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	Mr x☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☐ Other ☐
Organisation	
First Name(s)	Joe
Surname	Calleja
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).

My interest in health stems from a long engagement as a CEO in the not for profit mental health sector. Although many of my comments might relate specifically to mental health, most will have relevance across health in general.

- **Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;**

- Health needs to explore a broader range of workforce options. At present it is dominated by medical and nursing professions, with a relatively minor emphasis on allied health even though allied health is the key bridge to the community.
- A further deficit in the health workforce is the lack of Peer Workers, particularly in mental health. There is a growing amount of evidence based literature which proves the value of peers in recovery from mental health and in reducing suicide.
- It would be useful for the WA Government to establish a Ministerial Task Force into the Health Workforce to review the current workforce and the creation of new positions. This will get away from the territorial dominance of the professions around workforce matters, particularly those of Medicine and Nursing and to a lesser degree Psychology. There could be more exploration of Assistant level positions and an expansion of some activities to other groups such as the extension of administering and prescribing rights to professions currently excluded.
- The creation of Assistant roles would free up professionals to spend more time with patients in dealing with ore complex matters.
- Exploration of the Rural and Remote AH program in Queensland would prove useful in addressing some the WA rural and remote workforce challenges. This is evident to some extent in the Kimberley in partnership between Health WA, PHN and a not for profit.
- The provision of tertiary health services is expensive and dominated by the medical and nursing professions, which are the two most expensive labour components of health. In mental health, it is widely known there are patients who should be discharged into the community but are not because there is no suitable accommodation. They remain in a hospital bed being “supported” by the traditional mix of nurses and medical practitioners and psychiatrists, when they do not need that combination of support. Health WA should consider closing some wards and converting them to recovery wards where the staffing mix is a combination of peer, nursing and allied health but not based on a specific formula approach as is currently the case, instead based on the skills required of staff to support the recovery of the individual. Recovery based support of this nature will cost less in labour, be more focussed on the recovery required (as they are ready for discharge) and assist the transition of the individual into the community. These wards would also work closely

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).

with non-government mental health and social services that can provide support in the community.

- Many mental health admissions to Emergency Departments (not meth related) are generated by family who simply want their loved one to be safe, and for their own protection at times. Emergency Departments would not be necessary end points if Health WA funded crisis recovery centres where 24-hour peer support could be provided to support individuals until their crisis is over. Traditional professional perspectives in Western Australia resist this as it impinges on their "territory", yet peer centres of this nature are increasingly common in the US and other parts of the world. Expensive hospital admissions are avoided and individuals receive support which is more tailored to their emotional need. These services are different from the established sub-acute services currently being rolled out and would complement those services.
- More broadly care-coordination services (multidisciplinary) in partnership with WAPHA for identified people at risk of admission to EDs should be explored.
- Consumers of health services should be actively engaged in the planning of services from the very beginning, not after wards. Professionals view the world from their own lenses, patients from their need.
- Initiatives that are being supported within hospitals under the High Value Health Care Collaborative should be given more prominence and aligned to KPIs for HSPs.

- **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;**

- It is critical to increase the number of Aboriginal Health workers and to ensure they are provided with effective support and given a career path through training and qualifications.
- The state needs to examine what works well even if it funded through another jurisdiction and consider whether top up or additional funding from the state would improve health benefits and save on state costs. A case in point is with diabetes where DESMOND which is poorly funded by the commonwealth but has demonstrated health benefits to individual and would provide further cost savings to the state. Also providing additional funding to peer support groups such as Connect Groups in Western Australia which supports dozens of health based peer support groups yet struggles financially.

- **Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;**

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).

- Telepsychiatry and telehealth needs to be used more widely in the rural and remote areas. The current Health WA approach of flying Psychiatrists from other states into regional WA is wasteful and ineffective.
- Although telepsychiatry is not likely to be effective for Aboriginal people in remote areas, some of the savings from discontinuing current wasteful practices could be redirected to those areas.

- **Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;**

- There needs to be increased partnership opportunities between Health and the NFP sector. Health acts on its own all too often without recognising the broader capacity of the NFP sector and its potential to help deliver excellent health and social outcomes.
- This now extends for to the need for HSPs and NFPs to build relationships and to jointly plan with consumers on how services should be developed and delivered.
- The WA Government needs to review the current HSP structure. In the initial structure there was no East Metro, yet one suddenly was announced. The Reid Review recommended the closure of RPH to fund Fiona Stanley yet this has not occurred contributing to the current financial burden inflicted on the tax payer by health services in this state, which does not necessarily bring with it any additional efficiencies in health services or outcomes. With Both PMH and KEMH both sitting in North Metropolitan area it raises the question of the need for a separate Child and Adolescent HSP.

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

- There are costs in Health that are driven by the industrial agreements with the AMA which are inflating the cost to the community and lack transparency. Public service positions that do not require a medical qualification to be held are sometimes filled by doctors. When they are those doctors are paid according to the AMA Award not the public service award. This needs to be addressed as the medical qualification is not the driver for the role. In fact, it not only costs more because it is then linked to an AMA Award but also because the appointee looks at all the decisions through a medical lens rather than as a health administrator. This means that decisions are made that are medically focussed (possibly even AMA influenced) which then are costlier than if looked through the eyes of a health administrator.
- There are many other additional costs that accrue to medically trained practitioners that public

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).

servants don't claim, such as overtime when flying interstate after 5pm, and these are simply rorts under the guise of an Award for a club of self-interested persons parading as a professional body.

- A full review needs to be undertaken of all claims made by Heads of Departments to ensure that a Department exists for which a claim is being made.

- **The key enablers of new efficiencies and change, including research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;**
- Ensure WA Health has a plan for the next 20 years which is not just driven by infrastructure but focussed on community need and health economics for sustainable interventions.

Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.