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

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

Publication of Submissions

Please note all Public Submissions will be published unless otherwise selected below

I would like my submission 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).

1. The current awards for many specialists are now way over the market rate. All doctors should be moved back to the standard AMA award which will save in excess of 150 million a year.
2. Outpatient services need to be disaggregated from tertiary hospitals. Leaving them attached hinders productivity, prevents the adoption of medicare billing and leads to poor communication with general practice. It also poses a large travel burden on many patients. We need to put the clinics out in the community.
3. We need to develop a less medicalised workforce to deliver primary care. The US and UK are way ahead of us here. Although this is in the government space, we have a very expensive workforce (GP's) delivering care when most of the care can be delivered by nurses or other healthcare workers.
4. We need to move away from Junior medical staff delivering care where they spend 50% or more of their day doing clerical work on computers. We need to develop medical assistants (UK model) or physicians assistants (US model) to do this.
5. We address the issue of patients no longer being allowed to die in nursing homes. Too many patients at end of life are sent to emergency departments.
6. We need better integrated IT across all the health delivery sectors. Frankly this should be outsourced, HSS are the definition of hopeless.
7. We need to disincentivise radiologists and pathologists to do more tests - their awards must be changed as per (1).
8. We need a proper step down hospital to take patients for convalescence. The secondary hospitals do not perform this function. The state rehab center does not perform this function. We are keeping low acuity patients in high acuity beds.
9. There needs to be a coordinated bed management unit across all hospitals to stop the enormous wastage of time of hospitals bouncing patients - this must include ICU beds.
10. We need to reconsider very expensive therapies - for example anything beyond second line chemotherapy, solid organ transplantation, redo bypass surgery on smokers etc.
11. Disassociate acute emergency care from elective. One example would be to shut SCGH ED, move it to RPH but move elective surgery from RPH to SCGH. This would enable one site to concentrate on acute emergencies and surge while the other could maintain business continuity during winter.
12. GP's need to be penalised for referring patients who should be managed in primary care. The number of unwarranted referrals to tertiary clinics is very high from the 5min consult GPs.
13. GPs need to be rewarded for taking on the management of difficult and complex patients, including end of life care and mental health.
14. The current situation of vastly inadequate locked mental health beds must be fixed.
We cannot have up to 1/3 of our ED capacity regularly occupied by patients awaiting a psychiatric bed.