

Statewide HealthOne NSW Workshop – Friday 17 October 2008

Concurrent Session 3 - Sustainability: What do we mean by sustainability and how do we achieve it in HealthOne NSW services?

Presentation

Jan Newland, Acting CEO, GPNSW explored the meaning of sustainability and facilitated group discussion of the elements required to keep a HealthOne NSW service sustainable.

For this session, sustainability was defined as:

- able to continue over a period of time...
- a method of harvesting or using a resource(s) so that the resource is not depleted or permanently damaged

Achieving sustainability is a complex undertaking in HealthOne NSW services which provide health care funded by both the NSW and Commonwealth Governments.

Sibthorpe et al ¹ identified the contexts for sustainability in primary health care as follows:

- Political sustainability – local, state and national policy contexts
- Institutional sustainability – between and within institutions
- Financial sustainability – sources, type, uncertainties
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- Institutional sustainability – between and within institutions
- Financial sustainability – sources, type, uncertainties
- Economic sustainability – time and workload issues, funding models vs models of care
- Client sustainability – expectations, experience, out of pocket costs for patient
- Workforce sustainability – staffing, skills and motivation

The researchers then identified three emerging themes:

- The importance of social relationships, networks and champions
- The effect of political, financial and societal forces
- The motivation and capacity of agents within the system

The facilitated group discussion focused on how HealthOne NSW services can become sustainable; how momentum could be maintained; and what resources were available to support HealthOne NSW models.

Summary points from the discussion include:

Systems and processes

- The HealthOne NSW service must be based on robust systems and processes that can be audited to monitor whether they are delivering desired process outcomes.
- The systems and processes, in turn, must facilitate real outcomes for clients, including better coordinated care and improved health.
- Agreed GP clinical management protocols could enable greater consistency in care within any one service.

¹ Sibthorpe, Glasgow & Wells; *Emergent themes in sustainability of delivering primary health care* 2005. MJA; 183 (10 Suppl): S77-S80. Available at <http://www.anu.edu.au/aphcri/Domain/PHCModels/index.php>

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- Promotion and prevention activities are currently viewed as “above and beyond” usual workloads. Changing this paradigm would require reward for the effort invested, although it was acknowledged that rewards were difficult under the current funding systems.

Measuring success

- Collection of agreed data that is able to reflect the benefits of the model should be implemented. The data needs to be able to differentiate the benefits (ie the value add) of the HealthOne NSW model versus the current system of care.
- Demonstration of benefits would position HealthOne NSW services to attract support and further funding, if available.

Leadership

- Strong leadership was thought to be essential to ensure the integrity of the HealthOne NSW model, particularly through the development phase.
- Leadership is required to change the way health services are delivered. HealthOne NSW services and community health more generally need to be oriented to new ways of working with other health/community care providers.

Branding and marketing

- The HealthOne NSW brand should signal a new approach that is both innovative and an integral part of the NSW health care system.
- A consumer engagement strategy would help build community understanding and ownership of the model, which in turn will enhance sustainability, while access to marketing expertise would help services market the HealthOne NSW model generally.

Acute services interface

- HealthOne NSW services need to interface effectively with the acute sector to improve patient journeys and achieve the best possible outcomes for patients and their families/carers.
- HealthOne NSW services can be responsive to acute sector developments, for example, trends to earlier discharge. By working with hospital staff, services can ensure coordinated and continuing care in the community.

Funding

- Delivering HealthOne NSW services needs to be rewarding both financially and professionally for GPs. Remuneration options for GPs should be explored including salaried arrangements.
- The additional Clinical Integration Coordinator and GP Liaison Nurse positions made possible with NSW Government funding have been vital in developing clinical pathways and maintaining engagement of partners.
- Addressing the GP shortage in rural NSW requires staff to focus on what they do best and plan for succession. HealthOne NSW services should aspire to be working environments of choice for health care professionals.