



The National Health and Hospitals Reform Commission

Presentation to the
Hospital Avoidance Conference

September 2008

The National Health and Hospitals Reform Commission: The Commissioners

- **Dr Christine Bennett**, Chair of the Commission
Group Executive, Health and Financial Solutions and Chief
Medical Officer at MBF Australia Ltd.
- **Professor Justin Beilby**, Executive Dean, Faculty of
Health Sciences, University of Adelaide
- **Dr Stephen Duckett**, Executive Director, Reform and
Development Division, Queensland Health
- **The Hon Dr Geoff Gallop**, Professor, Director, Graduate
School of Government, University of Sydney
- **Dr Mukesh Haikerwal**, general medical practitioner,
Chair of the World Medical Association Finance and
Planning Committee

The National Health and Hospitals Reform Commission: The Commissioners (cont.)

- **Ms Sabina Knight**, Remote Area Nurse, Senior Lecturer in Remote Health Practice and Management, Centre for Remote Health, Alice Springs
- **The Hon Rob Knowles AO**, Chair of the Mental Health Council of Australia and Food Standards Australia New Zealand
- **Ms Mary Ann O'Loughlin**, Director, the Allen Consulting Group
- **Professor Ron Penny AO**, Emeritus Professor of Medicine, University of NSW and Senior Clinical Advisor, NSW Health
- **Dr Sharon Willcox**, Director, Health Policy Solutions



The National Health and Hospitals Reform Commission: **Outline**

- Principles to underpin the health system of the future
- Our first report – brief overview
- Our process, work program and timeframes
- Our first phase of consultation and engagement
- What we have heard – key issues and ideas
- Discussion of emerging ideas and options



The National Health and Hospitals Reform Commission: **Principles**

- The principles should shape the whole health system, public and private, hospital and community based services



The National Health and Hospitals Reform Commission: **Service design principles**

- People and family centred
- Equity
- Shared responsibility
- Strengthening prevention and wellness
- Comprehensive
- Value for money
- Providing for future generations
- Recognising that broader environmental influences shape our health



The National Health and Hospitals Reform Commission: **Governance principles**

- Taking the long term view
- Safety and quality
- Transparency and accountability
- Public voice
- A respectful, ethical system
- Responsible spending on health
- A culture of reflective improvement and innovation



The National Health and Hospitals Reform Commission: **Our first report**

“Beyond the Blame Game: Accountability and performance benchmarks for the next Australian Health Care Agreements” (30 April)



The National Health and Hospitals Reform Commission: **Beyond the Blame Game – our initial thoughts**

Transcending 'the blame game' requires a new framework:

- the agreements are an important lever for change
- the scope should be broader than hospitals
- being clear about who is accountable for what is fundamental to untangling the web of 'responsibilities' that creates the 'blame game'



The National Health and Hospitals Reform Commission: **Seeing the AHCAs in a broader context**

In light of our agreed principles, what changes and investments are needed to:

- enhance health promotion & wellness, and
- make the health system work better for those who need it?



The National Health and Hospitals Reform Commission: **The 12 critical challenges**

- Closing the gap in Indigenous health status
- Investing in prevention
- Ensuring a healthy start to life
- Redesigning care for those with chronic & complex conditions
- Recognising the health needs of the whole person
- Ensuring timely hospital access



The National Health and Hospitals Reform Commission: **The 12 critical challenges**

- Caring for and respecting needs at the end of life
- Promoting improved safety and quality
- Improving distribution of and access to services
- Ensuring access on the basis of need
- Improving and connecting information
- Ensuring enough well-trained health professionals, and promoting research

