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Primary health planning in rural Victoria: a case study of Gippsland South Coast sub-region

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Introduction

Primary Health Networks (PHNs) fulfil a critical role as the chosen delivery platform for elements of key health reforms and initiatives for the Australian Government. PHNs are now embedded in the primary health care landscape as drivers of quality, efficiency, coordination and improved access to health services.

Opportunities abound for PHNs to proactively engage in strategic health planning to reduce avoidable hospital admissions, improve health outcomes, and increase the efficiency and effectiveness of health services.

Gippsland PHN

Gippsland PHN is a not for profit organisation that works at a regional and local level to achieve improved whole of system health care. Gippsland PHN works with general practice, allied health, hospitals and other primary and community health providers; to drive, support and strengthen primary health in Gippsland to meet the needs of local communities. The organisation is consumer focused, leveraging and administering health program funding from a variety of sources to commission flexible services to realise the vision of a measurably healthier Gippsland.

One of the mission areas of Gippsland PHN is strategic health planning to inform and guide the commissioning of quality, clinically sound and locally relevant primary health services. This is within a commissioning cycle of planning, analysis, procurement and delivery, and monitoring and evaluation.

Gippsland PHN covers a rural and remote area of 14,636 sq.km¹ across eastern Victoria, with a population of 271,261². Gippsland PHN's priorities include supporting people, main health issues, better health services and prevention.³

Sub-regional planning

This case study focused on the South Coast geographic sub-region of Gippsland, covering the Local Government Areas of Bass Coast and South Gippsland. A resident population of 61,508² in this sub-region swells to over 100,000 during holiday season, placing added pressure on the local health system. There are seven main townships in the sub-region.

A sub-regional approach to primary health planning and subsequent commissioning has multiple benefits. Engagement with the local community, health professionals and service organisations can be more meaningful when approached at a local level, enabling higher investment by stakeholders in the process of planning and the outcomes. Furthermore, tapping in to existing groups, networks and governance structures minimises duplicated effort.

Adopting a sub-regional primary health planning approach also contributes to a more effective response to national, state and local health priorities. It can help shape the development of evidence based best practice integrated primary health teams. A primary health plan can identify service and financial models of care which will improve sustainability and effectiveness of the primary health system. It can help to benchmark primary health service delivery to build capability and capacity, ultimately ensuring safe, quality services for community.

The purpose of this case study was to investigate the opportunities for localised or micro-level primary health planning in South Coast Gippsland.

Method

The case study involved two components: analysis of relevant State and Commonwealth policies and examination of existing demographic, health and service data for the sub-region; and theme analysis following semi-structured interviews with general practitioners (GPs) and other stakeholders involved in provision of services.

A set of key questions were developed which focussed on understanding and addressing barriers to achieving better integrated and effective service models and what actions could be taken to improve service models.

Findings

Interviews were conducted with eight general practices, three health services, two state-funded services/departments, two local governments, and two non-government organisations.

The opportunities identified were varied across location, however key themes included:

- developing and articulating better integrated service models
- resourcing and investing in medical practices (as opposed to GPs)
- improving connection between private and public services
- further developing infrastructure for comprehensive primary health care outside hospitals
- improving the response to increased ED presentations
- improving access to after-hours medical services
- better utilising Medical Benefits Schedule (MBS) funding to achieve integration, and address waiting times, particularly for hospitals and non-government organisations
- improving the service interface between GPs and state-funded services, for example Urgent Care and After-Hours services

- improving access and team care for vulnerable and complex care patients within the catchment
- better understanding barriers to access such as public transport; patient referral patterns; and cost.

Primary health care in Australia is highly localised and variable across geographies. Planning at the sub-regional or micro-level can enable more responsive commissioning, and ultimately improved primary health care. The South Coast Gippsland primary health planning process has enabled a better understanding of the opportunities for improved primary health service provision in the catchment. The planning document itself provides an opportunity for Gippsland PHN to explore identified themes further in collaboration with health care providers and community.

The next stage of the process is to test the veracity of the plan through follow-up with primary health providers, stakeholders and the community. Most importantly, engagement with community members is vital to testing the themes identified by service providers.

Conclusion

Primary health planning has the potential to support improved integration of services and build safe, accessible services for local communities. Gippsland PHN is taking steps to address this by applying a sub-regional approach. Planning at this micro level around Australia could provide a basis for a national primary health plan.

References

1. Australian Government Bioregional Assessments. Available from URL: <https://www.bioregionalassessments.gov.au/assessments/11-context-statement-gippsland-basin-bioregion/1121-physical-geography>
2. Australian Bureau of Statistics. Census, 2016.
3. Gippsland PHN. 2018 Needs Assessment. Gippsland PHN, November 2018. Available from URL: <https://www.gphn.org.au/populationhealthplanning/assessment/>

Presenter

Rod Wilson is a founder and Director of Community Owned Primary Health Enterprises (COPHE), which specialises in providing innovative service and financial modelling for primary health organisations. He has extensive experience in the Australian health sector having been CEO of three Victorian Community Health services and a Medicare Local. Rod is a specialist in primary health planning in both the public and private sector. He has developed a range of innovative primary health products and ideas that have been influential at a policy and practice level. Rod is a former executive member of the Australian Healthcare Reform Alliance and has written and presented extensively about development of more sustainable and effective integrated primary health services.