The Australian health system is world-class in both its effectiveness and efficiency: Australia consistently ranks in the best performing group of countries for healthy life expectancy and health expenditure per person.’ (World Health Organization 2003).

The Australian population has a generally good health status, with an average life expectancy at birth of 81.4 years (79.2 for men and 83.7 for women), one of the highest in the world. There are some groups with poor health status, notably Aboriginal and Torres Strait Islander peoples. Otherwise the pattern of disease is similar to that of other developed countries.

Australia has a very complex health care system with many types of services, providers and funding arrangements. Few people are aware of all the services, organisations and funding responsibilities in the Australian health system.

The following information may be useful for community members and consumers participating in the planning, development, provision and review of the health system and services.
Almost 70% of total health expenditure in Australia is funded by government, both Federal and State, Territory and Local governments.

The two major national subsidy schemes are Medicare and the Pharmaceutical Benefits Scheme. In Australia, both public and private sectors provide health care and all levels of government are involved.

**Australian Government**
- Sets national health policies and subsidises the health services provided by State and Territory governments and the private sector.
- The Department of Health and Ageing ([www.health.gov.au](http://www.health.gov.au)) is the national health agency and is responsible for national policy, funding public health programs, research, and information management.

**State and Territory governments**
- Deliver health services (including most acute and psychiatric hospitals).
- Provide community and public health services.
- Regulate health professionals.

**Local governments**
- Provide environmental control - for example garbage disposal, clean water, health inspections.
- Provide home care and personal preventive services, such as screening for breast cancer.
HEALTH REFORM
Previously, the health system was paid for and managed by individual States and Territories with the assistance of the Commonwealth Government. But under the National Health Reform Agreement things are slowly changing. The Commonwealth Government now contributes more funding to help hospitals respond better to the needs of local communities. The Commonwealth Government also contributes more funding to primary care.

Primary care is the healthcare people get when they first seek medical help; this can be in the form of GP services, pharmacy services and other first steps of care not provided through a hospital. Primary care is important in the prevention of poor health and the management of long-term health problems.

Other programs are also being introduced to improve healthcare. These include GP Superclinics, After-Hours GP Helpline and Personally Controlled Electronic Health Records. (You can learn more about health reform and these initiatives at [www.yourhealth.gov.au](http://www.yourhealth.gov.au))

FEES
There is free access to some but not all health care in Australia.

Medicare is the national *public* health insurance scheme funded by taxation and it subsides GP and medical specialist care and some other services in some circumstances. Public hospital care is free (i.e. paid for directly by Medicare).

GP care is sometimes provided free for those on lower incomes with a Health Care Card, but most other people pay a fee, which varies greatly from one practice/clinic to another. This is also true for many, but not all, services from medical specialists operating outside hospitals. Pathology and optometry services are often free (i.e. paid for directly by Medicare), but not always. There are also some consumer charges for most other services such as dentists, radiology and allied health (e.g. physiotherapists and counselling).

Fees at community health services will be very small but are generally only available to Health Care Card holders. Outside this, fees can be quite high for private practitioners.
**MEDICARE AUSTRALIA**

Medicare was introduced in 1984 to provide Australian residents with affordable, accessible and high-quality health care.

Medicare is based on the understanding that all Australians should contribute to the cost of health care according to their ability to pay. It is financed mainly through progressive income tax while a smaller proportion comes from an income-related Medicare levy of 1.5 per cent (with exceptions for low-income earners).

**PHARMACEUTICAL BENEFITS SCHEME (PBS)**

The Pharmaceutical Benefits Scheme (PBS) subsidises approved medications to Australians. About three-quarters of medications dispensed by Australian pharmacies are included on the PBS. The Scheme is regarded internationally as one of the most effective in the world and has successfully balanced access to reliable, effective interventions with controlling the continual pressures of rising costs.

**HEALTH SERVICE DELIVERY**

A mix of public and private sector providers deliver health care services. Some public hospitals are run and funded by state or territory governments (e.g. NSW, Queensland) while others are independent organisations with their own boards (Victoria). Private hospitals can be owned by for-profit or not-for-profit organisations such as health insurance companies or charitable organisations.

The majority of GPs and many specialists are self-employed and engaged in private practice, although many of the latter may also be employed part time or full time by hospitals. In reality, nearly all receive a considerable proportion of their private practice income from Medicare.

**PRIVATE HEALTH INSURANCE**

Consumers can purchase private health insurance to cover some of the costs of healthcare as a private patient. There are two types of private health insurance cover available: hospital and general (also called ‘ancillary’ or ‘extras’ covering things like physiotherapy and dental services)
Private health insurance is a significant source of funding of health care. Public contributions pay for private health insurance, and about half of the population has such cover. Private health insurance can allow consumers more opportunity to choose their doctor, hospital and timing of procedure. However, private hospital care can still involve significant out-of-pocket expenses (“gap fees”).

