

Sleight of hand on hospitals

Perception is reality in politics, policy and magic

SEAN PARNELL

F.O.I. EDITOR

IN politics, perception is everything. That's especially true when it comes to the state of the health system and a government announcing its plans for the future.

Previously unreleased drafts of two of the Rudd government's main health reform documents provide a rare insight into the back-room art of editing public servants' work to show their political masters in a much better light.

Amid an election campaign where health is a high-profile issue, *Weekend Health* can reveal how the drafts were altered to delete or at least downplay any references to entrenched problems, state government failings and what's left to be done.

The first report, *A National Health and Hospitals Network for Australia's Future*, was revised over 10 days in February — a process that involved the Department of the Prime Minister and Cabinet, Treasury and the Department of Health and Ageing — before it was released by the then prime minister, treasurer and health minister in early March.

So sensitive was the process being undertaken that records were kept of who had early versions of the report.

For example, eight copies of one document were distributed across various departments and ministerial offices, and had to be returned or destroyed when that document was revised.

But the first full draft of the re-

port, released under Freedom of Information laws, shows vastly different sections on health funding and standards, and specific details about local hospital networks — including the expectation that there would be “between 120 and 150 nationally” — that were not included in the published version, along with more negativity about the state of the health system.

In a section on the commonwealth's intention to take full funding and policy responsibility for primary health care, three dot points were deleted. They had detailed shortcomings regarding the overlap between different levels of government.

The dot points highlight: fragmented services impeding multi-disciplinary care and “making it difficult for patients to navigate through the system”; the different costs and types of treatment available across Australia; and a lack of planning and co-ordination of services, which created the potential for funds and resources to be wasted or not allocated properly.

“The responsibility to address access gaps is not clear, which means that often the gaps are not closed,” the first full draft reads.

The same section initially referred to the National Health and Hospitals Reform Commission's recommendation that the commonwealth take control of all care in the community, not just general practice-like services.

“While there are some advan-



ANDREW BUNTING

tages to this approach, including further reducing funding boundaries between services, the magnitude of the change would mean correspondingly greater risks of disruption to people's services," the report originally read, before it was edited.

In a section detailing the challenge of continuing to provide health care to a growing popula-

tion, several paragraphs detailing workforce shortages were deleted.

They had warned the ageing population would have "real consequences for national productivity" while workforce shortages — particularly among GPs, medical specialists, physiotherapists and dentists — led to an overreliance on overseas-trained doctors, with forecasts of the demand

for general-practice services alone increasing by 15 per cent by 2020.

"It will be critical to find solutions which are focused on training more health professionals to provide the workforce to meet future demands, while better supporting our current health workforce. These solutions must also provide incentives to improve the supply of health professionals

to regional and rural areas of Australia."

When it came to the section on national standards, the first full draft had the commonwealth proposing annual hospitals scorecards, a controversial term dumped by the time the report was released.

"Between hospitals scorecards and transparent hospital funding, communities will have more information than ever before on how well hospitals are performing, how their hospitals are funded, and what they are spending this funding on. All this will be publicly released, along with information on all other sectors of the health system, including general practice, workforce shortages and safety and quality [sic]."

The last two chapters were also merged, to make the conclusion more upbeat and to take out nine paragraphs that made the case for reform, including:

"Patients still wait too long for emergency and elective surgery services. One out of every three Australians who present to public hospital emergency departments are not seen within a clinically recommended time and one out of every six Australians on a waiting list for elective surgery are not seen within a clinically recommended time."

The second report, A National Health and Hospitals Network: Further Investments in Australia's Health, also downplayed workforce shortages and removed a paragraph that reads: "Expert reports prepared by the National Health and Hospitals Reform Commission (NHHRC) and the Productivity Commission, as well as the draft National Primary Care Strategy, note overall shortages across a range of the nursing, medical and allied health professions."

The breadth of problems in aged care — limited access to services, declining staff numbers, elderly people having to stay in hospital because there are no aged-care beds, and complaints about the system — were also glossed over. And only days before the report was released, it included the following paragraph, which nonetheless had gone by the time the document was seen by the public: "Further, consistent with the government's previous commitments, the commonwealth also reserves the right to proceed to a full funding takeover of the system in the future."