



National Health Performance **Authority**

Presenting what few want to hear

Communicating studies of variation in
health system performance:

A case study from Australia

Adam Cresswell

Director, Communications

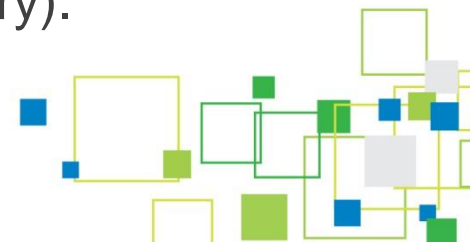
5 June 2015



Role of the NHPA



- Australia is a federation of six states and two territories. It's about the same size as the mainland US, but has 10% of the population.
- The NHPA reports against 48 indicators agreed by all nine governments (national, state and territory).



Role of the NHPA


Informing patients, supporting clinicians, driving improvements


Home
Our reports
Find hospitals
Compare hospitals
About the data
About MyHospitals

Learn about your local hospital

Search and compare performance information for more than 1,000 Australian public and private hospitals.



Compare hospitals

Use our interactive tools to compare your local hospital to other hospitals for select measures.

» Explore results



Map search

Use our interactive maps to search for Australian hospitals and explore hospital performance information.

» Go to map

Our in...

See the list of measure hos...

» About our measures


National Health Performance Authority

Home
About us
Our reports
Our work
Why reporting

Landmark report reveals costs of patient care

30 April 2015
Some public hospitals spend twice as much as others to treat acute patients.

[Hospital Performance: Costs of acute admitted patients in public hospitals in 2011-12](#)

[Media release](#)

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PLAY

Welcome

The National Health Performance Authority is an independent organisation across Australia.

We provide nationally consistent, locally relevant and drive improvements, and increase transparency and




Home
My community
National overviews
Compare communities
Our reports
Contact us

Who are Australia's frequent GP attenders?

Frequent GP attenders and their use of health services in 2012-13

Released: 19 March 2015
One in eight Australians visit a GP 12+ times a year.

Read report

Results in my community

Download ** new patient experience data 2012-13 also released today

Better information for better health services

MyHealthyCommunities is an interactive site that lets you see how your local health area is performing and how it compares against other similar areas. The website is run by the National Health Performance Authority, an independent agency that began operations in 2012. We provide nationally consistent, locally relevant and comparable information about health care services in Australia. The aim of this website is to provide information in a way that helps you to make informed decisions. By publicly reporting in this way we also aim to empower clinicians and service providers to drive improvements, and increase transparency and accountability within the health system.

How does your area compare?

My community
See how your local health area is performing

View local results

National overviews

View Australia-wide results

View results

Compare communities

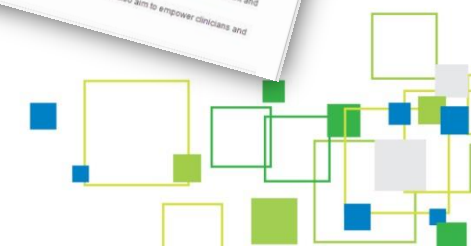
See how your local health area compares

Compare now

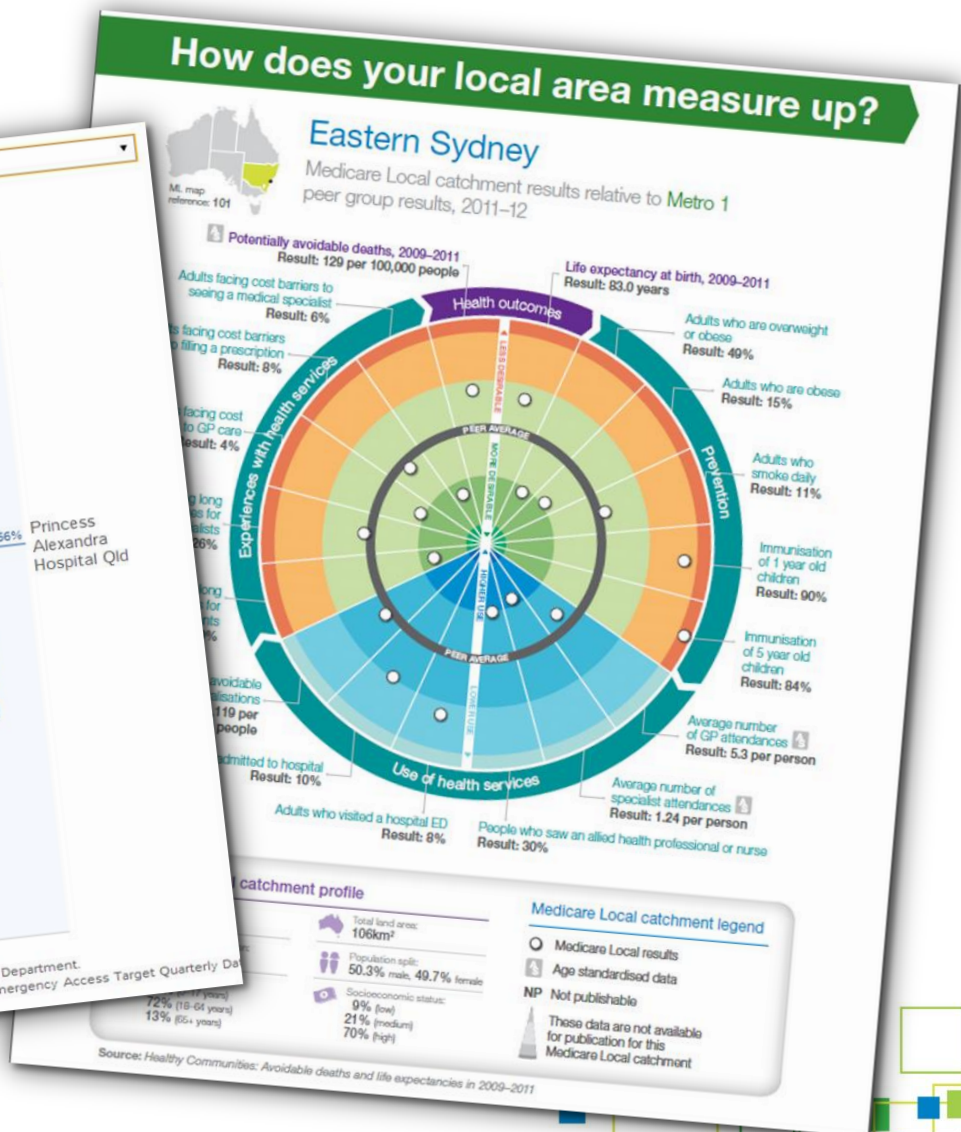
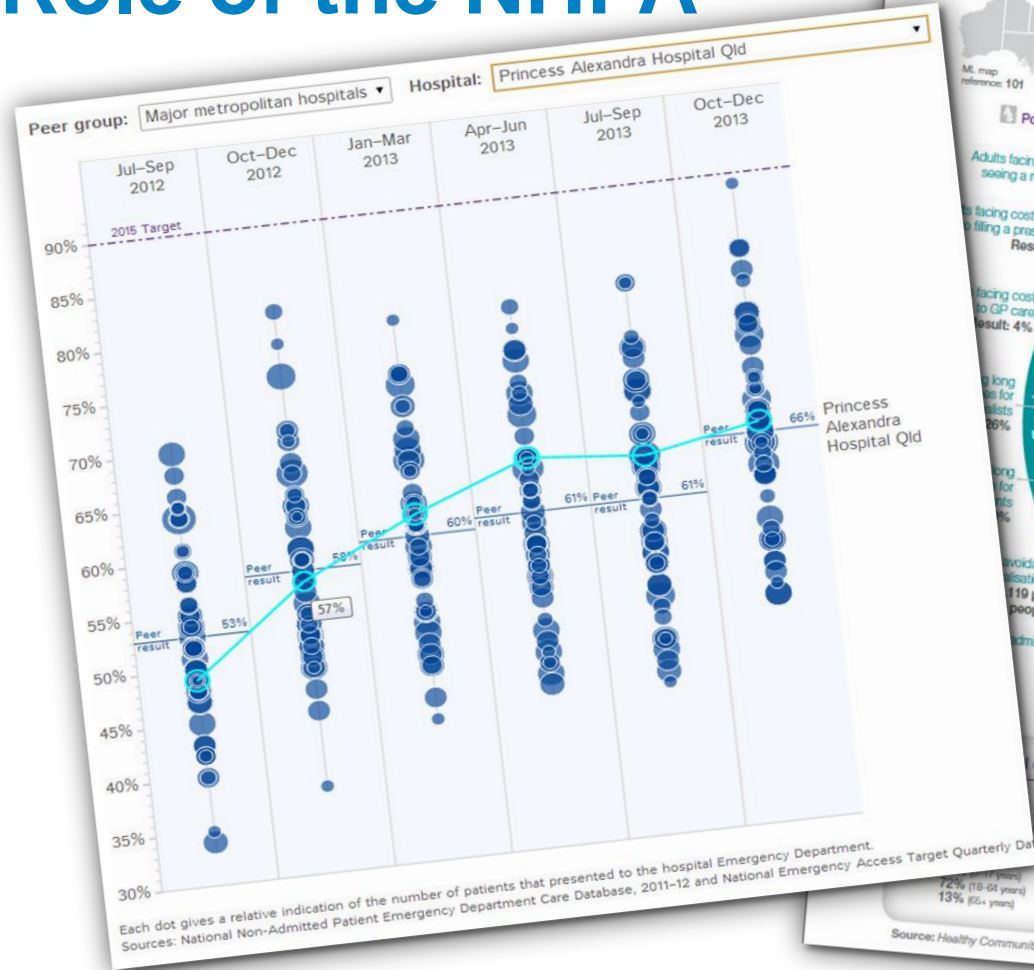
View reports

