Government of Western Australia
Department of Health

Primary Care Health Network

WA Primary Health Care Strategy

December 2011

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Delivering a **Healthy WA**

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WA Primary Care Strategy Working Group members:

- Ms Margaret Abernethy Senior Policy Officer, Child and Adolescent Health Service
- Dr Scott Blackwell (Chair) Clinical Lead, Primary Care Health Network
- Dr Andrew Briggs Senior Development Officer, Health Networks Branch
- Mrs Pat Cambridge Manager, Health Network Branch
- Ms Samantha Dowling Senior Policy Officer, WA GP Network
- Ms Ros Elmes Executive Director, North Metropolitan Area Health Service
- Mrs Maria Ferreira Carer
- Adjunct Associate Professor Kim Gibson Chair, Clinical Senate of Western Australia; and Adjunct Associate Professor of the School of Physiotherapy, Curtin University
- Ms Jenny Goyder Senior Development Officer, Health Networks Branch
- Mr John Harvey President, Pharmaceutical Society of Western Australia
- Dr Glen Koski General Practitioner
- Professor Louis Landau Chair, Postgraduate Medical Council; and Director, Medical Workforce
- Dr Peter Maguire General Practitioner
- Mr Chris McGowan Chief Executive Officer, Silver Chain
- Mr Mitch Messer Consumer
- Ms Sonia Michelon Program Officer, Health Networks Branch
- Ms Rangi Pouwhare Manager, Office of Aboriginal Health
- Mrs Debra Salway Chief Executive Officer, WA GP Network
- Mr Mark Slattery Manager, Health Networks Branch
- Ms Suzanne Taylor Senior Development Officer, Health Networks Branch
- Dr Simon Towler Chief Medical Officer, WA Department of Health
- Dr John van der Post Emergency Physician, Royal Perth Hospital
- Professor Alistair Vickery Professor of General Practice, University of Western Australia; Chair, Osborne Division of General Practice
- Ms Melissa Vernon Area Director Primary Health and Engagement, Western Australian Country Health Service.

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Foreword

I am pleased to present the *WA Primary Health Care Strategy*. This document outlines a strategy for reform in primary health care which will establish a person-centred system to improve health outcomes of Western Australians.

The release of this document is the culmination of an intensive phase of research, discussion, development and consultation with stakeholders across the primary health care sector. Stakeholders were asked to provide feedback on a range of possible strategies and overwhelmingly called for a change in direction for primary health care.

The *WA Primary Health Care Strategy* provides an opportunity for primary health care to 'come of age' as an equal partner with care provided in the hospital system, in an environment of mutual respect and trust. Robust primary health care services will not only enhance the effectiveness of the hospital system, but will contribute to improved health and quality of life for all Western Australians.

An effective and equitable primary health care sector maximises linkages across Commonwealth, state, local government, non-government and private sector providers. WA Health has a key role to play in fostering effective partnerships, connections and integration across all provider groups to improve the journey and outcome for people using primary care health services.

The *WA Primary Health Care Strategy* provides a comprehensive, relevant and effective blueprint for reform in Western Australia's primary health care sector and aligns closely with the key building blocks identified by the Commonwealth Government in its strategy document, *Primary Health Care Reform in Australia*.[1]

I would like to acknowledge the invaluable contributions of the stakeholders who have worked with the **Primary Care Health Network** since August 2008 to identify and explore the major issues raised in this strategy.

Kim Snowball
Director General
Department of Health
December 2011

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The use of the term "Aboriginal" within this document refers to both Aboriginal and Torres Strait Islander Australians.

1. Introduction

1.1 Vision

Better health for the people of Western Australia through integrated, accessible, high-quality primary health care.

1.2 Purpose

The purpose of the *WA Primary Health Care Strategy* (the Strategy) is to:

- describe the role of WA Health within primary health care in Western Australia
- provide a policy framework for WA Health to undertake statewide reform initiatives
- articulate the importance of primary health care partnerships.

This document is relevant to all stakeholders within primary health care.

1.3 Definition of primary health care

The **Australian Primary Health Care Research Institute** defines primary health care as:

"Socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most in need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development."[2]

Primary health care is provided by an array of people including general practitioners, dentists, public health professionals, community health nurses, midwives, nurse practitioners, pharmacists, Aboriginal health workers, paramedics, allied health professionals and carers across the local, state and Commonwealth government sectors, non-government organisations and the private sector.

Consumers, carers, and the broader community are pivotal in the planning, implementation, and evaluation of primary health care.

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1.4 Context

Around the world, primary health care is regarded as a major contributor to better population health. In fact, the World Health Organization has declared that "the ultimate goal of primary health care is better health for all".[3] It is now recognised internationally that integration between hospital services and health care delivered by community-based primary health care providers is critical to improving population health, reducing inequalities in health, and creating a seamless care pathway for health consumers.[4,5]

WA Health has recognised that reform is needed in the primary health care system at the local, state and Commonwealth level. A number of indicators point to the need for reform.

These include:

- the growing prevalence of chronic disease[1]
- ongoing inequalities in health service delivery, particularly to Aboriginal Australians[6]
- the ageing population[7]
- service gaps and duplication in many areas[8]
- fragmentation in the primary health care sector.[9]

While there have been a number of reviews of WA primary health care services and plans for service delivery–particularly in relation to National Partnership Agreements, sub-acute care, and chronic disease management–these have focused on specific service delivery aimed predominantly to reduce the number and length of hospitalisations. This *WA Primary Health Care Strategy* focuses on the need for primary health service reform in order to improve the primary health journey and health outcomes for the community rather than the impact on the hospital system.

