

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)
First Name(s)	Cheryl
Surname	Hamill
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).

System improvement idea to improve collaboration for clinical support services across providers.

Improving collaboration for clinical support services across providers

The issues

Following on from the formation of health provider services in July 2016, there are a variety of services that are either

- already acknowledged as state-wide services (PathWest, Dental Health, Donate Life, State Head Injury Unit etc that fall within the governance of the North Metropolitan Health Service),
- some that are provided from one provider on behalf of other provider/s, or
- services that would benefit by having some or all elements managed or coordinated on a state-wide basis.

These do not easily 'fit' within a single health service provider or if they do they become siloed within them.

It is difficult to drive changes that flow across the providers to achieve economies of scale, improvement in equity, efficiency of operations. The role is distinct from that provided by the system manager as all deliver some sort of direct clinical service or clinical support service to clinicians in provider services.

Examples

This idea emerged from preparing two separate submissions on Library services generally and then on Library services that could be developed to support research. It is not difficult to identify other services that may benefit from such an organisational structure. There may be some additional staffing required but much could be achieved with reallocation across the system with consequent benefits derived from an increase in collaborative activity, reduction in overheads from replication of effort and budget, and greater clarity of roles, responsibilities and reporting lines.

In education services there are elements where greater coordination would be a benefit to all – for instance collaboration on developing content, licencing of educational materials (eg ANTT licences), collaboration on selection acquisition and deployment of common elearning systems, shared registers that record completion of mandatory and other training (that follows clinical staff wherever they work in WA Health),

Clinical informatics – this requires coordination to avoid duplication of effort, shared learnings across health providers and a single point of contact with HSS IT support.

These are just a few examples that come readily to mind. Many more opportunities exist.

Recommendation

Organisational models be developed to assist providers to establish shared structures and budgets that focus on clinical and clinical support services that are best addressed across providers.

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

Relates to terms of reference 4, 5, 6.

References

1. Bazzoli GJ, Shortell SM, Dubbs NL. Rejoinder to taxonomy of health networks and systems: a reassessment. *Health services research*. 2006;41(3 Pt 1):629-39; author reply 40-2. <https://www.ncbi.nlm.nih.gov/pubmed/16704503>
2. Bryant R, Clements A, Feltes C, Groenewegen D, Huggard S, Mercer H, et al. *Research Information Management: Defining RIM and the Library's Role*. Dublin, Ohio: OCLC Research; 2017. Available from: <http://dx.doi.org/10.25333/C3NK88>.
3. Dubbs NL, Bazzoli GJ, Shortell SM, Kralovec PD. Reexamining organizational configurations: an update, validation, and expansion of the taxonomy of health networks and systems. *Health services research*. 2004;39(1):207-20. <https://www.ncbi.nlm.nih.gov/pubmed/14965084>
4. Hine A, Fenton B, Custance M. *Hospital collaboration in the NHS. Exposing the myths*: KPMG; 2015. Available from: <https://assets.kpmg.com/content/dam/kpmg/pdf/2015/03/hospital-collaboration-report.pdf>.
5. NSW Health. South Eastern Sydney Local Health District. Directorate of Planning Population Health and Equity. Strategy and Planning Unit. Greater Randwick Integrated Health Services Plan. Sydney: NSW Health. South Eastern Sydney Local Health District. Available from: http://www.seslhd.health.nsw.gov.au/GreaterRandwickIHSP_10Nov.pdf.