Browse existing reports or build your own

View reports



Role of the NHPA



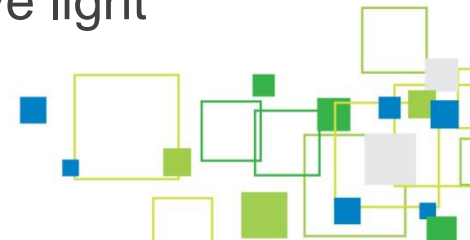
What could possibly go wrong?



**Town stalked by giant 2m tall
95 KILO kangaroo with a torn ear
who emerges from the bushes to
terrorise dog-walkers and golfers**

Daily **Mail**
AUSTRALIA

- Even something benign can be perceived as a threat if it is unexpected or unfamiliar
- When taken by surprise, people can become defensive and may fail to see things in a positive light



What could possibly go wrong? 2/2

- Dense, statistical information may fail to engage audiences if it is perceived as unclear or too confusing, or if the elements audiences want are too hard to access
- If the information is not pitched and promoted effectively, audiences may not understand how it is relevant to them



Immunisation: a case study

System performance

The capacity of systems to deliver high-quality services plays a major role in influencing the health and wellbeing of children. These indicators reflect the performance of systems in delivering quality health, development and wellbeing actions to Australia's children.

On this page

- [Childhood immunisation](#)
- [Survival for leukaemia](#)
- [Child protection re-substantiations](#)

Childhood immunisation

[Dynamic data display](#) 

The level of immunisation coverage reflects the capacity of the health-care system to provide vaccinations to children.



More than 9 in 10 (93%) 2-year-old children in Australia were fully immunised in 2011.

 The proportion of children who are fully immunised at 2 years of age has remained stable (no change).

Children who are not fully immunised are at risk of contracting vaccine-preventable diseases, such as diphtheria, tetanus, measles and polio, and the short- and long-term health consequences associated with these. Immunisation also plays a role in protecting individuals who are not immunised, through the concept of 'herd immunity'. Immunisation coverage needs to exceed 90% in order to achieve and maintain the level of herd immunity needed to interrupt the spread of vaccine-preventable diseases.

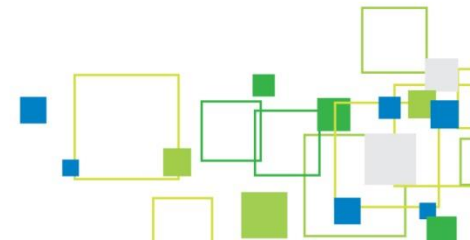
How many children are immunised?

According to the Australian Childhood Immunisation Register, 92% of 1 year olds and 93% of 2 year olds were fully immunised in 2011. There was no difference in coverage between boys and girls, and little difference between Indigenous and non-Indigenous children.

National-level figures about immunisation have been available in Australia for many years...



Australian Government
Australian Institute of
Health and Welfare



Immunisation: a case study

System performance

The capacity of systems to deliver high quality services often is a major issue in affecting the health and wellbeing of citizens. These systems often are the responsibility of systems in delivering public health, assessment and delivery, access to health care services.

Key messages

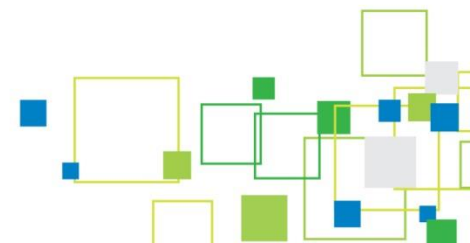
More than 9 in 10 (93%) 2-year-old children in Australia were fully immunised in 2011.

➔ The proportion of children who are fully immunised at 2 years of age has remained stable (no change).

How many children are immunised?

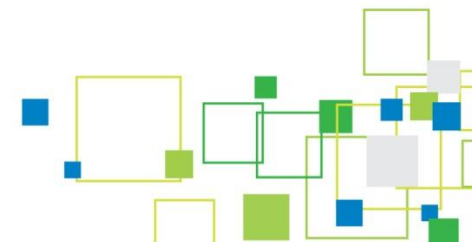
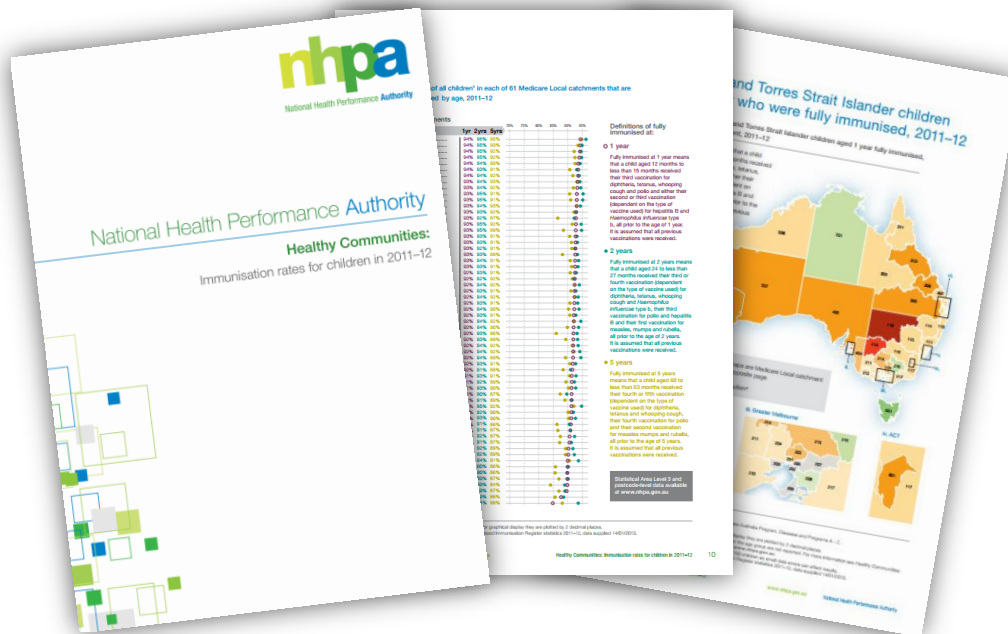
According to the national childhood immunisation register, 93% of 2-year-olds and 91% of 1-year-olds were fully immunised in 2011. There are no differences in coverage between boys and girls, and 95% difference between Indigenous and non-Indigenous children.

... but they don't tell the full story.



Immunisation: a case study

- First childhood immunisation report published April 2013; second report on the same topic March 2014
- Both reports typified the NHPA's graphics-led approaches to depicting complex information and consulting with stakeholder groups



Communications Plan



Accessibility

Language and graphics are easy to understand, reports are available in a variety of formats and platforms, and health performance information is made available in a timely manner

The Performance Authority aims to present health performance information in ways that maximise comprehension of our findings, and to ensure that information is easily accessible to stakeholders.

