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	
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).

The NHS use Better Care Better Value indicators which identify potential areas for improvement in efficiency including shifting services away from the traditional setting of the hospital out to community base care. Virtual wards are not a new concept and are designed to replicate the multidisciplinary approach of a hospital ward in the community, with the aim to reduce emergency presentations, emergency admissions and to support patients in the community. By proactively managing patients, particularly those with chronic conditions hospital admissions can be reduced. Furthermore by utilising the expertise of Nurse Practitioners for the ongoing follow up at home thereby easing the burden on GPs, efficiencies and cost savings can be mad whilst ensuring the patient receives safe, quality care in their home/community. Clear criteria has been identified for patients selected for virtual ward service Following initial assessment, all patients have a care plan involving regular ongoing follow-up at home, but they are also encouraged to contact the virtual ward if they are unwell or simply need advice. To facilitate this, patients are given a direct access telephone number for their virtual ward. The service is integrated with the hospital emergency department, ambulance service and GP after-hours service, who are all encouraged to seek advice from the virtual ward team if virtual ward patients present in their settings. Savings from reduced hospital admissions would cover the costs of the virtual ward.

Community models of care utilising the skills of nurses and midwives have the potential to free up acute beds and deliver care closer to home. Caseload models are cost effective and more productive than standard hospital based models. For example midwives working in the hospital setting care for approximately 28 women across the continuum. Compare this to Midwifery Group Practice models, midwives care for 36 – 40 women depending on their acuity. This can be achieved by a service redesign and initial investment, which will result in savings from decreased caesarean section rates, decreased epidural use and reduced length of stay. On average women in MGPs who birth in hospital stay for approximately 6 hours. These models have a strong record of engaging Aboriginal women and families.

How antenatal education is delivered also needs to change to meet consumer demand. It is no longer appropriate to provide separate antenatal education in light of continuity of care models, where women see the same midwife across the continuum of care. The Centering Pregnancy model is one way of integrating antenatal care and antenatal visits. The women still develop their networks with other women and receive both care and education at a single point http://www.centeringpregnancy.com/

There is the opportunity to utilise appropriately skilled nurse practitioners in areas where there are GP deficits to support fragile services, reducing the burden on metropolitan sites and enabling patients to receive care closer to home. These models extend to providing immediate and ongoing collaborative care for acute inpatients, residents in aged care facilities and members of the community, in particular supporting individuals and families in providing symptom management for terminal illness and fulfilling their end of life wish to stay at home.

Models of care are often developed to bridge service delivery gaps rather than as planned strategic response to an identified local need. Embedding models of care as part of sustainable healthcare is vital, as is supporting the consumer to identify who their lead carer is at any stage

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).

of their health care journey. There needs to be a shift away from hospitals being the one stop shop for all health needs to ambulatory care units and other outpatient facilities. Standalone ACUs need to be part of an integrated system effectively bringing healthcare closer to the patient and giving them more convenient access to the specific outpatient services they need. Patients are customers and they have high expectations when it comes to their healthcare. They want short commutes, easy parking, short waits, short visits and direct access to health professionals who have time to answer their questions. Ambulatory facilities are designed to enable this kind of improved experience.

Investment in training and education for programs that make a difference to downstream outcomes are vital to ensure healthy future generations. There is significant evidence about preconception and pregnancy care affecting the development of the fetus. The same can also be said regarding intrapartum care. Unnecessary caesarean sections are adding to the disease burden for future generations of Western Australians in relation to asthma, diabetes, heart disease, not to mention the future reproductive health of the woman. Equally as important is breastfeeding as there is numerous research regarding the long term benefits of babies who are breastfed – the Baby Friendly hospital initiative should be embedded in every WA Health hospital and should be funded from the TTR budgets of HSPs. WA currently has the worst rate of BFHI accreditation in Australia and this needs to be addressed if we are to prepare healthy Western Australians into the future.

Digital technology in screening will ensure the women receive the appropriate referral and care. iCope has developed a platform for perinatal mental health screening which has been embraced by eastern states, additional screening programs can be added to the platform such as Audit C – alcohol use, smoking and domestic violence. Aboriginal specific screening can also be added and the best part of this technology is it is driven by the women – they answer the questions on a tablet or smart device which provides the response to the clinician as well as resources to them resulting in 100% compliance and 100% accuracy http://cope.org.au/health-professionals-3/icope-digital-screening/

Health can save significant amounts of money if they removed the private practice allowance from medical officers. I do not know of one obstetrician who has signed up to Arrangement A who is utilising their right of private practice in any public maternity unit – yet they are receiving $10000s each year in additional income, but not delivering any funding into the system. This needs to stop and medical officers be held to account. Additionally, nurses and midwives who receive a qualification allowance should not receive this – no other profession is paid additional money for having a qualification. Furthermore, midwives and nurse practitioners in private practice can generate income for HSPs and these models need to be embraced.

Postgraduate midwifery education needs to cease. With the separation of the professions midwifery education should only be offered as an undergraduate degree. Nurses who wish to undertake midwifery would be given recognition of prior learning, but it would ensure all midwives enter the workforce at the same level and this should be reflected in the award. Supernumerary unpaid models during the education program and where they are only working in maternity care they should be paid as a novice midwife, not an expert nurse. Universities should be working with HSPs to establish centres of excellence http://www.cetl.org.uk to

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).

develop and disseminate good practice and innovation in clinical and communication skills that shifts emphasis from teaching to learning and from teachers to students. The CETL builds on existing excellence to:

1. Enhance the student experience through support for student-centred skills learning,

2. Pilot and evaluate new methodologies and technologies and disseminate best practice,

4. Engage with the HSPs to ensure that students enter employment with the professional skills and competencies they need to practice safely in a transforming health care system.