

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	Silver Chain Group
6. Location	<input checked="" type="checkbox"/> Metropolitan <input checked="" type="checkbox"/> Regional WA <input checked="" 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: _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<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.

General

The overall document appears as a mosaic, and requires a well-defined/articulated vision (the 'why') to galvanise support and commitment across the sector(s).

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

A renewed focus on prevention and health promotion as the cornerstones of a healthy society and should be reinforced. Emphasis on health literacy and personal initiated healthcare and increased personal ownership of health status is clearly required as our population ages over time.

Western Australia has been acknowledged as a national and global leader in health promotion and primary prevention in areas such as tobacco control, alcohol misuse awareness, diet and cancer control. This enviable track record is applauded and should be a springboard for greater effort and leadership in the future. Increased focus on the antecedents of ill-health such as homelessness, disability, poverty and inequity should be a signature of activities across government and the public sector going forward.

Direction 2 - Focus on person-centred services

Terms such as person-centred, client focused, consumer driven can be easy to say and difficult to achieve, and at times observe, in practice. Placing the needs of the consumer and their desire for their choices with respect of service availability and quality to be at the forefront of government thinking with respect to resource allocation is critical. Commitment to active participation of consumers of services in service design, implementation and evaluation or review of the health system will be important going forward.

The current health system has often evolved in spite of itself and other sectors. It will be necessary to be very deliberate in the approach to person-centred care and services in Western Australia. A particular focus should be system design that informs partnerships, culture, governance, data capture and funding (in particular integrated service commissioning).

Otherwise, the risk is concentrating on parts of the system, rather than how components are integrated and clearly articulated roles and accountabilities for all providers as part of the system. In particular, consideration should be given to how the role of the public sector intersects with the roles of not-for-profit and private providers.

Direction 3 - Better use of resources with more care in the community

Better use of resources and more care in the community are significant enablers of sustainability. There is now time to review and be very clear about the exemplars/actions to be provided in the final report. For maximum value, these need to be concrete examples.

Western Australia has an impressive record of innovation in the community health space. In part, this has been built through a focus on ensuring community health care can be delivered at scale. Many other jurisdictions look with some envy at what has been created in Western Australia, e.g., in the context of palliative care and Hospital at Home. Government's decision to work with a specialist community-based health care organisation (Silver Chain Group) capable of comprehensive end-to-end service delivery has ensured positive outcomes, e.g., in the rate of people dying at home (60+% in Perth, compared with the national average of 14%)

Western Australia has the largest Hospital in the Home/Hospital at Home (HITH/HATH) program

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nationally – 160-200 beds/day. The service is differentiated nationally as it is provided by a community-based health care organisation, whereas all other States' services are predominantly provided as an outreach of the hospital. The current model leverages the benefits of scale and the specialist core business focus of the provider, including quality, efficiency, evidence-based care and governance structures. The HITH/HATH program has been recognised as significantly reducing unnecessary hospitalisations and positively impacting on health care costs. There needs to be a focus on how to increase HITH/HATH activity as a significant driver of substitution services beyond the current HITH/HATH cohort.

Direction 4 - Facilitate effective interaction between acute and community-based mental health services to deliver mental health reforms across the WA health system

Increases in the incidence of acute and chronic mental health conditions are well reported in local, national and international literature. The inexorable move of mental health conditions to be the largest contributor to the global burden of chronic disease is also well understood. The need to link the acute and community based mental health services sectors is supported. Increased opportunities for sector integration should be encouraged including with those services provided by the not-for-profit and private sectors. Government signals via new funding instruments for the sector which are predicated on collaboration and cross sector partnerships would do much to encourage the breakdown of existing silos.

