westmead hospital in 1974 thereby challenging the medical establishment in the east of the City; the later push in the eighties to get "beds to the West"; or the relocation of the Children's Hospital from Camperdown to Westmead, were all efforts to break the deadlock and put services closer to where the population lived.

There have been great advances in recent years, but Western Sydney has had a continuous struggle to get its fair share of services and infrastructure.

When we consulted with clinicians and the community, many bore the scars of years of fighting for better local health services.

This is where the Government's health reforms are a game-changer. Our initial investments met short term needs, but have also put in place structural reforms that will ensure that there are more doctors, nurses, beds and primary care services for Western Sydney long into the future.

For example, take public hospitals. Western Sydney public hospitals are some of the busiest in the country. When we came to Government, they had an immediate need for more beds and increased funding for elective surgery and emergency departments. We delivered both.

232 new sub acute beds have been announced and almost \$20 million for additional funding for surgery and emergency departments. Already 152 of these beds are already operational.

The previous government's cap on GP numbers had led to widespread shortages of doctors, which particularly hit outer metropolitan areas such as Western Sydney.

Patients who would routinely battle for weeks to see a doctor, and in response the Labor Government delivered one of the most significant workforce packages ever. This investment is already paying dividends.

The Prime Minister recently opened The University of Western Sydney Blacktown Mt Druitt Clinical School which benefited from over \$20 million of Commonwealth funding. Six years ago there were no medical students in Blacktown or Mount Druitt, next year there will be 150.

The Nepean Clinical School facility will be completed next year too. So Western Sydney will have two medical clinical schools only a few short years after Labor came to office – this is double the number of dedicated medical clinical school facilities in Western Sydney than when we came to office.

We also lifted the cap on GP training numbers and there has been a 51% increase in the number of GP trainees starting their training in Western Sydney since we came to Government.

This means that there are now 65 GP registrars, 38 junior doctors in General Practice, and 14 additional Commonwealth funded Specialists in training in Western Sydney. In fact there has been a 62% increase in the number of Commonwealth funded medical specialist training posts in Western Sydney since we came to government. These are doctors trained in the West for the West.

We all know that it takes a several years for doctors to complete their training, but patients in Western Sydney will reap the benefits from this new source of medical graduates for years to come.

There are also extra nursing places with an additional 290 nurses in training at the University of Western Sydney in 2010 compared to 2007.

In the acute care system, we have made investments that deliver long term certainty in hospital funding. The introduction of Activity Based Funding and the Commonwealth's future funding of 50% of the cost of efficient growth will mean that more funding will go to places where more services are provided.

For those busy hospitals in Western Sydney like Westmead, Liverpool, Campbelltown, Nepean, Auburn, Blacktown and Mount Druitt hospital, this is good news because now their role as engine rooms of the health system will be recognised, because funding will follow services.

To help ensure these hospitals have the capacity they need for the future, we are investing \$189 million into hospital infrastructure. This includes almost \$100 million for a hospital redevelopment at Nepean – where the ICU is already open – and \$46 million for the Ingham Health Research Institute at Liverpool Hospital. These infrastructure developments are already beginning to pay dividends.

And even while we were making these investments, the constant cry in our extensive consultations from clinicians and consumers alike was that the State Area Health Service was too big to be responsive to local needs.

We therefore moved to institute Local Hospital Networks. Now there are three local health districts each with their own Governing Council of community members and local health professionals to ensure that patients, doctors and nurses voices are heard in the way hospitals are run.

Western Sydney is not a homogenous mass – it is made up of distinct communities with local identities and local health needs. Our local health networks will be able to respond to these.

As will one of our key reforms in primary care that will improve a patient's ability to get the care they need locally – Medicare Locals.

Since it was created nearly 30 years ago Medicare has often been used as the word to describe our whole public health system. And it has very effectively given Australia a sustainable and affordable health system for almost three decades.

But in reality, Medicare is the part of the health system that makes payments for seeing doctors and specialists.

What it doesn't do is connect your doctor to a physio in your area. Or make targeted investments to expand GP after hours services in your community.

But a health system can't rely upon cheques in the mail alone. There's no doubt there are gaps in our system. And there's no doubt that there are mismatches and poor coordination.

Just as Medicare solved for patients the problems of paying doctors and specialists, we are now creating Medicare Locals to address the service gaps and lack of coordination. The increasing burden of chronic disease means that we need better team based care for patients in the community.

