



Going Forward

PRIMARY CARE PARTNERSHIPS

AGED, COMMUNITY AND MENTAL HEALTH

Human
Services



Peoplefirst

Primary Care Partners:
Going Forward

April 2000

Acknowledgements

Cover photograph taken at North Yarra Community Health Centre, Collingwood February 2000

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Foreword

The Government is committed to a high quality public health system that improves health and well-being outcomes, is responsive to the needs of people who use services, encourages consumer and community participation in planning and decision making and recognises the continuing role of small and specialist agencies.

The Government recognises the growth in demand for community based services and has already provided increased resources for this sector. The Primary Care Partnership Strategy aims to ensure that these services achieve high quality outcomes for consumers and deliver improved health and well-being for the community. It will achieve this in four main ways.

- Primary Care services will take a stronger role in addressing the broad determinants of health and well-being. They will provide increased health promotion, illness prevention and disease management programs. These programs will aim to improve people's health and well-being and reduce the preventable use of hospital, medical and residential services by early identification of people's needs and by coordinating care for people with complex or chronic conditions.
- A partnership approach will underpin the reforms. Consumers, carers and the broader community will be involved in the planning and evaluation of primary care services. Through community health plans, partnerships of service providers and community members will identify priority health issues in their community and agree on service delivery responses. The Government will lead and facilitate policy development in consultation with providers of services, professional groups and consumers and seek the active involvement of the Commonwealth Government and Local Government Authorities.
- The reforms will recognise the diversity of the Victorian population and the differences between rural and metropolitan Victoria. The strategy will encourage communities to identify their particular needs and to develop innovative solutions that meet local needs and conditions.
- The Government will resource this strategy to improve the planning and delivery of primary care services and ensure they work together effectively to achieve improved health and well-being for the Victorian community.

The Primary Care Partnership Strategy recognises and aims to build on the valuable collaboration undertaken to date by local government, providers, consumers, carers and other key stakeholders, in forming partnerships and contributing to the development of policy. A significant example is the Health Outcomes Agreement signed in 1996 by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Department of Human Services. The Agreement reflects the importance of the principles and practice of community control in developing and delivering culturally appropriate primary health services to Aboriginal people. This principle will be a key feature of the Primary Care Partnership Strategy.

The Primary Care Partnership Strategy also addresses the sector's concerns about the previous Government's approach to primary care reform (referred to as "PHACS"). In response to those concerns, the Government appointed Adjunct Professor Hayden Raysmith to undertake an independent review of PHACS. Professor Raysmith reported just before Christmas 1999 and his report has been widely circulated.

In February 2000 we invited a wide range of stakeholders, representing a broad range of community-based and community-managed organisations, local governments, general practitioners (GPs) and consumers and carers to a ministerial forum to discuss their responses to the Raysmith Review. Supplementary consultation was undertaken with medical practitioners and nurse professional bodies. The forums were valuable and provided a number of important insights and messages to us as Ministers. In responding to these messages, we will ensure that:

- A partnership will be developed between the Department and the sector to construct and evolve reform.
- Stakeholders will be involved in, and consulted on, all aspects of the reform.
- The reform will be responsive to cultural, ethnic, religious and linguistic diversity.
- There will be a primary focus on consumers and carers to optimise their participation and involvement.
- Rural issues will be considered so that differences between rural and metropolitan models are supported.
- Simpler, consolidated reporting will be a priority for the Department.

The primary care reform will go ahead in a way that is consistent with the Government's philosophy and policies and with the views expressed by the sector. The reforms will emphasise planning, not purchasing, and focus on outcomes, not outputs.

This document aims to help the sector to go forward. It outlines the steps to enable issues raised at the forum and elsewhere to be tackled. It also outlines a strategy to achieve the outcomes required.

This is the beginning of an important ongoing partnership between Government, service providers, consumers and the community which will be developed and strengthened over time. Your continued commitment and participation will be crucial in improving health and well-being outcomes for all Victorians.



Hon John Thwaites MP
Minister for Health



Hon Bronwyn Pike MP
Minister for Housing & Aged Care
Minister Assisting the Minister for Health

Introduction

The Primary Care Partnership Strategy aims to create a genuine primary care *service system*. It will do this by helping providers and professionals—such as GPs, community nurses, physiotherapists, counsellors and home care workers—to coordinate their work for clients they have, or may have, in common.

