

HOUSE OF ASSEMBLY HANSARD

Wednesday, 25 June 2014

Debate on Greens' motion calling for the establishment of a single Tasmanian health organisation.

[5.02 p.m.]

Ms O'CONNOR (Denison - Motion) - Madam Speaker, I move -
That the House -

- (1) Agrees that Tasmanians should have access to high quality public health services that are appropriately funded and efficiently managed.
- (2) Acknowledges the report of the Commission on Delivery of Health Services in Tasmania and its finding that the establishment of the three Tasmanian Health Organisations has led to duplication and inefficiencies.
- (3) Agrees that a single statewide Tasmanian health organisation should be established to best serve Tasmanians requiring health services and acute care, and to ensure a more streamlined, more coordinated, less internally competitive and wasteful approach to health service delivery in Tasmania.

Madam Speaker, we will be calling for a vote at the conclusion of the debate.

Without wanting to prejudge the way either the Government or the Opposition will vote on this notice of motion, it is unarguable that Tasmania needs to examine the governance structure for its public health system. It needs to understand that there is a level of inefficiency and duplication around the three Tasmanian health organisations. In a period where we are facing funding cuts to the Health budget on a scale that is staggering and unprecedented in my time in Parliament, I am sure the Minister for Health appreciates that every single efficiency will need to be found to maintain the delivery of quality health services.

When you go back and look at the second reading speech for the Tasmanian Health Organisations Act, the argument for the establishment of three separate local hospital networks was never fully put. There was an acknowledgement that there were strong and competing arguments about whether a population of half a million people needed three separate, what is fundamentally bureaucratic structures, established or whether we needed to have one structure.

We have a highly dispersed population. Many people live in rural and regional areas, far from the major centres and major hospitals. It is why we should all be thankful for the quality services that are delivered by our rural and regional hospitals in Tasmania.

The Minister for Health, in his contributions on a range of health-related matters in this House, is very quick to blame previous ministers and governments for some of the enduring and chronic problems we have within the public health system in Tasmania. I acknowledge that the Minister for Health has to an extent looked to Canberra and the actions of his federal colleagues and in a moderated way has been relatively critical of the Abbott Government's decision to take over \$1 billion out of the health system in the coming years.

I believe the Minister for Health also supports the establishment of a single Tasmanian health organisation because, first of all, you have a budget problem on your hands. Second, you have -

Mr Ferguson - I am testing your mind-reading skills here.

Ms O'CONNOR - If I can read your mind, Mr Ferguson, I do not belong in here.

The reason I believe that the Minister for Health and the Government support the establishment of a single Tasmanian health organisation first of all is that it makes complete sense and, second, because I am certain you are very keen to explore every efficiency that can be found within your Budget in Tasmania. I do believe that you understand the issues facing public health in Tasmania are not the fault or responsibility of a single minister or any government. They come down to a state where sometimes local, or parochial, interests can get in the way of good policy. I think with the establishment of the three Tasmanian health organisations, or the three local hospital networks as they are known under the National Health Reform Agreement, we have seen parochialism affect policy.

In the last term of government, the Greens along with the Liberals supported the establishment of the three Tasmanian health organisations and the three THOs also went through the upper House, so at the time I think we all collectively realised that the National Health Reform Agreement had some very significant capacity to improve the funding and governance of health services in Tasmania but also to improve the quality of health services that are delivered.

Clearly, when we look at some of the key performance indicators there has been a time lag where we are seeing reform happen and embed in legislation in Tasmania in 2012 and yet we are still seeing the kinds of results that came out of the COAG reform council just last month on 30 May which showed that Tasmania lags well behind the rest of the country in its elective surgery KPIs, in the amount of time that people wait in emergency departments in Tasmania, and of course we know that Tasmania has the oldest and fastest-ageing population in Australia. We also have one of the highest rates of chronic disease in the nation, one of the highest rates of smoking and teenage smoking in the nation, but due to a dedicated community awareness and preventive health campaign as well as the plain packaging legislation, we have seen smoking rates come down in Tasmania in recent years.

The point I am making here is that you are not going to solve the problems that exist within the health system in Tasmania by tinkering around the edges. You need to understand that we have structural, cultural, funding and demographic challenges that are enduring here in Tasmania and that we have allowed a very local form of politics, which is laudable in many ways but I think also affects the sensible governance structures here in Tasmania.

