

Rural WIES conversion guidelines (2008/9)

Principles:

- Proposals must be focused on the delivery of high quality health services to meet priority local service needs/gaps (ideally linked to and consistent with recent local/regional service planning and *Rural Directions for a Better State of Health*).
- The purpose of conversion is not to avoid recall.
- Proposals should be for delivery of ongoing services
- Proposals can only be **prospective** - rather than retrospective
- Robust accountability for public funds is essential.
- Proposals must have measurable targets, outputs and outcomes that are directly linked to converted funds.
- Where time limited conversion has been approved prior to 2008/9, proposals for recurrent conversions in 2008/9 will be considered.
- Where a recurrent conversion is approved, DHS will not consider the Health Service as a priority for WIES growth for the following two financial years.
- Conversion should generally only be considered where there is clear evidence of sustained under-utilisation of WIES i.e. over more than one year.

Process

- **Proposals must contain clear details of proposed activity targets, output measures, and reporting arrangements.** Reporting arrangements will be the subject of negotiation between DHS and the health service. Where funds are to be put towards service delivery in areas covered by other mainstream programs, additional activity targets and reporting requirements for those programs must be outlined in the proposal and adhered to. Where mainstream reporting is not possible, other mechanisms e.g. qualitative reports may need to be considered.
- Conversion proposals need to be closely examined by the Regional Office and discussed with the relevant health service(s) to ensure the proposal does not result in an inappropriate shift of acute health service demand to other health services. Potential to reallocate WIES to other health services with significant acute demand pressures could also be considered.
- **Proposals must be forwarded to the relevant DHS regional office for recommendation to the Director, Rural and Regional Health Services who will make the decision on the proposal.**
- **For proposals and conversions to be effective from 1 July 2008, the proposal must be received by the Director, Rural and Regional Health Services in DHS Head Office by 31 July 2008.**

- **Rural and Regional Health Service (R&RHS) Branch will aim to provide rural regions with a formal response within one month of receipt of the complete proposal in by the Director.** Where the proposal is incomplete or inadequate, a formal response cannot be guaranteed to occur within this period. If the proposal is considered to be incomplete, R&RHS Branch will make prompt contact with the Regional Office.
- If a time-limited initiative is proposed, the source of any ongoing funding needs to be identified. Potential issues with community expectations and/or workforce also need to be considered in the proposal. Future management of services will be the responsibility of the Health Service.
- Rural and Regional Health Service Branch needs to promptly communicate details of approved conversions to Metropolitan Health and Aged Care Services Division.
- Where conversion is approved, DHS Regions need to actively monitor activity levels. If there are issues, they need to be discussed with the agency and R&RHS Branch.
- Where conversion is approved, it will be at the full WIES rate.