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**Consumer Peak Bodies Position Paper on the  
National Health and Hospitals Reform Commission  
Final Report – *A Healthier Future for All Australians***

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# Consumers Peak Bodies Position Paper on the National Health and Hospitals Reform Commission Final Report – *A Healthier Future for All Australians*

## Introduction

The National Health and Hospitals Reform Commission's (NHHRC) final report provides a comprehensive review of Australia's health system, with 123 recommendations for change and reform. In response to this report, Consumers Health Forum of Australia (CHF) is leading a collaboration of consumer state peak bodies to provide joint comment and advocacy on issues of common interest. The groups involved are:

- Consumers Health Forum of Australia;
- Health Care Consumers Association of the ACT;
- Health Consumers Alliance of South Australia;
- Health Consumers' Council of Western Australia;
- Health Consumers Queensland; and
- Health Issues Centre (Victoria).

This position paper is a joint response to the NHHRC report, and is based around five key areas of particular relevance to consumer peak bodies, their members and stakeholders:

- Access and equity;
- Consumer engagement and involvement;
- Consumer experience of the health system;
- E-health; and
- Prevention and early intervention.

To ensure that the views of consumers and stakeholders were captured in this position paper, a consultation paper was distributed by CHF to its members, with questions to prompt further discussion. Member responses have informed the content of this position paper.

## **Access and Equity**

The report acknowledges the current major discrepancies in equitable access to health services. A range of initiatives in the report relate directly to equitable access to health services, and ‘tackling major access and equity issues’ is one of the report’s overarching ‘three reform goals’.

However, some of the report’s recommendations about funding and distribution of services raise questions about whether they will facilitate truly equitable access.

### *National Access Targets*

The report recommends the implementation of **National Access Targets** for timeliness of access to care. CHF members had mixed views on the adequacy of the preliminary National Access Targets, with many arguing that some of the proposed timeframes for accessing services are too long. Others considered that they were reasonable or ‘a good starting point’, but questioned whether they would be achievable, particularly in rural and remote areas. The development of National Access Targets should also include consideration of the social determinants of health, not just prevention, care and treatment of illness, disease or injury activities.

**Consumer peak bodies support the concept of National Access Targets, but emphasise the importance of genuine consumer engagement in the development of these targets, and of equitable access regardless of location.**

The report also recommends that there should be **financial incentives** to reward good performance in outcomes and timeliness of care, including the timely provision of suitable clinical information. Again, CHF members had mixed views about whether incentive payments are the most efficient way to ensure that health services meet access targets, but on the whole responses to the idea were negative. Members raised concerns that services that are less well resourced and staffed could face increased disadvantage, and that monitoring whether access targets have been met would be difficult and reporting data could be manipulated. Members also commented that the use of incentives in the past has not delivered appropriate, high quality health care.

**Consumer peak bodies question whether the use of financial incentives is the most effective approach to improve performance around the National Access Targets. If financial incentives are used, care needs to be taken to ensure that other means of achieving targets are devised for localities and groups known to miss out on incentive based health care. Consideration must be given to a transparent monitoring of the results of financial incentives and addressing any inequalities in those results.**

### *Universal access to dental care*

**Universal access to dental care** through a new ‘Denticare Australia’ scheme was a widely publicised recommendation of the NHHRC report. The proposed Denticare model draws on both public dental services and private health insurance. CHF members were concerned about whether this approach would provide equitable access to dental care, particularly given that people able to afford private dental treatment would continue to face shorter waiting times than those accessing the public system. Some members also considered that Denticare would continue to fail minority groups and people facing socioeconomic disadvantage, and that the equity issues would be difficult to address in this model. Providing more dental services through Medicare, or the proposed Medicare Select model, was viewed by some as a better option. An alternative option proposed was that measures to improve access to dental care need not target all Australians, but only those who are least able to pay. Some members, however, thought that any moves to improve access to dental care were worthwhile.

**Consumer peak bodies support the concept of universal dental care in principle, particularly given the cost and timely access barriers faced by many people in their attempts to access dental care, and the links between poor dental health and other chronic conditions. However, more consideration of the Denticare Australia model is needed to ensure that access to dental care is improved for those who are currently least able to afford it.**

### *Improving health outcomes for disadvantaged groups*

The report makes a number of recommendations targeted at **improving health outcomes for disadvantaged groups** that historically have poor health outcomes and access to services, including Aboriginal and Torres Strait Islander people, people living in rural and remote areas, and people living with severe and/or chronic mental illness. Members had mixed views about whether the measures to address the health needs of these groups go far enough. Some viewed them as a ‘first step’ in addressing health inequalities, while stressing the need for consultation with these groups to ensure that health services meet their needs. Others were adamant that much more was needed to address the health needs of disadvantaged groups.

