

## 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	Australian Council on Smoking and Health
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 checked="" type="checkbox"/> Group/organisation <input 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 checked="" type="checkbox"/> I consent to my feedback being published <input 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.**

Direction 1. Keep people healthy and get serious about prevention and health promotion

A sustainable health system is one that keeps people out of hospitals and supports them to maintain good physical and mental health in their community. (Direction 1 Interim Report p21)

The Panel ... notes that a shift to more mature funding options or incentives to promote efficient prevention and chronic disease management throughout the system would address the imbalance of the current funding models. (Direction 1 Interim Report p23)

In support of the panel statements above:

A strong framework for prevention and health promotion already exists in Western Australia. The WA Health Promotion Strategic Framework was developed through a collaborative process involving government agencies, non-government organisations and community groups with the goal to lower the incidence of avoidable chronic disease and injury in WA by facilitating improvements in health behaviours and environments.

Greater investment in the strategies identified in the Health Promotion Strategic Framework would demonstrate a serious commitment by the health system to prevention and health promotion.

As part of a comprehensive approach to tobacco control, investment should be in:

- mass media campaigns at evidence-based levels of funding
- legislation to ban all forms of tobacco advertising and reduce availability of tobacco with appropriate resources for education, monitoring and enforcement
- protection of people from secondhand smoke and aerosol from electronic cigarettes through legislated smoke-free areas

The Panel supports the move to funding models focused on patient-centred care, incentivising performance and collaboration. (Interim Report p9)

A model to support smoking cessation from Queensland Health is available for adaptation in WA. A new intervention to integrate smoking cessation support throughout the WA health care system will complement prevention and chronic disease management and will be a positive return on investment.

Queensland Health Smoking Cessation quality improvement payment

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Purpose: To increase the delivery of clinician-led smoking cessation interventions for adult hospital inpatients, dental clients, and from 1 July 2017 adult community mental health clients.  
Target group: Medical officers, nurses, pharmacists, dental officers and allied health professionals working in Queensland HHSs.

Key strategy: Sector development – Provision of Quality Improvement Payments (QIP) as incentives for HHSs to meet agreed performance benchmarks on: a) smoking status reported for in-scope patients (reaching the target is a pre-requisite for eligibility of any QIP) and b) Smoking Cessation Clinical Pathway completed for identified smokers (full QIP dependent on achieving target; proportional payment for partial achievement above the minimum threshold). In-scope patients are adults staying in hospital for 2 nights or more, and dental clients who complete a course of care. This initiative is funded until 30 June 2018.

Performance Report 2016-17 - Health and Wellbeing Strategic Framework 2017 to 2026 p49  
<https://publications.qld.gov.au/dataset/health-and-wellbeing-strategic-framework-2017-to-2026/resource/21d46ab6-5d9a-4676-a6ba-dba2c834bb4d>

The Quality Improvement Payment (QIP) commenced 1 Nov 2014 targeting acute care type inpatients with initial non-recurrent state funding of \$5 million. In 2015-16 a further \$5 million was approved with revised criteria targets and expanded scope to include mental health care type inpatients.

The Smoking Cessation Clinical Pathway, developed by the Statewide Respiratory Clinical Network, is used to guide clinicians through a quit smoking brief intervention which includes provision of free nicotine replacement therapy and referral to Quitline.

The Smoking Cessation Clinical Pathway targets inpatients, outpatients and community and provides a standardised approach to clinical care and documentation - reducing duplication.  
<https://www.health.qld.gov.au/improvement/pathways/docs/smoking-pathway.pdf> Page 1: 5As screening tool, Page 2: NRT prescribing and professional development information.

Starting with adult inpatients, there was an increase in Clinical Pathway brief interventions from 38% in October 2015 to 71% in August 2017. From July 2017 there has been an expansion into community mental health services with 4,600+ Clinical Pathways completed by October 2017.

Cessation Support comprises three components:

1. Behavioural support through the Quitline Service (32,000 smoking cessation sessions delivered in 2016/17)

Intensive quit support cohorts

Health and Ambulance Services staff (and family)

Health practitioner referred (public system- no NRT)

Pregnant women and partners

Aboriginal and Torres Strait Islander people

Rural, regional and remote

Blue collar workforces

People experience socio-economic disadvantage

- 24% of clients who completed the program achieved continuous abstinence at 12 month

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follow up (unassisted quit rate is between 3-6%)

2. Building the skills of staff

a) Brief Intervention for a Healthy Lifestyle online training <http://www.sdc.qld.edu.au/elearning>

- Includes tobacco module (plus alcohol, other drugs, healthy eating)
- General population & maternity/child health options
- For professionals with Aboriginal and Torres Strait Islander clients - Smoking cessation, nutrition and physical activity training through B.strong [b.strong@menzies.edu.au](mailto:b.strong@menzies.edu.au)

b) Forums, interviews and videos

3. Nicotine replacement therapy

Routine provision of NRT to inpatients (withdrawal management)

- List of Approved Medicines (LAM)
  - 21mg patches and 4mg gum (corporately funded in 2006 – HHSs Jan 2017)
  - Inhalers available for short term use in mental health high dependency units or psychiatric intensive care units (Dec 16)
  - Additional NRT products purchased and arranged by HHSS.
  - Champix / Zyban not supplied (can be brought in by patient)

Further enquiries to:

██████████ Senior Health Promotion Officer, Preventive Health Branch

Queensland Department of Health ██████████



**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?**