Fit for the future

Have your say about
future directions for health in NSW
A message from the Minister

All of us aspire to a happy, healthy and rewarding life. Our health care system and the people who work in it play an important role in keeping us healthy and in diagnosing, treating and caring for us when we get sick or hurt.

This document is about setting directions for the NSW public health system over the next 20 years so that we will have ongoing access to high quality, affordable health services which are comparable with the best in the world.

We should not take this for granted. Health care in this state has always been regarded as a budget priority for government and that will not change. At the same time, health systems in all developed countries are facing similar challenges of escalating demand, rising costs and increasing competition for available funds. Added to this are growing difficulties in ensuring sufficient numbers of doctors, dentists, nurses, allied health providers and other staff in the areas they are needed. There are also some groups in the community who experience poorer health than the general population and whose needs deserve a focused effort by the health system working with other sectors.

In 2004/05, over 90% of a sample survey of NSW residents who attended a public hospital or community health centre rated their health care as ‘excellent’, ‘very good’ or ‘good’. However there is no room for complacency in ongoing efforts to improve the system’s performance.

This document provides an overview of the challenges and opportunities ahead. It also outlines a set of draft future directions for our NSW health system which will ensure that it stays on track.
Health services must remain responsive to the changing needs and priorities of people living in remote, rural, regional and metropolitan areas of NSW, and from different cultural backgrounds. The draft future directions for the NSW health system recognise this diversity. They identify key areas for action and will guide the changes that must be made as we head towards 2025.

The future directions will also shape the contents of a State Health Plan which will provide more detail about priorities for developing the NSW public health system over the next 5 years. The issues to be addressed through this Plan are also driving nation-wide health reforms being pursued by the Council of Australian Governments.

‘Finding out what NSW residents want in relation to their future health and health care is an important step.’

Finding out what NSW residents want in relation to their future health and health care is an important step in determining future directions for the health system.

At the back of this document is more information about the consultation process and how you can have your say. Some questions are also included to prompt discussion and help you contribute your ideas.

I look forward to hearing the views of the community and health staff on these vital matters.

The Hon John Hatzistergos MLC, NSW Minister for Health

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What we would like you to think about

What do we as a society want in relation to our future health and wellbeing?

What will we expect from our health system over the next 20 years?

What sort of choices might be needed?

How can we ensure that the system stays on track as we head towards 2025?

In thinking about these questions, we must remember that health involves more than just health services. Our health is influenced by a complex set of factors including our genetic makeup and biology, our social and community environment, our financial circumstances and our individual living and working conditions. There are very few areas of society or parts of our lives that do not have some direct or indirect influence on our health and wellbeing.

The aim of this document is to seek ideas, input and feedback about priority areas for action to ensure that in 20 years’ time, we will have a healthy community and high quality, affordable health services for ourselves, our children and grandchildren.


A short set of questions has been developed to focus people’s thinking on some of the key issues. These questions are at the back of this document, from page 29 onwards. You may wish to look at them quickly now before reading the rest of the document.

You can send in your responses to these questions in writing or online, or prepare a formal submission, and/or attend one of the meetings that will be held in different parts of the state to discuss this document. Page 28 gives more information about the various ways you can have your say. Your participation in this planning exercise will be highly valued.

“The aim of this document is to seek ideas, input and feedback about priority areas for action”
Part 1: The health system in context

The health system in NSW, encompassing public, private and not-for-profit services, is very large and diverse. It has to cater for people from all walks of life, across all ages, in all parts of NSW, and from many diverse communities and cultures. Consider the following profile of services for the 6.9 million people living in NSW:

| Population health services | Focus on measures to protect the community’s health, reduce health risks (such as smoking, obesity, injury) and prevent or reduce avoidable illness and disability, e.g. around 240,000 breast screens are provided annually through the BreastScreen NSW Program. |
| General Practitioners | Approximately 5,500 GPs in NSW provided 35.5 million consultations in 2004/05, subsidised through the Commonwealth Medicare system. About 85% of the Australian population sees a GP at least once a year. Some of these consultations involve the prescribing of medication which the patient can obtain from a community pharmacist. Some also result in a referral to another health practitioner or service. |
| Other community-based health services | Include specialist services provided by doctors, nurses, allied health professionals and other workers in the public, non-government and private sectors in areas such as Aboriginal health, child and family health, mental health, drug and alcohol services, aged care, community nursing and sexual assault services. Public sector community health services in NSW provide about 24.5 million services each year. |
| Medical specialists | These practitioners specialise in a particular area of medicine (such as obstetrics, anaesthetics, cardiology, orthopaedic surgery, respiratory medicine, pathology, diagnostic imaging, radiation oncology), and can work in the public health system and/or private practice. In 2004/05 NSW specialists provided nearly 8 million consultations. |
| Emergency departments | NSW public hospital emergency departments see approximately 2 million people each year. |
| Ambulance services | There were 947,000 responses by the Ambulance Service of NSW in 2004/05. |
| Hospitals | In NSW, there are over 200 public hospitals providing acute inpatient care. In 2004/05 there were more than 1.4 million admissions to these public hospitals. These hospitals range in size from about 10 beds to over 850 beds, with the smaller ones more commonly found in rural and remote parts of the state and networked with larger hospitals further away. There are also 85 private acute and psychiatric hospitals in NSW, which mainly concentrate on treating booked rather than emergency patients. There were 785,500 admissions to private hospitals in 2004/05. |
The state’s public health system includes all the services funded by the NSW Government – public hospitals, community health services, Ambulance services, public dental services and population health programs.

Public health services across the state are managed within eight geographic regions called Area Health Services. Each Area is run by a Chief Executive supported by a senior management team. There is also the Ambulance Service of NSW and a number of Statutory Health Corporations including Justice Health, the Children’s Hospital at Westmead and the Clinical Excellence Commission. The NSW Department of Health has system-wide responsibilities for policy, planning, funding and performance accountability. The Director-General of Health is in charge of the entire NSW public health system, and is accountable to the NSW Minister for Health. There are also two Ministers assisting the Minister for Health in relation to cancer and mental health respectively.

Approximately 93,000 full-time equivalent staff work in the NSW public health system, and about 40% of these are nurses. Allied health professionals account for around 15%, doctors 8% and Ambulance officers 3%. The balance is made up of technical, ancillary, maintenance and other support staff (28%) and administrative personnel (6%).

Effective links between public, non-government and private health services in NSW are essential to meet the population’s health needs.
In general, most people are reasonably healthy most of the time. Our most common initial response to illness or injury is self-care and this is usually effective in dealing with minor problems. For more serious health issues, we are likely to seek assistance from a health professional. But there are also many other people working outside the formal health system who influence our health in some way. It is important for the health system to work with these groups to ensure that the right elements are in place for a healthy community.