This Strategy addresses key issues identified by stakeholders and is further informed by evidence.[4] The Strategy is aligned to the Commonwealth Government's national strategy for primary health care that identifies five key priority areas:[9]

1. regional integration
2. information technology and eHealth
3. skilled workforce
4. infrastructure
5. financing and system performance.

The *WA Primary Health Care Strategy* is also timely with the Commonwealth Government announcement in 2011 of the selection of Medicare Locals. Medicare Locals will form a national network of primary health care organisations and are a key building block of the national health care reform agenda.[1] They will work to improve patient access to integrated and coordinated services at a local level and shift the focus of care from hospitals to the primary health care sector. Engagement of the Medicare Locals in implementation of this Strategy will be essential.

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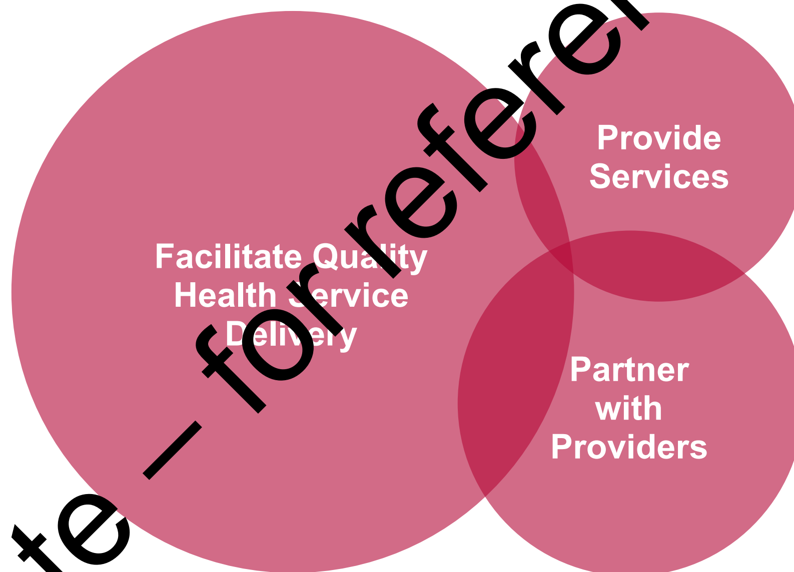
The *WA Primary Health Care Strategy* also addresses areas for particular focus within primary health care in Western Australia. These are:

- Aboriginal health
- health ageing
- mental health and drug and alcohol services
- maternal and child health
- oral health
- chronic conditions.

1.5 WA Health and primary health care in Western Australia

In the context of primary health care, WA Health has three important roles (Figure 1). Importantly, these areas are not mutually exclusive and integration across these areas is also essential for an effective primary health system.

Figure 1: Roles of WA Health in primary health care



1.5.1 Facilitating quality health service delivery

WA Health has a responsibility to facilitate implementation of the Commonwealth's reform agenda in Western Australia and to sustain high-quality health service delivery across the state. A critical element of reform is to achieve integration. This means linking and coordinating between state responsibilities and activities, and those of primary health care providers who are independent to WA Health. This document aims to provide a framework to achieve connection between these stakeholders.

Primary health care reform initiatives are being planned and implemented both nationally and within Western Australia. For example, the establishment of general practice (GP) super clinics represents an opportunity for the local community to have greater access to primary health care services, while the Commonwealth's eight Western Australian Medicare Locals will provide a system to manage and deliver primary health care services in the state.

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1.5.2 Partnering with primary health care providers

WA Health recognises the range of primary health care providers including general practitioners, dentists, public health professionals, community health nurses, midwives, nurse practitioners, pharmacists, Aboriginal health workers, paramedics, and the allied health workforce. There is also a growing reliance on carers with certificate 2 and 3 qualifications in human services areas such as disability and aged care. All providers should work in partnership with families and carers. While WA Health employs many primary health care providers, many providers also operate in the non-government, private, and Aboriginal-controlled sectors.

WA Health has a critical role in partnering with these providers and their organisations to provide a seamless transition of care for consumers between primary health care and the hospital sector. Respecting and recognising individual roles and expertise in primary health care remains a key mechanism for this to be achieved.

WA Health also has a role in partnering with a number of organisations to ensure delivery of current health reforms with best practice and relationships across all jurisdictions. These organisations include:

- Commonwealth Government
- local government: working with local government to plan community-based service provision
- non-government organisations, including private for-profit (such as private health practitioners) and not-for-profit providers
- professional bodies
- Medicare Locals
- Networks and Divisions of General Practice
- consumers, carers and families
- WA Government jurisdictional bodies
- Health Networks
- education providers
- Aboriginal Health Council of Western Australia and Aboriginal Community Controlled Health Services
- organisations that support communities from culturally and linguistically diverse (CaLD) backgrounds
- agencies delivering health services in prisons and immigration facilities.

1.5.3 Providing primary health care services

WA Health acts as a key provider of primary health care services in areas where services are not delivered by other Commonwealth-supported and non-government providers. Essentially, WA Health ‘fills the gap’ in primary health care service delivery in the state, particularly in country areas, where in many circumstances, the state facilities and workforce are the only providers of primary care services.