All of this information is available on the web. The THO South serves a quarter of a million people in southern Tasmania. It has a budget of \$497.58 million and employs 4 382 full-time equivalent workers. The THO North West has a budget of \$227.8 million and serves a population of 113 000 Tasmanians. There will be local health issues specific to the north-west coast that are served by the THO North West. I recognise that and I believe, as I am sure does every member of this House, that you need to have a capacity in your governance structures to connect very closely with your local population and service providers in order to ensure you meet the health needs of the people within your regional area. There are 1 269 full-time equivalent employees at the THO North West. The THO North, which covers the Launceston General Hospital, has a budget of \$328.9 million, serves a population of 142 000 Tasmanians and employs 2 191 full-time equivalents. This is a large system we are looking at here. Even though we only have a population of 500 000 people it is a complex system dealing with a complex array of acute and chronic health issues.

We are not yet investing enough into preventive health in this state or any other part of Australia. We now have seen, as a result of the first Abbott Budget, the Federal Government not only moving away from its responsibility to invest in frontline health with the states but moving away from its responsibility to invest in the health of people to ensure we are taking the pressure off our public hospital system. Fantastic programs such as Glenorchy on the Go, Move Well Eat Well and the school canteen program - marvellous community-led, not-for-profit initiatives that are making people's lives healthier, bringing wellbeing into their

communities, giving kids a nutritious start to the day - have been defunded in the first Abbott Budget. We need to invest more in preventive health to deal with some of the enduring problems in public health in Tasmania.

We need to look at a single funder model to take some of the politics out of health funding in Tasmania. We need to have a look at our governance structures in Tasmania. What is the argument for three separate bureaucratic structures in Tasmania? Anyone here who applies the logic test to this issue will recognise that one expert-based, lean but properly resourced Tasmanian health organisation could meet the needs of 500 000 Tasmanians.

The budget savings paper the Australian Nursing and Midwifery Federation presented to the minister last week also recommended there be a review undertaken of the governance structures. The ANMF makes the patently obvious observation that 'the current systems are inefficient and lead to frustration and waste'. On the issue of the forward strategy for health in Tasmania:

The ANMF supports a review of the current governance and structure of the Department of Health and Human Services and the three Tasmanian health organisations. The ANMF supports the review and potential amalgamation of THOs conditional on regional, clinical and consumer representation.

What the ANMF is putting forward to us here today is just commonsense. It is worth detailing in the time I have on my feet some of the other recommendations made by the ANMF which I am sure the minister is considering very seriously. One is to implement a statewide strategic health plan and policy consistency to ensure clear lines of delegation and accountability. There is a case cited in the ANMF's presentation to the minister of the need for nine people in the system to sign off on the employment of a person within the system. The ANMF would also like to see the minister conduct a feasibility study on elective surgery privatisation. I have not thought too much about this but there probably are efficiencies to be found if you ensure that the public and private systems are working efficiently and effectively together. That is without wanting to corrode the resources that go into the public system in Tasmania. We have support from the ANMF for reform of the governance structures as part of a broader examination of the way that we fund and structure the delivery of health services in Tasmania.

It was the former UK prime minister in the late 1800s, Benjamin Disraeli, who said, 'The health of the people is really the foundation upon which all their happiness and all their powers as a state depend'. Those words were spoken maybe 140 years ago but I think they are as true today as they were when Prime Minister Disraeli spoke them. If we invest in the health of our people, we will make sure that when children are going to school they have a good breakfast in the morning; we will make sure that the older members of our community have access to opportunities to engage in healthy recreation, and we will teach families about nutritious food. We will also make sure that we are not slugging people \$7 every time they want to see their GP, or making the cost of their medicines unaffordable, or hooking hundreds of millions of dollars out of the public health budget in Tasmania. We will make sure that we can attract the best doctors, clinicians, allied health staff and nurses to our public health system. These are the foundations of reform; we need to start with the governance. We need to make sure that our funding is secure and it meets the needs of growing and increased complexity of demand. You need to listen to the people who work in our hospitals. Clinicians and nurses need to work with the department, with the health organisations, the minister and the patients to ensure that our system is the best that it can possibly be.

