

Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

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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).

Neurosciences/Neurosenses Submission for the Sustainable Health Review WA 2017

The review focuses on: improvements to patient-centred pathways across Primary, Secondary and Tertiary healthcare, the current service mix, partnerships to deliver integrated and coordinated care, improvements in patient safety and quality, the use of digital innovation and new technology to support the above and the identification of key enablers for efficiencies and change.

1. Improvements to patient-centred pathways across primary, secondary and tertiary healthcare

Background

Globally, stroke is the *second leading cause of death*, and *neurological disorders as a whole are the leading cause of DALY's* (Disability adjusted life year). The size of this problem is increasing due to the aging population and increasing life expectancyⁱ "Most of these neurological conditions are ***chronic***, and are diagnosed and managed in ***outpatient or community*** settingsⁱⁱⁱ. Given limited neurology resources in the tertiary setting, co-ordination of services with clear pathways between tertiary/specialist care and primary care is essential.

It is well recognized that *many primary providers feel ill equipped to deal with chronic neurological disorders*. Continuing education and support of primary providers is a key intervention for a sustainable health system.

In addition, the people of WA, and thus the patients requiring neurology care, are spread across the state, whilst neurology services are very much concentrated in Perth metropolitan area, leading to risk of health inequity with corresponding risk of poorer patient experience and health outcomes in rural regions. The 2nd edition of the Neurology atlas (WHO survey of neurology services worldwide) recognises this *metropolitan-rural disparity of neurology services* exists even in high income countries, and is certainly the case in WA. In the WHO report there was an emphasis in up-skilling primary care physicians who actually provide more neurological care than neurologists, particularly in rural regions.

Accurate data around the epidemiology of the common neurological illnesses in WA causing disability and heavy utilization of health and support services is essential to inform public health policy and service provision, and ultimately work towards a sustainable future for WA health.

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Planned improvements to patient pathways across primary, secondary and tertiary healthcare.

1. Improved co-ordination between tertiary neurology providers to reduce duplication/ensure maximal efficiency of service delivery
 - a. Workforce: plan for future WA neurology workforce needs to foresee and avoid gaps/risks
 - b. Requires clear communication and co-ordination between Heads of Neurology at the three tertiary sites when establishing new clinics and services
2. Utilise and improve current GP pathways for common neurological conditions that could be investigated and managed in primary care.
 - a. These will improve the interface between general practice, community based organisations and hospital services.
3. Providing continuing education and training for GP's and other Health Care Professionals for common neurological conditions. These could be:
 - a. Seminars
 - b. Webinars
 - c. Web-based educational tools (e.g. Primary Care Neurology; a UK GP neurology-focused educational portal – info@p-cns.org.uk)
4. Improved utilization of community neurological nurses to help co-ordinate care and support the gap between hospital discharge and community care. Ideally a pan-state approach is required^{iv} (7).
5. Improve access to specialist care for rural patients in WA by the provision of more country clinics:
 - a. unify the contracts/funding for these visits, and provision of visiting EMG/EEG services to rural centres
 - b. Increase use of Telehealth for neurology care

2. Current Service Mix

Currently in WA specialist neurology services are provided by:

- (a) tertiary hospital settings (RPH, FSH, SCGH)
- (b) two secondary hospitals provide neurological services (Midland Health Campus and RGH)
- (c) private practitioners

All tertiary units run very busy inpatient and outpatient services:

1. Inpatient Neurology

- (a) In 2015, Metropolitan area residents were hospitalised a total of 23,830 times for conditions due to Nervous system diseases. They consumed 73,054 bed days at an

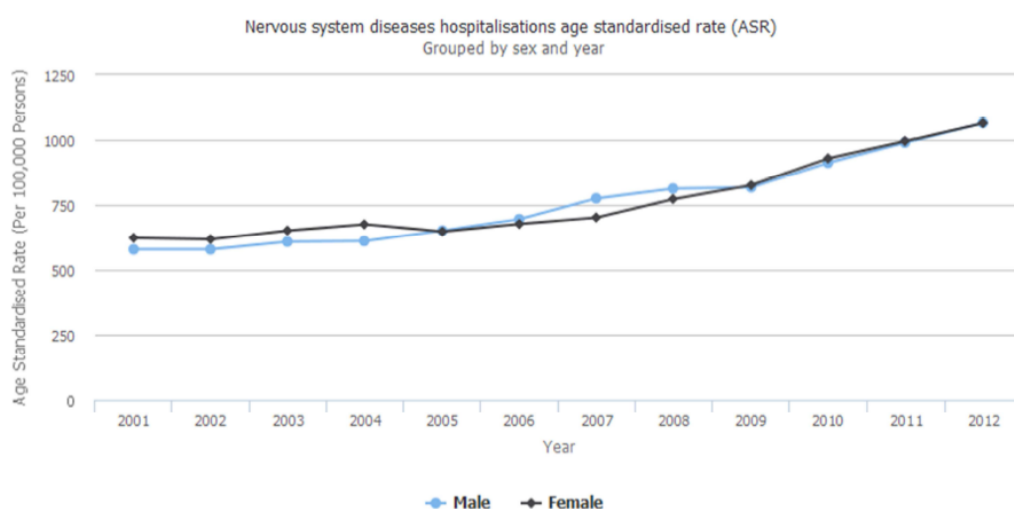
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approximate cost of \$103,648,432^v.

