



Special Commission of Inquiry into Healthcare Funding

Submission Number: 19
Name: Bureau of Health Information (BHI)
Date Received: 31/10/2023

Submission to the *Special Commission of Inquiry into Healthcare Funding*

Submitted: Board Chair and Chief Executive, Bureau of Health Information

Contact information: Dr Diane Watson, Chief Executive [REDACTED]

October 2023

The Bureau of Health Information (BHI) is a board-governed statutory health corporation providing the community, healthcare professionals and policy makers with independent information about the performance of the NSW public health system. Our objective analyses create information that enhances transparency and accountability, including through public reporting, and that informs priorities for improving patients' experiences and outcomes. BHI publishes its Strategic Plan, annual Performance Agreements, Year in Review and annual financial statements and corporate attestations [here](#). In 2022-23, BHI's annual budget was ~\$10M.

BHI fulfils its statutory functions with editorial independence from the NSW Government. Since our inception, BHI has firmly established itself as the independent, trusted, and fair source of healthcare performance information about the NSW public health system and continues to keep that original objective front of mind. BHI focuses on responding to the community's need for transparency about healthcare performance, while engaging with clinical, managerial and policy stakeholders to highlight achievements and opportunities for improvement.

BHI was established in 2009 as part of the NSW Government's response to the *Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals* ([recommendations 75 to 79](#), p639-641). Since that time, BHI has released 53 quarterly reports, 13 annual reports to Minister and Parliament, and an extensive range of additional reports and information products on aspects of healthcare activity and performance, including a focus on patients' experiences. We host publicly accessible digital products including [a Hospital Performance interactive tool](#), [Ambulance Performance interactive tool](#) and [Bureau of Health Information - Data portal \(nsw.gov.au\)](#).

In terms of transparency and accountability, our information is currently used to support key performance indicators regarding patients' experiences of care, report on areas identified by the Ministry of Health as high priority, and monitor the sustained impact of the pandemic on issues of access to care and patient outcomes after discharge from hospital. Historically it's been used to, for example, monitor the impact of public commitments to improve select areas of health care and shed light on the performance of hospital services funded through a public-private partnership.

Our submission is intended to support the Commission's work to report on "*the funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future*". In this submission, we:

- Offer reflections on opportunities relevant to the *Special Commission of Inquiry into Healthcare Funding* after more than a decade of enhancing transparency to strengthen accountability and inform improvement across NSW Health.
- Highlight some key system-level findings and insights from our analyses to support the Commission's evidentiary review, including details about the healthcare activity and performance information that is available at www.bhi.nsw.gov.au.

Reflections on opportunities

When recommending BHI's establishment, Commissioner Garling said:

Based on all of the evidence which I have seen, the research which I have undertaken, and the thoughtful advice provided to me in the course of my conferences with leading world experts in health systems, I am firmly convinced that the public reporting of information about the health system and hospital performance is essential for the future of NSW Health. At the least it improves patient choice and encourages improvement in all services. But it does a lot more. It is the single most important driver (or lever) for the creation of public confidence in the health system, engagement of clinicians, improvement and enhancement of clinical practice and cost efficiency (Special Commission of Inquiry - Acute Care Services in NSW Public Hospitals, p637).

Commissioner Garling proposed inaugural functions ([Recommendations 76](#), p639), though [our current functions](#) are slightly different. After more than a decade of experience, BHI has a unique perspective on opportunities to further realise the benefits of enhancing access to performance information.

The breadth and depth of publicly available healthcare performance information published by BHI puts NSW in a unique, leadership position among Australian states and territories, and BHI is responsible for the largest patient experience measurement program nationally. BHI actively engages media to support appropriate interpretation and use of the information we publish, as well as driving awareness, understanding and information use among clinicians, managers, and policy makers within the NSW public health system. Each release receives extensive broadcast, print and social media coverage across the state. In 2022-23, visits to the BHI website measured 94,247 and media mentions were measured at 6,213. In 2023, more than 90% of stakeholders surveyed agreed that BHI was a trusted provider of information, and our reports and information products were deemed to be objective (impartial and grounded in evidence), easy to understand, and provide robust and valid analyses.

Today a key risk to appropriate accountability, however, lies in the imbalance between transparency about activity and performance of NSW Health, in contrast with the comparative lack of transparency about the wider health system of which NSW Health's services are a critical part. We are conscious that BHI highlights issues of both demand and performance in NSW Health that are shaped by what is happening in other sectors (e.g., impact of local availability of GPs or lack of private health insurance on use of local emergency departments, impact of strained access to aged care on availability of hospital beds, impact of shifts in access to or availability of private hospital care on use of public hospitals). Consequently, the community and media have an understandable tendency to attribute strained performance to NSW Health alone.

One opportunity lies in new investments in expanding transparency and the remit of BHI to shed light on what may be driving pressures on NSW Health and the public hospitals within it, so that the community and accountable entities are sufficiently informed about the entire patient journey and health care system.

Today, if BHI's remit encompassed the performance of general practice, community-based services and aged care funded by the Commonwealth - and the private hospital sector funded by the Commonwealth and private health insurance - on NSW Health services, the agency would be better positioned to support appropriate accountability, improvement and public confidence.

Another opportunity lies in realising the benefits of rapid growth in the availability of performance information by clarifying the respective roles of BHI and other central agencies in ensuring local clinicians and managers have a more integrated and comprehensive view of performance information and an understanding of how to use it to catalyse improvements.