I believe that other members of the House will have read about the Lean system, which is a system of hospital administration and management being put into place in other parts of the world including New Zealand. It is where the clinicians who work on the floor - the staff in

the hospital - examine the way that patients make their journey through the hospital. Where are the blockages, the inefficiencies and the things that we could be doing better and smarter? It has led in New Zealand to the introduction of the Lean system. It is a more efficient and productive health system because you have employees who are directly engaged in the efficient delivery of health services. Ultimately, the customer - the patient - is happier because they are working with happier staff in a system that has the funding it needs to deliver those quality health services.

I understand that the minister intends to bring on an amendment. I am happy to hear the minister's arguments and make a decision about how we will vote, based on that amended motion. Health is one of those issues where, as much as possible, we must try to put politics aside, as tempting as it is not to. The Greens are certainly open to being constructive about reforms to the health system because we know how difficult your job is, given what the Abbott Government has dished up to you. Our primary concern is to ensure that Tasmania has a really robust, efficient public health system of the highest quality it can possibly have. I think that that is a goal we should all be working towards.

[5.21 p.m.]

Mr FERGUSON (Bass - Minister for Health) - Madam Speaker, I welcome the opportunity to see this motion debated in the House today. I thank the member for Denison, Ms O'Connor, for the motion she presented last month. I eulogise it by saying this is the kind of debate we need to have in Tasmania. It needs to be an informed and an open-minded discussion about the need for health reform in Tasmania.

Unusual for any member of this House, Ms O'Connor has moved a motion which does not suffer from the invective that most of the motions coming into this House suffer from. It is not overtly political. In fact it is not political at all. Thank you for bringing it in, Ms O'Connor. I welcome it. After all, I was the one who said that everything needs to be on the table for Tasmania to get our health service to be safe, sustainable, effective, efficient, and good value for the taxpayer. Most importantly, we have an intention to provide better access to Tasmanians wherever they live.

While I have said that the Government believes all options need to be on the table, and we need to have a genuine and strong health reform agenda which is focused on those things I have just indicated, I would not like this debate and the greater debate that we have in the community to revolve on this particular question of how many THOs.

Ms O'Connor - No, and I certainly did not say that it should because I said there are complex issues with the health system in Tasmania. This governance issue is one of them.

Mr FERGUSON - It certainly is and that is why I welcome it.

It would be a mistake to think that the problems of waste and duplication in how we plan and deliver clinical models of care to Tasmanians and how we plan, model and deliver other programs - for example in allied health and primary care and preventive health - could be solved by an adjustment of the THO model in Tasmania. I accept that is not what Ms O'Connor and her colleagues have to say on the matter. Nonetheless, it is a contribution and one that can potentially be reviewed. In the end, whatever views members will come to individually and with their parties, we have a choice to make here. It is a question of balancing the local autonomy that we know is embedded within the THO structure. We must balance that for its benefits as well as the introduction of opportunities to be more efficient, rather than simply saying that a single THO can be the Lean approach and the most efficient we need to recognise that there are pros and cons for both.

I would like to discuss the commission report. The Commission on the Delivery of Health Services in Tasmania was established in September 2012 by the former Labor-Greens state government and the Commonwealth government as part of the Australian Government's \$325 million Tasmanian Health Assistance Package. The role of the commission was and is

to report on the delivery of health services. The interim report from the commission was released jointly by the Federal Minister for Health and myself on 3 May this year. It paints a picture of a health system left in crisis and, forgive me for saying again, that it is a damning indictment on the former state government and in particular the former state minister for health.

The report presents a very sad picture of a health system suffering from a lack of leadership and some of those points that were made included hospital-initiated cancellations of elective surgery at a rate three times that of, for example, Victoria. In Tasmania 16 out of 100 surgeries are cancelled by initiation of the hospital itself. Almost 45 per cent of Tasmanian patients were overdue by clinical urgency at the end of 2013 compared to 11.5 per cent nationally. Some 35.9 per cent of ED presentations had a length of stay of eight hours or greater compared to 26.6 per cent nationally and, as I shared this morning in question time, where one THO was experiencing 10 per cent of its ED presentation patients waiting more than 40 hours. Finally, 41.9 per cent of ED presentations were potentially avoidable GP-type presentations, the highest in the country. We want Tasmanians to get the health care they need and require but we want to encourage that to occur where that service is best and most efficiently provided. For many of them that is a GP rather than an emergency department.