**Consumer peak bodies welcome recommendations that aim to improve health outcomes for disadvantaged groups, but emphasise the need for consultation with target groups to ensure that services meet their needs. Rigorous evaluation is also required to assess whether these health interventions are genuinely improving health outcomes for disadvantaged populations.**

The recommendation for better funding for the Patient Travel and Accommodation Scheme (PATS) was particularly welcomed by some members, though there was some concern that no implementation timeline was identified and it was unclear whether consumers would have a say in determining levels of support. The need for greater national consistency across jurisdictions, improved flexibility and better marketing of the scheme were also raised.

**Consumer peak bodies welcome the recommendation to improve funding for the Patient Travel and Accommodation Scheme, but stress the need for consumer involvement, national consistency, improved flexibility and better marketing of the scheme if it is to effectively meet the needs of rural and remote health consumers and their carers.**

### *‘Evolution’ of Medicare*

The report proposes an **‘evolution’ of Medicare** to:

- improve access to health services;
- promote integrated and comprehensive primary health care services;
- create continuity and better coordinated care;
- respond more effectively to chronic disease;
- provide greater emphasis on prevention, early intervention and self-management;
- support new ways of providing more responsive health services; and
- improve the quality of health services, among other goals.

This would also involve a review of what is included in the universal services entitlement.

Again, CHF members had varying perspectives on whether this ‘evolution’ of Medicare would deliver better health outcomes for consumers. Some welcomed the proposal to broaden Medicare to include a wider range of health professionals, and considered that the move to more self-managed care and prevention would be cost effective and empowering for consumers. Others considered that increasing access to services such as multidisciplinary care and support for self-management would have no value until consumers’ views about how these services should be delivered effectively are taken into account. The need for consumer consultation in determining the universal service entitlement was emphasised, particularly around issues of affordability.

**Consumer peak bodies support the proposal to broaden Medicare to include a wider range of services, but stress that consumer consultation is needed in determining the scope of services to be delivered and in reviewing the universal service entitlement.**

### *Medicare Select*

In order to open the health system up to greater consumer choice and provider competition, the report proposes a new **‘Medicare Select’** model, for which it recommends extensive consultation. Under this model, the Commonwealth Government would be the sole government funder of health services. All Australians would automatically belong to a government funded health and hospital plan, which could be a national plan, state government plan or a plan operated by not-for-profit or for-profit organisations.

CHF member views on Medicare Select varied widely, with strong opinions both for and against the model. Some members argued strongly that the introduction of Medicare Select would reduce choice and equity, particularly for groups already experiencing health inequality. Others considered that the model would contribute to consumer-centred health care, and the competition between plans would empower consumers, as well as improving access to some forms of health care. Some members expressed confusion about how the Medicare Select model would work, demonstrating that consumer education and consultation is needed before a decision is made about the implementation of the model.

**Consumer peak bodies argue that extensive consumer education and consultation are required before a decision is made about the implementation of the Medicare Select model, to ensure that there is awareness and understanding of all features of the model and that divergent views are considered.**

## Consumer Engagement and Involvement

The report strongly states the case for ‘strengthened consumer engagement and voice’ as part of an ‘agile and self-improving health system’. Strategies to facilitate this include improved health literacy, fostering community participation and empowering consumers.

### *Consumer Engagement*

The report contains some very positive words around the importance of **consumer involvement, consumer choice and consumer voice**; for example, ‘*We believe the health system of the future should be organised around the integral roles of consumer voice and choice, citizen engagement and community participation*’. However, there is little discussion in the report around how consumers would be involved and engaged, and how they would exercise a greater choice and voice in the health system.

CHF members were asked what they thought a robust process for listening to the views of the community on health reform should look like, and what processes or systems should be in place to ensure that the consumer voice is taken into account when measuring the success of health reform. There was strong agreement that consumer input should be taken into account at all stages of the health reform process, with varying views on what processes should be put in place to facilitate this. The consensus was that a range of strategies is required, including:

- citizen juries (which were not viewed as being sufficient on their own);
- consumer forums and focus groups with the agenda controlled by consumers, rather than health professionals;
- involvement and support of consumer peak bodies;
- greater engagement with grassroots organisations;
- increased numbers of consumer representatives involved in consultations;
- consumer surveys of satisfaction with health services.

