GOVERNMENT OF WESTERN AUSTRALIA

# Public Submission Cover Sheet

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

| **Your Personal Details**<br>***This information will be used only for contacting you in relation to this submission*** | |
|---|---|
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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?**

1. Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
2. 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;
3. Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
4. Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
5. Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
6. The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
7. Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

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# Pilbara Health Workforce Working Group

## Introduction

The Pilbara Health Workforce Working Group (PHWWG) represents a broad range of stakeholder organisations concerned about and engaged in the provision of health and community services in the Pilbara region with a particular interest in health workforce sustainability.

The working party includes representatives from the following organisations and stakeholder groups:

- The Western Australian Centre for Rural Health (WACRH): A University Department of Rural Health (University of Western Australia)
- Western Australian Primary Health Alliance (WAPHA)
- Western Australian Country Health Service (WACHS)
- Pilbara Aboriginal Medical Services (AMS)
    - Mawarnkarra Health Service
    - Wirraka Maya Health Service Aboriginal Corporation
    - Puntukurnu Aboriginal Medical Service
- Pilbara Not for Profit Organisations (Pilbara for Purpose group)
- Rural Health West
- The Rural Clinical School of Western Australia (UWA and UNDA)
- Pilbara Health Network (Karratha Central Healthcare) (GP Superclinic)
- Private health service providers in the Pilbara

### PHWWG Priorities

For a range of reasons the Pilbara region struggles to attract and retain a consistent health workforce to provide a local patient centred health system. Some issues are outside of the control or remit of the organisations represented in the PHWWG. In the recent past, excessively high living costs associated with the resources boom created an environment of such inflated living costs that health professionals were challenged around living in the area. While the local economy has now reached a more realistic position, normalisation of the health workforce has not yet been achieved and it remains a region with high workforce turnover and high vacancy rates. Issues of remoteness, the high cost of travel in and out of the region and extreme seasonal weather conditions may all play a part.

The working party recognises the need for a coordinated approach with commitment across organisations and sectors to improve the attraction and retention of a sustainable health workforce for the Pilbara. By using a collaborative and united approach we aim to act on and influence the push/pull factors for health professionals to settle in the Pilbara and contribute to a patient centred health system in this region of rural WA. A recent review of the literature regarding the critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations highlighted many of the issues we have already identified in our discussions and has informed our thinking regarding priorities for the future (Katzenellenbogen, Durey, Haigh & Woods, 2013). Some of these factors include:

- The importance of rural origin as an indicator of intent to practice rurally

- The positive impact of rural placements on trainee health professionals but the continued lack of funding for nursing and allied health students to take up these training opportunities
- Recruitment of health professionals to rural locations not tailored to meet the diversity of applicants

## RESPONSE TO SPECIFIC TERMS OF REFERENCE

**Terms of Reference 1:** Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition; and

**Terms of Reference 4:** Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;

### What problem are we dealing with?

- A multitude of funders and funding streams separately addressing priorities generated by complex health problems and poorly served by a multitude of disconnected needs analyses, service planning and program delivery.

- A segmented health services funding strategy versus a strategic regionally coordinated health services funding and planning strategy arrived at through collective impact.

Good management should ensure that resources flow effectively to the front line of care, with accountability requirements, efficiently implemented care and with red tape and wastage minimised. Funding mechanisms should reward best practice models of care, rather than models of care being inappropriately driven by funding mechanisms[1]. Funding systems should be designed to promote continuity of care with common eligibility and access requirements to avoid program silos or 'cracks' in the health system[2].

### The challenge

The real challenge for the Pilbara as a Region is to make significant improvement to the health and well-being of its population in an environment of diminishing resources, increasing morbidity and mortality rates and a failure to close the gap in Aboriginal health. The challenge for the Pilbara's health service stakeholders including 'non-traditional' stakeholders is to firstly agree that there should be a regional approach, and if so, to adopt a common agenda, shared measurements and alignment of effort.