The commission also found a culture of poor leadership and bad behaviour with confusion about roles and responsibilities and a lack of accountability for performance. Ms O'Connor, quite rightly, sees the significance of this report in the wording of her motion. The report itself contains a number of significant recommendations for reform reflected, at least in part, in her contribution. They include governance, clinical redesign, improving the management of elective surgery, increasing the efficiency of operational management and embedding effective community and consumer engagement to informed decisions and also maintaining and improving clinical engagement in Tasmania.

These recommendations should not have been required. The former Labor-Greens minister for health should not have allowed our health system in Tasmania to sink to such a state of crisis as would expose us to the national embarrassment that was written up in the interim report of the commission. It is a situation of the former government's doing. We cannot blame the Greens for all of that but nonetheless they were part of that government for four years. The Labor Party was in power for 16 years and allowed Tasmanians to come to a point where they have to face these challenges today.

If there is any question about the credentials of the commission itself I would draw the House's attention to the former minister's comments and endorsement of the commission in this place in 2012 and additionally referring to the Chair of the commission, Mr Alan Bansemmer as, and I quote, 'a very respected health player'. The interim report released in early May was a watershed moment for Tasmanians and this Government will rescue and rebuild our health service in Tasmania. We choose not to squib the challenge that sits before us to recognise the problems that have been highlighted, to not imagine that we can solve them all in a short period of time. We must be proactive in showing the leadership that Tasmanians expect from us now to deal with them.

It is also important to remember that the problems facing the Tasmanian health system today are not new. The signs of system underperformance, such as unacceptable numbers of overdue elective surgery patients and high levels of access block, have been present for years. There are no surprise statements there. I know former health minister, Mr Llewellyn, would have been facing some of the same challenges in the time he had been minister. The commission also observed a system that does not effectively harness the expertise and experience of the health professionals who have dedicated their lives to it. Not everybody agrees with the conclusions. I have heard some members of the community not even agreeing with some of the methods of the report. I acknowledge that but it is a document we cannot

disregard. The concerns it raised, their depth and potential impact on the development of a sustainable system for Tasmania are such that we are obligated to review them. We have to take them very seriously. In some cases we will have to bite the bullet, deal with them and take appropriate action in the interests of Tasmanians.

The health system has been subject to many reviews over the years, such as in the development of the 2007 Tasmanian Health Plan and in the Llewellyn era the 2004 Richardson Report. We acknowledge there have been those many reviews and reports. Many of the issues raised in those documents remain with us today and it remains our present-day challenge to resolve them. These issues remain during all those reports and those 16 years of Labor government because of that government's lack of leadership, discipline and vision to resolve the issues. It has left us with a health system that has lost sight of the reason it exists: to treat patients, to do it well and on time.

I say again today how fortunate we are throughout all this to be able to acknowledge jointly the many wonderful, dedicated, professional and competent clinicians, allied health professionals, nurses and midwives, support staff and preventive health professionals who are working within this system. As I have shared with them in the different forums I have conducted, they are each working within the management structures that others created for them to work within. They are doing what they can with what they have. I believe they are capable of more, that their professionalism can be released to do more if we provide the leadership required.

The commission reported that the health system governance arrangements lacked the strength required to drive change and improvement. One of the disappointing parts of the reading was the sense the system lacks the ability to drive the necessary change from within. Without a robust and functional governance structure the system is not equipped to address longstanding issues of the kind I have described. It is not well equipped to meet the future challenges. The findings of the commission, the growing dossier of evidence showing a health system in need of change, and the dusty bookshelves of reports from over the years have been ignored largely by the previous government. It makes it all too clear to all on this side of the House that we need structural and systemic improvement to Tasmania's health system. This will not be easy.

We have heard other governments say they will embark on improving their health system as well, but we want to provide the leadership that is required. We do not think we are world-beaters and we do not think we are the font of all wisdom and knowledge on these things. That is why I have spoken to people right across our health services to invite them in with their feedback and a sense of empowerment that they can be part of our consideration in putting options up. That is why I want to reiterate something Ms O'Connor had to say earlier, where you have the proactive work of the ANMF whose members, at my invitation, presented us, as a Government, with a set of opportunities for improvement in our health service. It was their own work and their own initiative. In many elements these are things that were put to the previous government. Nonetheless, I invited it, I welcome it and I regard that as an important contribution to our thinking and it will be responded to.

