

Integrated Primary & Community Health Policy Implementation Plan 2007-2012

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Functional Sub group Clinical/ Patient Services - Governance and Service Delivery

Summary This Implementation Plan clearly sets out the actions to be taken in achieving the aims of the Integrated Primary and Community Health Policy 2007-2012. For each Priority stated, a strategy, or in most instances, a number of strategies have been identified to help achieve that Priority. The Implementation Plan also summarises the reasons why each Priority is important, and assigns responsibility for implementation together with a commencement date for each Strategy.

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IMPLEMENTATION PLAN

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IMPLEMENTATION PLAN

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Introduction

The *Integrated Primary and Community Health Policy 2007–2012* is a five-year plan to provide comprehensive and well-coordinated primary and community health services for the people of NSW. It aims to ensure that the activities of the primary and community health sector are integrated, both internally and with other parts of the NSW health system.

Over the next five years, NSW Health will work towards our vision for the future of primary and community health:

An integrated and coordinated primary and community health care system working in partnership to promote the health and wellbeing of our community.

This Implementation Plan has been developed following an extensive consultation process. Area Health Services, the NSW Directors of Community Health Peak Forum, the NSW General Practice Council, the Alliance of NSW Divisions and the Primary and Community Health Working Group (a sub-group of the Chronic, Aged and Community Health Health Priority Taskforce) have all provided valuable comments that have helped to shape this Plan.

The Implementation Plan clearly sets out the actions we will take to work towards achieving our aims. For each stated Priority, we have identified the strategy, or in most instances, a number of strategies, that we will put in place to help achieve that Priority. The Implementation Plan summarises the reasons why each Priority is important, and assigns responsibility for implementation of, together with a commencement date for, each Strategy.

Although this Implementation Plan is intended to achieve the objectives of the *Integrated Primary and Community Health (IPaCH) Policy*, it does not rigidly follow the original Priorities set out in the policy. There are a number of reasons for this:

- Since the publication of the policy, the *State Plan* and the *State Health Plan* have been released. The Implementation Plan is aligned with and supports both of these key initiatives.
- The Implementation Plan now clearly reflects the interconnectedness of the various parts of the NSW health system. It does so by including strategies that impact positively on the primary and community health sector, regardless of where responsibility for implementation lies, or whether they relate solely to primary and community health services.
- The consultation process has led to refinements, amendments and in some instances consolidation of the Priorities and Strategies.

This Implementation Plan provides a blueprint for building a strong, coordinated and resilient primary and community health sector. Our challenge now is to work to ensure that all the goals of the plan are realised.



Priority Area 1: Integrated service planning cont...

Priority	Strategy	Commence
<p>1.2 Clear management responsibility for PaCH services within each Area Health Service</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • Currently, responsibility for PaCH services within Area Health Services is often determined by factors such as geographical location, service type and organisational structures. • This makes it difficult and time-consuming for many people, both public and health professionals, to know who to speak to about PaCH services. 	<p>Identify executive responsibility for PaCH services in each Area Health Service</p> <p>Each Area Health Service will identify the executive officer with overall management responsibility for PaCH services in their Area, together with an alternative contact for periods when the responsible executive is unavailable.</p> <p>This position will have management responsibility for implementing the Chief Executives' Primary and Community Health Service Agreements.</p> <p>This will simplify liaison and communication with Area Health Services for both the public and health care professionals.</p>	<p>Nov 2007</p>
<p>1.3 Establish processes (eg planning protocols) and structures (eg strategic primary and community health networks) for integrated service planning and delivery at Area, regional and local levels including:</p> <ul style="list-style-type: none"> • NSW Government funded services • Australian Government funded services • Divisions of General Practice • Private providers (eg allied health) • Non-government organisations • Consumers and carers. <p>Why this is important:</p> <ul style="list-style-type: none"> • When the many agencies, organisations and groups operating in the PaCH sector make plans for health service delivery in isolation, gaps and overlaps in service provision commonly occur. • Connections between the many points of entry into the PaCH sector are often limited, as are connections between the PaCH sector and other parts of the health system. • This means that consumers often have difficulty in obtaining the care that they need, and may experience poor coordination of care between the different parts of the health care system. 	<p>Develop guidelines for integrated service planning and delivery</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health will work with Area Health Service PaCH service planners and other key stakeholders to develop guidelines to support a consistent integrated service planning and delivery process across NSW. The guidelines will be used in the development and implementation of integrated primary and community health plans in each Area Health Service.</p> <p>Develop and implement an integrated service planning process in each Area Health Service</p> <p>Each Area Health Service will develop and implement an integrated service planning process, incorporating planning protocols and strategic network development.</p> <p>Integrated service planning and delivery provides improved coordination of care. It offers consumers a more streamlined experience of the health system because care by several practitioners can be coordinated and case managed. It also offers improved access to relevant information about a patient to the various professionals involved in their care so that the best possible outcomes can be achieved for the patient.</p> <p>HealthOne NSW services (see also 3.1)</p> <p>The Inter-government and Funding Strategies Branch of the NSW Department of Health will work with individual HealthOne NSW services to ensure that planning protocols, networks and links are developed locally.</p>	<p>Nov 2007</p> <p>Mar 2008</p> <p>Jan 2007</p>



