

Primary Care Partnerships strategic directions 2004–2006

Better health – stronger communities



Contents

Ministers' statement	1
Executive summary	2
Introduction	5
Vision for primary care partnerships 2004–2006	6
What have primary care partnerships achieved to date?	7
Key success factors for further implementation	12
Key challenges for further implementation	13
Action plan to formalise the primary care partnerships strategic directions 2004–2006	14
Appendix 1. Where are Primary Care Partnerships?	16

Published by the Primary and Community
Health Branch, Victorian Government
Department of Human Services,
Melbourne Victoria

January 2004

Also published on www.dhs.vic.gov.au/phkb

© Copyright State of Victoria, Department of
Human Services, 2003

This publication is copyright. No part may be
reproduced by any process except in
accordance with the provisions of the
Copyright Act 1968.

Authorised by the State Government of Victoria,
555 Collins Street, Melbourne.

Printed by Impact Printing, 69–79 Fallon Street, Brunswick

Ministers' statement

Achieving better health for people and strengthening the communities they live in is critical to improving the quality of life for all Victorians. Developing a more effective primary health care system is essential for achieving these goals. The Primary Care Partnership (PCP) Strategy has demonstrated that these goals are achievable and that when providers work in partnership they can better respond to people's needs.

Older Victorians and others who have chronic or complex health and care needs can particularly benefit from more cooperative approaches. When providers work together it is easier for consumers to navigate the service system and they receive better coordinated services that improve the continuity of their care across acute and primary health care services. When agencies implement these improvements they are also reaping efficiencies allowing them to provide more services.

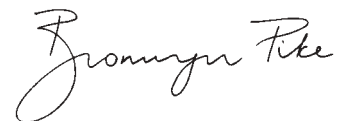
The independent evaluation of the PCP Strategy shows that partnerships are providing a base from which agencies can cooperatively implement new initiatives, including integrated health promotion activities, care pathways to better manage chronic disease, and joint projects with acute services through the Hospital Admission Risk Program (HARP). There is growing evidence that the health and wellbeing of Victorians is improving as a result of these activities. Partnerships have also been successful in attracting funding

from other state and Commonwealth programs. To date, the PCP Strategy has attracted over \$49 million for a range of innovative work including integrated health promotion, disease management and communications infrastructure.

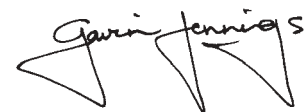
PCPs have made significant progress since the Bracks Government launched the strategy in April 2000. We congratulate the agencies, staff and community members who have worked so hard over the last three years to make the partnerships and the strategy produce improvements to the health of our communities. There is, however, more to be done if we are to realise our vision of an effective and efficient primary health care system providing coordinated care across and between different sectors.

This is an ideal time to set new and bolder directions for the strategy, to build on the achievements and see the benefits of the work to date replicated more broadly. It is essential that we effectively target services, manage demand and that we continue to improve continuity of care between health and community care services. The Commonwealth's Community Care Review proposes to implement a national demand management strategy for community-based care. The work that partnerships have already done in service coordination, integrated health promotion and integrating care for people with complex care needs provides an important foundation upon which Victoria can build.

The Bracks Government firmly believes in a stronger role for the PCP Strategy as an effective means for strengthening the primary health care sector. Building a more effective primary health care system for Victoria remains a key government commitment, which we will continue to pursue in partnership with the sector. The strategic directions outlined in this document will strengthen and broaden the strategy and will deliver better health outcomes and stronger communities for all Victorians.



Hon Bronwyn Pike MP
Minister for Health



Gavin Jennings MLC
Minister for Aged Care

Executive summary

Over the last three years, the PCP Strategy has started to create a genuine primary health care system to replace the previously poorly coordinated health and community care service networks. The previous approach to primary health care was confusing to both clients and providers, making it very difficult for clients to receive the services they required in a timely fashion, if at all.

The PCP Strategy is on track and achieving significant system improvements. It is having positive impacts on the health and wellbeing of consumers and providing extra capacity in the service system. The positive outcomes of the strategy include:

- benefits to agencies from efficiencies in service provision
- early identification of client needs
- improved coordination of a broad range of services to consumers

“Before, we were getting 20 minutes of assessment and 10 minutes of services. Now we are getting 30 minutes of service.”

Lorraine de Kok, Consumer

- better management of waiting lists
- more effective partnerships and better planning of services, creating a more responsive human service system for Victoria
- leverage of other funding opportunities and functional partnerships

- engagement of communities to create healthy environments
- development of consistent, efficient and cost-effective ways to provide services through simple software solutions
- engagement of Divisions of General Practice and, increasingly, of individual general practitioners (GPs)

Implementation and development of service coordination is clearly identified as a requirement for the implementation of new policies such as ‘Improving care for older people,’ HARP and the ‘Metropolitan Health Strategy Ambulatory Care Services paper.’

- improved workforce capacity for effective planning, delivery and evaluation of health promotion
- provision of a foundation for new policy developments.

These benefits are being delivered through the service coordination and integrated health promotion work program of PCPs.

