

Integrated Primary and Community Health Policy 2007 - 2012

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Summary The Integrated Primary and Community Health Policy 2007 - 2012 sets the direction for the delivery of comprehensive and well-coordinated primary and community health services for the people of NSW.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Community Health Centres, Divisions of General Practice, NSW Dept of Health, Public Health Units, Public Hospitals

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Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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December 2006

Integrated Primary and Community Health Policy 2007–2012

Over the next five years,
NSW Health will work to achieve
our vision for the future:

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

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Director-General's foreword

Each year, many more people receive their health care in community-based settings than are admitted to hospitals.

This care is provided by general practitioners, community health services, allied health services and other community care providers. Frequently, and increasingly as people's health care needs become more complex, care is provided by a number of these providers concurrently.

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.

A strong, coordinated and resilient primary and community health system will be essential as NSW Health seeks to meet the challenges posed by an ageing population and the increasing prevalence of chronic and long term conditions.

The Integrated Primary and Community Health Policy 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.

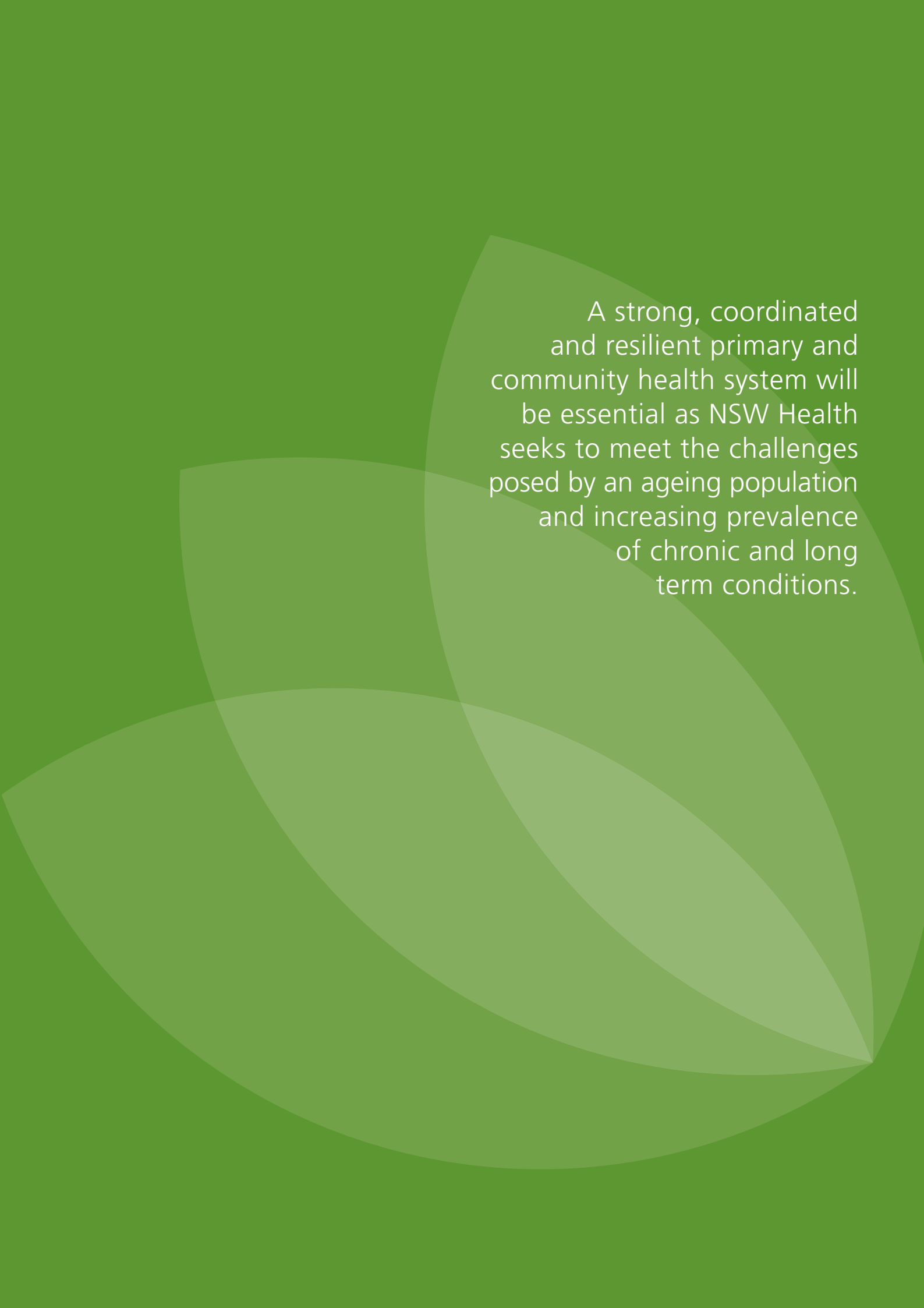
Importantly, the policy also explicitly recognises that NSW Health cannot provide optimum health care in the community on its own. The NSW public health sector must work in close partnership with general practice and other private health care providers, non-government agencies, consumers and carers, other Government departments and the Australian Government if we are to achieve our aims.

