# Video transcript - Keynote 3 and Q&A: Dr Nigel Lyons - Health Workforce NZ Dialogue

Thank you so much.

And thank you for those kind words of introduction.

It's a great pleasure to be able to join you today and speak at a time of significant change for you as it is I think for all of us working in health coming out of the covid response.

I'm going to reflect a little bit on reform and what we've been doing in New South Wales and intend to do and I suspect you'll hear much that reflects your own circumstances, but first of all and a very importantly I'd like to acknowledge the traditional owners of the land that we're meeting on today, and I'd like to acknowledge elders Past, present, and emerging leaders.

The drivers behind reform I think we all are aware of and I won't go through all of this in detail.

These are the drivers that we're all experiencing with rising talk of costs.

new technologies, the demand increasing and ever increasing, the needs and expectations of our patients, carers, and communities continuing to grow and those challenges mean that there is an ever-increasing demand on our healthcare system.

And at the same time we are challenged and this is the figures for New South Wales and projections through on the spend on that on the State health system let alone what the Commonwealth is spending but it's a significant impost on government to be providing the resources to enable us to continue to provide health care.

That squeeze between the ever-growing demand and the costs that arising, and the need to find reforms and efficiencies will always continue.

So it's something that is with us, and will always be with us, as people who are responsible, as stewards of the health systems that we’re responsible for.

Just a little bit about the New South Wales health system and it's very it's very similar to the New Zealand health system.

We are caring for 8 million people in the State.

We have an expenditure budget for 22/23 of 34 billion.

We're organized around the hospitals - 228 hospitals, to you District Health Boards.

We've got significant activity and growing activity.

I mean the demands on our service are growing at a rate, which is a really challenging and in particular I think the challenges for us at the moment are the increasing use of ambulances, emergency department activity, which is growing at a rate which is well above what we were anticipating and that then flowing through into our acute hospital system and creating significant challenges in meeting that demand.

In addition to that as you are probably experiencing as well, it may not may not have impacted as much in New Zealand, but we've certainly got a backlog in healthcare as a result of the approach of the public health response and the lockdowns that occurred and the changes in the way services were delivered.

So we've got significant increases in the number of people who are waiting for booked surgery and we also have a significant challenges with the backlog of outpatient consultations as they weren't able to be delivered at the same rate as usual during the covid response.

In terms of how we're organized in New South Wales, and we've been in an arrangement which has been fairly stable in terms of the governance and structure for the last 10 or 11 years, which is rather unusual.

I mean, I've been in health for 35 years and have seen a number of iterations in the governance and structure.

This is probably been the longest period of stability in terms of the structural arrangements we have our Secretary, the Ministry of Health and the Health Administration Corporation, which is the service delivery component of the Ministry, and we have arrangements with our local Health Districts and Specialty Health Networks of which there are 17 across the state - mostly geographically based except for the two Specialty Health Networks.

And we have a number of Statewide Health Services that organise and deliver statewide care.

So, our health protection response the ambulance service, pathology service, office Statewide services.

And there are a number of shared services that deliver services to the to the Local Health Districts as well - HealthShare, which does a lot of the procurement and supply, eHealth which looks after the ICT and our common standardized technology systems, and Health Infrastructure, which is the service delivery for the capital program.

And we have a range of pillar organizations as we call them, which are the clinical support organizations around clinical Excellence, the Agency for Clinical Innovation, Health Education and Training institute and the Like.

So we're organized in that way with a range of things which support the LHDs and Specially Health Networks, but are run on a Statewide basis.

The districts are governed by Boards at the moment and that's been in place for the last 11 or services by the Ministry, and through a mechanism of the service agreements where we have arrangements for the price, volume, and performance of the Districts, and they’re managed on a regular basis for the delivery of those, based on the Statewide service agreements.

So I mean, we have, as I'm sure you experience, a range of different inquiries, agreements.

We have the National Healthcare Agreement which requires us to do certain things, we have from time to time government Inquiries, committees that review what we're doing, and there are a range of different push and pull factors on looking at how we continue to modify and change and refine what we're doing.

That leads to I think a constant change process, which we're always working within.

I just wanted to spend a little bit of time reflecting on some of those issues around what it means in this context of organizational change and reform.