WA Health:

- participates in the transition of care between hospital and community services
- provides primary health care services to particular population groups where there may not be any other service provider, such as:
  - Aboriginal health
  - maternal, child, and community health
  - school health
  - youth and adolescent health
  - care to those marginalised due to their race or background, mental health status, drug and alcohol use or disability
  - aged care facilities and services
  - homeless and high-risk young people.
- provides primary health care services to much of regional Western Australia, in particular through emergency departments and outpatient clinics. In many cases, regional hospital emergency departments, community health centres, and nursing posts are the only primary health care services available to the local community.
- develops policy frameworks, models of care and guidelines for delivery of primary health care services through WA Health Networks
- provides overall governance, safety and quality processes and data collection and evaluation for state-funded primary health care services
- contributes to safety and quality activities with peak bodies to develop frameworks, standards and resources for primary health care organisations
- provides workforce education, training and development to health professionals. Therefore, WA Health has a key role in shaping health professional practices in health service delivery. Strategies and principles described in this document should complement foundation core curriculum for health professional education in WA.
- is developing eHealth initiatives to improve efficiency of primary health care service delivery
- undertakes health promotion and public health activities
- is responsible for health services and workforce planning across the state.

From 1 July 2012 WA Health will establish five health services to replace the existing four area health services. The five health services will continue to operate with the Minister for Health as the Board and his powers delegated to the Director General of Health for the overall functioning of the health system.

The five health services will be:

- Child and Adolescent Health Service
- North Metropolitan Health Service
- South Metropolitan Health Service
- Northern and Remote Country Health Service
- Southern Country Health Service.

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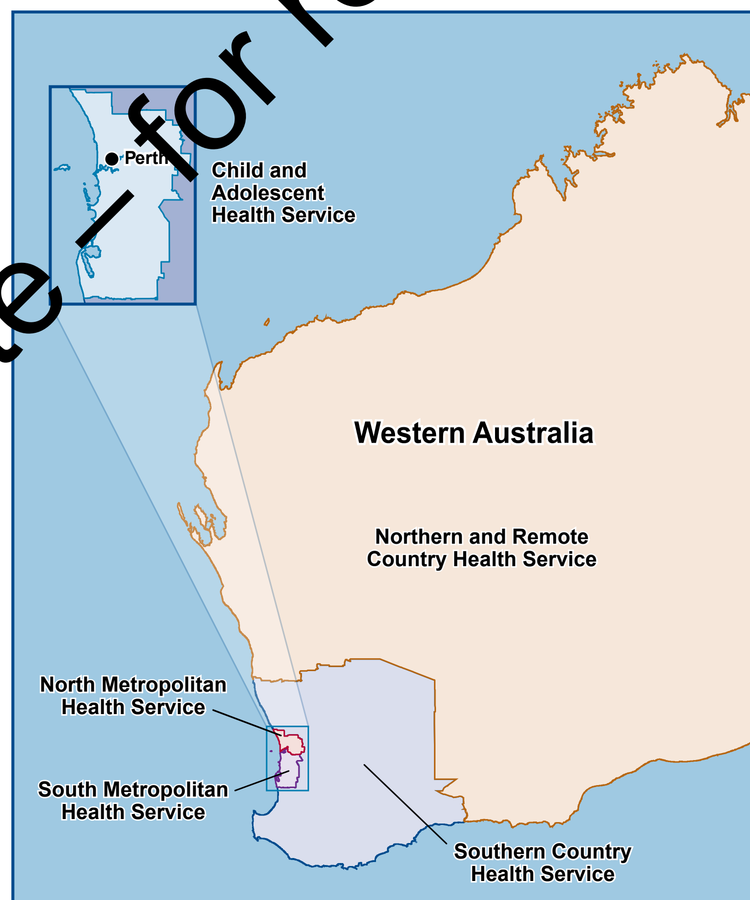
WA Health has recently established five new governing councils for these health services. With members to be appointed by the Minister for Health, the governing councils will be responsible for:

- community and clinician engagement on local health services planning
- local health services planning, consistent with statewide clinical services planning, the *WA Health Clinical Services Framework*, and the allocation of resources within the health service
- endorsing and recommending the health service chief executive officer (CEO) submit to the Director General of Health the health service's clinical service plan
- monitoring and reporting on the key performance indicators in the health service service-level agreement
- working with the CEO to meet the obligations of the health service service-level agreement.

The Department of Health, through the Director General, will retain responsibility for:

- system-wide coordination and policy
- resource acquisition, allocation and stewardship
- purchasing
- regulation.

Figure 2: WA Health's Health Services



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Irrespective of future policies and funding structures such as those outlined by the Commonwealth,[7] strategies to facilitate reform at a state level are needed, upon which WA Health may act in consultation and partnership with other service providers and the community.

In addition to roles in facilitating, partnering and providing primary health care, WA Health has a key responsibility as a **statutory body** for health service delivery in the state. For example, WA Health is responsible for:

- health workforce: implementing standard procedures for recruiting, appointing, and credentialing of medical practitioners within WA Health (in accordance with the requirements set out by the Office of Public Sector Standards).
- patient safety in primary health care: a relatively new area for Australia and internationally, with a weak evidence base regarding the nature of patient safety risks and patient safety solutions. It is imperative that we act to improve patient safety in primary health care and in alignment with the Australian Commission on Safety and Quality in Health Care for continuous quality improvement.
- governance of and compliance with various health-related legislation such as:
  - *Hospitals and Health Services Act 1927*
  - *Health Practitioner Regulation National Law (WA) Act 2010* which repealed the earlier legislation for various health professions; for example the Medical Practitioners Act *2008, Podiatrists Act 2005,* and *Nurses and Midwives Act 2006*
  - *Pharmacy Act 2010*
  - *Health Legislation Administration Act 1984*
  - *Health Services (Quality Improvement) 1994*
  - *Poisons Act 1964*
  - *Health Act 1911*
  - *Carers Recognition Act 2004*
  - *Equal Opportunity Act 1984.*

This list is current as at December 2011. Future amendments to existing and enactments of new Acts of Parliament may impact on the legislative responsibilities of WA Health.

