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*	
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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

☐ 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.

Submission Guidance

SUSTAINABLE HEALTH REVIEW SUBMISSION

The Council on The Ageing (WA) welcomes the opportunity to contribute to the Sustainable Health Review's deliberations on prioritising the delivery of high quality, patient-centred sustainable healthcare across Western Australia into the future.

COTA (WA) was formed in 1959 as a membership and community-based organisation and has a strong track record of representing the concerns of older people and advocating on their behalf. We regularly consult with older people through a variety of public forums, surveys and face to face interviews.

In recent times, one of the top priorities identified by older people is the need for more age-friendly health and mental health services in Western Australia. There are strong perceptions among older health consumers that:

1. As people age their voices are not heard when clinical and other decisions impacting on their lives are being considered in the hospital system
2. If they have specific medical conditions or disabilities that make communication difficult, planned treatments and options may not be fully explained and/or discussed
3. For those without family and friends, hospitalisation can be a frightening experience especially for people who are frail or have cognitive or other impairments
4. Mental health services for older people are limited in WA
5. Older people have been treated in a geriatric setting regardless of their presenting health issue and this has sometimes resulted in a sub-optimal outcomes
6. Transitioning from the health system to the aged care system is frequently poorly coordinated and driven by resourcing issues as opposed to person-centred care.

Investing in Prevention and Early Intervention

There is strong evidence that investment in prevention and early intervention programs have significant benefits for both the individual participants and the broader health system. Programs that support older people to remain fit, active, happy and healthy are critical to reducing hospitalisation rates and other contacts with the health system. In many cases, by the time an older person requires acute care there are significant comorbidity issues that the acute care setting is not best geared to treat. As such, the resourcing of initiatives that deliver health benefits to older people should be a key priority. Unfortunately this sort of investment has tended to be somewhat ad hoc with the focus tending to be on the acute care. There is a substantial amount of evidence about the increasing number, cost and deaths associated with people over the age of 65 years having falls. What is often missed in the analysis of this, and other major health issues affecting older people, is the psychological and social impact of illness and injury on the quality of their lives. The loss of confidence, independence and social connectedness all have an adverse impact on individual wellbeing and increase the risks of complex health issues and multiple hospital admissions.

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Since 2004, COTA (WA) has been running the Living Longer Living Stronger Program which is an evidence based program that encourages and supports the health and fitness sectors to improve the quality of life and fitness of people over 50 years old. Currently there are COTA (WA) accredited organisations across the State delivering individually customised programs for over 3,550 older people to support them to live healthy and independent lives

Whilst some private health insurers provide rebates to participants in recognition of the benefits of the program, it does not receive any government funding. Given the strong and well-established evidence base for the efficacy of the Living Longer Living Stronger program, this provides an example of a missed opportunity.

Similar programs such as The Stay on Your Feet Program and Know Injury Program are geared to preventing falls and other injuries and ultimately keeping people out of the health care system and are fund through either Commonwealth or State Government.

Further, the capacity to deliver such services to rural communities in Western Australia is significantly constrained and effective engagement with Aboriginal people extremely limited. Consideration should be given to supporting existing programs to better engage with rural and remote communities to implement programs that meet local needs.

End of Life Planning

In Western Australia, as in other Australian jurisdictions, there are a number of legal and administrative documents which enable people to articulate their wishes and plan their future health and care requirements.

These documents are independent of each other and can be complex to complete. We refer to Wills, Enduring Power of Attorney (EPA), Enduring Power of Guardianship (EPG) and Advance Health Directives (AHD) and Advance Care Plans (ACP). Feedback from older people highlights wide-spread confusion about the purpose and need for EPA, EPG, AHD and ACP. When these documents are discussed in our Positive Ageing presentations, it is not uncommon for most of the audience to be totally unaware that AHD and ACP exist. Additionally, there are surprisingly high numbers of people (estimated 50% over the age of 40 years) without a current or valid will.

