



Pillar 4

Delivering quality care more efficiently

Consultation questions | May 2025



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Delivering quality care more efficiently

Care services are essential to our lives and the economy. With the workforce and budgets under pressure, we are looking at ways to deliver quality care more efficiently.

We are asking you for feedback on our approach so far to **Pillar 4: Delivering quality care more efficiently**.

After reviewing the ideas submitted through [Australia's Productivity Pitch](#) and undertaking our own research and stakeholder consultation, we have identified three policy reform areas in this pillar to explore further.

For each reform area, we will:

- recommend specific reforms
- seek to quantify their benefits (where possible) and
- suggest how the reforms can be implemented.

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| <p>Reform of quality and safety regulation to support a more cohesive care economy</p> <p>We are interested in the scope for greater alignment and streamlining of quality and safety regulation across the care economy while driving high quality care.</p> | <p>Embed collaborative commissioning to increase the integration of care services</p> <p>Collaborative commissioning shows promise, but key barriers remain. We're exploring ways to embed it more effectively and make it truly collaborative.</p> | <p>A national framework to support government investment in prevention</p> <p>We are looking at reforms that would support government investment in prevention programs to improve outcomes for the community and reduce demand for future services.</p> |
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Why is delivering quality care more efficiently important?

The care economy is a vital part of our lives, providing services that millions of Australians depend upon. Services like healthcare, aged care, community services, veterans' services, services for people with disability, and early childhood education and care ensure our health, wellbeing and quality of life.

The importance of the care economy is growing, with more Australians relying on its services than ever before. Demand is increasing due to an ageing population, an increase in chronic and complex illness, and a shift from informal to formal care in sectors such as aged care, childcare and disability support.

Australian Government spending on aged care, disability, early childhood education and care and health services is projected to grow from around \$216 billion in 2024-25 to around \$247 billion in 2027-28. States and territory governments' spending on care services is also expected to increase substantially with anticipated changes to disability support.

A more efficient care economy will help to reduce the pressure on the workforce and governments and enable improvements to the quality of care that people receive. To do this, we have looked at opportunities to reduce duplication and close gaps, make better investments in prevention, and ease the regulatory burden on workers and providers.

What are the pillars of productivity?

In 2024, the Australian Government asked us to identify the highest priority reform areas under 5 pillars of productivity:

1. Creating a more dynamic and resilient economy
2. Building a skilled and adaptable workforce
3. Harnessing data and digital technology
4. Delivering quality care more efficiently
5. Investing in cheaper, cleaner energy and the net zero transformation.

We will deliver practical and implementable policy ideas across the 5 pillars at the end of 2025.

Sub-page – Policy reform area

Reform of quality and safety regulation to support a more cohesive care economy

Quality and safety regulation helps ensure that care users receive the services they need and deserve. They provide a level of assurance to care users and help them make informed choices.

Currently, rules, standards and regulatory processes can differ across care sectors and jurisdictions. While there may be good reasons for these differences, they can also impose high regulatory burdens on those navigating multiple sectors or locations and make the care economy less efficient and effective. For example, requiring providers to register multiple times to provide similar services in different sectors may lead them to only operate in one sector, leaving care users with fewer choices. Separate registration systems for different sectors and a lack of communication between regulators can also mean that unsafe providers fall through the cracks.

Aligning or streamlining quality and safety regulation in the care economy could make it easier for providers and workers to operate across sectors, giving users more choice and assurance that they will receive the care that best meets their needs.

Our approach

We will explore ways to align safety and quality regulation, while ensuring it remains effective, to enhance the cohesiveness of the care economy. We will look at:

- ways to improve how regulators work together, including how they share information and recognise each other's decisions
- opportunities to streamline processes to reduce duplication across sectors, including in relation to providers and the care economy workforce
- how safety and quality regulations could be better aligned or made more consistent across the care economy to drive improvements in safety and quality.

