

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

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Submission Guidance
<p><b>You are encouraged to address the following question:</b></p> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>• Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;</li> <li>• 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;</li> <li>• Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;</li> <li>• Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;</li> <li>• Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;</li> <li>• The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;</li> <li>• Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.</li> </ul>

### 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).*

- The most important consideration is the patient/consumer. They should be first, second and third
- Health outcomes in rural areas are documented to be worse than those in the Metro area, therefore the rural areas need more consideration.
- Health outcomes are far better when the service is delivered close to the consumer, again a documented fact.

With reference to the above:

- Small country hospitals such as Wyndham Hospital should be encouraged to do more, not closed down or have unnecessary restrictions put on them so that they can't retain any inpatients. This is particularly relevant now that the ETS is extended to inpatients. Regional and local SMO's should be encouraged to use this service, and increase the use of the local hospital, not try to funnel everything into the hospital in which they are based, leaving patients far from home.
- Medical staff should be used efficiently, eg the Wyndham doctors used to service Kalumburu as they had the time and ability ( they had been doing it for many years). Now it is serviced from Kununurra, where staff are already fully committed. The medical service provided at Kalumburu is limited by the nursing clinic out there, and extra specialist personnel were always able to go out with the doctor from Wyndham, as the plane actually physically departs from Kununurra.
- Every effort should be made to retain birthing centres close to home, risk can be managed and "Safety" should not be used as a weasel word to cover a cessation of a service. I appreciate that insurance cover can be unaffordable for private practitioners, but can that problem be solved? It might be more efficient to subsidise a private doctor than expecting people to travel for a long distance to give birth, away from family and home.
- W.A. Health should take over the Aboriginal Medical Services and the accompanying Federal money. These services are not presently accountable, they are 8am to 4pm services only, leaving the local hospital to pick up the "out of hours" calls and the only reason that many people use them is because the medications are free. It appears that there is often a vast disparity between what the AMS's claim to provide and what they actually do provide.
- Cancel the proposal for "Medi-Hotels". These places are only going to use up scarce resources, taking nursing staff away from hospitals where they are better utilised. The main city hospitals already have a lot of "closed" beds, so why not look at opening up those beds, rather than doubling up catering and hotel services. If the patient needs to be in hospital then they should be in hospital. If they are well enough to be discharged from hospital, then they should go home, and to support this the Community Health system needs to be improved. Hospital in the Home nurses will be far more efficient and

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cheaper than medi-hotels, and patients would appreciate being able to recuperate at home far better than some “half-way “ house. Community Health or Population Health is presently vastly under-resourced, and they are the people that look after those in the community, they are the ones that can make sure that a patient takes their medication, they are the ones that first see a need for further medical intervention and they are the ones that know a patient’s home situation, to help with the decision as to whether discharge a patient or not.

- If you are looking to make health services more “sustainable”, then boosting Population Health is the best way to go, the services presently provided by the AMS’s can be absorbed into Population Health, as that is largely the work that they used to do .Pop. Health can see and sort a problem before it becomes out of control or expensive to fix.
- Go back to the first three points. Consumers will be reluctant to access a service if Is not close to home and that leads to worse health outcomes, or more expensive treatment later on, when a problem can no longer be ignored.