Animation "Is there a better way to spend the Pilbara Health dollar"

https://youtu.be./kP_q8kH_bkA

### Option for consideration:

[1] https://www.paramedics.org/content/2009/10/NHHRC_Attachment-B_NHHRC-Health-Care-Principles-29-May-20081.pdf

[2] https://www.paramedics.org/content/2009/10/NHHRC_Attachment-B_NHHRC-Health-Care-Principles-29-May-20081.pdf

A single point of entry for Health system funding to the Pilbara. Inter-sectoral partnership with shared governance and joint resourcing of needs assessment, analysis, planning informed by common data sets, financing, commissioning/delivery of services and common measures for outcome performance.

Significant systemic change to funding, planning and delivery arrangements will not be achieved in the short term without strong political will. Political and structural barriers at various levels of government and within the regional health services supply chain need to be addressed. Harnessing the efforts of existing change advocates with influence across these sectors will require a clear mandate from governments with those mandates backed by delegation of authority and responsibility.

There are arguments for working on intermediate demonstrations of a collective approach to system change consistent with the long term vision, to both inform the viability and ultimately the desirability of working toward achieving that vision.

**What the literature says**

A review of the literature reveals that flexibility in funding, integration and coordination between health funders and service delivery agencies, and inter-sectoral collaboration have been guiding principles for more than 20 years. Many attempts have been made both in Australia and overseas with mixed results.

Organizational culture, political imperatives, complex funding systems, competitiveness and disparate and disconnected data systems are all cited in the literature as limiters on outcomes yet collaboration, coordination and integration remain as key parts of health policy. In Australia the National Primary Health Care Strategic Framework has joint service planning and integrated and coordinated services as a major strategic objective. The National Strategic Framework for Rural and Remote Health has as a key objective under 'Service models and models of care' to improve integration between service providers across and within primary care, specialist care, acute care, Indigenous health and aged care. There are arguments for this integration to go much further into the area of the social determinants embracing non-traditional stakeholders such as education, employment, housing, child protection and justice.

*A key question for governments in an environment of diminishing resources and increasing health costs is whether we can afford to wait for system reform to evolve through policy change at the margin or whether new systems encouraging greater autonomy, flexibility and collaboration should be mandated and trialled at a Regional level.*

**The Pilbara Collaborative Health Forum**

Late last year Rural Health West in partnership with the WA Primary Health Alliance organised an inter-sectoral meeting of stakeholders in the Pilbara under the banner of the Pilbara Collaborative Health Forum. Representatives from a range of traditional and non-traditional health stakeholders from across the Pilbara attended in person and by videoconference. A copy of the report on outcomes of the Forum can be found at http://www.ruralhealthwest.com.au/docs/default-source/publications/pilbara-health-forum-report_final_rhw.pdf?sfvrsn=2

The Pilbara Health Collaborative Forum 2016 priorities identified by the health agencies and non-health agencies include key points of intersection. The areas where there appears to be convergence of priorities include:

a) Child health and development which also extends to include environmental health issues, primary health care service enhancement, alcohol and substance misuse, family strengthening, education

b) Health workforce development with extension to building service delivery capacity within the education sector to support primary health care.
c) Focusing on systems to improve the effectiveness of current public, private, ACCHO and NGO services, with particular attention to chronic disease, child health and development, mental health and AOD, and connection to environmental health concerns. This could also extend to include financing and funding streams which are contributing to the increased number of services and providers but at the same time fragmenting care in the absence of agreed models of care and local anchor points for whole of patient care in some communities.

The need for an inter-sectoral collective approach between agencies to plan, finance and deliver services in the region is a common theme in much of the contemporary literature including the Regional Development Australia and Pilbara Development Commission's Ten Year Community Plan for the Non-Government Organisations Sector in the Pilbara.[3]

Coordinated planning, funding and delivery reduces fragmentation of services, maximizes resource utilisation through avoidance of duplication and administrative waste, and simplifies navigation of the health system for patients. It also provides transparency to people using the system about who is responsible and accountable.

In the Pilbara at present there is some coordination elements of planning, service design, commissioning and delivery of health services through agencies such as WAPHA, Rural Health West, Pilbara Aboriginal Health Planning Forum and the Regional Services Reform Unit. However significant funding streams link direct from funder to service provider with differential (but often overlapping) services/programs, reporting requirements and outcome measures.