The views of vulnerable and under-represented groups should also be taken into account. ‘*Consultation with real people with real problems*’ was viewed as key.

**Consumer peak bodies consider that consumer engagement and consultation must play an essential part in the health reform process. A range of strategies for engagement and consultation should be adopted and supported, to ensure that all consumer perspectives are represented and captured.**

### *Health literacy*

The report cites research that indicates that 60 per cent of Australians cannot participate effectively in their health care due to a lack of basic health literacy. **Increasing health literacy** will empower consumers to play a greater role in their own health care and to make informed decisions about their health. Various recommendations in the report aim to increase health literacy, with strategies

including making health literacy part of the National Curriculum, and encouraging ‘all relevant groups’ to provide health information for consumers.

CHF members considered that making health literacy part of the National Curriculum would have long term benefits, but there was concern from some members that the strategies in the report did not adequately address the health literacy needs of adult Australians, many of whom are frequent users of health services. The needs of marginalised populations in particular must be taken into account.

**Consumer peak bodies welcome the proposed inclusion of health literacy in the National Curriculum, but argue that additional initiatives are required to increase health literacy across the life stages.**

### *Providing information to consumers*

The report calls for a shift in the power balance between consumers and clinicians by empowering consumers to make fully informed decisions. However, the report makes no clear recommendations about how this empowerment could take place. Some CHF members considered that consumers could be empowered through the provision of information in a range of formats, including widely disseminated written information and public seminars. Others argued that health professionals should complete training in how to communicate with consumers and carers.

**Consumer peak bodies would like to see clear and robust strategies to make principles around consumer empowerment a reality, with extensive consultation with consumers to determine what they consider to be effective strategies for empowerment.**

The report also identifies the need for ‘a culture of improvement through health system reporting’, including providing comparative clinical performance data back to health services, hospitals and clinicians. Consumer peak bodies would like this information to also be available to health consumers. CHF members had some strong views about what information should be available and how it should be provided. Areas that they wanted to see included in public reporting included:

- comparative data for different health services, including information on access, efficiency, safety and quality;
- number of complaints;
- details of adverse events and pay-outs; and
- employment and salary information.

Members suggested a range of ways for this information to be disseminated, but stressed that national reporting against consistent standards was required. Members wanted information to be available through a range of media to ensure ready access for all consumers, and with reports presented in an easy-to-read format.

**Consumer peak bodies consider that nationally consistent information on health system performance should be made available to consumers, on a regular basis and through a range of media.**

## **Consumer Experience of the Health System**

The report calls for a new approach that connects and integrates health services, so that consumers experience it as ‘one health system’ regardless of funding sources or governance arrangements.

### ***Transfer of functions to Federal Government***

The report argues that the current arrangements, with split responsibilities between Commonwealth and state governments, ‘results in fragmented, poorly integrated care, and a lack of accountability for patient outcomes’. To facilitate the ‘one health system’ approach, the report recommends that a number of functions be funded and governed at the national level to ensure a consistent approach.

Some CHF members welcomed the increased consistency that would come from a national approach to health funding, particularly in relation to education, registration, accreditation and issues such as e-health, as well as better integration between state and territory health services. However, some members argued that variations in local or state need or circumstances would need to be considered if a national approach is adopted. Others considered that transferring functions to the Federal Government would not result in significant changes or improvements in health consumers’ experience of the health system.

**Consumer peak bodies argue that the decision about whether some health functions should be transferred to the Federal Government should be based on whether such a change will result in improvements in health consumers’ experience of the health system.**

### ***Safety and Quality***

Safety and quality are key aspects of consumers’ experience of the health system, and CHF and other peak bodies have undertaken extensive work in this area.

