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

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Title	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr x Other ☐
Organisation	Rural Doctors Association of Western Australia
First Name(s)	Andrew
Surname	Kirke
Contact Details	[redacted]

Publication of Submissions

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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.

Western Australian Government

Sustainable Health Review Submission

2017

Andrew Kirke[1], Marita Cowie[2], Bek Ledingham[1], Jared Watts[1], Clare Willix[1], Nina Schlenzig[1], and Danielle Everett-Stozer[1]

1. Rural Doctors Association of Western Australia
2. Australian College of Rural and Remote Medicine

Western Australian Government Sustainable Health Review Submission

Thank you for the opportunity to address this review. The Rural Doctors Association of Western Australia (RDAWA) is a representative advocacy group for rural doctors and the rural communities they serve. The Australian College of Rural and Remote Medicine (ACRRM) is one of two professional Colleges recognised by the Australian Medical Council to set professional standards for the specialty of General Practice. ACRRM is devoted to the advancement of medical care in rural and remote communities, reflected in the College Vision: "*Better health for rural and remote people through access to skilled rural doctors."* In this joint submission, we've made twelve recommendations regarding sustainable patient centred health in WA with a focus on rural communities.

RDAWA and ACRRM have a keen interest in training and supporting an adequate workforce, provision of appropriate infrastructure for rural health services, a strong advocacy for primary health care, and strong advocacy for the concept of a Rural Generalist health practitioner. RDAWA and ACRRM believe a sustainable rural health service starts with a strong broad based Primary Health care service and extends into adequate provision of important services such as emergency care, antenatal care, infant and child health care, mental health and general surgical services. WA provides an extreme example of the tyranny of distance. At the same time, we recognise that this challenge also provides the basis for the high level of satisfaction that rural doctors get from their work. We hope our contribution assists in better providing a future sustainable health service.

Dr Andrew Kirke

President: Rural Doctors Association of Western Australia

Marita Cowie

CEO: Australian College of Remote and Rural Medicine

Executive summary of RDAWA and ACRRM recommendations to WA Sustainable Health Review

Recommendations

1. RDAWA and ACRRM encourages the ongoing support and strengthening of Primary Health care services in all forms including private GP clinics, state run outpatient clinics and community based clinics. Ideally this care should be close to home, that is, in the community and accessible to all patients
2. RDAWA and ACRRM encourage ongoing review of service gaps in inland WA addressed by Southern Inland Health Initiative (SIHI), with a view to establishing enduring funding models for basic health services in these regions, particularly in emergency, antenatal care and telehealth.
3. State government support of a Rural Generalist Pathway for medical practitioners will help address workforce shortages in Primary and Secondary Health Care. Models of Generalist Pathways exist in other states and should be reviewed and adapted for WA's circumstances.
4. Continued development of digital innovation is crucial. In the rural setting, it must be solution focussed and address the needs of the community and health service. Smaller more flexible digital solutions maybe more effective than global state wide based systems.
5. RDAWA and ACRRM urge state, federal and local jurisdictions to collaborate in the area of doctor training to capture the opportunities now offered by increased medical graduates and increased national focus on rural training pathways. Federal provision of Hub funding for training is one example of this opportunity.
6. We recommend that the number of intern and resident placements in WACHS hospitals across WA are increased significantly.
7. RDAWA and ACRRM recommend an increased focus on Primary Health Care by state health services. Better linkages through communication between our

state hospital and GP services and closer collaboration between hospitals and GP care will improve outcomes for rural communities and reduce overall health costs.

8. RDAWA and ACRRM advocate strong collaboration between Federal, State health and Colleges on rural training of both generalists and specialists across rural WA. We support prolonged rural immersion and training for GP and Rural Generalist training with minimal disruption to training when these young doctors do find a rural community that will support them.
9. We urge State Health to review the current processes around Ethics approval and governance with a view to increasing greater efficiency.
10. RDAWA and ACRRM encourage the development of more continuing education opportunities for rural medical specialists with a view to making their long-term practice in rural communities more sustainable.
11. RDAWA and ACRRM support the WA model around mandatory reporting of the impaired health practitioner and urges more resources be directed towards mental health in the health workforce and particularly in rural areas.
12. RDAWA and ACRRM support more work around Advanced Health Directives in WA in both the community and in the health workforce.

Detailed submission regarding the WA Sustainable Health Review

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;**

RDAWA and ACRRM acknowledge the significant government investment in rural healthcare in the past ten years. Examples include Royalties for Regions funding the Southern Inland Health Initiative (SIHI) and a number of district and regional hospital upgrades. Whilst rural patients at times rely on the tertiary health services in Perth, the biggest impact on rural health care is via Primary Health Care through good general practice, community nursing and rural generalist service provision, and Secondary Health Care through district and regional hospitals. Provision of healthcare close to home is essential for effective and efficient health care for rural patients.