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1.6 Common principles underlying the WA Primary Health Care Strategy

The following common principles apply across distinct areas of reform:

Principle 1: Partnership

WA Health recognises that a significant proportion of health services in primary health care are delivered by non-state organisations and practitioners. Therefore, partnership and integration with these providers and organisations is critical to any meaningful and sustainable reform initiative.

Partnership and connection with other state government departments is also important for providing access and equity to primary health care services for marginalised groups; for example, the Department of Education and Training, the Department of Corrective Services, the Disabilities Service Commission, and the Mental Health Commission. WA Health has made a considerable investment in the Family Partnership Model[10] in order to maximise the involvement of the consumer and a range of agencies in primary care.

Principle 2: Health literacy and self-management

Health literacy is the capacity to seek, understand and use health information in order to make informed decisions about health care[11] and is fundamental to reform in primary health care. Improving health literacy among all health consumers, carers and providers is imperative to achieving an efficient, functional and consumer-focused primary health care system.

Self-management is the "active participation by people in their own health care".[12] The self-management approach emphasises the person's central role in managing their health; links them to personal and community resources; and includes strategies of assessment, goal setting, problem solving, and follow-up.

Principle 3: System design

Areas for system redesign should be informed through research and policy implementation to create a health system which meets the needs of the population. Implementation of care models and reform initiatives should be supported by evidence in accordance with principles of continuous improvement.

This may be achieved through strengthening partnerships with research organisations, universities, centres of excellence, and national and international bodies of evidence-based practice. Further, research should be encouraged and supported to enhance the quality of primary health care models.

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Principle 4: Awareness

Cultural, age, and environmental awareness during planning and delivery of primary health care services is essential. In particular, awareness of and respect for the unique cultural attributes of Aboriginal people and those from CaLD backgrounds, older people, the young, people with disabilities, people with alcohol and other drug problems, people with mental health issues, prisoners, and refugees; and the impact of primary health care services on the environment are implicit in the strategies described in this document.

Linkages with consumers and key organisations, such as the Disability Services Commission, Office of Aboriginal Health, Office of Multicultural Interests, the Aged Care Directorate, and the Environmental Health Directorate are therefore important across all strategies.

Principle 5: Social determinants of health

The conditions in which people are born, grow, live, work, and age, including the health system have a direct impact on health. In line with recommendations from the World Health Organization,[13] the strategies outlined in this document recognise these social determinants of health and address them in primary health care services delivered across the life-course, from maternal and child health through to aged care and palliation.

Principle 6: Implementation through consultation and engagement

Each primary health care provider and/or organisation operates differently to meet the needs of its clients. Therefore, implementing the strategies outlined must be informed by local operational processes and needs. Connected care can only be achieved through extensive consultation and consumer involvement.

Similarly, prioritisation of the strategies will be different according to the unique needs and processes of individual stakeholders. For these reasons the strategies are presented at a direction level only and in a non-prioritised order. WA Health also recognises that 'unmet need' is not only an issue for regional, rural, and remote Western Australia, but also applies in many cases to the outer metropolitan areas of Perth and specific population subgroups.

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1.7 Essential components of primary health care

Stakeholders, service providers and consumers have all identified a number of essential components of an effective primary health care system which provides the right care at the **right time** by the **right team** in the **right place**:

A person-centred approach

A person-centred approach puts the person before the task. It recognises the person in a holistic manner and treats the people receiving care with kindness and helpfulness.

Focus on better health status

Primary health care is about improving the health of people in the community and, while it may result in reduced hospitalisations and reliance on the hospital system, the focus should remain on improved health outcomes.

Links with models of care, policy and frameworks

The Strategy is linked to the condition-specific models of care, *WA Chronic Health Conditions Framework 2011–2016*,[14] and *WA Chronic Conditions Self-Management Strategic Framework 2011–2015*,[15] available on the WA Health Networks website www.healthnetworks.health.wa.gov.au.

It is also linked to the National Primary Health Care Strategy, Building a 21st Century Primary Health Care System[9] and should be implemented in line with the:

- *WA Health Aboriginal Cultural Respect Implementation Framework*[16]
- *WA Health Consumer Carer and Community Engagement Framework*[17]
- *Western Australian Strategic Plan for Safety and Quality in Health Care.*[18]

A multidisciplinary approach

A range of health professionals are important in primary health care delivery and the best outcomes will be achieved when all work in an environment of mutual trust and respect with the consumer and carers.

A workforce competent in essential elements of effective primary health care

Primary health care providers need a set of generic skills including supporting self-management, working with consumers from a range of cultural backgrounds and of varying ages, and in the areas of mental health and alcohol and other drugs. There is also a need for practitioners with specialist primary care skills and for recognition from hospital-based practitioners of the value of primary health care skills.

1.8 Strategy development

The accompanying document, *Help Shape the Future of Primary Care in Western Australia*[19] consultation report explains the journey undertaken to get to this final strategy. It also describes the diversity and extent of the consultation process to ensure, views, and concerns have been gathered and considered.