The diagram below highlights the diverse range of stakeholders who play a direct or indirect role in shaping the health of the NSW community.

**Who plays a role in health and health care in NSW?**

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**Services and organisations influencing people’s health**

- **Health-related businesses**  
  (eg pharmaceutical companies, medical equipment suppliers, fitness centres, complementary therapies)

- **Public and private health services**  
  (eg hospitals, medical, dental, nursing and allied health services, ambulance services, community-based and population health services)

- **Non-government sector**  
  (eg volunteers, carers, service providers, service clubs, community groups)

- **Industry**  
  (eg employers, child care providers, food producers)

- **Media**  
  (eg TV, radio, newspapers, magazines, internet, advertising agencies)

- **Other government and human services agencies**  
  (eg health [Commonwealth], education, community services, housing, transport, urban planning, water)
Patient journeys through the health system

One way to make the health system more ‘real’ is to describe the experiences of two ordinary people who needed health care.

Fred’s journey

Fred, 77 years old, and his frail wife Joan, 76, live 400 kms from Sydney. Fred has been a heavy smoker since the age of 15. One evening Fred suffered severe chest pains at home and was transported by ambulance to the Base hospital. The next day he was transferred by air ambulance to a Sydney hospital where he had an angiogram followed by coronary artery bypass surgery. Someone from the hospital contacted Joan to tell her the operation had been successful but they weren’t able to say how long Fred would be in hospital. Fred became quite worried about how Joan was coping without him.

Five days post-surgery when Fred was being discharged, he was asked how he would get home. He had only his wallet and the pyjamas he had been wearing when he was taken to hospital. A social worker managed to find some clothes for Fred and called a taxi to take him to a local hotel for the night. The next day Fred spent 7 hours travelling home by train and bus.

At home Fred immediately resumed caring for his wife. The first available appointment he could get to see his very busy GP was a couple of days after his medication ran out. Fred thought it wouldn’t matter but then chest pain prompted him to call an ambulance. When his GP was called to the hospital emergency department, he was unaware that Fred had even had surgery as the discharge report prepared by the Sydney hospital had not yet arrived.

It turned out that Fred’s renewed chest pain was caused by him doing too much too quickly on his return home, so his GP organised for someone to speak to Fred about help with caring for Joan and referred him to a healthy lifestyle program at his local hospital. Fred had a weekly appointment with his GP throughout the program, and was able to contact the program staff at any time with questions or concerns. By the end of the 8-week program, Fred had been smoke-free for 6 weeks and felt as if he had a new lease on life.
Anh’s journey

Anh, a 24 year old Vietnamese-born Australian, was five months pregnant with her second child. Her pregnancy was being monitored by her GP as part of an Antenatal Shared Care program with the local hospital obstetric services.

Anh’s GP became concerned when Anh said she wasn’t sleeping well, felt ‘down’ most of the time, and was struggling to cope with part-time work and the care of her 3 year old daughter Nhi. Although reluctant to talk to anyone else about this, Anh agreed to see the local Vietnamese Health Worker who was well-regarded in the local community.

A home visit with Anh and her husband Tai revealed that they were anxious about Nhi and their parenting abilities. They had noticed that Nhi wasn’t speaking as much as her cousins and seemed a bit clumsy, and she was also very demanding. An assessment by the Early Intervention Team found that Nhi had a mild developmental delay and she was placed on the waiting list for speech therapy. Anh and Nhi joined a play group run by the Team to assist parents, and made friends with another mother and daughter with whom they also enjoyed spending time outside the group.

A discussion between Anh, Tai and the Vietnamese Health Worker also led to Anh’s assessment by the local Mental Health Team who support people at risk of post-natal depression. The Mental Health Team agreed to provide short term additional support but it was difficult for Anh to see them more than a couple of times because of the service’s limited operating hours and staff availability.

Soon after Anh returned home after giving birth to another healthy daughter Hong, an Early Childhood Nurse visited to see how things were going. Anh said she was managing quite well with her husband’s support, and had been following the Mental Health Team’s advice to help her cope with the arrival of the new baby. She hoped that Nhi would see the speech therapist soon, and planned to continue taking her to the Early Intervention Play Group once the baby had settled into a routine.
Fred’s and Anh’s mixed experiences (previous page) raise some important questions about how health services are provided and what makes a good journey through the health system. There will be different answers to these questions depending on the individual consumer and their particular circumstances. However, there are some core values that apply to all interactions with the health system. Recognising how these core values can often be in tension with one another (eg access and quality) gives us a better understanding of the difficult choices that can be involved in determining how care should be delivered, particularly when it will never be possible to meet all demand.

Core values relating to our health system

**Values relating to the health system**

Respect for individuals and communities. The dignity, autonomy and privacy of each individual should be respected. Services should be respectful of culture and responsive to the needs of individuals and communities, especially those who are vulnerable and disadvantaged.

Access and equity. Everyone should have fair access to health information and health services that are affordable, timely and appropriate to their needs. Help should be provided to people who experience difficulties with access.

Participation and shared responsibility. Individuals and communities should work towards achieving the best health outcomes for themselves, and should be offered help to do this. They should also have the opportunity to participate fully in decisions relating to their health services.

Quality, effectiveness and safety. Services provided by health practitioners should be of assured quality, effective and safe.

Stewardship. The allocation of available resources within the health system should be fair (according to need) and accountable. The performance and outcomes of the system should be carefully managed and monitored to ensure ongoing value, efficiency and long-term sustainability.

*Core values can often be in tension with one another*

**Values relating to patient care**

Focus on the patient. The focus should always be on the patient (also known as the consumer or client) and ensuring that all parts of the system are responsive to their individual needs (ie the system is there for the patient, not the other way around). Each patient, and any carer, should be assisted to play an active role in planning and managing their own care.

The right care. Each patient should receive the best possible care for their individual condition, based on the latest evidence, delivered by people with the necessary clinical skills and within available resources. Care should be provided in a timely manner, without avoidable delay, in the most appropriate place, and in a clean, comfortable and friendly environment.

Well coordinated care. At any time the patient should know who is in charge of their care, who they can talk to about their care, and who else is going to be involved. Those who are providing the care should be part of an effective and well supported team.