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



Robyn Kruk
Director-General



A strong, coordinated and resilient primary and community health system will be essential as NSW Health seeks to meet the challenges posed by an ageing population and increasing prevalence of chronic and long term conditions.

The operational and policy context

Understanding the Primary and Community Health sector

NSW Health has adopted the term 'Primary and Community Health' (PaCH) to describe the overlapping primary health care and community health sectors and services as a single integrated and cohesive structure.

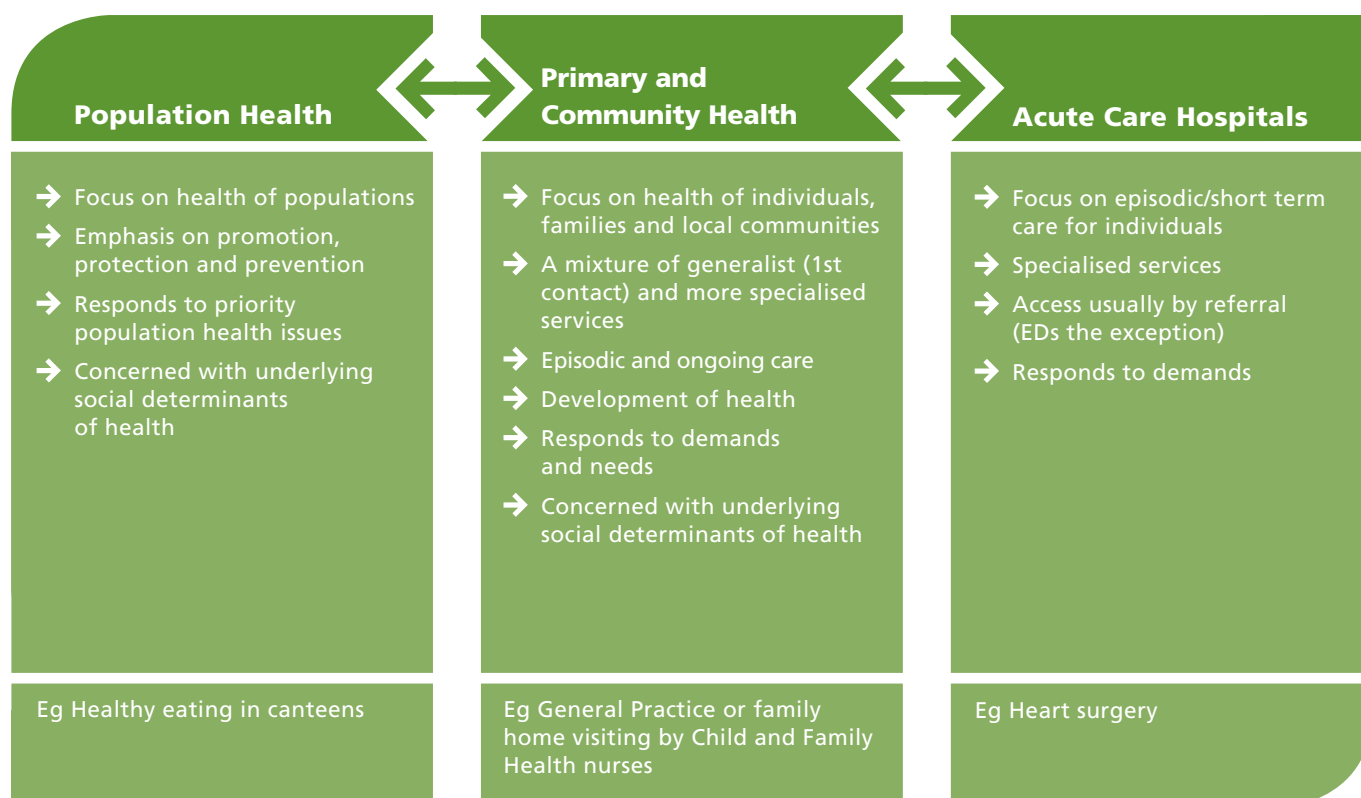
Although the two sectors share many common features, and both are founded on the principles of primary health care, they have differing roles and organisational structures:

- Primary health care refers to universally accessible, generalist services (eg general practice, community/early childhood nursing services) that address the health needs of individuals, families and communities across the life cycle. Comprehensive primary health care includes early intervention and health promotion, treatment, rehabilitation and ongoing care. For most people, these services

are the first point of contact with the health care system. Private practitioners provide the majority of primary health care services

- Community health refers to a range of community-based prevention, early intervention, assessment, treatment, health maintenance and continuing care services delivered by a variety of providers. Community health services predominantly operate from a social model of health whereby improvements in health and wellbeing are achieved by directing efforts towards addressing the social and environmental determinants of health. The NSW public health system provides the majority of community health services.

The primary and community health sector is one of three sectors that support the NSW health system, together with acute hospital and population health services. The primary and community health sector has overlapping boundaries with, and links consumers to, both the acute and population health sectors.