I have mentioned that I have visited all of our four major hospitals and I have talked to staff across our rural and regional hospitals. I have been to the Royal Hobart Hospital and spoken to staff on an open invitational basis there, to the North West Regional Hospital, the Mersey Community Hospital and the Launceston General Hospital. At those talks we had people linked in from our rural and regional hospitals. I took with me the same message to every one of those settings. It was the message that I have shared today, that I want everybody to own this problem, not just half of the Parliament or the side that makes up Government. I want all Tasmanians to feel as though they have a say in where we go with this. In the end, as I think I have heard other members of this House say, we are the

Government and we will be expected to come up with a package that is successful and that works. That is what we are undertaking.

In undertaking that health reform, Tasmanians can be sure that this Government will pursue any opportunities that we can identify that will improve the health system in the long term. We need to start thinking differently about how we deliver public health services without, every time somebody suggests a positive change that is for the greater good, a political response and movement that makes that change impossible. I wonder if our state, our intelligentsia and our political movements are capable and mature enough for that to occur.

For people to be part of those kinds of positive reforms, I accept that they will need to see that there is trust and the Government is not just looking for opportunities to withdraw services, which I know is one of the deep insecurities people have. Whenever there is talk of change, people, particularly in regional centres - for example, Launceston or Devonport - fear they will lose services to the Royal Hobart Hospital. That is a genuine concern people have.

My message today to the House is the same that I have taken to those four major hospitals and to other communities who have listened: it is not the mindset nor the approach of the Government; it is about Tasmanians everywhere, wherever they live, to give them better access to the full range of health services they require. That does not necessarily mean, and it cannot mean, that everything we currently have in every facility has to stay the same.

The Bansemer Report identifies that there is duplication and inefficiency in the health system. I want to pick up a point that is paragraph (2) of Ms O'Connor's motion. I do not accept that the report establishes a link. Now you may understand why I have provided an amendment, that necessarily these inefficiencies are directly attributable to the three-THO model that the former government and the former opposition and all members of this House endorsed and the majority of members in the other place also endorsed. I might have explained myself there.

I want to listen to what other members have to say. We want to recognise that so far as the Government is concerned all options are on the table. I do not want people to think, as has been asserted, that the Government has come to a position on this because that would be false in what I have said to other communities, when I have made it quite clear that we have not resolved to move to a single THO model at this time. For it to mean something when we have said that all options are on the table, I have to be honest and say that means we are not committed to the present system.

Madam Speaker, I move -

That paragraph (2) be amended by omitting 'establishment of the three Tasmanian Health Organisations have led to' and inserting 'Tasmanian health system suffers from';

That paragraph (3) be omitted and replaced with the following:

'Recognises the need for reform of Tasmania's health system and that all options must be fully investigated to minimise waste and maximise benefits to patients.'

Ms O'Connor - Except that it commits you to nothing.

Mr FERGUSON - Correct, because otherwise we do not have an open-minded approach in consulting the community. I ask you to acknowledge that.

In addressing that motion, Ms O'Connor, I believe that was an important improvement to (2). Rather than striking out (2) I have tried to retain the integrity of your overall motion. Number (3) I think is self-evident. While I do not think it is appropriate today for the Government to commit to what the Greens members have currently decided to form a view on, we want to continue our consultation with the people and I want to give a true sense that when we say we are listening, we are.

[5.42 p.m.]

Ms WHITE (Lyons) - Madam Speaker, I would like to talk to the first point that has been moved by the member for Denison, that the House agrees that Tasmania should have access to high quality public health services that are appropriately funded and efficiently managed. I will not move an amendment but I would like to also put on the record that my hope would be that not only are they appropriately funded and efficiently managed, but they are also accessible for all Tasmanians - that is a really important point. We are talking about our public health system here and it should not be dependent on somebody's income whether they can access the health services they need.

We have had debates previously about the impact the Federal Budget may have on people's ability to access some of those services, including things like a proposed co-payment to see the doctor and a co-payment or increase in the cost of prescriptions. My fear is that this may exclude people from accessing those public health services they need. We have seen reports already that indicate some people are not presenting to their GP and, indeed, we also have information that shows people already defer treatment because of the costs of their prescriptions. We are aware that approximately 9.8 per cent of Tasmanians defer medication because of the cost of prescriptions. We are very concerned that the impact of this Federal Budget measure may be that some Tasmanians defer seeking medical treatment or that they defer getting the medication that would help treat their medical condition.

