

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 <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	NMHS
First Name(s)	Not given
Surname	I am not going to give my name as the WA health dept does not have the organisational culture where staff can give constructive advice and not be victimised/disciplined-I do not feel comfortable giving my name at all as I have no confidence at all that it will remain confidential-this is one of the issues that WA health has
Contact Details	Not given

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

Submission Guidance

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.

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).

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First of all-thank you so much for your time, energy and passion in doing this review!! It is very essential and I really hope something positive comes out of it and it is not just paid "lip service" -I am a taxpayer and have 3 children and I am very very concerned that they will all be massively burdened with this huge debt that we are incurring at the moment in Health-we have to do something NOW and QUICKLY to sort this out.....

1. Middle management-there is way too much middle management in Health who do absolutely nothing to help with patient care-there needs to be more staff "at the coal face" and less middle management. An example is Nursing Hierarchy-there is so much middle management in nursing-eg. Nurse CoDirector -the nursing coordinators for Acute, then RAC, then policy etc etc-these are all new recent positions. Also how many staff development nurses do you actually need when they do not provide direct pt care. Also look at Royal Street (head office)-for example why have a CHPO office with project officers/secretaries-this must cost ½ million dollars a year -for what outcome? What benefit? What do they actually do??!! Why is there so much stuff still at Royal Street when we have boards-surely there is much duplication (eg clinical planning etc). How many offices at Royal Street are actually necessary? You need to ask-if you got rid of them what would happen???
2. Doctors pay and incentives-huge burden for health-have the guts to tackle this very powerful group
3. Service delivery-for example why should elderly patients be admitted to ED ? they end up in ED, then stuck at SCGH then come to OPH-why isn't there a modified ED for elderly pts at OPH-that way they can be directly admitted to OPH (where they end up anyway) or have the opportunity to avoid hospital all together by having the domiciliary services follow them up in the community or day hospital. This could save a pile of money
4. Facilities-sorting out the aging facilities will help bring efficiencies in staffing-an example is OPH-having a bigger therapy gym area will enable patients to be brought to the gym rather than staff struggling to work in inefficient and ineffective therapy areas that are not fit for purpose and were just developed from patient areas. Using staff more efficiently and effectively would help improve service delivery and ensure that we are providing best practice in health delivery.
5. You need to look at what clinics are making money under ABF and which aren't. There are a lot of staff seeing one or 2 patients a day when other clinics are doing 13-18 a day-how can that happen???. Why aren't all disciplines more accountable
6. Change Health Dept culture (which will be hard !) A mature, effective organisation should have staff who can make suggestions, present ideas without being ridiculed/bullied-there a lot of people pushing there own agendas, protecting their positions who feel threatened/or are too immature/insecure/not professional enough to embrace other people's ideas/innovations-status quo seems to be the status quo !!

Once again -thank you so much for your time and effort