Delivering quality care more efficiently inquiry

Questionnaire response 12

Name: Anonymous

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Participant background

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

   I am a carer of someone who uses care services (carer)

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

   Health

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

   The participant did not respond to this question.

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

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

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

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

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

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

   The participant did not respond to this question.

3. 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?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

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

The NSW Department of Health will only consider a health issue if it has evidence that the issue has occurred. Therefore NSW Health is no focused on the prevention of an illness but rather its treatment.

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

In aged care the provision of handrails and ramps and modifications to homes to prevent falls and harms was successful.
The prevention of lead poisoning in Broken Hill has not been successful, the lead smart program is excellent but has not protected other areas from the threat of lead poisoning.

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

State and Federal Governments could better support prevention activities by engaging with community groups, funding community groups and assisting those groups to prevent activities that harm those communities. This can easily take place on every level but for example there is no consideration of the harms caused to communities and their health by contamination of air, soil and water by mining activities. An example is Cadia Mine at Orange that has harmed its community with no investment in the prevention of those harms. The now void Bowdens Mine at Lue, an open cut lead mine had no prevention measures to ensure that community was not harmed. The Government should support community groups, including environmental groups whose only agenda is to prevent harms to people and the environment. Governments could better support prevention activities by investing in individuals and community groups that are already involved in prevention activities. Change the narrative, encourage the prevention of harms and receive the benefits from a safe, clean, healthy environment.