The SIHI initiative has been characterised in the past as providing add on services to the main stream health budget. Unfortunately, from the rural patients' perspective the SIHI initiative was simply addressing a chronic and extensive gap in basic service provision such as emergency services, accessible antenatal care and telehealth services to large numbers of rural communities in the inland south of WA. Preliminary evaluation of the program supported these community beliefs (1).

Recommendations

1. **RDAWA and ACRRM encourage the ongoing support and strengthening of Primary Health care services in all forms including private GP clinics, state run outpatient clinics and community based clinics. Ideally this care should be close to home, that is, in the community and accessible to all patients**
2. **RDAWA and ACRRM encourage ongoing review of service gaps in inland WA**

addressed by SIHI, with a view to establishing enduring funding models for basic health services in these regions, particularly in emergency, antenatal care and telehealth.

- **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;**

RDAWA and ACRRM believe appropriate training and support of health professionals is key to maximising health outcomes and value to rural communities. We strongly support the Rural Generalist Pathway which encompasses what is seen as more typical General Practice but also includes skills requires in hospital based medicine such as Obstetrics, Emergency, Anaesthetics and Surgery. The training of a true rural generalist workforce gives great flexibility to the provision of health services in smaller towns in more scattered regions. Rural Generalists have shown that safe broad-based health services can be provided in these settings. The importance and challenge of maintaining procedural generalists has been recognised in previous WA based reports (2,3,4). RDAWA and ACRRM support identifying medical students and junior doctors interested in training as Rural Generalists and developing a training pathway that will see the majority of their training done in rural and remote Australia. To be most effective, such a scheme should be longitudinal, have appropriate educational support and incentives such as accommodation subsidy and attendance at conferences such as the Rural Medicine Australia to continue to encourage and inspire interest. Similar programs exist in other states such as the NSW Rural Medical Cadetship and the Queensland Rural General pathway. These are underpinned by position statements such as the Cairns Consensus Statement on Rural Generalism (5).

Recommendations

3. **State government support of a Rural Generalist Pathway for medical practitioners will help address workforce shortages in Primary and**

Secondary Health Care. Models of Generalist Pathways exist in other states and should be reviewed and adapted for WA's circumstances.

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

Digital innovation is much heralded and has made a difference to health provision however there are still gaps. Successful examples include the uptake of digital technology in General Practice and the slow but increasingly beneficial incorporation of telehealth in areas such as Emergency and for specialist outpatient services not available in rural areas. More can be done in this space including developing further sustainable telehealth services and the provision of models of remuneration for health practitioners supporting telehealth.

The efficient flow of patient information between hospital and outpatient based services continues to be a problem. Issues of timeliness, completeness and appropriateness remain. In rural areas, this is even more critical as often once patients have left hospital care they travel to geographically remote home communities. Unfortunately, the humble fax machine remains the fall-back position for many GPs in obtaining information about their patients from hospitals.

Recommendations

4. **Continued development of digital innovation is crucial. In the rural setting, it must be solution focussed and address the needs of the community and health service. Smaller more flexible digital solutions maybe more effective than global state wide based systems.**

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

The key to all heath service provision is strong partnerships at all levels. RDAWA and ACRRM see one of the more exciting developments in this area as the broad acceptance of the Rural training pathway also known as the Rural Pipeline and the Integrated Rural Training Pathway. Federal funding of rural training hubs is offering the opportunity to better coordinate the training of a health workforce in rural areas with skills they need to service rural patients' health needs. This endeavour will require extensive collaboration between Universities, State and Federal Health funding sources, Generalist and Specialist training colleges, GPs and hospitals at all levels. The massive increase in medical student numbers in the last ten years and the success of the Rural Clinical schools means that there is a new generation of young doctors who are willing to take up the challenge of a career in rural medicine. State Health has a key role in facilitating this. Country based hospitals are potentially excellent training grounds for these new doctors if adequately supported. RDAWA and ACRRM are very keen that this opportunity is taken by all the key stakeholders. There is increased capacity at many of our regional hospitals to train more junior doctors and support rotations to smaller hospitals.

Recommendations

5. **RDAWA and ACRRM urge state federal and local jurisdictions to collaborate in the area of doctor training to capture the opportunities now offered by increased medical graduates and increased national focus on rural training pathways. Federal provision of Hub funding for training is one example of this opportunity.**
6. **We recommend that the number of intern and resident placements in WACHS hospitals across WA are increased significantly.**

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

Primary health care has been shown globally and in Australia to be the most efficient way to deliver accessible effective health care with better outcomes across leading health indicators such as maternal and infant health child health and whole of life mortality (6). This is not in question. To this end RDAWA and ACRRM support the vision of a healthy and vibrant primary healthcare service in all rural areas including all available models of care such as GP clinics, community nursing posts, hospital based outpatient clinics and community outreach services. An example of a successful primary health care service particularly in some of the more remote WA communities has been the childhood vaccination program. Identified gaps in rural primary health care in WA include good universal antenatal care, adequate and consistent mental health care services with security of funding beyond a 12-month funding cycle, ongoing support for the Patient Assisted Travel Scheme PATS to allow patients and their families access to health services in other locations when these services don't exist in their locale.