WA Primary Health Care Strategy

Purpose

To describe the role of WA Health within primary health care in Western Australia, provide a policy framework for WA Health to undertake statewide reform initiatives, and articulate the importance of primary care partnerships

Vision

Better health for the people of Western Australia through integrated, accessible, high-quality primary health care

Principles

Partnership	Health literacy and self-management	System design	Awareness	Social determinants of health	Implementation through consultation and engagement
Consultation, collaboration and integration with all providers–state, local and Commonwealth government, non-government and private–and including consumers and carers as partners in planning, provision, and evaluation of primary health care	Increase the capacity of consumers to seek, understand and use health information in order to make informed decisions about health care and supporting active participation by people in their own health care	A health system that meets the needs of consumers and carers. System redesign informed through research and policy implementation and in accordance with principles of continuous improvement	Environmental, age, and cultural awareness – Aboriginal people, people from CaLD backgrounds, older people, the young, people with disabilities, people with alcohol and other drug problems, people with mental health issues, prisoners, and refugees	Consider the conditions in which people are born, grow, live, work and age, including the health system	Implementation of the strategies outlined must be informed by local operational processes, and needs obtained through extensive consultation and consumer involvement

Essential System Components - The right care at the right time by the right team in the right place

A person-centred approach	Focus on better health status	Links with models of care and health policy frameworks	A multidisciplinary approach	A workforce competent in essential elements of effective primary health care

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Priority Strategies for System Reform

Regional integration	Information technology and eHealth	Skilled workforce	Infrastructure	Financing and system performance
• Engage and consult with consumers, carers, primary health care providers and primary care organisations • Use the **Primary Care Health Network** to build and strengthen relationships between providers • Build partnerships within and across health and non-health sectors • Ensure access to affordable service delivery, particularly in areas of unmet need • Map primary health services to identify gaps and reduce duplications • Maintain effective services and cease where evidence shows it is no longer required or is duplicated • Effectively use models of care, referral pathways, and discharge planning • Encourage non-state providers to deliver services in rural and remote areas • Strengthen the coordination of primary health care within WA Health through strong leadership • Improve links with and client access to affordable diagnostic and pharmaceutical services	• Deliver a single eHealth platform for use across WA Health, ensuring compatibility with unique patient identifier and eHealth platforms used by other providers • Measure and monitor health activity to better identify areas of need • Train health professionals and consumers in effective use of information and communication technology, eHealth, and social media • Use e-learning in workforce training • Use information and communication technology, including Telehealth, for providing services to reduce the burden of travel and waiting times • Facilitate health management via home monitoring systems • Encourage online and electronic information and support for consumers and carers	• Provide increased employment opportunities for those with, or at risk of, poor health status • Provide a range of opportunities for training of generalist and specialist primary health care providers • Enhance the skills of the primary care workforce to provide effective care to groups with specific needs and in health areas of emerging importance • Provide opportunities for consumers, carers and families to increase health knowledge and skills • Develop core skills in supporting chronic disease self-management for all health professionals • Train primary health care practitioners in brief intervention, health education and health promotion activities • Change scopes of practice for health professionals such as Aboriginal health workers, and nurse practitioners	• Develop priorities for infrastructure projects by identifying areas of unmet need • Prioritise infrastructure projects that support partnership models and transition between hospital and community care • Create physical environments that support healthy behaviours, climate sustainability, and social cohesion • Consider transport needs and cost barriers of those accessing primary care services • Include the resource implications of training, networking, collaboration, service integration, consultation, evaluation and infrastructure planning • Prioritise housing works to accommodate health care staff in regional Western Australia	• Use primary health care mapping and consultation to ensure funding is provided in areas of greatest need • Fund primary health care providers and/ or programs according to agreed performance indicators • Ensure greater access across Western Australia to programs available through the Medicare Benefits System • Encourage further development and sustainability of Medicare Benefits System items for practice nurses, eligible midwives, nurse practitioners, and allied health workers • Use quality improvement measures, activity, and outcomes to assess system performance

Strategies for Priority Service Delivery Areas

Aboriginal health	Healthy ageing	Mental health and alcohol and drug services	Maternal and child health	Oral health	Chronic conditions
• Engage with Aboriginal people, Aboriginal Controlled Community Health Organisations, and Aboriginal Medical Services to support and sustain Aboriginal models and approaches to care • Support integration of mainstream health programs and specialist programs • Address health issues from a holistic perspective, taking into account the importance of social, emotional, cultural and spiritual health • Ensure all primary health care staff and students receive Aboriginal cultural awareness training via multiple strategies, such as e-learning, face-to-face and mentoring • Ensure COAG Closing the Gap programs are evidence-based and aligned with principles of the *WA Primary Health Care Strategy*	• Encourage general practitioner, medical specialist, nursing and allied health training opportunities in aged care • Improve the connection between primary health service delivery in the community and in aged care facilities • Improve access for the older person, including those in residential aged care facilities, to general practitioners • Include gerontological specialists in service and care planning • Encourage medical specialists and allied health workers to provide more services in residential aged care facilities • Provide adequate training in primary health care skills to paid and un-paid carers in the aged care sector	• Develop more flexible use of mental health workers across the primary health care sector • Ensure the full spectrum of promotion, prevention, early intervention and treatment services are available to address mental health primary care needs across the age spectrum • Develop and enhance services that are able to address co-occurring issues such as drug and alcohol use, intellectual disability, persistent pain, and social disadvantage • Increase mental health and drug and alcohol skills and confidence for primary health care providers	• Facilitate innovative and collaborative maternal and child health models of care in primary health care settings • Expand collaborative maternal and child health services • Provide education and resources to deliver effective health promotion • Enhance collaboration to enable a seamless transition of care for mothers, babies and families • Collaborate with Departments of Child Protection and Community Development to identify and support vulnerable families • Implement strategies to address perinatal mental health issues	• Implement recommendations from the report on the Public *Dental Health Services in Western Australia – A Functionality Assessment 2010* • Continue dialogue between private providers, WA Branch of Australian Dental Association, and State and Commonwealth agencies to expand services to those most in need • Incorporate oral health services into primary health care programs targeting those most in need • Develop and expand population-based oral health promotion, education and dental disease prevention programs • Expand workforce training programs and provide incentives for practitioners to work in areas of geographical or population need	• Build on partnerships to align primary health care with the *WA Chronic Health Conditions Framework* and the five essential elements of the *WA Chronic Conditions Self-Management Strategic Framework 2011–2015* • Implement the recommendations of the *WA Chronic Health Conditions Framework*

