

19 May 2022

Dear Ms Peake, Dr Rosengren, Ms Gaines, Mr Smith and staff,

RE: Independent Governance Review of the Health Services Act (2016)

Thank you for the opportunity to participate in the consultation process for this important review. I have worked for much of the past decade in WA Health at several different Health Service Providers (HSPs) and hospitals, with a focus on Consumer Engagement, complaints and as a Liaison for consumers when things have gone wrong. I have coordinated consumer groups in adult and paediatric settings.

I have had a lot of time to think about how I would like things to be in our WA Health system, given the opportunity. It was great to meet you, Ms Peake and Dr Rosengren at the Health Consumer's Council focus group. I want to thank you for your efforts to engage in meaningful dialogue with consumers to inform your review.

Variation across HSPs

I understand the rationale for the division into area health services was to create better engagement and agency closer to the source of the healthcare provided. I can understand how that has appealed to consumers and staff in that as humans, we tend to focus on the differences between us rather than the similarities. We all have a desire to be understood better. Eg. Mental health consumers and staff maybe don't feel well understood by those concerned with 'general health'. Similarly adult and paediatric health see themselves as very different and there is a divide between the two, a divide that young people find it difficult to navigate as they transition from one to the other.

The separation into area health services has created a natural variance in the way things are done at each HSP. Much like the Uniting Church and the Catholic Church are reading the same bible, the difference is in the interpretation. I don't believe there is any deliberate diversion from the rules the Department of Health rolls out as the system manager – by and large WA Health staff strive to out-strive each other, if anything. It is more of a case of the information being interpreted differently and the importance of each set of policies may be weighted and resourced differently at each HSP.

The telehealth example

For example, North Metropolitan Health Service (NMHS) has excelled in adopting telehealth as its preferred method of delivery and communicated that to all staff as a priority, early last year. It explained via global message that it owed it to NMHS patients to consider their wishes and the cost of attending appointments, getting parking etc. and staff need to justify 'why not' rather than why a patient should be seen via telehealth – a truly patient-centred approach. Other HSPs chose to resource other priorities and are slower to move forward, creating a palpable variance in the services offered to public patients in one suburb (catchment area) versus another. Reviewing the rate of telehealth at each HSP will likely demonstrate this variance, when consumer wants shouldn't vary that much across catchment areas.

This is not to say those HSPs with low telehealth rates are not also excelling - the priorities of the other HSPs in terms of how they used their resources may have been even more admirable (research, reducing waitlists for surgery, patient safety and quality improvement projects). No disrespect is intended towards any of our great health services, just that it is natural for different people to interpret things differently.

If we didn't have HSPs at all, arguably North Metro would not have been able to forge ahead and make such massive gains – but then perhaps all consumers would have received the same access to telehealth at the same time. It is like the emergence of independent schools in the education system. Certain schools will fly high and run with it alone but others may fall behind. It is your role to determine which has the greater benefit to the greatest number of consumers, given the costs involved.

The impact of the current governance structure on the culture of HSPs from the perspective of consumers and carers, staff and the community

Engagement with consumers varies from HSP to HSP. While there is a WA Health Complaints Management Policy, most HSPs also have their own policies and frameworks and administer them differently. Again, interpretation determines the outcomes and making a complaint to one HSP may have a very different outcome than another.

Consumer groups are established at all HSPs as an implicit requirement of the National Safety and Quality Health Service Standards (2nd edition). However, it is unclear to many consumer representatives what they can action at a HSP level as many of the policies are set by the System Manager. As far as I am aware, the System Manager itself does not have a consumer group, and the consumer groups do not have occasion or reporting structures that would enable them to meet and compare notes, or benchmark their experiences, impact and satisfaction across HSPs.

Staff also have a different experience across HSPs and HSPs certainly have reputations amongst staff as 'good to work for' or otherwise. Similarly, transferring between HSPs, even as a permanent WA Health employee can be difficult, and you may be faced with a period of up to six months without any leave, as it can take this long for leave to be calculated and transferred between HSPs.

Resourcing

The cost of having Chief Executives, Boards (and the machinations required to support a Board) at each HSP is considerable. I am sure part of your job as a Panel is to quantify that and consider if identified benefits are commensurate with the cost.