*Intermediate step*

**A joined up approach to health service planning – inter-sectoral collaboration.**

*"If you want to run fast, run alone; if you want to run far, run together"* [4]

For the purposes of this submission, inter-sectoral collaboration (ISC) applies to health sectors as well as sectors involved in delivering programs or services which impact the social determinants of health. Described as both a tool and a process, inter-sectoral collaboration (ISC) is defined by the World Health Organisation as:

"A recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes….in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone."[5]

The crucial enablers and barriers to inter-sectoral collaboration are interdependent. They include:

- Relationship amongst partners
- Shared vision
- Leadership

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[3] http://www.rdapilbara.org.au/resources/site1/General/Publication%20Reports/17589%20RDA%2010%20Yr%20Community%20Plan%20%C2%AD%20NGO%20Pilbara-UPDATE_v1[1].pdf

- Resources
- Structure
- Process

The Pilbara Collaborative Health Forum demonstrated that a number of these enablers are in place, that there is a will and agreed priorities however a clear direction and a mandate from governments to move forward at a Regional level would need to underpin further work on those priorities.

*Recommendations:*

*Consideration be given to trialling significant structural reform of the way in which health services are planned, financed and delivered in the Pilbara including:*

- developing a bilateral agreement with the Commonwealth to the establishment and financing of a Pilbara Health Services Collaborative to:

1. Develop recommendations for a regional inter sectoral approach to mapping health and related services and service gaps, needs assessments, resource analysis and service planning to address regional priorities using common data and shared measurement mechanisms.

2. Investigate and develop governance and accountability options for Health and related services funding to be managed, service priorities to be determined and delivery arrangements coordinated at the Regional level (including health related services funding controlled by other departments and agencies).

**Terms of Reference 2: 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;**

The provision of contemporary and future focused health and community care requires a complex interaction between a broad range of service providers from tertiary to community based services. This is particularly the case in rural and remote locations such as the Pilbara. Changes in commissioning of primary health support services and more user-led approaches such as the NDIS means that new relationships and collaborations between public, private, NGO, peer and family led services will become the norm. In order to manage this new reality much greater integration of service provision that follows the journey of the patient/client/family is vital.

The development of coordinated interprofessional teams with care navigators to guide service planning, utilising an internationally generated framework such as the International Classification of Functioning (WHO 2002) would help identify and overcome many of the missed opportunities and gaps in service provision in rural and remote communities. A framework such as the International Classification of Functioning provides service providers with a common language, capacity to develop shared goals and inclusive understanding of the whole person and their needs.

The recently published UN High Level Report on Health Employment and Economic Growth (http://www.who.int/hrh/com-heeg/en/) focuses strongly in Recommendation 3 on developing the health workforce with skills that match the health needs of the population and with health professionals who can work to their full potential. Ensuring that right health professionals are recruited to meet community needs will improve the health outcomes of communities and

provide the best economic returns, as many allied health professionals provide excellent value for money in the health labour market.

**Terms of Reference 6: The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;**

Health professional education across the professions tends to be delivered in centralised institutions almost always located in major metropolitan centres. While this approach allows for the benefits of economies of scale for the education provider there is good evidence that students from rural and remote backgrounds are less likely to be able to avail of tertiary training in distant cities and we know that rural origin is a predictor for return to rural practice.

A regional approach to training students is highly desirable to create a more equitable and achievable educational pathway for students wishing to pursue training in the health professions and ultimately help expand the rural health workforce. The presence in the Pilbara of a University Department of Rural Health providing support for the practical training of students studying the across the health professions and the Rural Clinical School providing support for the training of medical students is a positive feature for the region. These units provide an excellent springboard for students already in health programs to complete their practical training hours closer to home or for students from metropolitan areas to experience rural/remote living and healthcare delivery. These facilities also provide professional development and research opportunities for health professionals working in rural and remote communities. Continued and expanded investment for the development and further integration of these facilities into all parts of the healthcare system (Government (State and Federal) and private) will assist in the recruiting and retention of health workforce across the region.

