

**Submission
No 6**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Organisation: Hepatitis NSW
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Position: Policy and Engagement Manager
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Public Accounts Committee

Legislative Assembly

NSW Parliament

c/- pac@parliament.nsw.gov.au



Dear Committee

Submission re Inquiry into the Management of Health Care Delivery in NSW

Thank you for the opportunity to provide a submission to the above-named inquiry.

As an organisation, we're working towards a world free of viral hepatitis. Hepatitis NSW is a not-for-profit charity started by the viral hepatitis community. We work with and for all people affected by hepatitis B or C – together we inform, support, educate and advocate.

Given this focus, in our submission (found at *Attachment A*) we will concentrate on health care delivery, and reporting, specifically in relation to viral hepatitis.

[Redacted]

Thank you in advance for taking our submission into as the Public Accounts Committee considers this important issue.

Sincerely,

[Redacted signature]

Stuart Loveday

Chief Executive Officer

Friday 28 April 2017

Hepatitis NSW
working towards a world free of viral hepatitis



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Introduction

As indicated in our cover letter, and given our organisation's focus, in this submission we will concentrate on health care delivery, and reporting, in relation to viral hepatitis.

Specifically, we will address health care delivery in NSW in response to the following two inquiry terms of reference:

b) The extent to which efficiency and effectiveness is sustained through rigorous data collection, monitoring and reporting;

d) The extent to which the current framework drives improvements in the health care delivery system and achieves broader health system objectives.

For reasons that we will outline below, we believe NSW Health is performing well in terms of publicly reporting on progress in addressing the hepatitis B and hepatitis C epidemics, and that this reporting has delivered tangible benefits.

Strategies & Data Reports

As Committee members may be aware, NSW health care delivery in relation to viral hepatitis is guided by two primary documents:

- The **NSW Hepatitis C Strategy 2014-2020**, and
- The **NSW Hepatitis B Strategy 2014-2020** (which also happens to be the first-ever state-wide hepatitis B strategy in this state).

These documents outline the Government's Goals, Targets, Actions, System Enablers and Priority Populations with respect to both of these blood borne virus epidemics.

Importantly, and most relevantly for the purposes of this inquiry, the Government generally, and NSW Health specifically, has committed to publicly report on its progress under these Strategies – and to date it has delivered on this commitment.

In August 2015, less than one year after the formal launch of the Strategies, it published the first *Annual Data Report*¹, reporting on a range of data covering the calendar year 2014.

This inaugural report has been followed, at roughly six-month intervals, by:

- The *2015 Mid-Year Data Report*²
- The *2015 Annual Data Report*³, and

¹ See: <http://www.health.nsw.gov.au/hepatitis/Documents/annual-data-report-2014.pdf>

² See: <http://www.health.nsw.gov.au/hepatitis/Documents/2015-mid-year-data-report.pdf>

- The *2016 Mid-Year Data Report*⁴ (which is the most recent report published, in October 2016).

Hepatitis NSW expects that, based on past timelines, the next document – which would be a full-year 2016 data report – will be published shortly.

As Committee members will observe, these reports go well beyond providing mere ‘headline figures’, and instead include a significant breadth and depth of information in relation to both hep B and hep C.

Taking the issue of hepatitis B notifications as an example, the *2016 Mid-Year Data Report* includes:

- The number of annual notifications, overall and newly-acquired, dating back to 1995
- The age groups of people notified, dating back to 2010
- The age and gender of people notified, in more detail, for the most recent 6-month period
- The Local Health District (LHD) in which the notification was recorded
- The age groups of notifications for different LHDs, and
- The notification rate, per 100,000 people, in each LHD.

As we shall see below, it is these multiple layers of information, and especially geographic-based data, that is potentially most useful, not just to NSW Health itself, and to members of the public, but also to non-government organisations such as Hepatitis NSW.

Strengths

Hepatitis NSW submits that there are four main strengths of the approach that has been adopted by NSW Health in relation to the Hepatitis B and C Strategies, and the Data Reports produced underneath these documents. Specifically, it is:

1. Transparent

As noted above, the mid-year and annual Data Reports that have been published provide a wide range of information about NSW Government and Health efforts to address the viral hepatitis epidemics in this state.

This goes beyond simple high-level data, instead providing sufficient layers of information to determine where progress is being made, and more importantly where challenges or obstacles may remain.

