

Primary Care Partnerships

SOUTH COAST HEALTH SERVICES CONSORTIUM

COMMUNITY HEALTH PLAN

Contact Details

South Coast Health Services Consortium
PO Box 105
Inverloch 3996
Telephone (03) 5674 3105
Email: SouthCoast-pcp@sggp.com.au
Mobile: 0408 106 739
Fax: (03) 5674 3124

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Ensuring effective consumer access to a cohesive service system through improved assessment of consumer’s needs; reduced assessment duplication; more effective referral and feedback consistent and timely service provision; and coordination of service.

More intensive and integrated use of information, information management, information technology and telecommunications (IIMITT) to support the information needs of primary care services and their clients.

Improved community access to information about services available, support and referral.

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Executive Summary

The South Coast Health Services Consortium (SCHSC) exists to:-

- Promote coordination in the planning, organisation and delivery of primary care services within the South Gippsland Division of General Practice catchment area and wider Gippsland Region.

Specific Activities

A summary of specific activities undertaken in the first year is detailed below, including future work and strategies to address key health and well-being priorities. This is followed by a summary of Consortium strengths and innovative approaches to date.

1. Partnerships

Partnerships, Consumer, Carer & Community Participation

- South Coast Health Services Consortium Memorandum of Understanding agreed amongst full members agencies.
- Current partnership arrangements have entailed twelve full members meeting on a regular basis across a geographic area representing four Local Government areas.
- The South Coast Health Service Consortium works in partnership with other Gippsland Primary Care Partnerships as part of the Gippsland Regional Network Primary Care Partnership.
- Three new agency members and one new consumer member have been recruited in 2001 to date, and further work in this area will be required in 2001/ 2002.

Consumer Action Plan for 2001 has been drafted highlighting the following initiatives for 2001 / 2002:-

1. Memorandum of Understanding Review from consumer representation perspective
2. Consumer and carer representatives on all action teams and working groups. Continue associated consumer representation support mechanisms such as payment for formal involvement or representation in SCHSC activities.
3. Seek consumer comment on consumer charters, local service information approach, and current agency client feedback & complaints systems.
4. Create Quality Consumer Committee (see also Quality area).
5. Community consultation on health profile and service plan information organised to be undertaken via Focus Groups in August (see also Service Plan area).

GP Engagement

- GP Division is the lead agency for the South Coast Health Services Consortium.
- GP ideas and issues are represented on relevant working groups and action teams.
- A GP survey has been undertaken highlighting sixty-nine improvement ideas, many relating to enhancing primary care service delivery and are relevant to the SCHSC. These are being actioned by the Consortium in partnership with the South Gippsland Division of General Practice.

2. Service Coordination

- A Service Coordination Model, Service Coordination Strategy, and three associated Project Briefs have been developed and are summarised below. The approach considers the three elements of Better Access to Services, Information Management and Local Service Information as an integrated approach.
- A Service Coordination Action Team has been established and has consumer representation.
- A Service Coordination Working Party is progressing and associated operational staff and consumer involvement is considered essential to ensure relevance and benefits of developments to agencies and the community.
- Project Brief 1. Enhanced Client Initial Contact, Initial Needs Identification Systems and Options. In particular the need for a client advocacy initial contact model will be explored. The approach will consider practices, processes, and protocols.
- Project Brief 2. Enhanced Care Planning Systems and Options. In particular enhancements to referral and feedback processes are a locally determined priority area in addition to progressing all Care Planning elements.
- Project Brief 3. Enhanced Local Service Information Approaches. In particular the need for a locally relevant and sustainable model that provides updated and relevant information to a range of different users will be created.
- Consumer advice is being sought on local service information ideas and enhancements in conjunction with the Health Issues Centre via workshops. This will inform initial contact and initial needs identification approaches.

