

Productivity Commission's Reforms to Human Services

Response from Diana Voss, Volunteer Health Consumer Representative, South Australia – 10.2.17

1. Request for Information 1 – Characteristics of Human Services

In respect of service users:

A I suggest that the characteristic "Access to user-oriented information on price and quality" be amended to read "Access to user-oriented information which is important to the user". For example, the user may be interested not only in the service's quality and price but also in the likely overall impact of the service on the user's quality of life.

B I suggest the addition of the following characteristic: "Access to an unbiased mentor qualified to support users throughout their service journeys".

2. Request for Information 2 – Increasing User Choice

When applying the principle that, generally, informed users are best placed to determine which services and providers best meet their needs and preferences, an issue that can arise is that the user requires so much information to make a well-informed decision that the user becomes overwhelmed – particularly where the user is unwell and/or elderly.

Unlike purchasing groceries, a user may never before have made this sort of decision, the factors to consider may be more numerous and confusing & the decision could have a serious impact on the user's finances & quality of life.

For example, when looking for an elder care facility for my relative, as a family we had no previous experience in determining what were the priorities for a frail 94 year-old suffering from dementia. With no experience, we could have selected a smart facility with no "unsightly" posters but, as my mother had also suffered from dementia, we were more impressed by the facilities that demonstrated their dementia friendliness by having the toilet doors "labelled" with a picture of a toilet. However, due to our ignorance, we did not ask what further supports existed, for example, how those with dementia were included in the social activities etc. &/or what activities were specifically designed to enhance the well-being of dementia sufferers.

I suggest that an unbiased qualified mentor system supports users through important decisions. A mentor could not only help the user determine what issues are most important for that user; but also navigate the system to assess where these could be best addressed.

3. Request for Information 3 – Introducing greater competition & contestability

Again, the same issue arises regarding whether users can be sufficiently well-informed about their needs and the services provided to ensure that users can appropriately align these.

Unlike groceries, the relevant factors can be numerous & difficult to prioritize, so it can be very difficult to compare providers. Insufficiently informed users may look to price alone without appreciating the value, in terms of quality of life, of other services being offered by a service provider which caused that service provider's price to be higher. If the user subsequently realizes the importance of those other

services, it may not be possible to change service provider. For example, change can be very challenging to a dementia sufferer so swapping service provider could be more detrimental.

Again, I suggest that an unbiased qualified mentor system is implemented.

I am very concerned that competition and contestability will limit providers collaborating, formally & informally, to improve the effectiveness of service delivery.

By way of example, an aged care provider is currently proposing to conduct a pilot study of a “24/7” model of care to pursue the development of a community-based alternative to residential aged care. This would be a very exciting project for all Australians as the general wish is to remain at home; however what is the incentive for that provider to share these results with its competitors?

Compare this, by example, to the current information sharing between public local health networks (mentioned at 4 below).

4. Request for Information 4 – Government stewardship arrangements

Government stewardship has an important role to play to ensure services are user-centred when providers have discretion as to what services a user can access.

An example is the Australian Commission on Safety & Quality in Health Care’s National Safety & Quality Health Service Standard 2: Partnering with Consumers. This standard requires the involvement of consumers in the organizational and strategic processes that guide the planning, design and evaluation of health services. Health facilities are accredited against this & the other NS&QHS standards every three years.

This external accreditation process provides focus and, as a volunteer consumer representative supporting Southern Adelaide Health Network with its partnering with consumers, I have appreciated the cultural shift and benefits associated with this partnering. I have also witnessed & participated in the sharing of information between local health networks to avoid duplication and support the best possible care wherever the user may be located.

5. Request for Information 11 – Effectiveness of public hospital services

From my experience, the partnering with consumers’ accreditation process (mentioned at 4 above) is increasing the effectiveness of public hospital services by improving the responsiveness of public hospitals to patients’ needs & preferences and equity of access.

I believe that this accreditation process is already shifting the culture to ensure that the user is at the heart of service delivery and that it will support this shift to continue & become embedded.

I am concerned that greater competition, contestability & user choice could reduce the effectiveness of public hospital services as these could create:

A a defensive, non-transparent, non-information sharing environment rather than a collaborative setting with the common goal of the best interest of the patients;

B an environment where it would be increasingly difficult for patients to be properly supported through their patient journey due to lack of cohesion & collaboration between service providers. This lack of appreciation of the whole patient journey by the various involved health professionals is already

a major issue with users and is an area of focus for improvement. Any measure should be avoided which could worsen, rather than improve, the whole patient journey experience.

6. Request for Information 12 – Which types of public hospital services & patient populations are suited to greater user choice, competition & contestability (including benefits & costs etc)

As explained above (at 5), I am concerned that greater user choice, competition & contestability could adversely impact the effectiveness of the public hospital services.

I suggest that the government is responsible for ensuring that users experience “best care, first time, every time” by implementing a framework that monitors & regulates the performance of clinicians & hospitals. The government should be better placed than private individuals to understand & appropriately act upon the complex data.

7. Request for Information 13 – The potential to introduce greater user choice to public hospital services

As explained above (at 5), I am concerned that greater user choice could adversely impact on the effectiveness of the public hospital services.

Whilst greater user choice may cause some users to feel more empowered, it may cause others anxiety due to information over-load and, if admitted & treated as an emergency, due to lack of confidence in the treating team &/or hospital. As mentioned, I believe that it is the government’s role to regulate public hospital services to ensure “best care, first time, every time”.

However, if the user choice model is pursued;

A the user’s GP may be better placed to advise the user as the GP may have a better understanding of that user’s personal needs & preferences, rather than an independent advocate. If so, GPs would require regular updated education on the options available to users and would require sufficient time to counsel users. There may be a role for GPs & independent advocates; &

B there should be policy trials to test alternative approaches & phased implementation of any reform.

8. Request for Information 16 – The potential to introduce greater contestability for public hospital services

As explained above (at 5), I am concerned that greater contestability could adversely impact on the effectiveness of the public hospital services.

9. Request for Information 20 – Commissioning & funding arrangements for end-of-life care that have proven most effective etc

I understand that the Western Australian government working with the Silver Chain Group Ltd in Perth has implemented a cost effective system that enables more users to be supported at home than in other state capitals.