The main goals of the reform are to:

- Improve the experience and outcomes for people who use primary care services.
- Reduce the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

To achieve these goals, funding and support will be provided to groups of primary care providers that form, or have already formed, voluntary alliances in their local communities. These alliances, called Primary Care Partnerships, usually involve agencies which together cover two or three local government areas.

Each Primary Care Partnership will develop and implement a Community Health Plan for their community. These plans will involve three key elements:

- **Service planning**—which will identify the population health needs of the community and propose strategies to address these needs, such as health promotion and integrated disease management strategies.
- **Service coordination**—which will describe how local systems and infrastructure, such as information management, needs identification and referral will enable services to be better coordinated so that outcomes are improved for people using the primary care system.
- **Service partnerships**—which formally describe how providers and the community will work together to implement the plan.

Consumers and carers will be the focus of the reform. Services and programs will be delivered in accordance with a quality framework, including a charter of consumer and carer rights. Consumers and carers will be invited to participate in Primary Care Partnerships especially in the development of Community Health Plans.

Local, State and Commonwealth Governments all have key roles to support the improved coordination of services.

In addition to the funding support provided by the State Government, Primary Care Partnerships may benefit from other recent developments, such as new Medicare benefits for care planning and case conferencing introduced by the Commonwealth for GPs.

Partnerships will be funded from April 2000 in a staged approach with a view to being operational across the State by the early part of the 2000–2001 financial year.

The new program will be evaluated and the results published in late 2001.

Benefits of the Primary Care Partnership Strategy

The Primary Care Partnership Strategy will provide many benefits for consumers and carers, and the broader community.

Benefits to Consumers and Carers

The Primary Care Partnership Strategy aims to bring about a number of benefits for the people who use primary care services. For example:

- People will be encouraged to have a say about what services they need in their community and to participate in their design, evaluation and monitoring. Research shows that active participation in community life is good for individuals' health and well-being, and that communities which encourage 'participation' report better overall health and well-being outcomes.
- Consumers of primary care services will be encouraged to take an active role in decisions about their own health care. This has been shown to enhance consumers' sense of control over their health and to lead to more appropriate use of health services and better access to other relevant services.
- A Consumer Charter of Rights will be developed, setting out principles for consumer access to services, privacy, choice, review and grievance processes, and avenues for community participation in decision making about primary care services.
- People will be able to telephone or visit any one service provider in their local Primary Care Partnership to find out about health and support services in their area.
- After the first time people are assessed for the services they need, they will not have to repeat their personal details to each new professional or service they see. The exchange of consumer information between services will, of course, be subject to privacy standards and guidelines.
- Improved information management systems and the adoption of strict privacy and confidentiality protocols will give people greater confidence that information about them will remain secure. In most instances, people will need to give their permission prior to information about them being shared with other providers.
- Practitioners will work with people to help identify the full range of their needs rather than focusing on a single aspect of concern. This will help identify the early warning signs of conditions, that if not dealt with, may become much more serious and difficult to address. The reforms aim to ensure that 'best practice' of this kind becomes the standard approach for all primary care services in Victoria.
- Providers of primary care services will work in partnership to improve the health and well-being of their local population, focusing on health promotion, illness prevention and early responses to disease and disability. They will also work cooperatively to meet the health and support needs of people with chronic conditions.
- A quality framework for primary care partnership services will be developed so that service users can have confidence in the standards of service throughout Victoria.

Benefits to the Broader Community

The strategy also aims to achieve a number of benefits for the community. These include:

- More effective use of resources by service providers.
- A planned and collaborative approach to understanding and responding to consumer needs.
- A planned approach to tackling health promotion, illness and injury prevention, and early intervention.

- Management of chronic conditions in the community rather than in hospitals and institutions.
- A consolidated point of contact in the primary care sector, which will support collaborative planning with other local service providers, such as hospitals, to address the health needs of the catchment population.
- The development of a strong and effective service system, which will provide a sound basis for further investment in prevention, health promotion and primary care programs.
- A coherent identity and focus for primary care services, which will enable better communication between government and the sector as a whole.

Primary Care Partnerships

Primarily Care Partnerships are voluntary alliances of primary care providers usually covering two or three local government areas.

Primary Care Partnerships aim to improve the health and well-being of their catchment's population by better coordination of planning and service delivery in response to identified needs.

The planning and delivery of services by Primary Care Partnerships will be underpinned by a 'social model' of health, which takes account of the full range of societal, economic, environmental and biomedical factors that influence people's health and well-being.