And I think my first reflection is that we do a lot of work often and invest a lot of resource in deciding what it is that we want to do, and coming up with the revised structures, the governance Arrangements, decisions around how we want to organize things.

But what we often don't do as well is think about what it will require to implement those changes.

I think the implementation of those changes and the support for that, particularly support for our people, is often assumed and a lot of our managers sometimes aren't as skill in managing in this constant change environment or they need the support to do that.

So a focus on the change support and the resources to do that and the skill sets and capability to do that I think are really important.

But equally a focus on the business as usual.

So having an effort initially actually looking at both and making sure both are being able to be supported and proceeding is a really critical component of organisational change.

And when it's done well, it actually delivers quite significant benefits quite quickly.

But there is a need for, you know, communication, leadership, the clarity of the roles and responsibilities of the new entities is really important to get clear for people right at the outset.

While our clinicians at the coalface delivering care are actually usually continuing on we shouldn't assume that the things that were in place previously are maintained and sustained through these times have changed.

And our experience has been that You need to constantly review the things that have been in place to make sure that they're still delivering while you make the change process.

Otherwise, it's quite easy for things to slip, or not be seen as important anymore.

And so things that have been focused on are not focused on in a way that they should be.

Now, the importance of engagement with our clinical workforce at a range of different levels in a change process -absolutely Key.

Right from the front lines, through to the structures in clinical departments in Hospitals, through the arrangements that the DHB level and right through to clinician involvement at the system level is really important, and those arrangements need to be constantly assessed as well in terms of whether or not they're achieving the outcomes that you are looking to achieve through those opportunities and making sure that clinicians feel like they've got opportunity to be involved in, and have a voice, in the decisions that are being made around the changes.

I think another important component which we often neglect is thinking about how we would measure success and what would we look at to say that this is actually heading in the right direction, that this change process is delivering the benefits that we anticipated, that any unintended consequences are being assessed and addressed, and we can continue to make those changes that are making a positive difference, and addressing any issues that emerge during the change process.

Of highlighted the importance of communication within the system but it's also really critical that we think about engaging with our communities about the change - what's happening, why it's happening, and involve them as we move through the change processes and how they impact service delivery.

So, on the back of that, I think yeah, we always need to remember that our health systems, and your health system like our health system is a high performing system If you look at any of the OECD measures and the comparisons we have highly performing Health Systems.

We need to think about that in the changes in the context of building improvements, and and building on that high quality service.

But we also need to recognize there are opportunities and I'll talk about some of those opportunities in a second.

We've established a vision for our services that is basically that it is sustainable.

That it’s a sustainable health system that's delivering outcomes that matter most to patients and the community.

We've started to think about how it's personalized and really starting to work towards the focus on patient-centered care and what that really means, and investing in wellness, and the support of digital to enable it to be delivered effectively.

And that’s a large and wordy statement, but it encompasses the key components of what we think needs to be in place for the future.

In terms of those opportunities I think there are many areas where we need to focus our efforts on doing things better and we certainly are focusing on the need to be more data driven.

And in particular, we collect a lot of data, but turning that into information, connecting data sets that might be not currently connected to get a better insight into the way we're providing care and what that means for what you need to do differently in the future.

We still believe that we're organizing and arranging our services and when we develop new approaches, we're Still, we talk about patient-centered care, but we're still designing a lot around the providers needs.

And while that's really important, it's important also that we drive the changes from the point of view of the patient care and consumers’ perspective much more effectively than we've done in the past.

We've certainly introduced the concept of value-based approach to things which is looking at not just the experience and outcomes for patients, but the experience of providers and delivering that, looking at the costs of providing that service and making sure they're optimized, and making sure that the overall outcomes are actually delivering benefits in terms of clinical care and overall health outcomes for the community.

In our system, we have the Commonwealth and state divide and we're increasingly of the view that we need to start to look at a one system mindset.

It's come up in the context of Covid.

It's come up in the context of equity, of access to services both geographically and for certain groups within our communities.

The issues around primary care which have emerged in in our state and I'm sure a similar for you where we've really focused a lot on the acute side of things but maybe Haven’t addressed enough around investments in primary care and ensuring that we're delivering as much here in the community as we possibly can.

And issues around accountability and feedback loops for our people.