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2. Areas for reform

2.1 Regional integration

Integration refers to linking and coordinating the range of organisations, systems and service providers that operate within primary health care as well as the linking of primary health care services with other sectors.

Effective integration should result in:

- reducing areas of unmet need
- greater ease for consumers accessing quality primary health care services, including those in remote areas
- reducing duplication of primary health care services and more informed service planning and coordinating
- administrative structures and processes that enhance collaboration and build awareness of existing services.

Integration needs to occur not only among individual primary health care providers, but also among organisations and systems. It should also occur within the context of considerations specific to WA such as population distribution, geographic dispersion, economic issues, and the impact of fly-in and fly-out employment.

2.2 Information technology including eHealth

Effective Information and Communication Technology (ICT) solutions are critical to achieving meaningful integration among health services in Western Australia.

Specifically, ICT can be used to:

- improve quality and efficiency of health care by providing continuity of information among health providers
- measure and monitor health activity to better identify areas of need
- provide education and training for health professionals and consumers
- provide health management via home monitoring systems
- create recall systems that improve access for consumers
- promote and encourage self-management through peer support groups
- provide specialist health care to remote locations via Telehealth, thereby reducing travel time for the consumer and health care professionals and reducing wait time for specialist care.

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Platforms for eHealth are pivotal to providing an opportunity to better manage people's needs across their continuum of care and facilitating communication among care providers. The success and uptake of these systems are dependent on their ability to effectively interface and integrate with existing ICT platforms used by primary health care service providers and the level of security offered. Therefore, it is important that any future eHealth initiatives are developed with due consideration given to compatibility, security requirements, and the capability for linking among existing platforms.

Use of ICT and eHealth in primary health care can create concerns relating to privacy and confidentiality. Development of ICT and eHealth programs must, therefore, be undertaken in partnership with primary health care providers and consumers.

Any real and perceived barriers that limit the sharing of personal health information; for example, the stigma associated with mental illness including alcohol and other drug use, can discourage people from sharing information, or requesting that information is not shared among their health providers.

2.3 Skilled workforce

The primary health care workforce is multidisciplinary, consisting of doctors, allied health professionals, community nurses, nurse practitioners, health promotion and public health practitioners, Aboriginal health workers, and carers. This workforce operates across government, community services, private, and not-for-profit agencies.

An effective primary health care service requires a skilled and flexible workforce of adequate volume. The Commonwealth Government has recognised this by committing to increasing the number of training places for general practitioners, medical specialists, and allied health professionals, particularly in rural settings. Clinical teaching has now expanded into community-based training across a range of professions and inter-professional training models.

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At the state level, system performance could be improved through an organisational culture shift so that mutual respect, professional confidence, and communication are fostered between the hospital system and primary care services. The state should continue building and developing workforce capacity in areas of need, especially in outer metropolitan and regional areas, consistent with the objectives of the *National Partnership Agreement on Hospital and Health Workforce Reform*.[20] Considering the increasing relative size of the elderly population, the primary health care workforce will require more training in the delivery of health care services for this group in particular.

Primary health care providers need an understanding of the mental health system and to be given the knowledge, time and resources required to assess and treat individuals with mental health issues. This includes appropriate remuneration for the additional time that primary health assessment and care requires, through both the Medical Benefits Schedule and Activity Based Funding models.

2.4 Infrastructure

Infrastructure refers to physical structures (such as buildings and facilities) and systems. These are essential to support the delivery of appropriate primary health care services in the community.

Physical infrastructure initiatives should provide an opportunity to deliver specialist services, co-locate and integrate with multidisciplinary health services, and offer community-based training and research opportunities. Infrastructure projects should be developed on the basis of evidence. It is recognised that infrastructure, especially housing and clinic facilities, is particularly important for the delivery of primary health care services in regional WA and in the outer metropolitan areas of Perth.

2.5 Financing and system performance

It is likely that financing of primary health care services will remain largely the responsibility of the Commonwealth Government, in partnership with other administrative bodies. The State Government, in partnership with local government and non-government organisations, should work with these administrative bodies to ensure that funding decisions are targeted towards areas of need and that processes align with the recommendations of the *Economic Audit Committee Report*.[21]

With these partnerships, WA Health's position in the primary health care sector can continue to strive to provide best and evidence-based practice, via evaluation of outcomes and implementation of identified needs, including sourcing feedback from consumers and carers.

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3. Priority service delivery areas

3.1 Aboriginal health

Aboriginal people comprise about 3.5 per cent of the Western Australian population.[22] They are the oldest continuing culture in human history, but unfortunately have the poorest health outcomes and the greatest health and welfare needs of any group, with a life expectancy being 11.5 and 9.7 years lower for males and females respectively, than for non-Aboriginal Australians.[23] The life expectancy for Aboriginal people who live in Western Australia is even shorter than the national average.[22] Closing the gap in life expectancy is a state and a national priority requiring a whole-of-government commitment to influence action on social and health determinants.