One cost-effective solution is BHI ensuring local clinicians and managers have access to a more integrated and comprehensive view of information to assist them in prioritising improvement actions in relation to access to care, safety and quality, patient and staff experiences and costs of resources.

This local information supports reflections and innovation in practice and is separate to that created to support Service Agreements (i.e., key performance indicators) and real time information needed for day-to-day service delivery (e.g., management of patient flow).

After more than a decade, the production of performance information by central agencies and local districts has grown significantly. As a result, comparable information for local clinicians and managers is highly fragmented and the risk, which is already evident, is tremendous unmet need among very busy health professionals for support to integrate disjointed information and glean actionable insights from it. As an example, high priority information regarding hospital demand, supply and outcomes should be readily available to local clinicians and managers. Today, these professionals need to access at least five data portals if they wanted data on potentially preventable admissions, ambulance transports to hospital, emergency department patients admitted to hospital, length and cost of hospital stay and outcomes.

Today, BHI and other agencies would benefit from clarity of responsibility to ensure that information is more accessible, comprehensive, and integrated. This is particularly critical to assessments of value that require juxtaposition of statewide benchmarks and trends with locally relevant information on patient outcomes and experiences, and access to local information on staff experiences and funding (information often unavailable). This is particularly important at a time of health reform and pursuit of cost efficiencies.

Both opportunities are relevant to state, federal and personal funding of health care and the realisation of benefits related to the Commission's terms of reference "*how the funding can most effectively support the delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future*".

Performance information to support the Commission's evidentiary review

The NSW public health system is large and complex, and BHI's Board selects issues and topics for reporting that align to interests of patients and the community, that reflect areas of high priority for the public health system and that can be resourced. BHI's core funding covers a suite of regular reporting products and the management of the NSW Patient Survey Program. In addition, it receives ad hoc budget supplements to report on topics deemed a priority by the Ministry through the NSW Patient Survey Program, such as experiences with virtual health care, and experiences of care among Aboriginal people or patients from culturally and linguistically diverse populations. The appendix outlines key BHI reports that may be of value to the Commission.

In relation to the Commission's terms of reference, BHI reports and products include analyses that:

- Evidence strengths in the NSW Health system, for example, high patient ratings of virtual healthcare its benefits in supporting care coordination between hospitals and GPs, pre-pandemic improvements in patient-centred care across large public hospitals and emergency departments, and the positive impact of Aboriginal Health Workers on experiences among Aboriginal patients (pp4, 13, 17, 21, 25, 29, 33, 37, 41), improvements in experiences for patients who mainly speak a language other than English in the home, high patient ratings of ambulance services and elective surgery experiences during times where the system was continuing to respond to and manage the impacts of COVID-19.
- Demonstrate resilience and recovery in the context of the pandemic, for example, surge capacity of local ambulance services in response to local pandemic waves (pp16,23), reductions in elective surgery waiting lists after pandemic-related suspensions (p39), rapid expansion of virtual care and high prevalence of use in response to positive patient ratings (p42), and reductions in mortality within 30-days of admissions across select clinical cohorts such as respiratory, cardiac diseases and stroke (p50).
- Identifies opportunities to strengthen or improve emergency department care, for example, the timeliness of transfers of care between paramedics and health professionals in emergency departments (p13), time to start treatment in EDs for triage 2 patients (p11) and recent growth in the number of people leaving

EDs before completing treatment (p11), and where improvements in patient-centred care for linguistically diverse communities should focus, including consistent communication of important information.

- Identifies performance issues at the interface between services funded by NSW Health, the Commonwealth, private health services and private health insurance, for example, increasing demand for ambulance and emergency departments over time, particularly among patients requiring the most urgent care (pp5,10), and recent growth in length of stay/ bed occupancy among patients discharged to residential aged care (p25). More recently, our reports shed light on the benefits of virtual care including experiences among the 32% of admitted patients who had at least one virtual GP care appointment after discharge. More than 90% report that virtual GP care at that time helped them and helped ensure that care was well coordinated between the hospital and GP (Supplementary data tables).

Appendix - Healthcare performance information to support the Commission's evidentiary review

In relation to the Commission's terms of reference, relevant activity and performance information that is available on BHI's website includes:

- BHI's annual report to Minister and Parliament about the performance of the NSW Health system (Healthcare in Focus). These products have offered insights on the impact of the COVID-19 pandemic, and on special topics such as trends in patients' experiences across large public hospital care or mental health care.
- BHI publishes regular and comprehensive results on patients' experiences of care in NSW public hospitals through the NSW Patient Survey Program. For most surveys, results are provided at the NSW, Local Health District and hospital level with benchmarking and trends. BHI has created strong evidence that improving hospital experiences goes a long way to keeping people healthy and at home after discharge and reducing future readmissions (here).
- Quarterly hospital activity and performance for emergency departments, elective surgery and admitted patients with results aggregated for the state and Local Health District/Specialty Health Networks. Results are described in Healthcare Quarterly and temporal trends and disruptions during the pandemic have been featured in Healthcare in Focus. More detailed information for more than 77 public hospitals are available in our Hospital Performance interactive tool and the Data Portal.
- Quarterly ambulance activity and performance, with results aggregated at the state level and across 91 local communities. Results are described in Healthcare Quarterly and temporal disruptions during the pandemic are featured in Healthcare in Focus (here). More detailed information is available in our Ambulance Performance interactive tool and the Data Portal.
- Some private hospitals are included in BHI's reporting where NSW Health commissions specific services for public patients.