GOVERNMENT OF WESTERN AUSTRALIA

Sustainable Health Review

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details ***This information will be used only for contacting you in relation to this submission***	
Title	
Organisation	[redacted]
First Name(s)	[redacted]
Surname	[redacted]
Contact Details	[redacted]

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

☐ I do not want my submission published

☒ I would like my submission to be published but remain anonymous

Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Submissions Response Field

Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).

There is substantial evidence that Consultation-Liaison Psychiatry services both reduce health service costs and improve patient outcomes via a combination of impacts on admission diversion, reduced length of stay and reduced unplanned readmission rates (e.g. Centre for Mental Health / London School of Economics Report " Economic evaluations of a liaison psychiatry service"). The cited report indicates savings of 3 to 7 times the cost of the service. Despite this evidence, these services are frequently the target of staff cuts in WA Health. For example, the equivalent service at SCGH is 10 FTE short of the benchmarks associated with the above cost savings (1x consultant FTE, multiple nursing, allied health + admin FTE). While I am less familiar with the staffing at other tertiary hospitals, I understand they are also well below the established benchmark. Adequately resourcing these services which are clearly identified as generating multiple times more savings than the cost to fund them is a clear way to both improve the financial standing of the health service while improving patient safety and quality of care at the same time.

In Mental Health Services, the clinical governance structures, including patient safety and quality monitoring, are opaque and the impression of staff is that many roles are duplicated with a clear impact on efficiency and redundant spending. The governance structure needs to be simplified to a single reporting/safety monitoring structure to eliminate duplication of functions that are currently shared by the boards, the DoH Mental Health Unit, the individual service providers, the Mental Health Commission and the Office of the Chief Psychiatrist.

Within SCGH, large amounts of funding the hospital is eligible for are simply not claimed. An example of this is private practice income, which is commonly assigned by the practitioner to the hospital under the "Private Practice – Arrangement A" clause of the medical practitioners AMA industrial agreement. It is common for the hospitals to fail to claim any of the private practice income that they are eligible to claim from Medicare. This unclaimed funding likely equates to several millions of dollars per year for large health services such at SCGH. The health service failed to claim a single cent of this income generated by my practice in the last financial year (despite me providing the hospital with billing details of every private patient service event). I am informed by multiple colleagues across different specialties and different health services, that it is common for most, if not all of this potential income to go unclaimed.