

## 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  Miss  Mrs  Ms  Dr  Other

**Organisation**

**First Name(s)** ██████████

**Surname** ██████████

**Contact Details** ████████████████████

### 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 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).***

1. The medicare levy is avoided by many people who take out private health insurance but then use the public system if they need medical help. The medicare levy should not be avoidable; everyone should be obliged to pay it. At the moment the health insurance companies are benefitting; many middle to upper wage earners are financially better off to get private health insurance than they are to pay the medicare levy and so that is what they choose to do. This is the wrong way around; those dollars should go into the public system instead of into private health companies.
2. Medicare offices on the high street should no longer be necessary. Refunds should now be possible at point of payment for every service.
3. The number of nurse practitioner positions should be increased. Instead of paying higher fees for doctor services they could be carried out by a nurse practitioner at a fraction of the cost, eg. Immunisations, follow care and education for diabetics, chronic obstructive pulmonary disease, etc.
4. The midwife should be the practitioner carrying out routine antenatal visits in the GP surgery (prior to commencement of hospital/ birth centre care). Midwives are less expensive than doctors and are the experts in this field.
5. The use of 'single use' items within hospitals needs to be considered. There are many instruments, sterile packs, etc. described as single use but are made of metal or high quality materials and so could be re-sterilised. The labelling of 'single use' is a ploy by suppliers that results in hospitals/ GP surgeries etc. to have to increase orders. This single use equipment adds to land fill, is wasteful and not environmentally friendly.
6. A national medical record database would avoid time-wasting by health care professionals. The problem of lost and missing records would be solved. The time taken for history taking by health care professionals would be reduced as they would have access to all the care, treatment, medication, referrals, etc. that every individual had received. Patients would also be less frustrated at repeating their story several times.