The primary and community health sector involves an extensive range of service providers, some generalist and some more specialised. Within the sector, practitioners from at least 20 different professions work in around 60 distinct types of service.

The core services include:

- **General practice** — the central component of any primary and community health system. It is the first point of contact with the health system for the majority of the population, and the main gateway to the secondary and tertiary health care system, through referrals. It includes general practitioners, practice nurses, practice managers and some allied health staff, as well as the Divisions of General Practice network. General practice is delivered predominantly in the private sector, through independent small businesses
- **Practice nurses** — provide clinical support to General Practitioners (GPs), manage chronic disease, provide triage and patient education.
- **Aboriginal health services** — publicly funded health workers who provide consultation and support to other health professionals who may undertake early detection, health promotion and community development work within their local communities. In addition, they provide an important link between their Aboriginal communities and mainstream health services
- **Allied health services** — a mixture of publicly funded and private providers delivering a range of services in community settings eg physiotherapists, psychologists, occupational therapists, podiatrists, social workers, optometrists and speech pathologists. Some are provided through general practice, eg through the More Allied Health Services program. Allied health workers can support GPs and other primary and community health care providers by playing a vital role in optimising quality of life, degree of independence, and preventing risk of further problems. Linkages between allied health care and GPs are increasingly important, especially in rural and remote areas
- **Child and family health and youth health services** — publicly funded services provided by Area Health Services and delivered in community settings such as early childhood clinics, community health centres, local council buildings and in the home
- **Community health nursing services** — publicly funded generalist community health nurses providing a range of services across the continuum of care meeting a range of health needs for clients anywhere in the community from community health centres, primary health clinics, schools and universities and client's homes. Community nurses usually work in multidisciplinary teams that ensure the client receives the full range of health care, often focused toward social conditions, illness/disease prevention or early intervention to prevent exacerbations of chronic illness and unnecessary hospital admission
- **Community mental health services** — provide care for people with acute problems and people in crisis. Each service includes after-hours contact as well as long-term care. They also provide programs to promote mental health and prevent mental health problems
- **Community pharmacies** — private practitioners who dispense medications, sell a range of health products and over-the-counter medicines, provide advice and health information, and undertake medication reviews particularly for older people on multiple medications
- **Local government** — social planning and facilities that provide health promoting opportunities, such as physical activity, access to healthy food and injury prevention. Local government also has direct provision of community health services, such as community safety, Meals on Wheels, some Home and Community Care (HACC) services, youth centres and child care services

- **Multicultural health services** — publicly funded statewide multicultural health services provide health care, health promotion and community development to communities requiring specialised health care needs. Examples include the NSW Refugee Health Service and the Transcultural Mental Health Centre. Multicultural health workers within these agencies and those in the wider health system are specifically designated to provide clinical services, undertake early detection, health promotion and community development within their local culturally and linguistically diverse (CALD) communities. These workers also support and facilitate the work of mainstream health services within their CALD communities
- **Non-government organisations (NGOs)** — self-governing, independent, not for profit agencies that provide a range of services to the community, including health and health related services. This can include advocating on issues on behalf of communities, especially the most disadvantaged, and providing welfare-related services to people with complex needs requiring individual support. The role of NGOs is often vital to linking disadvantaged groups, who may not often visit GPs, to primary health care.

Commonwealth and State Programs

The Integrated Primary and Community Health (IPaCH) Policy aligns with and supports the *Australian Better Health Initiative: Promoting good health, prevention and early intervention*. This \$1.1 billion reform package includes funding to promote good health, disease prevention and early intervention, and improve integration and coordination of care for people in the community.

The NSW State Plan is a blueprint for the delivery of services throughout NSW. The comprehensive community consultation process undertaken in preparing the Plan showed that health service delivery was a prime concern for the people of NSW. In particular, the community identified the need for health services that were available when required and that could respond effectively to the changing needs of the

community. They also identified the need for the health system to assist those with risk factors for chronic or long-term conditions to stay healthier for longer.

Under the State Plan, action will be taken to improve people's access to health services, support individuals' health and wellbeing and reduce avoidable hospital admissions for conditions that can be treated in the community — all key goals of an integrated primary and community health sector.

In preparing the State Health Plan which will support the NSW State Plan, seven strategic directions have been established identifying NSW Health's priorities for the next five years and beyond. These strategic directions will ensure that the priorities of the State Plan are implemented within the Health system, and that the system is in a strong position to meet the needs of the community in the acute care, non-acute care and population health sectors.

The IPaCH Policy is an "enabling plan" that will assist NSW Health in achieving the aims of both the State Plan and the State Health Plan.

A snapshot of primary and community health services in NSW

The NSW Primary and Community Health workforce comprises:

- 8,049 GPs (2004)
- 7,300 public primary and community health workers (2006)
- Over 11,000 private and public allied health practitioners (2003)
- 5,500 in the pharmacy workforce (2001)
- 3,267 in the dental workforce (2001)

In 2006–07, the primary and community health services budget is \$881 million.

