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]
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

X 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 attach (Suggested Maximum 5 pages).

1) ***Leveraging existing investment in Primary, Secondary and Tertiary Healthcare, as well as new initiatives to Improve Patient centred service delivery, pathways & transition.***

Leveraging our health system or to improve and enhance the health system means it is vital to remove the current "barriers" that exist between our tertiary, secondary, primary health services and our social & community care. Building collaborative partnerships with health service providers ("HSP"), Allied Health Providers ("AHP"), consumers/carers & disability service providers is imperative. Removing the "silo" mentality from HSP / AHP/ Social care & disability care is a must(including NDIS). **You cannot build collaborative partnerships if people don't communicate with one another. According to the WA Disability Services Sector Industry Plan, released at the recent NDS Conference, the growth rate of people with disability in WA will increase from 2015/16 25,600 to 2019/20 39,100, with a funding rising from 908 million to 1.7 billion, and jobs growth from 10,507 to 20,144.** One of the risks/threats to this large increase in demand for service and support from this Population base will be not *"being able to recruit & train the magnitude of capable workers required under the NDIS ..."* Will this pose a risk & increased demand to our health services by more people requiring services from all health care sectors ? I firmly believe it will.

Please see: https://www.aci.health.nsw.gov.au/resources/intellectual-disability/id-essentials/home

Ensuring that the money & effort we have spent across our health services including general practice to ensure an Individual patient experience from home to health services & back again, means just that – common sense is that Each of us is an individual with different needs and wants from many different aspects of what makes us each who we are. The easiest way to ensure that this happens is to "ask the patient", put us at the forefront of our care, listen to us, empower us to make the right decisions for ourselves. What's the old saying - "don't lead I may not follow, don't follow I may not lead, but walk besides me, hold my hand" - a shared journey, each of us learning from the other as we go – a collaborative partnership. I strongly believe that if we get our health services right for our most vulnerable people, we will get it right for everyone.

2) ***The mix of services provided across the system, including gaps in service provision sub-acute, step-down, community & 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.***

There are barriers for consumers/carers in accessing the care that they need. Navigating the health system is difficult not only for consumers/carers but also for HSP, AHP, disability service providers, social care. When a person with a disability presents at ED they walk through a wall that instantly removes any form of collaboration, this barrier also exists when discharging a person with a disability who lives in a "group home", social care with a disability service provider places that vulnerable person at a greater risk of readmission than a person living in their own home, or in an aged care facility. Disability Service Providers do not have clinical HSP on staff. Disability Service Support Workers are not highly trained, often from overseas and English is not their first language. If a person is non verbal, has swallowing difficulties, has a modified diet, is unable to walk, is in a wheelchair the risk is higher.

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It is vital that "consumer centered care" includes all parties that care for a person, especially with a disability, including their family, siblings. Siblings have the longest life history with each other, and can therefore be an important "team member", they know the person's life journey. The knowledge that a person family, siblings can share with the treating HSP is 'priceless".

We may have the right services to meet consumers/carers needs but finding them takes considerable time, effort And persistence on the consumers/carers behalf. It's exhausting! Many carers especially are often thought of As "overly passionate"! All they're trying to do is safeguard someone that they love.

3) ***Ways to encourage & drive digital innovation, the use of new technology, research & data to support Patient centred care & improve performance***.

Collect appropriate data of the health status & improved health outcomes of all vulnerable groups. Data on the health & welfare of people with disabilities is not currently collected by HSP. Increasing education for HSP & AHP on how to engage and work with a person with a disability. Please see Disability Health Networks WA Implement the recommendation provided there as well as from NSW as per the link above.

Include this date on the AIHW My Hospitals Website. Perhaps build funding into this as well, more funding Provided for complex consumers – ie complex disabilities – who are more frequent uses of our health systems.

Up skill support workers in navigating the health system & having the courage to speak up and use new technology For specialist appointments rather than supporting a person with a disability to travel to and from specialist appointments which adds costs to Disability Service Provides with addition staff resources required.

