

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

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|-----------------|------------|
| Title | [REDACTED] |
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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).

- **Question 1 Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;**
 - **Public hospital** patients should be given greater control over the pathway leading to planned admissions. This requires removing barriers to patients choosing the outpatient clinic or specialist they initially attend when given a referral by their general practitioner. Improved public reporting on individual hospitals and specialists would support greater user choice and encourage performance improvements in hospitals.
 - Each year, tens of thousands of people who are approaching the end of life are cared for and die in a place that does not reflect their choice or fully meet their **end-of-life care** needs. Most people who die do so in two of the least preferred places — hospitals and residential aged care.
 - More community-based palliative care services are needed to enable more people who wish to die at home to do so.
 - End-of-life care in residential aged care needs to be better resourced and delivered by skilled staff, so that its quality aligns with that available to other Australians.
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 - The **social housing** system is broken. The current two-tiered system of financial assistance for people who live in social housing or the private rental market is inequitable, and limits tenants' choice over the home they live in. The system would be improved if a single model of financial assistance applied across social and private housing, based on an increase and extension to Commonwealth Rent Assistance.
 - Social housing should continue to provide a home for people who are not well placed to rent in the private market.
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 - **Family and community services** are not meeting the needs of people experiencing hardship. The system is designed for the convenience of governments, not people. Practical changes to system planning, provider selection and contract management could shift the focus to improving outcomes for people who use these services.
 - Human services are not making the contribution they should be to improving the wellbeing of **Indigenous people living in remote communities**. Increasing contract lengths for service providers, developing better planning, evaluation and feedback systems, and improving processes for selecting and managing service providers would contribute to improving outcomes for Indigenous people living in remote communities.
 - **Public hospital** patients should be given greater control over the pathway leading to planned admissions. This requires removing barriers to patients choosing the outpatient clinic or specialist they initially attend when given a referral by their general practitioner. Improved public reporting on individual hospitals and specialists would support greater user choice and encourage performance improvements in hospitals.
 - **Public dental** patients have little choice in who provides their care, when and where, and most services are focused on urgent needs. Patients' choice and outcomes could be improved by a new payment and care model, with a focus on preventive treatments.

This work should be attributed as follows, *Source: Productivity Commission, Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services, Draft Report*. If you have adapted, modified or transformed this work in anyway, please use the following, *Source: based on Productivity Commission data, Introducing Competition and Informed User choice into Human Services: Reforms to Human Services, Draft Report*.

Questions 2, 5, 7

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

To administer chemotherapy and other infusions in the patient's own home is a cost-effective way of delivering a service. The Director-General of Health confirmed in a public meeting last year that this is so. I have been personally lobbying for several years for [Chemo@home](#) to be made available for all eligible (clinically suited) patients at Sir Charles Gairdner Hospital This is what "patient-centred care" is all about.

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

1. Encourage and reward people who regularly invest and participate in preventative health measures eg subsidising the gym memberships for people who regularly attend and have a program devised by an exercise physiologist or similar. A subsidy is given to eligible seniors for spectacles. Why not gyms?

2. Low health literacy and the need to educate people about the true costs of health care – around 60% of all adult Australians have a low health literacy rate. What is Health Literacy?

Health literacy is defined as the patient's capacity to:

- **obtain, process, understand basic health information and services**
- **make appropriate health decisions**
- **access and navigate throughout the health care system**

3. Health in All Policies (HiAP) What is 'Health in All Policies (HiAP)'

It is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

Health Minister Mr Roger Cook is familiar with Health in All Policies (HiAP) as in South Australia,

4. "Put the head back on the body ... the case for an affordable, accessible, timely oral health service". I present this paper on a regular basis at national and State conferences. Many health conditions are caused by, or have links to, poor oral health eg heart problems, premature labour, stillbirth and so on.