Honest information and communication. At all stages of a patient’s journey, the patient or someone acting on their behalf should be informed about what to expect, when it is going to happen, and the reasons for any delays. They should be encouraged to ask questions, express preferences and provide feedback on their experiences. If something goes wrong, there should be a process in place to investigate, report and fix the problem. The patient should receive a full and honest explanation, and an apology.
Think back 20 years and it’s not hard to see how much has changed. In the mid-80’s, Bob Hawke was Prime Minister, the Wallabies were winning international rugby tests with the help of the mighty Ella brothers, and Kylie Minogue had not yet joined the cast of Neighbours. Personal computers were only just starting to appear, mobile phones were still a distant dream, and hardly anyone could even imagine the existence of email and the internet.

Health care was very different back then too. Medicare was a brand new national health insurance system. Nurse education was shifting from hospitals to universities. Most surgery involving a general anaesthetic meant staying in hospital at least overnight, and it was rare for a person to be hooked up to an intravenous drip in their own home. HIV/AIDS was just starting to be diagnosed. Children born with serious hearing impairment often did not have it identified until they were toddlers. And some Australians still spent whole days at the beach, in the backyard or out in the paddock without thinking about the need to ‘Slip, Slop, Slap’.

Now think ahead to 2025. How much will have changed by then? How different will our society be? How far will technology have taken us? It’s possible that the world of 2025 will bear little resemblance to today. We may well see major shifts in the population’s health needs and in our health services. And who knows what unexpected risks and new opportunities might arise that could impact on the health of the community, for better or for worse.

One thing is certain – the world will keep on changing whether we like it or not. If we don’t start taking steps to plan for the future that we want to have, then the future will dictate its terms to us.

If we want a healthy community and a sustainable health system in 2025, then serious consideration must be given to the challenges and opportunities ahead so that strategies can be put into place now for successfully dealing with them. The key trends and issues identifiable in today’s health system require careful analysis and a planned response at the same time as preparations are made for the unexpected.

Everyone can play a part in shaping the direction and development of the state’s health system over the next 20 years.
### Past

**Since 1985**

#### 1. New diseases and emerging health issues
- HIV/AIDS, Severe Acute Respiratory Syndrome (SARS), Hepatitis C
- Childhood and adult obesity
- Marked rise in childhood asthma

**Future**

#### 1. Likely new diseases and emerging health issues
- New communicable diseases, such as bird flu
- More multi-drug resistant bacterial infections
- Significant increase in obesity
- Rising levels of preventable chronic physical and mental illness
- Increasing health risks linked to environmental and climate changes

#### 2. New treatments and technologies
- Vaccinations to prevent Haemophilus influenzae type b and meningococcal disease
- Assisted reproductive techniques
- Cholesterol lowering drugs (statins) to combat heart disease
- New generation medications for treating psychosis and depression
- Lung transplants
- Cochlear implants (‘bionic ears’)
- Magnetic Resonance Imaging (MRI)
- Day surgery (fast acting anaesthetics)
- ‘Keyhole’ (minimally invasive) surgery
- Telemedicine (visiting the health practitioner via video consultation)
- Coronary artery stents (tiny tubes placed inside arteries to hold them open) and drug eluting stents
- Laser eye surgery
- Epi-Pen (adrenaline auto-injector to treat severe allergic reactions)
- Implantable heart defibrillators

**Future**

#### 2. Likely new treatments and technologies
- Better targeted and more effective drugs matched to an individual’s genetic profile
- Vaccines to prevent specific cancers, viral diseases and autoimmune conditions
- Robotic-assisted image guided surgery
- Miniaturisation of diagnostic and therapeutic devices which can be directed to particular cells and parts of the body
- Advanced imaging and diagnostic technologies providing larger, clearer images and more information for accurate diagnosis and treatment
- Genetic technologies to prevent, diagnose and treat specific diseases
- Transplantation using animal organs, tissues and cells in humans
- Artificial and bioengineered organs, tissues and cells, eg eyes, kidneys, synthetic blood
- Stem cell technologies to treat and cure specific conditions by regenerating or replacing tissues in the body

#### 3. Changing behaviours
- Fewer smokers
- Reduction in drink driving
- Improved sun protection
- Changing patterns of illicit drug use

**Future**

#### 3. Likely changing behaviours
- Increasing use of electronic technologies to access health information and health care from around the world
- Increasing technology-assisted self monitoring of chronic conditions
- More attention paid to healthy food and exercise (but high fat/sugar convenience foods and inactive lifestyles may still be common)
Meeting the needs of a changing society

**TRENDS AND ISSUES**

**Growing, ageing population**
- On current projections the NSW population will increase from 6.9 million to 8.0 million people in 2026. Most of the population growth is likely to be concentrated along the coast. Some rural areas will experience population decline.
- The number of people aged 65 years and over will also increase. They will account for 20% of the total population in 2026 (compared with 13.6% today).
- The health system will have to increase its capacity to cater for a larger population, especially in Sydney and coastal NSW. At the same time, the health needs of inland residents will require ongoing attention.
- The significant increase in the number and proportion of older people will increase demand for health and community care services.
- Physical illness, disability, social isolation and mental health disorders are closely linked in old age. Health services will have to respond to an increased number of older people with complex mental health problems.

**IMPLICATIONS FOR THE HEALTH SYSTEM**
- The health system will have to increase its capacity to cater for a larger population, especially in Sydney and coastal NSW. At the same time, the health needs of inland residents will require ongoing attention.
- The significant increase in the number and proportion of older people will increase demand for health and community care services.
- Physical illness, disability, social isolation and mental health disorders are closely linked in old age. Health services will have to respond to an increased number of older people with complex mental health problems.

By 2026, there will be many more people aged 65 years and over in NSW (shown by the light red in the chart below)
Meeting the needs of a changing society (cont.)

**TRENDS AND ISSUES**

**Higher community expectations and demands**
- People are becoming more aware and informed about health issues, risks and choices. They also have higher expectations of the health system and want a bigger say in decision-making.

**Changes in our environment**
- The population of NSW is highly urbanised, and the rising population density in many metropolitan areas is changing social relationships and our sense of community.
- The environmental changes being experienced locally and globally will increasingly expose people to potential health hazards.
- The accelerating depletion of non-renewable energy sources will affect the way we live and the national economy.

**IMPLICATIONS FOR THE HEALTH SYSTEM**
- Creating more opportunities for community involvement in planning and providing health services will be essential.
- More attention will need to be paid to the health impacts of changes in our social environment (including the growing risk of social isolation) and our physical environment (including climate change, and noise, air and water pollution).
- The environmental impacts (e.g., energy consumption) of delivering health services will also need to be more carefully managed.