Service coordination brings agencies within a PCP catchment together to agree on how they will coordinate their services so that consumers experience a health system where services work together. Whether it is from a health service care setting back to the broader community or from the GP to the Community Health Service, service coordination is increasingly delivering a consistent, statewide approach to the

collection and sharing of consumer information and streamlining referral between agencies and across sectors.

A common set of forms (service coordination tool templates) has been developed to record client registration information, undertake initial needs screening, make referrals and collect client consent to share information between providers. This means GPs now only need to use one referral form rather than different forms for each health and community service. The introduction of the common tool templates into software systems used across the health and community sector allows for improved communication between multiple care providers because, with client consent, common information can be collected and shared. Of even greater significance is the increasing use of electronic referral and collecting and storing information electronically as the basis of a common health record.

Community health services and local government home and community care (HACC) providers that are advanced in service coordination implementation are reporting efficiency gains and quality improvement. Improving the practice of collecting and sharing consistent information is freeing up health professionals to provide more services. Consumers save time and effort by needing to provide information only once and through more streamlined navigation between services.

Case study: service coordination improving efficiency

Agencies further advanced in their service coordination implementation are starting to report improved efficiencies and therefore greater capacity for increased service delivery. For example, Moonee Valley City Council has changed its client intake practices and by receiving referrals using the service coordination tool templates, has estimated they have saved one hour per assessment officer (eight officers) per week in assessment and administration time.

*This effectively translates to a saving of \$10,525, which can now be reinvested in additional services such as providing an additional 8,557 meals **OR** providing an additional 431 hours home care per year.*

The following Department of Human Services programs currently mandate use of the service coordination tool templates: Community Health, HACC, Aged Care Assessment Services, Women's Health Services, Personal Alert Victoria, Aged Care Support for Carers program, Drug Treatment Services and Public Dental Services. Department programs that have planned or are implementing some degree of service coordination

implementation are: Mental Health, HARP, Sub-Acute Services, Disability Services, Community Care, School Nursing Program and the Client Service Model Strategic Project.

The statewide services directory has more than 35,000 services listed and is improving service delivery by providing readily accessible information for health professionals, enabling them to refer consumers quickly, easily and accurately. The statewide services

directory is currently being upgraded to better support e-referral practice and give practitioners information about availability, access, eligibility, languages spoken and the like.

Integrated health promotion happens when agencies, the community and organisations from other sectors (such as education and recreation) work together to identify common health needs for key population groups and use a mix of

Case study: reducing cardiovascular disease through partnerships in physical activity

In the catchment of Wellington, cardiovascular disease and the lack of coordinated promotion of physical activity and healthy nutrition was identified as a priority for integrated action. This action involved agencies, local government, neighbourhood community houses and leisure centres coordinating their effort in a systematic way. Strategies included:

- approximately 1,977 people participating in a range of activities including yoga, fitness and strength training activities
- fifteen community members were selected for training and accreditation to work with community-based organisations to deliver physical activity programs
- thirty community members from public housing were involved in community building activities to increase the knowledge of healthy eating and setting up local vegetable gardens
- new training was provided for GPs in using the Active Script program to assess and refer into physical activity programs
- a local guide of physical activity options was produced to support GPs making referrals
- agency and local government staff received training in evidence-based approaches to physical activity programs.

Consumer outcomes include:

- increased levels of physical activity participation and improved wellbeing
- improved knowledge of healthy eating and cooking options
- better access to structured physical activity programs in small, remote and disadvantaged communities.

health promotion interventions to tackle their priority health and wellbeing issues together. Instead of individual agencies providing similar interventions in isolation and often to the same population, working in collaboration to agreed priorities means that the capacity of the sector is enhanced, and duplication and fragmentation of health promotion effort and investment is eliminated.

Evidence shows that single interventions, such as simply providing health information, have limited impact. Using a mix of interventions to achieve a health promotion goal is consistent with the evidence that working at both individual and population-wide levels provides the best outcomes. This initiative has been supported through the implementation of a health promotion framework,

including planning, reporting and workforce development. All PCPs and community and women's health services are using this framework for their health promotion funding. Broader use by Department of Human Services programs will enable more consistent and meaningful collection of the impacts of health promotion interventions.

PCPs are tackling the issues that directly impact on health outcomes, including diabetes, obesity, nutrition, lack of physical activity and poor mental health. Early outcomes are increased knowledge and understanding and changed behaviour, such as increased levels of physical activity. At the population level, improved connectedness and access to fulfilling life activities for groups, such as young people living in rural

areas or isolated older people, aim to increase the mental health of the local population.

Strategic directions 2004–2006

The PCP Strategy is on track, but progress across the state varies. The PCP Strategy is producing real gains for consumers and service providers at an increasing rate, however, realising and replicating these gains requires a broader departmental commitment.

To progress the Government's vision, as outlined in the Growing Victoria Together Strategy, and to reap the full benefits of the PCP strategy, the following strategic directions (informed by feedback from the sector, regional department offices and the independent evaluation) will guide the PCP Strategy from 2004–2006.

