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***	
Title	Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr ☒ Other ☒
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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.

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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).

See below

This submission is provided reflects on many issues considered by staff at the WA Centre for Rural Health. It does not aim to comprehensively examine or propose solution for the sustainability of the WA Health system and nor does it cite evidence for what is stated. However, it is informed by our own considerable research and interactions with health staff and community living in rural and remote areas. We would be delighted to discuss or provide further information.

We note that research and learning from quality improvement approaches has shown that developing quality and affordable care requires not one big sweeping change but many small incremental steps. These steps need to be based upon critically looking at evidence and performance, carefully examining what works and working collectively towards improvements.

We provide below some ideas (in no particular order of priority) for where there is the opportunity for rethinking how quality health care can be improved and more lateral approaches to improving the health of the WA population.

Invest in and require quality health information systems that interface with the systems of other health providers

WA has had an outstandingly poor patient information record system for patients in primary care. While there are efforts at improving these systems, this is a very high priority. In complex care systems, patients see multiple providers, and if information is not appropriately shared, then are patients need to repeat themselves, investigations are repeated at substantial costs and mistakes get made, sometimes with fatal consequences as a number of coronial findings have made evident. Communication has always been important in health care and ways of sharing and exchanging information in a timely way to improve patient care are essential. This requires increased efforts to break down the barriers between service providers within accepted boundaries of confidentiality and privacy

Rethink Health Workforce Models and Invest in Appropriate training for Rural and Remote areas

There remain many issues with having an appropriate health workforce for servicing populations in rural and remote areas. WA has a particularly difficult geography, so the metro-centric thinking that dominates policy and planning is not helpful for those living in more remote settings. There has been an over-reliance on models that rely on fly in fly out or drive in drive out for remote areas (with substantial time spent on travel). Provision of remote health services needs to be re-conceptualised. The best health care relies upon understanding of the patient in their social context, upon a therapeutic relationship and upon continuity of care. While a technical fix for an acute problem may not necessitate all these elements, but chronic disease care for vulnerable people certainly does.

This requires re-thinking of the right health workforce to serve the needs of the population in remote areas and whether the regulations related to health workforce are suitable for the 21st century. The state government investment into health workforce training in remote areas has been low, yet there is evidence that student remote placements can transform their

understanding (important for wherever they take up practice) and willingness to work in a rural or remote context. I would suggest that WA needs to trial the establishment of regional health hubs located away from the coast and servicing populations located beyond 200 km from regional centres. Health should be conceived of broadly, as multipurpose centres which support community connections, social engagement and services.

It is important in the long terms that as part of efforts to improve health and the stability health workforce in remote areas that there is investment into Aboriginal education and encouragement and support for Aboriginal people into health careers. There is no quick fix here. While WACHS has had glossy brochures promoting its approach to Aboriginal health workforce, many Aboriginal people working within WACHS and the public health system report not being valued or supported by their management. A dedicated approach with accountability for outcomes is needed.

Investment into prevention and whole of government approaches. This is particularly important to meet the needs of vulnerable populations known to have poor health and reduce health disparities. There has been disinvestment in prevention and early intervention programs over many years, as a consequence of ongoing overspends in the acute health care sector. We know that the health issues experienced by Aboriginal and other vulnerable populations will not be readily overcome and that addressing disparities requires actions outside of the health sector. But too often, planning for health occurs in the health sector bubble. There is also an argument for dedicated resources for population health, distinct from acute care or else planning and resource allocation is always about short termism and solving a crisis.

Reform of health ethics research processes. Research and evaluation are important for any health system interested in examining its performance and trialling innovative approaches. Yet current research ethical review processes consume an enormous amount of time of both researchers and the bureaucracy, without resulting in research that is in any way more ethical. I would go so far as to say, that processes under the guise of "ethics" are now driven by processes of gatekeeping that is preventing valuable health services research. Not only has this created a bureaucracy to administer it, it impeded transparency of health system performance and a robust assessment of what could be poor performance. This misuse of resources inevitably has consequences in terms of the time and energy needed for obtaining ethics and then later reporting to multiple ethics committees but particularly for it draining resources that would be much better spent on engagement and dissemination to build partnerships during the research and facilitate translation of research findings. I would be delighted to provide some examples of the time requirements and pernicious effects of current ethics review processes. I would also like to note that personal attributes, time, organizational boundaries, geography and educational background all contribute to decision-makers' responses to research evidence. These factors mean that research related to rural health does not always have the influence on policy and planning that is needed.

Think Ahead, Think Smarter. While many opportunities seem to be behind us just at present, we do not believe that state government processes have aligned with Federal government funding arounds that require matched funding. This seems to have been much better managed

in some other states, who have reaped the benefits of the state being prepared to commit funding should an applicant be successful in a competitive call for proposals. The way in which Royalties for Regions was administered did not support leveraging Commonwealth funds. Of course, commitments for matched funding would require that the government have well established priorities for the types of initiatives in which it would like to invest. There is a need for investment into both physical infrastructure and social programs in more remote parts of WA.

Link regional health services with tertiary hospitals for acute and follow up care.

Currently, arrangements are not clear, and follow up care after hospital discharge does not work well. New approaches are needed. There is no evidence for this but I wonder whether the entity that is a WA Country Health Service is the best model. Why not consider why a metropolitan tertiary hospital should not be linked to one or two rural or remote regions with shared responsibility for patients wherever they live? The decision making around resource allocation needs not sit exclusively with those based in Perth and it would be good for more decentralisation of planning which is informed by the experience of living in regional and remote settings.

Core focus on patient care.

Dedicated health service providers are disenchanted with the current culture of managerialism, additional layers of bureaucracy and blockage to be worked through and a culture of "can't" which seems primary focussed on $. We need to have systems with a clear vision, train and appoint health professionals who are committed, encourage them to work in teams efficiently and effectively. Ideally, we encourage these people to be able to make suggestions, innovate and make changes that improve care processes. Over recent years, managers and mandatory requirements have proliferated, sometimes without sense. These often get in the way of health professionals delivering patient care and one impact has been some health professionals leaving the public health system. The system needs to be reset. An analogy might be the way that people get new medications prescribed as they age and develop health conditions. Over time, many elderly people are "rattling" - on lots of evidence-based medication that have never been assessed in the light of their age, comorbidities and resultant polypharmacy. Just as de-prescribing is now occurring, the health system needs a thorough rethinking. If every rule or policy required a pause for regulatory impact assessment, perhaps this would stop responses to one off issues that have a wider and adverse impact in the system elsewhere. Often thinking and planning seem siloed rather than holistic and designed to have better health system approaches that work to deliver better health outcomes.