**RESEARCH**

The National Health and Medical Research Council (NHMRC) is the main funding body for health and medical research. The Commonwealth Government provides funding for public health research to continually improve the evidence for public health interventions and to contribute to a reduction of future health care costs.
In 2011/12, NSW Health was replaced by a smaller Ministry of Health, while most of the key activities of the department were devolved either to the Local Health Districts or to five health ‘Pillars’.  

A report from 2011, Future Arrangements for the Governance of NSW Health, describes the changed arrangements for health delivery in NSW.

Eight Local Health District’s cover the Sydney metropolitan region, and seven cover rural and regional NSW.

In addition, two specialist networks focus on Children’s and Paediatric Services, and Forensic Mental Health.

A third network operates across the public health services provided by three Sydney facilities operated by St Vincent’s Health: these include St Vincent’s Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph’s at Auburn.

THE FIVE PILLARS

Agency for Clinical Information
www.aci.health.nsw.gov.au
Works with health professionals, managers and the community to design and implement new models of care. The page ACI Consumer Resources includes a range of resources focusing on specific disease groups and/or services.

Bureau of Health Information
www.bhi.nsw.gov.au
Provides reports to the NSW government and community on the performance of the NSW public health system.

Clinical Excellence Commission
www.cec.health.nsw.gov.au
Aims to improve patient safety and clinical quality in NSW. They produce resources for clinicians and consumers.

Health Education and Training Institute
www.heti.nsw.gov.au
Coordinates education and training across the NSW Public Health System.

NSW Kids and Families
The fifth pillar - NSW Kids and Families - is currently being formed.
OTHER NSW HEALTH ORGANISATIONS
New South Wales Health also comprises a number of statewide or specialist health services:

**NSW Ambulance**
Responsible for the delivery of front line pre-hospital care, medical retrieval and health related transport.

**Health Infrastructure**
Health Infrastructure is supported by an Executive Board who provide overall strategic guidance in the delivery of major health projects for the state and reports to the NSW Ministry of Health Secretary.

**Health Protection NSW**
Health Protection is responsible for surveillance and public health response in New South Wales, including monitoring the incidence of notifiable infectious diseases and taking appropriate action to control the spread of diseases. It also provides public health advice and response to environmental issues affecting human health.

**HealthShare NSW**
Health Support Services provide common shared services across corporate, technology and disability services to NSW Health customers. Health Support Services include implementing the latest IT health information systems, providing payroll and accounts payable functions, supporting patient care through food and linen services and assisting people with a disability to live in the community.

**NSW Health Pathology**
A state-wide clinical and scientific service that provides quality, reliable public pathology, forensic and analytical science services across NSW.

**Office of Health and Medical Research**
The Office for Health and Medical Research (OHMR) plays a crucial role in supporting the State’s leading health and medical research efforts. OHMR helps support the broad range of outstanding health and medical research efforts being carried out in NSW.

**St Vincent’s Health Network**
Vincent’s Hospital, the Sacred Heart Hospice at Darlinghurst and St Joseph’s Hospital at Auburn have been declared a NSW Health Network

**eHealth**
eHealth NSW provides state-wide leadership on the shape, delivery and management of Information Communication Technology (ICT) led healthcare.
ILLAWARRA SHOALHAVEN HEALTH SYSTEM

The Illawarra Shoalhaven Local Health District (ISLHD) covers four Local Government Areas (LGAs); Wollongong, Kiama, Shellharbour and Shoalhaven.

The District covers a large geographic region of approximately 5,687 square kilometres and extends along 250 kilometres of coastline, from Helensburgh in the Northern Illawarra to North Durras in the Southern Shoalhaven.

The Illawarra Shoalhaven Local Health District is administered by a Chief Executive and governed by a local Board. The Board Chair reports directly to the NSW Minister for Health. Board membership includes clinicians, healthcare management experts and community representatives.

Within this district there are 9 hospitals at:

- Bulli
- Coledale
- David Berry
- Kiama
- Milton Ulladulla
- Port Kembla
- Shellharbour
- Shoalhaven
- Wollongong
There are also 13 Community Health Centres

- Bulli Community Health Centre
- Cringila Community Health Centre
- Culburra Community Health Centre
- Dapto Community Health Centre
- Illawarra Diabetes Service
- Fernhill Place Community Health Centre
- Helensburgh Community Health Centre
- Nowra Community Health Centre
- St George Basin Community Health Centre
- Sussex Inlet Community Health Centre
- Ulladulla Community Health Centre
- Warilla Community Health Centre
- Wreck Bay Community Health Centre

The District is one of the region’s largest employers with a workforce of 6,300 across the hospital sites and community settings.