Each Primary Care Partnership will decide which service providers and other organisations will participate in their alliance. However, the core group of agencies will typically include the following services:

- Community health.
- Primary care services funded and delivered by local government.
- Home and Community Care (HACC); including district nursing.
- General practice (GPs).
- Psychiatric disability support.
- Psychogeriatric Assessment and Treatment Teams.
- Aged care assessment.
- Women's health.
- Aboriginal community controlled health services.
- Sexual assault.
- Dental health.
- Community drug treatment services.
- Local ethno-specific health services.

In addition to these agencies, alliances will be required to ensure the active participation of consumers, carers and the broader community.

The implementation of the Primary Care Partnership Strategy will be a developmental process which will be based on broad and continuing consultation with the sector.

Community Health Plans

Primary Care Partnerships will work with the community and the Department of Human Services to develop and implement Community Health Plans. These plans will identify the priority health needs of the local area and describe how the providers in the Primary Care Partnership will work with each other and other key stakeholders to respond to these needs.

At the recent Ministerial Forum on the Review of Primary Health Redevelopment, the sector proposed a number of key features of a Community Health Plan. These features are elaborated below and the actual Forum proposal is attached as the appendix to this document.

In order to serve as an effective mechanism for improving the health and well-being of the community, Community Health Plans will address three key areas:

- **Service planning**—identifying the population health needs of the community and proposing strategies to address these needs, such as integrated, multisectoral health promotion and disease management programs and services.
- **Service coordination**—describing how local systems and infrastructure, such as information management, needs identification and referral will enable services to be better coordinated.
- **Service partnerships**—defining how the partnership will work together to implement the Community Health Plan.

Submission of Community Health Plans to the Department's regional offices will be the basis for funding of Primary Care Partnership activities in future years. Community Health Plans will also help inform the Department's resource allocation and service funding decisions. This will allow resources to be better targeted to needs and focused on interventions which can be linked to measurable outcomes.

Community Health Plans will be coordinated with the planning processes undertaken in other Divisions, including Acute Health, DisAbility and Community Care. Complementary planning will enable related services to

develop improved communication and linkages, leading to an improved service system for consumers. Common approaches will also reduce unnecessary duplication and lead to more effective use of resources in gaining better health outcomes for the community.

Service Planning

The first element of Community Health Plans will focus on service planning, linking service delivery to population health needs within a social model of health. Service planning will involve:

- Identifying local population health and well-being needs.
- Developing strategies to address these needs.
- Monitoring and evaluating the outcomes of these strategies.

As part of service planning, Primary Care Partnerships will consult with a wide range of individuals and organisations within their catchment area to ensure the particular needs of their community are understood and addressed. This includes the cultural, ethnic, linguistic and religious diversity of the population as well as the different needs of people in metropolitan, regional and rural Victoria.

To assist Primary Care Partnerships in service planning, the Department will release a service planning framework discussion paper and consult with stakeholders, including peak bodies, providers and consumers and carers.

Identifying Population Health Needs

A comprehensive picture of local population health needs will be obtained through analysis of information on local demographic, social and health characteristics.

This information will include data provided by the Department, the partnerships' own information management and assessment systems, other relevant plans, and consultation with consumers, their carers and the broader community.

The Department, in consultation with the sector, will develop a community health planning database that provides access to standardised service utilisation data

and information about the health and well-being of the population.

The development of better access to services and enhanced information management systems as described on page 7 will also assist more effective service planning by partnerships. These systems will ultimately enable partnerships to collect a range of information (subject to privacy legislation and guidelines), including identified consumer needs and service utilisation data.

Another source of information for Primary Care Partnerships will be other plans which identify population health issues. These include Municipal Public Health Plans, Divisions of General Practice Strategic Plans, Aboriginal Community Health and Service Plans, and other relevant analyses of community need. In particular, the Public Health Division of DHS will coordinate a process with the Municipal Association of Victoria (MAV), Victorian Local Governance Association (VLGA) and other relevant stakeholders to develop a Municipal Public Health Plan template to ensure that all Municipal Public Health Plans can effectively inform community health planning processes.

Partnerships will also seek direct input from their local communities. Consultation with the community will identify priority issues and needs which may not necessarily be captured in statistical data.

Developing Service Strategies

Primary Care Partnerships will address the health needs of the population through targeted service delivery strategies. In the first instance, these strategies will consist of partnership-wide activities such as integrated health promotion, and integrated disease management where funded as a pilot project. Progressively, these strategies will also inform individual provider service plans.