It's how they know that what they're doing is delivering effective care, that we provide in the feedback opportunities to improve, acknowledging the contributions when they're really positive contributions.

We have a lot more to do in that space as well.

And I'll talk in a little bit more detail towards the end of the of my talk around the system enablers, because part of what will drive these changes and gets consistency which we need to deliver, but allow that flexibility in delivery at the local level come around certain system enablers, which we're going to invest much more in, which is the policy and planning side and we feel we've actually probably not done enough on the planning side as much as we should over the last few years.

Ensuring we've got standardized and consistent information systems that are integrated more effectively, and are supporting digital delivery of care - that's going to be a really key focus.

And also looking at our current funding and payment systems, and we believe they're not well aligned at the moment with where we need to be and we'll need to look at how we modify those into the future.

So that'll be major opportunities out of the next phase of our work which really is started to look at what we do with future health and on the back of covid we started to look at what we needed to do differently for the New South Wales health system and have just come through and 18 month planning process.

So we consulted widely with our communities with our clinicians and service providers to look at a new 10-year strategy for what we need to be doing differently, and building on what we've learned over the last few years.

We've published that Future Health strategy now and it's now going to be the blueprint for the next 10 years of focus on change within our health system.

Not surprisingly, I mean you'll see very similar issues, these are the high level six focus areas.

And there's a lot of detail behind this with a series of objectives and a range of issues that will be dealing with but there'll be no surprises in any of this for you and I'm sure they're exactly the same drivers for you in your system.

But, the big focus I think is probably going to be around the shift in care, and we really believe that over the last five to 10 Years we’ve probably focused too much on hospital-based care at the expense of what's going on outside of hospitals and the need to focus much more on that over the next little while.

I'm having our teams organized to do things as teams of clinical professions rather than individual professions working alongside each other.

And a real focus on how we support our staff because we're got a lot of feedback from our system around burnout.

The challenges that we've faced over the last years and the fact that people are looking at the next few years and wondering how that's going to be delivered effectively.

Areas of Workforce shortage which have emerged, and we've got some really high priority areas that we’ll need to focus on, and I'm sure those are similar issues in your system as well.

The other major focus of course is around sustainability and building in sustainability.

Not just the sustainability around how we do things and how that's done in a way that uses resources wisely but also the impact that we're having on the climate, how we use other resources more effectively and even the issues around waste in our system is going to be a really important focus for us.

So to help drive those changes I just wanted to end on that, you know, those future health enablers that the things that we will be focusing on at the system level that will help us deliver these.

And there needs to be a lot of change and a range of different levels, and to drive the standardization and consistency we'll be looking at sort of four key areas, but we recognize that to be really effective in doing what we're doing we need to empower people at the local level to think about how what they do is done in the context of that standardized approach, and that we actually are able to have enough flexibility to reflect on the particular context for certain clinical groups, certain communities, and variances in the approaches to enable us to effectively deliver optimal outcomes for individuals and communities So I'll just spend a little bit of time this - this focus on digital, aata and analytics.

I mean, we've done a lot of data collection, but we don't as a set integrate it well.

I look at some of those opportunities to reflect on the data and turn it into information to assist us in change and managing change.

The investment in digital care, the Virtual Care Systems - we're now delivering the opportunity for remote monitoring.

How that gets built into our services, how that's designed in and embedded in a way that is able to be sustained, and allows those technologies to deliver Optimally.

The concept of outcomes being collected more effectively and registries is being established - we're very keen not to have registries established as standalone and separate, but integrated as much as we can into the information we're collecting in a way that doesn't burden our clinical teams, because we're very conscious of adding more and we don't often take away.

We often add more and don't think about what that means for our clinical teams.

So it's about you know, only collecting the information that is not collected anywhere else and linking everything up as much as we can, and making sure we've got access to outcome measures that enable us to assess the impact of our services that as we reform them and redefine them.

Investment in Workforce.

I know this is a Workforce session.

It is our fundamental issue and we've got about 125,000 staff FTE but around 160,000 people are working in our healthcare system.

We've just done our employment survey results and our feedback is that our staff our challenged by everything that we've been asking them to do and the circumstances they've endured.

