

## Grey, Christine W (DHHS)

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**From:** Walpole, Bryan G (DHHS)  
**Sent:** Wednesday, 10 December 2014 7:32 PM  
**To:** One Health System (DHHS)  
**Cc:** Lawler, Anthony (DPaC)  
**Subject:** Green Paper.

I have read the green paper, and find it a thoughtful document, a good start to reform, it does identify the weaknesses in our system well.

I also attended Matthew Healey's presentation today.

Seems to me that the problem has always been the DHHS has been bureaucratically driven since the day the hospital boards were eliminated.

All one hears from the management is budget, rarely quality, OR STRIVING FOR EXCELLENCE, AND SO THE SYSTEM IS PERVADED BY MEDIOCRITY.

Add in the problem of powerful unions, and predominantly labor governments, and change for the better, that may mean working harder or differently, is resisted.

Over my 30 years here, the minister of the day tends to bang on about reform, then the government changes, (or minister) and the cycle begins anew. It would be useful to get a tripartite approach, as I don't think this liberal government will have a majority after the next election, and any changes are likely to be midstream by then, 3 years. Lara Giddings was one of the best health ministers, doing real change, till Lennon resigned. It all fell over at the Mersey.

If you look around the world, at any center of excellence (Harvard and Johns Hopkins, Oxford and Nuffield, Cambridge and Addenbrookes, Royal Melbourne/Unimelb/WEHI Alfred/Baker Monash, the intuitions are indivisible, as staff cross the boundaries of care/teaching/research.

When the focus is on Quality, institutions concentrate on what they do well, and is evidence based, and budgets tend to come under control/

Academics don't generally do things that don't work, and they are respected by clinicians, managers often aren't!

So I think that the evidence is in for an academic health center, and to tie the UTAS, with the two research centres, (Menzies/CC) north and south, with the three hospitals, (& DHHS) move toward a single UTAS health center with three (or two) campuses, with academic leadership.

See what Prof Rathjen has done for UTAS.

One board one appointments and credentials committee, one CEO.

And make the new Royal the UTAS Health center.

I discussed this issue with David Roberts, who showed some interest, but found UTAS less than willing.

***Best Wishes***

***Bryan G Walpole MB.BS (Monash) FACEM DTME&H***

*Consultant*

*Diving and Hyperbaric Medicine Unit*

*Royal Hobart Hospital*

 6222 8193

 6222 7268

*mob. 0439359950*

*email (home) [bwalpole@inet.net.au](mailto:bwalpole@inet.net.au)*