

## Agreement in Principle

**Mrs JILLIAN SKINNER** (North Shore—Deputy Leader of the Opposition) [10.22 a.m.]: I move:

That this bill be now agreed to in principle.

The object of the bill is to establish a high-level independent clinician and community council to monitor, evaluate and report on the implementation of recommendations of the Special Commission of Inquiry into Acute Care Services in New South Wales Public Hospitals. The council will comprise qualified persons whom the Minister considers to have expertise in matters raised during the Garling inquiry and will include a medical practitioner, a nurse, other health professionals and community members. It will be important for the Minister to appoint persons who are respected by their peers and trusted by the community.

The council will not be subject to any ministerial control or direction. To be truly independent the council will report to the Parliament, not the Minister. It will report every six months for the next two years. That is the only way the public can be confident that the Government really is implementing the recommendations made following the inquiry conducted by Peter Garling. Let us face it: the New South Wales Labor Government is so addicted to half-truths, fudged figures and spin over substance that there is total distrust in its willingness, let alone its ability, to honestly report on implementation of the Garling reforms.

In considering this bill it is important to understand the background of the Garling reforms. The Special Commission of Inquiry into New South Wales Public Hospitals came about after months of pressure from me, other Coalition members of Parliament, doctors, patients and their families, and the media. The final straw was a call for an inquiry by the Deputy Coroner who found that the death of a 16-year-old Vanessa Anderson was a tragic and avoidable death. In delivering his findings, Magistrate Carl Milovanovich said:

It is almost impossible to avoid comment on the unfortunate repetition of the same systemic problems that continue to surface.

He called for a full and open inquiry into the delivery of health services in New South Wales. Mr Peter Garling spent 10 months gathering evidence through public hearings, submissions and private discussions. At the end of 2008, the Garling report was released. It warned that New South Wales Health was on the brink. The Liberal-Nationals Coalition agrees with the many experts who have welcomed key reforms recommended by Commissioner Garling, including his four pillars involving the establishment of agencies to undertake innovative clinical reform, to provide information independent of the bureaucracy, to increase safety and the quality of patient care, and to take charge of training over the next generation of clinicians. We agree that attention needs to be paid to getting doctors and nurses to wash their hands, to removing the indignity of forcing men and women to share wards, to insisting that doctors and nurses do ward rounds to discuss important information about individual patient care, and to issues like ensuring that patients better treated outside the hospital can be properly cared for in their homes.

With one or two exceptions, which we will respond to in coming months, the Coalition generally supports the 139 recommendations Mr Garling made, although as we outlined in our policy entitled "Management of the New South Wales Health System—Making It Work", which was released last week, we believe that structural reform also is essential to provide local communities and clinicians with much greater control of their health services. We believe that to make it work we need to reform the management structure of the New South Wales public health system in a way that respects and involves doctors, nurses and other practitioners and gives them the best opportunity to excel for their patients.

We must empower local communities by giving them better information and genuine data and letting them have a real say in the public health system that is there to serve them. We need greater accountability for promised outcomes. It is about being honest. We must establish a truly independent information bureau to provide a real picture of what is happening in our hospitals. It is about putting patients first by removing huge, inefficient area health services as well as the 33 clusters below them, and creating a flatter administrative structure, based on approximately 20 districts that cover hospitals and other health services in a particular region. We will appoint boards to oversee the health districts comprising appropriately qualified local people so that local communities can have a say in health decisions made in the region.

We must rebuild the links between medical professionals and health management as well as the links between the various health specialists, including doctors, nurses, and other allied health professions. We will move administrators out of ivory towers and closer to the front-line health workforce. Our reforms will develop new networks linking medical experts across the system to assist in providing fairer access to health care, no matter where patients live. This will develop best practice in patient care across the State. We will reorganise management to deliver honesty, local clinical and community involvement, new cooperation, and quality care for patients in New South Wales.

