

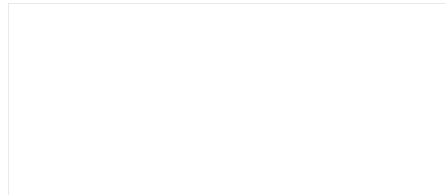
**Question No :** 210

**Question :** Department of Health and Community Services Reports

**Question Date :** 17/11/92

**Member :** Mr BAILEY

**To :** MINISTER for HEALTH and COMMUNITY SERVICES



1. Which recommendations of the Kerr Report were adopted.
2. Why were those recommendations adopted.
3. Which recommendations of the Kerr Report were rejected.
4. Why were those recommendations rejected.
5. When will the the 1991-92 Annual Report of the Department of Health and Community Services be available.

**ANSWER**

1. & 2.

In June 1991, the Minister for Health and Community Services tabled Professor Charles Kerr's Review of Central Australian Health and Community Services. Public responses were invited at that time. Cresap was asked by the minister to consider the Report in its review.

The Kerr Report contained 16 recommendations, a number of which were endorsed by Cresap, accepted by Cabinet and subsequently adopted by the department. These include that -

- (1) Health and Community Services formally recognise the role of community controlled organisations in central Australia;
- (2) a policy for primary health be adopted and strengthened by introducing comprehensive strategies for environmental health, disease prevention and health promotion;
- (3) specialist visits to remote centres be formalised in contracts of service;

- (4) a review be undertaken of the Tennant Creek Hospital to determine the appropriate use of resources in the Barkly district;
- (5) an expanded program of training and recruiting Aboriginal Health Workers be made a priority;
- (6) the role and functions of Congress Alkura be recognised by Health and Community Services;
- (7) there be appropriate transfer of relevant patient information (with consent of the patient) to enhance continuity of care;
- (8) induction courses for Health and Community Services contain specific cross-cultural content; and
- (9) health professional re-training and skills enhancement be addressed.

### 3. & 4.

Recommendations which have been considered but not adopted and the reasons for this are that -

- (1) If private ward accommodation is provided in Alice Springs this should be a free-standing facility administratively separate from the Alice Springs Hospital.

Neither a private hospital nor conversion of wards in Alice Springs Hospital proceeded because the private sector considered these options not viable in the present economic climate.

- (2-3) A Central Australian Health Council be created to develop and implement policies and determine the most effective use of health and related services.

The establishment of the Tripartite Forum and creation of the Central Australian Health Council by the non-government sector overtook the need for this.

- (4) A regional deputy Chief Medical Officer be appointed to overcome the heavy workload of management.

The Cresap recommended structure organised around functional lines rather than regional structures was adopted by government as a more efficient and effective form of management.

- (5) Modification of Community Health Accreditation Standards Program be accelerated and its adoption be

negotiated with administrators of community based health care facilities.

Other strategies are being developed to continue provision of an acceptable standard.

- (6) There be investigation and resolution of difficulties in the relationship of services in both Alice Springs and Barkly.

District structures are designed to provide support and to resolve problems.

- (7) The current complaint mechanisms be replaced by a small central unit which is independent from the department.

A separate unit is not warranted.

- 5. The annual report of the Department of Health and Community Services was tabled in the November sittings and is now available.