In NSW in 2004/05, there were almost 61 million clinical interventions provided in the community (24.5 million in the public health system and 36.2 million GP presentations) compared to 2.2 million public and private hospitals admissions.



The values of the Integrated
Primary and Community
Health Policy are:

Equity

Access

Health and wellbeing

Community engagement

Responsiveness

Collaboration

Multidisciplinary and
evidence-based approaches

Towards integration: a framework for action

The NSW Integrated Primary and Community Health Policy provides an overarching vision for the delivery of primary and community health services in New South Wales. The values and operating statements articulate a way forward and are supported by six priorities for action.

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

Values

Equity — ensuring equal access to health services for people with equal need, irrespective of personal characteristics such as gender, cultural background or place of residence.

Access — providing affordable, locally available and responsive services that are culturally and linguistically appropriate.

Health and wellbeing — a focus on improving and maintaining health and wellbeing of individuals, families and local communities.

Community engagement — the participation of consumers and communities in decision-making.

Responsiveness — to local population needs through planning and service provision.

Collaboration — developing and maintaining links with other providers who play an important role in the health of the community, eg secondary and tertiary services and other sectors.

Multidisciplinary and evidence-based approaches — multidisciplinary teams delivering evidence-based health care to achieve optimal outcomes for consumers and carers.

Operating statements

- Consumers and patients will be the central focus of service provision, and the health care needs of individuals and communities will be met.
- There will be an appropriate balance between prevention, early intervention and acute care service provision.
- There will be optimal capacity to deliver integrated health care services in the community setting.
- There will be a consistent approach to service planning and delivery across NSW, particularly with respect to the availability of core PaCH services.
- Interventions will be based on sound evidence, be efficient and cost-effective, and will be more consistent across NSW.
- Consumers and health professionals will be able to easily locate and access health information and health services.
- Consumers and providers will collaborate in coordinating health care.
- Information systems will be in place that improve data quality, simplify record keeping and information exchange, provide a clear understanding of the costs of community-based interventions and permit the efficiency and effectiveness of these interventions to be assessed.
- There will be a single point of accountability for PaCH services within each Area Health Service.
- Area Health Services will report against a clear and consistent set of performance indicators for PaCH services.

Priorities for action

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

Integrating primary and community health: the foundations for change

Building on national and international evidence

There is strong international evidence that effective primary and community health 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.

Comprehensive primary and community health services have been shown to have the most impact in improving access to services for disadvantaged and vulnerable groups, and in providing cost effective high quality care, particularly in the management of chronic disease.

Approaches to primary and community health care that support comprehensive, multidisciplinary models of care, a 'health' versus 'disease' orientation and promote continuing care, are particularly effective. Much of the success relies on a well-integrated PaCH system that is adaptive and flexible and has the capacity to respond to changing needs and emerging models of care.

It is critical that the actions taken to implement the NSW Integrated Primary and Community Health (IPaCH) Policy are evidence-based. We need to implement models of care and interventions that are already working, and identify the factors critical to their success. A key focus will be on models and interventions that successfully support and strengthen common integrated service planning and delivery.

Although the focus of the health system has been historically on hospital services, most health care is in fact delivered in the community — over 90% of the population have direct contact with a primary or community health (PaCH) service each year. Yet despite the importance of these services, until now NSW has not had a comprehensive policy statement covering this sector as a whole — until now.

This policy comes at a time of ever increasing demand on limited health resources:

- Chronic health conditions requiring ongoing, long-term care are increasingly common, and are expected to account for about 80% of the overall disease burden in Australia by 2020
- Our ageing population is placing pressure on acute care services. An estimated 79% of overnight bed growth is due to people aged 75 and over. Older patients are chiefly responsible for the rise in the average length of stay for overnight acute admissions from a low point of 5.2 days in 1999/2000 to 5.5 days in 2003/04
- Between 2000/01 — 2004/05, the PaCH sector experienced a 20% increase in non-admitted patient activity
- Community expectations for accessible, locally provided health care are increasing.

Coupled with the increasing demand, health care costs are rising significantly: In the four years to June 2006, the NSW Government's expenditure on health has grown by an average of 8.1% per year. In this same period, inflation has increased by an average of 2.6% per year.

What effective integration offers

International experience strongly suggests that improving integration of primary and community health services offers significant returns to the health system. Most importantly, however, a strong primary and community health sector has the potential to offer better health and wellbeing outcomes to individuals, their families and their communities.

There are many opportunities for community-based services to respond to the health needs of individuals and populations before hospital treatment becomes essential. Early intervention, health promotion, treatment and ongoing care services delivered in the community setting are appropriate and cost-effective responses to health care needs.

Improving chronic disease management in the community

The increasing burden of chronic disease presents a major and growing challenge for the NSW health system, with its traditional focus on acute episodic care.

Integrated service provision is particularly important for people with chronic illnesses, who require ongoing access to a broad range of services provided both in the community and acute care settings.