Our Making it Work policy focuses on restoring the role of the clinician in the health system, giving doctors, nurses and allied health professionals a real say in how services are run. It specifically endorses the Garling proposal to extend existing networks of clinicians to coordinate and drive constant innovation across the whole system, and aims to engage the dedication of clinicians in designing new models of care and evidence-based best practice that can be monitored to track degree of success. Making it Work also adopts the Garling proposals to establish an independent information agency to report on budgets and how they are spent on patient care, including medical errors and infections—and how budgets are held up when bills are not paid on time. The policy also adopts the Garling proposal to appoint executive clinical directors to, among other things, improve the links between management and clinicians. Making it Work was developed in consultation with many clinicians across New South Wales, and the feedback has been extremely positive.

The Labor Government's formal response to Garling's recommendations, released on 30 March, claimed to have endorsed 134 of the 139 recommendations. However, the reality is that at least 55 of the 134 supposedly supported recommendations had strings attached. In some cases the Government's response says "supported" but then goes on, in the small print, to indicate that the Government will investigate further action, undertake further reviews, and often substantially delay implementation. In some cases the Government claims it is supporting a recommendation and then it changes the recommendation! An example is the response to Garling's recommendation 14, which suggests that the personal contribution and administration charge for all Isolated Patient Transport and Accommodation Assistance Scheme claims should be abolished. The Government responds, "Supported", but then in the small print it goes on to qualify that support by indicating that the abolition of the fee will apply only to pension and concession card holders. Yet, the Government has given itself a big tick for supposedly supporting this recommendation.

I urge all who are interested in these issues to go through the recommendations line by line and check exactly what the Government says it supports. The flaws in the Government response to the Garling report were picked up by *Sydney Morning Herald* medical editor Julie Robotham, who on 31 March 2009, wrote:

When the Government says it is supporting a recommendation, what it means is a little different from the way most people would understand the word.

According to the Premier, Nathan Rees, the Government has accepted 134 of 139 recommendations made by Peter Garling, SC, after his commission to reinvigorate the ailing health system. For example, the Government has "supported" the recommendation to create a clinical innovation and enhancement agency.

But that support does not mean the agency will come into being. It just means the idea will go through a further loop of review. "Consultation indicates that further consideration be given to this recommendation in relation to functions," the fine print of the Government's response notes.

This is critical, because Garling regards this agency as the first of his "four pillars of reform"—organisations that would re-empower clinicians, whose role in setting the health agenda has been sidelined.

Garling, after nearly a year embedded in the minutiae and the big picture of New South Wales Health, offered a blueprint to take it through to its next phase.

He gave detailed prescriptions for improvement, including timelines for their implementation.

Many of those have been ducked in favour of generalities and further reviews which may be conducted without the openness and unparalleled access to witnesses and documents that Garling was granted.

The editorial in the *Sydney Morning Herald* of the same date expresses the view:

The State Government has done its very best to appear contrite in its response to the Garling inquiry into the New South Wales health system. Its carefully media-managed response, under the unctuous title *Caring Together*, relentlessly accentuates the positive; it almost succeeds in eliminating, or at least concealing, the negatives.

The Government also avoided structural reform necessary to address the concerns of senior health professionals who noted:

Commissioner Garling recommends that change should be driven by clinicians "from the bottom up", but does not adequately describe how this should happen.

As previously indicated, clinicians' distrust of the willingness of the Government and its bureaucracy to deliver is revealed in an *Australian Medical Journal* article of 18 January 2009, which reads:

Significantly, oversight of the reform process will be independent of the New South Wales Department of Health.

A wide range of experienced and well-respected health professionals has been pushing for this independent body to report directly to Parliament. Contrary to this, the Government has announced the appointment of an

"advisory" council that will report to the Minister and the department, not the Parliament. The Government also announced that:

an independent panel will be appointed by the Minister for Health to monitor the implementation process. Panel membership will include clinicians as well as people with expertise in culture change, systems information, trend analysis, and governance and administration.

This is the relevant part:

The independent panel will report to the Minister on the progress of implementation each six months for a period of three years.