Quality Framework

The Department will prepare a draft quality framework which will be widely circulated to stakeholders for comment later in 2000.

The quality framework will aim to ensure a consistently high standard of primary care services. It will be based on a cycle of effective planning in relation to community needs, establishment of service standards, service monitoring and review, and specific quality improvement initiatives.

As part of the development of Community Health Plans, Primary Care Partnerships will identify priority areas for improving the quality of services within the partnership. The Department will also fund a number of 'best practice' projects focusing on areas such as consumer and carer participation, service access for culturally and linguistically diverse groups, gender sensitive service delivery and rural issues. Evaluation of these projects will inform the development of the quality framework initiatives over the next three years.

Health Promotion

To assist in achieving better health outcomes for their local communities, Primary Care Partnerships will plan integrated health promotion activities based on collaboration between partnership agencies and with other key service sectors.

The Department will develop health promotion guidelines and the Public Health Division will provide regular information on effective health promotion strategies, drawing on VicHealth and other relevant statewide health organisations. In addition to funding for integrated health promotion as outlined in the "Resourcing" section of this paper, specific funds will be made available for health promotion workforce development activities in the sector.

The Older Persons Health Promotion Project will be re-established as part of the Primary Care Partnership Strategy. This project involves the development of a sustainable intersectoral approach to health promotion planning for older people. All Primary Care Partnerships will have the opportunity to apply for this project. Expressions of interest will be sought at a later date.

Integrated Disease Management

Selected Primary Care Partnerships will develop integrated disease management strategies as part of their service

plan. Disease management strategies will aim to improve the health and well-being of people with chronic illness and reduce preventable admissions to hospital for this group. The process to select four pilot projects will commence shortly.

Pilot projects will be supported by the Department through the development of guidelines and information resources. Evaluation will take place throughout the course of the pilot projects, with a comprehensive final evaluation at the end of the pilot period.

Monitoring Outcomes

Primary Care Partnerships and the Department will monitor and evaluate the outcomes of Community Health Plans. The goal is to develop a cycle of continuous improvement in the planning and delivery of services.

Outcomes and indicators which are appropriate for primary care services will be developed by the Department in collaboration with the sector. Because of the difficulty in attributing population outcome measures to specific primary care interventions, further work will be undertaken to identify intermediate or proxy indicators that could be more directly linked to funding. Outcomes will cover a range of areas including client outcomes, health-related lifestyle changes, risk factor prevalence, and population health outcomes.

Self-Assessment

As part of a comprehensive evaluation strategy, as outlined in detail on page 17, Primary Care Partnerships will be asked to provide six monthly self-assessments of the extent to which the quality of their services is being maintained and improved, and whether they are achieving the desired outcomes. Self-assessment will occur in collaboration with community representatives within each primary care partnership to gauge how well the service system is meeting the needs of consumers and the catchment community.

The self-assessment will be based on a standardised self-assessment tool, which will be developed by the Department in consultation with Primary Care Partnerships.

Service Coordination

The second element of a Community Health Plan will focus on service coordination strategies. This element will describe the local systems and infrastructure that enable services to be better coordinated. The key systems and infrastructure to be developed include:

- Better Access to Services (previously called Streamlined Assessment).
- Information management strategy.
- Local service information.

The development of service coordination strategies will be supported by a number of projects undertaken by the Department in consultation with relevant stakeholders. The Department and primary care reference groups will develop principles and frameworks which encourage a level of consistency across the State whilst still allowing innovation and the flexibility to respond to local needs.

Better Access to Services

Primary Care Partnerships will develop a strategy to improve identification of consumers' needs, reduce assessment duplication, and support service coordination.

The Department will release a policy paper on Better Access to Services by July 2000.

The policy will provide a broad framework which will ensure statewide consistency while allowing scope for local innovation and the development of models which suit local circumstances. Local approaches to improve access to services will need to be pursued in tandem with each partnership's information management strategy and local service information strategy.

Information Management Strategy

Primary Care Partnerships will develop an information management strategic plan that addresses the information needs of the primary care partnership, including:

- Client information management processes which support better access to services.

- Service information management processes which support consumer access, navigation and referral.
- Performance reporting and information.
- Primary Care Partnership administration and financial management information requirements.

