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Hunter Review
Queensland Health

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Dear Ms Hunter

Thank you for providing AMA Queensland with the opportunity to provide a submission to the Department of Health's review into governance, organisational structures and high level capability gaps.

AMA Queensland is the state's peak medical advocacy group, dedicated to advocating for a health system built on the medical values of compassion, trust and knowledge. We represent over 6000 medical practitioners across Queensland throughout all levels of the health system. Our values and members have helped inform the content of this submission.

We note that the terms of reference of the Hunter Review specifically state that the recommendations of the previous Government's Future State Alignment (FSA) Review will be assessed and applied to this review where appropriate. Although we appreciate the broad summary of the FSA provided at the April 23 briefing, it is difficult to provide a complete and thorough opinion on what the Hunter Review should seek to recommend without knowing the specifics of the FSA recommendations.

The information regarding the FSA provided in the briefing materials can be interpreted to mean that the FSA was to recommend a broad restructure of the Department of Health, possibly with asset sales (as per the previous Governments *Strong Choices* agenda) and fewer staff numbers.

The FSA also recommended that subsequent to this restructure, an alignment of Department resources and functions should be established around either a "System Leader" or "System Manager" structure or, alternatively, devolution to Hospital and Health Services (HHS). This is interpreted to mean the FSA was recommending the Department should either centralise its structure or, alternatively, cede most of its central decision making capacity to the HHS's.

It also indicates that a 'single funding pool' was to be created, which would likely have been a single source of funding for all non-government organisations (NGO) and individuals who receive funding from the Department.

If these interpretations of the FSA recommendations are correct, AMA Queensland offers the following recommendations on how they should be considered as part of the Hunter Review.

Department Restructure and System Alignment

In both the *AMA Queensland Health Vision* and our *2015-16 Budget Submission* (copies of which have been attached to this submission), AMA Queensland advocated for a number of the following initiatives which could only be achieved via a central coordinating body. We will address these initiatives in greater detail later in this submission, but it is worth noting that policies which truly reform the health system can only be developed and implemented via a centralized system, or what the FSA might call a "System Leader" approach.

While there are roles that HHS's can and should play, such as highly specialised medical services or specific health interventions to meet a localised public health issue, AMA Queensland believes that the Department of Health should ensure it plays a "System Leader" role. This will ultimately ensure greater policy consistency on "big ticket" policy goals and will reduce complexity in a health system that is already burdened by over-complexity.

Single Funding Pool

AMA Queensland is generally supportive of initiatives that aim to reduce complexity in the health system. However, Queensland Health administers numerous funding programs which we understand to be worth over \$1 billion which is distributed to NGOs and individuals for a variety of purposes. These differing programs would have different requirements for eligibility, auditing requirements and deliverables. This would need to be carefully implemented and sit under a central "system leader" structure.

Future Governance of the Department of Health

AMA Queensland believes that moving forward, the Department of Health would be best placed working from an organisational structure that allows it to continue to lead the future of our health system. In effect, this means maintaining its current functions under the *Hospital and Health Boards Act 2011*. Maintaining the functions it has under the current Act would allow the Department, led by the Director General (DG), to develop and deliver policies that will require organisational clout to deliver. It would also provide for effective monitoring of the Hospital and Health Services who are best placed to deliver services on the ground.

Any move to devolve any of the DG's current responsibilities away from the Department to the HHS's should be viewed with caution. While HHS's are good at delivering health services to the public, they often have tight budgets and short-term accountabilities with a great deal of emphasis placed on end-level outcomes like elective surgery and emergency department waiting times. Whilst we understand the drivers that underlie this, it does contribute to making our health system reactive rather than proactive. In our *2015-16 Budget Submission*, AMA Queensland outlined how we believe that our reactive health system is largely contributing to the epidemic of chronic lifestyle related diseases such as obesity and diabetes. This, in turn, is putting a greater burden on the limited resources available to the health system. A Department that has been organised to lead reform of our health system, and has the organisational clout to drive these reforms and follow through on them, is the only way we can ensure that our health system will be able to meet the demands of the future. This would include, but is not limited to, Departmental responsibilities including;

- Policy development of solutions to statewide issues of public health, such as the whole-of-government health plan proposed by AMA Queensland in Part One of our *Health Vision*, or the development and implementation of a medical home trial and associated education campaign, as detailed in our *2015-16 Budget Submission*.
- Monitoring of system wide performance, and taking remedial action when performance does not meet standards
- Establishing the conditions of employment for health service employees and statewide industrial relation matters
- Inter-governmental relations between Queensland and the Commonwealth
- Inter-governmental relations between Queensland and other States
- Capital works

The *Hospital and Health Boards Act 2011* currently specifies that an HHS has responsibility for delivering clinical training for its medical workforce. AMA Queensland believes that the Department should play a greater role in developing and co-coordinating medical education consistent with a state-wide framework of core competencies. In our *2015-16 Budget Submission*, we recommended the Queensland Government commit to the establishment of a centralised health education and training institute that would coordinate medical education for every junior doctor across Queensland. A successful model to establish innovative training networks and programs that respond to the educational needs of junior doctors may be based on the Health Education and Training Institute (HETI) currently operating in NSW.

While the current decentralised model of training has produced pockets of excellence, AMA Queensland believes that Queenslanders would benefit from a coordinated and standardized level of medical training. We strongly recommend that the Government consider this option, and AMA Queensland looks forward to working with the Government in its development and implementation.

