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	[redacted]
Organisation	[redacted]
First Name(s)	[redacted]
Surname	[redacted]
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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).

The fundamental requirement is for better information that is clinically relevant and easily and immediately accessible to clinicians.

What do we do?

Almost all the costs in any surgical service are driven by clinicians. It is surgeons/clinicians who order tests, determine if admission is required, the operations patient undergo , the equipment used, whether the patient stays overnight, when they go home, the outcomes of the surgery, etc, etc. Most surgeons/clinicians have no idea as to their own practice, let alone how it compares to others. Despite spending billions of dollars the WA DoH has no idea of the quantity is purchasing (the recent Upper GI review was an example that) and absolutely no idea of outcome (and there are plenty examples of that). So accurate capture of what it pays for and some simple outcomes would in itself be an enormous step forward.

Open publication of data

The best way to influence surgeons/clinicians is to provide them with their own data on an open, named basis. There is now a huge international literature to show open publication drives change. That is why this included as a recommendation in the recent Mascie-Taylor review. Initially the surgeons/clinicians will be unhappy arguing the data is not risk adjusted. So the feedback needs to start with activity and processes (eg proportion of cases managed as day cases) where risk adjustment is not relevant. This has to be provided to them in a simple way. And it has to be provided to them, not that they have to seek it out as they will not do that. But if it arrives in their email each month they will read it, and more important will not be able to state they did not know.

Second, they need to be advised up front that case mix will be risk adjusted on the basis of the data they provide. So, for example, if they do not review their discharge summaries and ensure the relevant co-morbidities are recorded their cases may not be adequately risk adjusted and their performance may then appear worse. They will then learn that action (or in this situation lack of action) has consequences.

IT upgrade

To do this the WA DoH will need to invest in its IT which is years out of date. This does not have to be expensive. For surgeons, a key step would be to enhance the TMS. Every patient who goes to theatre is entered on TMS and the operation is the perfect time to collect key but important data. The surgeon and anaesthetist are there, the patient folder is there so the information immediately to hand, coding could be done real time by the person doing the operation. At present the booked operation is entered by the booking clerk, but the operation that is done may be different. However, the procedure codes cannot be changed. Indeed the procedure codes on TMS do not match the CMBS, so TMS and the operation note may have different codes!?

Seamless communication

For the system overall the prime means of clinical communication is by letter/email/ereferral. All these need to be in one place so that anybody can access all communication is a seamless chronological order. All private practice PMS manage this integration seamlessly. Yet in the public system clinicians can write letters etc but they are not filed in the folder and are not accessible in iSoft so not accessible to others, who indeed may not even know they exis.. Likewise results from private providers need to be available. In the financial world computer systems

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integrate effortless by the use of common API's and can be matched all round the world. In Perth it is not possible to integrate the blood results of two hospitals separated by a car park. So it is simpler to repeat the test, at great expense.

Duplication

A central trust of the Reid report was the elimination of duplication. This inevitably means that not every hospital will offer every service. The government wilted in the face of the predicable public outcry and contrary to all the evidence many services are duplicated, core to this being the retention of the RPH and the scaling down of FSH.

Emergencies

With an ageing demographic the burden of emergency work will remorseless increase. Ineffective management of emergencies will have a disproportionate adverse impact on costs and efficiencies. To manage emergency patients efficiently they have to be separated from elective patients. To justify separate streams there need to be fewer emergency departments admitting more patients. Internationally many cities the size of Perth will have no more than four emergency departments. In Perth there are seven public and one private (and another being planned) emergency departments all staffed and equipped in the same way. This is expensive duplication.

Decisions

Whatever this review recommends, it will fail unless the government accepts it, acts on it and is not persuaded by vested interests that do not want to change. For example, the Reid review recommended the closure of the RPH, the RPH clinicians put up a fight ,the government bent to the adverse publicity and the consequences are obvious for all to see and will impact on WA health care for years. My past experience at multiple levels is that the WA DoH is not prepared to make the hard decisions. Time will tell if this time is different ....