A discussion paper on strategic directions for information management in the primary care sector will be released, to be followed—after further consultation—by a final strategic directions document. Assistance and/or templates will be provided to Primary Care Partnerships for use in the preparation of information management plans, as will guidance on data standards and definitions and a range of other standards and protocols. Work will also commence on the development of a primary care minimum data set, including mechanisms for measuring demand and unmet need for services in the primary care and community support sector.

The development of policies and strategies concerning information management, including privacy issues, will:

- Build on existing and emerging IT infrastructure (including the acute sector and general practice).
- Ensure that the needs of consumers are central to the approach taken.
- Seek a wide representation of views.

Service Information

In order to improve access to information about services, Primary Care Partnerships will:

- Develop a local model for a single telephone point of contact for the primary care partnership in the catchment.
- Develop a comprehensive database of information on local services.

These elements will link with the Better Access to Services initiative to provide the basis for more effective referral.

The local information services developed by Primary Care Partnerships will be complemented by the development of a statewide health information, advice and referral service. The development of the statewide model will consider:

- The relationship between, and the role of, Primary Care Partnerships and the statewide health information, advice and referral service in the provision of information, support and referral on a twenty-four hour basis.
- Links with existing telephone services.
- The need for consistent assessment processes between Primary Care Partnerships and a statewide service.
- The need for a consistent IT framework which supports reliable and secure transfer of information.

To ensure complementary program development, the Department will work closely with the Commonwealth Department of Health and Aged Care regarding interfaces with Carelink.

Partnerships

The third element of Community Health Plans will focus on partnerships. This element will identify the relationships between Primary Care Partnership members and with consumers, carers and representatives of the broader community. It will also address service linkages with other service providers in the catchment area.

A description of the core group of agencies typically involved in a formal partnership is in the 'Primary Care Partnerships' section of this paper.

Primary Care Partnerships will review their existing memorandum of understanding or other partnership arrangements, and incorporate these into a partnership strategy. Partnership strategies will identify processes for consumer, carer and community participation and will establish effective links with other relevant providers that are not formally part of the Primary Care Partnership.

The process of developing a consumer charter of rights and responsibilities (see the 'Consumer, Carer and Community Participation' section of this paper) will provide an opportunity to establish relationships within the community, to identify issues of concern, and to explore avenues for further involvement of the community in partnership activities. Specific approaches used to ensure community participation will vary between partnerships, reflecting different local needs and circumstances.

Reference groups to address questions of partnership and governance and the needs of multi-catchment and specialist providers will be established.

A paper on partnership issues will be developed, with input from the above reference groups and the Consumer and Carer Reference Group. The paper will assist Primary Care Partnerships to develop partnership arrangements appropriate to their context, membership and purpose. Examples of best practice partnership models and protocols will be provided. Issues addressing linkages with multi-catchment and specialist providers will also be discussed.

Funding Arrangements

The Primary Care Partnership Strategy aims to strengthen the capacity to plan at a local level and to create a more streamlined, integrated service system. Improved funding arrangements will help achieve these objectives and support the implementation of Community Health Plans.

It is the intention to move towards an improved funding approach for a number of community-based primary care services over the next two to three years as part of overall enhancements to Aged, Community and Mental Health funding arrangements. The new approach will establish stronger links between client needs, resource allocation, clearly specified service targets and client outcomes. The long term goals will be:

- Improved health and well-being outcomes for individuals and particular needs groups in the community by ensuring they receive the best possible mix of services and population health programs.
- Greater flexibility for providers to tailor services to meet local needs.
- A range of funding mechanisms, including output funding and program/block funding, which can be chosen to suit the particular type of service or program being provided.
- Simple standardised reporting which is useful to providers and the Department.

In order to achieve an improved funding approach the Department will:

- Formulate clearer, consistent definitions of services.
- Develop a streamlined set of performance measures and enhanced, integrated data collection and information systems.
- Monitor and evaluate the impact of services and programs on target groups.
- Analyse the cost of service delivery.
- Use data on service delivery patterns and cost to inform funding decisions and develop appropriate funding mechanisms.

At each stage in the process of improving ongoing funding arrangements there will be choices about how to proceed to the next step. Broad sector consultation will form an integral part of this work during development, trial, review and implementation of any changes.

Resourcing of Primary Care Partnerships

Service Agreements

Primary Care Partnerships will receive direct funding to implement primary care reforms via a Primary Care Partnership service agreement with the Department of Human Services.

The agreement between the Department and Primary Care Partnerships will cover partnership activities such as service coordination, community health planning and some new service initiatives. Existing agreements with individual providers for the delivery of direct client services will be maintained.