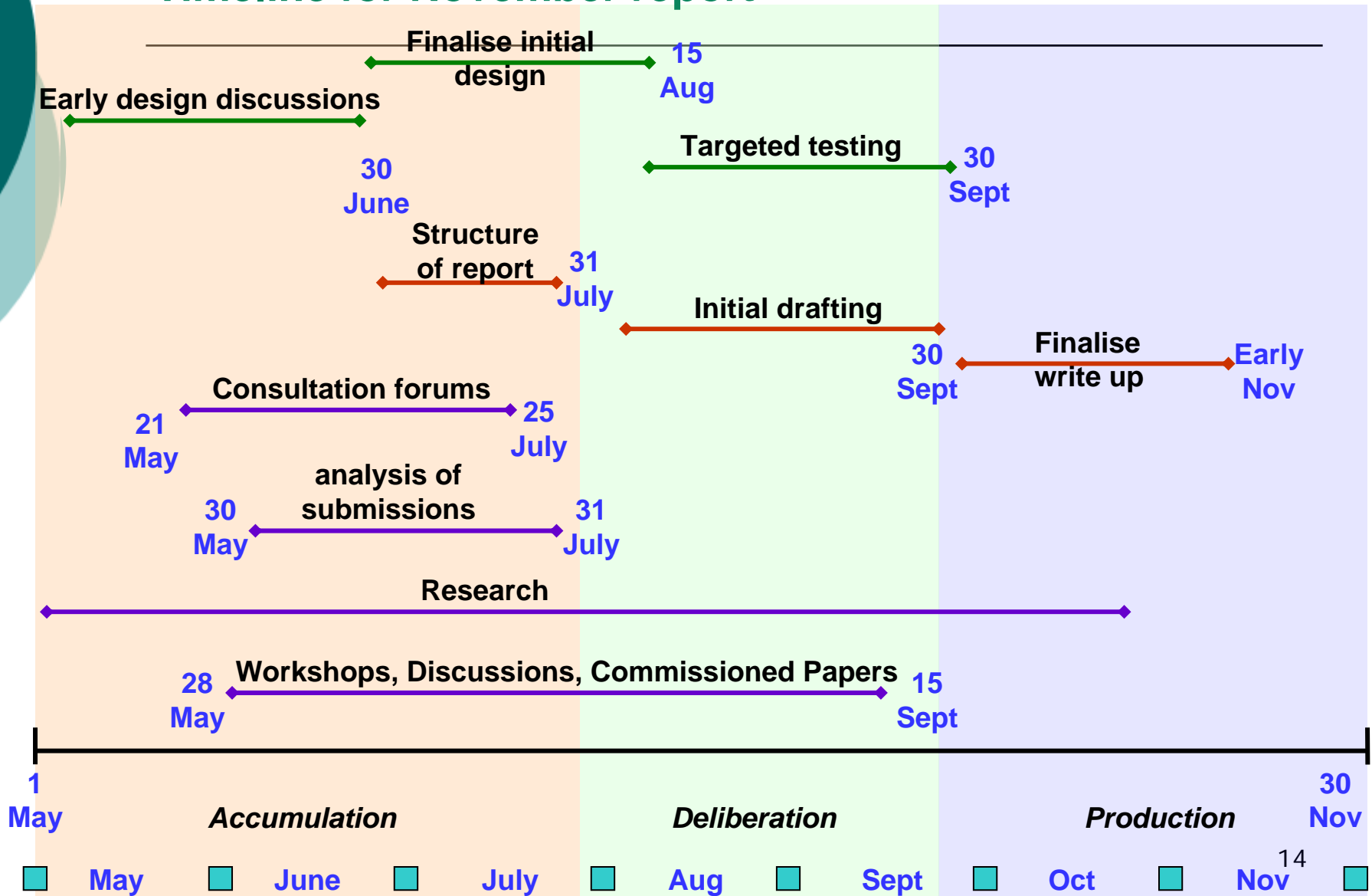


The National Health and Hospitals Reform Commission: **The accountability framework**

Clearer responsibilities between governments –

- State governments being accountable for public hospital services, mental health, public health and maternal and child health services
- The Commonwealth being accountable for all primary health care services, prevention and aged care
- The report did not suggest a single funding source or immediate transfer of functions

The National Health and Hospitals Reform Commission: Timeline for November report





The National Health and Hospitals Reform Commission: **The engagement process**

We have a wide engagement process, with a phased approach

- Public submission process (April – June)
 - over 500 submissions commenting on the terms of reference and the draft Principles (some still coming in)
 - detailed analysis is underway

The National Health and Hospitals Reform Commission: National Listening Tour

- The second phase: national consultations, the listening phase (May - July)
 - 41 forums held, by invitation, some small, some large (10 - 100 people)
 - Community and consumers;
 - people working at the frontline of the health system;
 - health sector organisations;
 - government representatives;
 - leading thinkers and service providers on key elements
- every capital, plus Shepparton, Dubbo, Alice Springs, Cairns and Geraldton



The National Health and Hospitals Reform Commission: **Some general reflections on what we heard**

- Strong consistency between States on key themes – some differences in how approached
- Local colour and issues – some region specific
- Community and Frontline very similar views
- Some disconnect between views of frontline workers and peak bodies
- Low morale and lack of confidence of frontline
- Local innovation – poorly shared across system
- Poor understanding in community of how the system is funded and run
- GP and primary care access most common issue raised, & alternative community care



The National Health and Hospitals Reform Commission: **What people are telling us – issues and ideas**

- We need more community based care - in the home and other settings
- Better access to primary care – GPs and multidisciplinary allied health
- Better integration between acute hospitals and aged care and primary care
- ‘One health system’ - Commonwealth and State roles in funding and health service delivery – simplify, integrate end to end
- Workforce – morale is low, shortages across professions and poor distribution – geographic, public/private, generalist vs specialist, training needs across settings
- A greater emphasis on ‘wellness’ not just sickness - prevention and health promotion



The National Health and Hospitals Reform Commission: **What people are telling us**

- Indigenous health
- Rural and regional service: access issues, transport, workforce role redesign and innovation, telehealth
- Mental health – continuity, workforce shortages
- Oral health – a part of our health
- Personal health records – why not here now
- E-health – a national priority, local innovation
- Universal service obligations
- Roles of other ‘settings’ and sectors role in our health – workplace, schools, community



The National Health and Hospitals Reform Commission: **The road ahead**

- Interim report: November 2008
- Further consultation: November – June 2009
- Final report: June 2009



The National Health and Hospitals Reform Commission: **Questions and discussion**

Some of the big issues:

- 'One national health system' – many meanings
- Workforce – capacity, distribution, roles, training, generalist vs specialist models, multidisciplinary roles
- Community based care – how to strengthen
- Prevention – people taking personal responsibility for their own health and family's health, health literacy
- Public private mix – productive co-operation



Issues re Hospital Avoidance

- Models of Care
- Workforce
- Funding
- Equity
- Governance
- Others.....