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]
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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

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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 an abundance of evidence in relation to the importance of good preconception and antenatal care in terms of the lifelong impact on health. This was the basis of the COAG funded National Partnership Program. Whilst this focus was specifically addressing inequities for Aboriginal mothers and babies the underpinning principle of investing in a good foundation for all Australians is undeniable. Considering antenatal and postnatal care as primary health strategy meets a number of the areas outlined in the submission guidance. It most appropriately takes the focus off hospital-based and focussed service and delivers care in the most appropriate setting, promotes patient centred service delivery and has the potential to drive partnerships across sectors.

Looking at the now expired National Maternity Services Plan there were a number of actions that were not completed and in general these were the strategies that were the (funding) responsibility of jurisdictions.

Specifically Action 1.2.6 looked to enable access to public antenatal care in a range of local community settings. Currently most state funded antenatal care provided in hospital based clinics. This is an expensive option for low risk women, especially in the tertiary setting. Parking and public transport options make it difficult for women to attend the service as opposed to taking the service to them. Minimal progress has been made against this action as governments are focussed on managing hospitals. This lack of progress has been compounded by the ongoing changes to leadership in the primary sector.

Actions 1.2.1 Access to midwifery-managed models of care for normal risk women, 1.2.2 provision of clinical privileges within public services, 1.2.4 using midwives to the full scope of practice all require further work to reap the full benefits of decreased interventions, decreased length of stay, increased breastfeeding initiation and duration rates.

The evidence around midwifery models of care is now not only international but has been well published in the Australian context. Without doubt WA had made significant progress over the last 5 years however equity of access remains an issue dependent on postcode. Midwives are the most appropriate health professional to provide care to women across pregnancy, labour and the postpartum period. Midwives working in a well joined up system where women can be referred for medical care when required are able to provide care that is not only safe but economically beneficial to the health care sector.

Most maternity services in the metropolitan (but not all) have antenatal clinics (Rockingham Hospital does not provide antenatal care) however there are still a number of services without midwifery models that offer continuity of care. Implementation does require an initial investment of project time and an initial increase in midwifery FTE to establish the model. This investment is balanced by the ongoing savings but more importantly maternal satisfaction.

Endorsed midwives continue to struggle to gain access to maternity services with medical staff refusing to engage in developing escalation pathways. The outcome of this is a loss in revenue of this private patient model. As a side note medical staff in a number of services have failed to meet their responsibilities to the generation of private patient revenue despite the significant

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allowance they receive.

Endorsed midwives employed in midwifery positions within the system remain frustrated that having completed a formally recognised course, they are unable to prescribe and order routine investigations. The provision of care by the right person, at the right time, in the right place should be our goal 100% of the time. The avenue is there for midwives to provide care to the full scope of their practice and needs to be implemented.

In relation to the benefits of breastfeeding there is significant evidence of the physical and emotional wellbeing of mothers and babies and potential economic savings to the population as a whole when infants are exclusively breastfed. Compared to other jurisdictions WA is lagging in the number of maternity services achieving Baby Friendly Health Initiative accreditation. BFHI was a key strategy of the National Breastfeeding Strategy and is currently in the draft version of the revised Strategy. We have good initiation rates but the number of women exclusively breastfeeding drop significantly by 3 months. Enhanced antenatal and postnatal care (such as that provided in midwifery models of care has been shown to increase the duration of exclusive breastfeeding.

Whist I believe that these strategies have the potential to deliver short and long-term health benefits and savings they represent a fundamental shift from a medically dominated model to a primary health focus.

Since the introduction of activity based funding WA Health has made what appear futile efforts to contain costs. For a time it appeared that there was an appetite to challenge the lack of governance and compliance with policy by medical staff. The recent changes in leadership at PMH and WNHS have sent a clear message to the system that the medical fraternity are untouchable and whilst they continue to use their personal, professional and political relationships to control the health sector I fear the budgetary pressures in this State will never be contained.