Submission to Productivity Commission Review "Delivering Quality Care More Efficiently"

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This response focusses on Chapter 3 of the interim report "A national framework to support government investment in prevention".

General comments

It is refreshing and encouraging that this review recognises that while health (and other care sectors) bear much of the cost, other sectors may 'own' the problem leading to the health or other care issue, and the potential solutions to the problem. This is particularly true, for example, for injuries, and environmentally related diseases.

The economic benefits of primary prevention are well documented. The benefits over costs can be enormous when the preventive measures involve permanent structural change, such as permanent removal of hazards, design changes to products, or regulatory changes, with cumulative benefits over the long term and often minimal ongoing costs. Such changes may have measurable results within a very short timeframe. For example, when seat belt legislation for motor vehicles was introduced in Victoria in 1970, there was an immediate dramatic reduction in the road toll of 18% in the following year. A further advantage of such changes is that they benefit the whole community, regardless of socio-economic status and they don't require behavioural change by individuals.

Another examples of a costly injury problem is drowning, particularly 'near-drowning', where the total lifetime costs are greater than for any other injury problem. Primary prevention, conducted outside the care sector has resulted in Australia having one of the lowest drowning rates globally. Prevention has included, providing safe places to swim (public pools, patrolled beaches), pool fencing regulations, teaching children to swim and small boating regulations. Child resistant cigarette lighter regulations have reduced house fire deaths and injuries caused by children playing with lighters, and mandatory design regulations of baby-walkers, to prevent children accessing dangers, such as stairs and heaters have dramatically reduced infant and toddler injuries from this cause.

In addition to prevention programs (highlighted in this report), consideration should be given to the potential benefits of providing prevention funding to government departments themselves to encourage and support transitions from reactive approaches to the causes of diseases, injuries and other societal harms to proactive preventative approaches.

Recommendations

1. Support relevant government departments to adopt proactive legislative approaches to prevention (e.g. by Treasury/ACCC implementing a General Product Safety Directive; by State Environment Authorities implementing General Environmental Duty legislation).

2. Justification for funding prevention programs should be rigorous. Prevention programs should be: evidence-based; efficient; adequately evaluated for actual beneficial outcomes as well as process measures to demonstrate how the outcomes were achieved; and scaleable.

3. Encourage research funding bodies to increase prevention research funding to provide the necessary evidence base for effective prevention programs to prevent or reduce the need for care programs.