Medicare Locals will stop the patient falling through cracks in services. One of their first priorities will be to address gaps in after hours care so that patients have ready access to a doctor if they need one, from a call to our after hours line, through to a video conference or face to face consultation in their local community.

This is especially so when combined with our investments in GP infrastructure, like our GP Super Clinics planned for Blacktown and Liverpool, which will provide access to teams of doctors, nurses and allied health professionals under the one roof for patients.

We are also providing funding to 7 existing medical practices in Western Sydney so that they can expand and provide a wider range of services to the local community. Earlier this year I visited Dr Silvana Sarmento-Leite, at her clinic, the Torbert Avenue Family Practice, where she showed me her plans to expand using the Government's funding – a fantastic, practical shot in the arm for a suburban medical centre.

And all of these services – hospitals, GPs, and others – will soon be linked by electronic health records – leading to vastly better connected services for the patient.

Western Sydney families have struggled to get their fair share of health services and that's why this Government has delivered more doctors and more nurses, upgraded hospitals and health centres and made it easier for them to get services locally.

This means that a worried parent with a sick child or an employee with a workplace injury will find it easier to get care in the community or treatment in a hospital as a direct result of this Government's actions.

I have chosen Western Sydney as a landscape on which to show how health reform is delivering but I could have equally have talked about other centres which have battled to get health services, for example, Logan in Brisbane or the Northern suburbs of Melbourne.

In each of these areas you could tell a similar story – the investments that were made early in our term are already starting to deliver, while the long term structural changes will improve people's access to health services long into the future.

## **Cancer**

I now want to move to an issue where before we came to government the lack of focus and poor distribution of services was literally costing lives: cancer.

Early in our term, we made a decision to focus on better prevention, treatment and cure.

We have dramatically stepped up practical prevention measures that will benefit the lives of people for years to come.

Take our world first plain packaging for tobacco products, combined with the increase in tobacco tax, the introduction of nicotine patches onto the PBS and record spending on anti-smoking social marketing – all delivering a comprehensive response to fighting tobacco and thus reducing the cancers caused by tobacco related disease.

Similarly, we looked at the clinical data showing that bowel cancer screening is very effective and made the screening program permanent. This will save lives.

We are investing heavily in research. Over the last five years, NHMRC funding for cancer-related research has increased by 51% from \$116 million to \$175.4 million.

And we've listed over \$1.1 billion of innovative new drugs used in the treatment of cancer patients on the PBS, including Erlotinib for lung cancer, and on 1 September this year, Erbitux for late-stage bowel cancer.

All these important investments will help reduce and identify cancer early – but when talking about national programs and initiatives, we must never lose sight of the real lives that are affected by cancer.

I would like to introduce you to Lucas Ellis from Ballarat, who joins us today, and to tell you briefly Lucas's story.

Lucas lost his wife Melissa tragically to cervical cancer last year.

Melissa was only 34 and leaves Lucas and their two children, Tayla, 14 and Hudson, 6. She is remembered by her family, friends and the Ballarat community as a loving, positive courageous person with a great sense of humour.

The tragedy of Melissa's death just 3 months after being diagnosed with advanced cervical cancer is something that Lucas has been determined to turn into a force for good.

He has campaigned for a greater awareness of the importance of pap smears, HPV vaccinations and strongly advocates for the role that husbands, partners, fathers and brothers can play in helping to prevent cervical cancer by supporting the women in their lives.

Lucas is also passionate about increasing and improving cancer services in regional and rural areas.

The lack of cancer services in regional centres like Ballarat, has created the deeply disturbing situation that in some cases, your chance of surviving cancer is as much to do with your postcode as anything else.

People living with cancer in rural and regional areas have much poorer survival rates than those living in major metropolitan centres. The further from a metropolitan centre a patient with cancer lives, the more likely that person is to die within five years of diagnosis.

For some cancers, patients in the most remote areas are up to three times more likely to die within five years of diagnosis.

In response to these shocking statistics, this Labor Government chose to fight cancer in a way that no other government has before it, as well as to radically improve treatment options for patients.

A shining example of this emphasis on delivering clear, day-to-day benefits for people suffering from cancer is our Australia-wide network of regional cancer centres, announced in the 2010 and 2011 Budgets. 24 projects are in planning and under construction across the country.

