



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE

Latest health reforms a mixed blessing

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The Royal Australasian College of Surgeons has described the Australian Government's latest package of health reforms as a mixed blessing, welcoming some of the proposed changes but criticising others.

College President, Mr Ian Civil, said the promised increases in funding to the public health system were particularly welcome and agreed with the government's statement that hospital costs were rising faster than the states can raise money to pay for them.

"While this is obviously the case, and the federal government's promise of new money to address the problem is welcome, we note that the federal government is proposing to share responsibility for funding growth on a 50/50 basis into the future," Mr Civil said.

"This will not address the so-called 'blame game' whereby each level of government accuses the other of tight-fistedness. The College repeats its longstanding belief that there must be one level of government with funding responsibility for our public hospitals – the so-called single funder model. A single funding pool is not the same thing, because both levels of government will be expected to contribute to the pool."

Mr Civil welcomed the federal government's emphasis on greater local control of hospitals and its commitment to give clinicians a greater say in the delivery of local hospital services. "It is important that the proposed Local Hospital Networks achieve this goal and don't become just another layer of bureaucracy," he said.

Mr Civil sounded a warning, however, about the proposal to implement the four hour rule, which requires patients in Emergency Departments to be assessed and either admitted or discharged within four hours of presenting.

"This rule has been in place in the United Kingdom, and in Western Australia for a while now and has failed to improve patient care. In fact the UK recently withdrew the four hour rule. A six hour rule is in place in New Zealand and has similarly failed to deliver improvements in patient care. By stressing promptness of care without providing additional radiology, ward and operating room resources, the rule runs the danger of compromising quality of care."

"With regard to the introduction of activity based funding, the College notes that the proposed independent hospital pricing authority has a crucial and very challenging task ahead of it. If it can tackle the problem of underperforming hospitals by identifying and encouraging best practice across the whole sector, that would be a tremendous service to the community," Mr Civil said.

Mr Civil said the College awaited the states' and territories' response to the proposed reforms with interest.

**Media inquiries: Michael Barrett, Manager Media & Public Relations
0429 028 933 or (03) 9249 1263**