



# Sustainable Health Review

## CONSULTATION PROCESS

### Pilbara Region Consultation

Port Hedland / Tuesday, 10 October 2017

## SUMMARY

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

Participants either attended in person at the Hedland Health Campus or via VC connection from remote sites in the Pilbara region.

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 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:

- Recruitment and retention of staff is a major issue for the region
- Development of the workforce with upskilling to the right skills mix is challenging
- Money is wasted through rapid turnover of staff and maintenance of some staff who have little long term interest or commitment to health outcomes for the region
- Keeping staff safe from violence, and shortfalls in security for ED aggression management
- Difficulties in providing accommodation for health workers and inconsistencies in housing policies
- Balancing the need for outside services to ease the burden with some external specialist services that are not driven by population need or that are focused on short term problem solving
- Difficulties in coordination between internal and external service providers
- Population demographics and the vastness of the regions that result in high costs of services and inequities in service provision
- High costs and inefficiencies of PATS, coupled with a lack of support at the metro end
- Lack of contact with remote Indigenous communities and the challenge of getting Indigenous input to their own health
- Limited Aboriginal workforce including the need for Aboriginal Liaison Health Officers
- A lack of mental health services, in-house mental health professionals and limited clarity on role delineation in acute settings
- Resourcing gaps in health promotion and preventative health, leading to the State becoming the provider of last resort for primary care
- A lack of social worker support to focus on social determinants of health and collaborate with other agencies.

# THE CRITICAL CONVERSATIONS THAT WE MUST HAVE

- An inter-sectoral, collective approach between agencies to plan, finance and deliver services in the region
- Improve primary health care services to provide early intervention in a local setting and encourage people to take accountability for their own health
- Recruitment of staff from the region plus ongoing training to build a long-term workforce that provides continuity of care and locally tailored services for the region
- A more dynamic and lateral approach to processes and policy for complex, critical and vulnerable families
- Greater emphasis on chronic disease education, care plans and coordinating across agencies
- Learn from other countries' health care systems, different models of care and innovative scope of practice changes



# SUGGESTIONS FOR MODELS OF CARE AND SCOPE OF PRACTICE CHANGES

- Develop a Primary Health Care Model that includes all health professionals
- Have round table discussions around changes needed for the scope of practice
- Trial service innovations locally
- Introduce a consortium approach to staffing single nurse posts



# SUGGESTIONS FOR A WHOLE-OF-COMMUNITY APPROACH TO SERVICE SCOPE AND COORDINATED DELIVERY (INCLUDING COMMONWEALTH)

- Mandatory MOU around working together, between major human services agencies within a community
- A regional funding model with a single regional point of entry
- Greater use of NGO services to assist in service delivery within the community
- Greater involvement of Local Government Councils in whole-of community / health related initiatives, to get a holistic and community supported approach

## SUGGESTIONS FOR WORKFORCE RETENTION, EFFECTIVE RECRUITMENT, TRAINING AND REWARDS

- Trial and implement innovative rostering arrangements
- Utilise VC access to Central Office to provide really good professional development training
- Strengthen staff welfare systems to better cope with all the stressors
- Provide excellent orientations that set out community information and social support contacts to enhance integration with the community
- Regular work experience opportunities for local school students to gain familiarity with possibilities in the local health service
- Get serious about streamlining recruitment processes to cut replacement times

## SUGGESTIONS FOR DIFFICULT CONVERSATIONS WITH PATIENTS (IE: INDIVIDUAL RESPONSIBILITY, END-OF-LIFE AND VULNERABLE FAMILIES)

- Have the difficult conversations at an earlier stage and put arrangements in place
- Have community level discussions around the Clinical Services Framework
- Maintain Enduring Power of Attorney records centrally and link them to the integrated health record