

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	Royal Australasian College of Physicians
6. Location	<input checked="" type="checkbox"/> Metropolitan <input checked="" type="checkbox"/> Regional WA <input checked="" 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	

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.

The RACP connects, represents and trains over 15,000 physicians and 7,500 trainee physicians in Australia and New Zealand across a wide range of specialties, including rehabilitation medicine, addiction medicine, public health, palliative medicine and geriatric medicine.

The RACP constructively addresses health reform matters at all levels of government in areas of the health system to which our Fellows contribute expertise. Over 1000 of our Fellows are part of the West Australian health system.

We understand this report 'tests' the Preliminary Directions, before presenting a final report to the West Australian Government in November 2018. We acknowledge the preliminary nature of the current report and that there are areas that warrant considerably more attention, such as alcohol and other drugs, early childhood and youth. The College's comments are brief and, we take this opportunity to respond to alcohol and other drugs service provision. This does not mean our membership does not have views on other areas covered by the Review and we look forward to more detail being included for the Panel in the final report from the Panel.

We emphasise that it is important that the Directions are supported by detailed initiatives. This will be critical in the draft final report as it indicates where resources will be directed, how organisations may contribute to outcomes or re-align their own initiatives, and how consistency across the system can be promoted. It also allows respondents to contribute with depth to issues of feasibility or identifying potential hurdles.

General comments

Overall the document sets out clearly the context in which the WA health system is serving its population and recognises key areas for address. The twelve Directions are inclusive of all aspects of health service delivery. We endorse the need for bold, brave and integrated health care, and the intention to revitalise the WA public health system towards patient-centred care, drive digital innovation, foster partnerships with Aboriginal community controlled health services, and focus on prevention and research translation. This is consistent with international and national health reform programs, and RACP policy and advocacy.

The RACP is supportive of several statements in the Interim Report that describe a preferred way of delivering health services such as:

- Receiving better care in the community would help control rising health costs (page 20)
- Committing to exploring other options for the provision of 'urgent care' in the community, which 'could involve urgent care clinics in community and hospital settings, integrated telehealth services, or 'pathways' which redirect patients from EDs to other services' (page 29)
- Supporting more telehealth initiatives such as Project Echo (page 31)
- Considering new models of workforce mobility (page 53)
- Developing flexible purchasing and funding models (page 58).

One of the current health system dilemmas we as physicians are engaged in, that also concerns national health service provision, is the projected increases in the chronic disease within the population and accompanying cost of treatment to the health system (page 14). It is vital that health policy addresses the secondary care sector needs of this growing population group, that includes children adolescents, adults and aging adults.

Alcohol and other drugs

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.

Problems associated with the health of the community relating to alcohol and other drugs are referred to in several places in the Report, and these are earmarked as one of the 'Areas for further work' (page 26). There are clinical problems that must be addressed for the high percentage of patients presenting with alcohol, amphetamine and opioid disorders. There are some groups within the patient population that warrant consideration in terms of health service needs such as Indigenous patients and 'fly in fly out' workers in WA (the latter for whom amphetamine addiction is a problem).

We encourage the West Australian government to:

- Support the addiction medicine specialists in Government and community services in order to continue to deliver expert health care to the West Australian public in relation to alcohol and other drug related healthcare.
- Support community based service provision. Community programs can support GPs in primary care and complement hospital and non-medical services provision for families with addiction related needs.

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?

The Interim Report would better serve its purpose if more detail is included as to how the Directions will be achieved. There are many high-level commendable statements but specific and tangible actions have not been included, or else repeat current practice. Examples include the following:

- Proposed IT improvements do not go beyond what is currently in progress.
- Workforce reform is limited to a focus on doctors and nurses and does not address recent international and national trends in role changes or expansions (for example, the pharmacist role in primary care).
- While the Report acknowledges that patient-centred care is critical, there is more to this than IT systems that support patient experience/feedback reporting. For instance, it is important that, as part of this re-orientation, health related training programs develop and foster skills in patient centered care.
- There is insufficient reference and discussion in the Report to contemporary thinking on what works in preventative health.

The RACP is keenly aware of the critical nature of accessible and effective specialist care in the modern health service environment, with all forecasted system needs highlighting a significant and growing proportion of people, younger and older, with multiple and chronic conditions. We are ready to participate in dialogue that addresses health system reform.