An integrated primary and community health sector offers the opportunity to identify and respond in a coordinated way to individuals who are at risk of developing chronic conditions. It also offers a more robust way of engaging individuals in managing their conditions in the sub-acute phase, and to involve them in the decision making process about their care and treatment options.

Reducing the demand for inpatient care

Many hospitals are operating at close to full capacity, and demand for acute care services continues to increase.

The PaCH sector is already making a significant contribution to demand management. Programs aimed at providing an alternative to hospitalisation, such as the range of Community Acute Post Acute Care services (where patients receive health care that would previously have required admission to hospital) and Aged Services Emergency Teams (which are based in hospital emergency departments) are being implemented in many areas. This growth is being driven by the realisation that these programs provide a safe and cost-effective alternative to hospital care.

Over the past few years there has been a considerable shift of health care from hospital to community based care, and it is generally accepted that this trend must continue if health care is to remain affordable. The NSW Health Clinical Services Redesign Program is a major initiative which aims to make each patient's journey through the health care system smooth, safe and of the highest quality, both in acute facilities and in the community.

But we also know that avoiding hospital admission wherever possible provides better health outcomes for many members of the community — particularly the frail aged. There are many conditions that are amenable to being treated in alternative settings, with services provided by a strong primary and community health sector.

An integrated primary and community health sector offers the most cost-effective first-line response to health care needs, can reduce the demand for inpatient care, and has the potential to deliver better outcomes for many patients.

Community Acute Post Acute Care CAPAC

In a metropolitan Sydney hospital with an established Community Acute Post Acute Care program, 30% of cellulitis presentations to the Emergency Department were seen by the CAPAC service, avoiding admission to hospital. On an annual basis, this equates to a saving for the hospital of 741 bed days, or almost \$780,000 a year.

Families First

The NSW *Families First* initiative is a successful example of a whole-of-government approach to early intervention. *Families First* applies service models that research have indicated provide good outcomes for children. NSW Health's key commitment to the implementation of *Families First* is the provision of a Universal Health Home Visit, which is the offer to every family with a new baby of a home visit within two weeks of birth by a child and family health nurse.

Early intervention

Early intervention covers a range of activities that aim to prevent problems from occurring and stop existing problems from worsening.

Early intervention and prevention programs can lead to health and wellbeing benefits for all members of the community, at all stages of their life. They can be universally available, such as health promotion programs that reach the whole community (such as skin cancer prevention) or targeted to address the specific needs of a group (such as asthma sufferers). Almost always they rely on a range of partners working together to provide support and services.

International research clearly shows that supporting families during early childhood will have a lasting positive influence on children in later life. We need to help parents provide the best start in life for their children and ensure that vulnerable families are engaged with prevention and early intervention strategies as early as possible. It is important to make sure that integrated service planning and delivery fully incorporates child and adolescent health services.

We also know that intervening at the first indications that a person may be at risk of developing a potentially serious or chronic condition can have enormous health benefits and reduce the risk that the person will develop a chronic or life-threatening condition.

An integrated primary and community health sector offers the opportunity for streamlined referral into targeted assistance programs, the opportunity to identify and respond in a coordinated way to health and social conditions that may impact on an individual's wellbeing, and improves our ability to encourage individuals, parents and families to make healthy lifestyle choices.

Coordinating ongoing care and treatment

People with complex care needs or who have recently been released from hospital frequently need follow up or ongoing care. This care can include home visits from community health workers, transport to health related services, or regular appointments with general practitioners and allied health professionals. Often, an individual will need to access several of these services to ensure all their health needs are met.

An integrated primary and community health sector provides improved coordination of this care. It offers patients 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 for the various professionals involved in their care so that the best possible outcomes can be achieved for the patient.

A new way of working

To effectively meet the changing health needs of the community, we need to build a workforce that makes the best use of its people. Health care should be delivered by the most appropriate person, in the most appropriate setting, at the most appropriate time.

For some conditions and individuals, this will mean treatment in a hospital. However, for many people in the community their health care needs can be met by other health professionals in community-based settings or at home.

An integrated primary and community health sector brings together general practitioners, community health workers and allied health professionals to work in collaboration to deliver health services that meet the varied health needs of individuals and the community.

ComPacks

ComPacks is a case-managed package of care provided for up to 6 weeks after discharge from hospital. This service has been established for people who need two or more community services to ensure that they can return home safely with appropriate care in place. The concept is to case manage community support jointly with a multidisciplinary hospital team, starting before discharge and continuing for a short time after discharge, with the aim of facilitating access to mainstream community services.

Establishing Integrated Primary Health and Community Care Services

A number of Integrated Primary Health and Community Care Services are being established across NSW over the next three years. These new services will aim to:

- Improve assessment and treatment of short term common health problems
- Improve early detection and intervention for health problems and risks
- Improve management of chronic and complex conditions in collaboration with more specialised services

In these services, GPs and community health workers work together in multi-disciplinary teams to deliver ongoing and coordinated care to communities, focusing on prevention, early diagnosis and the better management of people with chronic and complex conditions. The NSW IPaCH Policy provides the platform for the development and implementation of these crucial services.

