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Dr Christine Bennett  
National Health and Hospital Reform Commission  
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Dear Dr Bennett

The Interim Report of the National Health and Hospitals Reform Commission offers an exciting vision for health care in Australia and many of the recommendations are welcomed by the Health Care Consumers' Association of the ACT (HCCA).

The language and ideological connotations of ***taking personal responsibility*** in building good health and wellbeing contained in the Interim Report presents challenges for HCCA and is not supported. We acknowledge it can be extremely difficult to reach a balance between promoting responsible behaviour and coercing people to behave responsibly. If consumers are to *take responsibility* in managing their health, ie, keeping medical appointments, receiving screenings, taking their medications, and follow instructions of health professionals, they must be supported and informed in this.

The recognition of the ***consumer empowerment perspective*** as a strategy to build healthier communities and people is supported by HCCA. This strategy is seen as relying heavily on health literacy. The focus on health literacy is welcomed by our members and we look forward to seeing this further developed in the final report. Consumers have a strong investment in the need for structures and processes to overcome the information asymmetry that so often shapes the consumer experience of our health system.

Related to this is the role of community engagement in the governance, planning, monitoring and review of health services. We stress that for this to happen our health system needs to develop and sustain capacity in our communities to ensure we are able to engage meaningfully in identifying health needs, planning, monitoring and evaluating policies and services, developing and implementing governance structures.

The Report does not go on to address the imbalance of power between health professionals and health consumers –this is a critical part of the equity jigsaw. This

imbalance is institutionalised and will not be addressed by better information alone. We would encourage the Commission to take advice from consumer organisations on this issue.

Building **health promotion and prevention** capacity is supported but we are unconvinced that there needs to be a separate body overseeing this. Our preference is to integrate prevention and promotion into existing agencies. There needs to be a specific focus for individual consumers, organisations, and businesses on identified issues covering wellbeing, chronic conditions, self management and lifestyle issues. We would support empowering consumers to self manage chronic conditions and get access to necessary health professional support and consider this to be tied to the move to increasing health literacy. There needs to be a strong emphasis on improving health outcomes for both populations and individuals not just increased health outputs and we support the Commission with respect to this.

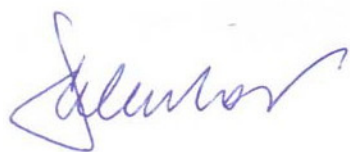
The creation of strong coordinated and comprehensive health care over a lifetime is seen as important for consumers. Consumers need an interconnected system not a maze that they can not navigate.

The proposals for **improved primary health care** are seen as capturing the needs of most consumers. The strategies for achieving that improvement through seamless coordinated services from the existing independent service silos are not so clear. Funding is an obvious and important strategy to achieve the coordination but it needs to be reinforced by other strategies. Developing and encouraging consumer feedback loops is one such strategy.

The importance of the **sub-acute care** “glue” that links acute with community care is recognised. The need to enhance such programs including step-up and step-down programs is strongly supported. The report notes the variation across the country in the development of such programs and proposes increased access, improved funding, including infrastructure. We would like to see further exploration of sub-acute care as an extension of primary health care, rather than acute care. The development of the “step-up” concept has been strongly supported by our members, especially those living with chronic conditions. This would enable consumer to receive a high level support in the community to keep them out of hospital. This care could be provided by multidisciplinary teams, including a range of care assistants, and there is potential to work with general practitioners to include them in their supervision of clinical practice.

We commend the Commission on the Interim Report and eagerly await the final report and recommendations.

Yours sincerely



**Darlene Cox**  
Executive Director  
15 March 2009