



# INDEPENDENT GOVERNANCE REVIEW OF THE HEALTH SERVICES ACT 2016

St John Ambulance WA Submission to the  
WA Department of Health

20th May 2022

**20 May 2022**

Ms Kym Peake  
Chair of the Expert Panel  
Independent Governance Review of the Health Services Act 2016  
Via email transmission: [IndependentGovernanceReview@health.wa.gov.au](mailto:IndependentGovernanceReview@health.wa.gov.au)

**INDEPENDENT GOVERNANCE REVIEW OF THE HEALTH SERVICES ACT 2016 - SUBMISSION OF ST JOHN AMBULANCE WESTERN AUSTRALIA LTD**

Dear Ms Peake,

Thank you for the opportunity to provide a response to the Independent Governance Review of the Health Services Act 2016 (the Review) which was announced by Hon Amber-Jade Sanderson BA MLA, Minister for Health on 18<sup>th</sup> January 2022, and which you are the Chair. St John WA welcomes the Expert Panel's review of the current WA health system devolved governance model and has provided responses to the eleven questions outlined in the *Independent Governance Review of the Health Services Act 2016 Survey*.

**Context**

St John WA has a long, distinguished history as the pre-eminent provider of pre-hospital care in Western Australia. St John WA has been running the State ambulance service for more than 90 years and teaching first aid for over 121 years. We have an extensive ambulance network spread across Western Australia's 2.5 million sq km - with 30 metropolitan depots, 160 regional offices, 50 patient transfer vehicles and more than 12,000 staff and volunteers.

As an Australian Not-For-Profit organisation, St John WA also provides First Aid, Event Health, and Industrial Paramedic services across Australia.

St John WA is **the State-wide Ambulance Service Provider for the State Government of Western Australia** and is uniquely positioned in the WA Health system to provide key insights pertinent to the Review. When invited to do so, we engage with most parts of the WA Health system from a policy, strategy and planning and operational perspective and we continue to provide pre-hospital care and ambulance services to the community of Western Australia.

**Summary of Key Considerations**

The following is a summary of St John WA's key considerations drawn from our survey responses and forms part of our submission to the Review (refer to Appendix A). On matters of relevance for the Review, St John WA:

- 1. Supports clear lines of accountability and responsibility at all levels of a devolved WA Health system** - Under the current devolved governance arrangement, lines of accountability and responsibility for the Department of Health (the Department) - as system manager, and Health Service Providers (HSPs) - which are responsible for providing high quality and safe care for patients need specific attention.

**St John Ambulance Western Australia Ltd.**

At times it is difficult to determine whether St John WA should engage with the Department of Health or specific Health Service Providers as there is no definitive statement within the current governance model to guide policy and planning considerations associated with ambulance service provision. This would be greatly improved by a 'Charter of Responsibility' (similar to SA Health), which links-up multiple legislation instruments with the key functions of each of the major entities. This could include key legislative responsibilities, role definition and scope determination.

2. **Notes there has not been significant improvements in health care quality and service delivery commensurate to higher 'system manager' costs** - According to the Department's Patient Evaluation of Health Services Survey 2021, the devolved governance arrangements (first enacted six years ago under the Health Services Act 2016), has not led to significant improvements, from a patients perspective, in health care quality and service delivery over time – and in some cases, the results for high priority health service domains of 'Access' and 'Time and care' were lower over the reported period. Further, higher system costs associated with a devolved governance have not yielded sustained improvements in patient satisfaction with health care delivery and outcomes.
3. **Supports the creation of the WA Emergency Ambulance Steering Committee** - St John WA suggests the Department of Health enact the creation of the Emergency Ambulance Steering Group responsible for the overarching strategic and governance requirements of the current and future emergency ambulance service of WA, consistent with the policy objectives of WA Health.
4. **Seeks involvement in the WA Health Clinical Services Framework process** - St John WA would like to be included in the broader WA Health CSF planning process – especially as it pertains to emergency department services planning. St John WA is also receptive to leading the work associated with the prehospital care planning (as part of a new addition to the WA Health CSF) to improve the quality of access for patient health outcomes.
5. **Supports increased transparency across the WA Health System** – Increased transparency across the WA Health system could be improved by promoting the participation of consumers and carers in HSPs and system manager governance and decision-making processes. From a health data/ information perspective, the creation of a separate Bureau of Health Information (comparable to the NSW Health entity) would serve as a significant signal to the community and support the accountability of the healthcare system for the State by providing greater access to data and improved transparency of health information for consumers, service providers and government.
6. **Supports targeted investment in evidence-based/ research informed care for decision-making purposes** - These investments should be designed with the patient in mind and translate research findings into practical improvements and promote innovation and collaboration between HSPs and providers such as St John WA.

