

## COMMUNIQUE – MEETING NO. 3: 31 MAY - 1 JUNE, 2018

The topic of the third meeting of the NT Clinical Senate has been variation in access to health care, a key issue for NT patients and communities. The Australian Commission on Safety and Quality in Health Care published its Second Australian Atlas of Healthcare variation in 2017. The data shows that Territorians, particularly aboriginal people, are admitted at far higher rates than elsewhere in Australia for chronic conditions, notably diabetes, renal infections, heart failure and chronic obstructive pulmonary disease. Cancer care, too, shows variation in referral and treatment rates.

Clinicians, researchers, patients and communities are all too aware of these high rates of admission. High rates of admission are driven by remoteness, socioeconomic disadvantage, modifiable risk factors such as smoking and engagement with local services.

The NT Clinical Senate feels that change is possible in this area. There is evidence that integrated systems of health care, which are culturally appropriate and focused around the patient, can produce improvements in health outcomes.

The Clinical Senate has made a number of recommendations to the Chief Executive to encourage the NT health system to move further in the direction of integrated care and ensure that the patient's voice is at the centre of care.



Associate Professor Anne Duggan presenting the third NT Clinical Senate.