Name: Rebecca Cannon

Submission date: 5/06/2025

Participant background

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

   I am a consumer or user of care services (consumer)

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?

   To a great extent

2. What are the reasons for your answer?

   There is currently a limit on making PI claims against health suppliers of 3 years since the event or 3 years since becoming aware of the event. This is unfairly protecting insurers, particularly where the nature of the impact is not clear within 3 years, eg if a degenerative disability is caused by misdiagnosis. Further, variations in lrgislation between states makes it challenging for Australians to navigate complex legal cobstraints which most consumers of Health Services have no idea exist to begin with until being in the challenging position of needing to make a claim. This 3 year rule seems arbitrary compared to other industries and unfairly favours insurers.

   Additional to this, there is no Medicare code for practitioners to bill time to, for preparation of medical reports, leaving consumers exposed and unable to always source the medical evidence needed for these claims.

   Additionally, some institutions, notably many if not all Hospitals in Victoria, are refusing to allow specialists to provide opinion-based medical reports, which insurance policies (and tpd, and dsp) claims all require as a mandatory form of evidence.

   There are clear conflicts of interest here, with Hospitals protecting the insurance industry from paying patients, enabling more funding to their own services.

   The 3 year limit needs to be removed to allow lawyers fair rights to challenge these policies, processes and insurance clauses. There is clear evidence of systemic corruption when no or severely curtailed legal recourse prevents judicial and regulatory interrogation.

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

   To a great extent

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 participant did not respond to this question.

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

   The participant did not respond to this question.

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

   The participant did not respond to this question.