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**People aged 70 and over represent 9.7% of the population, but account for 41.6% of all public hospital usage in NSW (2004/05)**

**Older Australian residents use the greatest number of Medicare-funded services per person per year (2002/03)**
The obesity epidemic will substantially increase the proportion of the population – including younger people – at risk of developing chronic diseases.

The proportion of the NSW population with diabetes is expected to increase markedly over the next 20 years.

A changing profile of health and disease

TRENDS AND ISSUES

Changes in lifestyle behaviours

- Lifestyle behaviours are expected to have an increasing impact on the health of the community, given their link to obesity, high blood pressure and high blood cholesterol which are risk factors for diabetes, heart disease, stroke and some cancers.

Increase in chronic diseases

- Chronic disease now accounts for 70% of the overall burden of disease in Australia. This is expected to rise to 80% by 2020, with mental illness likely to become the single largest disease burden.

- The chances of surviving previously fatal conditions including extreme prematurity, major trauma, cardiovascular disease and cancer are improving, but some survivors will live with a level of ongoing disability. The probability of having more than one long-term health condition increases with age.

IMPLICATIONS FOR THE HEALTH SYSTEM

- Greater emphasis will need to be given to designing and delivering education, prevention and risk reduction programs both within and beyond the health system, and in particular ensuring that children get a good start in life.

- Preventable chronic conditions such as diabetes and heart disease arising from lifestyle choices will draw a wider, younger group of people into high health risk and health need categories, placing further demands on health services.

- The burden of disease and disability will continue to require well-directed health and medical research, and health service interventions to reduce the risk and impact of illness and injury, and to provide treatment and care. The emphasis should be on supporting people to enjoy a reasonable quality of life in the community.
A changing profile of health and disease (cont.)

TRENDS AND ISSUES

Health inequalities

- Despite ongoing efforts, some groups in society continue to experience greater health risks and poorer health. These groups include Aboriginal people, people on lower incomes and some people living in non-metropolitan locations.

IMPLICATIONS FOR THE HEALTH SYSTEM

- Ensuring access to health services and better health outcomes for these groups will remain an important priority. Evidence-based prevention and early intervention programs are vital. Innovative approaches may also be necessary, e.g., the use of new communication technologies and integrated patient transport arrangements, particularly for people living in rural and remote areas.

While benefiting from overall health improvements, the most disadvantaged groups in NSW still have poorer health outcomes than the rest of the population.

Premature death rate

Average life expectancy

TRENDS AND ISSUES

Need for better coordination of health services

• Different parts of the health system are sometimes not well coordinated to allow consumers to move smoothly through it, e.g., community-based health services and hospitals.

• The division of responsibilities between the national and state governments creates obstacles to providing services efficiently and effectively.

• The different funders and providers of health services must work more cooperatively to improve integration.

• Reform of the current government funding arrangements could improve health care planning and service delivery. However, structural change is always difficult and would need to be carefully managed to ensure the best outcomes.

New technologies

• New medical, information and communication technologies will continue to expand the range of options for prevention, diagnosis and treatment of disease and disability. This includes new possibilities for how and where services can be delivered.

• Staying up to date with technology can deliver a range of benefits but also imposes extra demands on the system, in terms of both costs and staff skills.

• New technologies are also likely to raise ethical dilemmas.

Matching services to needs

• Changes in the population, family structures and living arrangements, carers’ availability, consumer expectations, patterns of health and illness, and technology will lead to different health needs. These will require a range of different responses from the health system and other services.

• New ways of providing health services will be needed. A greater focus will be necessary on illness prevention, early intervention, primary health and continuing care, and community-based services. Strategies focusing on getting a good start in life and healthy ageing will be important.

IMPLICATIONS FOR THE HEALTH SYSTEM

• The different funders and providers of health services must work more cooperatively to improve integration.

• Reform of the current government funding arrangements could improve health care planning and service delivery. However, structural change is always difficult and would need to be carefully managed to ensure the best outcomes.

Many new technologies and procedures (e.g., coronary angioplasties) result in a net increase in the volume of services and total costs, rather than substituting for older technologies.

Family structures are changing, and there is a growing number of single parent families and single occupant households.

The growing need for informal care by an ageing population will put increasing pressure on the supply of carers.
TRENDS AND ISSUES

Increasing cost pressures

- The pressure on health costs is expected to continue, driven by new technology, expanding treatment options, and increasing demand for health services by a growing, ageing and better-informed population.

- There is a general recognition that health is a government spending priority. However, the resources available to government and to individuals are finite, and rising out-of-pocket costs for consumers could end up disadvantaging some groups in the community.

Even after adjusting for inflation, the average amount spent on each Australian resident’s health care is increasing annually.

Health spending is increasing as a proportion of the total NSW State budget.

IMPLICATIONS FOR THE HEALTH SYSTEM

- There will be an increasing expectation to deliver cost efficient and effective health services through new ways of providing care, a reorientation of the system away from its existing hospital focus, and cost control strategies.

- Recognising that demand can never be met in full, spending priorities will have to be set and difficult choices made – in consultation with health practitioners and the community – about which services to fund, for whom, where and at what cost.

- Ongoing commitment and vigilance will be required to ensure that cost pressures do not compromise the quality and safety of patient care.
Growing pressures on resources (cont.)

**TRENDS AND ISSUES**

**Increasing demands upon the health workforce**

- Maintaining the supply and distribution of the health workforce will become a more pressing issue. Shortages have already emerged in a number of areas of medicine, dentistry, nursing and allied health practice, especially in outer metropolitan and rural areas.

- The rising level of chronic disease in the population (with more people having at least two conditions) will place different and additional demands on the health workforce. New types of health teams will be required which cross traditional boundaries of professions and sectors.

**IMPLICATIONS FOR THE HEALTH SYSTEM**

- The current workforce will need to be reshaped, both to address the shortage of staff and to support new ways of delivering care.

- NSW Health must be positioned as an employer of choice to attract and retain skilled staff.

- The development of stronger links between the health and education sectors should help to ensure that there will be sufficient health practitioners with the right skills to meet future health needs.

- There will need to be continuing training and retraining for all health staff, including in the use of new medical, information and communication technologies.
Why we need to plan for change

What would happen if we didn’t plan for the future?
The NSW public health system has a long and strong record of achievement in responding to the population’s health needs through an extensive statewide network of preventive, community health and hospital services. Survey results indicate that the system is generally well-regarded by those who use it, and there are ongoing efforts to improve its performance.

However, our health system is also under considerable and growing pressure from a combination of rising demand, accelerating costs and increasing competition for available resources. In these circumstances, a clear sense of direction is essential to minimise the risk that decisions and actions taken in the short term could take us down the wrong path and make it harder to achieve what we want for ourselves, our children and our grandchildren in 2025 – a healthy community and a high quality, affordable health system.

