



The Hon. Greg Hunt MP

Minister for Health

TRANSCRIPT

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DOORSTOP ALICE SPRINGS HEALTH COAG

E&OE...

Topics: Greater focus on Indigenous health outcomes; Unanimous COAG endorsement for the My Health Record opt-out process

NATASHA FYLES:

All Territorians, all Australians deserve access to high quality health services and it has been monumental over the past two days in Alice Springs to have every health minister from around the states and territories, joined by the Federal Minister for Health and the Federal Minister for Indigenous Health, listening to Aboriginal health leaders about what we need to do, the great work that has been done and how we can improve on that to Close the Gap around Indigenous disadvantage.

The outcomes from the Health COAG today will embed and make sure that we build on this momentum from here in Alice Springs into the future. The Federal Minister for Indigenous Health has been invited to join the Australian Health COAG, which will embed the processes for accountability, but to also continue to work listening to Indigenous health leaders around how we can Close the Gap for Indigenous and Torres Strait Islander Australians. Any specific questions?

GREG HUNT:

I want to thank Natasha and to acknowledge Ken Wyatt. Natasha has played a very important role in helping all of the state and territory ministers, as well as the Commonwealth, come here to Alice Springs to meet with Indigenous health leaders from around the country. This has been, in my judgment, the most important COAG Health meeting I've had the privilege of attending. The reason it's the most important is because at a level never achieved before, all states and territories, the Commonwealth, all ministers have agreed to greater focus on Indigenous health outcomes.

We know there's been great progress, but we know the outcomes are not acceptable yet. What this means is that what Ken and I saw at Purple House yesterday, the renal dialysis, treating Indigenous patients is part of the broader project of additional support for Indigenous communities. Our young Indigenous communities, our older Indigenous Australians, giving them better health outcomes. Perhaps most importantly, we have agreed to establish an Indigenous-led National Indigenous Health and Medical Workforce plan. That means more Indigenous doctors, more Indigenous nurses, more Indigenous allied health workers, more Indigenous health officers.

So more Indigenous Australians working in health. Great career opportunities but even better outcomes for Indigenous patients by having people who want to work and be on country and from the community and part of the community. So this will, in decades to come, I think be seen as a fundamental moment not just in Indigenous health, but in Indigenous employment and empowerment.

So Natasha, I want to acknowledge and thank you for your leadership on that front. I also want to acknowledge and thank Ken Wyatt for his incredible, unique leadership in this space. Together they make a great team and support for everybody.

I also want to acknowledge other items that have been addressed today. We will make real progress on issues such as ensuring that there's a full review of breast implants around the country. Further than that, I welcome the fact of unanimous support and reaffirmation from all jurisdictions for the My Health Record opt out process, also for the clinical benefits of My Health Record.

And everybody has acknowledged the importance of further strengthening community support through the addition of changes, which will guarantee that no record is ever released without legislation and without a court order and no record will remain on the system if somebody opts out. Unanimous support on all of those fronts. And I can confirm that we will, as a result of these actions, extend the opt out period by one month, so just building on what we said yesterday.

But today is for me the most important COAG Health Council I've ever attended because of the extraordinary breakthrough on Indigenous health and medical workforce participation. Ken?

KEN WYATT:

Can I just say that this particular COAG meeting is probably a benchmark in terms of the direction that we'll now take for Aboriginal health. Yesterday, listening to Indigenous leaders talk about trust, hope, and the work that they've taken over a period of time to provide the types of services that are needed at the community level. Yesterday at Purple House, what I saw was hope and a future in the eyes of those who are having dialysis, because they helped shape the service that is being provided through this region. Mortality rates are down because of their vision.

When the health ministers were listening yesterday, they listened to the views of leaders about having Indigenous involvement in all spheres of health planning so that the work that we do collectively, will make a difference on the ground, and I echo the words of both Natasha and Greg. It was a landmark meeting, it was one of genuine commitment. Even the dinner last night when we were talking about the hopes and aspirations and what we can do is manifested in the two communiques that talk about the very critical and key issues that will make a difference to Indigenous Australians.

But the measures that we put into place for Indigenous Australians also flow equally to all Australians, because when you make a system better and responsive, the health care journey is seamless, then that system that you establish is there for all those who use health care systems that are responsive to the needs of individuals. So it's been a great outcome.

GREG HUNT:

Happy to take any questions.

JOURNALIST:

Minister Hunt, so what spending commitments have you made today? What commitments to states and territories in terms of finances?

GREG HUNT:

So we have reaffirmed the offer of the \$30 billion addition of funding through the National Health Reform agreement. The Northern Territory has already signed on, six states have signed on. We have completed the \$80 million psychosocial funding round and I'm very, very pleased that all states and territories have matched the Commonwealth funding.

