

Thursday 29 May 2008

National Health and Hospitals Reform Commission



Victorian Healthcare Association

Devised by the Federal Government to develop a long-term health reform plan for a modern Australia.

- Interim report on a long-term health reform plan by the end of 2008
- Final plan in mid 2009.

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Commissioners:

Dr Christine Bennett: Chief Medical Officer at MBF Australia Ltd.

Rob Knowles: former Victorian Health Minister;

Geoff Gallop: former Premier of Western Australia;

Mukesh Haikerwal: Melbourne GP and immediate past-President of the AMA;

Stephen Duckett: health economist and former Secretary of the Commonwealth Department of Health;

Ron Penny: Emeritus Professor of Medicine, University of NSW;

Sabina Knight: Senior Lecturer, Centre for Remote Health and remote area nurse;

Sharon Willcox: Director of consulting firm Health Policy Solutions;

Justin Beilby: Executive Dean of the University of Adelaide's Medical School; and

Mary Ann O'Loughlin: Director, The Allen Consulting Group.

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Terms of Reference

- By **June 2009**, the Commission will report on a long-term health reform plan to provide sustainable improvements in the performance of the health system addressing the need to:
- **reduce inefficiencies** generated by cost-shifting, blame-shifting and buck-passing;
- better **integrate and coordinate** care across all aspects of the health sector, particularly between primary care and hospital services around key measurable outputs for health;
- bring a greater focus on **prevention** to the health system;
- better integrate acute services and aged care services, and improve the **transition** between hospital and aged care;
- improve frontline care to better **promote healthy lifestyles** and prevent and intervene early in chronic illness;
- improve the **provision of health services** in rural areas;
- improve **Indigenous health** outcomes; and
- provide a well qualified and sustainable **health workforce** into the future

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Principles

NHHRC has developed a set of principles which “to a large extent should shape the whole health and aged care system - public and private, hospital and community based services”. These should be evident in how the system functions for patients and their carers, and should therefore be incorporated in the next set of AHCAs.

- People and family centred
- Equity
- Shared responsibility
- Strengthening prevention and wellness
- Comprehensive
- Value for money
- Providing for future generations

- Recognise broader environmental influences which shape our health
- Taking the long term view
- Safety and quality
- Transparency and accountability
- Public voice
- A respectful and ethical system
- Responsible spending on health, and
- A culture of reflective improvement and innovation

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Beyond the Blame Game

Accountability and performance benchmarks for the next Australian Health Care Agreements

12 health and health care challenges where the need for improvement is well understood and extensively documented. These were underpinned by analysing

What changes and investments do we need to make to:

- Enhance health promotion and wellness and
- Make the health care system work better for those who need it?

Clear accountabilities for delivering on improved performance of the health care system are one important mechanism to tackle the health “blame game”.



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12 Challenges

- Closing the gap in Indigenous health status,
- Investing in prevention,
- Ensuring a healthy start,
- Redesigning care for those with chronic and complex conditions,
- Recognising the health needs of the whole person,
- Ensuring timely hospital process,
- Caring for and respecting the needs of people at the end of life,
- Promoting improved safety and quality of health care,
- Improving distribution and equitable access to services,
- Ensuring access on the basis of need, not ability to pay,
- Improving and connecting information to support high quality care, and
- Ensuring enough, well-trained health professionals and promoting research.

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“We have suggested an assignment of these accountabilities: **states** accountable for public hospitals, mental health, maternal and child health and public health, with the **Commonwealth** accountable for primary care (here we mean all other aspects of care in the community, primary medical care and community health care), prevention, aged care and indigenous health.”

Quote from the *Blame Game Report*

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"Conference affirms its support for community controlled and independent community health centres currently funded by the State Government under the community health program.

Community health provides a cost effective model for the delivery affordable, accessible and high quality primary care services to high need and low income consumers within the community.

It also makes a significant contribution to early intervention in chronic disease and the prevention of avoidable hospital admissions often in conjunction with private and acute service providers.

It is therefore recommended by Conference that this model of care be recommended as a successful platform for primary care services and as a program that should be developed nationally.

The Victorian State Government is urged to promote and advocate for the successes of the community health program and the values of community controlled local health centres to the other states, through the COAG process."

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Consultation

NHHRC is developing an extensive engagement program whereby the Commission will seek input from the public, frontline health workers, professional and consumer groups, and other interested people and organisations.

VHA sent letter to Christine Bennett and will seek further engagement through the commission and commissioners

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