I welcome the minister's announcement today that the Government will not be seeking to introduce a co-payment for presentations at the emergency department. I note the comments he made around the difficulties in administering such a payment. I also note there would be similar difficulties in administering a GP co-payment if that is introduced. Organisations have already made representations to me about how that will be very hard for them to do, including some of those funded by the state government. I again encourage members to lobby against those measures the Federal Government wants to introduce because we want to ensure that people can access affordable and appropriate health care when they need it.

Talking about access to services at an appropriate time, I would also refer to the comments made by the minister in his contribution and to comments made earlier today that we know our EDs are facing increased levels of demand, particularly of a nature best supported by a GP. I acknowledge the Labor Party's fear that more people will present to the ED because they are worried about accessing a GP with the introduction of a co-payment, but also identify that things like preventive health programs and awareness programs that help people understand their health conditions and seek treatment earlier, or even help prevent an illness, are the best ways we can help Tasmanians to stay healthy.

Of course I understand we need to have a tertiary response in the hospital system that treats people who are ill but everyone here would understand, and I am sure would agree, that preventive health is the best approach when we are talking about responding to health issues that this state faces. When I am talking to the first point the member for Denison moved - about an appropriately funded and efficiently managed public health system - and when I mention it should also be accessible, I am talking about accessibility for people no matter where they live.

In this House we have also raised concerns about the continuation of services in regional and rural Tasmania, which remains a concern to us because we do understand that the budget pressure the State Government is now facing and is under has been exacerbated by the federal budget cuts. There will be a \$27 million hit to the health budget in the coming financial year and it worries us where the State Government will find those savings. Again I put on the record our support for the continuation of regional health services including those regional hospitals.

I would like to also talk about some of those services that are provided currently in Tasmania and the work that is being done, particularly through Population Health. I talked

earlier about the importance of preventive health measures and the importance of making sure Tasmanians can stay healthy and hopefully stay out of the health system because they do not need to go and see a doctor or they do not need to present to the hospital.

Unfortunately, we see that preventive health measures will cease to be funded by the Federal Government, which will mean that we no longer see funding provided for programs that have operated in Tasmania for quite a while now, including Healthy Children and Healthy Workplace. In the Healthy Children program - the member for Denison referred to some of these programs - there are the Move Well Eat Well programs, the school canteen program and Family Food Patch. In Healthy Workplace, WorkSafe representatives go into workplaces and help them remain as healthy as they can.

The national partnership agreement also funded that activity so unfortunately those programs are likely to cease their work on 1 July.

Mr Ferguson - I hope you're not telling them that.

Ms WHITE - I take that to mean the minister will continue his funding from the State Budget so that they can continue to operate.

Mr Ferguson - I answered a question in question time on this.

Ms WHITE - That is somewhat reassuring, Minister. If you are hoping to continue funding Healthy Children and Healthy Workplace activities, that is an excellent thing because preventive health programs are some of the most -

Ms O'Connor - The federal funding ceases on 1 July.

Mr Ferguson - Exactly.

Ms O'Connor - So it's not an unreasonable statement for the member for Lyons to make.

Ms WHITE - Those programs have been co-funded and I mentioned that the National Partnership Agreement on Preventive Health was ceasing. Perhaps you were too busy writing to listen to what I was saying earlier.

Mr Ferguson - It concerns me when you say that they will cease.

Ms WHITE - Ceasing to operate the preventive health program concerns me. We have the Healthy Tasmania plan. I hope your Government continues the good work that was started under this plan because there are a range of initiatives that were devised after extensive consultation across the sector and with communities as to how we, as Tasmanians, can live a healthier lifestyle.

All of these points are important when you consider particularly the first aspect to the motion moved by the member for Denison because we all want Tasmanians to have access to public health services that are appropriately funded and efficiently managed, but we also need them to be accessible and we need them to be relevant.

In relation to the amendments moved by the minister, I have no problems supporting the amendment to paragraph (2); it is sensible. In relation to paragraph (3), I agree that it provides you an opportunity to have a more open mind. The Tasmanian Labor Party is happy to support that amendment as well.

Mr Ferguson - Does Labor have a position on THO?

