

## Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input type="checkbox"/> Group/organisation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other, please specify: _____
<b>Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)</b>	
<input type="checkbox"/> I consent to my feedback being published <input checked="" type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

**13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.**

Under Direction 1: The Department of Health should take an active leadership role across the public sector in developing whole-of-government targets with potential impact for better health outcomes.

This is extremely important for covering gaps in our current health system. Other government bodies can present barriers for people accessing care. Corrections have been resistant to treatment and prevention of blood borne viruses, heavy handed immigration policies reduce migrant populations access to testing and willingness to use health services. Recent HIV transmissions prosecuted publically in the media eye have reduced testing rates among certain populations against WHO and PLHIV's recommendations for best practise. Criminalisation of sex work impacts sex workers' wellbeing in every aspect of healthcare. There are massive legislative barriers to properly addressing some of our biggest gaps and most vulnerable populations.

I am concerned that this direction is vague and could be carried out without meaningful commitment to taking a leadership role across government and instead of being applied to significant legal barriers to effective health care could be perverted for governments to fulfil simple quotas.

Furthermore on this point in direction one, other services typically funded out of other departments of government profoundly impact health outcomes and general wellbeing, and most egregiously amongst already vulnerable and marginalised populations. A lack of investment in domestic violence services, sexual and reproductive health, housing, punitive and inaccessible welfare infrastructures all create barriers to achieving positive health outcomes. Among certain populations and for certain patients these gaps create barriers that are insurmountable and absolute. DoH could benefit hugely from setting targets that could address any of these issues.

In regards to the other Directions:

The directions are all good, particularly the immediate actions. I'm concerned that directions that do not have specifically outlined activities or immediate actions will not achieve their goals or will be applied too vaguely to achieve significant change.

I think none of these are achievable if this and other projects in our healthcare system attempt to be apolitical. We are at an extremely tense and fraught time in international politics and governments internationally are routinely evading best health practise. None of us can be apolitical right now AND support best practise or evidence based care. Evidence based care is a politically charged issue and we can't pretend we aren't taking sides. This extends to the whole of government.

**13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.**

We need to be brave enough to take a public position against harmful debates on the rights of LGBTI people. We need to be brave enough to take a public position on migration policies. We need to be brave enough to take a public position on aboriginal and indigenous issues, including things like racism in the media, the change the date movement and more difficult conversations like aboriginal deaths in custody.

Our health system needs to recognise that wider systems such as these effecting the general public outside of frontline health care such as these examples have massive and wide reaching detrimental effects on peoples health. These directions will not achieve their goals if we pretend to remain apolitical. Best practise is not apolitical, and evidence based care is not apolitical

**14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?**

Literally everything relating to legislative barriers to access such as criminalisation of sex work, HIV transmissions, migration policy, access to services in prisons.

Domestic violence, reproductive health, a great deal of women's health care is missing.

LGBTI populations are not mentioned anywhere in the review. Neither are migrant or transient populations. Some of our biggest key populations and most vulnerable groups aren't even mentioned ONCE.

The directions are all fine but a little vague which risks them being "achieved" without meaningful transformation so seems like its missed a great deal of flesh. This reads like a box ticking exercise. Its reads like a "how little can we get away with doing and still say we did something". These are not exhaustive instructions for transformative change.

Huge gaps. I have criticisms of some of the wording here also which I think is too long to detail and less important feedback for you guys but goes to show the lack of connection with key populations.

This report promotes engagement and partnership with consumers which is brilliant and I have absolutely no criticism to that effort.

I just struggle to believe this is actually being done in good faith yet when this report seems not to have engaged consumers in its own production, or at least faithfully represented consumers concerns without watering them down significantly. Its not really clear whether this report was produced with the input of consumers from key populations but it doesn't capture the disappointment and frustration felt consumers of mental health, it doesn't capture the deep disgust people with disability are expressing at the gaps in our NDIS, it doesn't mention LGBTI people once, it doesn't mention migrant populations once, it seems to not mention a lot of things that are vitally important aspects of our health system and some of the most glaringly obvious gaps in it. This habitual ignorance and devaluing of the people we are here to help is a political issue, this review didn't even have the courage to talk about their issues.