Delivering quality care more efficiently inquiry

Questionnaire response 83

Name: Mudgee Region Health Alliance

Submission date: 26/05/2025

Participant background

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

   I am an industry or advocacy organisation, professional association or peak body

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?

Not adhereing to the Precautionary Principle. NHMRC blood Lead (Pb) levels are too high for children and elderly and must align with the current World Health standards on Lead (Pb). State Governments have too much say in health quality quidelines particularly from mining impacts they are not Precautionary. State Government Health Policy does not deal with prevention they only deal with cause and effect and its too late then . Federal Government must remove the State Government Health bodies and place them all under the Federal Government. Medicare cannot financially support the medical impacts on the communities from metal mining. State Government is run by the Mining companies and at the call of the Minerals Councils. This has to stop for the health of the community.

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

NHMRC is the only successful body to reduce the Blood Lead Levels from 5ug/dL to 3.5ug/dL and for children <1ug/dL. These blood lead levels are now mandatory in US and Germany. There is no successful Lead Prevention program in Australia! NHMRC are apparently state funded and must be federally funded.
The morbidity in the community with raised blood lead levels will rise initially to above 80% and yes then the Federal Government must take action and take funding from Mining to pay for the health impacts of the community. Does the federal government want the current lead (Pb) health impacts morbidity levels of 24% to continue to rise slowly but surely! Does the federal government want mining or health? Take the funds from all mining companies to pay for health impacts including blood lead and respiratory impacts and reduce the impacts of metal mining on communities by making the NHMRC standard <3.5ug/dL and children <1ug/dL immediately. Federal Government has the ability to instruct the NHMRC to drop the current blood lead levels. The workers compensation laws cover the mining workers for payouts with whole person impairments. Who pays for the health impacts of the community? Medicare and the taxpayer dollars. This has to stop NOW. There are NO successful blood Lead (Pb) prevention programs in Australia! Go to the heart of the problem! Stop the State Governments allowing metal mines to contaminate the population because State Governments cannot protect children and the elderly from lead poisoning to day!

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

Federal health must take over the prevention of Lead poisoning of Australians. Prime Minister Paul Keating took the Lead out of Petrol. That helped and now the Prime Minister Mr Albanese and the Fed Health Minister must instruct the NHMRC to reduce the blood lead levels in children and the elderly <1ug/dL and adults to <3.5ug/dL. They must levy mining companies and levy State Government mining funds for the care and prevention with the health impacts of metal mining on the communities, so medicare does not cover that cost. Liaise with the US and Germany and the World Health Organisation to develop prevention programs for lead poisoning and to reduce the epigenetic effects of cognitive impairment in the feotus 1 and feotus 2 scenarios. Reducing the cognitive impairment of young children and the heart and stroke victims from lead poisoning. By having stricter environmental controls on the State Governments and their mining company alliances and in particular the cowboy companies that the

State Governments try to push approvals through for the mining dollar profits which are sent offshore! The Prime Minister must be seen to be leading this charge like Paul Keating did with petrol.