health

Specialist clinics in Victorian public hospitals access policy

Ensuring access to maternity care

This document provides guidance to health services to ensure access to maternity care, based on the *Specialist clinics in Victorian public hospitals access policy*. It outlines the Victorian Government's expectations of public health services for the delivery of best quality maternity care.

Introduction

Demand for Victoria's public hospital maternity services is growing in line with the overall population growth. Maternity services need to meet the demand for services and ensure all women can access the care they need.

The Specialist clinics in Victorian public hospitals access policy (Department of Health, 2013) outlines the government's expectations of public health services for the delivery of specialist clinics, including specialist clinics providing maternity care.

Access to specialist clinics can affect patient outcomes and influence demands on other parts of the health care system. The policy aims to improve access to these services to ensure all patients receive timely medical care and early advice and support. It is expected that all health services will be compliant with the policy by 1 July 2015.

Evidence suggests that women benefit from access to maternity care early in their pregnancy. The *National* antenatal care guidelines (Department of Health and Ageing, 2012) advise that the first antenatal visit with a maternity care provider (e.g. General Practitioner, obstetrician, midwife) occur within the first 10 weeks of pregnancy. This provides an opportunity for women to receive education early in their pregnancy, and allows tests to be undertaken that are most effective early in pregnancy.

The Victorian Government is committed to developing a system that is responsive to people's needs, and to providing every Victorian with the best health outcomes possible, as outlined in the *Victorian Health Priorities Framework 2012–2022* (Department of Health, 2011).

This document sets minimum expectations for maternity services in the management of new referrals and in ensuring all women have timely and equitable access to services. It seeks to standardise practice through consistent messaging for all public maternity services.

The document supports health services to manage referrals consistently and equitably, to provide women and referring health professionals with greater reliability and certainty of referral processes.

The Department of Health (the department) has developed this document in consultation with a range of stakeholders including the Maternity and Newborn Clinical Network, members of the Perinatal Services Advisory Committee, maternity and newborn professional groups and representatives from metropolitan, rural and regional health services.



Guidance for ensuring access to maternity care

- 1. Health services apply these principles in conjunction with other relevant policy documents including the Specialist clinics in Victorian public hospitals access policy.
- 2. Health services ensure all women have timely and equitable access to maternity services.
- 3. Women have access to maternity care in their local communityⁱ, unless circumstances warrant referral to a more specialised service.
- 4. All health services use consistent and transparent guidelines (incorporating inclusion/exclusion criteria) for triaging referrals to their maternity service. When referrals are not accepted, health services actively assist women to find an appropriate alternative.
- 5. Health services manage fluctuations in demand for maternity services by working with other health services to ensure access and continuity of care for every woman.
- 6. Health services directly address any concerns or complaints regarding access challenges in a timely fashion.

Implementation guidance

Health services are encouraged to review their maternity service in line with the *Specialist clinics in Victorian public hospitals access policy*, by:

- · assessing current service provision to identify and redress any access barriers
- developing local policies and procedures that align with the principles (including processes for escalation during periods of peak demand, and processes for managing complaints)
- · identifying health service staff with responsibilities according to the principles
- · networking with and supporting neighbouring health services to coordinate access and manage demand
- monitoring change processes and performance over time.

Implementation may require changes to existing business processes and any supporting resources.

The Specialist clinics in Victorian public hospitals access policy contains further information to support health services to implement any changes required. Specifically:

- Section 2 of the service improvement guide provides advice on improving clinic processes, including
 providing support for referrers (p 16), advising referrers of outcomes (p 16-19), clinical prioritisation and
 wait list management strategies (p 23-35).
- Section 5 of the policy provides guidance on <u>pre-referral communication</u>. This section includes
 principles for effectively communicating with patients and referrers at key stages, and working in
 partnership with local providers.
- Section 6 of the policy provides guidance on <u>receiving and managing referrals</u>. This section includes
 principles for requesting redirection or transfer of referrals, incorporating circumstances when a referral
 cannot be refused.

The policy can be found at: http://docs.health.vic.gov.au/docs/doc/Specialist-clinics-in-Victorian-public-hospitals:-Access-policy

As part of the *Specialist clinics in Victorian public hospitals access policy*, the department has also developed the *Specialist clinics service improvement guide* (Department of Health, 2013). This provides information, templates and good practice examples to assist with implementing successful redesign strategies.

The service improvement guide can be found at: http://docs.health.vic.gov.au/docs/doc/Specialist-clinics-improvement-guide

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ⁱ Where possible, woman should have access to care locally. However, where services are not available locally, women should be referred to the maternity service nearest to their home.