



# A promising start

*There are positive signs the current government is not only listening to stakeholders, but is acting to address healthcare issues*

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Since my last column, the election results have been finalised (with the exception of the Senate result in WA), portfolios have been allocated, ministers have been sworn in and the new parliament has commenced sitting.

APHA's program of political engagement is well underway and an initial round of meetings with a broad collection of key decision makers, including the prime minister's office, a range of ministers and newly elected MPs, has already been completed.

I previously wrote that under the new government, there would be greater involvement of the private sector and more genuine consultation feeding into policy development. We have already seen the appointment of UnitingCare Health CEO (and APHA Vice President) Richard Royle, to chair the review of Australia's struggling Personally Controlled Electronic Health Records program.

Furthermore, in the first question time of the 44th Parliament, Health Minister Peter Dutton announced that the government will fix the well documented problems with chemotherapy funding caused by price disclosure, saying, "we will provide certainty to chemotherapy patients across the country and their families."

These are positive signs the government has not only been listening to the concerns of stakeholders, but is also acting to address these issues.

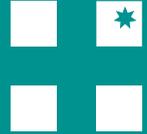
Another significant development has been the release of the Terms of Reference for the National Commission of Audit. The first phase of the commission's work (to report by the end of

January 2014) will focus on the scope of government, efficiency and effectiveness of government expenditure, the state of the Commonwealth's finances and the adequacy of existing budget controls and disciplines.

This will include an examination of whether activities currently undertaken by government could be undertaken more efficiently by the private sector, investigating options for increased contestability of services and looking at the current architecture of Commonwealth-state relations.

Against this background, it would be useful to consider the hundreds of millions of dollars the previous government threw at the states all in the name of reducing elective surgery waiting lists. The outcome, as recently reported by the COAG Reform Council, was an increase in average waiting times! Of course, while the states were gleefully accepting the Commonwealth money, they were increasing the private patient workload in public hospitals. Is it any wonder that waiting lists have increased?

The National Commission of Audit provides an opportunity to address the inherent inefficiencies in the current arrangements and the perverse outcomes they produce. It is an opportunity APHA will be grasping with both hands. [PH](#)



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