



Australian Healthcare Reform Alliance

MEDIA RELEASE

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Australian Government must move on health reform

The Australian Health Care Reform Alliance (AHCRA) has welcomed some of the findings of the House of Representatives Standing Committee on health funding, saying the “*Blame Game*” report, released on Monday, reaffirmed the Alliance’s position that the Australian Government should take a leadership role in health reform.

“The findings of this committee demonstrate yet again the urgent requirement for health reform,” AHCRA executive media spokesperson, Dr Jill Sewell said.

“The recommendations reflects issues such as workforce shortages, the hospital-centric system, poor access to care for rural and remote health communities, and the appalling state of public dental health services, that have been raised again and again by AHCRA and other reform advocates,” Dr Sewell said.

“As Tony Abbott has so vividly described, the current system of funding Australia’s health is a ‘dog’s breakfast’. With this report, the Australian Government is again presented with unequivocal evidence that the cost shifting and duplication that are major features of the Commonwealth-state funding split are leading to fragmentation of care, and must be addressed.”

AHCRA supports the view, acknowledged in the report, that our system focuses on ‘illness’ rather than promoting ‘wellness’, but rejects the committee’s suggestions that supporting private health is the answer to the ills of the public sector.

“Australia has more hospital beds per capita than any other developed nation, and our population is missing out on the sound primary health care practices that should characterise a 21st century health care system,” Dr Sewell said. “However, spending more public dollars on the private sector is not the answer.”

AHCRA

Allied Health Professions Australia (comprising Audiological Society of Australia, Australasian Podiatry Council, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Physiotherapy Association, Australian Psychological Society, Dietitians Association of Australia, Occupational Therapy Australia, Society of Hospital Pharmacists of Australia and Speech Pathology Australia), Audiological Society of Australia, Australian College of Midwives, Australian Consumers’ Association, Australian Council for Intellectual Disability, Australian Council of Social Service, Australian Healthcare Association, Australian Health Promotion Association, Australian Nursing Federation, Australian Physiotherapy Association, Australian Rural Health Education Network, Australian Salaried Medical Officers Federation, Australians for Native Title and Reconciliation, Catholic Health Australia, Centre for Clinical Governance Research (UNSW), Centre for Health Services Research: USYD, Chiropractors’ Association of Australia, Chronic Illness Alliance, Combined Pensioners and Superannuants Association, Continence Foundation of Australia, Council of Remote Area Nurses of Australia, Country Women’s Association of Australia, Doctors Reform Society, Frontier Services of the Uniting Church, Health Consumers’ Council WA, Health Consumers Network, Health Issues Centre, Maternity Coalition, National Aboriginal Community Controlled Health Organisation, National Public Hospitals Clinicians’ Taskforce, National Rural Health Alliance, NSW Nurses Association, OT Australia, Public Health Association of Australia, Public Hospitals Health and Medicare Alliance, RBC Division of General Practice, Royal Australian College of General Practitioners, Royal Australasian College of Physicians, Rural Doctors Association of Australia, Services for Australian Rural and Remote Allied Health, South Australian Salaried Medical Officers Association, Tasmanian Medicare Action Group, Victorian Medicare Action Group, Victorian Public Health Research and Education Council.



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AHCRA supports the committee's recommendations that safety and quality of care, clinical training for the health workforce, and the oral health needs of poorer Australians all require greater investment.

“However we have reservations about the committee proposals about improving accountability in public hospitals with no such obligations placed on private hospitals who also receive substantial amounts of public funding,” Dr Sewell said.

“We encourage the Australian Government to accept its leadership role in health care, and to establish a national health reform council to develop and implement the urgently needed reforms.”

For further information

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