

The Commissioners
Productivity Commission
Australian Government
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12 September 2025

Dear Commissioners,

**Churches of Christ Life Care Ltd Response - Interim Report-
Delivering Quality Care More Efficiently.**

We welcome the opportunity to provide feedback on the Productivity Commission's interim report, Delivering Quality Care More Efficiently. As a medium-sized not-for-profit home care provider operating in the aged care sector, we are deeply committed to delivering high-quality, person-centred care to older Australians in their homes. We support the Commission's intent to improve the efficiency and quality of care services and offer the following perspectives on the draft recommendations.

1. Reform of Quality and Safety Regulation

We strongly support the recommendation to pursue greater alignment in quality and safety regulation across the care economy. The current fragmented regulatory landscape imposes significant administrative burdens on providers, particularly those operating across multiple sectors or jurisdictions.

The proposal to explore a single regulator across aged care, NDIS, and veterans' care is ambitious but promising. However, it must be approached cautiously to ensure sector-specific nuances are respected. We see benefits in a national screening clearance and unified worker registration system if it reduces duplication and improves workforce mobility. This is crucial in addressing the predicted workforce shortages that are expected to occur across the care economy.

The Commission's proposal to implement a single digital portal for provider registration and audits would streamline compliance and free up resources for frontline care. This must be supported with sufficient resources to ensure that providers are not subjected to the administrative backlogs often experienced in large governmental departments. Critical to the design of such a portal is transparency regarding the progression of registrations and audits. Providers must not be left in the dark and be required to lose valuable time following up on under-resourced call and contact centres.

We urge the Commission to ensure that any new standards or frameworks are co-designed with providers, especially smaller and not-for-profit organisations, to ensure they are practical and scalable.

2. Collaborative Commissioning



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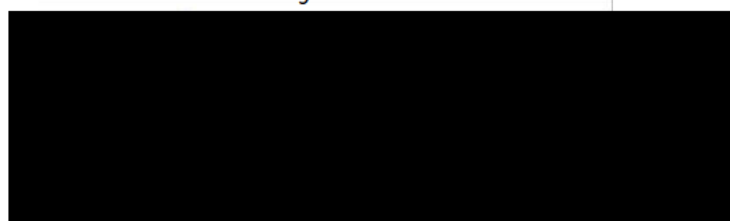
We support the embedding of collaborative commissioning as a means to reduce fragmentation and improve care outcomes. However, we note that home care providers are often excluded from formal commissioning processes, despite being integral to community-based care. With an already stretched hospital system, any model of commissioning must include providers able to provision care within the home, supported by specialist clinical teams for more complex presentations.

As a community-based home care provider, we suggest expanding the idea of collaborative commissioning beyond LHNs, PHNs, and ACCHOs to include aged care providers. Quality community healthcare outcomes are achievable by ensuring that service providers who currently deliver care outcomes in-home are part of an extended collaborative commissioning framework. With over 2500 aged care patients reportedly stuck in the hospital system- equivalent to three Westmead Hospitals- waiting for a residential service to become available, providers like Life Care, which have ongoing care relationships with older Australians, are well placed to support better community healthcare outcomes while these patients wait for a place in residential aged care. Importantly, this can only happen if funding flexibility extends to aged care programs, enabling providers to leverage existing relationships of care with the agility to innovate and respond to local needs. This should also include capacity-building support for smaller providers to participate meaningfully in joint governance and planning.

3. National Prevention Investment Framework

We support the establishment of a National Prevention Investment Framework. Importantly, we propose that for an advisory board to be effective, it must include representation from community-based aged care organisations to ensure diverse perspectives are considered. Preventative care is central to our mission, and we see firsthand how early intervention focused on clinical needs, social connection and support to maintain independence can reduce hospitalisations and improve quality of life. Home care providers must be recognised as key contributors to prevention, particularly in areas such as falls prevention, mental health, nutrition, and social connection. Therefore, funding mechanisms must be accessible to not-for-profit providers, with clear pathways for participation in prevention initiatives. In conclusion, we commend the Productivity Commission for its thoughtful and forward-looking interim report. The proposed reforms have the potential to significantly improve the efficiency and quality of care delivery in the home, removing the current and future pressures on the already stretched hospital system. However, the voices of medium-sized not-for-profit home care providers must be heard and considered in the final recommendations. We stand ready to contribute to further consultation and implementation efforts.

Yours sincerely _____



Life Care



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