

Why is the Alliance Proposing A National Dialogue on the Future of Health Care?

The Alliance argues that we are at a crucial moment in the history of Australian health care. We have a fragmented health system, funded by a multitude of sources and with significant gaps in care, that is subject to ever increasing pressures (financial, workforce, technology) and rising consumer demand and expectations. Increasingly, clinicians and health managers are being forced every day into making decisions about who should get what and when. Who should receive the next hip replacement, a very old patient or a younger one desperate to get back to work? Should the hospital buy more neo-natal cribs for ever-more premature babies or invest in more education and support for young mothers? Overall decisions such as these should be made based on the community's overall values and priorities, not unwillingly and in piecemeal fashion by the health workforce. Major decisions about the medium and long-term are required.

At such a turning point, there needs to be a meaningful (and we use that term carefully) national dialogue with citizens and consumers. Such a national process could create a common set of values, principles and priorities for the health system of the future. It could create the first **national** vision and framework for health care that **all** governments in Australia could use as the basis of the system.

There are several simple reasons for consulting the community. **First**, as noted above, this is a key turning point in health policy requiring some high impact decisions. Citizens/consumers have a right to have a say at such a moment: "*it is their health and their money*" (MacFarlane 1996).

Second, we believe that some informed and deliberative advice from citizens and consumers, especially about the underlying principles, values and priorities for the future system, will be of great value to Health Ministers in making sense of the more technical and sometimes vested advice they receive from the variety of organised providers and interest groups.

Third, there are significant broader benefits such as increasing public awareness about the difficult choices ahead in the health system, building some consensus and greater community trust and possibly some economic benefits through allocative efficiency.

Our proposal is that the engagement should not be the normal type of community consultation, but be:

- **non-partisan and legitimate**;
- **transparent**, and run by an independent organisation;
- **Information-rich** for participants;
- **deliberative**, i.e. people will get the chance to listen, question and discuss before giving their final views;
- **meaningful**, i.e. linked to genuine policy processes;
- using a **variety of methods** and triangulating findings;
- **resourced and well facilitated**; and
- **respectful** of participants' contributions and **non burdensome**.

The process would be strategically aimed at involving:

- random samples of citizens drawn from the general population (enough to be significant but probably less than 1000);
- high users of care who have considerable experience of how the system does and should meet their needs (e.g. chronically ill); and
- traditionally hard to reach groups, including those with special vulnerabilities (i.e. the homeless, people with disabilities) who have special prevention and care needs.

Methods used might include a combination of citizen's juries, deliberative councils, televoting, round tables. Results from these various techniques would be combined to find common perspectives and values.