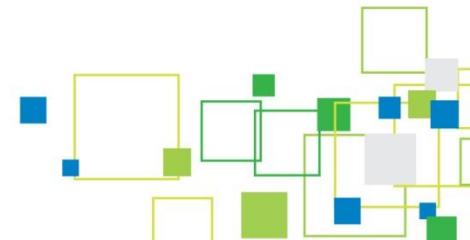


Figure 3: Percentages of all children¹ in each of 61 Medicare Local catchments that are fully immunised by age, 2011-12

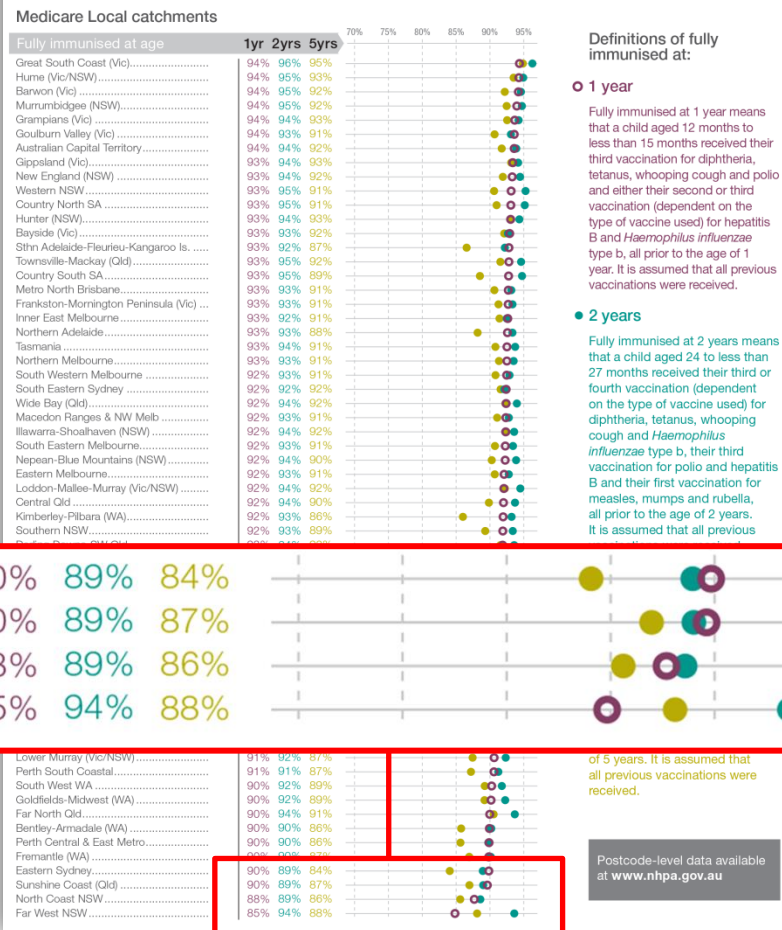
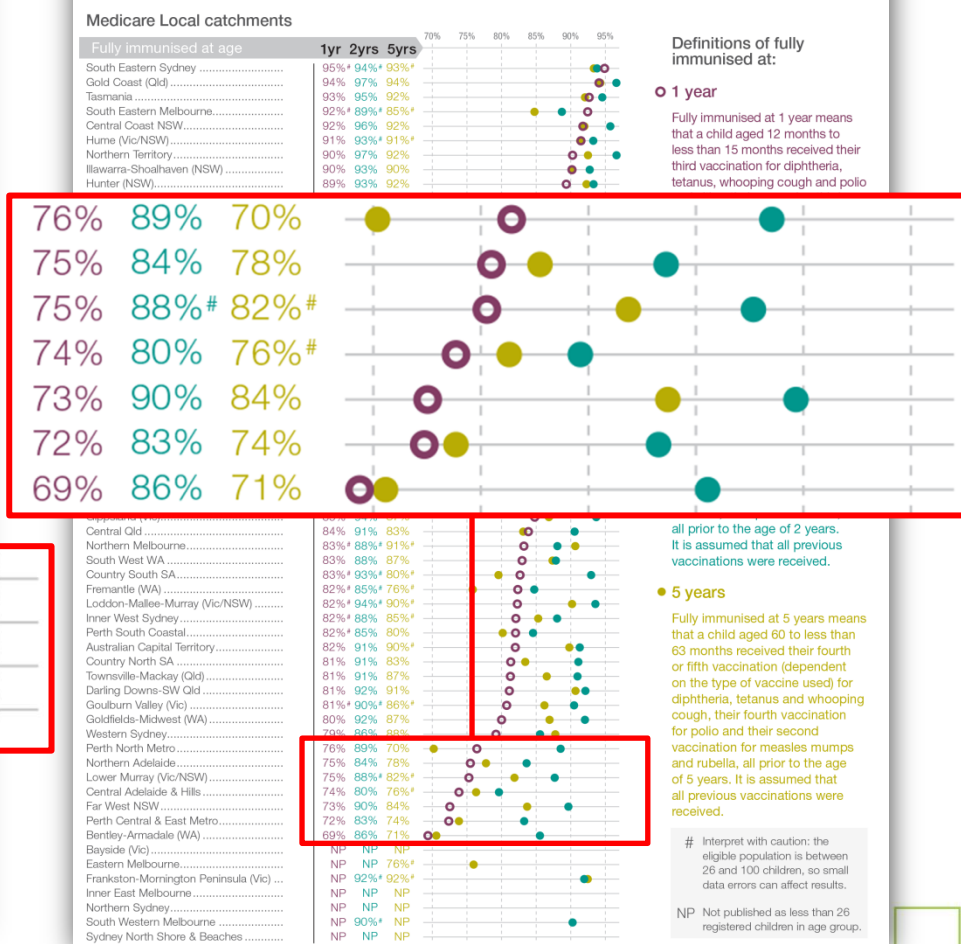
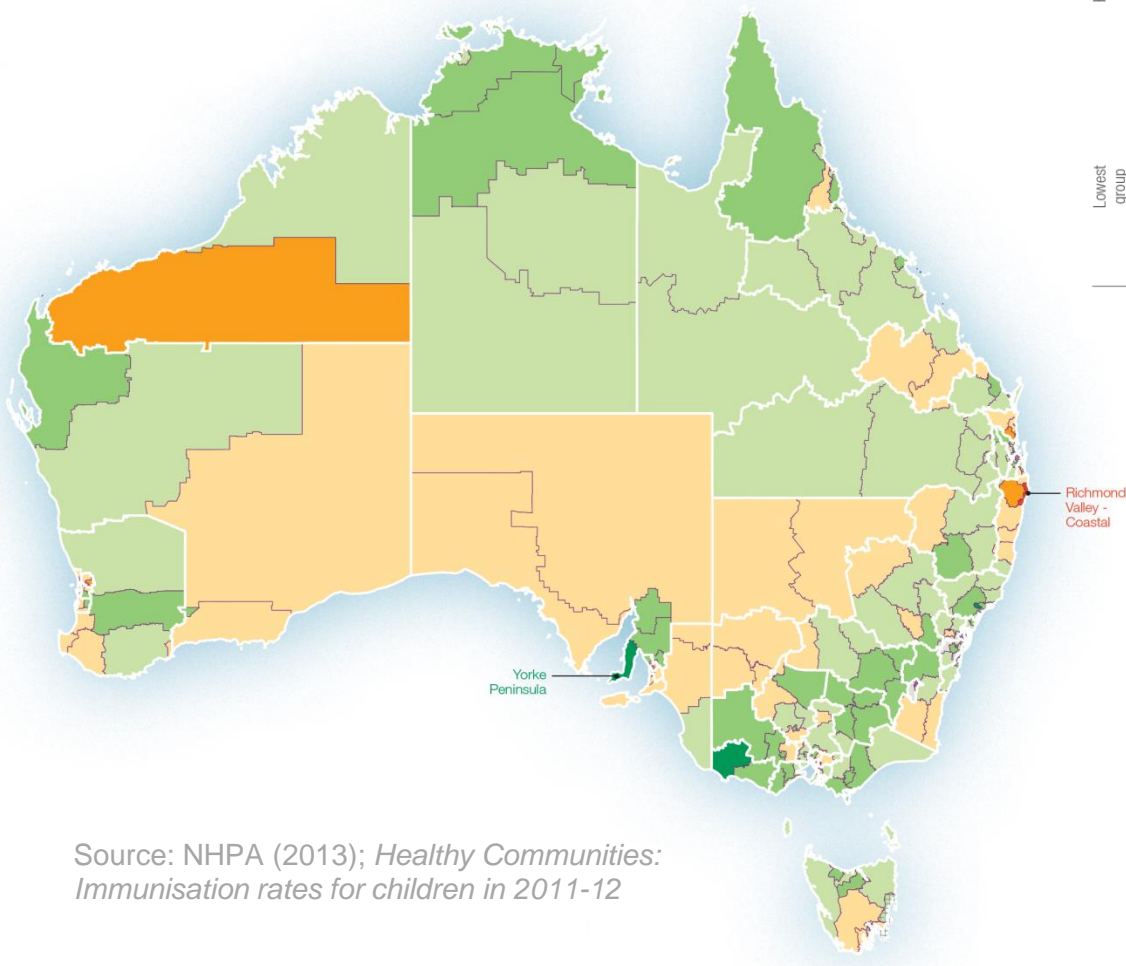


Figure 5: Percentages of Aboriginal and Torres Strait Islander children¹ in each of 61 Medicare Local catchments that are fully immunised by age, 2011-12



Source: NHPA (2013); *Healthy Communities: Immunisation rates for children in 2011-12*

