Comment re Chapter 9 and associated recommendations

Our submission is in relation to the intent and assumptions underpinning Chapter 9 regarding giving patients greater control over the pathway leading public outpatient services and removing barriers to patients choosing the most appropriate outpatient service.

We agree and strongly support the premise that providing greater choice can facilitate patients becoming more central to the public hospital service and can improve patient outcomes by empowering them to have more control over their own healthcare (p259). Although the Report states patient choice should be supported by the best-placed healthcare professionals as well as ongoing improvements in user-oriented information (p261), it is the subsequent context and limited choices that is of concern to us.

Key concerns:

1. If the intent of the Commission is to offer choice to medical specialists only then the scope of the report and recommendations should be confined to just that. If it is in fact to provide greater contestable choice for patients being referred to public outpatient clinics then there are other contestable pathways available to patients that should also be considered. Such options include outpatient clinic services that are allied health-led because such models provide more timely and effective patient care. There are also options in the primary health care setting, including self-management options, which could be better used and exhausted prior to referral to an outpatient clinic.

2. Providing a referral to an outpatient clinic rather than specifying a specialist by name is not just about training opportunities for the medical team, it is about providing a patient with choices about the right care at the right place by the right person. A growing body of evidence has demonstrated that allied health led models of care within public specialist outpatient clinics (such as orthopaedics, Ear Nose and Throat, gastro-enterology and gynecology clinics) have reduced waiting time and waiting lists for category 2 and 3 patients and led to positive patient outcomes and high levels of patient satisfaction.

3. Providing greater patient choice and contestability should also consider enabling allied health professionals to make referrals to specialist outpatient clinics rather than the frequently circuitous route a patient makes from an allied health professional to the GP to the specialist clinic

We would recommend that the Commission either explicitly limits the scope of Chapter 9 to only include referral pathway to a *medical* specialist, or expand the chapter to consider other equally valuable pathways to enabler greater contestable patient choice. If the latter option is pursued the recommendations should be revised accordingly.

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