



Council of Social Service of New South Wales

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NOTE: This submission was made following on from attendance at a draft exposure consultation, held on 17 October. The NCOSS SPO was invited as a consumer representative from the Justice Health Consumer and Community Group. The consultation was a closed formal hearing of the commission and as such was subject to confidentiality. Only the NCOSS SPO Health was subject to the contents of this correspondence (which was negotiated as an exception to NCOSS procedure with the Director). This correspondence should be kept confidential, and not made public at any time.

The Executive Officer
Special Commission of Inquiry
Acute Care Services in NSW Public Hospitals
PO Box A4 Sydney South 1235 NSW

Re: Comments following exposure draft consultation, 17 October 2008

Dear Commissioner,

Further to the consultation on the exposure draft held on 17 October 2008, I take this opportunity to provide some brief additional comments relating to the draft recommendations tabled at that consultation.

I sincerely thank the Commission for the opportunity to participate in the consultation, and am happy to offer any assistance I can in relation to the development of the final report and recommendations.

Workforce

There was broad support for the draft recommendations amongst the group allocated this topic. However, a number of points were raised in discussion for feedback, including:

- A recommendation that a workforce planning committee/processes is established to oversee health workforce planning in both the short and longer term. This committee should be composed of a mix of health administrators, clinicians and professional bodies, community and consumer representatives, training bodies and non-government organisations.
- That the workforce implications of the Commission's draft recommendations be more comprehensively analysed, and referred for further action and oversight to the workforce planning committee (cited above). For example, the proposed changes to the function of emergency centres (in terms of ambulance drop-off and a focus on the top triage categories) as well as the establishment of primary health centres to operate in coordination with emergency departments will have consequences in terms of workforce profile, retention and recruitment.
- That part of the function of the committee be to consider the workforce implications of health reform, for example, how changes in the activities and role of public hospitals and the NSW Health system affects other human service areas and other sectors. For example, the increasing use of out of hospital programs results in some shifting of responsibility away from public hospitals and staff to non-government organisations and other non-hospital

health staff. There is currently no consideration given to the workforce implications of this shift, and indeed whether or not there is a workforce available in the long and short term to support a change in the model of delivery of health services.

Transport

Again there was broad support for the draft recommendations amongst the group allocated this topic. One point that appears to not be covered is if the ambulance service focuses exclusively on emergency transport, more specific focus and direction should be provided to NSW Health in the recommendations for this section on developing non-emergency transport programs. These programs currently report enormous waiting lists, and are often forced to employ tight eligibility criteria (older people and people with a disability) as demand management strategies. Consideration should be given to recommending a significant enhancement to the non-emergency transport programs in order to allow them to expand their operations and meet increasing and currently unmet demand.

Consumer Engagement

Whilst recognising the important of clinician engagement, there does not appear to be any specific consideration of community or consumer engagement in the draft recommendations. This is a significant concern. Consideration should be given to explicitly recognising the importance of consumer/community engagement, and recommending a minimum framework for engagement and consultation with communities about decision making in relation to the availability and priorities in the delivery of health services in particular areas.

NSW Health is currently awaiting the outcomes of the Commission to finalise the draft of its consumer and community engagement policy directive, and as such it is important that the Commission's report make explicit the need for strong community and consumer decision making in health services.

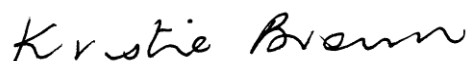
Prevention and early intervention

Whilst recognising that the potential scope of the recommendations are limited by the terms of reference set for the inquiry, within the draft recommendations there does not appear to be very little consideration of the functions of the health system carried out beyond the hospital system, particularly those relating to primary and community health. In our written submission to the inquiry, NCOSS put forward an argument that the challenges facing public hospitals need to be dealt with in the context of the health system, and not just the hospital system. This becomes particularly evident when the number of hospital separations resulting from preventable conditions is considered. It does not appear that the draft recommendations engage with this broader context, and as such I would encourage that the broadest scope possible be adopted for the recommendations.

Once again, thank you for the opportunity to provide a subsequent written response. These comments have been made in the spirit of constructive engagement, and I wish the Commission all the best in the development of the final report.

I have attempted to keep my comments brief, so if anything is unclear or you wish to discuss anything further I can be contacted on 02 9211 2599 ext 130 or Kristie@ncoss.org.au

Regards



Kristie Brown
Senior Policy Officer, Health

29.10.08