Priority Area 1: Integrated service planning cont...

Priority	Strategy	Commence
<p>1.4 Establish single points of contact for consumers and health professionals seeking information and access to services</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • Patients have better health outcomes when their health care needs are identified early and they are referred to community-based services that can support them in improving and maintaining their health. • Such services are provided by a range of local, state and commonwealth agencies and the community health sector including non-government organisations. • It can be difficult for patients, their carers and their health care providers to know what services are available locally and how to access these services. 	<p>Points of contact/Referral and Information Centres</p> <p>Area Health Services will establish points of contact/Referral and Information Centres across NSW to offer a single point of contact for anyone wanting to access any NSW Health funded service including community care, chronic care, aged care, rehabilitation services, day centres, dementia care, etc within a region. This work will also involve the establishment of mechanisms to ensure that patients are registered, triaged and streamed into the appropriate Model of Care at referral.</p> <p>This means referrers such as GPs, carers and patients will be able to make a referral by simply dialling one phone number. These Centres will conduct an assessment of the patients needs over the phone to stream patients into a range of existing and new Models of Care to manage their health and better support their needs in the community.</p> <p>NSW Government Service Access Framework</p> <p>In March 2007, the NSW Government established a single telephone number and web portal for people to access all government agencies and services. Auspiced by the Human Services CEOs Forum, the NSW Service Access Framework provides access to information about health services and where they are available through the NSW single telephone number and associated web portal.</p> <p>It simplifies and streamlines telephone access to provide high quality advice, support and information about human services in NSW. A three-year program of activities is proposed with Stage 1 (Jun 07–Jun 08) seeing an information management project centred on improving use and uptake of HSNet ServiceLink.</p> <p>National Health Call Centre Network (NHCCN)</p> <p>The NHCCN will enable anyone to ring for health advice 24 hours a day, seven days a week. An online, up-to-date health service directory and health information repository — linked to the systems in use within the NSW Government Service Access Framework — will be established in NSW to facilitate appropriate triage and referral of callers. Good access to accurate information helps people to make decisions about their health care and can also improve confidence in the health system.</p>	<p>Jun 2008</p> <p>Jul 2008</p> <p>Aug 2008</p>