- We do not want a future where an increasing number of people are at risk of chronic disease, living with disabilities, and potentially facing a shortened life expectancy
- We do not want a future where people are at increased risk of hospital admission or inappropriate placement in a residential aged care facility because there are insufficient community-based health services and carers available to support people in their homes
- We do not want a future where a growing shortage and maldistribution of health professionals means that some services cannot be provided and some people miss out on required health care
- We do not want a future where health services consume such a large share of public resources that there is insufficient funding for other vital government programs such as education, community services, disability services, housing and transport
- We do not want a future where the out-of-pocket costs of health care act as a barrier to access for people in lower socioeconomic groups, and contribute to a widening health gap between the most and least disadvantaged members of the community.

All these potential outcomes are avoidable. What we need to do is take steps now to start rethinking current approaches.

Attention must be given to: building new partnerships for health involving individuals, families and communities working together with health practitioners; shifting the ‘centre of gravity’ of the system progressively more towards health protection, illness and injury prevention, early intervention and community-based health services; adopting new approaches to the education of a reshaped health workforce with new roles and ways of working; and improving operating efficiency and participative decision-making about the allocation of scarce resources, drawing on sound research.

To provide a framework for this effort, we need to be clear about the vision and goals of the NSW public health system, and develop a set of future directions which will help people to focus on the right priorities and make the right decisions.
Part 3:
Towards a vision for health in NSW in 2025

What do we as a society want in relation to our future health and wellbeing? What will we expect from our health system over the next 20 years? What sort of choices might be needed? How can we ensure that the system stays on track as we head towards 2025?

Healthy people – Now and in the future

The vision of the NSW public health system is Healthy people – Now and in the future. Keeping this vision in mind, it’s not hard to set out some broad ideals that we would all like to see realised. We want people to be healthier. We want individuals and communities to have access to the services they need. We want people to receive the best treatment and care available. And we want to be confident that the health system is well managed.

These aspirations form the basis of the four current and continuing goals of NSW Health, as outlined below. These goals represent the purpose of the NSW public health system, or in other words, its reason for existing.

1. To keep people healthy
   - Helping people stay healthy and achieve a better quality of life
   - Preventing disease and injury, intervening early to reduce their impact, and improving the environments people live in

2. To provide the health care that people need
   - Providing the right services at the right time and place
   - Ensuring that people have a fair share of available services according to their needs and circumstances
   - Supporting those who are disadvantaged or who have special health needs

3. To deliver high quality services
   - Offering high quality, safe treatment and care at all levels of the health system and in all settings
   - Enhancing quality through ongoing innovation, teaching and research, and support for continuous learning

4. To manage health services well
   - Using finite resources wisely and delivering services efficiently and effectively, avoiding waste and duplication
   - Using transparent decision-making processes which involve both health professionals and consumers
   - Creating a sustainable system for the long term
What directions will guide decision-making?

Knowing what we want to achieve is one thing – determining how to achieve it over the long term is another. Because it’s not possible to anticipate everything that lies ahead, there is little point in trying to develop a detailed 20-year plan of action as it will quickly become outdated as things change.

What is required is a set of general directions to guide practical decision-making about the organisation, funding and delivery of public health services in NSW over the next two decades. The seven draft future directions listed in the next column and outlined in the following pages are one of the most important parts of this document. They build on work undertaken for the NSW Health Care Advisory Council and further developed at two statewide planning forums which involved a wide range of people including community representatives and health practitioners.

When finalised, the future directions will guide the longer-term development of the NSW public health system. The idea is that if decision makers use these directions to keep them focused on the priority areas for action, we can be fairly confident that the system will keep moving along the right path to achieve its vision, goals and values, and will continue meeting the health needs of the NSW population well into the future.

As you read through the following pages, and to assist you in responding to the questions at the end, you might like to think about whether you agree with the draft future directions, whether they reflect your expectations of the public health system over the next 20 years, what decisions and actions would be required to achieve them, by whom, and what part you could play. You may also want to think about any changes you’d like to suggest.

Seven Future Directions

1. Make prevention everybody’s business

2. Create better experiences for people using the health system

3. Strengthen primary health and continuing care in the community

4. Build regional partnerships for health

5. Make smart choices about the costs and benefits of health services

6. Redesign and reinvigorate the health workforce

7. Be ready for new risks and opportunities

‘The future directions will keep people focused on the priority areas for action.’
**Future Direction 1**  
**Make prevention everybody’s business**

**Why this is important**

The familiar saying ‘Prevention is better than cure’ is backed by evidence. Our health and wellbeing is influenced by a complex interplay of environmental, socioeconomic, behavioural and biological factors, and the best outcomes are achieved when such factors are actively managed at an early age or stage. But putting prevention into practice is not easy. Sustained action is required by individuals, families, communities and governments to reduce risk factors (such as smoking, obesity, stress) and increase protective factors (such as supportive relationships, good nutrition and healthy environments). A particular effort must be made to help those in greatest need.

**What we are aiming for**

We are striving for a health system that values wellness by working with and supporting individuals, families, communities and other organisations to protect, promote and maintain health and reduce health inequities.

<table>
<thead>
<tr>
<th><strong>We all have a role to play:</strong></th>
<th><strong>Why this is important</strong></th>
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</table>
| **Individuals and families** |  • With appropriate support, take greater responsibility for our own health  
• Develop supportive, nurturing relationships which can help strengthen coping abilities  |
| **Schools, community groups and non-government organisations** |  • Develop individuals’ knowledge, skills, capacity and motivation to adopt and maintain a healthy lifestyle  
• Provide affordable and accessible opportunities for people to improve their physical and mental health in health-promoting environments  |
| **NSW public health system** |  • Work with individuals, parents, communities, GPs, other health practitioners, child care providers, schools, aged care facilities, other government and non-government agencies, the corporate sector and the media to implement evidence-based programs to reduce health risks, create healthy living environments and increase other health protective factors for people of all ages  
• Make a particular effort to close the health gap by helping those most in need and at highest risk of poor health  
• Emphasise early intervention as an effective means of preventing risk in the population, preventing disease or injury in those at risk, and preventing the progression of health conditions so as to minimise their impact  |
| **Health practitioners** |  • Assist and support individuals, carers and families to take control of their health as far as possible  
• Regard every interaction with a health consumer and carer as a chance for prevention, early intervention and education  |
| **NSW, Australian and local governments** |  • Develop an investment strategy to increase the share of resources spent on prevention and protection initiatives  
• Adopt a life course approach to the promotion of good health focusing on evidence-based measures which produce the greatest health gains, beginning with the prenatal period and infancy  
• Focus on developing health-promoting public policies which address underlying determinants of health  |
| **Industry and business** |  • Develop products, services and marketing which encourage healthy choices and promote a culture of healthy living  
• Pursue healthy workplace initiatives (which can also increase employee job satisfaction and business productivity)  |
| **Media** |  • Provide meaningful information on risks to health, reinforce messages about healthy behaviours, and be responsible in depicting unhealthy behaviours |
### Why this is important

