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***	
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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.

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).

Having the medical workforce to support it. Stepping down from a central centre to repatriate with a rural location is very difficult. It is high cost and often the resources and support are limited or non existent.

Firstly you have a high turnover of fatigued and burnt out GPs who are expected to provide 365, 24x7 care using the same budget as colleagues in the city. With the impending drought of healthcare homes this will only line the pockets of the corporates in the city and bleed us dry in the bush.

Next allowing unsupervised untrained IMGs to work in the bush without any specialist qualifications hinders patient care with vast gaps in knowledge and clinical ability.

There is a skewed SIHI incentive programme that provide Junior GPs and GPs in training grants of 50k and daily payments of 3-4k per shift in supposed rural locations (Esperance is not!) Yet have sole GPs providing the same care 7 days a week with no grants and daily rate of $300!

There is no point trying to invent a patient centred system when you lack the staff and allow them choose easier and finacially more lucratice locations or not have to come bush at all by self branding as occupational health physician, cosmetic physician, skin cancer 'specialist' or dodge it all by being after hours doctor or noe aged care only. It is a fragmented broken system.

Dealing with trauma I have new grads or aged agency workers who are in no way equipped or experienced enough to deal with high level trauma that would have royal perth challenged. I have to muddle through and use family members or the cleaner who have zero trauma training.

Next addon the fact we have basic equipment, no real imaging, no neonatal resuscitation equipment and have to negotiate a mine field of phonecalls to get someone to accept our sickest patients with a wholly mocking attitude that because it comes from a GP it is somehow less of a referral and its an uphill struggle. WA recognises obstetrics and anaesthetics only and disregards totally Emergency Medicine despite just as much training and college examination to obtain.

Look at the numbers, i have saved every acutley unwell patient I have seen in the bush. Something even the best Emergency Specialists cannot replicate. I manage entirely all my chronic healthcare. We have No ramping. No bed blocking. No unnecessary use of antibiotics. No hospital aquired infections. No MRSA. No CDT or VRE. No thunderstorm asthma despite plenty of asthmatics and plenty of thunderstorms. I provide sole palliative care, completely unrewarded or recognised. I manage all the mental health without a single suicide. I provide the whole of patient care on my own, no visiting specialists, just good old fashioned GP. But this is a one off, I can only do this for so long before fatigue and burn out starts, plus with it being so finacially unrewarding and draining it won't be long before I join the rest of my colleague's on the scrap heap.

Look at the data of this region. It should speak volumes about the amazing care people recieve.