

Clinical Reference Group Communiqué August 2017

This update highlights key discussions and considerations from the first meeting of the Sustainable Health Review (The Review) Clinical Reference Group.

The Clinical Reference Group is Chaired by Dr Hannah Seymour and comprises clinicians with experience across the areas of primary, secondary and tertiary care, community care, public health and mental health and across a variety of specialties and settings, including metropolitan, regional, rural and remote WA.

The first meeting was held on 30 August 2017 at the Department of Health in East Perth with Dr David J Russell-Weisz, the Director General of WA Department of Health (and member of the SHR Panel), in attendance to welcome members and thank them for their commitment.

Focus of the Reference Group

The Reference Group noted its role in providing expert advice to The Review Panel regarding the delivery of patient centred, integrated, high quality, and financially sustainable healthcare across the State. The diverse membership of this group plays a key role in achieving a wide consultation and representation across the health system.

Key 'Burning' Issues

The Reference Group were invited to provide their 'burning issues' on the topic of Sustainable Health. The purpose of the exercise was to catch the burning issues of the group – using the same technology that will be used in public forums - and provide a mechanism for members to provide feedback. Important themes raised by the group were: becoming more preventative less reactive; addressing waste and inefficiency; quality of care closer to home vs in hospital; accountability of leadership; health literacy; ICT system design; and inter and intra government efficiencies.

Terms of Reference and Operating Principles

The Reference Group reviewed their role and responsibilities as set out in the <u>Terms of Reference</u> and a set of operating principles that will guide how the Panel members engage and communicate as a group.

The Chair confirmed that the Reference Group is not a forum to discuss specific ideas, rather to provide general advice to The Review Panel. While Reference Group members are encouraged to make individual submissions and attend public forums, the priority of the Group is to engage and consult with their networks and ensure input into The Review is received from a broad area of the health system.

Themes

The Facilitator invited the Reference Group to provide comments against the suggested key themes of the Review. Sample of the comments collected so far include the following:

Theme	Some initial comments provided by the Group
Quality and value	Need to challenge the health sector paradigm of the concept of value.
	Return on investment parameters need to be defined for every activity undertaken within our system.
Patient Pathways and Experience	Patient focussed service, rather than health care professional focussed.
	Challenge what care needs to be provided in hospital and what can be provided elsewhere.

Theme	Some initial comments provided by the Group
	Making it more beneficial for the patient to not come in to the ED.
Financial Sustainability	Coordinated systems to reduce unnecessary costs and reduce wasted time.
	Promotion of earlier access to services.
	Need to identify non clinical expenses and redirect to patient and clinical services.
Prevention, Promotion and Partnerships	How to change health care culture from illness-focussed to prevention.
	How funding models work with silos, working to own deliverables versus systems working together.
	True primary care / hospital partnerships.
Digital, Innovation and Research	Integration across services to share patient records.
	Use Telehealth and online clinics more actively.
	Would it be OK if robots delivered some of your care? Which technology is OK?
Workforce and Culture	Support for recruitment and retention of regional specialist workforce.
	Medical practitioners should be encouraged in leadership and management roles and not sought for consultation when things go wrong.

Meetings

The Reference Group agreed to a minimum of three meetings. Key areas of focus are to discuss feedback received by The Review's public submission process, and support the Review to ensure effective, inclusive engagement.

Engagement and Consultation

The Reference Group discussed opportunities to engage clinician groups recognising the potential of existing networks to broaden consultation. The SHR Secretariat will be following up these ideas with Members in the coming weeks.

The Reference Group were invited to identify any other possible gaps and feedback on the Review and forward these to the SHR Secretariat for follow up.

Next Meeting

The next meeting of the Clinical Reference Group will be held in October 2017.

Further information

Email: <u>SHR@health.wa.gov.au</u>

Website: http://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review