Priority Area 2: Integrated service delivery

Priority	Strategy	Commence
<p>2.1 Integrate service delivery</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • There is strong international evidence that effective PaCH service provision can improve health status and reduce health inequalities and that countries with well developed primary and community health sectors have healthier populations and lower health care costs. • However, linkages between the many different service providers in the PaCH sector are often weak. This means that consumers often have difficulty in obtaining the care that they need, and may experience poor coordination of care within the sector and between the different parts of the health care system. • Integration within the PaCH sector is an essential prerequisite for the delivery of high quality health care services in the community. • The PaCH sector cannot be viewed in isolation, however. For truly effective service delivery, there also needs to be better integration between the PaCH and acute care sectors. 	<p>Develop guidelines for integrated service delivery</p> <p>Concurrent with the development of guidelines for integrated service planning, the Primary Health and Community Partnerships Branch of the NSW Department of Health will develop guidelines for the delivery of integrated primary and community health services. These guidelines will articulate the principles on which integrated service delivery models should be founded, and will highlight the expected outcomes from integrating service delivery.</p> <p>Establish Area Health Service Plans for integrated service delivery</p> <p>Area Health Services, in partnerships with Divisions of General Practice and other key stakeholders, will develop and implement Integrated Primary and Community Health Plans. These plans will:</p> <ul style="list-style-type: none"> • Focus on meeting the needs of patients/consumers and their carers as they journey through the health system • Address service delivery holistically in the context of the patient/consumer journey. This will involve strategic reform across the whole of the NSW health system • Focus on a multidisciplinary team approach based on partnerships between all service providers, both within and external to AHSs • Address the underlying funding and infrastructure requirements for integrated service delivery. <p>This approach will improve health outcomes by reducing fragmentation of care, and ensure more effective delivery of early intervention/prevention, treatment and ongoing/ chronic care services.</p> <p>Learn from HealthOne NSW services</p> <p>The objective of the HealthOne NSW services program is to achieve integrated service delivery. At the local level, HealthOne NSW services will work with the local clinical redesign programs to ensure that there is synergy with the way that the programs are being implemented.</p> <p>The Inter-government and Funding Strategies Branch of the NSW Department of Health will monitor the development of integration within these services to capture important lessons about what works and what doesn't in integrated service delivery.</p>	<p>Nov 2007</p> <p>Jan 2008</p> <p>Jan 2007</p>



Priority Area 3: Improved models of care

Priority	Strategy	Commence
<p>3.1 Identify and trial new integrated models of care through HealthOne NSW services</p> <p>Why this is important:</p> <ul style="list-style-type: none">• Obtaining timely access to, and an appropriate amount of quality time with, a general practitioner (and other health care professionals) is a challenge, particularly in socio-economically disadvantaged areas where there may be additional pressure to bulk bill and see large numbers of patients.• Equally, access to a range of services provided by both public and private allied health practitioners, as well as affordable specialist care, is often problematic.• Integrated and effective primary and community health services will emphasise prevention, early diagnosis and the improved management of chronic conditions.	<p>Establish HealthOne NSW services</p> <p>Seven sites for the establishment of HealthOne NSW services were identified via an Expression of Interest (EIO) process. Following a second EOI process, eight additional HealthOne NSW services are now under development, with further services to follow. Funding of \$40 million over 4 years has been allocated to assist in the establishment of HealthOne NSW services.</p> <p>The Inter-government and Funding Strategies Branch of the NSW Department of Health will work with HealthOne NSW service providers to trial and test models of care that will achieve this, and that place the patient at the centre of care and build systems and processes that will support patients in their health care journeys.</p> <p>For consumers, these services will lead to increased access to a comprehensive range of affordable PaCH services, improved health outcomes, and a reduction in health disadvantage.</p> <p>For health professionals, these services will lead to more efficient use of resources, reduced demand for hospital care, increased job satisfaction, professional development and support and stronger care partnerships with consumers.</p> <p>The services will also increase the capacity and opportunity to provide high quality training for health discipline students and general practice registrars.</p>	<p>Jan 2007</p>



Priority Area 3: Improved models of care cont...

Priority	Strategy	Commence
<p>3.2 Identify and support local models of integration around the state, including Models of Care addressing integration between hospital and PaCH services</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • We know that through improved integration, our primary and community health sector can prevent a significant number of avoidable hospital admissions, improve health outcomes for individuals and the community, and reduce health inequalities. • To achieve the desired outcomes, integrated service planning and delivery needs to be based on Models of Care that support integration rather than Models of Care that only address a single health issue or service stream. • These Models of Care will provide the foundation for developing an integrated primary and community health system working in partnership to promote the health and wellbeing of our community. 	<p>Identify and implement best practice Models of Care</p> <p>The Primary Health and Community Partnerships and Health Services Performance Improvement Branches of the NSW Department of Health will identify and support the development of Models of Care that meet the specific geographic, demographic, socio-economic and workforce characteristics within communities. Particular care will be taken to ensure that the models developed are specifically adapted for metro/rural applicability.</p> <p>There will be a particular focus on interventions and Models of Care that support and strengthen common aspects of integrated service planning and delivery, including models of care addressing integration between hospital and PaCH services.</p>	<p>Jun 2007</p>
	<p>Implement Health Care at Home</p> <p>The Health Services Performance Improvement, Inter-government and Funding Strategies and Primary Health and Community Partnerships Branches of the NSW Department of Health will implement the <i>Health Care at Home</i> initiative (detailed in the <i>State Plan: Priority Delivery Plan F5</i>, also relevant to <i>Priority Delivery Plan F1</i>), in which successful existing models of care will be combined with new models to provide better support for those who are frail and older, those with chronic illness and women requiring midwifery services. We will also work to provide better support to families and carers through education, training and greater involvement of carers in care planning and the self-management process. <i>Health Care at Home</i> services will be accessed through <i>Referral and Information Centres</i> (see Priority 1.4).</p>	<p>Jul 2007</p>
	<p>Identify and promote best practice team care</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health will research the work currently being undertaken within the NSW Health system to facilitate team/multidisciplinary care, and develop guidelines identifying core characteristics of successful team/multidisciplinary care arrangements.</p> <p>Establishing or extending team/multidisciplinary care arrangements, including general practice, will help to improve integration and coordination of care, and make the consumer the focus of health care provision.</p>	<p>Jan 2008</p>