Ms WHITE - There is an opportunity for us to first learn how your Government is going to respond to the recommendations provided by the commission's report so we look forward to seeing that. We, too, have an open mind about how we should continue to deliver health services in Tasmania. We want to make sure it is in the most appropriate way, efficiently but also providing the best opportunities for Tasmanians to have a healthy life. On that, I give the opportunity to the member for Denison to wind up.

[5.50 p.m.]

Ms O'CONNOR (Denison) - Madam Speaker, in response to Ms White's comments on the notice of motion as unamended, I completely agree with you about the accessibility of health services in Tasmania. It was a point I did make but it is not in the notice of motion. It

is implicit in there that if we are saying 'agrees that Tasmanians should have access to high quality public health services that are appropriately funded and efficiently managed', we are talking about all Tasmanians. I understand and accept why you have raised that issue and certainly agree.

Minister, I appreciated your comments in the debate today. This has been quite a constructive debate and our intention in bringing on this notice of motion was to help progress the debate around health reform in Tasmania. I think we have done that. I am very comfortable with your amendment to (2) so that it now would read, 'Acknowledges the report of the Commission on the Delivery of Health Services in Tasmania and its finding that the Tasmanian health system suffers from duplication and inefficiencies'. That is a statement of fact and is an entirely reasonable amendment.

The problem I have with (3) is that it commits the Government to nothing. I hear what you are saying, minister, about the importance of listening to all stakeholders and getting the widest possible advice on where you take the health system from here. You have not outlined how you will engage with stakeholders and if there is any formal process that you will be going through. Do you invite people to be part of a round table or a consultation group rather than having people one on one coming to your office? With respect, I am getting a bit of feedback from some of your stakeholders who feel that they are not getting a fair hearing from you and that individuals are being favoured with meetings in your office.

Mr Ferguson - I would be surprised about that given that we had four open forums.

Ms O'CONNOR - That is fine. This is probably feedback I got four, five or six weeks ago. There was a concern that only some people were being invited to your office. I am very pleased to hear that you are having open forums.

Mr Ferguson - You and Ms White are invited.

Ms O'CONNOR - Thank you, Mr Ferguson. I might just take you up on that one day but I will save it up for a special occasion.

Mr Ferguson - There'll be a cup of tea in it for you.

Ms O'CONNOR - Thank you - white no sugar. I struggle with the lack of commitment in the last part of this amendment to the Government actually examining the governance structures. I listened very carefully to Mr Ferguson's contribution and I hear a strong desire to be an effective and consultative minister and to reform the system in very difficult circumstances. It is possibly the most difficult financial circumstances a Health minister in Tasmania has experienced. You can thank your federal colleagues mostly for that.

I hear the good intent, but it commits the Government to absolutely nothing and that is why we cannot support that part of the motion but I say that to you in good faith. I recognise that you have heard the arguments for the rationalisation of the three THOs into one. They are arguments put by far greater authorities than me - clinicians and experts in the field and the ANMF.

I know you have heard the arguments on the three THOs. The Greens still believe it passes the commonsense test. Government needs to consult with stakeholders who will be most affected by any reform to the structures of the health system in Tasmania. I urge you to also talk to patients as part of this process to get some sounding from the users about their experience of the public health system. Despite some of the bad press our hospitals get in Tasmania, a hospital like the Royal Hobart Hospital is such an outstanding -

Mr Ferguson - You get great care if you can get in.

Ms O'CONNOR - I have never had anything but exceptional quality of service at the Royal Hobart Hospital. I am talking about 25 years of being part of the Royal Hobart Hospital occasional community. It is a marvellous hospital, really outstanding, and I want to echo what has been said by other members about the quality of the people who work in our

public health system in Tasmania. We all owe it to them to work together on this. But, minister, we will be holding you to account.

I believe this amendment will go through now that Labor has indicated it will support it. We will come back to you on the question of the rationalisation of three THOs.

The House divided -

AYES 21

Mr Bacon
Mr Barnett
Mr Brooks
Ms Courtney
Mr Ferguson
Ms Giddings
Mr Green
Mr Groom
Mr Gutwein
Mr Harriss
Mr Hidding
Mr Hodgman
Mr Jaensch
Mr Llewellyn
Ms O'Byrne
Ms Ogilvie
Mrs Petrusma
Mr Rockliff
Mrs Rylah
Mr Shelton (Teller)
Ms White

NOES 3

Mr Booth
Mr McKim
Ms O'Connor (Teller)

Amendments agreed to.

Motion, as amended, agreed to.