



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	Prefer not to say-I work in HDWA but am very concerned about it's sustainability and I do not want a huge intergenerational debt !
First Name(s)	Prefer not to say-the HDWA are often vindictive when you make suggestions and people are afraid to put their heads up for fear of getting shot down or vindicated-emails suggesting change often get shot down
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;

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).

-there are issue with orthopaedic clinics-

1. why are they so focussed on generating activity (by that I mean inpt activity)-they are focussed on "number of pts to surgery" percentage-why is this so?? Surely conservative management is a hell of a lot cheaper than ortho surgery (especially joint replacement!) and better for the patient (and often consistent with best practice medicine)

If the need is not there why put pressure on surgeons /registrars to generate inpt activity if it is not 100% necessary!

2. why are there not more advanced scope physios in these clinics-they are a hell of a lot cheaper than medical staff (especially visiting consultants) and can often make better clinical judgements based on sound evidence based practice and often have better community networks to better care for these pts without surgery.

Trying to run services with one of the aims being to "generate activity" is not sustainable !

-there are also major major issues with middle management –there are so many layers of management –this is NOT SUSTAINABLE and one of the critical things that need fixing so this burden (and it's inherent debt) is not passed onto our next generation-it needs changing now which will require courage and fortitude to tackle the quite powerful professional groups. You need to look at these middle management positions and assess-"do they actually add to pt care" "if you got rid of them would pt care suffer" –in most cases I would say no! Often these positions were added to "build an empire –or power base" or to actually make another manager's job so much easier. Examples-Safety and Quality depts.-how many staff in them across sites that do the same job-they must cost \$500 000 each site just to run-what value do they add??, Allied Health directors-why have them when each site has co-directors (and department heads!) allied health can report to-what value do they add to pt care?? How many staff development nurse positions are there?? –have they ever been evaluated?? How many positions have been lost at the Health Dept main office?? We all assumed health boards would take over a lot of this role – how much must the health boards be costing ?? has it actually added value to pt care??.

I have no confidence that anything will change because of this review (especially with the recent budget they just gave health another \$ 375 million-what for –make them accountable for this money-it is a lot of money !)-I seriously hope it will as something needs to be done to reign in this ridiculous bureaucracy-it is the reason health here in WA costs about 20% more than over east. Will this just be another "Reid Review" that sits on peoples bookshelves-please please please have the courage to implement change which is very necessary-there is so much waste in health –the amount of positions that have been added in recent years is ridiculous