

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).

Opportunities to leverage work with other government agencies to create an impact in early life and family support such as with Education, Communities and Family Services.

There should be encouragement for services to try something new and rapidly adapt models. The current methodology where every step needs a significant business case prevents innovation and also limits the ability to change rapidly and therefore prevents rapid cycle innovation. There needs to be an acceptance that some things will fail, but with failure will also come some wins.

Ensure all staff are working at their maximum scope. There is significant opportunity to re-position child and school health nurses to support development of services in the community. It would require some upskilling and ideally a change to undergraduate education. The current community infrastructure is poor. The government should commit to improving this resource as a priority. It would send a clear message that future healthcare is about the bulk being delivered in the community. These should be configured with the most up to date ICT to enable even more services to be delivered into peoples home rather than them needing to always attend a facility.

Fully electronic records which patients have access to including hospital medical records. The Federal Government my health record is a start, but not enough.

Patient directed and selected appointments. Currently there is a large workforce simply booking and re-booking patients. This must be the last service in the world where humans are not allowed to self book on-line!

Consider reducing the number of AHS to 3 - North, South and Country. CAHS should merge with NMHS and East should be disbanded and service moved to NMHS. There is massive opportunity cost in supporting 5 AHS. Whilst Boards may enhance accountability etc, there is significant work in supporting them. CAHS is too small a business to justify this and alignment with other agencies would be enhanced with true geographical AHS. Currently EMHS cuts across both north and south geographic areas.