³ See: <http://www.health.nsw.gov.au/hepatitis/Documents/annual-data-report-2015.pdf>

⁴ See: <http://www.health.nsw.gov.au/hepatitis/Documents/2016-mid-year-data-report.pdf>

It is commendable that such information is provided openly, easily accessible by members of the public and also by non-government organisations such as Hepatitis NSW, rather than being withheld, or only circulated internally.

2. Accountable

Given the mid-year and annual Data Reports are published underneath the NSW Hepatitis B and C Strategies 2014-2020, they also specifically address whether the Goals and Targets of these strategies are being met.

Looking at the most recent document – the *2016 Mid-Year Data Report* – readers can quickly determine whether efforts are on track, or not.

For example, hepatitis B childhood vaccination rates (94% at 12 months) are close to reaching the 95% target outlined in the Hepatitis B Strategy, as is the provision of hepatitis B immunoglobulin (HBIG) to babies born to mothers living with hepatitis B (more than 99%, approaching the 100% target).

On the other hand, the Report also shows that more work is required to meet the target of ‘reduce sharing of injecting equipment among people who inject drugs by 25%’, which features in both the Hepatitis B and C Strategies.

Page 25 of the 2016 Mid-Year Data Report notes that:

“[a]mong respondents in the 2016 NSW NSP Enhance Data Collection (NNEDC), reports of receptive syringe sharing (RSS) in the previous month increased from 16% in 2015 to 20% in 2016 ($p=0.003$). In the four years between 2013 and 2016, RSS remained stable, with 22% of respondents reporting RSS in 2013 (4-year trend, $p=0.333$).”

The reporting of this data therefore reinforces the need for NSW Health, Local Health Districts, community health services and non-government organisations to continue to work together to address this issue, as well as other areas where targets may not be being met.

3. Comprehensive

As indicated earlier, the mid-year and annual Data Reports include both a breadth and depth of important information about how NSW is addressing the viral hepatitis epidemics.

In addition to the hep B notification example used previously, this can be seen in the data published in the *2016 Mid-Year Data Report* about hep C treatment, including:

- The number of people treated for hepatitis C state-wide
- The numbers assessed for treatment in each Local Health District, 2015, and Jan-June 2016

- The number of Aboriginal people assessed for treatment in each LHD, and the proportion of people assessed for treatment who are Aboriginal (plus the proportion of Aboriginal people overall who live in each LHD)
- The number of people dispensed treatment in each LHD, 2015, and Jan-June 2016
- The number of Aboriginal people dispensed treatment in each LHD, and
- The number of people completing hep C treatment by LHD.

This level of information, including whether and where hep C treatment is being accessed by one of the key priority populations under the Hepatitis C Strategy is welcome.

4. Useful

As well as being transparent, accountable and comprehensive, the information provided in the mid-year and annual Data Reports is also useful, including for non-government organisations such as Hepatitis NSW.

These documents are regularly accessed by multiple staff across our organisation for a variety of different purposes, including information and resources, education and even campaigns.

Possibly most important is the breakdown of numerous different indicators according to Local Health District, which in addition to hep B and hep C notifications, and rates, also includes topics like hep B viral load tests via Medicare, both generally and specifically for people undergoing hep B treatment.

The information provided, alongside other data sources such as the Kirby Institute's Annual Surveillance Reports⁵, and ASHM's Hepatitis B Mapping Project⁶, supports Hepatitis NSW in considering the allocation of our resources, as well as planning engagement and/or partnerships across the state.

Ultimately, we would hope that the information provided through the mid-year and annual Data Reports expands to incorporate notifications and other indicators according to Local Government Area – which we believe is possible given the strong foundations which have already been built since the Hepatitis B and C Strategies were released in September 2014.

Conclusion

⁵ See: <http://kirby.unsw.edu.au/surveillance/hepatitis-b-and-c-australia-annual-surveillance-report-supplement-2016-0%20>

⁶ See: <http://www.ashm.org.au/HBV/more-about/hepatitis-b-mapping-project>

Overall, we welcome the breadth and depth of reporting provided by NSW Health under the *NSW Hepatitis B and C Strategies 2014-2020*, and in particular through the mid-year and annual Data Reports which have been published underneath these documents.

As explained in this submission, we have found these reports to have a number of major strengths, including that they are transparent, accountable, comprehensive and, above all, useful. We look forward to their continued publication in coming years, at least until the end of the current Strategies, and hopefully beyond.