We are not examining whether the regulations in each sector are appropriate, and we recognise there can be differences across sectors that justify different regulation. However, where there are similar processes or services across sectors, we will consider opportunities for alignment or streamlining.

Sub-page – Policy reform area

Embed collaborative commissioning to increase the integration of care services

Enabling new approaches to delivering care can lead to higher quality and more cost-effective outcomes, improving productivity in the care sector.

‘Collaborative commissioning’ involves care agencies and organisations working in partnership to identify and respond to a population’s care needs. Agencies and organisations may design solutions and procure services that are responsive to a community’s needs, and work together to evaluate service outcomes. Collaborative commissioning can reduce gaps and avoid duplication of services by taking a holistic view of the needs of a population, which can help deliver quality care more efficiently.

Contracting and funding requirements can limit the potential for coordination and collaboration with other tiers of government or across departmental and agency lines of responsibility. The consequences of this are particularly significant where vulnerable populations have trouble accessing the right type of care.

Collaborative commissioning is not a new idea. For example, greater collaboration has been flagged in the National Health Reform Agreement. Notable other examples include NSW Health’s collaborative commissioning initiatives and the trials underway under the recent Australian Government Integrated Care and Commissioning initiative. Despite these initiatives, there is scope to better integrate care and embed collaborative commissioning across the Australian care economy.

Our approach

We will examine how collaborative commissioning can improve the efficiency and quality of care services and how to better embed it across the care economy.

We will also explore what helps or hinders effective collaborative commissioning, analyse the suitability of various approaches for different contexts, and investigate opportunities for collaborative planning and integration across sectors, such as health, disability, veterans and aged care.

We are particularly interested in the potential for further collaboration in commissioning care services between Primary Health Networks, Local Hospital Networks, and Aboriginal Community Controlled Health Organisations.

Sub-page – Policy reform area

A national framework to support government investment in prevention

Evidence-based prevention programs can drive productivity in the care sector and the wider economy by providing services that aim to reduce a person's future demand for care services. When they're working well, prevention programs reduce risk factors before problems arise (primary prevention), help detect issues early (secondary prevention) or slow the progression of disease or other issues during initial stages (tertiary prevention).

Despite their benefits, governments are often reluctant to invest in prevention programs. Funding decisions tend to prioritise immediate needs and align with the responsibilities of specific departmental portfolios. Prevention requires governments to spend upfront while benefits can take time to be realised, are hard to measure and can span different parts or tiers of government. For example, investment in support services for people at risk or experiencing homelessness can lead to long-term savings through improved health outcomes and reduced future demand for other services.

A framework that measures and incorporates the long-term benefits of prevention could encourage greater investment in evidence-based prevention programs. Such an approach could improve outcomes for people through timely and effective support and enhance the sustainability of the care economy.

Our approach

We will consider the features of a framework that would allow for investment in prevention based on a broad and long-term assessment of potential benefits.

We are particularly interested in:

- barriers to government investment or scaling up of effective prevention programs
- the extent to which inadequate funding and the short-term or limited assessment of benefits has restricted effective prevention
- the extent to which the benefits of prevention accrue across different sectors and/or tiers of government
- policy actions that could support greater investment in prevention activities.

Sub-page – Consultation page with online form

Have your say on how to deliver quality care more efficiently

Section 1. About you and/or your organisation

In this section, we want to understand how you interact with the care economy, including which sectors and in what jurisdiction(s).

You will also be asked to select the reform area(s) you are interested in responding to.

Contact information

1. Name
2. Email
3. Phone
4. Postcode
5. May we contact you about your response?
 - Yes
 - No

If yes:

6. How would you prefer we contact you?
 - Email
 - Phone
 - Other (please specify)

Attribution

7. Whose views does your response represent? (Please include the full names of applicable individuals, groups or organisations).

This can be the name of one or more individuals (including yourself), or the name of one or more organisations. Ensure that you have permission to attribute the submission to all individuals/organisations named.