Strategic directions 2004–2006

- **The Department of Human Services will use Primary Care Partnerships to inform and coordinate all initiatives that require partnership across primary health care services or between these services and other health and community services and sectors.**
- **All Department of Human Services programs will implement service coordination, specifically the statewide tool templates, where relevant.**
- **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.**

Introduction

The State Government initiated the Primary Care Partnership (PCP) Strategy in 2000 to improve the health and wellbeing of people using primary health care services and to reduce avoidable use of hospital, medical and residential services. After three years the foundations of a quality primary health care system have been laid with many demonstrable early achievements for consumers and agencies alike. It is time to build on these achievements by setting bold strategic directions for the next three years that strengthen the strategy and support the next round of system improvements.

Victorian policy context

Growing Victoria Together, Victoria's whole of government policy framework, integrates and shapes the policies and plans for the future of Victoria's health services. Growing Victoria Together also affirms the government's commitment to sound financial management in the public sector. Key priorities are:

- high quality, accessible health and community services
- building cohesive communities and reducing inequalities
- promoting rights and respecting diversity.

To achieve high quality, accessible health and community services, Growing Victoria Together acknowledges:

- the need to invest to improve local access to essential health, aged care and community services, particularly in rural and regional communities
- that sustaining and improving essential hospital, community health, aged care, mental health, disability, child protection and family support services is fundamental
- that early intervention and prevention are vital to keep people of all ages and abilities living healthy and active lives in the community and to break the cycles of inequality, poverty and crime.

The PCP Strategy is a key part of implementing this statewide agenda.



Vision for Primary Care Partnerships 2004–2006

- **An integrated health care system**, based on partnerships, where providers see planning and working together to better meet the needs of their communities as core business.
- **Widespread consumer, carer and community participation** in service design, implementation and evaluation.
- People with chronic diseases being active partners in their own care, with the **system structured around consumers, not agencies or programs**. Prevention and management of chronic diseases coordinated across the health sectors.
- A health system **geared to health promotion, prevention and early intervention** for at risk individuals and groups, minimising the onset of disease and preventing hospital admissions.
- **More effective, efficient and evidence-based health promotion**, planned, implemented and evaluated through integrated approaches across catchments.
- Agency/organisational health promotion plans linked to catchment priorities that are, in turn, linked to state and national health priorities – **coordinating effort for local populations**.
- **Consumers' needs identified early and appropriate services delivered promptly**. Improved service coordination practice enhanced and embedded in agency practice, streamlining assessment and access to services. The consumer's record built on and shared with other practitioners involved in their care, with consumer consent.
- **Widespread, efficient and effective referral and care coordination** between GPs and other health care providers.
- **Reliable information and communications technology (ICT) infrastructure** and agreed standards in place enabling electronic communication, including e-referral.
- **Strategic leadership at all levels of government** with expectations of health care integration built into accountability frameworks. **Agencies spend less on reporting and accountability and more on service delivery**.
- **Flexible funding to assist innovation and integration of services** and streamlined reporting and accountability requirements. Agency service agreements linked to catchment-based and agency plans. Common health minimum datasets.
- **National primary health policy** guiding Commonwealth, states and territories leading to more effective integration.

What have Primary Care Partnerships achieved to date?

Major achievements of the PCP Strategy have been documented by the independent evaluation¹, local evaluations of integrated disease management projects and by partnerships' performance reports.²

Thirty-two PCPs, which all include key primary health care providers such as community health services, local governments, divisions of general practice, women's health, ACAS, district nursing and rural and metropolitan health services, have been in operation for three years. The first year focused on partnership development and planning and the last two years have focused on the implementation of service coordination and integrated health promotion initiatives.

Significant investment has been made in terms of Department of Human Services funding, workforce development and agency time, resources and change management. An independent evaluation is assessing the strategy and each round of data collection has shown greater progress. **The strategy is on track.**

Consumers and providers benefiting from improved coordination of services

- **More than 350 disparate forms for collecting client information and making referrals have been replaced by a standard set of tool templates for service coordination.**

These templates have been implemented in most client management software applications (more than 25) used by primary and community health service providers, including GP software, to simplify information sharing with client consent.

- **Consumer care is being better managed.** More than 300 agencies have developed formal protocols with other agencies for jointly managing consumer care, including the use of tool templates and privacy and consumer consent processes.
- **The statewide health services directory** web site went live in September 2002 and will be further developed over the next six months to include more comprehensive information about services with improved content management.

“We do a number of referrals for patients from emergency, and the service directory gives us an indication about access to services, waiting times, finding a provider in a patient's area that's appropriate, and then being able to make that referral.”

*Emergency Care Coordinator,
Box Hill Hospital*

- **Development of ICT infrastructure**, as part of the Whole-of-Health IT Strategy, that will enable the connection of more than 250 primary care agencies with hospitals for rapid and secure exchange of consumer information to improve referral and care coordination.
- PCP member agencies and hospitals are working together to **reduce preventable hospital admissions** through the development of HARP and other projects, especially targeting admissions of older people and people with chronic disease. Service providers are starting to work together as part of a system rather than as separate primary and acute sectors.
- More than 40 agencies across six partnerships have piloted secure **electronic referral** using the tool templates. This is enabling the development of common client records. The e-referral systems are being further developed to also enable secure sharing of other information, such as electronic discharge summaries.

