



Sustainable Health Review

PUBLIC CONSULTATION

Goldfields Region Public Forum

Kalgoorlie / Monday, 16 October 2017

SUMMARY

Public Forums are being held in metropolitan and regional areas to provide input on developing a more sustainable and patient centred health system in Western Australia.

This Summary outlines major themes from the workshop only and is intended to be indicative of the more extensive information from the forum that will be provided to the Sustainable Health Review Panel to consider. This material is not to be regarded as endorsed by the State Government.

To keep in touch with the progress of the Review and for lodgement of Public Submissions, please go to www.health.wa.gov.au/sustainablehealthreview.

The Sustainable Health Review Panel would like to thank all participants for their contributions to improving our health system.



WHAT ARE THE BURNING ISSUES

From a large number of identified concerns, the following burning issues stood out:

- The use of local clinicians and local management of services rather than the high cost of fly-in fly-out locums and contracted services
- Attraction and retention of clinical staff in the region
- The need for better referral and discharge systems from Perth to local services, with clear pathways for support, and feedback to local service providers
- Lack of cultural competency, cultural inclusion and cultural appropriateness in facilities and services
- Lack of rural training, teaching facilities and upskilling opportunities for health professionals and especially Allied Health
- The gap between the hospital and GPs, primary care and Allied Health in regards to GP access in service provision, gaps in allied services, lack of clarity on pathways and poor access to training for private providers
- Issues with PATS eligibility and lack of patient focus, leading to broader issues around access and cost for travel to Perth, and accommodation for patients and carers
- The need for preventative programs and primary health programs to address regional factors and lifestyle issues
- Lack of knowledge of the services available locally and the need for navigation assistance
- Poor communication and coordination between Departments, Agencies and NGO service providers
- Short term tenders and outcomes funding leading to a lack of continuity in staff and therefore poor continuity of care for the patient
- Unacceptable condition of some remote health facilities, such as Laverton Hospital

THE CRITICAL CONVERSATIONS THAT WE MUST HAVE

- How to boost training, upskilling and professional support in regional areas to build a strong workforce of health professionals who live in our communities, contribute to our communities and ensure continuity of care for our community members
- Addressing the divide between hospital, community based and private care and the silo focus on service provision
- Funding that is reflective of regional patient needs and agreed service delivery expectations
- Movement towards preventative health, early intervention, education on health choices and consumer management of their own health
- Dealing with complexity of care through local and visiting multidisciplinary teams that address the issues and reduce system cost
- Boost the provision of specialist services from, or through major regional hubs
- Increase awareness of local resources to improve health navigation



SUGGESTIONS TO ATTRACT, RETAIN, TRAIN AND REWARD STAFF TO WORK AND STAY IN REGIONAL HEALTH

- Reinvest in training local people who are already invested in the region
- Provide rural stream training in medical schools, complemented by quarantining regional positions for doctors to do hospital work before entering general practice
- Develop stronger relationships between tertiary services and regional hubs, including rotations to improve staff understanding and develop relationships with local staff
- Scholarships and incentives for rural undergraduate health studies and for partners and children of professional staff
- Market the benefits and opportunities of regional centres and lifestyles

SUGGESTIONS TO BUILD REGIONAL HUBS TO DELIVER ESSENTIAL SERVICES LEVERAGING METROPOLITAN RELATIONSHIPS

- Greater uptake of My Health Record as a portal for individual medical record information sharing
- Identify essential State funded specialist roles for each regional hub that are not based at the hospital but have visiting and operating rights
- Establish more collaboration and interactive work between organisations and upskill to fill any skill gaps and service needs
- Run Telehealth services out of local GP rooms to increase primary health engagement and free up hospital resources

SUGGESTIONS TO MINIMISE THE INEQUITY GAP AND IMPROVE THE COORDINATION OF SERVICE PROVIDERS

- An Indigenous health care team as the first point of contact for every Indigenous patient
- Cultural differences that are understood for the specific region, complemented by locally inclusive art and language
- Raise the accountability levels for health initiatives in remote communities
- Use population need to drive greater equity in resources for public health across regional hospitals

SUGGESTIONS ON THE OPEN AND HONEST CONVERSATIONS NEEDED ON THE PRIORITIES IDENTIFIED AND WHERE TO REINVEST THE SAVINGS

- Do not duplicate local service provision, use fly-in fly-out or Telehealth only as a backup where there is no local service
- Look at rebates and incentives to reward healthy behaviours and improve wellbeing, as part of a major shift towards preventative health rather than reactive management
- Incentives and support to expand local services and training
- More health care into schools
- Increase consumer feedback and engagement across all population groups