8. Do any of the attributed parties identify as Aboriginal or Torres Strait Islander/are any identified organisations an Aboriginal and/or Torres Strait Islander organisation?
 - Yes
 - No
 - Prefer not to say

Under the National Agreement on Closing the Gap, an Aboriginal and Torres Strait Islander organisation (other than an Aboriginal and Torres Strait Islander community-controlled organisation):

- is a business, charity, not-for-profit organisation, incorporated under Commonwealth, state or territory legislation
- has at least 51% Aboriginal and/or Torres Strait Islander ownership and/or directorship and is operated for the benefit of Aboriginal and Torres Strait Islander communities.

Consent

9. Do the attributed parties consent to the PC publishing your response on our website and referring to it in our reports?

- Yes, with attribution
- Yes, without attribution
- No, do not publish my response or refer to it in your reports

We will only publish your response if it meets our community guidelines. We are unable to refer to unpublished responses within our report.

For further information on how we handle your information visit our Privacy Policy and Information Policy.

10. Guidelines and policies agreement

- I have read and agree to the above guidelines and policies.

Providing supporting documents (optional)

At this stage of the inquiry, we are only accepting and reviewing supporting documents that meet the following criteria:

- They contain data, charts and supporting information relevant to the policy areas and questions we are asking in this round of consultation
- The attributed participant(s) hold the copyright for the information contained in the documents
- The documents don't include any personal or identifying information.

There will be an opportunity to provide submissions on our policy reform ideas when we release our interim report.

11. Will you be providing any documents to support your response?

- Yes
- No

How to provide a supporting document

Once you have submitted your response via the 'Submit' button below, you will receive a confirmation email from us. Please reply to this confirmation email with your supporting documents attached.

For accessibility reasons, we prefer Microsoft Word documents.

Once we receive your supporting documents, we will review them alongside your response. If your contributions meet our [community guidelines](#), and you have provided consent, we will publish them to engage.pc.gov.au within 14 days.

1. For the purposes of this consultation, which of the following best describes you:

- I am a consumer or user of care services (consumer)
- I am a carer of someone who uses care services (carer)
- I am a care worker
- I am an organisation that provides or coordinates care services
- I am an industry or advocacy organisation, professional association or peak body
- I am a government department/agency
- I am an interested community member

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

- Aged care
- Disability
- Early childhood education and care
- Health
- Veterans
- Aboriginal Community Controlled
- Other (please specify)

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

[long text]

4. We are seeking responses to questions on three policy reform areas.

Which policy reform areas would you like to respond to?

• **Reform of quality and safety regulation to support a more cohesive care economy**

The care economy workforce and providers are subject to a suite of rules, standards and policies that are intended to ensure safe and high-quality care.

While there are good reasons for this, it can also add to complexity and costs when navigating multiple sectors and jurisdictions.

We are interested in your views on the extent to which this is a concern and what you might change.

• **Embed collaborative commissioning to increase the integration of care services**

Collaborative commissioning is the process of organisations working in partnership to identify care needs, design solutions, procure services and evaluate outcomes.

We are interested in opportunities to improve collaborative commissioning across care sectors – such as health, disability and aged care – to reduce gaps and achieve better outcomes.

As a starting point, we are interested in the potential for greater collaboration between Primary Health Networks (PHNs), Local Hospital Networks (LHNs) (also known in some jurisdictions as Health Service Providers, Hospital and Health Services, Local Health Districts, Local Health Networks or Local Health Service Networks) and Aboriginal Community Controlled Health Organisations (ACCHOs).

- **A national framework to support government investment in prevention**

Governments can often underinvest in prevention and early intervention because the benefits of these programs can take a long time to materialise, can be hard to measure and can be spread across different areas and levels of government.

We are interested in exploring policy approaches that support greater government investment in prevention activities and that measure and incorporate the long-term and community-wide benefits.