Meeting consumer expectations is a constant but worthwhile challenge for any health system. Bad experiences of the health system not only can have a negative impact on the health and wellbeing of individual consumers and carers, but can also affect the confidence of the whole community in the health system. Improving the quality of patient journeys involves listening to and informing consumers and carers, and ensuring that key services are available, effective and coordinated to meet each individual’s needs. Getting this right can lead to better health outcomes, greater staff satisfaction and improved efficiency.

### What we are aiming for

We are striving for a health system that matches services to people’s needs, supports health consumers, carers and providers to work effectively together, and enables the whole community to participate in creating the best possible experiences and outcomes for those using the system.

### Future Direction 2

Create better experiences for people using the health system

<table>
<thead>
<tr>
<th>We all have a role to play:</th>
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| **Individuals and carers** | • Participate as much as possible in decisions about their health care  
• Provide constructive feedback about experiences of the health system |
| **Local communities and non-government organisations** | • Identify local needs and work with providers to design and plan appropriate services  
• Develop support networks for carers and volunteers |
| **NSW public health system** | • Provide opportunities for individuals and local communities to participate in developing policies and planning services  
• Design health services that meet the needs of individuals, carers, families and communities in accessible and user-friendly ways, and include a consideration of transport issues  
• Reach out to health-disadvantaged groups to improve their access and outcomes  
• Ensure that key population health, community health and hospital services are available and coordinated  
• Strengthen integrated primary and community health services including continuing care options, and reduce the need for hospital care  
• Provide timely and reliable information to consumers and carers about available health services and treatment options, help them find their way through the health system, and respond to their feedback  
• Support non-government organisations, carers and volunteers to deliver effective services |
| **Health practitioners and managers** | • Look for opportunities to improve consumer and carer experiences, and the quality of provider-consumer relationships  
• Streamline referral processes between providers  
• Strengthen the culture of continuous improvement |
| **NSW and Australian governments** | • Work across government departments and collaborate with different levels of government to create for consumers and carers a more seamless experience of different health services |
| **Private sector** | • Work with other service providers to achieve a smooth transition for consumers and carers moving between services |
Future Direction 3  
Strengthen primary health and continuing care in the community

**Why this is important**

Primary and community health services are typically people’s first point of contact with the health system and are the part of the system they use most. These services include general practice, community health nursing services, community pharmacies, allied health services, Aboriginal health and multicultural services, and non-government organisation services. If these services are working well, people’s health problems can be addressed early and effectively. Primary and community health services working in collaboration with more specialised services can also support people with chronic and complex conditions and their carers to maintain their quality of life and independence in the community. A strong network of primary and community health services which are well-integrated with other parts of the health system can lead to a healthier population, reduced health inequalities, and less need for more intensive and expensive treatments including hospital inpatient care.

**What we are aiming for**

We are striving for a health system that supports people’s quality of life in the community by helping them to access a comprehensive integrated network of primary and community health services linked to and backed up by hospital services as needed.

### We all have a role to play:

| **Individuals, carers and families** | • Develop skills in the management of personal health risk factors and/or health conditions  
• Participate as community members in planning for local health services |
| **Non-government organisations** | • Complement and enhance the range of community-based primary health and continuing care services available |
| **NSW public health system** | • Through consultation, identify a core range of essential primary and community health services (including early intervention programs) for defined populations and ensure that these services are available, affordable and accessible  
• Develop primary and community health services and programs aimed at reaching people with or at high risk of poor health  
• Establish clear, well-advertised points of contact to access information and networked community-based services  
• Improve service coordination and continuity of care by working with GPs to develop and implement integrated models of primary and community health care with defined links to specialised services, and involving a range of providers  
• Reduce the demand for hospital services by providing safe community-based alternatives to hospital care  
• Support consumers and their carers in monitoring and managing their chronic conditions safely in the community |
| **Health practitioners** | • Participate in developing and implementing integrated models of health care in the community  
• Strengthen skills in working in multidisciplinary teams and in partnership with consumers and informal care networks |
| **Universities and research institutes** | • Design and deliver courses to equip graduates to work effectively in primary and community health services, and undertake research to inform the development of best practice community-based health service delivery |
| **NSW and Australian governments** | • Work collaboratively on health system reforms to harness the full potential of primary and community health services, including the development of: an investment strategy to increase their overall funding share; new and more efficient funding models; workforce development strategies; information management systems and communication technologies |
| **Private sector** | • Private health service agencies and health insurance funds involved in community-based health services provision should take into account consumer affordability and aim to enhance overall access to such services. |
### Future Direction 4
Build regional partnerships for health

**Why is this important**

The involvement of three levels of government, multiple departments and a range of other agencies in the funding, organisation and delivery of human services inevitably leads to gaps and overlaps in the way services are provided. As the population grows, ages and changes, and as the demand for health services increases, it will be vital to work cooperatively at the regional level both within and beyond the health system to link services and bridge gaps.

**What we are aiming for**

We are striving for a health system that uses a more integrated approach to planning, funding and delivering health services to local communities and regions. Those working within the health system will collaborate internally and with other levels of government, government departments, service providers and community groups to achieve the best local and regional approach to supporting the population’s health and wellbeing.

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<tr>
<th>We all have a role to play:</th>
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| **Individuals, local communities and non-government organisations** | • Contribute ideas about how to improve the health of the local community, and act as advocates for better planning and funding of local health services  
• Work with government and others to identify local needs and decide how they can best be met |
| **NSW public health system** | • Understand the distinctive needs of different regions, communities and cultural groups  
• Establish and build on cross-agency regional structures to plan for and with local communities  
• Lead the development of a regional strategy for health through local consultations, encompassing all services and aspects of the local environment which impact on people’s health and wellbeing  
• Through joint planning, develop integrated networks linking health and other services within local communities and regions  
• Work with other areas of government and with communities to ensure services are seamless, affordable and meet the specific needs of local communities |
| **Health practitioners** | • Contribute to local and regional planning activities and work with other service providers to achieve better coordinated services |
| **NSW, Australian and local governments** | • Focus on reforms that clarify the contribution of each level of government to meeting the health needs of the population and improving efficiency  
• Support integrated policy, program and funding initiatives at a regional level |
| **Private sector** | • Work with government, other agencies and the community to plan for future needs and improve consumer transitions between public and private health services |
Future Direction 5
Make smart choices about the costs and benefits of health services

Why this is important
Demand for health services, including both ‘needs’ and ‘wants’, typically exceeds the capacity of any health system, however well-resourced. Hard decisions have always been required about what to fund and where, and therefore who will benefit from a particular budget allocation. As the costs of health care consume a growing share of government and individual resources, greater rigour, broader community participation and stronger accountability are required in deciding how available funds should be spent.