Priority Area 4: Stronger partnerships

Priority	Strategy	Commence
<p>4.1 Develop closer relations and collaboration with the Alliance of NSW Divisions and Divisions of General Practice</p> <p>The recently signed Memorandum of Understanding between NSW Health and the Alliance of NSW Divisions sets out the shared objectives, principles and responsibilities that provide the foundation for a cooperative and collaborative relationship between NSW Health and the Alliance of NSW Divisions. It specifies eight priority areas of action that will be pursued over the life of the MOU. These priorities are detailed in the MOU Implementation Plan.</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • Within the NSW PaCH sector, general practice plays a key role in the prevention, diagnosis and management of health conditions in the community. Regardless of the complexity of the care being provided, collaboration and continuity of care between general practice and both hospital-based and PaCH services is vitally important. • We need to underpin and improve partnership and collaboration between general practice and NSW Health, and consequently, primary and community health services to the people of NSW. 	<p>Implement the Memorandum of Understanding (MOU) between NSW Health and Alliance of NSW Divisions</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health and the Alliance of NSW Divisions will jointly take action to implement the MOU between NSW Health and Alliance of NSW Divisions as detailed in the MOU Implementation Plan.</p> <p>The eight priority areas are:</p> <ul style="list-style-type: none"> • Achieving improved partnerships between NSW Health, Area Health Services and Divisions, including between general practice and hospitals • Population health and disease prevention initiatives that involve general practice • Involvement with the NSW Health Integrated Primary and Community Health Policy • Chronic care initiatives • Primary mental health care • Collaborative planning for GP education and training • Demand management and performance data, information management and technology priorities including, but not limited to, access to, and exchange of, information • Events of public health significance that arise from time to time (for example Avian Influenza). <p>This work will underpin and improve partnership and collaboration between general practice and NSW Health, and consequently, primary and community health services to the people of NSW.</p>	<p>Apr 2007</p>



Priority Area 4: Stronger partnerships cont...

Priority	Strategy	Commence
<p>4.3 Explore the feasibility of implementing General Practice Collaboration Units (GPCUs) across NSW</p> <p>GPCUs are jointly funded by Area Health Services and their corresponding Division(s) of General Practice, and aim to promote partnerships and establish best practice collaborative programs and activities in the key areas of communication, facilitation and health service planning.</p> <p>The Central Coast DGP and the former Central Coast Area Health Service established a GPCU in 2000. This Unit has a continuing track record of achievements, and Northern Sydney/Central Coast Area Health Service has now also established a GPCU with Hornsby Ku-ring-gai Ryde DGP.</p> <p>Why this is important:</p> <ul style="list-style-type: none">• MOUs and other agreements between Area Health Services and Divisions of General Practice provide frameworks, but not structures, for collaboration.• General Practice Collaboration Units are formal structures that provide a mechanism for collaboration between Area Health Services and general practice in all PaCH service planning and delivery.	<p>Cost/benefit analysis of GPCUs</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health will work with the Alliance of NSW Divisions and Area Health Services to scope costs, opportunities, risks and benefits associated with implementing GP Collaboration Units.</p> <p>Together, we will develop a framework and proposal for GP Collaboration Units, and subject to approval and funding, introduce GP Collaboration Units across NSW.</p>	<p>Feb 2008</p>



Priority Area 4: Stronger partnerships cont...

