

## Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input type="checkbox"/> Group/organisation <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other, please specify: _____
<b>Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)</b>	
<input type="checkbox"/> I consent to my feedback being published <input checked="" type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

**13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.**

This has been looked at in many Health system reviews . By now the how it is going to be done should have been worked out.

Direction 7, 11 and 12

1] Overall there is lack of a system of accountability - for services provided from administration down to the service provider interacting with patients.

For accountability to work, the person assessing a work report or a cost of service analysis e.g. NDIS laying out a clients needs and costing this:-

- needs to have enough knowledge of the field.
- or have excess to professionals in the field who can report on the relevance of the plan.
- or have pathway where a professional assessment report is discussed directly with pt and costed accordingly.

No unqualified middle person involved at this stage. This latter group should be after costing to only implement and report.

The same can be said for research monies:-

- researchers apply for supposed clinically relevant research with very little input from clinicians who are working with clients.

The lack of the above has been costing the Health system a lot of monies ever since I have worked in the Health system- rehabilitation- over 35 years.

Direction 10

Poorly qualified professionals is an ongoing issue. Besides hiring more people there needs to be mention of how professionals will :-

- be assessed for services to their clients
- who reviews plans/ goals of service and outcomes, as laid out by a service provider.
- needs to be a system of required in-service for all service providers or proof of engagement in improving service.

Direction 8

Pt case history - digital access has been trialed and from current systems e.g FSH- this appears not to have been implemented as intended. A lot of monies was spent in setting up computers and net works.How will this goal be any different from previous digital entry systems. ? E- health project

Direction 3. Telehealth should work but management and staff need to be required to use the system instead of transferring patients to other centers.

Currently management do not support staff doing telehealth as it 'wastes staff time'.

There needs to be training of management and staff on when and how this works and why this system saves a lot of cost and time.

**13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.**

Direction 1 and 2

Though ageing and disability are mentioned there is no mention of 'ageing with a disability'  
The science to understand 'ageing with a disability' is different from 'late effects of disability' and very different for disability and ageing in general.

Not educating service providers in this field and not having strategies for this population, will continue to pull down the health budget.

**14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?**

Direction 1 and 2

Though ageing and disability are mentioned there is no mention of 'ageing with a disability'

- The science to understand 'ageing with a disability' is different from 'late effects of disability' and very different for disability and ageing in general.
- Not educating service providers in this field and not having strategies for this population, will continue to pull down the health budget.
- A person with a congenital disability or an acquired disability uses the health system budget sooner.
- If this populations ageing requirements is not understood and accounted for, the cost to the budget is enormous. It will impact negatively on NDIS coffers because of inadequate knowledge and inadequate/ inefficient planning

Direction 3

There is no mention of decentralising current system of specialist service only in Perth and a few major regional hospitals.

If country and outer-metropolitan hospitals have adequate staff or have relationship with private health service providers in the community , it should be a matter of education to up- skill and ease of use of telehealth, to relieve the burden of cost .