

**Productivity Commission - Introducing Competition  
and Informed User Choice into Human Services:  
Reforms to Human Services**

Draft Report June 2017

**Comment from Health Performance Council SA**

July 2017

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# Comment from Health Performance Council SA on Productivity Commission draft report (June 2017) Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services

## Introduction

Health Performance Council (HPC) is the South Australian Government's statutory Ministerial advisory body established under section 9 of the Health Care Act 2008 to provide advice to the Minister for Health on the performance of the health system, health outcomes for South Australians and specific population groups, and the effectiveness of community and individual engagement. HPC is not a body that advocates or advises on behalf of any particular group.

HPC has a working framework for reviewing health system performance that we apply as a set of key principles to consider in our data analysis and commentary. We look for situations when it appears system or policy changes may be causing unwarranted widening of health outcomes gaps between specific population groups. Most especially we are concerned about specific population groups in our community that can be excluded and therefore vulnerable such as, and not exhaustively, Aboriginal peoples, people who live in rural and remote South Australia and culturally and linguistically diverse populations.

HPC publishes four yearly reviews of the South Australian health system performance that are tabled in SA Parliament. We post the output of all our activity to our website to ensure it is available to all: [www.hpcsa.com.au](http://www.hpcsa.com.au)

This comment echoes the discussion items shared with Presiding Commissioner, Stephen King, and colleagues from the Productivity Commission at our teleconference on Tuesday 24 January 2017, and submission made in February 2017 to the issues paper.

## Comment

HPC comments on two recommendations in the draft report about moving to the next stage of human services reform that increases competition and consumer choice:

1. HPC's earlier submission to the inquiry supported transparency of monitoring and reporting outcomes of human services including public and private hospitals, primary care, dental services, end of life care and aged care. HPC supports the Table 10.1 Overview of proposed health information reforms on strengthened government commitment to public reporting, proposed reforms and timeframes.

Further, data generated by hospital activity should be available for health statistical collections allowing safe privacy-protecting use of publicly funded data with data

linkage as a critical evidence source for improving the overall effectiveness of hospital and health services provision. Strong government stewardship is needed to implement current Australia-wide supportive policies and pathways for data linkage and the use of linked data for these purposes, as the process appears to have been weakly implemented and is hardly working. In general principle HPC supports the key points in the Productivity Commission Data Availability and Use Report (May 2017) in favour of tackling barriers to sharing and releasing public and private data so that more is available for interrogation and increasing use and value of Australia's data

HPC suggested this inquiry into reforms to human services look beyond public hospital services to review how the private health system relates to the public system, and where there might be opportunities for improving outcomes with the ways the private system works for service consistency, access to services and operational efficiencies.

With public and private sectors providing data there is great potential for studies in health service planning and evaluation, monitoring of the safety and quality of service delivery, assessing proper use and unexpected side effects of new drugs post-marketing (including late effects), and for health system research into the comparative effectiveness, costs and cost-effectiveness of new treatments and alternative models of care. These data are absolutely crucial to address disparities in health and unwarranted variation in service delivery across the population, including for potentially vulnerable specific population groups such as, and not exhaustively, the aged, the socioeconomically disadvantaged, the geographically remote, Aboriginal and Torres Strait Islander people, and culturally and linguistically diverse communities.

2. HPC's earlier submission to the inquiry advised the Productivity Commission should incorporate an appropriate understanding of consumer and community information literacy, in particular health literacy where service providers are accountable for creating health literate environments and investing in independent advocacy that enables people to build their health literacy in ways that reflect individuals' needs, values and preferences (Australian Commission on Safety and Quality in Health Care definition of Patient and Consumer Centred Care [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)). HPC remains concerned that Figure 1 Characteristics that influence the effectiveness of service provision expects only service users to have expertise to make choices, and HPC recommends adding accountability for creating health literate environments to service providers.

In conclusion, HPC recommends recognition that a balanced and consumer-centred health system fosters better health outcomes and is most efficient when it integrates preventive and primary care with hospital services. Any recommendations around public

hospital reform should set clear objectives to achieve integrated models of care and collaboration to meet the needs of consumers and to coordinate services.

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