Priority	Strategy	Commence
<p>4.4 Develop a comprehensive discharge and referral planning process in each Area Health Service</p> <p>Why this is important:</p> <ul style="list-style-type: none">• The discharge planning process is the quality link between hospitals, community-based services, non-government organisations, consumers and carers. Discharge practices are increasingly having an impact on health outcomes, quality of life and the ability of people to return to the community setting safely and as quickly as possible following hospitalisation.• Widespread feedback from consumers and health care professionals indicates continuing gaps in discharge planning processes and protocols in NSW. Appropriate planning and services must be in place prior to discharge, particularly for people living alone or without supportive family and social networks.	<p>Discharge Planning: Responsive Standards (Revised) Policy</p> <p>The Health Services Performance Improvement Branch of the NSW Department of Health will work with Area Health Services to achieve this priority via implementation of the <i>Discharge Planning: Responsive Standards (Revised)</i> policy (PD 2007_003).</p> <p>The key issues addressed by the policy are:</p> <ul style="list-style-type: none">• Implementation of a Discharge Risk Screening tool• Identification of an estimated date of discharge for all patients• Communication with: patients and their carers; GPs; and PaCH and community care services providers• Monitoring and evaluation. <p>Implementation of this policy is expected to:</p> <ul style="list-style-type: none">• Improve outcomes for consumers, their carers and their families• Improve continuity of care• Enhance patient safety• Reduce adverse events.	Jan 2007



Priority Area 5: Improved workforce capability

Priority	Strategy	Commence
<p>5.1 Develop and implement changes to recruit, retain and improve the primary and community health workforce</p> <p>In 2005/06, there were over 8 million occasions of service delivered in the community. These services were provided by people from more than 20 different professions.</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • The existing supply of the health workforce, including the PaCH workforce will not meet future demands. • There is a critical need to improve workforce distribution to meet community need. • We need to strengthen career path opportunities for clinical and support staff, improve workplace culture. • Greater emphasis on delivering health care in the community setting, combined with technological advances, means that interventions previously provided only in hospitals are increasingly being provided in the community. • It is essential to ensure that the PaCH workforce has the necessary skills to adapt to role changes and to deliver more acute/complex care in the community setting. • Broadening the skills base of the primary and community health workforce will assist recruitment and retention, increase job satisfaction and improve service delivery. 	<p>Improve PaCH workforce education and training</p> <p>The Nursing and Midwifery Office, the Chief Allied Health Officer, the Workforce Development and Leadership and Primary Health and Community Partnerships Branches of the NSW Department of Health will undertake work to identify the necessary generic skills and training requirements for PaCH professionals, including:</p> <ul style="list-style-type: none"> • Working in multi-disciplinary teams • Generalist roles in rural communities • Working with communities with specific needs • Undertake program evaluation. <p>The above Branches will design and implement a workforce development program to meet these and other identified requirements. Additionally, we will develop a NSW Primary and Community Health Officer development program and other training for senior primary and community health staff.</p> <p>We will also work with Divisions of General Practice, the Commonwealth Government and NGOs to identify opportunities for cooperative training and development activities.</p> <p>Workforce redesign — Pilot projects</p> <p>We are focusing on the use of health assistants to better meet service needs. Two models of Nursing Vocational Education and Training in Schools are being piloted in Sydney West AHS and Sydney South West AHS.</p> <p>Participation in this new initiative is expected to progressively increase over a number of years and is based on the new Health Training Package qualification, Certificate III in Health Services Assistance (Nursing).</p> <p>Directors of Workforce Development</p> <p>Directors of Workforce Development positions have been established in each AHS to ensure a clear focus on local workforce issues.</p>	<p>Oct 2007</p>



Priority Area 5: Improved workforce capability cont...