Sixteen Western Metropolitan Region agencies are doing **e-referrals** using the service coordination tools. In six months the number of e-referrals has increased from 40 to 190 per month (475 per cent increase). Western and Melbourne Health will implement this e-referral system as part of their HARP projects.

1 Australian Institute for Primary Care (December 2003), *An evaluation of the Primary Care Partnership Strategy: final report*.

2 Department of Human Services (July 2003), *PCP Community Health Plan Implementation Agreement (CHPIA) reports 2002–2003*.

- All partnerships have reported an **enhancement of service coordination**. As a result of these changes, consumers do not have to repeat their story so often and service providers have more time for service delivery.
- **There is now a systematic approach to state-based primary health care providers working with GPs** and a much greater recognition of the central role of general practice in medical care planning. All partnerships are working with Divisions of General Practice and most have engaged with individual GPs to improve referrals, care coordination and disease management. In the integrated disease management projects alone, more than 400 GPs and general practice staff have been working with other primary health care providers.

“It’s reassuring to know that patients are able to access a quality diabetes self-management service within a desirable timeframe. I also like the streamlined but comprehensive service package that is offered to newly diagnosed patients and appreciate the prompt feedback that I receive.”

Dr Graeme Downe, General practitioner involved in an integrated disease management project

GP uptake of service coordination tools in Portland

Ninety-eight per cent of GPs in the Glenelg Shire use the PCP service coordination consumer information form for referrals to the HACC service.

Figure 1: Percentage of agencies participating in PCPs using the tool templates

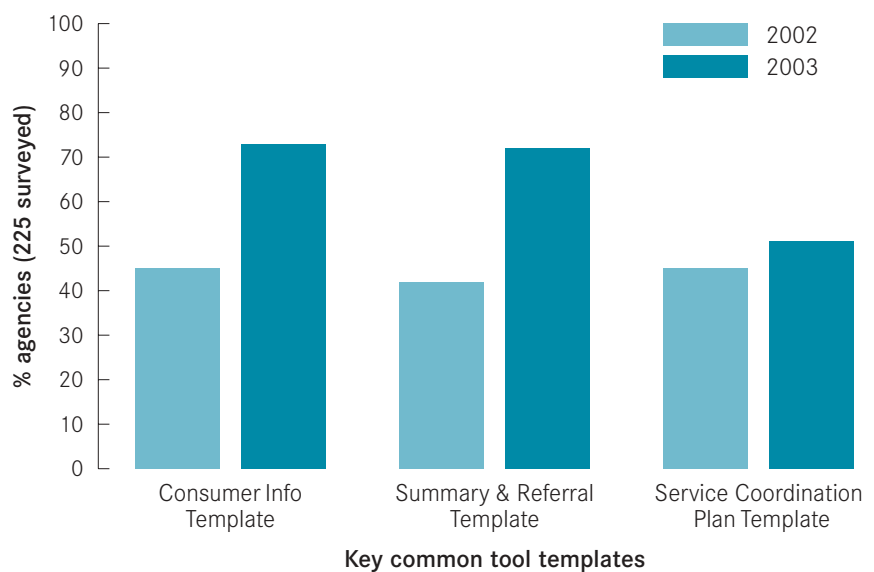


Figure 2: Percentage of agencies in PCPs implementing common service coordination practice



Consumers benefiting from more integrated health promotion and disease management

- **A shift to more planned, evidence-based, integrated approaches to health promotion has occurred.** More than 800 agencies and 10,000 consumers have participated in integrated health promotion programs, based around national priority areas, coordinated through partnerships.

“At the time I began the course I thought I was finished. I used to sit in a corner just listening to talking books and reading large print. Now I hang out the clothes, walk regularly and am far more independent.”

Barbara Sweetton, Consumer

- **Consumers are identifying benefits from health promotion initiatives,** including increased knowledge and understanding, intention to change behaviour and increased levels of physical activity. At the population level, improved connectedness and

access to fulfilling life activities for groups, such as young people living in rural areas or isolated older people, aim to increase the mental health of the local population.

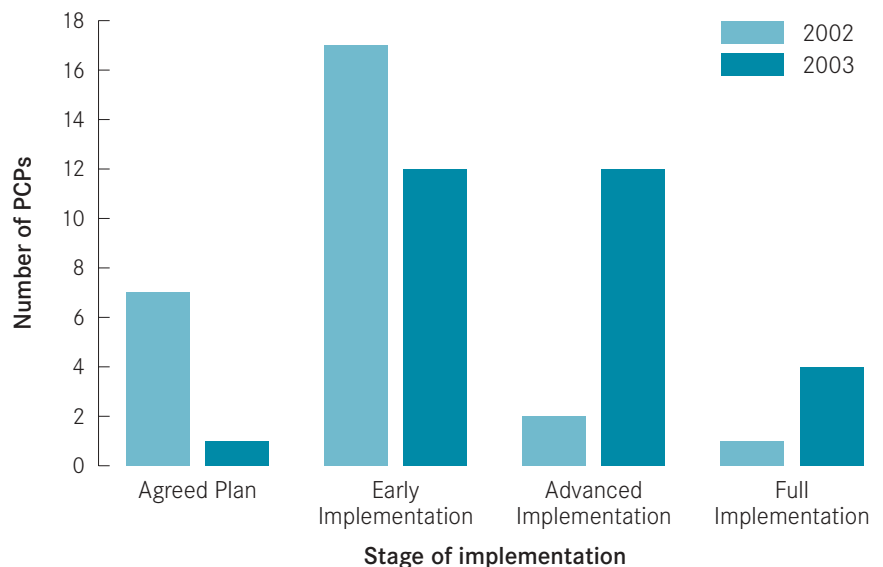
- **Improving health status:** Approximately one third of partnerships believe that they have improved consumers’ health status and

