

TJ RYAN FOUNDATION FIFTH ANNIVERSARY EVENT –

‘A CENTURY OF REFORM ACROSS QUEENSLAND’

WEDNESDAY, 9 OCTOBER 2019

STEVEN MILES

MINISTER FOR HEALTH

MINISTER FOR AMBULANCE SERVICES

Good evening.

I thank Uncle Bob Anderson for his Welcome to Country and respectfully acknowledge the Traditional Owners of the land on which we meet today. I pay my respects to Elders, past, present and emerging.

It's wonderful to celebrate the 5th birthday of the TJ Ryan foundation.

I've been a big supporter of the foundation's role since its inception, not just because Roger Scott, one of its founders, is a good friend and one of my PhD supervisors.

But also because Premier Ryan, or at least the various ways Labor has immortalized him, changed the course of my life.

I joined the ALP when Wayne Goss was Premier, in 1994. Goss was inspired by Ryan.

In fact, Goss created a scholarship in his name. I was a recipient of that scholarship and would never have made it to the University of Queensland, the first in my family to go to uni, if it weren't for that scholarship.

A year or two later I was President of the ALP Club and had the honour of introducing Goss to deliver the Ryan Memorial Lecture, then an annual event.

Many years later, in 2010, I decided to run for pre-selection in the federal seat of Ryan. At the time Kevin Rudd was the most popular PM since Bob Hawke and we were predicted to win that seat.

Wayne Goss was a preselector. I nervously called him to ask for his vote.

He skipped the pleasantries – he answered the phone with “this isn't the first time I've got one of these calls so get on with it...”

He did seem chuffed to know I had won the scholarship he had created in Ryan's name. I don't know whether that was enough to get his vote, not that it matters, I smashed the preselection ... not long later we changed leader and my prospects went downhill dramatically.

Anyway, I'm not here to talk to you about great Labor Premiers.

I want to talk about health policy reform.

Of course, there's some overlap. Great Labor leaders deliver important health policy reforms.

It is so important to our people. So central to our mission.

It might surprise some of you to know the health portfolio is not always the most sought-after position in government.

And believe me, there are days I understand why.

But when you take a rare moment to reflect, like I have in preparing this brief address, you realise what a great honour it is to be a Labor health minister.

Health policy is the frontline in the battle for social justice that drives my political activism.

To have been in this role when we finally legalized abortion for Queensland women is a particular honour.

Our government initiated the committee process investigating voluntary assisted dying. A reform introduced by a Labor government in Victoria and soon to be in place in Western Australia.

It's hard to believe that it wasn't that long ago the Beattie government was grappling with the vexed issue of stem cell research.

The Palaszczuk government also led reforms to allow patients access to medicinal cannabis.

We should rightly be proud of these progressive reforms.

But in looking over the last 100 years, instead I want to focus on some major health economic and fiscal policy reforms delivered by Labor governments – state and federal.

How they have on scale changed the health and lives of Australians.

And how they are right now, if not on the brink of collapse, if not suffering an existential crisis, at least under very considerable strain justifying much greater attention by policy makers. In need of more thought from people like the minds on this panel and in this room.

I have to acknowledge Beth at this point. So much of what I say tonight Beth will have told me first. And any part she disagrees with me about I can assure you I am the one who is wrong.

Beth said to me when I was first appointed that health isn't a social portfolio, it's an economic one.

At 32 per cent of the budget, as the state's biggest single employer, health may not be often considered an economic portfolio. It is certainly incredibly important for the state's budget position.

And I spend a lot more time dealing with the finances of health and how those levers effect system performance than I do the day to day delivery of individual services to individual patients.

That's best left to nurses and doctors and midwives.

So, the last century. What are the massive reforms that define the system we have today? On all of them we pretty much led the world.

First of all, we built public hospitals and made them free. What were first largely church-run or subscription-based until then, it was those successive Labor governments from Ryan onwards who worked towards free public hospitals. It took until 1944 for them to succeed.

At a national level it took much longer to deliver on the promise of universal health care for all. Medibank and then Medicare were the culmination of decades of struggle by the labour movement. The first attempt to introduce universal health insurance failed in 1938. Repeated attempts were defeated by insurers and doctors' groups and conservatives.

The PBS is a similarly progressive and uniquely Labor idea which took decades to deliver. The short-lived 1945 Pharmaceuticals Benefits Act was successfully challenged by the Australian Medical Association in the High Court. The PBS we ultimately built on the idea that we can deliver the most

cumulative benefit to society by requiring newly subsidized drugs to deliver benefits commensurate with their costs.

