

NSW Coalition will re-engage local communities through District Health Boards

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A key problem with the management of the public health system under Labor is its over-centralisation, added layers of bureaucratic red tape and remote decision-making.

A year ago the government was warned that NSW Health was '*on the brink*'. The (Garling) report of the review of acute hospital care, focussed on the 'disconnect' between clinicians, local communities and the head-office administrators who make decisions about hospitals.

But a year later, demoralised doctors and nurses claim no gains have been made. Changes implemented by the Labor Government have only tinkered at the edges.

The NSW Liberal-Nationals believe that improved health care will only be achieved by giving local clinicians and communities better information, and genuine data, and letting them have a real say in the public health system.

That is why we have committed to establish an independent information bureau as recommended by Mr Garling that will publish information about health services including medical errors and infections at ward level to indicate where greater emphasis needs to be placed on infection control resources and activities.

It is why we have committed to removing the huge, inefficient Area Health Services and creating a flatter administrative structure based on districts that cover hospitals and other health services in a particular region.

There will be approximately 20 Health Districts which will be locally focussed and take into account the boundaries of the existing clusters or networks .

Health Districts will be large enough to deliver a comprehensive range of health programs, both community and hospital based, but small enough to maintain connection with local communities and clinicians.

They will be able to facilitate the development of partnerships to provide seamless health care to people who need them whether that involves hospital treatment or community based health care services provided by general practitioners, pharmacists or other allied health professionals.

Health districts will be based on maximising local access to local services whether they are hospital treatments, health promotion programs, chronic care or other community based services. The exception may be highly complex tertiary level care where patients may have to travel for treatment.

We have opted to appoint District Health Boards rather than individual Hospital Boards to ensure the focus is on total patient care, although hospitals may choose to appoint advisory boards.

District Health Boards will be appointed to drive improved patient care through the development of strategic health plans in line with State-wide policies and performance agreements and within budget allocations based on the health needs of the communities they serve.

It will be possible for Districts Boards to manage partnership arrangements with pooled funding allocations negotiated by the Commonwealth and State Governments and other providers.

Board members will be appointed on merit to include people who have medical expertise, financial and risk management skills, and are in good standing in local communities. Board membership will be honorary with out-of-pocket expenses covered. Corporate support functions will be handled centrally.

We believe that District Health Boards will re-engage local communities and clinicians in the drive to improve health care in NSW.