reduced health inequalities slightly or moderately.

“I went to a Deb ball the other night to watch two of my peers make their debut. I went as an escort to dance! Exercise class has given me the strength to do this.”

Alf, 94 years.

Figure 3: Integrated Health Promotion Implementation by PCPs



Case study: better health self management

One of the goals of the Barwon Primary Care Forum (BPCF) was to help people with chronic conditions to better manage their condition. To achieve this goal, the BPCF coordinated the local implementation of the Better Health Self Management (BHSM) program, developed by Stanford University.

Since commencing implementation of this evidence-based program in October 2001, 15 health professionals and 17 community members have become course leaders. The course has been delivered to more than 150 participants. An evaluation of the program has demonstrated that over 90 per cent of participants report a confidence level of seven or greater (on a scale of 1–10) to be able to manage their condition. This confidence level has been maintained by 80 per cent of participants six months after participating in the course. The BPCF has encouraged sustainability of the program by training health professionals already working in local agencies. Now eight local community health services regularly hold BHSM courses.

- **Consumers with chronic and complex conditions are better able to self-manage their conditions** with the support of primary health care providers through integrated disease management projects. Consumers are reporting improvements in clinical indicators (physical activity, blood pressure and indicators for diabetes).

Better partnerships and planning

- **Greater consumer involvement** is occurring in service design, implementation and evaluation at partnership and agency levels.

“I wanted to do something to put back into the community. The PCP gave me an opportunity to participate at a different level – to formulate some of the things I had felt as a service user.”

Rob Amos, Consumer, Southern Grampians-Glenelg PCP.

- **Better planning** with more than two-thirds of agencies reporting that partnerships have helped them do their own planning and better target the services they deliver.

The *Upper Hume PCP* ‘Healthy Communities’ Plan integrates much of the planning, implementing, reviewing and reporting associated with community health and well being across the community and the 27 PCP agencies.

- **Successful collaboration between primary health care providers:**

– All partnerships report an **improvement in interagency relationships** (almost two-thirds describe it as a ‘major improvement’) and high levels of agency commitment. There is greater trust and improved knowledge of what others do, helping agencies define their core business and reduce duplication, to improve outcomes for consumers.

– The partnerships have been the **vehicle for implementing a range of programs**, both Commonwealth and state, such as rural health promotion initiative, falls prevention, diabetes prevention and management initiative and suicide prevention.

- As indicated in Figure 5, support for the usefulness of PCPs to achieve implementation of initiatives has increased significantly in one year (access to services, service coordination implementation and GP engagement all increasing by around 60 per cent). While the overall proportion of agencies rating PCPs as useful to achieve implementation of initiatives is relatively low, the trend indicates support will continue to improve as the benefits of implementation are realised.

Figure 4: Number of PCPs reporting improved service planning and coordination between agencies