The partnership service agreement reflects a collaborative relationship between the Department and Primary Care Partnerships. It outlines:

- Actions to be undertaken by the Department to support the progress of Primary Care Partnerships.
- Requirements common to all Primary Care Partnerships.
- Locally determined initiatives as negotiated with the Department's regional offices.

The Department will aim to move the Primary Care Partnership service agreement to a two year agreement. Each Primary Care Partnership will identify a *contact agency* that will receive Departmental funds on behalf of the partnership. Although this agency will be the conduit through which financial resources and reporting information flows, all signatories to the Primary Care Partnership service agreement will be equally responsible for meeting accountability requirements. Responsibility for coordinating any of the Primary Care Partnership's funded activities may be delegated by the partnership to any member agency. For example, health promotion might be coordinated by a community health centre and Better Access to Services might be coordinated by the Aged Care Assessment Service.

Resource and Support Strategy

Each partnership will receive an establishment grant upon signing the partnership service agreement. For the remainder of the 99–00 financial year, pro rata resources will be committed to the following functions:

- Community Health Plans.
- Better Access to Services (previously called Streamlined Assessment).
- Information management.

For the 2000–2001 financial year funds will become available for all the activities described above and in addition for:

- Integrated health promotion.
- Disease management pilot projects.*
- Quality initiatives, to support best practice.*
- Older Persons' Health Promotion Project.*

* Resources for these projects will be made available to selected Primary Care Partnerships and the learning shared with the sector.

State, Local and Commonwealth

Government Roles

The success of Primary Care Partnerships will depend on the clear delineation of roles and responsibilities of the three spheres of Government; that is, State, Local and Commonwealth Government.

Victorian Government and Victorian Department of Human Services

The Victorian Government through the Department of Human Services will continue to have a central role in coordinating and resourcing the Primary Care Partnership Strategy by:

- Providing funding to partnerships.
- Developing policy directions in partnership with the sector.
- Consulting with the sector on implementation and future developments.

A key message from the sector throughout the Raysmith review was the need for the Department to integrate and operate as a system rather than as a series of unconnected individual program areas.

The Department recognises that many consumers and carers needing primary care services also use a range of other services such as those funded through the DisAbility and Community Care programs of the Department. Similarly, as a result of dramatic changes to the human services sector over the last two decades, many agencies deliver a broader range of services than are encompassed by the “core” services identified as primary care. Through the consultations, consumers, carers and agencies have indicated they expect the Department to demonstrate its commitment to service integration by improving coordination in its own internal mechanisms as well as encouraging more streamlined arrangements in the field.

While further work is required to identify the extent of these overlaps and interactions, this expectation is a reasonable one. At the same time, developments in other parts of the portfolio need to proceed in partnership with their respective sectors and at their own pace rather than being driven by the needs of the Primary Care Partnerships process. In particular the Minister for Community Services

has commissioned a review of Community Care services by Professor Jan Carter, Deakin University, which will canvass the future directions and essential features of a community care service system.

The Department is committed to creating a corporate framework across similar and related services, regardless of the program through which those services are funded. The new Policy Development and Planning Division will take responsibility for working across the three key program areas of primary care, disability services and child and family services on the development of the appropriate corporate framework consistent with client and service delivery needs and the directions identified in this document and emerging from the Carter Review and other similar processes. This will be of substantial benefit to both consumers and agencies. The Acute Health, Aged Community and Mental Health and Public Health Divisions of the Department will be working cooperatively on a number of policy development areas to ensure that coordination in the Department is enhanced to match the sector's needs.

Regional offices of the Department have been involved in the development and implementation of Primary Care Partnerships and will continue to be so. Regions are responsible for facilitating collaborative relationships across Primary Care Partnership catchments, identifying service system improvements at a regional, catchment and local level, contributing to policy development and coordinating the sector's input into policy development. Regions will negotiate Primary Care Partnership service agreements.

Local Governments

Local government authorities in Victoria have a major role to play in making Primary Care Partnerships a reality.

Local government authorities are involved in preparing Municipal Public Health Plans and undertake a great variety of health related activities including planning, funding, direct service provision and sub-contracting. Primary care reform would not be possible or meaningful without their cooperation. The Department will work closely with both local government peak organisations

and individual local government authorities to ensure their engagement in the primary care reform process.

Examples of partnership between local government and the Department include the Common Planning Protocol which is being developed jointly by local government and the Department, the strong involvement of local government authorities in the preparation of Community Health Plans, the development of a Municipal Public Health Plan template and work to facilitate and standardise data collections.

