



Can I welcome up now Tony McBride, the CEO of the Health Issues Centre. He has a long working history in community development both in Melbourne and London. In London, for example, in the docklands, with a very multicultural clientele and also people with disabilities in the western suburbs of Melbourne. Please welcome Tony McBride.

## A patient-focused health system for rural and remote areas?

[Tony McBride](#), CEO, Health Issues Centre

**TONY McBRIDE:** Thank you, Julie, and thank you for inviting me to give the last presentation. It's always a bit of a challenge. I've loved the singing at this conference, it's been fantastic. I'm a singer myself and I agree with Julie. The Pharmacist this morning brought tears to my eyes. Fabulous voice. And that link between health and singing – singing is extraordinarily important to my own mental health. A very busy job, you know, and singing is certainly one of the things that keeps me sane.

And when we lived in France for six months we joined the local choir and I was having back problems and the only time my back didn't hurt was the two hours during – we joined the local choir – two hours singing and two hours afterwards was the only time my back didn't hurt me. It was extraordinary. The other fabulous thing about this conference is the number of students who are here. I think it's fantastic you're here and being part of this brilliant, enthusiastic conference.

Certainly I will go away from this conference being re-enthused and hugely impressed by the level of organisation of the conference and obviously the work that goes on in rural Australia and I am knocking myself on the head but I don't know enough about it and I am telling myself I need to go out and find out more. It sounds really exciting work and in a few years, the students that are sitting here, you will be up on this platform.

I went to listen to one of my ex-students this morning and it was fantastic to see her give a great presentation, excellent work and it's always very exciting when you see someone who has actually developed and is now doing terrific things. And so, I hope that you will be planning to be standing here in a few years time. Someone said this morning, "If you want to tell your stories" – well, as Julie has mentioned, we run a journal called Health Issues. If you want to tell your stories about involving the consumers in the community let us know and we'd be happy to print them in our journal.

Now, Gordon asked me to throw down some challenges at the end of the conference. Well, very hard. You've already had two and a half, two and three quarter days of challenges, and it's hard to know what to offer you at this particular point. Maybe I will just explain very briefly who Health Issues Centre is, although our publicist behind me has done a fabulous job, I ought to say, at the conference.

We're a small NGO. We had our 21st birthday the other day. We have consumers and professionals on a committee. We have two websites there, the second one, Participate in Health, is the best website about consumer and community participation in the southern hemisphere, I think that is fair to say. And we run a journal, E-news. If you look on the website and you want to get a regular E-news bulletin from us, let us know.

We do policy from a consumer perspective because basically consumers do not get very strongly into policy processes and they still don't and from your own rural services – and maybe I should ask you ask you the question about, "Well, how do consumers and community members influence your policy decisions? Are you engaging them, are you allowing them into those debates?"

We do research, trying to research consumer perspectives, and that's both in metropolitan and rural Victoria, we're talking to a whole lot of patients in cancer care at the moment, about their experiences of cancer care and the journey and we support consumer participation in a whole range of ways and I will talk a bit more about that in a minute. But we support consumer advisory committees and all the health services in Victoria and provide a lot of training.

Now, end of conference. What do I say? Sort of, is it the kind of headmaster role. You know, I know it's the day before the holidays but I want you to do your homework and go out of this conference and do everything they've told you to do. Or do I do entertainment but I think entertainment has been done pretty well at this conference already. I could tell a joke but then I'd sound like my father so I have just gone with the photos, you know.

I'd have to say I'd agree with Mike that, you know, not only in health departments but in the city in general people are, unfortunately, not very conscious of rural Australia. I mean, we live our lives, we rush around and some of us never go more than a few kilometres from the city centre except to go out to the country for holidays and tourism in which the country always seems very nice. So, you think, "Oh, country, relaxing, it must be nice to live here."

And it was interesting when the recent bushfires – then in fact, everyone in the city – everyone was very conscious of bushfires because there was smoke in the air. The whole day you were breathing in smoke and, you know, conversations all the time were about, "Oh, my God, it must be shocking being in those bushfires." And there was a real sense for a couple of weeks there, certainly in Victoria, of consciousness of what it's like to live in rural Victoria, especially at extreme times. But, you know, I have to say that most of the time that doesn't happen and I think there's an issue there about somehow us trying collectively to address that consciousness.

All right. Well, I want to just briefly say – and we're trying to make short presentations so that the thing can finish on time. My take home message, I guess, would be in building the future and, you know, there are a whole range of pressures on you, there are a whole lot of paths about building the future of rural health and rural health services – build them with your communities, build them with your consumers and their carers.

You're already doing that in a range of ways but I always say to look at – okay, are we doing that enough. Are we seeing the future as a partnership with our communities or are we seeing us as health professionals as we've been trained and we know the answers. We also really do most of the work and we just consult people here and there. I would really challenge you to make consumers and the community partners in this journey.

I was going to say something more about tackling root causes but I think Mike has done that very well so I am going to skip that part. My example would have been around fluoridation and using the power that you have locally to ensure that fluoridation happens in your area. Fluoridation is almost the cheapest, most effective preventative health measure we have. In Victoria the greatest reason why children under five get general anaesthetics unnecessarily in hospitals is because of dental treatment – the need for dental treatment.