The current proposal for the establishment of a Pilbara University Centre in Karratha provides an additional opportunity for students to complete significant components of their health training closer to home if higher education providers and in particular Western Australian educational providers can be persuaded to offer their programs in this rural/remote setting.

**Term of Reference 3: Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance**

Ninety-nine percent of the Pilbara is classified as very remote with 0.1% classified as remote according to the Accessibility/Remoteness Index of Australia. The remote area includes Port Hedland and Karratha/Roebourne. The population density is 0.13 people per square km. This remoteness results in challenges with regards to the provision of health care throughout the region. Innovative digital solutions using Information and Communication Technologies (ICT) need to be developed and evaluated to provide increased access patient centered care. Telehealth WA is currently providing telehealth services in the region and collaborating with organisations such as Diabetes WA and Asthma WA. It was announced in July 2017 that the NBN Sky Muster Broadband service and RFDS have entered into a partnership to provide 24 RFDS bases and 300 remote area clinics in Australia. Such initiatives are imperative to help increase access to healthcare and specialists that would normally not be available in remote communities. Increased funding for both the provision and evaluation of

ICT in remote healthcare is required to allow organisations and communities to facilitate the use of these advances in technology.

Apart from the major towns/cities in the Pilbara, much of the population will be serviced by Satellite Broadband. This results in limitations to bandwidth for the provision of telehealth and communications due to the high bandwidth requirements. It is suggested that a specialized ICT unit (consisting of ICT academics/specialists and health service providers) is set up within the region to design and evaluate innovative solutions for clients located in remote communities in the Pilbara. To help facilitate uptake, there needs to be wide community consultation, in particular with remote Aboriginal Communities and the Aboriginal Medical Services to determine the health service priorities of the communities. Currently, a majority of the telehealth services are provided through the Health Department, but to increase service provision there is a need to engage and provide funding to private health service providers (including General Practitioners, Pharmacists, and Allied Health Professionals) to extend their reach into remote communities. Robust health economic analysis of this digital innovation for the provision of remote health services is required to demonstrate how the technology could reduce potentially preventable hospitalisations and increase patient quality of life. It is proposed that the ICT/Telehealth unit would be tasked with this analysis.

Research and development for the development of wearable devices for the detecting abnormalities in clients (e.g. Atrial Fibrillation) must be encouraged in communities and linked to health services. These devices are becoming cheaper and more available as technology advances and it is proposed that such devices could also assist in the management of clients in remote communities, allowing for possible early diagnosis and management of medical conditions. This may allow clients to be managed in communities rather than a late diagnosis, resulting in the need for client transport to tertiary care facilities.

**Terms of Reference 5: Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies**

The WA Medication Safety Strategic Plan 2015-2020 states that there is a need to: improving timeliness of communication of medicine use across the continuum between hospital and community care settings, ensuring correct and complete medications lists are communicated in the discharge summary; and promoting equity of access to medicines for all patients. The provision of medications to clients is undertaken by community and hospital pharmacies, which can result in client confusion. Clients are particularly at risk during transition periods between hospitals and their communities. This risk is increased in remote and very remote locations. With clients in the Pilbara being transient or mobile, the lack of a centralised medication management system (linking pharmacies and prescribers with prescribing data in real-time) clients are at risk of medication related adverse events and in turn potentially preventable hospitalisations. Real-time prescription databases have been proposed by other key stakeholders, including Australian Medical Association, Pharmaceutical Society of Australian, RACGP, the Pharmacy Guild of Australia. While it has been announced (July 28 2017) by the Government that a real-time prescription monitoring system for controlled medicines will be introduced over 18 months, it is imperative that the technology is also rolled out for all medications to help reduced medication misadventure, increase patient safety and increase communications between prescribers and other health professionals in relations to medications.

## Reference

Katzenellenbogen, J. and Durey, A. and Haigh, M. and Woods, J. 2013. Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: contemporary review of the literature, Rural Health West.