A key issue in this arena, for example, is that most people we have consulted are unaware that the health system has a “hierarchy of decision makers” in the circumstance where a person is not able to make decisions on their own behalf. For most people, completing an AHD requires the knowledge and support of a health care professional – this can be a difficult and challenging process which requires persistence and tenacity. Below is an example of one of our members’ experience which we understand to be fairly common:

This week, I made another attempt to complete my Advance Health Directive and Enduring Power of Guardianship and get both documents uploaded into my eHealth record – with frustrating lack of success!

Having looked at both forms and read all the accompanying information sheets, I decided I did not have

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sufficient knowledge to complete the forms and therefore I should consult my GP (as advised).

My GP (an extremely compassionate and supportive person) said he was not really familiar with the form and asked what sections I needed help with. I needed help with the Treatment Decisions because I was unsure of the possibilities: what "circumstances" should I consider and what "treatment decisions" should I "consent to/refuse consent to"?

The GP said that there were so many circumstances and hierarchies of treatment that he couldn't really help and maybe I was better off talking to someone else: a nurse in emergency care, a counsellor in Palliative Care or Advocare.

Whilst I could understand his point of view (because that was the problem that I had also been having and therefore made the decision to consult my GP), I was no better off. I said I would go and have a look on the internet to see if there was any more help there.

My enquiries about Enduring Power of Guardianship met with the same response.

As an aside, I have been trying (unsuccessfully) to get the medical practice to enter medical data into my eHealth record for over a year now. I have decided to enter what I can myself.

As another aside, I think that I have found something satisfactory on the internet.

There is a fundamental need for better education of health care professionals around these matters. If the medical profession does not have the capacity to provide information and advice (for whatever reason), there needs to be a simpler system (other than using doctor google or the internet) to obtain the assistance they require to complete and record these documents.

Being able to locate the AHD or ACP at the time it is needed is a critical issue. The Department of Health recommends a range of actions to ensure that key people, including doctors and family, know that you have completed an AHD. However, most of these rely on the person providing multiple hard copies of the AHD to key people or informing those close to them where they have placed a copy of the documents so they know where to easily find them (for example, on the front of the fridge or wherever they usually put unpaid bills)

While the above information aims to be helpful and practical, we consider that, in this day and age, relying on manual systems for critical information that frequently impacts on people's health and well-being is problematic and full of risk for the individual.

The Commonwealth has invested extensive resources in establishing e-health records which has had limited take up by doctors and patients alike. We consider it as essential that copies of critical documents such as AHD and EPG are recorded on an electronic system and accessed by health professionals when needed.

Transitioning to Age Care

Another critical time for many older people and their families is when transition to residential age care is required. This often occurs as a result of admission to hospital. The vast majority of older people want the choice to remain living in their own home. However there is often significant pressure from family and health care professionals to transition to residential aged care. From the moment the decision to

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pursue aged care is made, the pressure is on to locate a “suitable place” as soon as possible, often in times of heightened emotion.

The concept of a person-centred system appears to be less important than “freeing up a bed” and finding a residential care place as quickly as possible. Older people regularly report that this is a time of enormous stress and feeling that they are under great pressure to make profoundly life changing decisions very quickly.

While hospitals provide assistance to older people and their families, social worker services are frequently under-resourced and in hospitals (such as Osborne Park) social workers can be dealing with 30 plus caseloads of older people all needing support to return home or move into transition care or secure a permanent residential aged care place. Improving resourcing in this area would undoubtedly result in better person-centred planning and an enormous difference to older people at a critical point in their lives. Whilst community aged care is recognised as primarily a Federal issue, there is significant potential to provide the same level of care in a person’s own home as that which would be provided in a residential facility and at significantly less cost.

As a consequence of a lack of such options, older people, their friends and families are required to navigate an increasingly complex and labyrinthine aged-care system. We are constantly made aware of the complexity of the aged care system including its supporting technology for all involved in the process. The aged care system and its intersection with the WA health system is resulting in a great reliance on friends and family to undertake extensive research, personal visits, meetings and analysis etc to ascertain the best possible “fit” for the older person’s needs – let alone their desires. Further, there is significant growth in services that offer to manage the transition process. Such services charge significant fees. If a person does not have close friends or family, is unable to undertake this research personally and does not have the financial resources to engage independent expertise, they are totally disempowered and are vulnerable to exploitation by unscrupulous operators.