*For the Service of Humanity*



### Further information

On behalf of St John WA, I wish to thank you for the opportunity to inform this important Review.

As a key stakeholder, St John WA anticipates the need to accommodate the supply of subsequent requests for information and data – pertinent to the review of the current governance model for WA Health.

In this regard, we will endeavour to provide such support as appropriate and would welcome the opportunity to meet with you on such matters of relevance.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "mfyfe".

**Michelle Fyfe**  
Chief Executive Officer

Attach...

**St John Ambulance Western Australia Ltd.**

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SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)	
1	<p>Are roles, responsibilities, and accountabilities for performance clear under the current governance model?</p>	<ul style="list-style-type: none"> <li>▪ Under the current devolved governance model, St John WA is answerable to the Department of Health (DoH), WA Country Health Service (WACHS), and is impacted by each of the four major ‘hospital-based’ Health Service Providers (HSPs) across the Perth metropolitan.</li> <li>▪ Specifically, St John WA is accountable under several contract arrangements with different entities across the WA health system and adjacent sector(s). For example, St John WA negotiates:               <ul style="list-style-type: none"> <li>○ with the DoH for emergency and non-emergency ambulance services;</li> <li>○ with WACHS for specific Country Ambulance Regional Investment initiatives; and</li> <li>○ with the Department of Fire and Emergency for specialist critical care services.</li> </ul> </li> <li>▪ At times it is difficult to determine whether St John should engage with DoH or specific HSPs as there is no definitive statement which outlines clear lines of accountability within the current governance model for strategic, operational and policy/ planning considerations associated with ambulance service provision. To address this, St John would support a ‘Charter of Responsibility’ as exists in SA Health for the DoH, HSPs and St John WA – as the State-wide Ambulance Service Provider – to assist in translating the legislative responsibilities into shared principles and functions.</li> <li>▪ By extension, any future changes to the current governance arrangements should make provision as to how St John (as the State-wide Ambulance Service Provider) would interact with the above-mentioned entities, as well other impacted entities such as the Mental Health Commission (MHC), which is specifically discussed in our response to Question 9 of the Survey.</li> </ul>	<p><b>Key Insight(s):</b></p> <ol style="list-style-type: none"> <li>1. As the State-wide Ambulance Service Provider, St John WA supports clear lines of accountability and responsibility for the DoH and HSPs which provides flexibility and enables the continuous improvement of the WA health system.</li> <li>2. St John WA suggests developing a “Charter of Responsibility” (similar to South Australia Health) which links-up multiple legislation instruments with the key functions of each of the major entities. This could include key legislative responsibilities, role definition and scope determination.</li> </ol>
2	<p>Is the Department of Health, as system manager, empowered to, and accountable for, setting system-wide direction and priorities and managing system-wide risks?</p>	<ul style="list-style-type: none"> <li>▪ By way of the Health Services Act 2016, the DoH is empowered to operate ‘system manager responsibilities’ of the WA Health system - however evidence shows that in 2020-21, only 62 per cent of key stakeholders (16 respondents) indicated that the DoH was meeting or exceeding expectations of System Manager functions – this was down from the previous year by more than 13 per cent [Source: Pg. 78 of DoH 2020-21 Annual Report]. This is of concern and may indicate a need to focus on current (and future) DoH capabilities to ensure that ‘system manager’ activities improve over time.</li> <li>▪ The Sustainable Health Review (SHR), which was released in April 2019, identified eight Strategic Directions for implementation. It was considered the ‘blueprint for rebalancing the health system over the next decade...’, however three years on, it is still not clear how many of the eight Strategic Directions (and 30 recommendations) outlined in the SHR have been implemented by the DoH. Of interest, St John WA also understands that ‘ambulance’ is stated only four (4) times in the SHR Final Report – which could indicate that while the DoH is accountable for setting the system-wide direction via the SHR, there was minimal emphasis on addressing ongoing and systemic hospital/ ambulance-related issues such as ramping, or the opportunities to divert patients to alternative care pathways, across the WA hospital system.</li> </ul>	

