

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 X Dr <input type="checkbox"/> Other <input type="checkbox"/>
Organisation	South Metropolitan Health Service (on behalf of a group submission)
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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).

System improvement idea to improve the structure and functioning of WA Health Libraries with the objective of developing a more sustainable and efficient structure that reduces the inequity of services and resources available to clinicians, educators, researchers and managers and supports the delivery of better value across the system.

WA Health libraries – system inequities, inefficiencies and sustainability concerns

The proposal

That the structure and functioning of WA Health libraries be reviewed with the objective of developing a more sustainable and efficient structure that reduces the inequity of services and resources available to clinicians, educators, researchers and managers and supports the delivery of better value across the system.

The issues

- Most WA Health libraries are too small to be sustainable. Some are one or two FTE / person libraries with no capacity to provide leave coverage, to maintain the level of technical support for online resources, to ensure knowledge transfer in the event of staff resignation or to provide the full range and quality of services required. These factors were identified in the report on the profession from the Office of the Chief Health Professions Officer – Small but Critical Workforce report in 2017. A substantial amount of unofficial support is provided from the biggest library in the system. For example Sir Charles Gairdner Hospital and the New Children’s Hospital have cut services/service hours based on capacity to supply rather than staffing that meets organisation needs.
- The library services are unevenly distributed across the health services and the system manager– one in the East and South Metropolitan Health Services, four in the North Metropolitan Health Service, one each in CAHS, WACHS and DoH.
- Access to print and eResources is inequitably provided across health providers and reflects historical structures and budgets that are no longer fit for purpose. There is no certainty that simply combining budgets would resolve all issues (due to publisher pricing practices) but there is no way to begin working towards a longer term improvement whilst there is no position with the responsibility to drive improvements and budgets remain segregated.
- New demands are emerging that cannot be met within existing structures. For instance support for research with advanced practice literature searching (to [Cochrane](#) / [PRISMA](#) level), and research publications and data repository creation and management.

Recommendation

- Options for improvement to be reviewed with the full involvement and consultation of librarian heads of department. Options may range from establishment of a consortium to handle selected aspects of work (such as the [NorthEast Research Libraries Consortium](#)), through to a variety of other solutions that address the issues identified.

Relevance to the terms of reference (ToR) for the Sustainable Health Review

Relates to terms of reference 4, 5, 6.

References

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)
<http://www.prisma-statement.org/>

Cochrane Handbook for Systematic Reviews of Interventions

<http://training.cochrane.org/handbook>

Chapter 6: Searching for Studies

<http://handbook-5-1.cochrane.org/>

Okerson, Ann NorthEast Research Libraries (NERL) – one and a half decades and counting. The E-Resources Management Handbook. 2015

<https://www.uksg.org/sites/uksg.org/files/1-Okerson-H464681137085123.pdf>