Partnerships and integration

NSW Health services alone cannot provide effective, integrated health care. It is essential to build stronger relationships between the various parts of the NSW Health system, and for NSW Health to build partnerships with general practitioners, Divisions of General Practice and other general practice organisations, other private health care providers, the non-government sector, consumers, carers and their families.

NSW Health recognises that efforts to address ill health and health inequities cannot succeed unless the social determinants of health are also addressed. To do so, NSW Health must work effectively in partnerships with a broad range of other government and non-government agencies from beyond the health system.

The World Health Organisation definition of health services integration is “bringing together common functions within and between organisations to solve common problems, developing commitment to a shared vision and goals and using common technologies and resources to achieve these goals” (WHO 1996).

This is not a question of who owns or controls service provision, but rather of bringing disparate activities and services into a more cohesive, efficient and consumer-focused system. This policy provides a framework for achieving better service integration, both within and beyond the health system.

Supporting the essential role of General Practice

General practitioners (GPs) are usually the first point of contact with the health system for most people, most of the time. In NSW, the average person makes 5.35 visits to a GP each year.

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 integral to best practice healthcare. GPs need access to information on health interventions that have taken place in hospitals, specialists’ consulting rooms or in the patient’s place of residence. Equally, they need to have thorough knowledge of what community-based services are available and how to access them.

The role of general practice in reforming PaCH services is crucial, but individual practices do not always have the resources and systems in place to do this alone.

Divisions of General Practice are organisations that provide support to general practice at the local level to achieve better health outcomes for communities. Many NSW Divisions are already working with NSW Health services on a number of successful programs, such as Better Outcomes in Mental Health Care. NSW Health has recently signed a Memorandum of Understanding (MOU) with the Alliance of NSW Divisions (the State Based Organisation for Divisions of General Practice in NSW) to provide a foundation for collaborative effort. Implementation of the NSW IPaCH Policy and the MOU will enable NSW Health and the Divisions network to work effectively in partnership.

In addition to the Divisions network, several other key general practice organisations operate in NSW and provide support to general practitioners. They include the Australian Association of Academic General Practice; the Australian Medical Association; the Australian College of Rural and Remote Medicine; the Doctors Reform Society; the Royal Australian College of General Practitioners; the Rural Doctors Association; and the Rural Doctors Network.

NSW Health will work to ensure that all these organisations are actively engaged in the implementation of this policy.

Achieving integration: the challenges we face

Primary and community health services carry out a broad range of functions across the lifespan, from early childhood health to palliation. These functions can be grouped into four main categories:

- Assessment, referral and episodic/short-term treatment for common health conditions
- Prevention, early detection and intervention for health promotion, health problems and risks
- Ongoing care of chronic and complex conditions in collaboration with more specialised services
- Acute care in the community.

Primary health care and community health services need to operate within a single integrated and cohesive structure to tackle the challenges of the modern world. To date, the traditional divisions between primary health care and community health services have made effective service planning and delivery challenging.

Every year, the NSW PaCH sector provides an extensive range of high-quality clinical interventions, but faces an increasing demand for services. This demand cannot be met without making better use of the full range of services offered by the NSW and Australian Governments, and the private and non-government sector.

The challenges involved in achieving more comprehensive and integrated primary and community health service provision fall into two main categories:


Structural issues

- Nationally, 40% of the total health budget is spent on PaCH services but no one level of government has overall funding, planning and service delivery responsibility for this sector. This has resulted in highly fragmented — and often inefficient — care
- Within NSW, the public health system operates independently from private medical practitioners, pharmacists and for-profit hospitals

- At the Area Health Service (AHS) level, the Population Health, Primary and Community Health and Acute Care sectors have historically tended to operate largely independently of one another
- 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 within the sector and between the different parts of the health care system.

Sustainability issues

- Chronic health conditions now account for 70% of the total disease burden in Australia, and this figure is expected to rise to 80% by 2020
- In 2004/05, people aged 65 and over represented 13.7% of the NSW population, but accounted for 49% of all public hospital bed days
- By 2026, people aged over 65 will make up 20.6% of the population
- Health workforce shortages, especially in rural and outer metropolitan areas, are creating significant problems in meeting demand for services
- Health care costs continue to escalate, especially with new technologies. In 2006–07, NSW Health recurrent expenditure is budgeted to reach \$11.7 billion. Health spending represents more than 27 per cent of total budget expenses, up from around 24 per cent in 1996–97. In per capita terms, health expenditure in the 2006–07 budget equates to approximately \$1,700 for every person in New South Wales.



Comprehensive primary and community health services have been shown to have the most impact in improving access to services for disadvantaged and vulnerable groups, and in providing cost effective high quality care, particularly in the management of chronic disease.

Where we will place our effort

Integrating primary and community health is a long-term goal. Integration needs careful planning so that we ensure that the strengths of each part of the sector are retained and built on.

