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**SPEECH TO THE AMA TASMANIA PARLIAMENTARY DINNER HOBART  
TUESDAY 29 OCTOBER 2019  
AMA PRESIDENT PROFESSOR JOHN BURGESS**

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**JOHN BURGESS:** Madam Speaker, the Honourable Sue Hickey, I would like to thank you for hosting this - the 12th annual AMA Parliamentary Dinner. What a magnificent opportunity for all of us who are so committed to improving the health of Tasmanians; to come together.

Since proclamation of responsible government in Tasmania in 1855 there have been over 30 medical practitioners in our parliament – from Dr Henry Butler 1854-1885, (also Speaker of the House for a decade); through to Dr David Crean (1989-2004, who aside from his parliamentary career, established the first A/H doctors delegating service in Hobart with Brendon Nelson).

Ministers Courtney and Rockliff, shadow Minister Lovell, parliamentarians, Medical Colleagues.

The AMA's mission is to provide support and advocacy for Tasmanian doctors to optimise the health outcomes of Tasmanians. I ask you all, are any of us here tonight that dissimilar with regards to our goal? I would say not; we are very similar - perhaps identical in our shared purpose - to seek to do good, to leave a legacy of things better than we found them. Doctors diagnose and treat based on evidence and with informed consent; you govern and legislate with the people's consent, underpinned by evidence and good communication.

Why does our health system look as it does - mostly respected by the public, yet dogged by fragmentation and contention? Why in Tasmania do we have the lowest public perception of trust in our health system? As the ABC recently noted, the perception is the reality, and in turn, are we potentially led to think small in our ambitions for our community - reactive and fragmented decision making that is hostage to perceptions that in turn risk becoming a reality. We can do better, and we must do better.

There is much that is good in our health system:

1. High public confidence in our clinical staff who compassionately and expertly deliver care
2. Public trust in General Practice that rightly sits at the centre of patient-focused care,
3. The community's loyalty to their local public and private hospitals that deliver acute and subacute care,
4. A solid-state sector foundation of role delineated public hospital services.

Despite this, the availability of time-sensitive access to health care for our community is poor; and against key metrics declining. I speak of access to EDs, access to elective surgery, access to outpatient clinics, access to rehabilitation, access to supported accommodation for our most vulnerable, and access to General Practice.

We all recognise what governments over the past decade have done, but the heavy lifting is not for government alone. We need to be collectively charting and communicating the vision for health in this State. The general sentiment shows that we are failing to do this.



Do we have a shared vision for health, a shared plan with a clear implementation strategy - not a plan without a strategy or strategy without a plan? No one expects such a vision to be bestowed by an all-knowing government or an all-knowing profession, or an ill-informed community, it requires a shared vision. It needs to be positive, sustainable and built on the strong foundations of what we are already doing well in Tasmania. It is not reactive; it is developed and communicated in advance. Do you have a vision for health? Is it underpinned by the conviction that we can offer the community a better health system? Have you communicated it?

Last year past President Dr John Davis painted a vision of how health in Tasmania might look in 15 years; in 2034. It was one in which by any measure, our State had excelled for every benchmark:

- The population was older than the Australian average; but not sicker.
- The state government and opposition had a holistically bipartisan view of health, with crossbench support.
- Funds for health were delivered through one, apolitical decision-making process.
- The silos between primary and acute care were gone.
- Our public hospitals were co-located with the new private hospitals.
- Tasmania was considered the place to study and learn and teach, by students and academics alike.
- Our research was second to none.
- Our public Hospital System was so good we have staff queued to work here.
- Staff were wholly engaged at all levels in all areas
- General Practitioners wanted to work in both Tasmania's urban and rural areas.
- Primary care urgent short-stay units were established and hugely successful.

Are we on track? The empirical evidence indicates not. Morale is compromised across the health sectors, and community sentiment is flagging. Staff in our state health service as well as in General Practice are under stress: fear of patient care not being adequately timely, long working hours, not being able to find the time to continue studies, challenges for maintaining external accreditation.

We face increasing demand pressures on services due to an ageing population with complex chronic co-morbidities, a rising health CPI, ageing equipment and infrastructure, and budgetary stress on revenue. Nevertheless, I say; so, what? Are our challenges an excuse for not doing those things that are within our control?

Such as:

- avoiding care fragmentation,
- working to build partnerships,
- promoting a clear and shared message to our community about how together we will simplify bureaucracy,
- get resources to the pointy end of care,
- empower our hospitals,
- Furthermore, avoid wasteful fragmentation by placing General Practice at the centre of care planning and delivery.

Our General Practitioners are frustrated at the impact problems in our public hospitals are having on their patients - overcrowding in the Emergency Departments, long waiting times for specialist appointments, elective surgery and outpatient clinics. They are frustrated with all tiers of government over lack of communication around service planning; services in which they are partners. Lack of consultation and a lack of shared purpose cause antagonism. I challenge you, my colleagues, our elected representative - share your vision for health, make it a vision beyond mere survival - a vision of sustainable excellence, in which we can have pride, and our community's confidence.



The public sector is the universal underwriter of health. It is a system that cannot fail, but it is a system that does not exist in a vacuum. It does not control the private sector but is mutually reliant on it. It must interact and partner with the profession to make this happen.

The AMA recognises that challenges in health service delivery exist across all Australian jurisdictions. However, I would suggest that we have a unique opportunity in this State to do it better than most – for the very reason that we are uniquely able to share this occasion tonight.

In summary, there are five key areas that AMA believes need to be targeted for a shared vision and planning:

1. The Health Budget: it must be sustainable but also realistic given the public demand that must be underwritten for time-critical and complex services that the private sector cannot provide or for which some in our community are unable to pay.
2. A Health Strategy for the State: there must be shared planning across Preventative, Primary and Acute Care. This is essential if we are to provide the best support for patients and alleviate demand pressures on the acute end of the system. We must involve the public and private sector in a planning partnership across acute, primary and preventative care. This is essential if we wish to deliver on the 4 Rs for Tasmanians -- RIGHT care, RIGHT place, RIGHT time, RIGHT price.
3. Prevention of Care Fragmentation: Fragmentation increases cost as does excessive bureaucracy. Patient-focused care rightly puts General Practice at the centre of patient care delivery.
4. A Sustainable Workforce: We achieve this through effective recruitment, retention and training of our existing workforce and local graduates.
5. Effective and lean governance - this is governance 101.

If we could but work in a partnership, it is within the power of all of us this room to make substantial inroads on these challenges.

I leave you with this challenge to reflect on this when you leave this evening. To reflect in your daily clinical practice, in your management and executive roles, and in your roles in the legislature - what is our vision for health, are we communicating it, are we partnering to plan and give effect to it, will it be sustainable, will it reduce care fragmentation by supporting General Practice, and most importantly, will it place the patient at its centre?

Enjoy your table conversations. Following the main course, I will invite the shadow Health Minister and the Health Minister to speak.

Thank you.