It's been a really successful example of the Commonwealth and the states working together. And in addition to that, we're also looking forward to working together on a new dental partnership and I think that that's very important. So those three big things, starting with a \$30 billion agreement, but also mental health and dental amongst other things.

JOURNALIST:

With the indigenous frontline workers, how soon are you hoping to get that policy – to get people on the ground?

GREG HUNT:

Well, I think we would like to- well, we will work with Indigenous leaders and they will help define the time frames, but we want to get additional workers trained as soon as possible and we want to get the plan out over the coming months. And so it's going to be Indigenous-led, so I don't want to pre-empt their work, but Indigenous health leaders helping to develop an Indigenous health and medical workforce plan with our cooperation, the territories and the states and the Commonwealth all together. I think we'll have the plan out this year and we want to see more people on the ground not just tomorrow but today.

JOURNALIST:

Did you discuss the NDIS and how it might work in remote communities while you were here?

GREG HUNT:

There was reference to the NDIS and I'll let Natasha talk about the remote communities and Ken do that. But the critical thing was to ensure that the transition to the NDIS goes smoothly and we'll be working with the current processes to ensure that people are transitioned not just in urban Australia, but in rural and remote Australia.

JOURNALIST:

Can I just ask, presumably being here in Alice Springs, this is an opportunity to learn more about the challenges of remote health. What have you learned while you've been here about delivering remote health?

GREG HUNT:

The best health comes from the community. The best health comes when Indigenous communities and Indigenous leaders are able to take control, and that's what they want to do. They are saying - particularly through the ACCHOs - that we are able to help our own people if you give us the support and the tools, and that's why the workforce plan is fundamental, coupled with additional support for research by and into Indigenous health.

JOURNALIST:

If Indigenous groups in Tennant Creek, for example, call for an extension of those liquor restrictions, would you support that, if it came from-?

GREG HUNT:

I think I'll leave that one to Natasha who will have the details on that.

JOURNALIST:

May I ask a question on My Health?

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

GREG HUNT:

Sure.

JOURNALIST:

The Daily Tele is reporting today that there've been nine separate data breaches in the past two years. I'm not sure if you've seen that, but are you still standing by the claim that there's been no breaches?

GREG HUNT:

I've had advice from the Digital Health Agency only in the last half hour again to reaffirm no privacy, no security breaches over the course of the six years of operation. That was a reference to something which was previously released by the Information Commissioner and the Agency. They report periodically on anything such as errors of uploading or anything relating to the Medicare system.

So the advice from the Digital Health Agency as recently as the last half hour at the level of the CEO was clear and categorical, that there had been no security breaches within the entire period of operation across the six years, across the six million records, and that what was referred to was something that was previously released by the agency, previously reported on by the Information Commissioner, which is about things such as errors in uploading or anything through the Medicare system where you have actions in one part of Medicare which were either incorrect or fraudulent, which were then reported into the system. So no security breaches is the clear and categorical advice as recently as 30 minutes ago.

JOURNALIST:

Do you have an idea of how many people have opted out so far and how many are you expecting to opt out?

GREG HUNT:

So no, we'll have a final reconciliation at the end of it. When we started out on this process our expectation was that off the back of the trials that we would have a national participation rate of 90 per cent or so and the advice continues that that is likely to be the case.

JOURNALIST:

And what would you have done different now, what you've learned so far from the rollout?

GREG HUNT:

Look, we've worked with the AMA and the College of GPs and they have suggested and we have accepted - and this was unanimously endorsed by the COAG today - that we strengthen the legislation to match the existing practice. So no health records have been released to any enforcement or other agencies in six years, across six million records. None.

But that has been the practice of the agency and I think the advice that we move on strengthening the legislation so as no health records can ever be released without a court order is important and I accept that advice. And secondly to change the 2012 legislation, so as if somebody opts out after a record's been created, it's not just cancelled but it's deleted from the system forever. And those two things are important advice and we've accepted them.

JOURNALIST:

Natasha Fyles says the NT Government is working towards transferring control of clinics and primary health services to a community-controlled model. Would you commit any federal money to helping that process?

GREG HUNT:

Well we're very happy to continue working with them. Ken is leading the process in terms of the new five year agreements and he's had tremendous success in doing that. He's worked with the territory, he's worked with other states and most importantly he's worked with the ACCHOs themselves. So we are investing funds and I'll let Ken talk about any additional funds and Natasha talk about her proposal.

JOURNALIST:

Thank you Minister. Thank you Natasha.

(ENDS)