I mean they've been amazing in our response to covid, you know, we've come through it in a way which our communities I think are appreciative of but we need to think about how we support our staff over the next, you know five to ten years because our projections on the workforce that we need and the workforce that will be able to be trained is there's a huge gap and in particular it's quite concerning.

So we'll need to think about what we do differently to support our Workforce, to keep people and engaged and effectively feeling well supported, motivated, but wanting to be a part of the healthcare system as we make those changes, it's going to be very important.

We are going to focus a much more on out of hospital care and primary Care in particular, because we've got some particular issues in primary care and are very concerned about what is happening in that space.

So it is going to be a major focus for us over the next 12 months to two years.

The impact of technology I've touched on in a range of different ways.

But I mean, we're also seeing the emergence of treatments that were, you know, not possible even a few years ago.

So the gene therapies that are now in existence and are being used, the cellular therapies and their application.

These are significant challenges for us and we need to think about how we respond to those.

They're expensive treatments, but are life-changing and have potential to offer cures for many people.

So how we build those in, how we support research and innovation.

This shift into precision medicine and not having an approach where we can take time to do large randomized clinical control trials at a population level before we introduce some of these new treatments.

It's going to challenge us and it's going to need us to think about how we actually are iterating our approaches and introduce these new treatments, and are able to monitor and manage the outcomes to make sure that the patient care is safe, but also is demonstrating effectiveness.

So it's going to be a particular issue for us that we need to focus much more attention on and provide support for our people as they apply that technology into practice.

And finally, I talked about the importance of aligning strategy policy planning and the resources to support that and we think we need to do this better.

We think we've done a lot of work around the strategy and the policy but not necessarily enough around the planning and in particular how our Clinical Services are planned.

So what services we want to deliver at a local level, what ones we want to deliver at a network level, what ones we want to deliver at a state or national level.

We need to do much more thinking about those service models and making sure we've got those delivered in a consistent way and making sure our systems are connected-up to make sure patient care at delivered effectively within those Networks.

Policy and resources.

I mean we do we have a lot of policy setting but I think our big issue is the dissonance between some of the things we're trying to achieve and the funding mechanisms to support that.

We are at the moment very activity-based funding focused in Australia and FIFA service activity focused and we believe we need to think about doing things differently and support a shift away from funding those volumes to starting to pay more for outcomes and Value, and how we support that being done in an effective way is going to be a really important shift over the next few years, but a critical one if we're to achieve the successes that we want to achieve.

So I've talked a lot and I've run through it fairly quickly and a fairly high level but I've left I hope enough time for there to be some questions from the audience and some discussions about some of the things I've touched on.

Thank you very much, Dr.

Lines.

We have plenty of questions coming in Via our app slido.

So I'm going to go straight to the question that's been upvoted the most by our attendees.

Are you redesigning or changing your health systems by focusing on your indigenous and prioritized populations firstly or all populations equally So we are prioritizing our original Torres Strait Islander Community primarily because their outcomes are certainly worse than the rest of the community, but they're not the only group within the community that are having poorer outcomes.

So we believe we haven't done enough to particularly focus on the needs and empowering and supporting our Aboriginal communities to be involved in care delivery.

And we've had a focus which has been pretty much doing everything and we're now saying we need to be much more targeted.

So we will be moving there is an issue I think for us that we believe that some of the disparities in in service access.

And some of the outcomes we're seeing have got I haven't got better.

They should have got better and there's a need to refocus and re-prioritize.

So we certainly are targeting much more than we previously did.

Got a couple of related questions on this topic, which I'll sort of put together for you and maybe you can offer some more General comments.

So one person asks, how is your state addressing the unfair unjust and pervasive Health inequities impacting indigenous Australians including institutional racism.

Another person asks, how has New South Wales invested in an indigenous Aboriginal structure similar to te archifi order, which is our Maori health authority to account back to your population.

Do you have any comments to offer on those topics? Yeah.

So look, we we haven't I think had the same approach or the focus that's in New Zealand has had and I think we need to reflect on wires as a country.

We haven't had that focus and I know there's a lot of talk about changes that need to occur nationally with a voice to Parliament and changes to the Constitution which I think will be important changes.

There's also the need I think to reflect on what that means within the health systems that we operate and we've certainly in the last three or four years had a much greater focus on involving our Aboriginal clinicians and community and providers And addressing much more of the issues that you've touched on around racism in our organizational Arrangements reflected in our community, but also in our services and the changes that we need to make there to address those.

