

Sustainable Health Review

Public Submissions

The WA State Government's Sustainable Health Review aims to prioritise the delivery of high quality, patient-centred sustainable healthcare across WA into the future.

Western Australians continue to enjoy excellent health outcomes and quality health services. However the system is under increasing pressure from an ageing population, chronic disease and health inequity, and the health budget continues to rise. We need to focus on value and innovation to further improve health outcomes; ensure safe and high quality services; improve patient experience; and drive clinical and financial performance.

The Government has appointed a highly experienced expert Panel including consumer, employee and clinical leaders to undertake the Review and to consult widely about the directions the WA health system needs to take. Public submissions are the first step in ensuring all Western Australians, including our patients, our community, our workforce and our partners, can contribute to the Sustainable Health Review and help us to shape the future of our health system.

The Panel is calling for public submissions in relation to the Sustainable Health Review Terms of Reference. We encourage you to contribute to the future vision for health in Western Australia.

All members of the community – individuals and organisations, are encouraged to provide a submission.

Guidance for public submissions is found in the attached Cover Sheet. Please complete this public submissions cover sheet and return completed with any attachments to the Sustainable Health Review Secretariat via:

Public submissions close **5.00PM (WST) 2 October 2017** and can be submitted via:

Email: SHR@health.wa.gov.au

Fax: (08) 9222 4046

Mail: Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH, WA 6004

Further information about the Sustainable Health Review is available at health.wa.gov.au/sustainablehealthreview or via SHR@health.wa.gov.au

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 checked="" type="checkbox"/>
Organisation	Carers WA
First Name(s)	Paul
Surname	Coates
Contact Details	92287400

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).

About Carers WA

Carers WA is the peak body representing the needs and interests of carers in Western Australia and is part of a national network of Carers Associations. Carers provide unpaid care and support to family members and friends who have disability, mental illness, a chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged. The person they care for may be a parent, partner, sibling, child, relative, friend or neighbour. Illness and disability are non-discriminatory and the caring role can be borne by any individual at any given time, regardless of socioeconomic status, age or location. Caring is a significant form of unpaid work in the community and is integral to the maintenance of our aged, disability, health, mental health, and palliative care systems. A report undertaken by Deloitte, Access Economics, 'The economic value of unpaid care in Australia in 2015', determined the replacement value of the care undertaken by carers in Australia to cost \$60.3 billion per annum.

Some important facts about carers include:

- There are 2.7 million unpaid carers in Australia. More than 856,000 carers are primary carers.
- There are approximately 320,000 family and friends in a caring role in Western Australia or approximately 1 in 8 in the community.
- If the Australian government had to replace the hours of unpaid care provided it would cost 60.1 billion per year

Carers WA considers the following changes and initiatives would lead to a more sustainable health system in Western Australia.

Early and consistent identification of carers

The Carers Recognition Act 2004 includes the Western Australian Carers Charter and mandates for carers to:

- be included in the assessment, planning, delivery and review of services that impact on them and their role
- have their views and needs taken into account along with those people receiving care when decisions are made that impact on them and their role
- be treated with respect and dignity
- have complaints in relation to services that impact on them and their role as carer given due attention and consideration.

To allow the health system to implement the Carers Recognition Act 2004, it is necessary to identify carers early and consistently.

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).

Carer Identification in Patient Administration Systems

Currently, a Carer Identification field is available in all hospital Patient Administration Systems (PAS) e.g. hCARE, TOPAS, WebPAS, PSOLIS. However, WebPAS does not have the functionality to print carer details on the first page of the Patient Admission Record. For this reason, the use of the field is not promoted across all PAS systems. A factsheet (developed by South Metropolitan Health Service in conjunction with Carers WA) for clerical staff as well as a poster aimed at patients, carers and staff to promote the recording of carers in the Patient Administration System are not being used due to the difficulty in printing carer records.