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
		<ul style="list-style-type: none"> <li>▪ St John WA acknowledges the State Government’s \$252 million reform package to improve WA emergency care and address the causes of ramping across hospital emergency departments. As a significant stakeholder (and given the considerable impact on emergency ambulance services), it is of note St John WA was not engaged by any stakeholders – at DoH level or otherwise – on the development of the seventeen initiatives which are designed to reduce hospital demand in both the short and long term. This may be a missed opportunity to establish a cohesive system-wide approach to improve the patient journey through collaboration between the DoH as ‘system manager’, HSPs and St John WA. St John WA is of the view it should be in a strategic partner role as the State’s pre-eminent experts in pre-hospital unplanned care which could benefit the health system across WA.</li> <li>▪ St John WA suggests that the vehicle for such activities could be channelled through the creation of the Emergency Ambulance Steering Group which would provide responsible stewardship of the current and future ambulance service in WA and integrates within the broader WA health system.</li> </ul> <p><b>Key Insight(s):</b></p> <ol style="list-style-type: none"> <li>3. St John WA recommends the DoH publish a ‘Status update’ on the progress of the 30 recommendations outlined in the Sustainable Health Review. This would be useful to determine progress towards the achievement of system-wide priorities and risk assessment.</li> <li>4. St John WA suggests the DoH enact the creation of the Emergency Ambulance Steering Group responsible for the overarching strategic and governance requirements of the current and future emergency ambulance service of WA, consistent with the policy objectives of WA Health.</li> </ol>
3	Does the current devolved governance model encourage collective responsibility for the performance of Western Australia’s health system and management of complex emergencies?	<ul style="list-style-type: none"> <li>▪ The current devolved governance model encourages individual HSPs to be responsible for the management of performance consistent with their operational jurisdictions and appears to rely on the DoH to govern and directly manage complex emergencies. This suggests each HSP has a siloed approach to addressing complex emergencies that impact on their region and is evident in the variability among each HSPs approach regarding patient flow set-up during the COVID pandemic.</li> <li>▪ This contrasts with situations when State Government agencies manage complex emergencies external to, but impact on health systems, such as natural disasters where the coordination efforts are managed more effectively.</li> <li>▪ From St John WA perspective - establishing a dedicated DoH Operational Coordination Centre would achieve improved performance in the management of complex emergencies. As the State-wide Service Provider, St John WA would have appropriate input/ representation as required to progress this initiative.</li> </ul> <p><b>Key Insight(s):</b></p> <ol style="list-style-type: none"> <li>5. To address the tendency for HSPs to develop varied approaches to complex emergencies, St John WA recommends that a dedicated DoH Operational Coordination Centre is established to effectively manage complex ‘health’ emergencies. St John WA would be amenable to advise further on the mechanics of such an operation as appropriate.</li> </ol>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
4	<p>Are Health Service Boards empowered to, and accountable for, implementing Western Australian Government policies and priorities?</p>	<ul style="list-style-type: none"> <li>▪ The Health Service Boards are well-positioned to implement WA Government policies and priorities according to the Health Services Act 2016. St John WA understands that accountability for service delivery and performance rests with HSP boards and is monitored by the DoH through the service agreements, policy frameworks, performance reports and regular meetings between Board and Executive management.</li> <li>▪ However, St John WA notes that the creation of separate region-based Boards could lead to strategic decisions which are designed to maximise funding outcomes but may not be optimal from a health system-wide perspective. For example, HSPs are primarily funded via a mix of activity-based funding and block funded mechanisms with minimal incentives to recognise innovative partnerships with other HSPs and external service providers such as St John WA. Consequently, there is little incentive for HSPs to work with each other and other entities using a programmatic approach to innovate service design to attain health system-wide efficiencies. For example, as per the announcement by the State Government, the Virtual Emergency Medicine (VEM) pilot, which better triages incoming patients in ambulances to appropriate services, will be expanded across two other metropolitan HSPs. This provides an ideal opportunity for the HSPs to work collectively with St John WA to ensure the VEM IT infrastructure is integrated into St John WA’s existing ePCR system to facilitate the use of VEM by St John WA paramedics/ patients and HSP clinicians.</li> <li>▪ As a corollary, it would also be useful to identify and compare the costs and benefits of reducing the number of ‘hospital-based’ health service providers from the current five to potentially two or three. For example, transitioning Child and Adolescent Health Service into North Metropolitan Health Service and combining South and East Metropolitan Health Services.</li> </ul> <p><b>Key Insight(s):</b></p> <ol style="list-style-type: none"> <li>6. It is suggested that discretionary funding pools are established within each HSP (via the Service Agreement process) to recognise the degree of engagement/partnership between HSPs and entities such as St John WA. The progression of such an initiative would promote innovation and collaboration across the pre-hospital/ hospital care pathway.</li> <li>7. Under section 32(1) of the Health Services Act 2016, the Minister for Health may establish a HSP for a Health Service Area and specify whether the HSP is to be a Board-governed provider. It is suggested that a review of alternative(s) which reduce the number of HSP Boards (which spans both Metropolitan and Country regions) is investigated to determine the costs/ benefits of such a governance model in preference to the five Board-governed ‘hospital-based’ HSPs currently in place.</li> </ol>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
