

Scope: This paper comments on the Productivity Commission's proposal to apply principles of competition, contestability and informed user choice to reform the public hospital system

Summary: The paper is written from a consumer perspective, reiterating the importance of managing the care and treatment of the "Whole Patient". The driving philosophy in the South Australian public health system is based on a Patient Centred Care approach. A system that is based on cost for individualistic activity transaction funding, is inconsistent with this approach.

Managing care and treatment of the "Whole Patient".

If this is a role to be assigned to the GP then consultations would need to be longer and GPs unlikely to find that acceptable unless the Medicare reimbursement were significantly increased to compensate.

Significant energies are being put in place to REDUCE duplication of services and improve CONSISTENT levels of integrated care in the South Australian health service with significant involvement and advice from consumers, carers and families.

South Australia's method of Health is aimed at Patient Centred Care, which, will not perfect by any means, certainly seems to be aimed at providing the best care for the patient, and more often than not succeeds.

Who would provide this coordination for the "whole person" care for elderly patients with multiple and complex co-morbidities if the patient has no regular GP?

It is unreasonable to place the responsibility onto the patient/carer/family who are unlikely to have the necessary general or specific health literacy or for many no means of access to relevant information.

Accessing public health services where there are common systems and communication is already complex - treatment and care provision across two or more unconnected service providers... public, private, community / not for profit would create more complexity and increase the potential for inconsistent treatment, prioritisation and errors from inadequate communication.

Expecting patients/carers to bear the whole responsibility of navigating the system will result in poorer quality care and potentially disastrous consequences.

If Patients are expected to research websites to assess information and performance comparisons, in order to make service/care decisions hundreds of thousands of affected patients will be automatically excluded, not only the computer illiterate.

For a majority of people, using health services is not an occasional once off event. People with chronic diseases (often more than one chronic disease) need sophisticated and knowledgeable clinicians to assist them manage their care and treatment in partnership. This is not likely to be provided with selecting a treatment and service provider from a website.

Funding Allocation

“Per Head Funding Allocation” would be likely to result in GPs being no longer able to bulk bill their elderly patients with multiple complex co-morbidities-or is the intention to make GPs employees as they are in the U.K. It would no doubt ration services according to budgets as occurs there rather than according to need as occurs currently in Australia?

Attaching a per head funding allocation model would be likely to result in "easy pickings" for the for-profit sector which might not necessarily be in the "whole patient's" best interests.

As already seen in the NDIS model, there are some people who require a little treatment, and others who have far more complex, and therefore costly needs. The calculation for the costing per head would seem to be a hit of miss system, and when the funding runs out then there is considerable wait before the next application can be made. Patients with co-morbidities could very well be in danger of falling through the cracks.

A Personal Perspective:

How can patients be expected to navigate their own way around the Health system? As the carer for a patient with multiple co-morbidities it is already a nightmare trying to navigate the system. At present when it is necessary to be taken to the hospital for an emergency, the staff have great difficulty deciding which particular health issue is the cause of the current presentation, and so begins a testing regime to discover the answer. The patient/Carer may be unsure what the underlying issue may be, although may be able to hazard a guess. Once a decision is made, the patient is taken to the ward/area most suited for this particular issue. At this point in time it is only this issue which is considered, and if subsequent tests prove negative, then the patient is discharged. Naturally the issue has not been addressed and the whole process starts again.

Our GP, who has known the patient for many years, and understands the issues is in a good position to determine what the current problem is, and refer accordingly. Having changed GP's in the past, it takes a long time to build rapport and mutual trust.

It seems from a lay person perspective that trying to navigate a series of providers would be a nightmare! How can we as patient/carers/family determine the best clinician for our needs?

It seems that families/carers of patients with multiple co-morbidities will be expected to navigate the already convoluted system. It is difficult enough finding a clinician, and navigating the public system without having to go it alone. How is one to navigate the information which comes back, especially for the elderly who may have cognitive issues, or already have complex issues to deal with. Are families and carers expected to undertake study in order to help their loved one?

Time Frame for Submission:

I would like to register my concern that this study has not been widely advertised and the time allowed for submissions is very tight.

I am concerned that while organisations may have the resources to read the paper and develop responses, the tight timeframe which coincides with the annual Christmas holiday period, almost ensures that there will be little response. This is confirmed by the very small number of submissions noted on the website on the day of the submission closing date.

Even the style in which the paper is written is likely to be inaccessible to the general public and most users of health services are likely to be affected by the potential changes.

This alone does not provide any confidence that the review and its results are more likely to serve the government's economic interests rather than the interests of patients, families and carers.

When the National Accreditation Standards for Health Services have Consumer Engagement as the priority assessment criteria the approach of this review is especially disappointing.

Questions:

Will all submission be made available on your website for public access?

Can the Government assure me that obtaining health care will not be a more difficult and overwhelming task?

How is it going to be better for someone with multiple co-morbidities?

Who I going to listen to and provide aid to the people whose lives are affected?

From a lay persons point of view, it may be economically advantageous, but who is going to support the computer illiterate, older person who is already disadvantaged. There is no way this cohort will be able to coordinate multiple appointments.