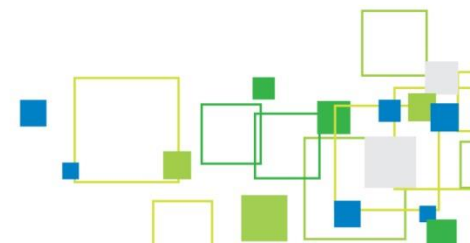
Percentages of children aged 5 years fully immunised, by statistical area¹, 2011-12



	Children in group ³	Fully immunised	Not fully immunised	
Highest group	95 to 100%	1,714	1,637	77
	93 up to 95%	191,119	175,091	16,028
	90 up to 93%	92,138	80,581	11,557
Lowest group	85 up to 90%	11,660	9,716	1,944
	80 up to 85%	1,023	806	217
	75 up to 80%	1,699	1,446	253
	Not published ³	1,699	1,446	253
Total	299,352	269,277	30,075	

-  Medicare Local catchment boundary
-  ABS Statistical Area Level 3 (SA3) boundary
-  Highest % fully immunised
-  Lowest % fully immunised
-  Interpret with caution⁴

Source: NHPA (2013); *Healthy Communities: Immunisation rates for children in 2011-12*



Child immunisation by SA3 summary

Child immunisation by SA3

Glossary

Select state/territory:

NSW

Results below show the percentages of all children fully immunised and numbers not fully immunised for children aged 1, 2 and 5 years in 2011-12 and 2012-13

Statistical area (SA3)	2011-2012						2012-13 (latest)					
	1 year		2 years		5 years		1 year		2 years		5 years	
	% fully immunised	No. not fully immunised	% fully immunised	No. not fully immunised	% fully immunised	No. not fully immunised	% fully immunised	No. not fully immunised	% fully immunised	No. not fully immunised	% fully immunised	No. not fully immunised
Albury	94.1	46	95.3	38	94.3	46	93.2	47	94.7	41	93.3	52
Armidale	93.3	29	91.1	36	90.7	46	90.7	40	94.6	24	91.9	35
Auburn	89.7	142	89.7	134	87.6	130	86.2	206	89.7	139	89.6	123
Bankstown	90.6	245	93.0	190	90.6	250	89.5	284	91.9	212	92.8	202
Bathurst	95.3	29	95.5	24	93.1	44	94.1	33	95.9	25	95.3	28
Baulkham Hills	92.8	121	92.9	130	91.1	183	92.7	120	92.9	125	92.0	166
Blacktown	91.1	188	92.9	154	91.6	170	92.6	156	92.0	167	93.4	133
Blacktown - North	94.4	74	94.8	68	92.2	105	93.7	85	94.8	71	93.7	94
Blue Mountains	89.0	101	91.2	85	85.4	141	88.8	100	89.0	99	89.3	114
Botany	94.3	31	91.6	48	89.2	53	88.4	66	93.9	33	90.9	48
Bourke - Cobar - Coonamble	86.3	55	95.2	21	86.6	56	87.4	54	93.3	28	92.1	31
Bringelly - Green Valley	91.9	103	92.1	102	90.3	136	90.9	116	93.7	81	93.4	89

Child immunisation by age group:

1 year

No. not fully immunised: less than 85.0% Range

Child immunisation by age group:

2 years

No. not fully immunised Range

Click on a column heading to sort results by that column

Child immunisation by age group:

5 years

State/Territory	Postcode	Year	% fully immunised	No. not fully immunised	Range
NSW	1368	2012-13	81.5*	NP	less than 85.0%
	2000		72.1	31	less than 85.0%
	2001		80.6*	6	less than 85.0%
	2007		71.8*	11	less than 85.0%
	2009		81.3*	18	less than 85.0%
	2010		77.0*	23	less than 85.0%
	2016		81.2*	13	less than 85.0%
	2017		82.4	19	less than 85.0%
	2021		81.8	28	less than 85.0%
	2026		84.2	62	less than 85.0%
	2027		82.8*	11	less than 85.0%
	2028		73.5*	9	less than 85.0%
	2030		84.5	30	less than 85.0%
	2038		81.1	25	less than 85.0%
	2050		79.4*	13	less than 85.0%
	2060		73.6*	23	less than 85.0%
	2061		54.3*	16	less than 85.0%
	2067		83.8	49	less than 85.0%
	2069		84.0	37	less than 85.0%
	2071		83.0	26	less than 85.0%
	2075		84.1	41	less than 85.0%

Part of the Immunisation interactive on MyHealthyCommunities.gov.au

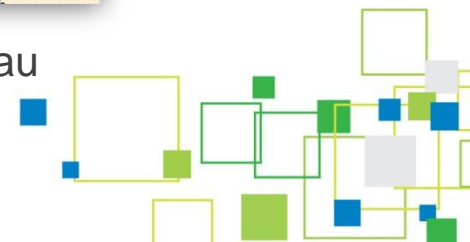


Table 3: Statistical areas (SA3) with the highest and lowest percentages of all children aged 5 years fully immunised, 2012-13

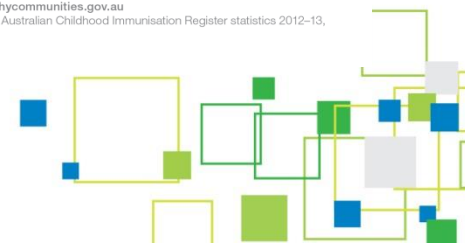
State/Territory	Statistical area	Medicare Local catchment ¹	Percentage fully immunised	Number not fully immunised
NSW	Tumut-Tumbarumba	Murrumbidgee	95.6%	20
Vic	Glenelg-Southern Grampians	Great Southern	95.6%	12
Vic/NSW	Loddon-Elmore	Loddon-Mallee	95.5%	46
NSW	Lake Macquarie-East	Hunter	95.4%	18
NSW	Camden	South West	95.3%	28
NSW	Tamworth-Gunnedah	New England	95.3%	17
NT	East Arnhem	Northern Territory	95.2%	40
Vic	Wellington	Gippsland	95.2%	49
NSW	Broken Hill and Far West	Far West NSW	95.2%	25
NSW	Maitland	Hunter	95.2%	35
Vic	Macedon Ranges	Macedon Ranges & NW Melb	95.1%	17
NSW	Bathurst	Western NSW	95.1%	15
NT	Katherine	Northern Territory	95.1%	30
Qld	Ipswich Hinterland	West Moreton-Oxley	95.1%	116
NSW	Dapto-Port Kembla	Illawarra-Shoalhaven	95.1%	36
Vic	Sunbury	Macedon Ranges & NW Melb	95.1%	67
Vic	Grampians	Grampians	95.1%	64
SA	Mid North	Country North SA	95.1%	76
NSW	Great Lakes	Hunter	95.1%	88
NSW	Lithgow-Mudgee	Western NSW, Nepean-Blue Mountains	95.1%	111
Vic	Port Phillip	Bayside	95.1%	36
NT	Darwin Suburbs	Northern Territory	86.1%	112
Qld	Surfers Paradise	Gold Coast	86.0%	36
Vic	Stonnington-West	Bayside	85.7%	67
WA	Fremantle	Fremantle	85.6%	64
Vic	Melbourne City	Inner NW Melbourne, Bayside	85.4%	76
Qld	Sunshine Coast Hinterland	Sunshine Coast	85.3%	88
Qld	Nambour-Pomona	Sunshine Coast	85.3%	111
Tas	Huon-Bruny Island	Tasmania	84.7%	36
Qld	Gold Coast Hinterland	Gold Coast	84.5%	37
NSW	Eastern Suburbs-North	Eastern Sydney	84.4%	227
NSW	North Sydney-Mosman	Sydney Nth Shore & Beaches	83.4%	156
NSW	Sydney Inner City	Inner West Sydney, Eastern Sydney	83.3%	184
NSW	Richmond Valley-Coastal	North Coast NSW	78.8%	200

1. Any Medicare Local catchment containing at least 5% of the SA3 estimated resident population as at 30 June 2011 is listed. Results are provided for the 20 SA3s with the highest and lowest percentages of children aged 1 year fully immunised which have more than 100 registered children. For interactive results at SA3 level see www.myhealthycommunities.gov.au
 Source: National Health Performance Authority analysis of Department of Human Services, Australian Childhood Immunisation Register statistics 2012-13, data supplied 6 February 2014.

