

Mr Stephen King
Commissioner
Productivity Commission

Draft report on Human Services

The National Rural Health Alliance (the Alliance) is pleased to respond to the draft report of the Productivity Commission on how to encourage greater consumer choice, competition and contestability in a number of human services.

The Alliance notes the thorough and thoughtful approach taken by the Commission and commends the way in which the Commission has responded to the range of feedback and issues raised throughout the consultation process.

General comments

The Alliance believes that any change to policy settings must be accompanied by thoughtful, carefully constructed evaluation measures that seek to explore the impact of the change on the target population. They must not simply be measures that are easily made, but must include exploration of consumer outcomes and long-term impacts on individuals, communities and social systems. They must also be reported regularly, transparently, and at the earliest opportunity. Too frequently data is released several years later when its currency and ability to influence policy settings has lost relevance.

In rural and remote communities, the need for flexibility, coordination, collaboration and cooperation between service providers is critical. Proposed policy settings must be adequately tested in difficult, complex settings to ensure that they are truly fit for purpose.

The Alliance supports greater consumer and user choice, and notes that to be effective, there needs to be a considerable focus on developing greater consumer health and social service literacy, and that this focus must also include culturally appropriate literature that is appropriate to the needs of vulnerable populations.

The role of advocacy services and support is necessary to achieve greater consumer directed care, and development of training to develop local community advocates should be included in the planning to implement proposed changes in policy settings and support culturally appropriate and safe care.

As the Alliance and other agencies have indicated, competition in rural and remote communities is difficult at best. Expansion of competition and contestability has potential to improve access, but must be closely monitored to ensure that there are no unintended consequences, including reductions in the level of existing services.

End of life care

The most recent year for which palliative care data is available by remoteness is 2011-12¹. In terms of crude data, there is a general decline in the number of episodes of care as remoteness increases, but interestingly, once the data is age standardised, it shows that relatively, access to palliative care is at least congruent with major city access rates. The AIHW report does not explore this access data any further to explain either access to palliative care in rural and remote communities or barriers to greater uptake.

Increasing access to community based palliative care services is identified in the report as vital to improve access to end of life care in rural and remote communities. This needs to go hand in hand with improved health and end of life literacy and culturally safe and appropriate care. Developing flexible care delivery options to enable access to quality palliative care services in remote and very remote communities should also be a priority.

Social housing

Access to appropriate social housing is necessary to good health and wellbeing. To read a report that the social housing system in Australia is broken is distressing. Social housing in remote and very remote Australia is poor, and the lack of appropriate housing is having a significant impact on vulnerable communities.

The Alliance supports the development of a more effective social housing system that provides access to culturally appropriate housing in remote and very remote communities.

Family and community services

The Alliance supports the development of more effective family and community services including better planning, more effective approaches to commissioning services and ensuring flexible and innovative service methods are trialled and evaluated.

The Alliance is pleased to see a call for longer contract periods. In rural and remote communities, longer contracts are necessary to enable effective services in the recruitment and retaining of staff. The comments of the Productivity Commission on the need for longer contracts and better handover processes is welcomed.

The focus on commissioning services, particularly in remote communities, is to ensure that the services best able to serve that community effectively and efficiently are successful, not necessarily those service able to write the best application. The proposed approach is welcomed.

Services in remote Indigenous communities

The need for culturally safe services that are answerable to local communities and responsive to local needs is at the heart of delivering services in remote Indigenous communities.

As the report notes, the current, often piecemeal, service provision needs careful reconsideration and we need to identify the lessons to inform development of a better way to support health care to one of the most disadvantaged populations in Australia. The Alliance supports the ongoing work in this area, including longer default contract terms.

¹ <http://aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548892> p17

Public hospital services

Public hospitals in rural and remote communities carry a larger burden of health care provision than in major cities. They may provide the only health services in some communities or the only out of hours services. The Alliance is pleased to note that the recommendations of the Productivity Commission with regard to public hospitals relate to the delivery of patients referred for surgery, which is likely to have minimal impact on rural and remote service delivery, where public hospitals are often the only options for surgery without going to a major city.

Public dental services

Public dental services need significant national leadership to address the issues of access in rural and remote communities. The Alliance supports action to improve access, noting that in some remote communities, there currently is no access to dental services – public or private.

A focus on preventive oral health care is necessary to prevent the high degree of preventable hospitalisations of both children and adults in rural and remote communities. Poor oral health impacts on confidence, the ability of an individual to engage with the workforce generally and health and wellbeing overall.

The Alliance supports all action to ensure effective dental and oral health care is available in remote and very remote communities, where the need is very high. Out of pocket costs are a significant barrier to dental services nationally, and particularly in remote and very remote communities. Without access to public dental services, many remote communities would have no dental services whatsoever.

The Alliance supports the recommendation that the Independent Hospital Pricing Authority become involved in determining the efficient pricing structure, which must recognise the significant barriers of service delivery in remote and very remote communities.

Thank you for the opportunity to comment on the draft report. The Alliance is available to provide any additional support needed to assist you in finalising this report, as it relates to the delivery of more effective and efficient services in rural and remote Australia.

Yours sincerely

David Butt
Chief Executive Officer
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