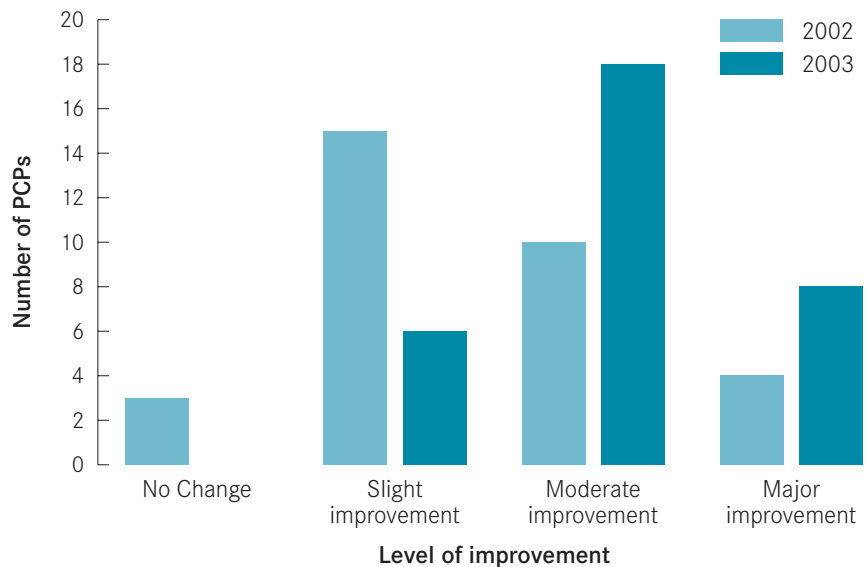
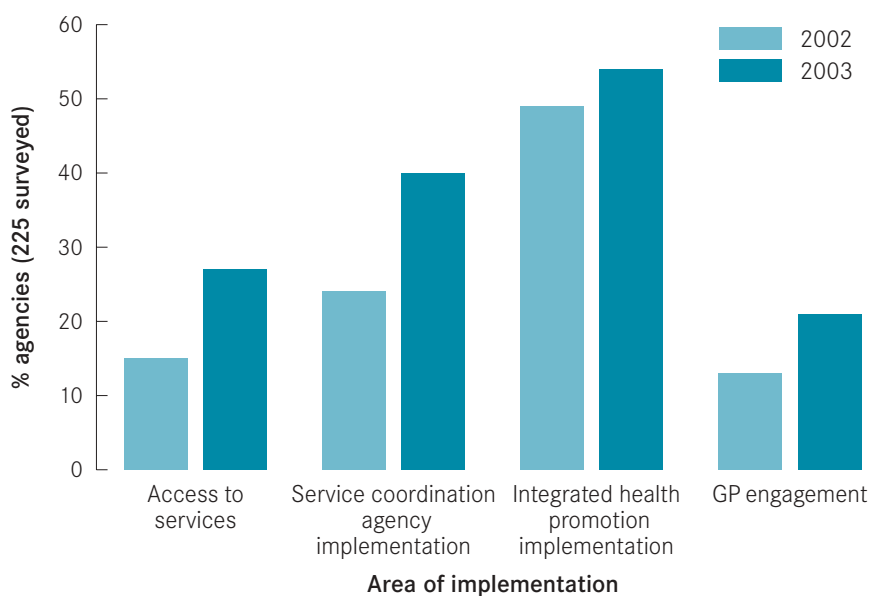


Figure 5: Percentage of agencies rating PCPs as useful to achieve implementation of initiatives



Partnerships achieving further service developments

The PCP Strategy has enabled the leverage of other funding opportunities (more than \$49 million to date) based on the existence of established and functional partnerships in the service system. For example:

- The partnership, service coordination and information management activities being implemented by PCPs were critical elements in the Department of Human Services securing \$30 million of Growing Victoria Infrastructure Reserve funding from 2001–02 to 2003–04. This was for investment in ICT infrastructure that will provide improved connectivity across primary care providers and between the primary and acute sectors. Of the total

amount, \$15 million is targeted to primary and community health agencies and is strategically invested to support the service coordination work and information management activities undertaken by PCPs.

- The National Communications Fund provided \$8 million to the Department of Human Services Grampians Region to improve connectivity between the primary and acute health sectors, based on their partnership arrangements. This funding complements the state's Growing Victoria Infrastructure Reserve Information Communications Technology funding.
- PCPs in the Loddon Mallee Region attracted funding (\$358,819) as part of the National Suicide Prevention

Strategy to implement a project to develop and implement models for the effective follow-up of suicidal clients who present to emergency departments across the region.

- Many of the HARP projects successfully lever off the established partnerships and service coordination work to develop and implement projects. For example, the four metropolitan HARP information communication technology projects will build on the local PCP service coordination work and use the statewide service coordination tool templates.
- Gippsland PCPs secured \$589,000 from the Commonwealth for the Better Health Care in Gippsland project, which aims to keep people out of hospital. This work will see hospitals, GPs and other primary care providers building on service coordination initiatives to reduce problems with care coordination; improve access to primary care services; improve referral, feedback and discharge practice; and increase people's self management capacity.
- The integrated health promotion framework has provided a robust organisational and workforce infrastructure for other initiatives including the health promotion component of the Victoria Drought Social Recovery strategy (\$151,000), falls prevention programs (\$2.9 million) and diabetes prevention and management (\$0.9 million).

Key success factors for further implementation

Key success factors for partnerships, as identified by the independent evaluation and annual reporting, include:

- **agency leadership** and commitment, including CEO engagement and appropriate governance and coordination arrangements
- **a strong commitment** to the development of primary health care and population health
- a high level of **shared understanding** about the goals of the partnership
- development of effective **communication** strategies between member agencies
- **community participation** in developing priorities and projects
- a **clear focus on local issues** and achieving **concrete changes** at agency level
- recruitment of critical support and **resources**.

In terms of the department's role, the key success factors have been:

- **focusing on key deliverables** (service coordination and integrated health promotion in 2002)
- **targeted incentives or funding for initiatives** such as integrated disease management projects, HARP projects, service coordination and integrated health promotion
- **program areas mandating** the use of the service coordination tools and integrated health promotion requirements.