What we want to do

- Improve integration and coordination of care for consumers in the community
- Establish a clear and consistent process for integrated service planning and delivery with respect to primary and community health
- Ensure we have the capacity to deliver high quality health care services in the community
- Increase the focus of services on early intervention and coordinated care in the community
- Reduce the incidence of avoidable hospital admissions
- Increase the participation of consumers and communities in decision-making about their own health and about the delivery of health services
- Ensure that consumers and health professionals are easily able to locate and access health information and primary and community health services.

The initial priorities for action focus on building strong foundations for developing comprehensive and integrated PaCH services. The NSW Health Department will review and report annually on progress in implementing the policy, and determine new priorities for action during the implementation process.

Initially, NSW Health aims to achieve change through six priority areas of effort.

Priority Area 1:

Integrated service planning

Outcome — A consistent process for integrated service planning for primary and community health services is implemented across NSW

Priority Area 2:

Integrated service delivery

Outcome — Integrated primary and community health services are delivered to improve access to health care and improve coordination of care

Priority Area 3:

Improved models of care

Outcome — Models of care are implemented to support and strengthen integrated service planning and delivery

Priority Area 4:

Stronger partnerships

Outcome — A consistent process for developing partnerships to support effective integration and communication across the health sectors, with particular reference to general practice and Divisions of General Practice, is implemented across NSW

Priority Area 5:

Improved workforce capability

Outcome — A skilled and informed primary and community health workforce is available to meet the health needs of the community

Priority Area 6:

Enhanced information management and research

Outcome — Information management and research strategies operate to improve data quality, simplify record keeping and information exchange, provide a clear understanding of the costs of community-based interventions and permit the efficiency and effectiveness of these interventions to be assessed



Priority Area 1: Integrated service planning

The NSW Government recognises that providing integrated, high quality services across NSW is dependent on a consistent, effective planning process.

Effective service planning cannot be undertaken in isolation. NSW health services need to plan in partnership with all stakeholders, both public and private.

We will work to make access to, and information about, PaCH services easier for consumers, carers and communities.

What we will do

- Develop and implement Primary and Community Health Service Agreements between NSW Health and Area Health Service Chief Executives to improve access to and quality of primary and community health services
- Work with Area Health Services and other key stakeholders to design and implement a consistent process for integrated service planning for PaCH services across NSW
- Work with Area Health Services and other key stakeholders to develop processes (eg planning protocols) and structures (eg strategic primary and community health networks) for integrated service planning at Area, regional and local levels including:
 - NSW Government funded services
 - Australian Government funded services,
 - Private providers (eg allied health)
 - Consumers
- Establish a single point of accountability for PaCH services within each Area Health Service
- Work with Area Health Services to establish single points of contact, at local, sub-regional or regional area as appropriate, for consumers and health professionals seeking information/access to services
- Negotiate with the Australian Government to fund integrated services or programs and/or coordinate service planning wherever possible.



Priority Area 2: Integrated service delivery

Effective, integrated service delivery requires a whole system approach that coordinates care across organisational boundaries. This policy aims to promote consistent, coordinated PaCH service provision.

PaCH services provide excellent health care for people living in the community, but few services are available after hours. We will work to provide extended hours of access to PaCH services wherever possible.

What we will do

- Develop plans for implementing integrated service delivery
- Establish programs to work with community health and GP and private providers to facilitate team care across these services and service providers, including arrangements for care coordination where required
- Establish key PaCH services (such as community nursing, mental health and interpreter services) as 24 hrs/day services in metropolitan areas
- Provide key PaCH services on a 7-day/week or extended hours basis in major rural centres.



Priority Area 3: Improved models of care

Evidence-based models of care are a vital element of integrated service planning and delivery. Our priority is to ensure that PaCH services use models that are effective, promote integration, give value for money and lead to successful outcomes for consumers.

Information gathering and exchange is a time-consuming process. Using standard forms, particularly for patient admission and referral, will save health workers time, and importantly, will mean that patients only have to provide their basic details once.

There is growing evidence that patient self-management of chronic disease leads to better health outcomes and health status, and reduces the hospital and emergency department costs. We will work to strengthen the use of effective self-management programs.

What we will do

- Establish Integrated Primary Health and Community Care Services (IPHCCSs)
- Link IPHCCSs to other mainstream services in Area Health Services
- Identify, develop, implement and evaluate selected PaCH interventions and Models of Care that have the potential to support and strengthen common aspects of integrated service planning and delivery, including models of care addressing integration between hospital and PaCH services
- Identify and implement appropriate common assessment and referral tools for integrated PaCH models of care, both within NSW Health and with other services
- Further develop integrated self-management education and support programs.



Priority Area 4: Stronger partnerships

NSW Health has already acted to strengthen our relationship with general practice by entering into a Memorandum of Understanding (MOU) with the Alliance of NSW Divisions. This policy provides a framework for the further development of partnerships at the statewide, Area Health Service and local levels.

What we will do

- Implement the MOU between NSW Health and Alliance of NSW Divisions
- Promote informal and formal partnerships between Area services, other health care providers and human services to improve integration and communication across the health sectors, with particular reference to general practice
- Develop a framework for working with Divisions of General Practice, other local GP organisations, GPs, other health care providers and human services agencies to improve integration and communication
- Introduce General Practice Collaboration Units across NSW
- Develop a comprehensive discharge and referral planning network in each AHS, including the use of discharge planners, GP Liaison Officers and in-reach discharge workers based in the community.



