B

Appendix B – Relevant recommendations in *The Blame Game*[1] report

Recommendation 1

The Australian, state and territory governments develop and adopt a national health agenda. The national agenda should identify policy and funding principles and initiatives to:

- rationalise the roles and responsibilities of governments, including their funding responsibilities, based on the most cost-effective service delivery arrangements irrespective of governments' historical roles and responsibilities;
- improve the long term sustainability of the health system as a whole;
- support the best and most appropriate clinical care in the most cost effective setting;
- support affordable access to best practice care;
- rectify structural and allocative inefficiencies of the whole health system, as it currently operates;
- give a clear articulation of the standards of service that the community can expect;
- redress inequities in service quality and access; and

1 House of Representatives Standing Committee on Health and Ageing, *The Blame Game: Report on the inquiry into health funding,* Parliament of the Commonwealth of Australia, Canberra, 2006.

- provide a reporting framework on the performance of health service providers and governments. *(para 3.52)*

Recommendation 7

The Australian Government develop explicit purchasing agreements for clinical training with public health care providers. The purchasing agreement would cover:

- funding levels — adequate to support existing and planned levels of training in both metropolitan and regional locations;
- specified outcomes — including the quantity and quality of training conducted; and
- performance measures — allowing timely assessment of progress in meeting obligations. *(para 4.82)*

Recommendation 11

The Minister for Health and Ageing, in consultation with state and territory health ministers and as part of the national health agenda (see recommendation no. 1), develop standards for the delivery of health services in regional, rural and remote areas. *(para 5.41)*

Recommendation 13

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government either:

- vary its funding arrangements so that the 'utilisation growth factor' can rise or fall in response to the actual level of services provided on the basis of clinical need; or
- define the number of services that it will fund, in a way that is consistent with its funding and indexation formulae. *(para 7.33)*

Recommendation 14

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government ensure that indexation arrangements reflect actual cost increases discounted by an appropriate efficiency dividend. *(para 7.34)*

Recommendation 15

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government should define the standards that states must meet to satisfy the principle of

equitable access to public hospital services, particularly in relation to people living in rural and regional areas. *(para 7.43)*

Recommendation 16

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government consider dividing funds into separate streams through which it can:

- provide general revenue assistance to the states as a supplement to the Goods and Services Tax (GST) pool; and
- make specific purpose payments to the states to support its policy objectives in relation to public hospital services and health system reform. These payments:
  - ⇒ should be linked to outcomes and performance standards; and
  - ⇒ should not be absorbed into the GST pool. *(para 7.49)*

Recommendation 17

The Australian Government should make specific purpose payments to the states and territories for the provision of public hospital services subject to horizontal fiscal equalisation using the Commonwealth Grants Commission's 'inclusion' method rather than by being absorbed into the Goods and Services Tax (GST) pool. This would require amendments to the *A New Tax System (Commonwealth –State Financial Arrangements) Act 1999. (para 7.53)*

Recommendation 18

The Australian Government should ensure that the terms and conditions associated with future public hospital arrangements do not lock-in historical Commonwealth-state service provision models. Future arrangements should:

- support the movement of services between Commonwealth and state funded programs where this leads to better quality or more cost effective care; and
- allow post hoc adjustments to Commonwealth-state funding arrangements if necessary. *(para 7.59)*

Recommendation 19

The Australian Government consider extension of Medicare Benefits Schedule funding, or substitute grant funding, to public outpatient and emergency department services. *(para 7.65)*

Recommendation 24

The Australian Government, in conjunction with the states and territories, give priority to undertaking research to develop mechanisms to make waiting lists for public hospital elective surgery fairer. *(para 9.15)*

Recommendation 25

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government provide incentives for the states and territories to report in a consistent manner on patient waiting times for access to specialists in outpatient clinics. *(para 9.20)*

Recommendation 26

In negotiating future Australian Health Care Agreements, or substitute arrangements, the Australian Government require all public hospitals to:

- be accredited by the Australian Council on Healthcare Standards (or an equivalent accreditation agency); and
- publish their accreditation reports within three months of being completed. *(para 9.38)*

Recommendation 28

The Australian Government require all state and territory governments to regularly publish reports on sentinel events occurring in their public hospitals. *(para 9.47)*

Recommendation 29

The Australian Government support the development of hospital and clinician-based performance information systems to better inform patients about the competence of health care providers and strengthen accountability of health professionals and health service providers. Reporting systems should allow, where appropriate, for performance information to be qualified to reflect differences in the type of patients being treated. *(para 9.54)*