The Commonwealth Government and the Commonwealth Department of Health and Aged Care

The Commonwealth Department of Health and Aged Care is also a major player in primary health; particularly through its funding of the Medical Benefits Scheme (MBS). For several years the Commonwealth has been working to achieve a more responsive, flexible and integrated primary care system, and has made funding available for this purpose.

In particular, the new MBS items for multi disciplinary care planning, case conferencing and annual health assessments for people 75 years and over provide a timely and valuable encouragement for GPs to work together with other primary care providers to improve patient care. The Department is working with the Commonwealth on an integrated education and training strategy for GPs and state funded primary care providers in relation to these new MBS items.

The Commonwealth and Victorian Governments and Departments will continue to work in partnership to ensure that Commonwealth initiatives and the new directions for Victoria support each other and result in improved outcomes for service users. For example, it will be important to find ways for the Carelink proposal to complement Victoria's local telecommunications strategy and information management strategies. Other primary care issues of mutual interest include regional health services, GP policy issues, workforce planning issues,

assessment and telephone based information services, and disease management strategies.

The Department will also assist Primary Care Partnerships to share and learn from the experiences of the Coordinated Care Trials.

Consumer, Carer and Community

Participation

Involving people in their own health care, and encouraging active consumer and community participation in the design, evaluation and monitoring of local services, has benefits for both individual consumers and the community as a whole (see section on Benefits of the Primary Care Partnership Strategy).

As mentioned elsewhere in this document, the requirement to engage with local communities will be a key aspect of the alliances' work in implementing initiatives in the areas of health promotion, consumer assessment, information management and provision, quality improvement and population health planning.

In addition, Primary Care Partnerships will be supported to improve their responsiveness to consumers and carers, and their local communities generally. Processes that will specifically address the need for community involvement in service planning, monitoring and evaluation are outlined below.

Local Charters

All Primary Care Partnerships will develop and disseminate a consumer charter of rights and responsibilities in their first year of operation. DHS will provide a basic framework for the charter, based on key principles that have been identified by the Consumer and Carer Reference Group. These principles reflect the need for:

- Access.
- Consumer privacy.
- Consumer choice.
- Flexible and responsive service delivery.
- Identified case review and grievance processes.

Consumer charters are to be developed in consultation with the local community. The process of engaging with the local community to develop the charter will be at least as important as the charter itself, and will have a broader function in identifying issues of concern to the community and informing the longer-term development of the Community Engagement Strategy.

Community Engagement Strategy

The Department will develop a community engagement strategy for implementation from the second year of the Primary Care Partnership's operation. Community engagement means actively identifying the needs of the catchment population and working in partnership with community representatives to develop ways of meeting those needs.

Development of the strategy will be informed by a number of processes occurring in the Primary Care Partnership's first year, including:

- Consultation with local communities, including consultation conducted as part of the development local charters and Community Health Plans.
- Consumer and carer training pilot projects: A pilot training program for consumers and service providers will be developed and delivered in two sites (one metro; one rural). A training kit will be developed, based on existing materials, for both health service providers and consumers.
- Best practice: The documentation of best practice in enhancing community participation will be supported.

Access

It is critical that services become more responsive to the needs of consumers, especially those who have traditionally had difficulty gaining adequate access. These groups include:

- Koori people.
- Homeless people.
- People from culturally and linguistically diverse backgrounds.
- People living in rural and remote areas.
- People with disabilities.

Specific strategies will be developed to support increased access, including the distribution of cultural planning tools, national and international best practice models, culturally

appropriate consumer health information and an increased focus on population health through Community Health Plans.

Involvement

Consumer, carer and community representation is essential to achieve a user focus within Primary Care Partnerships. All Primary Care Partnerships will be required to establish representative structures and processes to ensure active working involvement with consumer, carer and community representatives.

Consumer and Carer Reference Group

The Department will ensure that its own consultative arrangements allow meaningful input from consumer and carer representatives. The membership and terms of reference for the Consumer and Carer Reference Group will be reviewed to enable consumers to take on a strong role in policy development and Primary Care Partnership Strategy documents.

Catchments for Primary Care

Partnerships

Following the Ministerial Forum on the Review of Primary Health Redevelopment held in February 2000, Ministers agreed that **all** catchments should be reviewed.