Table 4: Postcodes with the highest and lowest percentages of all children aged 5 years fully immunised, 2012-13

Postcode	Suburbs	Medicare Local catchments ¹	Percentage fully immunised
2559	Back Creek, Narrabri, Narrabri (NSW) and 10 others	New England (NSW)	97.8%
5093	Para Vista and Valley View (SA)	Northern Adelaide	97.1%
2282	Eleebana, Lakelands and Warners Bay (NSW)	Hunter (NSW)	97.1%
3224	Leopold and Moolap (Vic)	Barwon (Vic)	97.1%
3042	Airport West, Keilor Park, Niddrie and Niddrie North (Vic)	Inner NW Melbourne, Macedon Ranges & NW Melb	97.0%
3305	Allestree, Gorae, Portland (Vic) and nine others	Great South Coast (Vic)	97.0%
2281	Blacksmiths, Nords Wharf, Swansea (NSW) and eight others	Hunter (NSW)	96.9%
3400	Horsham (Vic)	Grampians (Vic)	96.9%
2337	Belltrees, Moobi, Scone (NSW) and 22 others	Hunter (NSW)	96.9%
7018	Bellerive, Howrah, Rosny, Warrane (Tas) and four others	Tasmania	96.9%
4037	Eatons Hill (Qld)	Metro North Brisbane	96.8%
3840	Hazelwood, Jeeralang, Morwell (Vic) and five others	Gippsland (Vic)	96.8%
3049	Attwood and Westmeadows (Vic)	Northern Melbourne	96.7%
4567	Castaway Beach, Noosa Heads (Qld) and two others	Sunshine Coast (Qld)	96.7%
2000	Haymarket, Sydney, The Rocks (NSW) and five others	Eastern Sydney	72.1%
2483	Brunswick Heads, Ocean Shores (NSW) and 12 others	North Coast NSW	70.2%
2481	Broken Head, Byron Bay (NSW) and seven others	North Coast NSW	66.7%
5076	Athelstone and Castambul (SA)	Central Adelaide & Hills	82.1%
6148	Ferndale, Riverton, Shelley (WA) and one other	Bayley-Armadale (WA)	81.9%
2021	Centennial Park, Moore Park and Paddington (NSW)	Eastern Sydney	81.8%
5066	Beaumont, Burnside, Erindale (SA) and four others	Central Adelaide & Hills	81.7%
0810	Casuarina, Jingili, Wanguri (NT) and 13 others	Northern Territory	81.7%
2150	Harris Park and Parramatta (NSW)	Western Sydney	81.2%
2038	Annandale (NSW)	Inner West Sydney	81.1%
2484	Cedar Creek, Murwillumbah (NSW) and 55 others	North Coast NSW	80.6%
2095	Manly and Manly East (NSW)	Sydney Nth Shore & Beaches	80.4%
2000	Haymarket, Sydney, The Rocks (NSW) and five others	Eastern Sydney	72.1%
2483	Brunswick Heads, Ocean Shores (NSW) and 12 others	North Coast NSW	70.2%
2481	Broken Head, Byron Bay (NSW) and seven others	North Coast NSW	66.7%

1. Any Medicare Local catchment containing at least 5% of the postcode's estimated resident population as at 30 June 2011 is listed. Results are provided for the 20 postcodes with the highest and lowest percentages of children aged 5 years fully immunised which have more than 100 children registered. For interactive results at postcode level see www.myhealthycommunities.gov.au
 Source: National Health Performance Authority analysis of Department of Human Services, Australian Childhood Immunisation Register statistics 2012-13, data supplied 6 February 2014.



inFocus
Hospital Performance

Healthcare-associated *Staphylococcus aureus* bloodstream infections in 2013-14

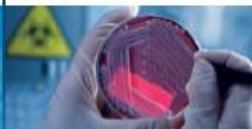
Published April 2015

This report presents rates of healthcare-associated bloodstream infections in Australia's biggest public hospitals caused by a bacterium called *Staphylococcus aureus*.

Although commonly found on the skin of healthy people, *Staphylococcus aureus* (*S. aureus*) can cause serious illness if it gets into the bloodstream. Evidence suggests 20% to 35% of people with this sort of infection die from it or a related cause.¹⁻⁴ *S. aureus* bloodstream infections contracted while in hospital are considered potentially preventable and hospitals aim to have as few of these infections as possible.

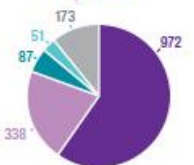
In 2013-14, there were 1,621 cases of healthcare-associated *S. aureus* reported as being acquired while receiving care in a public hospital – around 100, nearly 6%, fewer cases than in 2012-13. Since 2012-13, there were 44 fewer cases in major hospitals with more vulnerable patients, 44 fewer cases in major hospitals with fewer vulnerable patients and 17 fewer cases in large hospitals with fewer vulnerable patients. The number of cases increased by 10 in large hospitals with more vulnerable patients.

The report highlights variation in infection rates across major and large hospitals. Among major hospitals with more vulnerable patients the rate of infection varied more than three-fold. At major hospitals with fewer vulnerable patients the rates showed a similar level of variation.



Healthcare-associated *Staphylococcus aureus* bloodstream infections reported in Australian public hospitals

Total cases in 2013-14:
1,621



- Major hospitals, more vulnerable patients
- Major hospitals, fewer vulnerable patients
- Large hospitals, more vulnerable patients
- Large hospitals, fewer vulnerable patients
- Other hospitals

Number of reported cases of healthcare-associated *Staphylococcus aureus* bloodstream infections, by peer group, 2011-12 to 2013-14



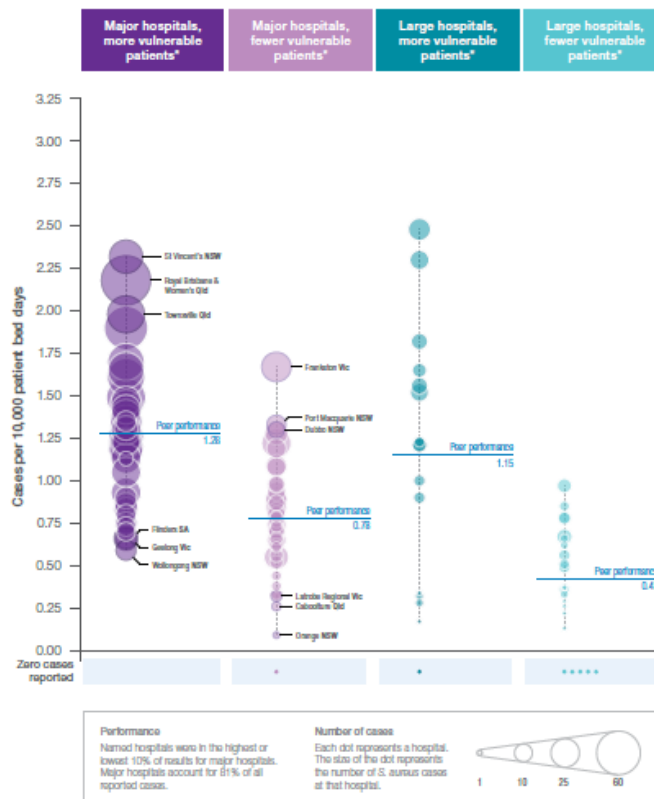
MyHospitals
www.myhospitals.gov.au

Information on healthcare-associated *S. aureus* bloodstream infections for more than 130 private and 560 public hospitals is available at www.myhospitals.gov.au

* Sources and references can be found in the Technical Note at www.myhospitals.gov.au/publications

Visit www.myhospitals.gov.au for more detailed results

Figure 1: Healthcare-associated *S. aureus* bloodstream infections in public hospitals, by major and large hospitals, 2013-14



The government-agreed target calls for a rate of no more than 2.0 healthcare-associated *S. aureus* bloodstream infections per 10,000 patient bed days for each state and territory.

* More and fewer vulnerable patients refers to hospitals deemed to have, for their peer group, a high or low percentage of patient bed days under surveillance attributable to patients with one or more of the identified risk factors. Risk factors were not weighted to account for differences in the degree to which each factor contributes to risk of *S. aureus* infection. For more information on measures and peer groups, see the Technical Note www.myhospitals.gov.au
Source: National Health Performance Authority analysis of Australian Institute of Health and Welfare, National *Staphylococcus aureus* (S aureus) Data Collection 2013-14, data extracted 24 December 2014 and Australian Institute of Health and Welfare, Admitted Patient Care National Minimum Dataset 2011-12, data extracted 26 March 2012.