What we are aiming for
We are striving for a health system that makes the most effective use of the finite resources available, and ensures that costs are kept under control to promote sustainability. The services and infrastructure provided to meet health needs must be carefully planned with community and clinician input, and must be appropriate and cost-efficient.

We all have a role to play:

**Individuals, local communities and non-government organisations**
- Monitor and take action to reduce individuals’ and communities’ health risks, and respond early to emerging health problems
- Participate in discussions about local service needs and priorities, and support the health system through community-based initiatives

**NSW public health system**
- Promote informed decisions about resourcing the public health system
- Set and review spending priorities using robust, open processes involving consultation and community input, understanding that not all demands can be met
- Strengthen the focus on health protection, illness prevention, early intervention and community-based health services to achieve a better matching of services to needs and reduce health inequities
- Enhance information and communications technology capabilities to promote the quality, efficiency and effectiveness of services
- Maintain a strong performance management framework to drive improvements

**Health practitioners**
- Develop cost effective treatment and work practices that ensure desirable quality and outcomes of care

**NSW and Australian governments**
- Set policy directions and make decisions about resource allocation across all areas of government spending to best serve the health and wellbeing needs of the community
- Work together with other governments and sectors to improve the efficiency of funding arrangements

**Private sector**
- Work cooperatively with government to ensure that public and private sector services are complementary, and to develop new ways to provide health services cost-effectively
**Why this is important**

The delivery of quality health services relies on the availability of sufficient numbers of appropriately skilled staff working where they are needed. A shortage of staff, including new graduates, makes it more difficult to provide the required services and can limit consumer access. This is increasingly the situation being experienced in parts of the NSW health system. The growing gap between demand for services, and the supply and distribution of staff, cannot be addressed by continuing with the current workforce arrangements which have contributed to this problem.

**What we are aiming for**

We are striving for a health system that values its workforce as a vital resource and treats staff fairly and with respect. The workforce must be planned, prepared, organised and deployed creatively and intelligently, focusing on the needs of health consumers, carers and the population more generally. We must ensure an adequate supply and distribution of high quality practitioners, and all staff must be equipped with the right education and skills for the different roles they may be asked to perform.

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<th><strong>We all have a role to play:</strong></th>
<th><strong>Individuals</strong></th>
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<tr>
<td></td>
<td>• Consider opportunities to participate in volunteer work assisting people with health needs</td>
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<td>• Be open to different approaches to the provision of care as health practitioner roles change</td>
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<tr>
<th><strong>NSW public health system</strong></th>
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<tr>
<td>• Maintain a strong focus on workforce planning at national, state and regional (including cross-sectoral) levels</td>
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<td>• Invest in the development of health practitioners and provide the right working arrangements to attract and retain skilled staff</td>
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<tr>
<td>• Rethink health practitioners’ roles and redesign the organisation of clinical work to meet the population’s changing health needs and to ensure a consumer-centred approach to service provision</td>
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<td>• Equip and assist staff to take on different roles within health teams as the health system changes</td>
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<td>• Support carers and volunteers to deliver effective services</td>
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<td>• Harness technology to support health practitioners in their work, particularly for rural communities</td>
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<td>• Ensure healthy and safe workplaces for staff</td>
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<th><strong>Health practitioners</strong></th>
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<tr>
<td>• Maintain and develop skills and expertise through participation in training opportunities</td>
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<td>• Be open to new ways of working to meet changing patterns of demand</td>
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<td>• Advocate for and implement new work practices based on evidence and experience</td>
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<th><strong>NSW and Australian governments</strong></th>
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<tr>
<td>• Collaborate across levels of government in both the health and education sectors to ensure the availability of sufficient numbers of appropriately skilled staff to meet the population’s changing health needs</td>
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<th><strong>Educators</strong></th>
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<tr>
<td>• Work with health managers and practitioners to align post secondary education and training with future health service needs and skill requirements</td>
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<th><strong>Private and non-government sectors</strong></th>
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<tbody>
<tr>
<td>• Work collaboratively with government to ensure that private and non-government sector workforce policies and practices (including the education and training of health staff) assist in meeting the community’s overall health needs</td>
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</table>
Why this is important

The NSW health system is a large, complex system which must constantly evolve to ensure its ongoing effectiveness in addressing the population’s changing health needs in a dynamic environment. The system’s capacity to ‘stay on the front foot’ and respond strategically to all situations, both predicted and unexpected, cannot be taken for granted. Maintaining a state of readiness requires a focused and sustained effort.

What we are aiming for

We are striving for a health system that is alert to the changes in the world around it, and quick to anticipate and respond to new issues as they emerge. The system must be flexible enough to adapt to new circumstances, and robust enough to sustain itself in the face of external pressures.

Future Direction 7
Be ready for new risks and opportunities

We all have a role to play:

| Individuals, local communities and non-government organisations | • Keep informed about developments in health services and advocate for investment in long-term approaches to health
| • Participate in debates about ethical issues relating to health and health services |
| NSW public health system | • Continually monitor for changes, trends and emerging opportunities locally, nationally and internationally, and contribute to shaping reform initiatives
| • Provide leadership in joint planning for, and responses to, emergencies
| • Strengthen the culture of continuous learning and improvement, underpinned by active education and research programs
| • Support health-related research and development, and enhance the system’s capacity to use research to inform policy and practice
| • Explore opportunities for public-private partnerships in research and infrastructure development
| • Strengthen capabilities to analyse, plan for and respond to changes in health needs and demands
| • Plan investment to maximise benefits from new health, medical, information and communication technologies |
| Health practitioners | • Participate in education and research programs, and share experiences to improve the delivery of health services and the outcomes of care |
| NSW and Australian governments | • Build education and research capacity, and invest in research aimed at improving health and health services
| • Provide leadership to overcome obstacles to productivity, collaboration and innovation |
| Universities and research institutes | • Form partnerships with NSW Health and others to support education programs and pursue research programs linked to the population’s health and health system priorities |
| Private sector | • Take into account the needs of more disadvantaged people by adopting business models which make new technology and treatments more affordable |
Help create the future of health in NSW

6 easy ways to have your say

The NSW Government is inviting people across the state to have their say about the future public health system.