5	Do current responsibilities and relationships enable effective workforce planning and support a consistent and positive experience of working in the WA health system?	<ul style="list-style-type: none"> <li>▪ Like other jurisdictions across Australia, the DoH has developed a Clinical Services Framework (CSF) which forms the basis of a whole of health system approach to planning to meet the demand for health services into the future. However, the current WA Health CSF 2014-2024 does not include ambulance services within its matrices. By contrast, it is understood that Queensland’s Department of Health has included additional information or requirements when managing patient complexity and transfers from Service Providers (such as the Queensland Ambulance Service and Royal Flying Doctor Service) within its modules of their Clinical Services Capability Framework (CSCF v 3.2).</li> <li>▪ As the state-wide ambulance service provider, St John WA would welcome the opportunity to participate in the broader CSF process as appropriate for prehospital and ambulance care service planning.</li> </ul> <p><b>Key Insight(s):</b></p> <p>8. St John WA would like to be included in the broader WA Health CSF planning process – especially as it pertains to emergency department services planning. St John WA is also receptive to leading the work associated with the prehospital care planning (as part of a new addition to the WA Health CSF) to improve the quality of access for patient health outcomes.</p>
6	Has devolved governance led to improved patient satisfaction with health care delivery and outcomes?	<ul style="list-style-type: none"> <li>▪ By way of background, St John WA notes that Patient satisfaction (Care Opinion) and Safety and Quality are both mandated items contained in the Minister for Health’s Statement of Expectations each year to each HSP. This is responded to via the HSP Board Statement of Intent. As such, it is the opinion of St John WA that clear directions are provided by the Minister for Health for each HSPs to act upon under a devolved governance process.</li> <li>▪ However, in response to the question, according to the annual DoH Patient Evaluation of Health Services Survey (2020-21), which measures seven domains of health care (1. Access, 2. Time and care, 3. Consistency, 4. Needs, 5. Informed, 6. Involvement, 7. Residential) - both outpatients and admitted patient satisfaction scores for ‘Access’ (commonly refers to getting into hospital ie wait times, admission, parking) were significantly lower when compared to 2018-19.</li> <li>▪ Of utmost concern was the admitted patient satisfaction result for ‘Time and care’ (the time and attention paid to patient care) which was significantly lower when compared to 2018-19. While ‘Involvement’ (involved in decisions about care and treatment) were significantly higher across both patient cohorts, when compared to 2018-19, there was little change across the other domains, denoting neither improvement nor otherwise over the reported periods for the majority of health care domains.</li> <li>▪ The above results indicate that the devolved governance arrangements (first enacted six years ago under the Health Services Act 2016), has not led to significant improvements, from a patient’s perspective, in health care quality and service delivery over time. Of interest, the average cost for the DoH to undertake system manager functions (per HSP FTE) has increased from \$4,770 in 2018-19, \$6,167 in 2019-20 to \$6,899 in 2020-21 – an annual average growth rate of 13.1 per cent over three years or in absolute terms – an increase of \$2,129 or 45 per cent over three years.</li> <li>▪ Given the size of the annual WA Health budget is over \$10 billion or about 30 per cent of the total State Government Budget, it would appear that higher system costs associated with a devolved governance have not yielded sustained improvements in patient satisfaction with health care delivery and outcomes.</li> </ul> <p><b>St John WA Patient Satisfaction Performance</b></p>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)																														
		<ul style="list-style-type: none"> <li>In terms of WA patient satisfaction for St John WA’s ambulance services, independent research by the Council of Ambulance Authorities (CAA) found that overall WA patient satisfaction stayed at 97 per cent, except for a bump to 98.7 per cent on average from 2017-2019.</li> </ul>																														
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>2021</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">WA patient satisfaction</td> <td style="text-align: center;">97%</td> <td style="text-align: center;">97%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">99%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">97%</td> <td style="text-align: center;">97%</td> </tr> <tr> <td style="text-align: right;">Australia overall</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">97%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">98%</td> <td style="text-align: center;">96%</td> </tr> </tbody> </table>								2015	2016	2017	2018	2019	2020	2021	WA patient satisfaction	97%	97%	98%	99%	98%	97%	97%	Australia overall	98%	98%	97%	98%	98%	98%	96%
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		<ul style="list-style-type: none"> <li>Prior to and following on from 2016, St John WA has remained a leader in connecting callers to a Triple Zero (000) call-takers, getting ambulances quickly to the scene and trust and confidence in ambulance service staff.</li> <li>In the latest CAA survey (Sept 2021), St John WA was a top three performer against other Australian jurisdictions in almost every key indicator of patient experience and exceeded the national average for overall patient satisfaction (97/96 per cent).</li> <li>St John WA topped the leader board for exceeding expectations about connecting callers to a Triple Zero (000) call-taker, over how quickly an ambulance would arrive – both at 68 per cent – and a patient’s comfort on their journey at 97 per cent.</li> <li>In the remaining indicators, St John WA sat almost on par with the national average for trust and confidence in ambulance service staff at 93 per cent, care provided at 96 per cent and service staff explanations at 94 per cent.</li> </ul>																														
		<p><b>Key Insight(s):</b></p> <p>9. St John WA notes that according to the DoH Patient Evaluation of Health Services Survey 2021, the devolved governance arrangements (first enacted six years ago under the Health Services Act 2016), has not led to significant improvements, from a patients perspective, in health care quality and service delivery over time – and in some cases, the results for high priority health service domains of ‘Access’ and ‘Time and care’ were lower over the reported period.</p> <p>10. This contrasts with St John WA results which found that overall WA patient satisfaction stayed at 97 per cent, with a marginal increase to 98.7 per cent on average from 2017-2019.</p>																														