Peer groups based on risk of infection



Preparations: anticipating concerns

Governments and system managers:

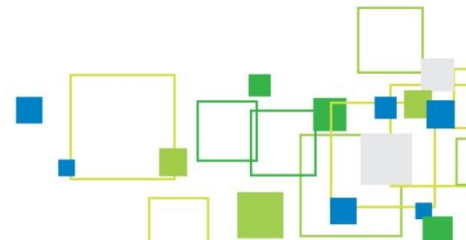
- Reputational concerns, may request extra caveats or criticise methodology

Provider organisations and professional associations:

- Concerns that results at the lower end of performance may be seen to reflect on their staff or members

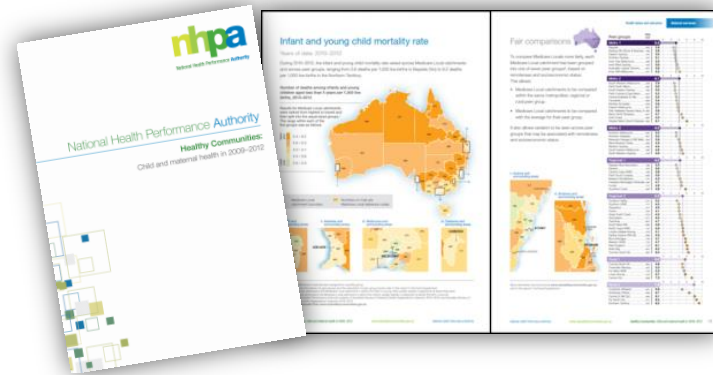
Media:

- “There will always be variation – so what?” “What does it mean?”
“Tell me something I don’t know”

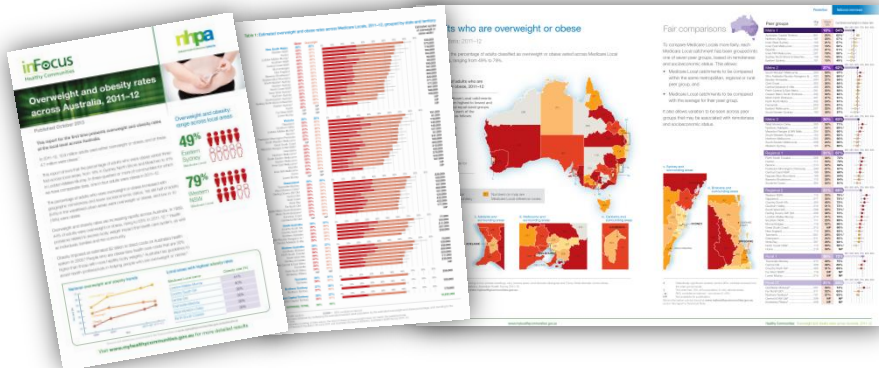


Selecting the right product

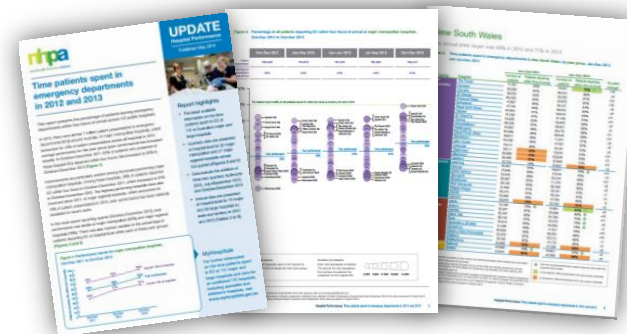
- We have developed a suite of report products that are suitable for various topics and contexts



Full-length ('flagship') report
(supported by Technical Supplement)



'In Focus' 6-page report
(supported by Technical Note)



'Update' web-only pdf report



Supporting products: infographics

In 2012-13: **13%** of Australians were very high and frequent GP attenders. They accounted for **\$6.5b (41%)** of non-hospital Medicare expenditure.

Very high and frequent GP attenders have a high need for quality coordinated primary and hospital care.

Very high GP attenders visit a GP 20 or more times a year. They are a group that are generally quite unwell and also see a greater number of other service providers.

89% of very high attenders had at least one long-term health condition. **64%** of very high attenders rated their health fair or poor.

9 out of 10 had pathology episodes, averaging 6 per person. 7 out of 10 had specialist attendances, averaging 5 per person. 4 out of 10 visited an emergency department.

Population rates of very high and frequent GP attenders across Australia

Among higher-income inner-city catchments (Metro 1), the percentage of very high and frequent GP attenders was **7.1% in Australian Capital Territory** compared to **14.5% in Inner West Sydney**.

Among lower-income regional areas (Regional 2), the percentage of very high and frequent GP attenders was **8.3% in New England (NSW)** and **South West WA** compared to **15.3% in Wide Bay (Qld)**.

www.myhealthycommunities.gov.au

In 2011-12: Some public hospitals spent **twice as much money** as others to provide a **similar service to similar groups of acute patients**.

This ranged across major regional hospitals: **\$3,600 – \$5,300**

Latrobe Regional Hospital (Vic) Hervey Bay Hospital (QLD)

Measuring costs alone cannot provide insights into patient outcomes. This new information provides a starting point for hospitals to learn more about their efficiency opportunities. Costs that are not comparable across hospitals are not included, such as building and major equipment costs.

Landmark report

www.myhospitals.gov.au

In 2011-12: The costs of knee replacement surgery (without complications) were **3x higher** depending on the hospital. With an average cost of **\$18,800** at major metropolitan hospitals.

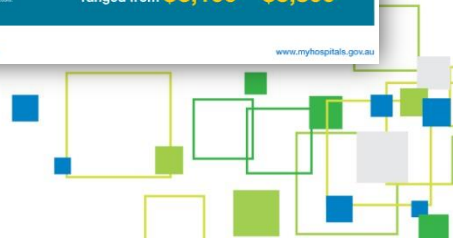
Measuring costs alone cannot provide insights into patient outcomes. This new information provides a starting point for hospitals to learn more about their efficiency opportunities. Costs that are not comparable across hospitals are not included, such as building and major equipment costs.

www.myhospitals.gov.au

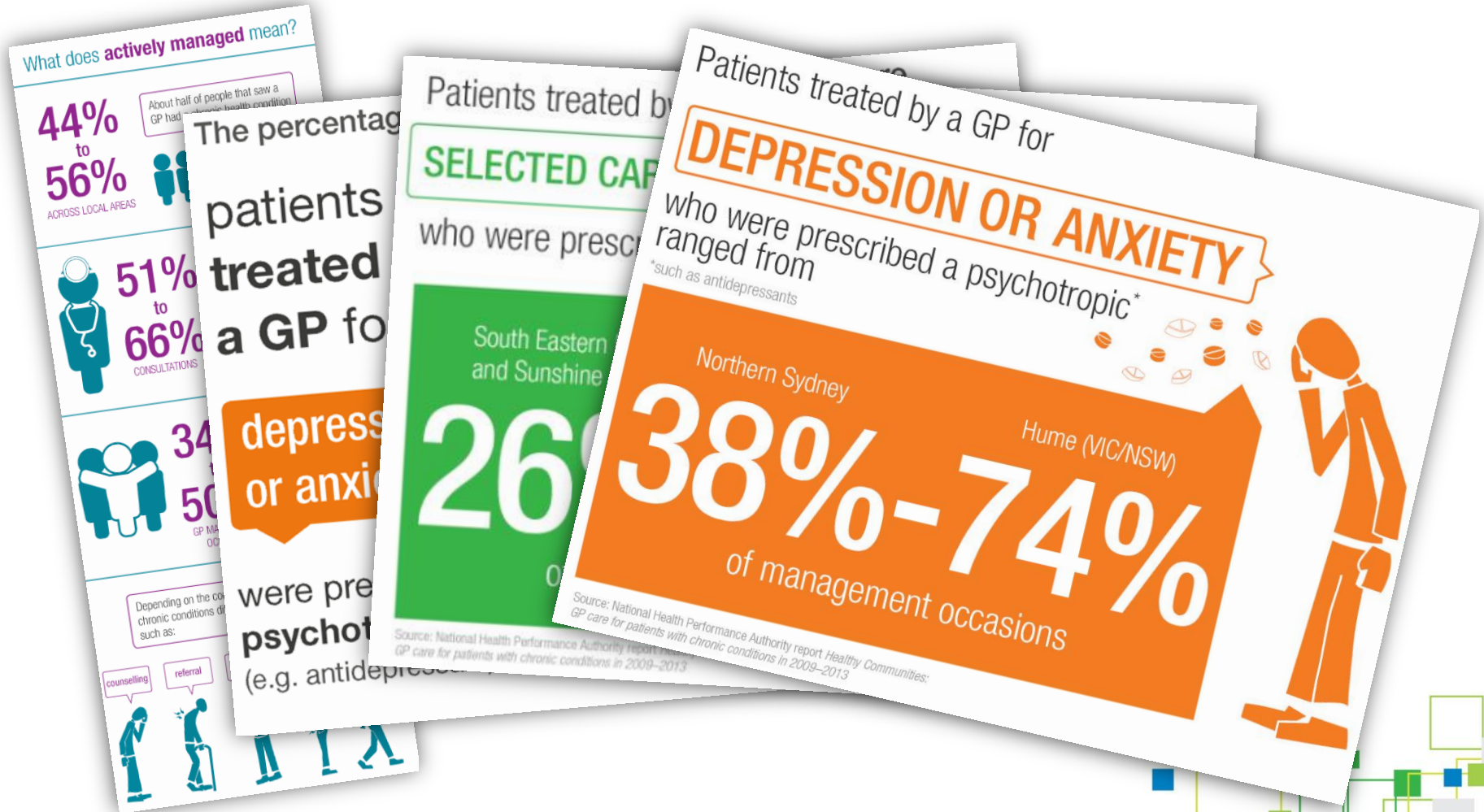
In 2011-12: The cost to treat similar acute patients can be almost **2x as high** depending on the hospital. The costs incurred by public hospitals to deliver a notional 'average' service to acute admitted patients ranged from **\$3,100 – \$5,800**.

