

Health Consumers' Council

SUBMISSION**Education and Health Standing Committee*****Review of WA's Current and Future Hospital and Community Health Care Services***

The Health Consumers' Council is a community based organisation representing the consumer's 'voice' in health service policy, planning and service delivery. The Council provides an advocacy service to health consumers experiencing problems in the health system.

The Health Consumers' Council was involved in the community consultation dimension of the development of the Reid Report and has been active in the implementation process flowing from the government's acceptance of the Recommendations of the Reid Report.

Comments on Terms of Reference (a) and (b) for this inquiry.

A political perspective

It is the view of the Health Consumers' Council that the retention of RPH as a tertiary health service is a profound and problematic departure from the blueprint for reform provided by the Reid Report. The consolidation of the SCGH site as the primary 'Northern Tertiary Hospital' as per Recommendations 29 and 30 of the Reid Report is a central feature of the current reform process. The decision to retain RPH compromises the integrity of the Reid blueprint for reform. The process of development of the Reid Report was embraced as a means for setting aside political, knee-jerk policy decisions in health in order to establish an agreed forward plan. The extent of the commitment to the Reid plan served as a check to sectional interests seeking to secure resources and allocations outside the plan, as had occurred historically in the WA health system. The political decision to retain RPH has provided potential for a return to opportunistic planning and improvisation. The Reid Report process allowed for considerable consumer input to health service planning as well as to the implementation for the reform plan. The arbitrary decision to retain RPH excludes the community from the process and returns the control of health service planning exclusively to the hands of clinicians and sectional interests.

A consumer/patient perspective

Consumers have a historical attachment to a central city hospital located in the hub of the metropolitan transport network. Consumers express concern for the residents of the eastern metropolitan zone towards Midland who rely on RPH as their most accessible tertiary facility. There is also concern for the dramatically increasing inner city population that could rely upon a CBD hospital. People in the eastern suburbs rely on RPH for an accessible ED and for the out-patient services currently provided by RPH. Further, people would expect to use RPH for any elective (booked) care that is prescribed for them. The Reid Report mapped the transfer of these services to the new Swan hospital and to other services 'closer to home'. As the new Swan hospital does

not yet exist, it is understandable that some health consumers will resist the closure of RPH.

From the time of the launch of the Reid Report the Health Consumers' Council has listened to health consumer concerns about the loss of the services of RPH and actively advocated to government for the retention of an 'urgent care' facility at the RPH site. This would address the needs of inner city residents and travellers to the city and also serve as an annex to any elective surgery facility that is likely to be established at the RPH site. This 'urgent care' model is consistent with the plan for only one major trauma/ED site at SCGH but allowed for a facility to meet urgent care needs between General Practice and ED/major trauma. This model also acknowledges the significant retreat in General Practice in the metropolitan area from providing a response to urgent care needs (including lacerations, stitching, bone setting, assault injuries), which could also be defined as 'sub-acute care'.

Comments on Terms of Reference (b)

Dental services for children and adults in Western Australia have progressively diminished in comparison to community need to a current critically low level. The separation of dental services from mainstream health, in both practical and management terms has allowed for resources, planning and service innovation to languish. Oral health was not one of the areas addressed in the Reid Report and therefore was not included in the reform process that drove the development of Models of Care in a range of clinical areas. This has left oral health services even further behind medical health in respect to service reform, innovation, workforce planning and targeting of areas of unmet need. The establishment of the Oral Health Centre at SCGH under UWA (as a replacement for the Dental Hospital in Perth) has reduced integration of dental service provision to eligible people due to the two separate management streams of UWA and state Dental Services. A major revision of Dental Services in WA is needed, against standards in better-performing states, to give guidance to reform in this area. The Health Consumers' Council has advocated strongly for an Oral Health Network under the health reform program and has had these concerns acknowledged at all levels. The mechanism for driving the review, reform and improvement of services has still not been identified. It would be helpful to have a recommendation from the Standing Committee prescribing an action in this area. It is noteworthy that the fifth highest reason for admission to PMH is for dental care, with particular emphasis on children from remote areas needing to attend for treatment for dental abscesses and tooth removal.

One weakness of the reform process that has flowed from the Reid Report is that most areas of service reform are being expected to make changes with no significant new investment. **Child Development Services** have evolved to different levels in different areas throughout the state and no new investment is being offered to allow for infrastructure and service development. The Reform process has provided for identification of gaps and it is now time to act on this information and provide the resources needed. It is self evident that under resourced child development services are not going to be equipped to deal with big population increases through migration and increases in birth rates. Services engage with reform processes in the hope that this investment of time and effort will result in meaningful improvements based upon their advice and input. To fail to respond to this identified need risks a significant drop in worker morale that has a direct impact on children and families. Child Development Services are at a critical stage of reform and the identified shortfalls in staffing and

resources must be met. Parents report desperation at long waiting lists for screening and services when they know that there is a slim window for interventions with many developmental problems in children. It is not acceptable for access to child development services to be a lottery based upon where a child lives, with patterns of service availability varying across the state and the metropolitan area.

Ambulatory Care Services is the awkward title given to all health services that occur outside a hospital setting. This is the area of greatest potential for shifting where and how services are delivered in health; however this is the area of least progress given the resources and planning effort that has occurred under the banner of Ambulatory Care. Clearly, the difficulty in progress in this area of reform reflects the entrenched patterns of service delivery around tertiary and secondary services in hospitals. Success in shifting care away from hospitals (ambulatory care) relies on sustained effort over time and solid leadership. Attempts to find a leader for the ambulatory reforms in WA have not led to the identification of a 'champion' in this important area, despite widespread acknowledgement of the need for delivery of health care in settings away from hospitals.

Concluding statements

The impact and consequences of the decision to retain RPH against the planned approach to reform are unforeseeable at this time and will undoubtedly place additional stress on the WA health system. This decision may one day be viewed as an accidental stroke of brilliance or as a grave political, economic and practical error.

The Health Consumers' Council proposes a few basic steps that could assist with addressing this unpredictable course

- Open admission by each health minister of the uncertainty of this course, to prepare the community for unforeseen consequences (inadequate staffing levels, doctor shortages, bed closures, adverse events)
- Commitment to workforce flexibility in roles to allow for managed expansion of influence of advanced skill practitioners in nursing and other allied health roles
- Whole-of-metropolitan-area employment of medical staff to allow for proper coverage and distribution of medical expertise across the system.

The Health Consumers' Council endorses the Reid Review plan for reform of health services in WA and acknowledges the considerable work and commitment demonstrated by workers in the health system to honour this plan and progress the recommendations. Investment is now required in the areas of need identified through this latest phase of implementation in order to realise the potential of the reform process. The costs of retaining RPH are a critical threat to the success of the reform process and risk draining resources away from what we know is needed right now.

The Health Consumers' Council will continue to work collaboratively and creatively to bring the consumer perspective into all health service planning processes in WA.

Maxine Drake
Advocate
July 2009