

PRIME MINISTER

TRANSCRIPT OF INTERVIEW WITH MELISSA DOYLE
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E & O E – PROOF ONLY

Subjects: Health and hospital reform; Autism; Bullying;

DOYLE: Well, Mr Rudd is here with me in the studio this morning to answer everything health and more. Good morning to you.

PM: Good morning.

DOYLE: Now, let's get straight into it. We'll talk health this morning, predominantly. The first question comes from Robert Doyle. Of course, he's the chairman of the Royal Melbourne Hospital but also, as you know, Lord Mayor of Melbourne.

Mr Doyle, good morning. What's your question for the PM?

CALLER: Good morning, Mel. Good morning, Prime Minister.

PM: Good morning, Rob. How are you?

CALLER: I'm well, thank you, Kevin. I just want to ask the Prime Minister why wait four years? Why asks us to re-elect the Prime Minister twice before a single dollar flows to Victoria, in my case? Why not get on with it right now?

PM: First thing I'd say to that, Rob, is that the Australian Healthcare Agreement which came into effect last year increases by 50 per cent our funding to your hospitals now. That's the first point I'd make.

Secondly, when it comes to the future of the health and hospital system I don't believe anyone in Victoria believes, currently, that their hospitals can't be improved. They need to be improved, but to do that properly over time we've got to fix the underpinnings of the system - too much cost shift, blame shift between one level of government and the other.

We intend to change that by the Australian Government, for the first time, taking the dominant role for the future funding of hospitals, hospital-related services and outside of hospital for all health services.

That's what we're going to do to get rid of this blame game once and for all and deliver better health, better hospitals, for the good people of Victoria and across the country.

DOYLE: Robert Doyle, is that satisfying or is your question mainly about the timing of it, why it's going to take so long?

CALLER: Well, it means, really, yes, we've got a health care agreement in place, but it means under these new reforms the Prime Minister is proposing, not an extra dollar will flow to Victoria, and, to be honest, over and above that health care agreement, we know what has to be done. We'd like that extra funding and we could get on with it right now.

PM: Well, Rob, it's very interesting that you're saying exactly what the Victorian Labor Premier is saying. You must have caucused on this one. Can I just say -

CALLER: - Oh dear. I may have to retract, Prime Minister.

PM: That's fine, mate, you're entitled to your point of view and it's good that you're putting it on the program this morning.

First thing I'd say though is that as of last year, as I said, there's a 50 per cent increase in the funding going to Victorian hospitals.

But the second point is this - if you look at health and hospitals and their costs going through the roof over the decade ahead, it will begin to swamp the Victorian state budget and other state budgets. In fact, what we've got from the experts is the conclusion that if we don't change the system what will happen is that the health budget alone will swamp state budgets by between 2035 and 2045 and they won't be able to do anything else.

Health costs are going through the roof. The Australian Government needs to step in.

By the way, you say that these reforms are not implemented for three or four years - that's just wrong. Implementation begins from 1 July next year, and on top of that, for the future it is the Australian Government which takes on the bulk of the responsibility for the funding growth needed for the system in the future. That's a huge change.

We need more doctors, more nurses, more hospital beds, and a level of government, the Australian Government, taking responsibility for that for the future.

DOYLE: Alright, Robert, thank you for your question. Thanks for doing that this morning.

Let's talk smaller hospitals, then, Prime Minister. Another big worry is that the smaller ones and the rural hospitals possibly could be closed. Clinicians estimate more than 100 hospitals are at risk of closure in New South Wales alone. Professor Bob Farnsworth runs an area health service covering south of Sydney, and this is his assessment of the reform.

CLIP: What the public health system desperately needs is more funding. They've got massive infrastructure problems, we've got hospitals that need to be rebuilt, and that's not going to happen if no more money comes in, so it's really, there's nothing to indicate that there's going to be an improvement in the quality of care, that patients are going to get a better deal out of it if there's no more money coming in.

DOYLE: So, can you guarantee smaller hospitals won't be closed under your reforms?

PM: There is absolutely nothing in any one of the reforms that we would put forward in this plan that would cause any hospital in the country to close.

Let me say one other thing: what you have at present is a campaign, not associated with the good doctor there, because I don't think that's what he's talking about. He's talking about money into the system and I'll come back to that in a minute. What you have at the moment is a campaign by various state governments in Victoria and in New South Wales against any change. Therefore, you have a deliberate fear campaign being put out there by various state health bureaucrats at the moment in New South Wales about hospital closures.

It is absolutely untrue.

What they are trying to do is use a fear campaign to stop fundamental reform in the system. Mel, ask your viewers watching this morning how do they feel about their local hospitals? Do they need more long-term support for the future, for more doctors, more nurses and more health services? I think, my response that I hear across the country is that they all do, and what we are doing for the first time in the history of the country is the Australian Government stepping up to the plate and taking national responsibility for that - a system funded nationally, run locally and on this question about extra money to the system which the doctor just spoke about then, we will have further funding flow because the national government takes that responsibility.