Direction 5 - New ways to support equity in country health

We recognise that achieving equity in dispersed populations is a perennial problem which falls disproportionately on the government sector to resolve. As a provider of services in rural and remote WA it is apparent that creating partnerships both within the health sector and across other arms of government is a critical step to improving equity as a precursor to achieving improved health outcomes. Government policy directions are essential drivers of change. As noted above, funding instruments predicated on partnerships aimed at clear and unambiguous health outcomes are necessary for developing a new focus on equity. Government engagement in and support of a technological revolution in country WA is also important. Opportunities exist and should be actively pursued to link communities and individuals with the health care they need through the burgeoning telehealth solutions environment. Trialling of new technological pathways is a key area in which the government could actively assist services willing and able to deliver new health delivery and outcomes.

Direction 6 - Develop partnerships for Aboriginal health outcomes

All efforts aimed at improving health care accessibility and improved health outcomes for Aboriginal peoples are supported. The role of government in setting the platform for action is critical to addressing the specific issues facing Aboriginal communities and population cohorts. Creating expectations through funding instruments with that particular emphasis will create an important signal of government intent. Facilitating active participation by Aboriginal community members in service design, implementation and review of service delivery will also be an important sign of government intent.

Direction 7 - Create and support the right culture

As a not-for-profit organisation that works closely in partnership with government to deliver health outcomes for the community, the focus on culture is particularly interesting. A culture of trust should be encouraged between and across system participants, where each participant is recognised and valued for their contribution to achieving common outcomes for the community.

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A culture of innovation and exploring alternative ways to deliver world's best health outcomes for Western Australia should also be fostered.

Direction 8 - Greater use of technology, data and innovation to support consumers, clinicians and drive change

As indicated above, it is clear the future of improved and equitable health care lies in large part in harnessing the expanding possibilities provided by technological innovation. As an organisation which already invests considerably in technology solutions to reach the community we serve, it is apparent that there are many unrealised or emerging technology opportunities that will increase access to care, reduce unnecessary costs associated with travel to receive care, improve the health and social well-being of patients/families/carers, and free up hospital infrastructure for purposes for which it is ideally suited and designed. Data sharing across all health providers should be a primary goal to aid in maximising the capacity within the system. Government policy which actively promotes exploring new and innovative ways to deliver care (with all providers engaged) will be critical if Direction 8 is to be achieved.

Direction 9 - Harness and support health and medical research collaboration and innovation

Any efforts at improving collaboration and participation across government and with the not-for-profit and private sectors to explore innovation with the goal of improving health status and outcomes are supported. Suggested areas of focus are the interface between health care and social care and cross sectoral research engaging with the major social factors that negatively impact on health status.

Direction 10 - Develop a supported and flexible workforce

This direction presently focuses on the WA Health workforce, but also needs to consider and take account of the broader workforce for true integration. The health workforce of the future will inevitably differ from that in place today. With the inevitable increase in chronic disease (a move from lethal conditions to chronic lingering conditions), it must be recognised that the workforce of the future will need to be flexible, agile, technology savvy, and focused on consumer driven outcomes. The move in the UK NHS to allocate personal (patient managed) funding for health conditions is a signal of things to come, as is the move to re badge the UK Secretary of State for Health as the Secretary of State for Health and Social Care. This reflects the reality of what the health population is increasingly looking like.

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?

Whilst there is nothing specific that has been omitted by the panel in its thorough review of the issues in scope for the Sustainable Health Review, importance of recognising where Western Australia has led the country and the world with respect of its health care leadership and service provision should be highlighted.

As the government inevitably and appropriately examines how the system can be made more efficient, enhanced and fit for purpose for the future, particular recognition should be given to the importance of ensuring that nationally acknowledged programs such as Hospital at Home and the Hospice Service (community based palliative care service) are not adversely affected by any change to internal departmental funding arrangements. The fact that Perth has a death at home rate of 60+% compared to a national average of closer to 14% reflects the commitment over time of governments in Western Australia to maintaining this service. The Productivity Commission in a recent report on End of Life Care identified the Western Australian program as an exemplar in terms of consumer choice being met, and integration of services between hospital, general practice and community.