

DHS response to the AIPC evaluation of the PCP Strategy – Report 3 December 2003



The Australian Institute for Primary Care (AIPC) were contracted to evaluate the Primary Care Partnership Strategy in 2001. The goal for the evaluation of the PCP Strategy was to provide the Department of Human Services (DHS), PCPs, and the sector more generally with information to maximise the learning from the service system redevelopment experience, and provide a basis for refinement of policy and service development.

The final report (Report 3) submitted in December 2003, is available at www.dhs.vic.gov.au/phkb. Previous reports can be accessed at the AIPC website: http://www.latrobe.edu.au/aipc/cdih/evaluation_pcp/index.html

This information resource outlines the recommendations made by the AIPC in Report 3 and the response by DHS to these. The key documents referred to in the table below are the:

- *Primary Care Partnerships strategic directions 2004-2006 Better health- stronger communities* (referred to as the PCP strategic directions 2004-2006 document)
- *Implementation Plan for Primary Care Partnerships consultation paper* (referred to as the implementation plan consultation paper)

These can be found at www.dhs.vic.gov.au/phkb

Recommendations and DHS response

<i>Evaluation report recommendations</i>	<i>DHS response</i>
<i>Recommendation 1.</i> That ongoing GP participation in the PCP Strategy should be facilitated through links with Divisions of General Practice rather than individual GPs.	GP participation will be continued through links with Divisions of GP who are all members of PCPs. DHS will continue to work with General Practice Divisions Victoria to facilitate GP Division and GP participation strategies.
<i>Recommendation 2.</i> That specific funding to facilitate GP involvement in the development and trialing of relevant service-related reforms, which are initiated through the PCP Strategy, is made available.	DHS have funded a second round of grants to facilitate GP participation in PCP service coordination initiatives. Grant activities should commence in June 2004.

<p>Recommendation 3. PCPs have also had mixed success in their engagement of consumers. It is therefore recommended that: (a) PCPs be required to formally involve key community representatives such as board of management representatives from local health services in their strategic planning, priority setting, evaluation and monitoring; and (b) that PCPs implement appropriate consumer consultation and monitoring practices to demonstrate consumer support for specific local priorities and strategies.</p>	<p>DHS believes consumer, carer and community participation is integral for PCPs to pursue as they plan and implement their service coordination and integrated health promotion activities.</p> <p>Consumer, care and community participation is strongly encouraged in the PCP strategic directions 2004-2006 document and implementation plan consultation paper.</p> <p>DHS have funded the Health Issues Centre to work with interested PCPs to improve consumer, care and community participation with the PCP planning implementation and evaluation activities.</p>
<p>Recommendation 4. That PCP boundaries be based on local government areas and be made broadly consistent with acute health services.</p>	<p>PCP boundaries are already aligned with local government areas. As flagged in the PCP strategic directions document a limited review of PCP boundaries will be conducted in 2004, in consultation with DHS Regions and the relevant PCPs, to seek to better align PCP catchment boundaries with Metropolitan Health Services.</p>
<p>Recommendation 5. That Victorian Division of General Practice boundaries are aligned with PCP boundaries.</p>	<p>DHS will continue discussions with the Australian Government to attempt to resolve issues related to misaligned boundaries. However there are a number of 'health' boundaries that do not align; PCP boundaries are aimed to represent a 'best' fit.</p>
<p>Recommendation 6. That PCPs be responsible for a rolling three-year Community Health Plan that brings together strategic priorities from Municipal Public Health Plans, Divisional Plans and Acute Health services, and that these plans form the basis for annual consultation with DHS regions on key priorities and direction.</p>	<p>A 3 year Community Health Plan is proposed in the implementation plan consultation paper, that draws on the strategic priority setting processes of MPHPs and that of Divisions and Health Services as appropriate.</p> <p>It is proposed that these plans be reviewed and discussed annually with DHS regions.</p>
<p>Recommendation 7. That a workforce development program to support planning, monitoring and evaluation for Community Health Plans be established as part of the PCP Strategy.</p>	<p>The Implementation Plan consultation paper proposes a simplification of the role and function of Community Health Plans. They are now proposed to be operational plans for the implementation of PCP integrated health promotion and service coordination activities. Workforce development needs will be considered in the light of these proposed changes.</p>
<p>Recommendation 8. That DHS programs make greater use of the PCP Strategy to improve the coordination of services to ensure consistent, effective and efficient service development with primary care and community support agencies. Where there is clear evidence that consumer benefit will result, service coordination strategies should be mandated.</p>	<p>The PCP strategic directions 2004-2006 document commits DHS programs to greater take up of the PCP partnerships frameworks. Discussions are currently underway with all DHS program areas to determine their position in relation to Service Coordination and the PCP Strategic Directions 2004-2006.</p>

<p>Recommendation 9. That support for the development of information systems and technology to support PCP service coordination activities be provided.</p>	<p>The last of a 3 year rollout of \$15m Information Communications Technology (ICT) to support connectivity between services will be provided to the sector early in 2004.</p> <p>Further opportunities to support the development of information systems and connectivity will be explored by DHS.</p>
<p>Recommendation 10. That service coordination planning guidelines and support be further developed through PCPs, particularly for consumers with complex and ongoing needs.</p>	<p>Priority tasks for PCPs to pursue over the next 2 years are to implement the Better Access to Services (BATS) framework particularly assessment and care planning, which will be important for people with chronic and complex conditions (Outlined in the implementation plan consultation paper).</p>
<p>Recommendation 11. That systemic service coordination quality and effectiveness indicators be developed and that a regular survey of service coordination effectiveness for primary care consumers with complex needs be conducted.</p>	<p>DHS will undertake a study in 2004 to investigate the cost effectiveness of service coordination in a small number of agencies. This project will identify a number of quality and effectiveness measures that may have broader applicability.</p>
<p>Recommendation 12. Primary care agencies funded for health promotion should contribute directly to the implementation of integrated health promotion plans for PCP catchments through agency health promotion activities funded through their service agreement.</p>	<p>This is reflected in the PCP strategic directions 2004-2006 document: <i>"All Department of Human Services funded health promotion initiatives that are community-based will use the integrated health promotion framework and all local planned health promotion activity funded by the department (whether directly to the PCP or member agencies) will be informed by catchment-wide integrated health promotion planning."</i></p>
<p>Recommendation 13. PCPs should be promoted as a key strategy for the development and implementation of statewide health promotion priorities.</p>	<p>This is reflected in the PCP strategic directions 2004-2006 document as outlined above.</p>
<p>Recommendation 14. Workforce development and support for PCPs and local agencies to implement monitor and evaluate integrated health promotion programs should be provided.</p>	<p>Evaluation skills have been identified as the highest priority and an initiative to address this issue is under way in all Regions.</p> <p>The community health program provides funding for workforce development. Other opportunities will continue to be investigated.</p>