

DISCUSSION PAPER FEEDBACK FORM

How to provide feedback

We want to hear from you throughout the establishment process for the Commission.

To provide feedback on the information contained in the Discussion Paper and the Frequently Asked Questions, please email Health.Excellence-Innovation@sa.gov.au.

Feedback questions

The below questions are a guide only. You are not required to complete each section in order to provide feedback.

Section 1

<p>1 Do you have feedback on the proposed vision or purpose for the Commission?</p>	<p>Any vision that is working towards excellence and innovation in health must include the health of the population and the role of health promotion.</p> <p>Vision - People don't just want 'best value healthcare'; they want high quality healthcare that doesn't cause harm.</p> <p>The diagram that is used to demonstrate how value is determined refers to patient outcomes and patient experience. This is a very narrow view of how to determine value and implies that value is derived through the point of care (in a care setting ie hospitals) and that value is to patients and not to all South Australians. This negates the value that the health system provides through health promotion and prevention strategies and in primary health settings.</p> <p>The purpose includes empowering both clinicians and consumers. This value on empowering consumers is then of limited focus through the rest of the document.</p>
<p>2 Do you have feedback on the proposed outcomes for the Commission?</p>	<p>The focus on best patient outcomes and experiences within (limited) resources means rationing is inevitable. Principles for rationing should be made explicit.</p> <p>Increased consumer and community input into strategic policy, planning and evaluation is commendable. There should also be better access to evidence and data for consumers and community too through a stated commitment to public reporting. Achieving these outcomes will require a central, high level engagement pathway for consumer and community input.</p> <p>As the outcomes currently sit, they are focused on clinical care at the frontline. The Commission should also have a higher strategic focus through a role in improving the service system as a whole through integrated care and collaboration, through overarching reform and leadership for South Australia's health system. This is not covered explicitly in this discussion paper although it has been part of the government rhetoric on the establishment of the Commission. This is a much needed</p>

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	<p>component and would be highly beneficial as an outcome.</p>
<p>3 Do you have feedback on the proposed governance or structure for the Commission?</p>	<p>External:</p> <p>It appears that the Commissioner will report to SA Health CEO on achieving whole of government objectives (which don't appear to have been clearly stated) while then reporting to the Minister on performance objectives. There is a risk here of role and accountability confusion.</p> <p>There appears to be an assumption that clinicians work only within public health services or are private health providers. We know that clinicians also work within NGO's and across both public and private service settings.</p> <p>It is hard to understand how these governance relationships will work in practice. It is not clear how adding the Commission to the Department of H&W, as a separate office, who then relate to the LHNs and SA Health will reduce duplication.</p> <p>Wellbeing SA is not shown on the diagram, although it is mentioned in the text. The way the Commission and Wellbeing SA will work in collaboration with the Department for Health and Wellbeing (and LHNs and Statewide services) needs to be further clarified and consulted on with consumers and community.</p> <p>The involvement of consumers and people with lived experience is not explicit in the governance structures as presented here. This could be strengthened as the evidence demonstrates that where Consumers are represented well at Governance level there are better outcomes at the system, health service and individual level.</p> <p>Internal:</p> <p>The evidence supports the approach of clinicians and consumers working as partners. The statement that the governance and advisory groups will be clinician led does not sit with the stated vision and purpose where consumers are seen as needing to 'work together with clinicians to achieve safer, more innovative and efficient health care'. Further, the description of each of the groups does not explicitly mention health consumer involvement and as each named group is prefaced with the use of the word 'clinical' and does not include consumer it is hard to see how this governance will assist the commission to achieve the stated outcomes for consumers and community.</p> <p>Structure:</p> <p>The structure diagram does not explicitly mention the role of health consumers or community.</p>
<p>4 Do you have feedback on the proposed functions for the Commission?</p>	<p>The only functions here are clinical. Excellence and Innovation in Health is also about management, resource allocation, health promotion etc. The importance of comprehensive primary health care is completely excluded. The interface between the hospital system and the rest of the health care system is not explicitly included and therefore risks being excluded.</p> <p>'Consumer and Community Partnerships' should not sit under 'Clinical Partnerships' but should be structured across all functions and branches of the Commission to equally inform 'Clinical Improvement and Innovation' and 'Clinical Informatics'.</p> <p>'Consumer and Community Partnerships' should include</p>