Key challenges for further implementation

Each partnership is operating under different circumstances due to local conditions, capabilities and priorities. The evaluation has identified factors that have hindered effective implementation of the strategy. Some of these apply across the state and some are issues for particular partnerships. These factors present challenges in further strengthening the strategy and realising its full potential:

- **PCP membership:** PCP membership varies across the state, although it predominantly consists of health services. Some PCPs also have community care, disability and housing services as member agencies or engage these services in population specific initiatives. The majority of integrated health promotion programs also involve partnerships with other sectors to maximise population health outcomes. Members are more involved in some initiatives than others depending on their service type and areas of interest. This reflects the increased trust between partners and will evolve further as PCPs pursue diverse initiatives.

Achievements to date have largely been seen by health services but the full potential of the strategy will be realised though a wider adoption by relevant Department of Human Services programs as a platform for collaborative initiatives. This is because many clients and community members use and require a range of department services and many members of PCP alliances provide both health and community services.

- **Partnership issues:** strong leadership and agency commitment are required for voluntary partnerships to work. Trust and collaboration take time. There needs to be a recognition of the diversity of participants within the PCP alliance required to achieve the vision for service coordination and integrated health promotion, respectively. The wider use of partnerships by relevant Department of Human Services program areas will support more sustainable partnerships.
- **Service improvements through practice change:** the pace and magnitude of the strategy, particularly in service coordination, has been ambitious. It involves substantial practice and systems change and there is variability in agency commitment. Investment in the change management required needs to occur to maximise the outcomes from implementation.
- **Planning:** community health plans were introduced into an environment of existing plans with overlapping purposes and stakeholders. The capacity of the department's regions to support the planning function is limited and, consequently, partnerships have expressed the view that the department has not provided adequate support for strategic planning, particularly the availability of service utilisation data.
- **Resourcing:** The core funding of \$100,000 to each partnership for development, planning and coordination is seen by some as a small amount. However, this is only a small proportion of funds provided to support major change and innovation.
- **The role of the department:** The Department of Human Services provides a broad range of services through different program areas with diverse origins and varied approaches to funding and administration. This can create difficulties in ensuring a coordinated approach across the department. This is reflected in the often-burdensome reporting requirements on agencies and a lack of support for flexibility and innovation in funding approaches. In addition, if Department of Human Services initiatives requiring partnerships are not implemented or informed by the existing PCP infrastructure, increased demand on service providers, fragmentation of existing coordinated efforts and reduced effectiveness of PCP alliances may result.

The strategic directions 2004–06 have been framed to take account of the success factors and the challenges.

Action plan to formalise the primary care partnerships strategic directions 2004–2006

The strengthened PCP Strategy will build on existing partnership work and achievements. For primary health care reform to be sustainable and succeed in the long term, its principles and objectives need to be embedded in the way agencies operate. PCP involvement of consumers, carers and the local community is vital for the successful implementation of PCP activities and the development of local initiatives. The Department of Human Services will require and facilitate PCPs to maintain strong community, consumer and carer engagement, particularly with more marginalised groups in their communities (for example, culturally and linguistically diverse communities and Kooris).

The strategy will receive Department of Human Services commitment as many members of PCPs provide a range of services and programs to individuals and across population groups and make referrals to and coordinate care with, other community services, GPs and hospitals.

The PCP strategic directions support that partnerships continue to operate formally on the basis of sub-regional boundaries, with the flexibility to operate informally at a regional and local level where there are advantages in doing so. A limited review of catchment boundaries may be conducted to better align metropolitan health services and PCP catchments. Closer alignment would assist in building a stronger

acute-primary interface. Any change in boundaries would only occur through a process of consultation between the department's central office, the relevant regional office and PCPs.

Current funding levels to PCPs will be maintained at least until 30 June 2006 and partnerships, together with their Department of Human Services regional offices can agree to resource sharing arrangements between PCPs (for example, joint employment of PCP staff on a regional basis, joint implementation of service coordination resources across alliances). Where PCPs and regions agree to more flexible arrangements, regional offices will take a stronger role in monitoring partnership outcomes.

The Department of Human Services will use Primary Care Partnerships to inform and coordinate all initiatives that require partnership across primary health care services, or between these services and other health and community services and sectors.

- New Department of Human Services initiatives requiring collaboration and coordinated effort by the primary health care system will be implemented using the PCP platform to prevent duplication of effort by agencies and to strengthen the role and capacity of PCPs. One example is using the developed PCP integrated health promotion infrastructure in implementing the obesity and diabetes initiatives currently being developed.
- Improving the care of people with chronic illness is a major focus of service coordination reforms. In collaboration with clients and carers, agencies in PCPs will aim to develop and implement care pathways for the management of people with a chronic disease. When developing programs aiming to improve the care of people with chronic illness, Department of Human Services programs will use PCP alliances to inform and, where appropriate, coordinate initiatives.
- As more department programs increase commitment to partnership approaches, Department of Human Services regional offices will take a greater role in facilitating agency participation in, and progress of, partnership activities as part of their responsibilities in monitoring performance against individual agency service agreements.
- Achieving better alignment between state and Commonwealth initiatives is an important step in strengthening the potential of PCPs and Department of Human Services will negotiate with the Commonwealth on relevant initiatives. The Community Care Review, General Practice Red Tape and the Commonwealth's national roll out of Primary Care Collaboratives are examples of initiatives where discussions with the Commonwealth are already occurring. Other opportunities are likely to occur, in particular as work is progressed with the Australian Health Ministers' Advisory Committee reform agenda particularly in the areas of GP/emergency department interface, Chronic Disease Management and information management/information technology developments.