Barriers in identifying who the patient's carer is may lead to their not being involved in decision making which can have an impact both on the patient/consumer and the carer themselves. Carers report leaving hospital unprepared for their either new or changing caring role.

Carers require training in how to manage the health or mental health requirements of the person they care for when planning for discharge of the patient. This may include manual handling, understanding medications, and signs of clinical deterioration that requires GP review or admission.

Formal processes within hospitals to ensure the carer has been engaged with prior to discharge and that their needs have been met in preparing to care post discharge may reduce difficulties post hospitalisation.

Enhanced support for carers to enhance the carers wellbeing

Carers own wellbeing is lower than the general population across a number of indicators¹. This includes the following:

1. Carers are more vulnerable to pain than is normal.
2. Carers are more likely than is normal to be experiencing chronic pain.
3. Carers are highly likely to be carrying an injury and this is associated with reduced wellbeing.
4. Having a significant medical or psychological condition is associated with lower wellbeing for carers than found within a normal population sample.

There is no evidence that the burden of caring gets systematically less with time. Additional support when commencing a caring role may be beneficial to the wellbeing of people new to caring. This is why early identification of carers is important.

Further support for carers, including provision of respite, social support, counselling and education may prevent carers from developing health issues as a result of their caring role.

Carers will only continue as the 'enablers of community care' if they are able to share their caring responsibilities with affordable and appropriate formal services.²

¹ Australian Unity Wellbeing Index, Survey 17.1, Report 17.1, October 2007

² [Response to the Productivity Commission's draft report on the Caring for Older Australians inquiry](#), Carers Australia, 2011

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Enhanced training for carers

Increased training for carers to support them to understand advanced care planning would reduce unnecessary treatment provided by the health system at the end of life.

Advance care planning (ACP) is an ongoing discussion between a person, their loved ones and their health care professionals. It involves learning about the different choices available and choosing the type of medical care that is best for them. The components of an advance care plan are:

- Advance Health Directive - Legally record your decisions for future health care treatments and procedures in an *Advance Health Directive*.
- Enduring Power of Guardianship - In Western Australia, a substitute decision-maker is referred to as an enduring guardian.
- Advance Care Plan - A person can record additional personal wishes not covered in the *Advance Care Directive* or *Enduring Power of Guardianship* in a separate form called an *Advance Care Plan*.

Enhanced carer knowledge and assistance available to carers to understand Advanced Care Planning would potentially help develop a more sustainable system.

Impact of supporting carers on unplanned or unnecessary rehospitalisation's

Current literature does not show a strong correlation between supporting carers and prevention of rehospitalisation of patients.^{3 4} However, a carer who is well prepared to care for a patient on discharge would be a positive factor in preventing rehospitalisation of a patient.

Carers WA recommends that WA Health conduct research examining what factors prevent rehospitalisation, including the presence of a carer and their ability and willingness to provide care. It would also be recommended to not only investigate the benefits in relation to the consumer but also any benefits to the wellbeing of the carer themselves.

An example of such a project is being done by the United Health Fund in New York. The one-year project, which begins November 1, 2017 will focus on:

- 1) the difficulties patients and family caregivers experience and their communication and information preferences about care options, and
- 2) how staff in up to eight participating hospitals in the New York metropolitan area involve patients and families and share information⁵ with them in planning for discharge⁵.

³ Tao, H, Hall Ellenbecker, E, Chen, J, Zhan, L, Dalton, J., The influence of social environmental factors on rehospitalisation among patients receiving home health care services, *Advances in Nursing Science* Vol. 35, No. 4, 2012.

⁴ A study on discharge planning and preparedness to care recommended further study in this area. Toye, C. et al. Outcomes for family carers of a nurse-delivered hospital discharge intervention for older people (the Further Enabling Care at Home Program): Single blind randomised controlled trial. *International Journal of Nursing Studies* 64 (2016) 32-41.

⁵ <http://uhfnyc.org/news/881254>