Priority	Strategy	Commence
<p>5.2 Enhance education and training for general practitioners</p> <p>Why this is important:</p> <ul style="list-style-type: none"> To assist in addressing the shortage of GPs in rural areas, we need to provide incentives and skills training to make rural general practice a more attractive career choice. Practising GPs are expected to be able provide advice, treatment and/or appropriate referral for all of their patients. The Australian and NSW governments, other human service agencies, Area Health Services and other organisations regularly introduce new programs, projects, services and information resources which impact on professional practice and require the engagement of general practice to be successful. Experience has shown that it is often difficult for non-GP organisations to provide accessible and effective education and training for busy GPs. 	<p>Implement effective new strategies to deliver education and training to GPs</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health will initiate with the Sax Institute a research program to identify effective strategies for delivery of GP education and training.</p> <p>Based on the Sax Institute's findings, NSW Health, the Alliance of NSW Divisions and relevant GP organisations will undertake collaborative planning for GP education and training, informed by outcomes of scoping study.</p>	<p>Nov 2007</p>
<p>5.3 Plan for PaCH staffing levels that meet demand for PaCH services</p> <p>Between 2000/01–2004/05, non-inpatient occasions of service rose by 20%, a much higher rate than the growth in inpatient activity.</p> <p>At the same time, increasingly complex interventions are being delivered in the community setting.</p> <p>Why this is important:</p> <ul style="list-style-type: none"> The increased emphasis on delivering health care in the community setting means that demand for PaCH services will continue to rise. To plan effectively to meet this growth in demand, we need a comprehensive picture of current PaCH staffing levels. 	<p>Analysis of current staffing levels</p> <p>For each Area Health Service, the Primary Health and Community Partnerships Branch of the NSW Department of Health will identify and report on the number of FTE staff employed in PaCH, and the total expenditure on PaCH services.</p> <p>Annual Labour Force Surveys are conducted for medical practitioners, registered and enrolled nurses, physiotherapists, pharmacists, podiatrists, psychologists and dentists. In 2006, dental hygienists and dental therapists were surveyed. The information obtained is used to inform workforce planning and policy.</p> <p>A data collection to identify the specialty area in which medical and nursing staff are currently working, is being implemented. This will provide more accurate information about the health professionals working in PaCH. The Allied Health collection is under development.</p> <p>The information obtained will provide a clear picture of staffing and expenditure patterns across NSW, and may be able to be used to set benchmarks for staffing and funding.</p>	<p>July 2007</p>



Priority Area 6: Enhanced information management and research

Priority	Strategy	Commence
<p>6.1 Develop a comprehensive, flexible data collection and information management strategy for PaCH</p> <p>Why this is important:</p> <ul style="list-style-type: none"> PaCH services carry out more than eight million occasions of service annually from over 850 locations, but information on these services is inconsistent, unreliable and lacking in detail. Current data collections do not provide adequate information for the management of PaCH services, performance management more generally in the health sector, services planning and resource allocation. Currently, there is no single, high-quality information management system in use across NSW PaCH services. A comprehensive and reliable data collection and information management strategy is essential to fully inform PaCH service planning and delivery and effectively support best practice health care in the community. 	<p>Monitor and support the rollout of Community Health Management Enterprise (CHIME) across NSW Health</p> <p>CHIME is a clinical information system (an electronic medical record) designed to improve service delivery, outcome measurement and productivity through improved capture and management of community-based service information. The Strategic Information Management Branch of the NSW Department of Health will continue to rollout CHIME across NSW, and consider options for extending this system to general practice.</p> <p>Implementation of CHIME may be prioritised in HealthOne NSW services that do not currently have CHIME. Interface solutions between CHIME and general practice systems will be identified as part of the HealthOne NSW services program. A comprehensive and reliable information system will provide a better understanding of current PaCH service delivery, permit intra and cross-Area benchmarking and comparisons, and support quality improvement activity.</p> <p>Community Health and Outpatients Care Information Project (CHOCIP)</p> <p>The objective of CHOCIP is to achieve a standardised patient-level routine data collection for all public sector ambulatory care services, including PaCH services.</p> <p>Implementing CHOCIP will improve access to, and the quality, safety and efficiency of, PaCH service delivery, and thereby improve health outcomes for patients receiving PaCH services. Data collection is due to commence in January 2008.</p>	<p>Jan 2007</p> <p>Sept 2008</p>
<p>6.2 Develop Performance Indicators (PIs) for Primary and Community Health Services</p> <p>Performance indicators are quantitative and qualitative measures which provide useful, practical and comparable measures of progress towards achieving desired outcomes.</p> <p>Why this is important:</p> <ul style="list-style-type: none"> Currently, only a limited number of performance indicators for PaCH services are collected. Many important aspects of PaCH service delivery are not well covered by current performance indicator sets. Without appropriate measures of performance, it is very difficult to assess the efficiency and effectiveness of PaCH services, and to determine whether our desired outcomes are being achieved. 	<p>Develop and implement PIs for PaCH Services</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health will develop and implement a set of PIs for PaCH services. The aim is to work towards a set of indicators that allow for more efficient measurement of PaCH activity and set baselines for annual review and evaluation.</p> <p>We will continue to evaluate options for PI development/refinement, based on review of:</p> <ul style="list-style-type: none"> National PaCH PI developments Reporting against PIs in service Agreements Information available from CHIS Information available from Community Health and Outpatient Care Data Collection Information available from other data collections. <p>This initiative will support consistent, effective PaCH service delivery, and assist NSW Health to work towards equitable, best practice service delivery across NSW.</p>	<p>Feb 2007</p>