- (b) In 2015, Country area residents were hospitalised a total of 4,902 times for conditions due to Nervous system diseases. They consumed 15,757 bed days at an approximate cost of \$23,837,321^{vi}.

Figure 3: Nervous diseases hospitalisations in WA age standardised rate by sex and year¹⁰



(6) Data from Epidemiology neurological WA report final 2015 (updated information available on request).

2. Outpatient Neurological Services in WA

- (a) In 2013, 18,953 patients attended 30,608 appointments at public hospital neurology non-admitted outpatient clinics in WA^{vii}

In terms of country patients visiting metro for neurology outpatient appointments in 2015/16:

- (b) 3,445 - Number of WACHS residents attending neurology clinic outpatient appointments (PAS source)
- a. 1,174 first appointments, 2,271 follow ups
- (c) 2,892 - Number of patients PATS appointments
- (d) 579 - Number of telehealth appointments (source MMEX)

All neurologists are currently based within Perth Metro, and provide only a small number of visiting country clinics, all with differing funding arrangements. Additionally, telehealth is being utilized at all tertiary sites.

- (e) Albany: Private billing and funded partly via Rural Health West, run at Amity Health (not for profit employer of allied health professionals in country WA)
- (f) Kalgoorlie: Funded by Kalgoorlie Hospital that reimburses FSH for services provided
- (g) Port Hedland/Karratha: funded by WACHS at the Regional Hospitals

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Visiting country services should be arranged at country sites based on an assessment of demand, such as number of referrals arriving at Perth hospitals. These clinics should be performed on a regular basis, the regularity determined by clinical load at those sites, as assessed by case mix and number of referrals.

Consideration should be given to commencement of visiting clinics at the following additional sites based on population data:

1. Bunbury
2. Geraldton
3. Broome

The funding arrangements for all of these visiting clinics should be standardized, appropriate and robust to ensure equity, ensure uptake by neurologists, and allow for confidence in the long-term future of the service.

We should aim to service rural and metro patients equitably, and as close to home where possible, to improve the patient experience and avoid poorer health outcomes in rural patients.

3. Partnerships to deliver integrated and co-ordinated care

(A) Partnerships between the Neurology Service Providers

It would be sensible to take a state-wide approach in the delivery of care of common neurological conditions, particularly:

- Stroke/Transient Ischaemic attack (TIA)
- Complex epilepsy
- Parkinson's disease
- Motor Neuron Disease (MND)
- Multiple Sclerosis (MS)
- Young onset and rapidly-progressive Dementia
- Functional Neurological Disorders

(B) Partnerships between Neurologists and other specialists that interface with our patients (such as vascular surgeons, ophthalmologists, neurosurgeons etc)

- Multi-disciplinary meetings
- Common electronic medical record amongst all sites
- Clear pathways as to who manages what

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(C) Partnerships between neurology providers and non-government organisations (NGO's) and other primary care providers:

- Invitation to NGO's to be part of hospital care (e.g. Neurological Council WA, MSWA, MNDWA etc) - Ideally an integrated in-reach model (e.g. consider the "Centre for Neurological Support" to be a central point of referral to various patient support agencies to ensure access and equity of service for all, provision of pre-diagnostic support)
- Assisting with provision of educational materials
- GP pathways
- Formation of catchment GP networks for each of the hospitals with neurology departments, so that GPs can interact directly with the neurologists at their catchment hospitals. This will allow more productive interactions, improve education and mutual respect.

4. Improvements in patient safety and quality

This objective is an essential part of everyday patient care. It begins in the community with:

1. More clear information to help GP's appropriately diagnose and treat common neurological conditions (via GP pathways). This will reduce hospital patient waiting lists and improve patient care
2. Improved pathways for rural patients to access specialist care using face-to-face appointments locally, with follow up via telehealth.
 - a. There are many examples already of this being rolled out in collaboration with WACHS and telemedicine supported by the DoH.

Use of digital innovation and new technology to support the above

- *Unified electronic medical record* across hospital sites and ideally throughout WA. This will dramatically reduce duplication of investigations and improve communication between sites.
- *Accurate patient information* to be provided to primary providers and the patient themselves
- Continually updated *GP Neurological pathways* for WA
- Ongoing and increasing use of *Telehealth* to support rural care

5. Identification of Key Enablers for efficiencies and change

- State-wide approach to provision of neurological service
- *Accurate data* on the epidemiology and impact of neurological disorders in WA

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- This will inform service planning and provision
- *Unified Electronic Medical Record* across tertiary hospital providers and ideally across WA
- Up-to-date and informative *GP pathways*

6. Support for research in neurological conditions.

The modern advances in neurological therapies would not be possible without basic science and clinical research. The system must integrate all levels of research in order for improvement to be made rapidly. This can include basic science, epidemiology, clinical trials and systems management research. Western Australia's geography poses unique challenges to patient care which also provide an opportunity to study fields such as telemedicine and pre-hospital care for neurological conditions that could directly impact on patient outcomes.

References

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- iv McCoy, K., Chan, H. (2016). A neurological integrated care pathway. *Australasian Journal of Neuroscience*, 26 (1): 1-6
- v Health Tracks Report. Neurological conditions metro 2011-2015. Western Australia Department of Health
- vi Health Tracks Report. Neurological conditions country 2011-2015. Western Australia Department of Health
- vii Western Australian Department of Health. (2015). Epidemiology profile of neurological conditions in Western Australia, Health Strategy and Networks Branch, Department of Health, Perth