Criteria for the Establishment of a Catchment

Primary Care Partnerships were therefore asked to review their catchment based on the criteria outlined in the Raysmith Review. These criteria, which must be satisfied for a new catchment to be approved, specify that:

- Any proposed catchment should not cross either existing local government boundaries or existing Departmental Regional boundaries.
- For a catchment to be approved, there should be a formal written sign-off by a core group comprising:
 - Community health.
 - Local government.
 - Divisions of General Practice.
 - Aged Care Assessment Service.
 - Royal District Nursing Service or its equivalent in rural or regional Victoria.
- In addition, formal written sign-off will be needed from at least two of the following specialist providers operating in the sub-region concerned:
 - Psychiatric disability support service.
 - Drug treatment service.
 - Ethno-specific service.
 - Women's health service.
 - Sexual assault service.
- The new proposal must also provide evidence to the Minister of appropriate arrangements to facilitate the development of Community Health Plans across two-three municipalities as stipulated in Government policy.

At the time of publication, the review was underway with catchments across the State yet to be finalised.

Evaluation of Primary Care Partnerships

The policy directions described in this paper represent a new approach to the planning and delivery of primary care services in Victoria, and one that cannot be compared directly with any other health care system in the world. Regular review and evaluation of the redevelopment process and outcomes will enable the Department, Primary Care Partnerships and the sector generally to share learnings from the experience and will provide a basis for ongoing refinement of both policy and implementation.

Planned Evaluation Process

The first comprehensive evaluation of Primary Care Partnerships will be conducted after most Primary Care Partnerships have been in operation for twelve months (that is, at the end of the 2000–2001 financial year). Additional evaluations are planned for 2001–2002 and 2002–2003. The first stage will focus mainly on an evaluation of process (for example, processes for ensuring community participation in partnership activities), with some consideration being given to the initial impact of the reforms. Subsequent evaluations will focus more strongly on the outcomes of the reforms, particularly their effect on consumers, using baseline data established during the first year of the redevelopment.

The main elements of each annual evaluation are described below.

Self-Assessment

Primary Care Partnerships will provide six monthly self-assessments of their services and whether they are achieving the desired outcomes of the reform. The self-assessment process is described in the “Community Health Plans” section of this paper.

Consultation

The Department will consult with the Primary Care Partnerships and other key stakeholder groups, such as consumers, carers, and other referring services during the evaluation process.

Evaluation of Specific Initiatives

The Better Access to Services, information management and disease management projects will be subject to separate evaluations using methodologies that reflect their particular approaches and objectives. These evaluations may be carried out by the Department or by external consultants.

Outcome Indicators

Whilst it is appropriate that each annual evaluation should examine business processes and reform implementation, there is also a need for hard data about the success of the redevelopment over the longer term. The types of indicators that could be used to examine the impact of the reforms over the medium to long-term include:

- Knowledge, awareness and attitudes to primary care services in catchment populations.
- Service demand and usage patterns.
- Consumer satisfaction with primary care services.
- Level of community participation in Primary Care Partnerships.
- Health-related lifestyle change and risk factor prevalence.
- Health outcomes.

Work conducted during 2000 will identify specific indicators and data sources to support a longer term evaluation strategy. The collection of this data early on in the redevelopment process is necessary to provide a ‘baseline’ against which to measure the impact of changes in future years.

Appendix One: Community Health Plans —Proposals from Forum

At the recent Ministerial Forum on the Review of Primary Health Redevelopment, the sector proposed a number of key features of a Community Health Plan. These features are as follows:

- Primary Care Partnerships are responsible for the development of Community Health Plans which cover their catchment.
- Community Health Plans will be underpinned by the social model of health.
- Community Health Plans will build on and be informed by the 1999 PHACS Demonstration Project proposals and other planning processes such as Municipal Public Health Plans, Divisions of General Practice Strategic Plans and other relevant needs analyses.
- Community Health Plans should include three key elements:
 - Service Planning.
 - Service Coordination.
 - Partnerships.
- The Department will coordinate and distribute relevant data and also resource the community health planning process.
- Submission of Community Health Plans to DHS regional offices will be the basis for funding primary care partnership functions such as planning, information management, better access to services and disease management in future years.
- Each agency will retain their individual service agreements for their services, but also recognise the broader context of Community Health Plans.
- Community Health Plans will contribute to Department funding decisions for primary care services.
- As a matter of priority, a Departmental working group, involving a range of representatives and broad consultation across the sector, will be formed to further develop these ideas.



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