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
7	<p>Are consumers and carers supported to participate in Health Service Provider and system-wide governance and decision-making?</p>	<ul style="list-style-type: none"> <li>▪ The Health Services Act 2016 is part of the WA Health statutory framework and designed to establish mechanisms associated with governance arrangements including matters of policies, delegations, directions and agreements.</li> <li>▪ In response to the question, while the Health Services Act 2016 is over 200 pages in length, the (health) ‘consumer’ is stated only twice throughout the document as follows: <ul style="list-style-type: none"> <li>○ Under section 34(2) of the Health Services Act 2016, HSPs are to prepare and keep under review strategies – to promote consultation with health consumers and community members about the provision of health services by the health service provider.</li> <li>○ Under section 71(5) where a Board member has experience as a consumer of health services or as a carer.</li> </ul> </li> <li>▪ As such the inclusion of consumers and carers in HSP and system-wide governance and decision-making is not prominent nor promoted either at Board appointment level. For example, across the five ‘major hospital-based’ HSPs - 50 per cent of the Board membership comprised medical or healthcare professionals, 30 per cent were engaged in finance and law and the remaining 20 per cent were considered consumer or community engagement appointments.</li> <li>▪ One outlier HSP has appointed eight persons (80 per cent of their ten-member Board) with medical or healthcare experience. While it is acknowledged that at least three members for each Board should be health professionals consistent with the legislation, it should be recognised that consumers and carers should have increased representation on HSP Boards and be well-equipped to contribute into governance aspects of the public health system at a minimum. The creation of a consumer-led advisory group that is legislatively mandated should also be investigated to provide the opportunity to ‘plug-in’ consumer health perspectives and opinion to inform health system-wide changes as appropriate.</li> </ul> <p><b>Key Insight(s):</b></p> <ol style="list-style-type: none"> <li>11. St John WA suggests that a full review of Board appointments/ membership is undertaken to ensure that consumers and carers can access (apply and participate) in HSP and system-wide governance and decision-making processes.</li> <li>12. It is suggested that a legislative mandated WA Health consumer-led advisory group is created which comprises of selected representatives drawn from the community and provide consumer health perspectives informing health system-wide changes as appropriate.</li> </ol>
8	<p>Do current relationships and decision-making processes encourage sharing of resources across the system to enable responsive management of demand and patient flows?</p>	<ul style="list-style-type: none"> <li>▪ As previously mentioned, entities operating within the WA health system (such as HSPs and the DoH) are not incentivised to work effectively together or with service providers such as St John WA. On balance, partnerships between St John WA and other health entities are varied and sporadic. This is an area requiring improvement across the WA health system and needs clear instruction from the DoH to develop clear lines of engagement with key participants such as St John WA.</li> <li>▪ Previous examples provided in our response demonstrate that from an operational (ie no involvement in emergency care reforms initiative development with the DoH), clinical planning (ie no recognition of ambulance service planning in the WA CSF 2014-2024), and strategic/ governance perspective (no designate body to address current and future emergency ambulance service provision), there is little evidence that the system is willing to encourage closer collaboration between all participant service providers in the health system.</li> <li>▪ From St John WA’s perspective, it would appear that our organisation is not considered a strategic partner in the WA health system demonstrated by the short-term nature of our service contracts – yet we have continued to deliver ambulance and pre-hospital care</li> </ul>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
		<p>services across the State for over 90 years. St John WA would welcome the opportunity to develop a closer strategic partnership/ relationship with the DoH and HSPs and develop a longer-term contract which will encourage the sharing of resources in efforts to develop an innovative ambulance service for the future.</p> <ul style="list-style-type: none"> <li>▪ One of the key obstacles in developing closer collaboration is access to real time patient level data across the WA health system. For example, St John WA would welcome ‘closing the loop’ on patient outcomes for our staff once the transfer of care has been completed with the receiving hospital (and the patient has been discharged). Currently, while St John WA provides significant patient record data to the DoH (in addition to publishing key performance metrics on our website), it would be useful to encourage the sharing of resources (ie data) between entities to improve the level of responsive management of demand and patient flows.