Section 2. Reform of quality and safety regulation to support a more cohesive care economy

In this section, we are seeking feedback on how differences in the regulation of safety and quality across the care economy may create cost and complexity for workers, providers and users navigating multiple sectors. These impacts may arise from differing requirements for processes such as worker screening, provider registration, audits, developing behaviour support plans and regulatory reporting.

We are not examining whether the regulations themselves are justified or whether standards are appropriate across sectors – we recognise there may be differences across sectors that justify different regulation.

Our focus is on whether there is scope to better align regulations or streamline processes to improve outcomes for people receiving care.

5. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

- Not at all
- Very little
- Somewhat
- To a great extent

6. What are the reasons for your answer?

[long text]

In your response to this question, you might want to:

- *provide examples where alignment or a lack of alignment of regulations has had a positive or negative impact on service availability, quality and safety*
- *provide examples of duplication or inefficiency across the different care service systems and jurisdictions and the extent to which this has had an impact on you (such as in cost of access to services). We are interested in any estimates of costs that you could provide.*

7. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

- Not at all
- Very little
- Somewhat
- To a great extent

8. What are the reasons for your answer?

[long text]

In your response to this question, you might want to:

- *provide examples of areas where there is greatest potential to align regulations and suggestions on how alignment could occur*
- *provide feedback on the opportunities, benefits, costs or risks of keeping regulations the same and/or making changes to greater align or streamline processes.*

Section 3. Embed collaborative commissioning to increase the integration of care services

In this section, we are seeking feedback on collaborative commissioning, which is the process of organisations working together in partnership to identify care needs, design solutions, procure services and evaluate outcomes.

We are interested in opportunities to improve collaborative commissioning across care sectors – such as health, disability and aged care – to reduce gaps and achieve better outcomes, but are particularly interested in the potential for greater collaboration between Primary Health Networks (PHNs), Local Hospital Networks (LHNs) (also known in some jurisdictions as Health Service Providers, Hospital and Health Services, Local Health Districts, Local Health Networks or Local Health Service Networks) and Aboriginal Community Controlled Health Organisations (ACCHOs).

9. What is your experience with collaborative commissioning?

[long text]

In your response to this question, you might want to share an example of a successful collaborative approach to commissioning of care, including providing details on:

- *who was involved*
- *how it was funded and managed*
- *what outcomes were achieved*
- *the factors that contributed to the collaborative commissioning initiative being successful*
- *whether it has been continued, and if not, the reasons for this.*

10. What are the benefits of pursuing greater collaborative commissioning?

[long text]

In your response to this question, you might want to discuss:

- *the service gaps or areas of duplication that could be addressed by collaborative commissioning*
- *the potential improvements in outcomes and/or efficiency of delivering quality care*

- *any additional costs or unintended consequences that collaborative approaches might have.*

11. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

[long text]

In your response to this question, you might want to provide specific suggestions about changes to governance or funding that could lead to greater collaboration between PHNs, LHNs and ACCHOs, or feedback on any additional considerations for ACCHOs collaborating with LHNs and PHNs.

Section 4. A national framework to support government investment in prevention

In this section, we are seeking feedback on how to support government investment in evidence-based prevention programs that improve long-term outcomes for the community and reduce demand for future care services.

Care services can play an important role in reducing or eliminating the effects of preventable problems. Prevention activities can reduce risk factors before problems arise, help detect issues early or slow their progression during initial stages.

Despite this, governments can be reluctant to invest in prevention because it requires up-front spending and the benefits often take a long time to materialise, can be hard to measure and can be spread across different areas and levels of government.

12. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

[long text]

13. What are some examples of successful prevention programs (this could include discontinued programs)?

[long text]

In your response, please outline:

- *who funded and provided the program*
- *the outcomes achieved*
- *any potential reasons for why it was discontinued and*
- *any evaluations that were conducted.*

14. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

[long text]