Recommendations

7. **RDAWA and ACRRM recommend an increased focus on Primary Health Care by state health services. Better linkages through communication between our state hospital and GP services and closer collaboration between hospitals and GP care will improve outcomes for rural communities and reduce overall health costs.**

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

RDAWA and ACRRM see need and opportunity for new efficiencies and change in training and research in rural WA. Firstly, in junior doctor training the massive increase in numbers of locally trained medical students in combination with a successful Rural Clinical School program has seen a significant and documented increase in junior doctors interested in and seeking a career in rural health. The recent Federal funding for Rural Training hubs has created the possibility of coordinating and increasing the numbers of locally trained doctors working in rural areas. It is important that all groups with an interest in training the next generation of rural workforce embrace this. This means that State Health services will need to increase support for training the next generation as well as focus on filling immediate job vacancies. Training colleges will need to identify rural training opportunities rather than holding a default position that all training must and can only be done in tertiary hospitals. The rural communities are ready and the junior doctors are keen. It requires the rest of us to support that and make it a reality.

The second area we wish to comment on is increasing efficiencies around research. With the ongoing development of an electronic database and increasing research activity from the WA Rural Clinical School (RCSWA) and WA Centre for Rural Health (WACRH) there are greater opportunities for meaningful health research in rural WA. However, in parallel with the rise in opportunity there has been a rise in the complexity and bureaucracy of both ethics and governance. While recognizing the importance of data security and risk of patient confidentiality breaches inherent in health research, the processes around ethics and governance have become so difficult for even the smallest projects that researchers are becoming deterred from working in local projects of relevance to WA health. The recent digitalisation of the ethics and governance process is a case in point. The software that backs this process is almost unusable creating virtual loops and blind alleys which

literally take months to work through. This is unhelpful in ensuring ethical research or good governance and is ultimately discouraging to researchers.

Recommendations

8. **RDAWA and ACRRM advocate strong collaboration between Federal, State health and Colleges on rural training of both generalists and specialists across rural WA. We support prolonged rural immersion and training for GP and rural Generalist training with minimal disruption to training when these young doctors do find a rural community that will support them.**
9. **We urge State Health to review the current processes around Ethics approval and governance with a view to increasing greater efficiency.**

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

RDAWA would like to highlight several other issues of concern voiced by their members. These include the lack of continuing education support for medical specialists working in rural areas. GPs are well served by their colleges RACGP and ACRRM in this respect and with government funding grants for continuing medical education (CME). Rural specialists are fewer in number and provide important support services to their generalist colleagues. However, they lack the access and opportunity to appropriate CME.

Better mental health support for rural health workers is required. WA has been seen as a model in the national debate around mandatory reporting for the impaired practitioner. This is encouraging, however rural health professionals have less opportunities for mental health support than urban colleagues. Confidentiality remains a big issue for practitioners and patients alike in small rural communities. Mental health care support for rural health professionals remains limited. We believe more can be done for mental health support.

RDAWA and ACRRM support the growing initiative around Advanced Health Care Directives (7). More work needs to be done in this area to assist health professionals and patients navigate the difficult path at the end of life.

Recommendations

10. **RDAWA and ACRRM encourage the development of more continuing education opportunities for rural medical specialists with a view to making their long-term practice in rural communities more sustainable.**
11. **RDAWA and ACRRM supports the WA model around mandatory reporting of the impaired health practitioner and urges more resources be directed towards mental health in the health workforce and particularly in rural areas.**
12. **RDAWA and ACRRM supports more work around Advanced Health Directives in WA in both the community and in the health workforce.**

References

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4. Rural Health West (2017). Rural General Practice in Western Australia: Annual Workforce Update. November 2016. Perth: Rural Health West.
5. Australian College of Remote and Rural Medicine 2013, Cairns Consensus Statement on Rural Generalist Medicine. http://www.acrrm.org.au/docs/default-source/documents/about-the-college/cairns-consensus-statement-final-3-nov-2014.pdf?sfvrsn=4 , accessed 27/10/2017.
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7. Australian College of Remote and Rural Medicine 2015 Position Statement, End of Life Care and Advanced Care Planning for Rural and Remote Communities, http://www.acrrm.org.au/docs/default-source/documents/the-college-at-work/end-of-life-care---nov-2015.pdf?sfvrsn=0 , accessed 27/10/2017.