In addition, there are many volunteers, auxiliaries and not-for-profit groups working with our Hospitals both in terms of fundraising or service support. For example: Wollongong Cancer Carers; the Community Cancer Link, the Friends of Wollongong Hospital and Shoalhaven, Shellharbour, David Berry and Milton Ulladulla Hospital Auxiliaries.
ISLHD SERVICES

There are an enormous number of health services offered within ISLHD. They all mostly fall under the following divisions and services:

Ambulatory and Primary Health Care Division
The Ambulatory and Primary Health Care Division covers activities and services that span prevention, management and health maintenance programs. These are delivered across three streams: Healthy People Stream (Right Time), Ambulatory Care Stream (Right Place), and Integrated Chronic Disease Management Stream (Right Care).

Healthy People Stream (Right Time)
The Healthy People Stream delivers interventions to improve the health of people in our community identified as ‘at risk’, through targeted prevention and early intervention programs. Areas of service include Violence Abuse and Neglect (VAN) Service, Youth Health / Homelessness, Health Promotion, Multicultural Health and Targeted Clinical Services.

Ambulatory Care Stream (Right Place)
The Ambulatory Care Stream provides direct nursing services in the community setting. The team works with the primary health sector and specialist services to prevent hospital admission and keep people in their home for longer. Services provided include management of acute and chronic wounds; post-operative care; palliative care; continence issues; asthma and allergy; chronic disease; and medication, in particular, anti-coagulation therapy.

Integrated Chronic Disease Management Stream (Right Care)
The Integrated Chronic Disease Management Stream (Right Care) provides access to coordinated care across the health system for people with chronic diseases. Services include the Connecting Care Chronic Disease Management Program, Illawarra and Shoalhaven Diabetes Service, Carers program, Aboriginal Chronic Care Unit and the District

Division of Aged Care
The Division of Aged Care provides District wide Aged Care Services including complex aged care inpatient services, rapid assessment beds, acute inpatient geriatric medicine, ortho-geriatric service, outpatient clinics, outreach services and care for patients awaiting residential care placement.
Division of Palliative Care
The Division of Palliative Care provides two main inpatient facilities, two specialist community based teams and consultation services to all hospitals in the District and residential aged care facilities.

Division of Rehabilitation
The Division of Rehabilitation provides District wide sub-acute rehabilitation services including impatient services, outpatient clinics, day hospital services and outreach services.

Drug and Alcohol Service
The Drug and Alcohol Service philosophy is to promote health and support change by helping to reduce the many harms that can occur as a result of drug or alcohol misuse.

Illawarra Shoalhaven Cancer and Haematology Network
The Illawarra Shoalhaven Cancer and Haematology Network comprises of three separate facilities: Illawarra Cancer Care Centre at Wollongong Hospital, Shoalhaven Cancer Care Centre at the Shoalhaven District Memorial Hospital, and Milton Community Cancer Services Centre at Milton Ulladulla Hospital.

Medicine and Emergency Division
The Medicine and Emergency Division provides services across the District and incorporates the following services and specialties: Emergency, Cardiology, Respiratory, General Medicine, Infectious Diseases, Gastroenterology, Neurology, Endocrinology and Rheumatology. Acute services are provided across Wollongong, Shellharbour, Shoalhaven, Milton Ulladulla and Bulli Hospitals.

Mental Health Division
The Mental Health Division oversees the provision of a broad range of health promotion, early intervention, assessment, treatment and rehabilitation, specialist inpatient and community based mental health services and programs across the District.

Obstetrics and Gynaecology Division
The Obstetrics and Gynaecology Division delivers services throughout the District across the entire spectrum of pregnancy and gynaecology.

Oral Health Service
The Oral Health Service provides general dental services to all children aged less than 18 years and adults who possess a Commonwealth Concession Card or Seniors Card.
**Paediatrics and Child Health**
The Division of Paediatrics and Child Health focuses on the delivery of services across the District specialising in the care of children and family health in close partnership with NSW Kids and Families.

**Renal Services Division**
The Renal Service aims to provide comprehensive medical care to patients with renal disease.

**Surgery and Critical Care Division**

**Division of Surgery**
The Division of Surgery operates across the District providing the following surgical services specialties:

- General Surgery (including Colorectal & Upper Gastrointestinal)
- Head and Neck
- Ear Nose and Throat
- Neurosurgery
- Paediatric
- Orthopaedic
- Urology
- Vascular;
- Obstetrics and Gynaecology
- Ophthalmic
- Plastics and Reconstructive

Each surgical discipline caters for planned elective and emergency services.

**Critical Care Division**
The Critical Care division operates across ISLHD provides acute care in Medical, Intensive Care and High Dependency services.

For the most recent review of ISLHD’s services and performance you can read our Annual Report ISLHD Year in Review 2014 and previous annual reports are available by request.
References