	<p>another dot point “training and support for clinicians to work in partnership with consumers and community”.</p> <p>Under the ‘Clinical Improvement and Innovation’ function it states “Empowers health professionals to provide safe and high quality care through...” Add a dot point to the effect “partnering/engaging with consumers to ensure better health outcomes and improved patient experience”.</p> <p>Under the ‘Clinical Informatics’ function the ‘Data and Analytics’ should state the need for public reporting of data, developed with health consumers. The ‘Translation Science’ should explicitly include reference to consumer involvement in research – both through generation of topics of research, involvement in research and translation of research into practice.</p>
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Section 2

<p>5 How should the Commission enable clinicians to better partner with their peers, consumers, carers, private providers, NGOs and the broader community?</p>	<p>Better partnering with consumers and the community requires support for consumer and community groups and a high-level point of access and interface for their input to be received. Currently these mechanisms are absent in the discussion paper. There also needs to be better access to evidence and performance data to consumers and community through public reporting. Consumers and community can then support the health system by monitoring a range of indicators in conjunction with personal experiences and provide an early warning process to support safety and quality.</p> <p>The Commission needs to ensure that the clinicians are well trained, mentored, and adequately supported to work with health consumers in the design, implementation and delivery of services.</p>
<p>6 How should the Commission partner with consumers and carers to ensure they are involved in strategic policy, planning and the evaluation of health services undertaken by the Commission?</p>	<p>The Commission should develop a Consumer and Community Engagement Strategy and Action Plan consistent with the Statewide Consumer and Community Engagement Strategic Framework, the national safety and quality in health care standards and the Health Care Act.</p> <p>The discussion paper does not provide any evidence of how the Commission will determine whether they involve – including when and how – individual ‘consumers’ or partner with consumer organisations such as HCASA, LELAN, Disability specific, etc?</p> <p>The Commission needs to ensure that there are health consumers involved in strategic policy, planning, and the ongoing evaluation of the Health Services undertaken by the Commission.</p>
<p>7 What other ways do you think consumers should be involved in the work of the Commission?</p>	<p>Health Consumer and Community representatives on the Clinical Advisory Council, Clinical Network Executive and Clinical Networks.</p> <p>Dedicated Consumer Advisor / Consultant position(s) within the Commission.</p>
<p>8 How should the Commission engage with the broader community to improve care and meet community expectations?</p>	<p>The Commission should include an Evaluation Branch or function that produces reporting to the public on outcomes, experience and the health of the community.</p> <p>The Commission should ensure mechanisms for hearing from people about what issues the community believe that the</p>



	Commission should focus its expertise towards.
9 How should the Commission assist clinicians to improve clinical practice?	<p>Clinicians are trained to provide clinical care but they need support to see the value in reducing the numbers of tests and allocating time to listen to the patient, carer, and family members. The Commission could play a valuable role in providing (and obtaining) this evidence to clinicians.</p> <p>The Commission could also undertake a focussed area of work with clinicians on Informed Consent and Health Literacy.</p>
10 How should the Commission assist clinicians to innovate to improve care?	Supporting clinicians to partner with consumers and listen to their stories will assist clinicians to innovate by providing them with another perspective on the clinical care they provide.
11 How should the Commission assist clinicians to upskill in clinical analytics?	
12 What tools or assistance should the Commission provide to improve clinical analytics?	

Section 3

13 Please provide any additional comments regarding the information outlined in the Discussion Paper and the Frequently Asked Questions	<p>The initial time allocated for comment on this discussion paper was inadequate. The additional time allocated was appreciated but given the late notice was of limited value in supporting organisations to obtain input from stakeholders.</p> <p>Consumers involvement in the Commission on Excellence and Innovation in Health will be essential for the Commissioner to meet the stated vision, purpose and outcomes. However, the discussion paper does not provide enough detail about how the outcomes will be evaluated. The paper also does not outline how consumer and community engagement and participation will be achieved, measured and evaluated.</p>
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For more information

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