DOYLE: Will that funding flow from taxes to us? Your Health Minister's not ruling that out.

PM: First thing I'd say is the system that we put on the table now is done within our existing budget. That's the first point.

The second is no-one is going to sit around and say to your viewers on the program this morning that health care costs are going to go up and up and up in the future. If you're a politician out there pretending that's not the case you're just not being fair dinkum.

But the third thing I'll say is we will fund the future growth of the system within our overall budget discipline of this - we will not increase taxes as a proportion of the overall economy. That's what we have said before we were elected. That is what we've maintained since then. That's what we'll do in the future.

DOYLE: OK, that's what everyone wants to know, that you can rule that out. Let's get a viewer question. Naomi Grimshaw in WA this morning - Naomi, hi, good morning. Can you put your question to our Prime Minister.

CALLER: Okay, thank you, Mel. Hi, Mr Rudd.

PM: Hi, Naomi.

CALLER: My question to you is, hi, why does the Federal funding for the autism children finish at their seventh birthday?

PM: Well, thanks, Naomi. Can I just ask how old your child is, if he or she has autism?

CALLER: He's going to be seven in July this year.

PM: OK, right. So what we've done is through our autism package for children is this - for the first time, provide autism grants for children under the age of seven, I think up to about \$10,000 if I'm right, so that they can have specialised health services, particularly in their early education, to enable them to deal with the challenges of the future, and we're, I believe, spending between \$100 million and \$200 million on that at present.

The second thing is this - we're also helping with the establishment of autism-specific pre-schools and the like across the country. I've visited one in Brisbane. I don't know if we've established one in Perth yet but I'll come back to you on that.

And the third thing is this - play groups as well so that littlies with this particular problem have an opportunity to be in a common play group and to be able to lean on each other a bit as well, and we're doing that.

On the specifics of your question, though, about after seven, you know something, Naomi? We've got some more work to do. One thing we've done is that for children up to the age of 13 we've brought in, I think it is, a new set of arrangements under the Medicare benefit schedule so that various things that you will need to help treat children between the ages of seven and 13 for the first time you're able to use Medicare for.

Now, this is just the beginning. Our helping children with autism package is big, but look, as I've gone to community cabinets across Australia, this is a huge challenge for mums and dads like you and full marks to you because I have some idea of how hard this can be.

CALLER: Thank you. I was just also wondering too, would that funding be able to be changed to, sort of, a later age, to cover, maybe just primary school?

PM: Okay, well, let's take that on board. It's between the age of seven and 13 that we're now looking at. The experts have told us to concentrate, first of all, for those under seven, and that's what we've focussed on in our first two years in office. Over sevens, let's do some more work. As I said, the one thing that we've done is enable this to be drawn upon from Medicare for certain things that you need to help kids in that age bracket, but let's look at how we can assist further, and we'll have some more to say on that.

DOYLE: Thank you, Naomi, for bringing that up. Yeah, one in 160 children has autism.

PM: A big problem.

DOYLE: Another child question this morning - bullying. You've made some comments saying that the parents of kids who are being bullied should probably contact the parents of the other children, of the bullies. Obviously, experts are now saying this is a bit of a simplistic approach, Prime Minister. What's your view? Do you think, maybe, that you gave the wrong advice?

I've actually got quite a few emails this morning saying it doesn't work. This lady, Catherine, she says: 'I was polite, spoke to the other parents, was very sensitive. She snapped. I only made things worse for both children. The idea was a bad one.'

PM: But, Mel, if you're the Prime Minister of the country, can you run around the place and say to parents 'don't take it up with other parents if there's a real problem'? I mean, I can't tell you what the individual circumstances are in each case for each mum or dad around the country.

What I did say yesterday is this, and I stand by it today - first thing is to equip our kids with the ability to sort these things out themselves, and that's what Alannah and Madeline and other interventions in the schools are trying to do.

The second thing is this - raise it with the classroom teacher. If that doesn't work, raise it with the school principal.

And then I said if all those things don't work, I'm not going to stand in the road, nor do I have the power to stand in the road of a parent picking up the phone to another parent.

Will any of these things necessarily work? I can't give a guarantee of that, but you know something? We're now having a big national conversation about what's an emerging problem, and not just within the school yard. Because of online bullying, it's now happening with some kids 24 hours a day. Big problem, we've got more to do here.

DOYLE: Massive problem, massive problem.

Thank you very much. We obviously ran out of time. We'll get a response next week. You had some homework for Sonia, who was going to talk about superannuation for stay at home mums.

PM: Yes, I'll come back on that.

DOYLE: We'll do that next week, if that's OK. Thanks for joining us.

PM: Good to be with you.