All Department of Human Services programs will implement service coordination, specifically the statewide tool templates, where relevant.

- In order to support the consistent statewide platform for referral, all relevant department programs will mandate appropriate implementation of the statewide service coordination tool templates by June 2006. At a minimum, agencies delivering Department of Human Services funded services and department direct care services will have the capacity to generate and receive referrals, either paper-based and/or using secure electronic means via client management software. In addition, some programs may require enhanced practice to support more effective and efficient client entry processes using the tool templates.
- Department of Human Services programs involved in implementing service coordination will support agency change management and promote consistent service development.
- The statewide services directory is a key element of the implementation of service coordination. It will improve referral practice and support broader integration and coordination across the health sector. The Department of Human Services will upgrade and improve the services directory by April 2004.
- Agencies further advanced in service coordination implementation are reporting improved efficiencies and savings from the implementation of better systems and practice. Agencies will be able to redirect these savings to increase their capacity for service delivery.
- Service coordination reforms are providing the business case for further investment in ICT. Funding will be prioritised to agencies that are implementing service coordination in order to maximise the benefit from this investment.
- Enhancing GP integration will continue to be a priority for the strategy.

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.

- The use of the integrated health promotion framework will be mandated for all department funded local health promotion programs by June 2006. Catchment priority setting and planning for integrated health promotion will be undertaken to inform member agencies' program implementation and evaluation.
- All department funded health promotion programs will use the common reporting approach used by PCPs to provide more meaningful reporting on impacts of health promotion interventions and reduce multiple reporting requirements currently faced by the sector.
- Discussions will be held with the sector, VicHealth and other funding bodies on the use of the integrated health promotion framework to develop a common language and planning and reporting requirements for external health promotion funding.

Next steps

The Department of Human Services will prepare a draft implementation plan that will propose how the strategic directions will be implemented over 2004–2006 and highlight points for discussion. The draft implementation plan will be released for a six-week consultation phase. The Primary and Community Health Branch will consult with the sector, regions and programs to finalise the implementation plan, which will then be endorsed by Ministers. The comprehensive implementation plan will be released to the sector by the end of April 2004.

Appendix 1. Where are Primary Care Partnerships?

Primary Care Partnership	Local Government Areas	Department of Human Services Region
Barwon Primary Care Forum	Colac-Otway Greater Geelong Queenscliff Surf Coast	Barwon South Western
South West	Corangamite Moyne Warrnambool	Barwon South Western
Southern Grampians-Glenelg	Southern Grampians Glenelg	Barwon South Western
Boroondara	Boroondara	Eastern Metro
Central East	Monash Whitehorse Manningham	Eastern Metro
Outer East Health and Community Support Alliance	Maroondah Knox Yarra Ranges	Eastern Metro
Central West Gippsland	Latrobe Baw Baw	Gippsland
East Gippsland	East Gippsland	Gippsland
South Coast Health Services Consortium	Bass Coast South Gippsland	Gippsland
Wellington	Wellington	Gippsland
Central Highlands	Ballarat Golden Plains Moorabool Hepburn	Grampians
Grampians Pyrenees	Ararat Northern Grampians Pyrenees	Grampians
Wimmera	West Wimmera Hindmarsh Yarriambiack Horsham	Grampians
Central Hume	Alpine Delatite Wangaratta	Hume
Goulburn Valley	Moira Strathbogie Greater Shepparton	Hume

Primary Care Partnership	Local Government Areas	Department of Human Services Region
Lower Hume	Mitchell Murrindindi	Hume
Upper Hume	Indigo Towong Wodonga	Hume
Bendigo Loddon	Bendigo Loddon	Loddon Mallee
Campaspe	Campaspe	Loddon Mallee
Central Victorian Health Alliance	Mt Alexander Central Goldfields Macedon Ranges	Loddon Mallee
Northern Mallee	Mildura (inc SLA of Robinvale)	Loddon Mallee
Southern Mallee	Swan Hill (excl SLA of Robinvale) Gannawarra Buloke	Loddon Mallee
Banyule-Nillumbik	Banyule Nillumbik	North-West Metro
Hume-Moreland	Hume Moreland	North-West Metro
North Central Metropolitan	Whittlesea Darebin Yarra	North-West Metro
Brimbank Melton	Brimbank Melton	North-West Metro
Moonee Valley/Melbourne	Moonee Valley Melbourne	North-West Metro
West Bay	Wyndham Hobson's Bay Maribymong	North-West Metro
Frankston-Mornington Peninsula	Frankston Mornington Peninsula	Southern Metro
Inner South East Partnership in Community & Health	Port Phillip Stonnington Glen Eira	Southern Metro
Kingston - Bayside	Kingston Bayside	Southern Metro
South East	Greater Dandenong Casey Cardinia	Southern Metro

For contact information for Primary Care Partnerships see: www.dhs.vic.gov.au/phkb or telephone 9616 8047.