Aboriginal people are currently under-serviced across the health continuum. Access for Aboriginal people to primary health care services which are culturally secure and wellness-oriented remains a fundamental area for reform.[24] In addition, a high rate of disability exists, in particular acquired disability, in Aboriginal communities. This places an enormous burden of care upon the most disadvantaged communities in Australia.

WA Health recognises current Council of Australian Governments (COAG) projects which aim to close the life expectancy gap between Aboriginal people and non-Aboriginal people in WA.

There are a number of health projects currently being implemented in Western Australia under each COAG priority area:

- fixing the gaps and improving the patient journey
- primary health care services that can deliver healthy transition to adulthood
- making Aboriginal health everyone's business
- tackling smoking
- indigenous early childhood development:
  - increased access to antenatal care, pre-pregnancy, and teenage sexual and reproductive health
  - increased access to, and use of, maternal and child health services by Aboriginal families.

Examples of projects under each COAG priority area are summarised in the *Our Footprints*[25] booklet.

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Guiding principles for primary health care reform and standards to improve primary heath care services for Aboriginal people

WA Health recognises the importance of how the *WA Aboriginal Primary Health Care Work Plan*[26] underpins this Strategy and where primary health care in WA needs to be guided to address specific primary health care issues and improve outcomes for Aboriginal people.

This workplan lists five standards to improve frontline services:

Standard 1

Provide coordinated community development, advocacy and health promotion activities.

Standard 2

Increase primary health care access for the diagnosis and management of chronic conditions experienced by Aboriginal people.

Standard 3

Provide an integrated approach between the primary health care sector and hospital systems to manage and prevent chronic conditions within the Aboriginal population.

Standard 4

Optimise financial and physical resources to address chronic health conditions experienced by Aboriginal people.

Standard 5

Enhance the capacity of the primary health care workforce to address prevention and management of chronic conditions.

3.2 Healthy ageing

Elderly Australians have special health care needs which may become greater as they age. Consumers of aged care health services and their families have a right to expect high-quality and consistent care that meets their individual needs, delivered in a seamless and person-centred manner.

The combination of:

- an ageing population
- declining mortality rates leading to higher life expectancies
- the entry of the baby boomer generation into the 65 year and older age bracket
- an increasing prevalence and burden of chronic disease

are all significant contributors to the increasing demands placed on the primary health care system for elderly Australians.[7] Reform initiatives are critical in order to address increasing pressures on the primary health care system for the older person.

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With appropriate health promotion and illness prevention activities, entering older age presents an opportunity to enjoy high levels of independence, optimism and mobility. For those individuals who do enter a cycle of illness, primary health care providers and services should provide appropriate self-management support to optimise health and minimise disability.[27, 28]

Community care support services play a key role in maintaining functional and psychosocial independence, and allowing people to live independently in the community. WA Health recognises the skills and knowledge of the current aged care workforce, carers, and paid carers, in delivering person-centred care.

Older people who have become frail, either physically, mentally, or both, require a higher level of care and a greater range of primary health care services. Providing flexible services to meet the complex needs of this population group requires an integrated multidisciplinary approach from a skilled workforce that includes the carer and the older person. Importantly, awareness of the unique physical and mental health needs of the elderly should be incorporated into training initiatives.

Consistent with the *Model of Care for the Older Person in Western Australia*,[29] the continuum of care needs to be integrated, connected and developed at a local level to:

- extend the period in which people remain healthy
- compress the periods in which people transition to ill-health and become frail and dependent on care
- promote services and programs that keep people out of hospitals and promote community-centred care
- promote smooth transitions between different care providers
- minimise long-term dependency on the health and aged care sector resources
- be cost-effective and sustainable.

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3.3 Mental health and drug and alcohol services

Mental health in the Australian population is increasingly recognised as an important issue. For example, the 2007 *National Survey of Mental Health and Wellbeing* reported that 3.2 million Australians (20 per cent of the population aged between 16 and 85) had a mental health disorder in the twelve months prior to the survey.[30] Furthermore, mental health disorders constitute the leading cause of disability burden in Australia, accounting for 24 per cent of the total years lost to disability.[31] While not all people will develop dementia, and dementia does not always occur in the older person, the ageing population will increase the demand for mental health services to address dementia.

Reforms in primary health care for mental health must focus on strengthening the interfaces among primary care and specialist mental health providers. There needs to be a focus on recovery and social inclusion, and assisting primary providers to deliver care that is shaped around individual needs. That is, primary health care must be accessible and integrated and should recognise the intricate link between mental and physical health.

Problematic alcohol and other drug use impacts on all Western Australians. It contributes to significant health, social and economic costs to the community, including illness, injury, crime, violence, anti-social behaviour, and family and relationship breakdown.

Alcohol and tobacco remain by far the most prevalent drugs in use in Australian society and the source of most drug-related harm. The most recent national survey of people over 14 years of age reported that 86.2 per cent of Western Australians surveyed had recently (in the last 12 months) consumed alcohol and that levels of alcohol consumption considered 'risky' or 'high risk' were marginally higher in Western Australia, both in the short term (37.1 per cent) and long term (11.5 per cent), than those seen nationally (34.6 per cent and 10.3 per cent, respectively).[32]

The complexities of problems relating to alcohol and other drug use require suitably matched and comprehensive responses that are achieved via across-sector and across-government responses. These include universal population-based approaches, selected and targeted interventions for those deemed to be at risk and targeted interventions for those with significant problems. People experiencing problems associated with drug and alcohol use should have access to a range of health, social and welfare services. This access should be facilitated through effective integration between primary health care and specialist services, and appropriate identification of problems, referral and engagement in treatment.