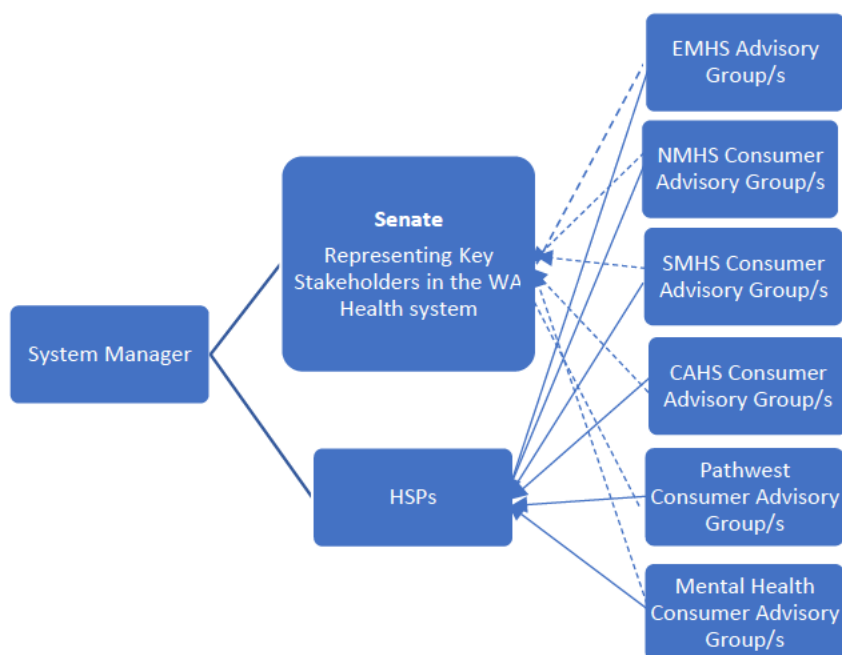
Whether or not HSPs continue in their current form or not, the current review presents an opportunity for consumer engagement and participation to be integrated in the new governance structure, in a more meaningful way than ever before.

The System Manager would benefit from a peak consumer body

Here is where I share the concept of The Senate: a peak consumer body for WA Health that brings together the voices of all Consumer Groups across WA Health and crystallizes the most important aspects of consumer engagement into a useable format, specifically for the System Manager's use.

Figure 1.

The Role of the Senate



A concept to consider: The Senate

I believe there is merit in the concept of a Senate – a committee comprised of consumers, staff and other interested parties (not for profit) at the System Manager level.

The Senate could:

- Consider policies and directives with a direct impact on the people of WA health – our patients and our staff – and have a voice on these matters.
- Receive information (eg. Minutes and Action Log) of all the Consumer Advisory Committees and Groups across WA health;
- Identify key themes across groups as they relate to the actions of the System Manager;
- Progress key themes impacting consumers, staff and certain consumer groups and issues and/or ensure these are incorporated into new policies and directives.
- Have oversight of the activities of the Consumer Advisory Committees and help workshop solutions where Consumer Advisory Committees are having difficulty being effective at a HSP level.
- Review system-wide safety and quality reporting and help identify different approaches HSPs might use to quality improvement.

A Senate reporting directly to the System Manager

The System Manager could then choose to take the views of the Senate into consideration. The Senate could share proposed actions of the System Manager throughout its network of Consumer Advisory Committees (or not) as required, to achieve farther reach and a greater depth and breadth of consumer input.

Ideally the Consumer Advisory Committees / Groups would have an indirect reporting relationship to the Senate. This would be especially important if HSPs were devolved but important even if they continue. There is a vast variance in the effectiveness of some Consumer Advisory Committees for various reasons, and sometimes the reasons for this are HSP specific. If the Senate as a third party received the Minutes and Action Log of each Committee, each month, there would be an impartial look at issues at a local level, and also support for the Consumer Representatives themselves.

I am sure you are aware of the enormous benefit Consumer Representatives and Consumer Committees can provide to health services, and I think the small investment a Senate would provide, would yield much more in terms of benefit and consistency across health services.

