

## 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	[REDACTED]
Organisation	[REDACTED]
First Name(s)	[REDACTED]
Surname	[REDACTED]
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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

#### ANONYMOUS PLEASE

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 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).*

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;

Videoconferencing could safely be used more in existing facilities.

Outpatient clinics for more services in regional areas would be beneficial and reduce the cost of patients having to have to travel from Perth – applies to Bunbury and Busselton alike.

Encourage more GP Obstetrics in regional centres which are equipped for it. I don't think that it is necessarily safe for Collie, Manjimup and centres like this with no paediatric back up and within a very close distance of Bunbury and Busselton to be continuing to offer this service.

- 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;

Mental health services are done particularly badly everywhere. We need less providers and a centrally funded group who is responsible for everything – currently so many group, no coordination and many patients falling through the many gaps in the dubious system as is.

We absolutely need less administration tiers and more clinicians on the ground.

The mix between what is federally and what is state funded only add to the problems across the board.

See above

- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;

I am a fan of VC and telephone advice BUT Medicare needs to recognise this and pay for it in order for GPs and patients to start to use this as an option more effectively – until it is funded it wont go far. Locals also want local service and not necessarily a GP on the other side of the country on the phone

- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;

It is my opinion that the feelings of experienced clinicians on the ground is ignored and this is why we have so much waste in government run health in WA. I can give many examples of this. You have too many administration tiers without Drs involved diluting their opinions and suggestions.

Why are we using recruitment agencies and locums at vast ridiculous cost? Not much wonder some locums only work half the year now. Were losing very fine GPs to salaried service as well as they can earn more in the hospital now than they can in some practice particularly BB practices as the Medicare rebate has not kept pace.

- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;

Communication is the key. Best practice software would have helped hospitals work more efficiently. If you want to deter your triage 4,5 ie GP appropriate from attending it is time to start consider charging in Ed for inappropriate presentation's when GPs were open. Our after hours services are getting more marginal due to the need to BB so many – time to fund bonafide accredited GPs who open long hours – we don't lie to PIP so we get very little of

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subsidy for being open. Other say they are available for call outs and are paid twice as much as we are.

- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;

Where is the pathway for Drs who want to be leaders of the future – it's not clear and more importantly perhaps not esteemed at present – this needs to change.

Plenty of people are very happy to knock down anyone who shows innovation and is prepared to do things differently – hence the anonymous submission.

Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

Get experienced clinician and reward them appropriately for leading the team – they need to know our system back to front and it is of little use bringing in someone financial guru to fix this system. It needs clinical and common sense to get past half the problems that exist and it does need to be run a little more like a private organisation to achieve this – this starts with getting rid of expensive locums and so on – there appears to be a lack of common sense a lot of the time in health.