</li> <li>▪ To ensure this occurs, by way of example, the NSW Government established a separate agency, the NSW Bureau of Health Information (BHI) with the purpose of supporting the accountability of the healthcare system for the State. The entity not only publishes benchmarked reports and maintains a website providing information and analysis on the performance of the NSW public health system, including tools for data analysis; the BHI also undertakes bespoke analysis of data at the request of the Health Secretary and advises the NSW Ministry of Health on the quality of existing data sets. It also provides advice to the Minister for Health and the Health Secretary on issues arising out of its function.</li> <li>▪ The creation of such an entity would be a welcome addition and deliver access to timely, accurate and comparable information on the performance of the WA public healthcare system.</li> </ul> <p><b>Key Insight(s):</b></p> <p>13. It is suggested that improvements in equitable data sharing between entities is essential for the future of the WA health system – including service providers such as St John WA to ‘close the loop’ on the patient outcome.</p> <p>14. St John WA suggests that a separate entity is established - similar to the NSW Bureau of Health Information which was created in response to the need for greater access to data and improved transparency of health information for consumers, service providers and government. The creation of such an entity would lead to the equitable sharing of information to strengthen accountability and support system-wide and local improvements in patients’ healthcare experience and outcomes.</p>
9	Is mental health well integrated into the governance responsibilities of Health Service Boards and system-wide policy development and service planning?	<ul style="list-style-type: none"> <li>▪ The MHC is commonly referred to the ‘system manager for mental health services’ for the State and has a total budget of over \$1.0 billion per year. It appears to act like the DoH, reports to the Minister for Mental Health (who is also the Minister for Health) and is led by the Mental Health Commissioner responsible for system development, purchase of prevention programs, treatments and other services, strategy and reform advice and mental health governance.</li> <li>▪ In some ways, the MHC can act independent of DoH policies and priorities - but duplicates certain functions of the DoH. However, funding is agreed to via a Head agreement between both entities.</li> <li>▪ As the State-wide Ambulance Service Provider, St John WA has experienced minimal engagement with the MHC. This is partially because the DoH, as the Principal, manages the funding contract for ambulance services and therefore St John WA is not contractually obliged to discuss services with the MHC directly. However, it should be noted that St John WA provides services to a considerable caseload of individuals with mental health, alcohol and other drug problems on a daily basis. In the last twelve months, the volume of ‘mental health related’ cases represented about 8 per cent of the total number of cases (Priority 1-3 inclusive). Given this volume, it does appear that increased engagement with the MHC is appropriate and necessary.</li> </ul>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
		<ul style="list-style-type: none"> <li>▪ In terms of HSP Boards, system-wide development and service planning, the MHC has funded alternatives to Emergency Departments initiatives partnering with two HSPs (WACHS and EMHS - under the auspice of the WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024). Given the impact that St John WA could have on such initiatives, it is suggested that the MHC, HSPs and St John WA engage on similar initiatives and/or discuss matters of mutual interest in the future.</li> </ul> <p><b>Key Insight(s):</b></p> <p>15. The creation of the MHC to purchase mental health services from HSPs appears to duplicate the work of the DoH which has overall system manager functions and responsibilities. To ensure that HSP Boards can effectively manage from an operational perspective (ie with accountability to the DoH), it is suggested that the MHC cede their purchasing/ funding responsibilities for hospital-based activity to the DoH. This funding totals about \$425 million per year and would enable the MHC to focus on funding community treatment and prevention programs and create a holistic system-wide approach to hospital-based health service commissioning - managed by the DoH.</p> <p>16. It is suggested that in the interests of improving ambulance services to mental health patients and offering alternative care pathways for individuals, it is suggested that the MHC, HSPs and St John WA engage on matters of mutual interest noting that all parties are not contractually obliged to do so. Moreover, St John WA is recognised as an innovative organisation that is ready and willing to develop innovative collaborations across Government, Industry and the WA Health sector in the pursuit of productive partnerships that benefit the health and wellbeing of the community.</p>

