

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).

Dot Point 1.

It is well documented that the growing costs and expenditure across the WA Health system is unsustainable and is one of the drivers behind the SHR.

One of the main problems is the poor coordination of services delivered to consumers who are going between primary, secondary and tertiary services. No doubt the funding coming from the Commonwealth and State separately is one of the causes but by leveraging the current investment and ensuring a collegial approach (i.e. between consumers, WA Health and the PHNs) better coordination, outcomes and delivery will be achieved.

Dot Point 2.

It goes without saying that using clean reliable data is the only way to ensure that what is being delivered is achieving it's outcomes but we must always remember that the Patient Centred Approach needs to always be at the centre. One tool that is being embraced across various parts of Australia (originating in Canterbury NZ) is HealthPathways. If this clinical coordination tool is to be used in WA with any success, every level of the WA Health System needs to be engaged with it. I understand why primary care needs to be supported to better know where to refer to but equally the tertiary system needs to be able to understand the community services well as well.

Dot Point 3.

Population Health Planning & Health Needs Assessment is a key opportunity to achieving health reform and partnerships across the system. For example, WA Health has the greatest amount of data and expertise when it comes to Pop Health Planning yet all PHNs across the country have this as a key function. If a collegial approach to data and research sharing across the system is achieved, then one agreed PHP & HNA could be developed for each region made public and then the appropriate funding and services can be delivered to improve or address the relevant community health need/service gap.

If success is achieved in the PHP & HNA arena across the system, reducing the current duplication and saving wasted resources, this could be the initial building block for other successful partnerships across the sector.

Dot Point 4.

By keeping the patient at the centre and focusing on Community Prevention and Early Intervention strategies - improved safety and quality will fall out. We also need flexible service mixing and the capacity to improve integration.

Dot Point 5.

It has been all very good to say "the right, care in the right, place at the right time" - a mantra we have been hearing (and saying - myself included) in WA for the last decade, but which really does need to happen. One way to ensure this is to have a shift in focus to transparency and accountability in service delivery and outcome while achieving 'value for money'. This could be achieved if all services that receive funding - be it from the Commonwealth or the WA Government have either Activity or Workplans or Program Dashboards live on their websites. This improved performance monitoring will then ensure that the programs/services that have been funded are delivering and achieving their desired outcomes. This "live dashboard" needs to be centrally provided (DPC or Treasury & Finance to ensure it is true and accurate.

An example of resources needing to be monitored so as to ensure sustainability is in relation to Commonwealth grant funding of \$51 million provided to WA Primary Health Alliance in 2015/2016. This money is mainly provided to them to Commission services across WA in Aboriginal, Mental Health, Aged Care, Pop Planning and Primary Care Support. Where and how did the agencies and services they have funded to deliver services in these areas across the state go in achieving the patient centred desired health outcomes ?