So, there is a whole heap of young children who are having general anaesthetics who shouldn't have them just because of dental issues and fluoridation would undoubtedly address most of those. So, use the power you have and reflect what Mike said and tackle those issues locally, put pressure on politicians and your water authority.

And I think the other thing that comes that I've got a sense of in the conference and broader is there are some good examples of working with community and its Indigenous health services who really lead the way in Australia in that way. They really have created services that are part of their communities run by their communities. Not problem free, of course, but you know, no health service is problem free.

But they really have led the way. Now, what lessons can we draw from that? We tend to see Aboriginal Health Services is 'over there' and the mainstream health service is 'over here' and we operate differently. But again, I would challenge you to see what are the lessons you can draw in the way that Aboriginal communities have learned to work very collectively with the health services in addressing really big issues. We could incorporate much more into the mainstream way of planning health care.

So, very briefly, just a brief comment on why we tend to use the word 'consumers' rather than 'patients'. I guess I would use the word 'consumer', and I would put that in the whole as a subset of working with your community and your consumers about tackling health, about the whole way you



organise your health service. 'Patient centred care' is part of that in the middle of it but it's not separate and can't exist in a separate way unless you are involving consumers in a much broader way.

And the whole style of your service, the whole priorities of your service. If consumers don't feel that you've got that right you're going to struggle to get the actual one to one consultation right as well. I think words are important. If I was calling you health retailers or if you went to a health service and I just called you 'provider' or whatever, you would react against words. Words are important and you choose words to reflect and describe yourself as health professionals.

I think it's the same with consumers. There isn't a perfect word but the word 'consumer' implies some choice and power whereas 'patients – and let's think about it as an adjective, you know – doesn't give much power to that person. What's the other common word we use, 'compliance'. That doesn't give much power to the person coming to receive health care either. So, at least 'consumer' allows for some diversity, and our communities are diverse and we have to recognise that.

Of course, the other thing is whenever you have someone sitting in front of you in your health service they're not just there as someone needing service and needing you to help them, they're often there – they wear three hats most of the time. They are there requiring service or they're there as a carer and they want good quality effective service and so on, accessible. They're concerned about their rights, but at the same time they're also a citizen, a community member.

So, they want services that are planned well, that have good outcomes for populations, they're interested in decent resource allocations and social values. And in that sense, when you look at a national health system, we don't actually have a set of national goals and principles for a health system. The Federal Government says one thing and the States another thing. There's never been a sense in which we have a framework for a national health system.

And one of the things I liked about Andrew's talk this morning – and it's very much in line with the Australian Health Care Reform Alliance's position about the need for reform, and I agreed with some of what Mike said but not all of that because I do think there is a need for reform. And I think one of the core things is that there needs to be a national framework in which health care is provided, that the States then provide services too, if that's the way it's going to be going.

And that consumers and citizens have a real say in how that framework is developed, that they have a say about what are the key principles of why health care is delivered and provided in Australia and, at the moment, that doesn't happen. They have no say in that type of framework whatsoever. All right, so whether we call people patients or clients or users, and that's something that the consumer got up and said, "Whoa, stop this conversation about all this," he says. "I don't care. You can call me a banana if you like. I don't care as long as you provide me with the services that I need and you treat me with respect."

So, just in thinking about how you do that, I think it's useful to think that we can involve consumers on this journey at a range of levels. The individual care level providing decent information so they can – and decision aids and so on. Fantastic evidence about the outcomes of using decision aids on health outcomes so that they're part of the decision making about those one to one consultations.

Involving consumers like getting feedback on the way that you're doing things, about being involved in service developments and so on, changing things, making sure that consumers are part of that decision making. At the organisational level, having people in community advisory committees, sitting on quality committees. There are consumers on all the quality committees in the major hospitals in Melbourne now. Something unthinkable five years ago.

Being involved in interview panels for new staff; involved in shaping the service. Then the larger community/State wide level about being involved in resource allocation decisions. Upper Murray Community Health, not far from here. The fabulous work they've done over the years in asking those big questions of their community and helping them to shape the way they shape the whole service based on that feedback.

And so in thinking about—there are obviously different consumers and different community members, you would involve those different levels. It is not always a question of thinking, “Well, you know, Mrs So and So couldn’t possibly sit on the quality committee or the board or whatever because she hasn’t the skills,” but she certainly could get feedback, could make her own decisions. She could be part of giving feedback about the service and, as you look for people to be involved in organisational level things more broadly, then there are people there with a lot of skills who are willing to be involved but who bring that different consumer and community perspective to the discussion so that you make better decisions.

So, looking through the program and hearing people—it’s clear a lot of this stuff is going on. I am not saying that that is happening at all but what I encourage you to do is to build on that, to build relationships with your communities in general so that they will want to be involved both as individuals and as groups in the development and part of the journey and engage with you on the issues that you also think are important, to build your capacity as organisations. Have you trained your staff in this, do you have policies and so on to enable staff to actually work with consumers and have it legitimated?.

And then build on the successes. There is some great work out there already. There is already good work that you’re doing: how can you extend that so that over time there is more work, more engagement with consumers to work together in this partnership at these four levels of care. I think probably that’s a good point for me to finish. Thank you.

**JULIE McCROSSIN:** Thank you very much, Tony. Tony McBride. And as I said, the journal, the Health Issue Centre and their website do have examples.