Priority Area 6: Enhanced information management and research cont...

Priority	Strategy	Commence
<p>6.3 Improve information access and exchange between all PaCH service providers, including common medical records</p> <p>NSW Health can only provide continuity of care for consumers if all service providers have access to clear, comprehensive information about the health care being provided to those consumers.</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • Our limited capacity to access and exchange high quality information between service providers makes efficient, integrated service delivery difficult to achieve. • Although a range of methods for providing discharge information and referrals are currently in use, there is currently no consistent, completely reliable discharge referral system in place across NSW. • Currently, acute care services and PaCH services keep separate health records for the same client. This leads to duplication of work, and creates significant difficulties for both health sectors in accessing information about each other's care provision. 	<p>Determine options for information access and exchange, and take steps to implement the best option(s)</p> <p>The Strategic Information Management and the Primary Health and Community Partnerships Branches of the NSW Department of Health will scope the options for improving information exchange, and develop guidelines for AHS to facilitate information access and exchange between PaCH service providers, and between the PaCH sector and acute sector.</p> <p>Making information available to everyone who is participating in providing care to health consumers will help to ensure seamless service delivery, and the provision of the right care at the right time.</p> <p>Implement the Electronic Discharge Referral System (EDRS) and the Electronic Health Record (EHR) across NSW</p> <p>The Strategic Information Management Branch of the NSW Department of Health and Area Health Services will work in conjunction to implement the Electronic Discharge Referral System and the Electronic Health Record across NSW.</p> <p>Once these systems are in place, client information can be exchanged simply and securely. Avoidable duplication of record keeping will be eliminated, and individual health services will have access to all, rather than some, of the essential information about the care provided to clients.</p>	<p>Jan 2008</p> <p>May 2007</p>
<p>6.4 Map existing PaCH research activity and identify opportunities and priorities for further research</p> <p>Why this is important:</p> <ul style="list-style-type: none"> • Nationally, about 40% of the total health budget is spent on PaCH services. This expenditure is not reflected in research funding, which has historically been largely medically focussed. • With only limited PaCH research funding, it is very difficult to establish the evidence base required to identify successful interventions and promote best practice PaCH service delivery. 	<p>Develop a research priorities paper</p> <p>The Primary Health and Community Partnerships Branch of the NSW Department of Health, in consultation with stakeholders, will undertake a mapping exercise that will identify areas where research has developed a solid base of evidence about integration and PaCH services, and where there are gaps or potential areas for development.</p>	<p>Jan 2009</p>

Appendix

Primary and Community Health Services in New South Wales: overview of major projects

The table below shows the alignment of current major projects with the *Integrated Primary and Community Health Policy's* priority areas.

INTEGRATED PRIMARY AND COMMUNITY HEALTH POLICY 2007–2012

Vision for change

An integrated and coordinated primary and community health care system working in partnership to promote the health and wellbeing of our community

Priority Area 1: Integrated service planning	Priority Area 2: Integrated service delivery	Priority Area 3: Improved models of care	Priority Area 4: Stronger partnerships	Priority Area 5: Improved workforce capability	Priority Area 6: Enhanced information management and research
		HealthOne NSW Services Program — capital and recurrent funding for integrated primary and community centres using multidisciplinary teams.			
			MoU with Divisions of GP — focus on improved partnerships and building workforce capacity.		KPIs — focus on high-level KPIs to monitor Area performance.
		Clinical Services Redesign Program and Health Care at Home — service reform — focus on frail elderly and patients with chronic disease and on community based care to avoid hospital admission.			
				CACH HPT Workforce Paper	CHIS and CHOCIP — focus on improved information systems and data