3. Integrated Service Planning

Service Planning

- Health Profile and Service Profiles based on various objective source data has been collected.
- Based on Burden of Disease data a Health Promotion Program Health area has been identified and program plan developed by the Health Promotion Working Group (See Health Promotion area). Other priority health issues are being identified by the Consortium in July. Further

comment and advice is still being sought on current Health Profile information and Service Profile information from agencies and the community. This will entail a two way learning process which aims to benefit the agency (use of quality source data) and also benefit the broader community (ensure local information and other considerations not in source data collected is recognised) as issues are included as part of South Coast service planning, and ultimately inform South Coast service provision.

- Public comment on health priorities will be invited via the media as well as focus groups for Consumers and Carers according to age profiles and special interests. This will be undertaken in August 2001.
- It has been agreed current Service Planning staff will meet in 2001/2002 and explore current approaches to Service Planning and opportunities for future alignment.

Health Promotion

- A Health Promotion Working Group has been created, which is the first time agencies are jointly considering health promotion opportunities across the South Coast area.
- Additional rural Health Promotion funding has helped ensure resourcing and sustainability of relevant health promotion local approaches as lack of resources in this area has been identified as a key issue for most primary care agencies currently involved in the Health Promotion Working Group. The Health Promotion Working Group can now explore longer-term commitment and focus on local Health Promotion initiatives.
- A South Coast Health Promotion Coordinator role has been created to help progress coordinated health promotion in the South Coast Area.
- Smoking has been determined by the Health Promotion Working Group as the priority health area for 2001. Further Burden of Disease Analysis by the Health Promotion Working Group has also highlighted the areas of Mental Illness, Nutrition and Injury as other areas for further consideration and focus. Burden of disease data analysis is available on request and will be further shared with agencies as it relates to their service provision.

Quality

- The SCHSC “quality” or continuous improvement approach entailed a generic survey of agencies and highlighted many are accredited or have a quality management system in place.
- The major quality initiative started and being further developed in partnership with agencies is the development of the Primary Care Risk Management Model as a systems approach to help improve the primary care system for the South Coast community.
- Creation of a Consumer Quality Committee is proposed to help formally progress quality improvement development.

Major Strengths & Innovative Approaches

The following is a brief description of the major strengths and innovative approaches being explored by the Consortium.

Strengths

The Consortium has been operating for over three years and before the establishment of the PCP Program has been exploring areas of joint interest such as the Hearts Alive Program, which has benefited the South Coast community.

Another example is a telephone survey of the South Coast community members was undertaken by the Gippsland Regional Information Service (GRIS) on behalf of the Consortium to determine community health issue concerns. The GRIS report has been used as part of the health profile work in the service plan.

Current consumer representation on most working groups has been encouraged including a “buddy” option linking a consumer representative on formal working groups or action teams to a current full member representative.

Current partnership arrangements have entailed twelve full members meeting on a regular basis across a geographic area representing four Local Government areas.

In addition the South Coast Health Service Consortium works in partnership with other Gippsland Primary Care Partnerships as part of the Gippsland Regional Network Primary Care Partnership.

Innovative Approaches

SCHSC members have agreed to explore establishment of a Primary Care Risk Management model to ensure multidisciplinary consideration of issues, based on a local acute health model. Issues relating to secondary services may be explored as a key component of the model. A related aspect of the model is to review the use of incident systems and associated training opportunities, which will be explored as a systems enhancement project across all agencies, as a major quality project in 2001/2002.

A proposal to establish a Consumer Quality Committee for 2001/2002 to further enhance current consumer focus, is currently being considered as part of the Consortium’s quality approach.

Further review and analysis of after hours care as part of the initial contact made by clients in rural communities will be undertaken. The opportunity is to analyse causes of such initial contact predominately in the acute area to determine issues and opportunities to enhance the communities health.

SCHSC members have participated in the regional wide Information Technology Plan, which has entailed workshops of all full members agencies to ensure a consistent local view aligned with a regional approach.