Measuring costs alone cannot provide insights into patient outcomes. This new information provides a starting point for hospitals to learn more about their efficiency opportunities. Costs that are not comparable across hospitals are not included, such as building and major equipment costs.

www.myhospitals.gov.au



Supporting products: infographics



Engagement and Consultation Plan



Guiding principles

This plan focuses on the principles that provide the foundation for the Performance Authority's approach to stakeholder relationships. These principles assist in focusing our resources and guiding our activities. Their application ensures that the Performance Authority maximises the impact of our work. They also reflect our commitment to the Performance Authority's values of respect, independence, excellence and insight.

Consultation

We undertake broad stakeholder consultation to help inform our strategic direction

The Performance Authority consults with a broad range of stakeholders through various mechanisms to achieve widespread engagement with our work. We have established a number of committees to ensure effective consultation including the Jurisdictional Advisory Committee, the Primary Care Advisory Committee, the Performance and Accountability Work Indicator Working Group and the Advisory Committee for Hospitals.

The Performance Authority consults with stakeholders through various processes undertaken to conceptualise, develop content and present information to stakeholders. We engage with selected stakeholders who are invited to advisory committees during the report development process to ensure it meets audiences' needs. In consideration of all feedback received from stakeholders, we ensure our value of independence.

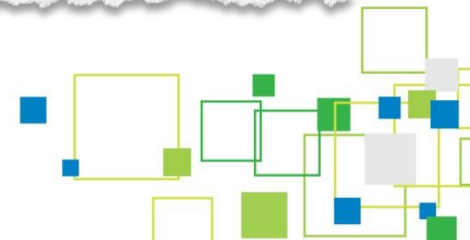
Table 1: Core engagement and consultation principles and strategies

CONSULTATION	RESPECT	COLLABORATION
<p>Guiding principles</p> <p>Stakeholders – those affected by information and those who are accurately identified in Performance processes</p> <p>Stakeholders are given the opportunity to review information and provide comment and release</p> <p>The Authority exercises control over its reports in order to ensure independence</p> <p>How does this look like?</p>	<p>Performance information is delivered to all jurisdictions, primary health care organisations and private hospitals, at the same time</p> <p>Pre-release access ensures that stakeholders are prepared for public release</p>	<p>Relationships with data organisations are fostered and maintained effectively</p> <p>Available datasets are accessed to provide comparable health information at a local level</p> <p>Opportunities are taken to combine data in new and meaningful ways</p>

Respect

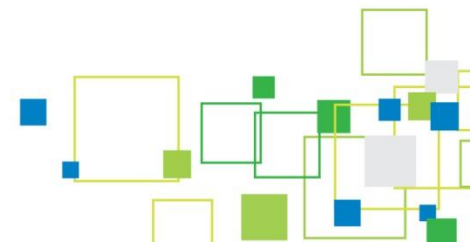
We identify stakeholders in a timely way and engage with them through the most appropriate mechanisms

Respect in the context of engagement and consultation manifests in a number of ways. **The Performance Authority seeks to ensure that appropriate experts and organisations are offered opportunities to review and reflect on proposed approaches to particular reports. In doing so, the Performance Authority seeks to ensure suitable time is allowed for such review. The Performance Authority evaluates these review processes at regular intervals.**



Identifying key stakeholders

- Ministers for Health (state, territory, national)
- Departments of Health (state, territory, national)
- Provider organisations (hospitals, primary care)
- Relevant topic-specific experts and expert bodies
- Academics and research institutes
- Relevant professional associations
- Consumer organisations and representatives
- Media



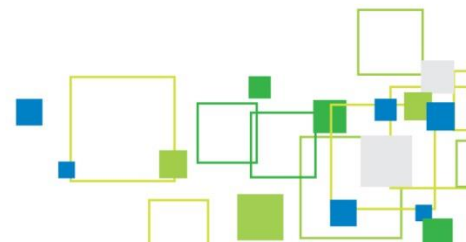
Preparations for report release

Key Dates
Healthy Communities: Childhood Immunisation & HPV 2013-14
Preliminary key dates as at 13 May 2015

Activity	Due date	Due date	Terminations
Data requirements developed & graphs & report template	21 Apr 15	29 Apr 15	Completed - outputs to be
Visible requirements brief completed and supplies to crime	21 Apr 15	29 Apr 15	Completed - outputs to be
Workshop workshop (name 1)	TBD	4 May 15	
Final draft (Words to Executive Director & Comms Director)	1 May 15	11 May 15	
Final draft of report to CEO	4 May 15	15 May 15	
Technical Supplement to Comms (Words for proofing)	8 May 15	22 May 15	
Final text to Executive Director & Comms Director	15 May 15	22 May 15	
Final text to CEO	15 May 15	1 Jun 15	
Technical Supplement to Comms for layout	20 May 15	5 Jun 15	
Final report text to Comms (Words for proofing)	29 May 15	5 Jun 15	
Final report text to Comms (Words for layout)	1-12 Jun 15	22 Jun 15	
Design time (PDF final begins) includes automation & review	15-16 Jun 15	24 Jun 15	
Final QA round	17 Jun 15	24 Jun 15	
Production completion date (Report and Tech Supp ready for print)	17 Jun 15	24 Jun 15	
Final QA PDF starts	22 Jun 15	29 Jun 15	
Final QA PDF finishes	22 Jun 15	29 Jun 15	
Report and Tech Supp	22 Jun 15	29 Jun 15	
Send report to Board Chairman for comment & Ministers letter for approval	24 Jun 15	1 Jul 15	
Executive Director sign-off final report	24 Jun 15	1 Jul 15	
CEO sign-off final report	1 Jul 15	1 Jul 15	
Finalisation of report outputs, infographics, Twitter & web	1 Jul 15	5 Jul 15	
CEO approval to proceed with release	2 Jul 15	9 Jul 15	
Deadline for providing PDF report & Technical Supplement to Online	5 Jul 15	13 Jul 15	
Letters to JAC	6-10 Jul 15	13 Jul 15	
Pre-release begins - DGs	10 Jul 15	TBD	
Web verification pre-release period	TBD	Verific dates TBD	
Feedback window for web and PDF report comments ends	TBD	Verific dates TBD	
Media preparation for CEO/ED commences	16 Jul 15	23 Jul 15	
Comms finalise media release with CEO/ED	16 Jul 15	23 Jul 15	
Deadline for providing PDF report, media release, Tech sup for embargo	16 Jul 15	23 Jul 15	
Access to report provided to Ministers	16 Jul 15	23 Jul 15	
Advisory Committee briefing teleconference	20 Jul 15	27 Jul 15	
Jurisdictional experts teleconference	20 Jul 15	27 Jul 15	
Stakeholder teleconference briefing	21 Jul 15	28 Jul 15	
Media embargo commences	23 July 2015	30 July 2015	
Report release	5 Aug 15	12 Aug	

Send report to Board Chairman for comment & Ministers letter for approval
Executive Director sign-off final report
CEO sign-off final report
Finalisation of report outputs, infographics, Twitter & web
CEO approval to proceed with release
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Feedback window for web and PDF report comments ends
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Comms finalise media release with CEO/ED
Deadline for providing PDF report, media release, Tech sup for embargo
Access to report provided to Ministers
Advisory Committee briefing teleconference
Jurisdictional experts teleconference
Stakeholder teleconference led by CEO/ED
PHN stakeholder teleconference briefing
Media embargo commences
Report release

- Key dates document drawn up for each report
- Highlighted entries show tasks that are focused on stakeholder preparation and engagement



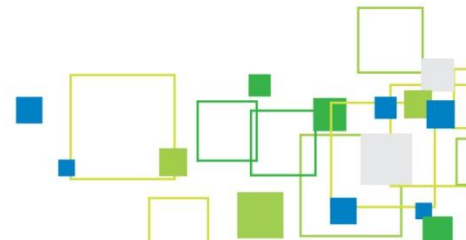
Preparations for report release 2/4

Governments (Departments of Health):