Technology by investing and improving the use of "remote" clinical advice, education and increasing health literacy would lead to improved outcomes and engagement with consumers/carers, disability service providers – bridging the sectors to work together. Investing in "Telehealth" Upgrade all hospitals computer systems to interface & communicate with each other - this is not currently the case.

4) ***Opportunities to drive partnerships across sectors & all levels of government to reduce duplication and to Deliver integrated coordinated care.***

Remove the barriers, privacy concerns, inter professional relationships, include consumers/carers (siblings), support workers. Embed the work that Disability Health Networks have done please see:

, https://3dn.unsw.edu.au/idmh-core-competency-framework

http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/Disa
Health-Core-Capabilities-Resource.ashx

http://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/Disability/PDF/Hos
Stay-Guideline.ashx

http://a2d.healthcare/

Coordinate care between all health services & social care – its vital!! Personal centred care includes all HSP/Disability Service Provides (support workers & NGO's) that support a person with a disability to live a good life.

It continually amazes me that this doesn't happen already. I understand that the NDIS is not a health scheme, But there are very clear intersections within the health/disability sectors. Duplication of services must surely Exist in both sectors. Coordination between the NDIS and the health system at all levels is urgently required

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If we are to see improved health outcomes and quality of life for people with disabilities and less unnecessary Admittance to hospitals if professionals would just remember that they're on the same team & communicate And coordinate care. The opportunities for partnerships in this space are enormous!

5. ***Ways to drive improvements in safety & quality for patients, value & financial sustainability including cost drivers, allocative and technical efficiencies.***

Ways to drive improvements :

1. Make care coordination a priority (stops fragmented care that often results in duplication, more hospital visits). What these complex cases need is one person to coordinate care between health & disability services. This person Could be the GP (but they need more time & funding), but also HSP employing staff specifically responsible Or care coordination and communicating with consumers/carers/support workers regularly.
2. Identify those consumers who are in need of proactive, coordinated care – those at risk of poor health outcomes.
3. More trained GP's and geriatricians (who can also assist those under 65) – please see https://www.kingsfund.org.uk/audio-video/joined-care-sams-story
4. Further enhancing of the consumer focused "patient centred care" and inclusion of Consumers/Carers on all Committees across the Health & Disability Sectors at all levels including the Health Area Boards.
5. The Carers Recognition Act acknowledges carers, but the value that they can add to the care of a vulnerable Person needs further education of health services provides at the "coal face", including and especially Specialist clinicians some of whom do not seem to have recognised this fact just yet. Ensuring that the Carers Recog. Act is rolled out to include ALL Government departments not just health & disability sectors.
6. Funding methods – do we need to look at the ways in which our current funding system can be improved – Re designed to reduce the risk for consumers/carers with complex health challenges to reduce barriers to Collaboration?
7. The integration of health/social services/mental health care – the failure to recognise how closely these two Care streams add to the health outcomes & quality of life of a consumer is inefficient for both sectors.
8. Engage with HSP, especially some senior specialist, to change beliefs of professional autonomy. Clinicians Leading change need support to do so and should be rewarded, acknowledged & supported.
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Collaboration?

14. The integration of health/social services/mental health care – the failure to recognise how closely these two Care streams add to the health outcomes & quality of life of a consumer is inefficient for both sectors.
15. Engage with HSP, especially some senior specialist, to change beliefs of professional autonomy. Clinicians Leading change need support to do so and should be rewarded, acknowledged & supported.

6. The key enablers of new efficiencies and change, including, research, productivity, teaching & training. Culture, Leadership development, procurement & improved performance monitoring.

The only way to change behaviours right across the health sector is by way of a cultural change, which will not happen overnight. It is an ongoing development. SMHS is leading the way with the SMHS Chapter of IHI (Institute of Health Care Improvement) as part of the Futures Program. This program is a great example of leadership designing And implementing health care improvement. This is an exciting development in health care, and one that give the Consumer/carer hope that our health care services will be designed to put the consumer at the centre of their own Patient journey, empowering them with skills and knowledge to make their own informed choices.