There is also a need for the Department to consider how staffing can interact with larger policy goals. For example, in 2013 AMA Queensland wrote to the then Health Minister, Lawrence Springborg, in regards to the

decision of the Cape York Health Service and Torres Strait-Northern Peninsula Hospital and Health Service to make redundant a number of nursing, health worker, admin and allied health positions in Far North Queensland (FNQ). We heard reports from the region that the reduced staff numbers had led to staff becoming stressed due to increased workloads, gaps in treatment for chronic illnesses and generally poorer outcomes for Aboriginal and Torres Strait Islander patients. These positions were vital to local health needs: renal and diabetes, alcohol prevention, mental health, Alcohol Tobacco and Other Drugs (ATODs), nutrition, and dentistry. But on a much larger scale, the loss of these workers threatened to impact Queensland's commitments to the national Close the Gap health targets, in particular;

- to close the gap in Aboriginal and Torres Strait Islander life expectancy within a generation (by 2033)
- to halve the gap in mortality rates for Aboriginal and Torres Strait Islander children under five within a decade (2018)

Queensland Health's own data indicates that smoking is the largest cause of health loss among Aboriginal and Torres Strait Islanders, contributing 17% to the health gap and one fifth of all Aboriginal and Torres Strait Islander deaths nationally.¹ It is clear, then, that cuts to health services in FNQ that cut smoking cessation programs, diabetes programs and other chronic illnesses in Queensland, which is home to 27 per cent of Australia's indigenous population, in a part of Queensland that is home to around 25.6 per cent of Queensland's Aboriginal and Torres Strait Islander population will have a highly detrimental impact on Queensland's efforts to meet its Closing the Gap targets.

We recommend that the Department supports HHSs in accomplishing overarching whole-of-system policy objectives, where appropriate, with additional funding and resources.

AMA Queensland also believes that if the Hunter Review is to be used to consider the governance structure of the Department and the HHS's, it is also appropriate that it consider the proper implementation of Westminster system accountability principles, specifically around individual ministerial responsibility. The Westminster System states that a cabinet Minister bears the ultimate responsibility for the actions of their ministry or department. This means that if waste, corruption, or any other misbehaviour is found to have occurred within a ministry, the Minister is responsible even if the Minister had no knowledge of the actions.

Making Queensland Health A Better Place to Work

The culture of Queensland Health system was once described as "unacceptable" by former Queensland Premier Anna Bligh and if the Hunter Review aims to make the Department a better place to work, addressing the culture of the system is imperative.

Recent comments in the media have highlighted the ever present workplace threats of bullying, harassment and sexual harassment in the medical profession. While these problems can occur in every sector the apprenticeship model of medical training, and the intense and collegiate nature of the profession, creates increased risks.

A recent meta-analysis, by Fnais et al,² found that 59.4% of medical trainees experienced some form of harassment or discrimination during their training. The AMA has recently conducted a survey of our members indicated that 44% of surveyed trainees felt unable to raise workplace issues without recrimination. 31% experienced bullying in the workplace while 5.6% experienced some form of sexual harassment.³ While the improved handling of workplaces stressors by the colleges and health organisations has improved there remains significant work to be done,⁴ and Queensland Health, as one of the largest employers of health professionals in Queensland, will need to examine this issue as well. Every doctor has a legal right to a workplace where they feel safe, where they are respected, and where they can work a safe number of hours free from pressure or threats of adverse action.

¹ Queensland Health, *Closing the Gap in Queensland*, http://www.health.qld.gov.au/atsihealth/close_gap.asp

² Fnais et al, *Harassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis*, <http://1.usa.gov/1PmZlou>, May 2014

³ AMA NSW survey

⁴ Armstrong, R, *Seeking Support*, <http://bit.ly/1K9tCDO>, MJA Insight, March 2015

AMA Queensland would welcome working with the Department, and offering the experience of our members to help do so, in improving the culture of the Queensland Health system.

Finally, during the 2015 Queensland general election, AMA Queensland released an election platform in which we called for better Information Communication Technology (ICT) to enable clinicians working within Queensland Health to work more effectively and productively. For example, we highlighted how Queensland Health's ageing IT infrastructure was slowing down the work of doctors in the public system by requiring them to use up to 10 different passwords to access the data they need to do their jobs. Given that every minute is vital time in a busy hospital or surgery, AMA Queensland felt that this was unacceptable. We also argued that Queensland Health needed to upgrade its hospital IT systems to ensure that by 2020, we had at least one hospital rated at Electronic Medical Record Adoption Model (EMRAM) 6.

Since the election, we understand that Queensland Health has adopted many of these recommendations, which AMA Queensland is pleased with. We believe now, as we did then, that improved ICT will invigorate the culture at Queensland Health. In one trial of the EMRAM system conducted at the Alfred in Victoria, doctors said felt that they could spend more time with patients, experienced a reduction in stress and felt empowered to do a better job. The implementation of an electronic medicine system in England resulted in clinicians feeling more integrated as a treatment team, and most importantly, reducing the amount of overtime discharges from 31% down to 3%. These benefits can be best realised at Stage 6 ICT.

While AMA Queensland is pleased that Queensland Health is moving forward with the recommendations it proposed, it is vitally important that all of these ICT projects be backed up with enough funding to ensure that it can be implemented successfully and in a timely manner. AMA Queensland will keep a watching brief on this issue, and we ask that we be kept informed of progress in regard to this project.

Conclusion

Ultimately some of the issues which the Hunter Review seeks to address will require much broader change, either through legislation and other forms of root and branch change. AMA Queensland stands ready to assist both the Government and the Department wherever it can.

If you require further information in regards to this matter, please do not hesitate to contact Mr Leif Bremermann, Policy Advisor, AMA Queensland on 3872 2203.

Yours sincerely



Dr Shaun Rudd
President
Australian Medical Association Queensland