- Given confidential access to website and report document 17 days before public release
- Five-day window to provide feedback, in time to make final changes to report content if needed
- Teleconference briefing to nominated experts to explain findings and approach, one week before public release

Report advisory group members:

- Confidential access to report document, and teleconference briefing one week before public release



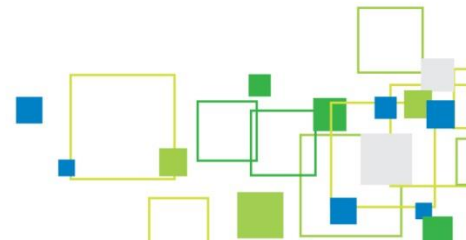
Preparations for report release 3/4

Report-specific stakeholders (eg primary health care organisations):

- May involve briefing of peak body if applicable
- May involve webinar briefing (WebEx) offered to all organisations (eg 61 Medicare Locals, 31 Primary Health Networks)

Report advisory group members:

- Confidential access to report document, and teleconference briefing one week before public release



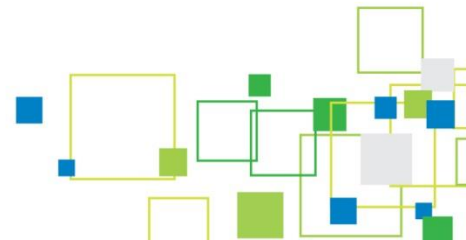
Preparations for report release 4/4

General stakeholders (associations, academics, consumers):

- Confidential access to report document provided just before a teleconference briefing, three days before public release
- May involve two such briefings if the list of stakeholders is very long or if they fall into distinct categories (eg financial services professionals and health professionals)

Media:

- Embargoed access to report document provided 48 hours before public release
- Embargoed media release available from this point



Immunisation reports: the outcomes



- High media interest in 2013 report: >700 media articles in first 30 days
- Audience reach >26 million
- Triggered 'No Jab, No Play' campaign by Australia's top-selling newspaper, seeking tougher childcare laws



The Sydney Morning Herald
No vaccine, no school, insists doctors' chief

Jonathan Swan and Amy Corteser

Unvaccinated children should be barred from attending school, says the Australian Medical Association's federal president, who also wants groups opposing anti-vaccination laws to be punished.

The Australian Medical Association (AMA) has called for a ban on unvaccinated children from attending school, saying it is a "precondition for national immunisation success."

AMA president Jonathan Swan said unvaccinated children should be barred from attending school, saying it is a "precondition for national immunisation success."

Swan said the AMA has "strongly opposed" any move to allow unvaccinated children to attend school, saying it would "put the health of all children at risk."

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The West Australian
IMMUNISATION CONCERNS
10,000 WA kids at risk of diseases

By Rhonda King

A snapshot of immunisation rates in Australia has found more than 10,000 WA children are not fully immunised, leaving them exposed to contagious diseases such as whooping cough, measles and mumps.

The National Health Performance Authority (NHPA) said that the Department of Health has been forced to fund more than 10,000 extra doses of vaccines to ensure every child in Western Australia has the correct immunisation status.

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The Sydney Morning Herald
Law limiting daycare places to vaccinated children passes state cabinet

By Melissa Davery

Parents will be forced to vaccinate their children or register for an exemption to send them to childcare under a change to the Children's Facilities Act in New South Wales.

The change, which is expected to pass through parliament on Monday night, will mean that parents of children aged 0 to 12 who do not have their child fully vaccinated or registered for an exemption will be unable to enrol their child in any childcare facility.

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Immunisation reports: the outcomes 2/4

Our immune deficiency Queensland parents lead country in rejecting jabs

LAURA CHALMERS

QUEENSLAND parents are leading the nation in refusing to vaccinate their children, with more than 4000 parents raising ethical objections to immunisation in new data released today.

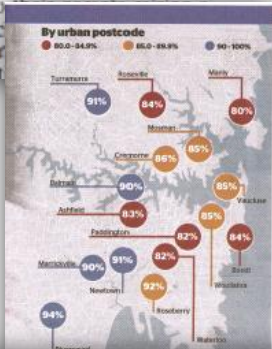
About 75,000 Australian children are not fully immunised, with about 15,000 of these due to "conscientious" immunisation.

childhood immunisation rates nationally but particularly in Queensland, where there is an epidemic, and we have unfortunately got groups peddling mistruths," the group's executive director Fiona Sugden said. Mother Emma Hogan, 31, said the decision to vaccinate daughter Ava, 23 months, was simple one.

"I think it is part of my responsibility



EASY CHOICE: Mum Emma Hogan, with Ava, 23 months, is pro-vaccination.



INJECTION OBJECTION

Number of parents refusing vaccine for kids

Greater Metro Sth Brisbane	755
Metro North Brisbane	708
Sunshine Coast	660
Gold Coast	652
Far North Queensland	322
Darling Downs - SW Queensland	273
West Moreton-Oxley	266
Townsville-Mackay	214
Wide Bay	150
Central Queensland	108
Central and NW Queensland	13
QUEENSLAND TOTAL:	4121

Source: National Health Performance Authority

Wealthiest resist jabs

'Baby Einstein' parent syndrome

SUE DUNLEVY AND LISA CORNISH

"BABY Einstein" parents from some of our most wealthy suburbs are refusing to immunise their kids.

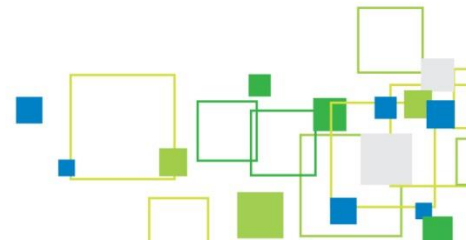
The number of children not fully vaccinated has fallen by almost 2000 but still 75,000



Leask coined the label "baby Einstein" parents — those who take a keen interest in their children's education and health, eat organic food and use alternative medicines.

Australian Medical Association chief Dr Steve Hambleton said the failure of so many parents in northern NSW to vaccinate children was a major

- The second immunisation report (published 2014): 300 media stories in 30 days, audience reach 15 million



Immunisation reports: the outcomes 3/4

Result of media coverage:



- Within two months of release, the NSW government legislated to give childcare workers power to check children's vaccination records and turn away those not fully immunised
- Similar laws were discussed in Queensland and Western Australia, though not then passed. In March 2015 the newly elected Queensland and Victorian governments declared an intent to replicate the NSW laws by the end of 2015

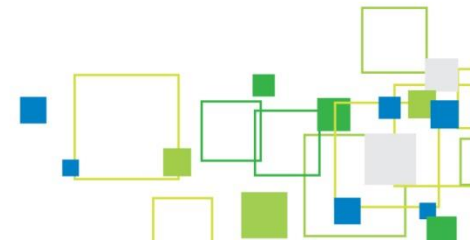
The Sunday Telegraph and The Daily Telegraph launched the No Jab, No Play campaign on May 5 with the specific aim of raising immunisation rates after a report by the National Health Performance Authority revealed levels in some suburbs were lower than some third-world countries.

Immunisation reports: the outcomes 4/4

Result of media coverage:

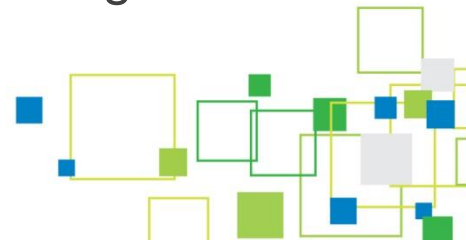


- In April 2015, the national government announced that from January 2016 it would block access to various benefit payments and tax rebates for parents who had failed to ensure children were fully vaccinated
- Previously, it had been possible for non-vaccinating parents to claim a 'conscientious objector exemption' and retain the payments
- In a deliberate nod to the newspaper campaign, the government named the policy 'No Jab, No Pay'



Summary

- The experience of the NHPA shows that the release of health performance information requires careful preparation to be fully effective
- Stakeholders must be carefully identified and given appropriate information about the release, ranging from forewarning of the release date to detailed briefings on, and/or confidential access to, the content, with adequate time for feedback
- Appropriate vehicles to release each report (type of report, type of graphics, website interactives) must be selected
- Key messages for media and other stakeholders must be crafted and agreed well in advance to ensure messages cut through

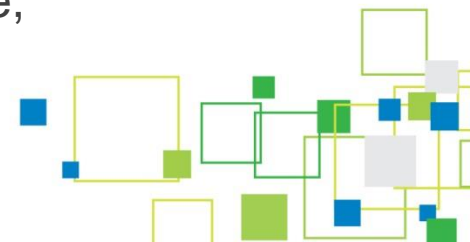


And remember...



Nobody likes unpleasant surprises!

An outside toilet in Broome,
Western Australia





www.nhpa.gov.au

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