Your views are important as they will help shape the decisions that need to be made now to achieve the health system we want in the future.

There are a number of ways you can have your say.

1. **By fax** Futures Planning Project on (02) 9391 9994
   
   To return a completed questionnaire (starting on the next page), or to provide comments or a submission

2. **By post**
   
   To return a completed questionnaire (starting on the next page), or to provide comments or a submission
   
   Post to Futures Planning Project, Locked Mail Bag 961, North Sydney NSW 2059

3. **Online**
   
   
   Complete the questionnaire online by visiting our website and following the instructions on the screen

4. **By email** futures@doh.health.nsw.gov.au
   
   For formal submissions or to provide responses or comments

5. **By telephone as a recorded message** ph 1300 139 250
   
   You can leave a recorded message in response to the questions, or to request information or other assistance

6. **In person by attending a meeting**
   
   To attend a meeting organised by your Area Health Service, look for advertisements in your local press or contact your local Area Health Service for details. The phone numbers are listed under ‘NSW Health’ in the White Pages or can be obtained by phoning (02) 9391 9000.

The deadline for all responses, comments and submissions is 7 July 2006

How your input will be used

It would be appreciated if responses and submissions could be provided in English. A summary of the feedback received will be posted on the Futures Planning website by the end of July 2006.

This feedback will assist in completing the task of developing future directions for the NSW public health system, looking towards 2025. These long-range future directions will then be used to identify shorter-term priorities for action across the health system and within each Area. A 5-year State Health Plan and individual Area Health Service Plans are due for completion by August 2006.

Privacy and personal information

To acknowledge your valued contribution, your name or your organisation’s name will be placed on the NSW Health Futures Planning website and may be included in subsequent published material. However if you would prefer to remain anonymous, please indicate that in your response.

Further information is available from:

Email: futures@doh.health.nsw.gov.au
**QUESTION 1**

All of us expect many things from our health services. The following list attempts to summarise these expectations. Depending on the service and situation being considered, these various expectations can be in tension with one another (e.g. proximity versus expertise, or timeliness versus cost). Which expectations do you regard as being the MOST important? *(Please rank the list of expectations in priority order by placing a ‘1’ in the box next to the one you think is most important, a ‘2’ in the box next to the second most important one, and so on as far as you can go.)*

- Consumer-focused – services respect individual dignity, culture and preferences
- Safety and quality – services are safe for consumers and providers, and are of assured quality
- Evidence-based – services are based on research findings about what works best
- Cost – services are affordable for consumers
- Timeliness – consumers can access services without avoidable delay
- Equity – an extra effort is made to assist people with persistently poorer health
- Proximity – health services are available close to where we live
- Expertise – there are sufficient numbers of appropriately skilled staff
- Preventive focus – there is an emphasis on helping people stay as healthy as possible
- Physical environment – services are provided in clean, friendly and comfortable settings
- Links – services are co-ordinated to smooth each consumer’s journey
- Individual participation – consumers and their carers can participate in decision-making about their care
- Community participation – communities can participate in decision-making about local health services
- Efficient and accountable management – resources are used well and decisions are explained
- Other (please insert)

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**QUESTION 2**

(a) Looking forward over the next 20 years, what do you think is the single MOST important issue that should be addressed to ensure that we will have a healthy community and a high quality, affordable health system in 2025? Why?
Fit for the future
Have your say

(b) This document outlines seven future directions to guide decisions about the organisation, funding and delivery of public health services in NSW. Which of the seven future directions does your important issue (identified above) come under – or do we need an additional direction? (Please tick ✓ the box or boxes relating to the relevant future directions/s, or insert another direction in the space provided.)

- Make prevention everybody’s business
- Create better experiences for people using the health system
- Strengthen primary health and continuing care in the community
- Build regional partnerships for health
- Make smart choices about the costs and benefits of health services
- Redesign and reinvigorate the health workforce
- Be ready for new risks and opportunities

Another future direction (please describe):

(c) Do you have any other comments to make about the seven future directions?

________________________
________________________
________________________
________________________

QUESTION 3

In one or two sentences, what do you think is the MOST important thing that should be done by each of the following groups to ensure a healthy community and a sustainable health system in NSW in 2025?

(a) By government (national, state, local)?

________________________
________________________
________________________
________________________

(b) By individuals?

________________________
________________________
________________________
________________________

(c) By communities?

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________________________
(d) By health professionals, including doctors, dentists, nurses, allied health providers?


(e) By non-government and not-for-profit organisations, voluntary associations and clubs?


(f) By the private health sector?


(g) By the business sector?


**QUESTION 4**

Do you have any other comments you would like to make about future directions for the NSW health system?


Please attach extra pages if you need more space to provide your comments.
Questions about you
To help NSW Health analyse the feedback it receives, it would be useful to know a bit about respondents. If you would prefer not to complete this section, your other responses will still be taken into account.

INDIVIDUAL
Name (optional)

Sex
- Male
- Female

Age (Please tick one box)
- 18 years and under
- 19 to 34 years
- 35 to 49 years
- 50 to 64 years
- 65 to 79 years
- 80 years and over

Principal place of residence
(Please insert postcode)

Do you have any health professional qualifications?
- Yes
- No

Are you of Aboriginal or Torres Strait Islander origin?
(For persons of both Aboriginal and Torres Strait Islander origin, tick both Yes boxes)
- Yes, Aboriginal
- Yes, Torres Strait Islander
- No

At home do you speak English most of the time?
(Please tick one box)
- Yes
- No, another language

GROUP/ORGANISATION
Organisation's name (optional)

Organisation's focus/scope of interest

Organisation's coverage
(Please tick one box)
- Local or regional
- Statewide or national

DEADLINE FOR RESPONSES
7 JULY 2006

COMPLETED QUESTIONNAIRES SHOULD BE SENT TO:
Futures Planning Project
NSW Department of Health
Locked Bag 961
North Sydney NSW 2059
Fax: (02) 9391 9994

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NSW Department of Health
Locked Bag 961
North Sydney NSW 2059
Fax: (02) 9391 9994
A summary version of this document is available in English and six other community languages – Chinese, Arabic, Vietnamese, Italian, Greek and Spanish. A copy of the document in any of these languages can be obtained from the website at www.health.nsw.gov.au/futuresplanning/translations/
How you can have your say

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