SURVEY QUESTION(S)		PRELIMINARY RESPONSE(S)
10	Does the current devolved governance model provide clear accountability for increasing health prevention and shifting delivery of care to home and community settings?	<ul style="list-style-type: none"> <li>▪ As previously mentioned, HSPs are funded primarily on an ABF and/or block funded arrangement with the concept of purchasing for value not currently administered by the DoH. In relation to increasing health prevention and shifting delivery of care to home and community settings, the devolved governance model (via the DoH-HSP Service Agreements) does not appear to direct HSPs to materially shift delivery of care to home and community settings. Part of the reason is that there has been limited annual funded increases provided to HSPs to deliver in-hospital service activity.</li> <li>▪ Of interest, St John WA note that the cost per person of providing preventative interventions, health promotion and health protection activities that reduce the incidence of disease or injury increased from \$47 in 201819, \$66 in 201920 with a considerable rise to \$158 in 202021. Noting that one third of the total expenditure (~\$50) was associated with the response and incident management of COVID-19, there was still a substantial increase in cost per person of approx. \$118 cost per person last financial year. St John WA suggests that further analysis of the funded services provided by HSPs contained in this expenditure is evaluated for impacts on patient health outcomes provided at home or the community compared to in-hospital treatment.</li> </ul> <p><b>Virtual Emergency Medicine (VEM) - Partnership between South Metropolitan Health Service and St John WA</b></p> <ul style="list-style-type: none"> <li>▪ St John WA and Fiona Stanley’s VEM project is helping to increase health prevention and shifting delivery of care to home settings in particular regard to geriatric falls and medicine, which make up one of the biggest cohorts of Triple Zero (000) calls for ambulance.</li> <li>▪ By treating geriatric patients virtually at the scene and diverting them away from hospital EDs to other healthcare service providers, like Consider Home Over Inpatient Care Every time (CHOICE) team, you get better outcomes for the patient and their dependants. They spend less time being potentially damaged from transfers between stretchers and hospital beds, where their muscle mass reduces and can lead to increased frailty and further falls.</li> </ul>
		<p><b>Key Insight(s):</b></p> <p>17. St John WA suggests that further analysis of the funded services provided by HSPs contained in this expenditure item is evaluated for impacts on patient health outcomes provided at home or the community compared to in-hospital treatment.</p>
11	Is there any other element of the current governance model that you feel the Panel should consider?	<ul style="list-style-type: none"> <li>▪ St John WA believes that communication between HSPs and DoH (and with St John WA) could be improved. This is a key component of a good governance model and fundamental to operating a health system that is both efficient and effective. St John WA understands that the current DoH processes for communicating with HSPs is somewhat outdated and highly bureaucratic, which contributes to delays in decisions that impact on the health service operations and service providers such as St John WA. In most cases, operational decisions are often escalated to CEOs, DGs and the Minister prior to meeting to discuss possible options to address each of the parties’ concerns.</li> <li>▪ For example, St John WA is currently experiencing a considerable delay in our contract negotiations (and agreed process) with the DoH which should have commenced six months ago (first correspondence from the DoH was in November 2019). As previously stated in our response to Question 1 - part of the issue stems from the lack of clarity associated with the current roles and</li> </ul>