More recently it was state Labor who, just as we did with subscription hospitals by making them universal, finally delivered universal ambulance cover.

Then the Rudd / Gillard government delivered a massive boost to the Commonwealth's share of funding to public hospitals.

And they had promised much more since abandoned by consecutive conservative Prime Ministers. While it was based on the principle that the Commonwealth should move towards funding 50 per cent of the efficient price for activity growth, it also included agreements to improve health care delivery also since abandoned.

Close your eyes and imagine a world without these five reforms? Free, jointly funded public hospitals, universal primary health care, subsidized medicines and free ambulance services.

You're in America.

Our community is the beneficiary of 5 incredible Labor initiatives that mean all of us have access to world class health care.

Believe me, it is amazing. I see it in every part of the state. We should be very proud.

But just as it took enormous battles to win those reforms, their opponents remain many and strong and motivated and well financed.

Just recently we have seen the boss of health insurer BUPA propose that Medicare should be privatized.

The national funding reforms delivered by Rudd and Gillard were designed to sit within a wider package of health policies.

While Abbott had to commit to keep much of the funding increase for hospitals, everything else was stripped away.

And for most of that time Medicare benefits have been left to languish.

What we have now is a system massively imbalanced towards expensive tertiary care, away from prevention and primary care.

And one that is fully paid and incentivized for activity rather than value or patient outcomes.

It is leaving the states picking up an ever-increasing tab. Now more than 32 per cent of our budget.

This year alone we increased health funding 6.2 per cent. Ambulance funding more than 10 per cent.

You don't need to be a Treasurer to know that's unsustainable.

But without a willingness on the part of the Commonwealth to take a whole of system approach, we are stuck with hospitals overwhelmed with demand from patients whose only health care option is their hospital.

They can't get a GP appointment. Or if they can they can't afford it. There are places in Queensland, Mackay is one, Gladstone another, where there isn't a single bulk-billing GP.

They don't have private health insurance. The Howard era carrot and stick policies have lost their effect. The most recent changes incentivise junk policies nobody will ever use.

All but the gold package don't include maternity cover, for example, even for young women.

Meanwhile our hospitals have kept delivering more and more timely services. Median wait times at a Queensland hospital is just 16 minutes.

I can't get into a GP that quickly, when I have an appointment.

So, it's no surprise that last financial year our hospitals saw well over 2 million people.

I had really hoped that right now I'd be discussing with a federal Labor government how we turn that around. How we expand prevention and primary care. How we better integrate aged care and the NDIS.

Sadly, that wasn't to be.

I can say that all of the other states and territories are just as eager for a proactive conversation about health reform.

It's just I don't have any optimism the current government will engage with it.

Which is why we have launched our own reform agenda focused on value and prevention.

Value is about delivering the right care in the right place at the right time. It's about making the best possible use of our people and their skills. It's about identifying variation in care and minimizing that variation. And about screwing the big suppliers who usually screw us to get a better deal.

Sadly, it's also about stepping in where the federal government has failed. Like our hospital in the nursing home program.

We are deploying improved care models for renal and cardiac patients statewide.

And making much better use of Telehealth.

It's about putting consumers and clinicians in the centre of a conversation about how to deliver the care they want to deliver and receive.

Depending on who you talk to there are about 26 procedures we know, with evidence, deliver no or even negative benefits to patients. Up to half might have no proven benefit or some other intervention might deliver a better patient outcome.

But we don't really measure patient outcomes yet. We certainly don't pay for outcomes. We pay for activity.

Prevention is crucial too. When 2/3 of our adults are overweight or obese. It's not just crucial for our burgeoning health costs, its crucial for the wellbeing of the people experiencing it.

Nobody wants to be overweight.

They don't decide to be.

As a society we don't leave them many choices. Either because of the jobs we provide for them, the housing and suburbs they live in and the transport options available. And because of the food we make convenient for them.

That's why we've created Health and Wellbeing Queensland – a new statutory authority to work with communities to help them eat better and get more active.

Finally, I want to touch on something I'm very proud of. In an Australian first, we have appointed our first Aboriginal and Torres Strait Islander Chief Health Officer, Haylene Grogan.

It is so important that Queensland Health's indigenous health services and our indigenous health workforce have a leader and champion at the highest levels of the department.

I also hope Queensland's fantastic rural health services can see Haylene as a champion for their sector, workforces and services.

Friends, the brief was to talk about health reform over the last 100 years and some of the things I've been up to. And that's what I've tried to do. I hope you've found it of some interest – because I was serious about the need for great minds like yours to be pondering some of these questions.