Priority Area 5: Improved workforce capability

A highly skilled, stable and well-supported workforce is essential for leading the changes needed to implement this policy.

Shortages in the PaCH workforce are especially pronounced in rural and outer metropolitan areas, where the undersupply of GPs is a particular concern.

What we will do

- Implement the NSW Health Workforce Action Plan with respect to PaCH staff
- Support the NSW General Practice Council's Workforce Strategy
- Develop strategies to broaden the skills base of the health workforce including: working in multidisciplinary teams; the generalist role in rural communities; needs assessment; working with communities; and evaluation
- Develop a NSW Primary and Community Health Officer training program and other training for senior primary and community health staff
- Develop and implement changes to improve the community health nursing workforce.



Priority Area 6: Enhanced information management and research

NSW PaCH services do not have a standard, high quality information management system to support service planning and delivery. This has also restricted access to, and exchange of, information, and limited the capacity of services to gather useful data.

The challenges involved in developing useful performance indicators for the PaCH sector are recognised nationally. We will support and participate in national work on performance measures, and continue work to develop and refine indicators for use in NSW.

What we will do

- Examine options for providing information access and exchange between all PaCH service providers, including common medical records, and options for collaborating with national developments
- Implement an improved Community Health Information System across NSW Health, and work to extend the system to general practice
- Implement, monitor and refine the Performance Indicators incorporated in the Primary and Community Health Service Agreement
- Work towards a set of indicators that allow more efficient measurement of PaCH activity and set baselines for annual review and evaluation
- Implement the Electronic Discharge Referral System across NSW
- Implement the Electronic Health Record across NSW
- Map existing PaCH research activity and identify opportunities and priorities for further research.

Implementing and monitoring the integrated primary and community health policy

Roles and responsibilities

A diverse range of government and non-government agencies has responsibility for providing primary and community health services. For example, the Australian government funds GPs, residential aged care services and community services under the Home and Community Care Program. State and territory governments have responsibility for public primary, community and acute care services. This policy provides an overarching structure to inform future service developments and so lead to more consistent, cost-effective approaches to primary and community health service delivery.

In committing to implementing the NSW Integrated Primary and Community Health Policy:

NSW Health will:

- Develop and support an implementation plan to guide the practical activities of integrating primary and community health
- Negotiate support for the policy at state level with other relevant service organisations, government, non-government and private
- Provide support and advice to Area Health Services and general practice on implementation of the policy
- Conduct an evaluation of the outcomes of the policy
- Work with the Australian Government to identify and implement strategies/initiatives that improve integration of health care services
- Monitor Area Health Services performance against PaCH indicators in Performance Agreements
- Allocate resources to establish approved Integrated Primary Health and Community Care Services
- Support Area Health Services, Divisions of General Practice, other primary and community health organisations and human services in developing partnerships
- Support Area Health Services, Divisions of General Practice and other general practice organisations in developing workforce strategies
- Support the development of training opportunities for PaCH professionals
- Support the development and implementation of information management and research strategies.

Area Health Services will:

- Nominate a Senior Executive to monitor implementation of the policy
- Develop primary and community health networks
- Establish approved Integrated Primary Health and Community Care Services
- Establish a single point of contact at local and regional levels for consumers and health professionals seeking information and access to PaCH services
- Implement this Policy in collaboration with the Department of Health and the Divisions of General Practice and other primary and community health organisations
- Report to the Department of Health on the progress of policy implementation against the milestones set out in the NSW Integrated Primary and Community Health Policy
- Implement planning and delivery processes for integrated, comprehensive primary and community health services
- Implement evidence-based practices in primary and community health services, in collaboration with the Department of Health and general practice
- Develop partnerships with Divisions of General Practice, other primary and community health organisations and human services
- Implement health workforce strategies, which will promote effective PaCH services
- Develop and implement training opportunities for PaCH professionals
- Implement information management and research strategies, including electronic referral and discharge systems.

Monitoring

Implementation of the Integrated Primary and Community Health Policy will be monitored by the Chronic, Aged and Community Health Health Priority Taskforce (CACH HPT) and the NSW General Practice Council.

NSW Health will provide a quarterly summary of progress on implementation for consideration and advice, to be provided to the:

- Chronic, Aged and Community Health Health Priority Taskforce (CACH HPT)
- Primary and Community Health Working Group of the CACH HPT
- NSW General Practice Council
- Alliance of NSW Divisions

NSW Health will also prepare an annual report on implementation of the policy, and conduct a detailed evaluation three years after commencement of the policy.

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The Integrated Primary and Community Health Policy aligns with and supports the *Australian Better Health Initiative: Promoting good health, prevention and early intervention.*

This \$1.1 billion reform package includes funding to promote good health, disease prevention and early intervention, and improve integration and coordination of care for people in the community.

