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8 December 2015

To whom it may concern

Re: Review of the Performance and Accountability Framework indicators

The National Stroke Foundation (NSF) welcomes the opportunity to provide feedback on the proposed **Review of the Performance and Accountability Framework indicators** consultation paper. For any queries on this submission please contact NSF A/Director Policy and Advocacy Scott Stirling on sstirling@strokefoundation.com.au or 03 9918 7238.

The NSF supports the Performance and Accountability Framework indicators (the Indicators) and their overarching Framework. The NSF also supports a review of these indicators to ensure the Framework remains effective and supports the health system's performance.

With regards the primary health care organization indicators there is a concern that the consultation paper has identified several condition-specific indicators for removal. These include the following indicators:

- 39, Percentage of diabetic patients who have a GP annual cycle of care;
- 46, Incidence of ischaemic heart disease;
- 47, Incidence of end-stage kidney disease;
- 49 Prevalence of diabetes; and
- 51, Incidence of selected cancers.

We would caution against removal of these indicators given the high burden of disease associated with the conditions. NSF would also advocate for an additional indicator looking at stroke incidence given it is a significant current burden on the health system and predicted to increase. It is estimated that 440,000 survivors of stroke live in the community and two-thirds live with disability that requires them to receive support for activities of daily living. By 2050 it is estimated this number will be close to 1 million. Stroke survivors rely on primary health care for ongoing management and support of their condition and for guidance and support with recovery. Given the large number of survivors requiring support it is important to understand the incidence of stroke in the community to support health planning and resource allocation.

The NSF would also bring to the Inquiry's attention the benefit of including an indicator on the uptake of Integrated Health Checks (IHCs) by general practice. IHCs are conducted in primary care and provide the opportunity for early detection and management of those at high risk of developing chronic kidney disease, type 2 diabetes, heart disease or stroke.

IHCs use evidence-based methods for detecting chronic disease risk and have proven to be effective in chronic disease prevention.

In 2009, in recognition that cardiovascular disease and diabetes were the leading cause of morbidity, the New Zealand government included 'Better Diabetes and Cardiovascular Services' into their suite of health targets. These targets were based on the number of people that had heart and diabetes checks. These checks were conducted in the same manner as IHCs.

The establishment of health targets has been a success, with one of their targets (90% of the eligible population to have their cardiovascular risk assessed in the last five years) now met[1], as part of its Integrated Performance and Incentive Framework agreement with district health boards.[2]

Addressing shared risk factors will reduce and/or delay hospital admissions due to diabetes, chronic kidney disease, heart attack and stroke, while improving care will drive efficiencies within Australia's primary care sector by better identifying and treating those at risk of developing a vascular disease.

With regards to hospital indicators we would recommend the addition of an indicator on the quality of stroke care. This is especially important given the recently released 2015 National Stroke Audit indicates ongoing issues with regards to delivery of stroke care against agreed national clinical standards.

There is a clear and widely shared understanding of what quality stroke care looks like. It is embodied within the Commission for Safety and Quality in Health Care's Acute Stroke Clinical Standard (The Standard) and yet data shows that current stroke clinical practice falls well short of the Standard.

The Commission for Safety and Quality in Healthcare Atlas Report into Variation in Health Care and the 2015 National Stroke Audit (the Audit) have found significant variation in Australian stroke care. The Audit, which reports on care against indicators from the Acute Stroke Standard, found only 67% of patients are admitted to an acute stroke unit and only 39% of patients spend more than 90% of their time in a stroke unit. Only 7% of patients receive potentially life-saving thrombolysis treatment and support for patients on discharge including secondary prevention medication and care planning continues to be poorly managed. The issues vary from state to state and within states with no jurisdiction able to claim high quality care is being delivered to all or even most of their patients.

[1] Heart & diabetes checks health target met. http://www.beehive.govt.nz/release/heart-diabetes-checks-health-target-met

[2] Ministry of Health "PHO Performance Programme and transition to the Integrated Performance and Incentive Framework" (9 July 2014) <http://www.health.govt.nz>.

Regular monitoring of stroke care and measurement against useful indicators is crucial if we are going to see improvements to clinical practice and the addition of an indicator on stroke care quality to the Framework would be relevant and timely.

The NSF would strongly urge that condition-specific indicators not be removed and that the inquiry consider the inclusion of stroke care and IHC indicators in the new Framework as a positive step towards reducing the burden of stroke disease in the community.

Yours sincerely

Scott Stirling

A/Director Policy & Advocacy