The report recommends continuous improvement through health performance reporting, including publicly available information on health services to assist consumers to make informed decisions, as well as making the Australian Commission on Safety and Quality in Health Care a permanent national body. **Consumer peak bodies welcome the permanency of the Australian Commission on Safety and Quality.**

It is recommended that safety and quality data should be collated, compared and fed back to hospitals and clinicians to encourage them to improve performance where this is necessary. **Consumer peak bodies consider that safety and quality information should also be publicly available to help consumers to make informed decisions.**

### ***Better service coordination and multidisciplinary service provision***

One of the 'headline' recommendations of the report is the widespread establishment of '**Comprehensive Primary Health Care Centres and Services**', to provide multidisciplinary primary care services in one setting with better coordination of patient care. The report envisages the Comprehensive Primary Health Care Centres and Services as 'one stop shops', with access to an expanded range of services.

CHF members generally supported the concept of Comprehensive Primary Health Care Centres and Services, considering that these would increase access to a broader range of services for consumers and would allow for greater care coordination. They stressed, however, that consumers should be consulted to ensure that services meet the needs of people in the local area, and that the view of primary health care must be broader than just GP services.

**Consumer peak bodies support the introduction of Comprehensive Primary Health Care Centres and Services, provided that consumers are consulted in the development and design of these services and that services are based on a broad view of primary health care that goes beyond GP services.**

The report also proposes various **strategies for the health workforce** that would support multidisciplinary health care delivery and better communication and interaction between the health professions, as well as a new education framework supporting this approach through inter-professional learning across the health professions.

**Consumer peak bodies welcome strategies that will encourage health professionals to work together and collaborate for better health outcomes for their patients, but call for consumer consultation in the development of the new education framework, and for the education framework to recognise the importance of consumer input to the education of health professionals.**

## E-Health

The report promotes the benefits of e-health systems, and recommends that **every Australian should have access to a person-controlled electronic health record by 2012**. The report argues that this will provide people with better access to their own health information, promoting consumer participation and supporting self-management and informed decision making.

While most CHF members supported e-health recommendations in principle, and many argued strongly for the benefits of an e-health system, some concerns were raised, including:

- the need for consumers to be able to identify what parts of their electronic health record should be available to health professionals – so that they can provide access to certain parts of their record while retaining their privacy in relation to certain medical conditions; and
- issues around access to, and understanding of, e-health technology particularly for people who do not regularly use computers, older Australians, people in rural and remote areas, people with low literacy and numeracy levels and people with cognitive impairments.

In its consultation paper on the NHHRC report, CHF noted that the report argues that ‘Governments would have an important role in ensuring those with the greatest need have ready access to a record’. **Consumer peak bodies would like clarification on how ‘the greatest need’ will be defined when governments are providing assistance in accessing electronic health records** – for example, whether this refers to greater financial needs (those on low incomes), greater health needs (those with chronic or multiple conditions), or some other criteria.

**Consumer peak bodies support the recommendations relating to e-health, but stress the need for consumer consultation in relation to all aspects of e-health, and for consumer concerns to be addressed in the implementation of e-health initiatives.**

## **Prevention and Early Intervention**

The report acknowledges a long focus in the Australian health system on ‘illness at the expense of wellness’, and calls for a greater focus on prevention and early intervention, particularly in relation to chronic conditions.

**Consumer peak bodies are largely supportive of the recommendations in relation to prevention.** Some concerns were raised in CHF’s consultation paper, particularly in relation to the independence of the proposed National Health Promotion and Prevention Agency. CHF members shared these concerns and stressed the need for such a body to be independent of Government. Legislation for a National Preventative Health Agency has been introduced into Parliament, but members expressed concern that this agency would not fulfil all the functions of the National Health Promotion and Prevention Agency as proposed in the NHHRC report. They also stressed the need for consumers to have a strong voice, if not the strongest voice, in the new agency.

**Consumer peak bodies argue that the new preventative health body must:**

- **be independent of Government**
- **have the capacity and funding to fulfil all the functions identified for the National Health Promotion and Prevention Agency in the NHHRC report; and**
- **recognise the value of consumer input and have strong structures in place for consumer views to be heard and acted upon.**

## **Conclusion**

Consumer peak bodies welcome the release of the NHHRC's final report: *A Healthier Future for All Australians*. However, there are a number of issues and recommendations within the report that they consider require further exploration or consideration, particularly to ensure that the consumer voice is heard and addressed.

CHF released a consultation paper that addressed a number of concerns across five areas in the report that CHF considers are of particular interest to members and stakeholders, and this Position Paper has been informed by CHF member responses to the consultation paper.

This Position paper will form part of the ongoing response by consumer peak bodies to the NHHRC final report, and to the health reform agenda in Australia more broadly.