The Government has announced that:

To provide a system-wide perspective, the Minister for Health will establish an independent Community and Clinicians Advisory Council to provide advice directly to the Minister for Health and the Director-General on the initiative underway and the work of the implementation teams.

The public response to this is as follows. An advisory council that reports to the Minister and the Department of Health will suffer the same fate as existing area health service advisory committees. Many committee members complain of being starved of accurate data, being kept in the dark about critical issues, used as a rubber stamp for Government decisions and, worst of all, silenced by being forced to sign confidentiality agreements. Is this the intention of the Government: to silence people who have been critical and outspoken by signing them up to confidentiality agreements because they have been put on this advisory committee? A longstanding member of one of these committees wrote to me:

my frustration deepens by the day as the result of not being able to achieve any positive outcomes for the improvement of our decaying health system.

we are "lame duck committees" put in place as a token gesture to justify the Government's claim to involve consumers in the system.

Then there are calls from clinicians. In a media release issued on 30 March 2009—just this week—the Hospital Reform Group wrote:

The key problem is the breakdown of working relations between health managers and clinicians, by which we mean all people who provide patient care in our public hospitals, including nurses, doctors, allied health professionals and clinical support staff.

The Hospital Reform Group welcomes creation of a new Clinician and Community Council to oversee implementation of Commissioner Garling's recommendations. The group proposes that the council would be chaired by an independent prominent citizen.

Membership would comprise nursing, medical and allied health professional representatives, and, most importantly, would include patient and community representatives.

This is the part that is particularly relevant to this debate:

The council would report directly to Parliament about implementation of reforms, patient safety and clinician engagement in public hospitals.

Following the issue of that press release I have been approached by a number of members of the Hospital Reform Group asking that I support their call for the council. Professor Kerry Goulston telephoned me, and after several conversations I drafted the proposal for this legislation. The intention to do so was confirmed when I read the article entitled "Doctors sceptical on hospitals shake-up" in the *Sydney Morning Herald* on 1 April 2009, which reads:

The head of one of the State's busiest trauma centres warns that senior doctors have lost faith in the Government and remain highly cynical of its ability to overhaul the health system.

Valerie Malka, head of trauma at Westmead Hospital, said yesterday it was "no longer possible to trust the Government" after it had neglected the system for 10 years despite constant pleas from clinicians and nurses.

We were so grateful for the Garling report but when John Della Bosca says he is going to implement 134 of the 139 recommendations it is really hard to believe what the Government says, Ms Malka said.

The Minister for Health, John Della Bosca, promised to establish an independent advisory council that would report on the activities of expert teams charged with improving standards of health-care and raising flagging staff morale.

But the council would be answerable only to the minister and the director-general of health, Debora Picone, with no obligation to make its findings public.

As well, an independent panel would monitor overall progress. But it would report only to the minister. A spokesman for Mr Della Bosca said direct reporting would allow him to "respond to any arising issues rapidly". The Government had "yet to finalise the composition of the panel and the council".

Dr Clare Skinner—

she is no relation but she is a fine young doctor—

a member of the Hospital Reform Group of doctors working in the public system, said it was "vitally important this [monitoring] process is as transparent as possible". Direct reporting to Parliament would be positive.

That article ended by reporting that I proposed to introduce this private member's bill to create an alternative committee of clinicians and community representatives that reports to Parliament on reforms ranging from anti-bullying programs to schemes to reduce hospital infections. I have been contacted by many people, including clinicians and community members, thanking me for doing so. Typical is the email I received yesterday from Dr Simon Leslie, the subject of appendix 8 in the Garling report, which is the section that deals with the revelation that Shellharbour Hospital had set up virtual beds and then punished the doctor who dared to tell Commissioner Garling about them. Dr Leslie said:

Thank you for supporting the principle of a representative clinical and community council reporting directly to parliament on health reform. After all we are just trying to improve health care. My best wishes for a bipartisan approach on this.

Thank you, Dr Leslie. I sincerely hope that, for all those who yearn for real reforms to the New South Wales health system that restore clinician and community involvement and put patients first, this important legislation receives the bipartisan support it deserves.