I think we're still got a long way to go and we're probably got much more to learn from you than you have to learn from us in that regard.

So I think we we stand to learn from you around some of the approaches you've taken how they can address some of those things.

Joe asks, what are three things that you've done to improve your Workforce that you would recommend we avoid what are three things that we should avoid based on the strategies or the tools that you've tried avoid? And why would we avoid them because they haven't delivered or they've been they've made things worse or they've not been a good use of resources.

What's could I just ask for a bit of clarification clarification like help me? Play It Again Dr.

Line.

Sorry, I just didn't hear that.

I just asking yeah, what what what's the avoidance piece? Why when you ask what would we avoid? Is it because they haven't been because they haven't yet for any any of those reasons because they haven't worked they haven't been effective.

They've used Too Much resource anything you like? Yeah.

That's a so I think one of the things that we've done well has been looking at how we deliver training more effectively across the board and address issues.

I think.

Investing in things that you wouldn't do as a heart one actually have to think about that.

That's been a very good question to hit me with what we wouldn't do.

I think I think what we wouldn't do is and we need to move away from is this continual focus on individual professions and clinicians working and supporting them without a focus on teamwork.

I think what we've done too much of in our system is support investing in highly specialized very narrow experts.

Who don't who are very good at what they do, but we don't have adequate teamwork supporting what's happening.

And I think that would be one Focus that I think we would move away from the focus around individual professions individual individual specialty while it's important.

It probably needs to be balanced by some of the other things.

The other thing I think we we recognize as we probably haven't We've left training for Primary Care to somebody else to do and we do training for nearly every other clinical specialty within our system and we're now saying we need to be much more actively involved in thinking about Primary Care.

That's another aspect and I think the other one is geography and distribution of Staff in different geographies.

I don't think our approach which has been all sort of one size fits all has worked well enough and we need to think about new ways to support people who are providing care in different geographical and different service contexts.

So I hope that's been probably has an answer the question really well, but given some sort of flavor about things that move away from No, those are useful insights.

Thank you, Dr.

Lines.

Another person asks, how do you staff your Rural and remote communities with appropriate health professionals? Yeah, and that's the priority area for us at the moment because we are struggling and I think we've had a model which is probably been in place for our doctors where gp's who were working in the community were important as visiting medical officers to our small hospitals that is not working for us anymore.

And so we have many communities that don't have GPS in them at all and we are struggling to have 24-hour cover at many of our small Rural and remote Hospital sites.

We're also struggling to recruit nurses with the skill sets and in particular we've got aged care disability care as sectors that are actually also needing to have increased Workforce and we're competing with each other around how we continue to provide this.

We've got to have it a much more organized approach around those other areas of Service delivery in those settings and share staff across the private sector the non-government sector in our own services and not continue to try and compete and recruit and we also need a different model and we're thinking about what that model might look like and how we appropriately support attraction and retention.

It's not just about the money.

It's also around issues like, you know, the support social supports, but it's also housing in some of these communities which with really started a struggle with because there's been a boom in movement of people outside of our metropolitan areas and some of the sites there is unlimited accommodation available as well.

So it's a range of things that will need to be addressed to support that.

Dan asks, what about people that don't Access Health in traditional clinical settings, are there other access points for the community that may feel safer or more familiar to them? Yeah, I think I think one of our problems is and I don't know whether you see the same issue that I suspect you do that.

We've been very successful in driving.

Access to our system being through emergency departments primarily and through the emergency of that specialty and the services being open 24/7 and we're seeing that is being the access point for many people now emergency departments aren't ideal for everybody.

And so we're struggling to meet the demand.

We're starting to think about how we are looking at a different way to support people accessing and using some of the Technologies available, but that won't be the answer for everyone.

So we need to have a range of different ways.

That people may be more comfortable in accessing through a service that they've got confidence in but there needs to be a mechanism to actually assess and triage and direct people much more to the services.

They need rather than and having those services available more extensively is the other issue rather than the only portal call being back to an emergency department.

And I think we all need to give this much more thought as to how we actually organize the system and set it up in a way that allows better access for people but do it in a way which is supporting and moving that access away from acute hospitals as the entry point into a health system.