Not all HSPs see the value of consumer involvement in the same way, which is underlined by the experiences of some Consumer Representatives feeling as if they are there just to 'tick a box'. If that is the case, something is not working. And if this is through a lack of support at a HSP level, it is to the benefit of the System Manager and all involved if it is resolved.

Partnering with Consumers at a System-wide level

The HSPs are aware of their obligations under National Safety and Quality Health Service Standard (NSQHSS, 2nd Edition) – Partnering with Consumers. If consumers and other key stakeholders such as staff and other key interest groups could be brought closer to the source of system-wide policy and strategic direction, they would provide more value and there would be stronger evidence of consumer input for HSPs to draw on in their own 3 yearly accreditation.

Diverse consumer input, closer to the System Manager

HSPs have typically had difficulty identifying, engaging and maintaining groups of diverse consumers such as Aboriginal and Torres Strait Islander consumers, Culturally and Linguistically Diverse Consumers (CALD), LGBTIQ+ Consumers, Carers and mental health consumers. HSPs may not have the resources to operate discrete diverse groups and may rely on a single consumer or handful of consumers from these backgrounds to inform their activities.

The System Manager could establish diverse groups eg. CALD, LGBTIQ+, Aboriginal consumers and have these report directly to the Senate. The HSPs could access these groups for advice as required to add a richer opportunity for targeted feedback when it is required, in addition to the diverse consumers they engage as part of their own groups. This could drive whole-of-health innovations and approaches – eg. Something as simple as requiring WA Health staff to ask all patients for pronouns, in keeping with the long-stated wishes of LGBTIQ+ people. This makes more sense on a global level as there is wide application to all HSPs. Currently there is a sense of powerlessness amongst these groups, particularly CALD. Similarly, Bentley Hospital has had LGBTIQ+ Rainbow Tick accreditation for several years now, while most other HSPs do not. Empowering consumers to share their experiences at a higher level will encourage and inspire a higher level of quality improvement and accountability for everyone in health.

Being at the centre of health via the Senate or a System-Manager led diverse group is a new approach that has the potential to result in faster, far-reaching change across the system in a way

that has not been possible before. It may also result in cost savings as less can be spent on each individual consultation for discrete new projects – it will be possible to draw on an existing group and its networks at HSPs via the Senate.

Partnering for global quality improvement innovation

Other simple solutions to common patient problems, such as falls, have been implemented in other health services and could easily apply to all HSPs. In some hospitals in Queensland, patients at a falls risk are identified with orange blankets; patients with Adverse Drug Reactions wear red hats, going into theatre. Data is then collected before and after such a change, showing the positive outcomes achievable with these measures. The System Manager could seek the consumer input of the Senate to progress such initiatives and then deploy such Quality Improvements *system wide*, potentially having a massive impact on clinical incidents in a short space of time.

Establishment of a Senate, representing the needs, wishes and hopes of WA health consumers, as the ‘right hand’ advisor, directly to the System Manager, would put WA Health at the forefront and cutting edge of consumer input and patient experience.

Many voices, one goal: A system-wide, coordinated approach to consumer engagement

The System Manager has the oversight to give consumers, particularly diverse consumers meaningful work and impact. Running a single group at a system level is also a more economical solution than HSPs attempting to run their own and the groups form a resource all can draw on. Having a Senate provides a pathway for consumers to grow and have more impact as they become more experienced.

Option to integrate the voice of volunteers and staff through the Senate

Volunteers have some fantastic ideas to improve health services as they are health consumers with the working knowledge of a staff member, without a vested financial interest in the system. Many volunteers are frustrated with the lack of opportunity to progress their ideas through their HSP. A Senate could be an avenue for volunteers to have a voice as voluntary or elected members.

Nothing about me, without me.

Regardless of the Governance structure you recommend as a Panel, I urge you to consider recommending a Senate, or similar provision for consumer input at the highest level, alongside the System Manager. It is the best way to move forward and progress to an even more meaningful dialogue with the people at the centre of all we do in health.

Please accept my most humble and grateful thanks for the opportunity to share my thoughts on this important issue. I am so grateful for your time and consideration.

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