When these centres are operational, they will cover a catchment area of well over 7 million people and provide world-class treatment for over 7,600 additional radiotherapy patients annually and over 127,000 additional chemotherapy treatments each year, along with 180 accommodation beds.

These are big numbers but they've received little attention. But take a moment to think about how many people this represents and how many families cancer affects. And then think about what our investments in regional cancer mean for regional residents and families like that of Lucas Ellis who have just received the bad news of a cancer diagnosis.

Let me give you another example.

It's December 2012 and Jim, a farmer from outside Gunnedah, saw a GP at the new Super Clinic after years of putting it off. Jim's GP was worried after seeing him and arranged a consultation with a medical specialist in Sydney through a telehealth consult. Unfortunately, Jim was diagnosed with an aggressive form of prostate cancer. Previously, he would have had to travel to Newcastle or Sydney for treatment with radiotherapy, a trip of well over 300km each way. He would need to relocate to a city where he doesn't know anyone, for weeks at a time, relying on family and neighbours to keep his farm a going concern.

Instead, as a result of our investments, Jim will drive 60 kilometres to the New England and North West Regional Cancer Centre in Tamworth, a \$42M centre where construction just started last month. Jim, along with a catchment population of over 200,000 other people, will have access to the latest chemotherapy and radiotherapy treatments and specialist staff.

He will be treated using a cutting-edge linear accelerator, and important consultation and outpatient services. Five year survival rates have always been poorer for people like Jim, but now he can have the

confidence of world-class care, the daily support of his family, and the knowledge he can complete his full treatment course while safeguarding his livelihood.

These Regional Cancer Centres are linked to world class hubs in Sydney and Melbourne. These form part of our total investment of \$2.5 billion in infrastructure, medicines, screening and research that combine to form a world class cancer care system.

Cancer strikes many families and I think that it's unacceptable that a patient's survival rate can depend on where they live – that's why the Government is delivering local cancer services to 7 million Australians and this will lift survival rates.

This is a clear point of difference between political parties. A clear point of difference that isn't part of the political story, but I would argue should be. These measures will save lives and while supporting them would seem obvious, it is only Labor that has.

These statistics of different survival prospects between city and country weren't new when we came to office – what was new was that we acted upon them, the way Labor governments of the past have acted to ensure better health services. Mr Abbott as Health Minister did not run such a program – and not a word of support has been given by the Liberal Party for such projects.

Like so many others Health remains a policy free zone for the Liberal Opposition. And the story gets worse in other areas – in primary care the Liberals will not only close down GP Super Clinics – as Mr Abbott confirmed last night – but they also said at the last election they wouldn't fund hundreds of GP practices across the country to expand. They won't fund the GP after hours hotline and they will close down Medicare Locals.

I've now gone 800 days in the Parliament without a question from the Shadow Health Minister. Surely that's got to be some sort of a record?

No policy speech has been given setting out an alternative. Some of you would have been here almost exactly 4 years ago when the health debate was scheduled and Tony Abbott didn't turn up. I had to debate myself. And for the last four years, it's been exactly the same – Labor with the ideas, Labor with the policies, Labor delivering, and the Liberals no where to be seen.

Well, I challenge the Opposition today: get a policy. Ask a question in Parliament. And perhaps most importantly, explain to the Australian people how the \$70 billion plus in cuts that they plan will affect vital patient and health services.

The choice in health policy is clear. Our track record already speaks for itself.

If I speak to you again at this time next year – activity based funding will have commenced for hospitals, the national network of Medicare Locals will be fully established, 290 more capital works projects will be completed, patients will be able to sign up for eHealth records, and across the country communities will continue to reap the practical benefits of our reform. And our vision for the future continues.

My colleague Mark Butler is consulting widely with consumers and the industry on aged care as we formulate our response to the Productivity Report.

In dental services – the National Advisory Council on Dental Health is due to report by the end of the year and we will respond in the budget.

This Labor Government has delivered for communities who have battled for years to get services and it will continue to deliver to those communities for many years to come – it's in the Labor DNA, it's what we do.

The alternative to this Government's reform agenda is clear, and that is deep and savage cuts that will take this country's health services back a generation. That should never be allowed to happen.

Because in the end it's families such as Lucas Ellis's that will benefit from our determination to improve health services for all Australians, no matter where they live, just as our Labor predecessors did.

That's why we do it, and that's what matters.