

Interim Report: Feedback Survey

Following the Sustainable Health Review Interim Report feedback was sought. Open feedback provided by the organisation or individual is detailed below.

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	Disability Health Network
6. Location	<input 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 checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

Disability Health Network
Feedback to the
Sustainable Health Review on the
Interim Report to the Western Australian Government

The Disability Health Network Co Leads are keen to provide feedback on the Interim Report, in addition to that provided via the survey, for the purpose of highlighting the perspective of those working towards inclusive health services.

The Network Leads concur with the 12 Preliminary Directions identified, and the nine Recommendations for Immediate Action. In addition, the following observations are made:

- Commentary around inequity does not identify people with disability, despite the very significant health disparities this group experience. Research shows people with disability are twice as likely to experience poor health as the general population, three times more likely to experience 3+ chronic health conditions, six times more likely to experience mental health issues, twice as likely to be obese and twice as likely to be daily smokers. People with disability are frequent users of health services – they are 3.5 times more likely to see specialist doctors, five times more likely to see specialist doctors and with other health professionals and they are ten times as likely to see GPs. Despite this, they experience many barriers to accessing health services, including cost, physical access and poor attitude. One in five people with disability who needed to see a medical specialist did not go, mainly due to cost.
http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/170829_OTH_HealthDisparities.pdf
- Direction 2's Focus on person-centred services is a core platform for the work of the Disability Health Network. Our recent establishment of an NDIS in Health Community of Practice in conjunction with TRACS is an important initiative to improve the interface between health and disability by facilitating the exchange of information and developing a shared understanding between clinicians and consumers. Other initiatives around the interface need to happen immediately rather than be an Area for Further Work if we are to manage the roll out of the NDIS in WA commencing 1 July 2018.
- Direction 2 mentions the '...pilot of a navigator function'. This is an important initiative to support navigation around the complex system and its interfacing jurisdictions. It is *not* the same as Care Coordination, which is defined by the Disability Health Network as '...the systems and processes in place to ensure that health care for people with disabilities is managed consistently across the continuum of care, including in-patient and out-patient hospital care, primary care, patient self-management/carer management and the community and residential care sectors.' Central elements of care co-ordination include an effective transition of care including handover processes and care plans (communication), and a holistic perspective of the needs and preferences of the person. This Direction would be strengthened by referencing the need for Care Coordination, which was clearly identified in the work undertaken by the Disability Health Network in 2014
<http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20>

[Networks/Disability/PDF/Care-Coordination-Survey.pdf](#)). The recent Clinical Senate Debate of March 2018 highlighted the value of Care Coordination as a way to achieve sustainability (Recommendation 2).

- Direction 8 recommends immediate action on information exchange including patient discharge information. The Hospital Stay Guidelines were developed by the Disability Health Network with the aim of facilitating communication exchange between health services and disability support organisations supporting people with disability living in supported accommodation. These are now ready to pilot within health services and would be an ideal project that could commence quickly and provide very real benefits to the system and the patients.
(<http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/160106%20POL%20Hospital%20Stay%20Guideline%20FINAL%20formatted.pdf>)
- Direction 9 mentions Nurse Practitioners not working to full scope. Allied health professionals are very involved in the health care of people with disability and should also be recognised as another professional group for whom opportunity to work at full scope of practice would benefit the system and the patients.
- Direction 12 suggests Areas for Further Work include ‘...best practice approaches for meaningful consumer involvement...’ The Disability Health Network’s Commitment to Inclusive Engagement is a useful resource to support the involvement of people with disability in designing and evaluating services. Elements of this are also included in the DoH You Matter resource. (http://ww2.health.wa.gov.au/Articles/A_E/Disability-Health-Network-Commitment-to-Inclusive-Engagement)
- Page 28 refers to the expanded role of Hospital Liaison GPs. Given the key role of the GP in coordination of care and the frequency with which people with disability see their GP, it is vital that these roles have a particular focus on facilitating care coordination for people with disability. The Disability Health Network is working with WAPHA to ensure Health Pathways reflect the specific needs of people with disability, but much work remains to be done. We are very happy to work with Hospital Liaison GPs to enable them to better meet the needs of people with disability.
- Direction 4 should also reference a service gap for people with intellectual disability and mental health issues. The Disability Health Network participates in a sub network of the Mental Health Network addressing the needs of this population (Neuropsychiatry and Developmental Disability) and while a small group of people, their needs are complex and not well met across a hospital centric, fragmented system.

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Disability Health Network

26 April 2018