SURVEY QUESTION(S)	PRELIMINARY RESPONSE(S)
	<p>responsibilities of the respective participants within the devolved governance model. Once this and the capability gaps are addressed, better communication linkages between all parties will mature.</p> <ul style="list-style-type: none"> <li>▪ St John WA contends that there is clear need for cultural reform across the WA health system and the DoH. The existence of ‘silos’ specific to the DoH as an organisation and across HSPs in terms of limited system-wide collaboration is creating an unhealthy pan-organisational culture. Some of this activity is reflected in limited opportunities of St John WA to engage in discussions with both the DoH and HSP present. This leads to inconsistent and unclear advice as to who is responsible for aspects of health service delivery including specific operational matters, DoH policy setting and feedback and clinical services planning related to pre-hospital care. In some ways, St John WA is left to navigate through each matter on a case-by-case basis to determine the best course of interface among the aforementioned entities.</li> <li>▪ Equitable and timely access to data and information from the DoH needs to be improved. St John WA has established a Business Intelligence Unit that provides substantial data feeds to the DoH. St John WA is wanting to facilitate closer ties with the DoH Data Integrity team and seek access to comprehensive patient de-identified datasets for knowledge sharing purposes, managing operational performance, and improving patient outcomes. As previously mentioned in our response to Question 8, the establishment of a separate Health Information entity would lead to the equitable sharing of information to strengthen accountability and support system-wide and local improvements in patients’ healthcare experience and outcomes.</li> <li>▪ Similarly, evidence-based/ research informed care is important for decision-making purposes designed to improve patient outcomes and promote innovation. Research and innovation are integral elements of a strong and robust health governance model. For prehospital services, increased funding to build capacity that is evidence-based, provides clinically appropriate care and crucially, contributes to better health outcomes. This is consistent with the Sustainable Health Review Direction 8 – Innovate for sustainability. St John WA has a research governance committee and partners with external research institutes such as Curtin University and Monash University, with the outcomes resulting in changes in clinical practice and ambulance care. St John WA supports the appropriate translation of evidenced-based research across the health services sector and where appropriate used to inform changes of governance policy and health system environment.</li> </ul>