



# Sustainable Health Review

## PUBLIC CONSULTATION

# Wheatbelt Region Public Forum

Northam / Wednesday, 11 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](http://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 Metro / Regional services gap, including limited communication between local GPs and specialists, lack of post-operative support for patients discharged back to the regions and a lack of support for over 65s
- Lack of clinical specialists in urban centres other than Perth means help is delayed or sometimes too late
- Balance clinical standards with the need for greater community involvement through volunteers, Ambulance staff and Nurse Practitioners
- More flexibility in the scope of practices to allow workforce innovation and better service delivery such as Nurse Practitioners running clinics
- The increasing costs and gaps between private and public patients
- The up-take of the Emergency Telehealth Service and addressing issues of consumer hesitancy, including questions regarding privacy of information
- The duplication and lack of co-ordination between Local, State and Federal funded services, and the ability of public and private sector services to collaborate
- The system needs to be driven by population need within a geographic footprint, rather than a focus on providers
- Build on the good systems in place locally, rather than replicating and duplicating from outside of the region

# THE CRITICAL CONVERSATIONS THAT WE MUST HAVE

- The need for new service models and creative, localised solutions for regional health, built on a foundation of collaboration across small towns
- Disconnection in the health system and the use of portable health records to streamline communication across service provider boundaries
- A health system driven by outcomes, accountability and reporting across the three tiers of Government funding
- Better utilise existing community services and facilities and upskill community members for aged care, end of life care and birth care
- Innovative workforce design that allows all clinicians and practitioners to work at the top of their scope of practice
- Genuine community engagement and increased health literacy
- Patients truly valued and treated as paramount
- Integrated and sustainable approach to Aboriginal health

# SUGGESTION FOR BETTER REPORTING – ACCOUNTABILITY OF OUTCOMES TO DRIVE FUNDING

- Create a multidimensional outcomes model, incorporating reduced risk, cost efficiency, cost effectiveness, patient engagement and feedback



# SUGGESTIONS ON HOW TO CONNECT THE HEALTH SYSTEM AND MAKING PROVIDER BOUNDARIES SEAMLESS

- Three way, real time referrals, involving the GP, the specialist and the patient
- Regional allocation of funding and commissioning within the local geographical area
- Human Service Departments supported to collaborate across all levels of staffing

# SUGGESTIONS FOR TRANSFORMATIONAL CHANGE – NEW SERVICES, MODELS AND WORKFORCE SOLUTIONS

- Resource sub regional collaboration, with LGAs at the heart of developing new ways of working and providing services
- Review scopes of practice to enable greater flexibility and better use of the transformative work roles that are emerging
- A review of awards and conditions to improve efficiencies
- Look for public / private mixes and collaboration to drive better service delivery
- Increased use of digital health mechanisms

# SUGGESTIONS TO ENABLE DIGITAL CONNECTION OF HEALTH RECORDS TO SUPPORT COLLABORATION

- Utilise a single electronic, patient-controlled health record and provide education and enabling mechanisms where needed
- Consider the security of data including viewing permissions to specific datasets
- Remove restrictions related to private and public collaboration
- Support access to digital connections and upskilling for community members



Warren Harding, SHR Panel Member