The recommendations outlined in this Strategy are consistent with the *National Mental Health Policy (2008)*,[33] the *Fourth National Mental Health Plan (2009–2014)*[34] and the United Kingdom (UK) model for enhancing primary mental health care.[35] The UK model also calls for "Breaking down the mind/body divide",[36] recognising the physical needs of people with a mental illness and the mental health needs of people with chronic health conditions.[36] They are also consistent with the *National Drug Strategy (2010–2015).*[37]

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3.4 Maternal and child health

Pregnancy, birthing and parenthood are profoundly important life experiences demanding services that are safe, of the highest quality, are accessible for all families and based on evidence. Western Australia's geography makes delivering primary health care to women living in rural and remote areas very challenging.

The recent *National Review of Maternity Services*[38] identified the strengths in our systems, such as the strong record of safety and quality, and a highly committed and professional maternity services workforce. The review highlights that consumers prefer a range of models of maternity care. It is evident that we need to act now to improve birth outcomes for Aboriginal Australians, and reduce the disparity in health outcomes for Aboriginal mothers and their babies. As recognised by the COAG initiatives, there is also increased understanding of the importance of early screening, intervention and support for child development areas and is aligned with the *National Maternity Services Plan*.[39]

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Models of maternity care which describe continuity of care, that is, a seamless transition from community care to hospital care, and then returning to community care, are available and are being used in some states across Australia. WA Health is currently implementing the state's maternity policy framework, *Improving Maternity Services: Working Together Across Western Australia*[40] with the intention of providing alternative maternity models that integrate the maternity workforce into the primary health care setting. This framework will reduce the fragmented services that some women, children and families currently experience and support the reforms in the workforce area already described within this document.

Concurrently, *The National Framework for Universal Child and Family Health Services* (yet to be released) articulates a vision, objectives and principles for universal child and family health services for all Australian children aged zero to eight years and their families. The framework provides a structure to strengthen effective services to ensure all Australian children and their families benefit from free, quality universal child and family health services.

It is intended that this national framework will deliver a number of benefits including:

- promoting the availability and access to universal child health services, their role and importance to improving outcomes for children and families
- promoting family health services, including mental health and alcohol and other drug treatment services, to parents and the community as well as health, education and welfare professionals
- promoting consistency of service across jurisdictions
- providing a contemporary evidence base for service improvement
- progressing towards national performance monitoring and the compilation of national population health data for the purposes of comparison across jurisdictions and sub-populations.

3.5 Oral health

Oral health is an important component of primary health care, as most oral health care occurs in the community. Poor oral health impacts on quality of life as well as a range of other physical and mental health areas.

By world standards Western Australians enjoy good oral health, with significant improvements seen over the last generation. Despite these improvements, dental disease still profoundly affects many vulnerable West Australians:

- One in two children entering the school dental program at five years of age already have some form of tooth decay.
- People over 65 years of age, especially those who are homebound or in residential care, often struggle to maintain good dental health.
- People with disabilities, mental health and/or alcohol or drug problems, prisoners and people from CaLD backgrounds are likely to have higher need for oral health services and yet have more problems accessing services.

- Aboriginal populations are significantly under-represented in those receiving dental services, often presenting as emergencies or when in severe pain.
- Rural and remote communities do not have the same level of access to dental and specialist oral care as people in the metropolitan area.

An ageing and geographically dispersed population increases the challenges of facilitating access to adequate oral health care. A current and projected shortage of qualified workforce across the range of dental professions[41] will further increase this challenge.

The National Oral Health Plan: *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004–2013*[41] seeks to improve health and wellbeing through improving oral health status and reducing the burden of oral disease within the Australian population. The Commonwealth Government has also introduced a number of programs to improve access to dental care:

- **Medicare Healthy Kids Check** – Established in July 2008, the *Healthy Kids Check* is designed to be delivered in conjunction with the four-year-old immunisation. It assesses whether children are healthy, fit and ready for school. The check assesses eyesight, hearing, body mass index, allergies, oral health, and includes an examination of the teeth and gums.
- **Medicare Teen Dental Plan** – The Medicare Teen Dental Plan was introduced on 1 July 2008 and provides financial assistance to eligible families for the cost of an annual preventative dental check for teenagers.
- **Better Oral Health in Residential Care** – The Australian Government rolled out the *Better Oral Health in Residential Care* training project to all residential aged care facilities across Australia in 2010. This project seeks to increase awareness of oral hygiene issues among staff who have daily contact with residents.
- **Medicare Chronic Disease Dental Scheme** – The *Medicare Chronic Disease Dental Scheme* allows people who have a chronic health condition and complex care needs, and whose oral health impacts upon their general health, to claim Medicare rebates for dental services. Individuals must be managed by their GP under a Chronic Disease Management plan and are eligible for a cost-capped amount of dental services.
- **Department of Veterans' Affairs Repatriation Health Cards** – The Department of Veterans' Affairs provides funding for dental services to holders of the *Repatriation Health Card for All Conditions* (Gold Card) and for *Specific Conditions* (White Card) through private dental practitioners.

Most adult dental services in Western Australia are provided by private dentists with rebates available for people with appropriate private health insurance. The responsibility for the delivery of public dental programs in Western Australia rests with the State Government.

Access to public dental health services for adults across Western Australia is limited to holders of concession cards issued by Centrelink and, as with other state jurisdictions, a co-payment for services is required. WA Health has implemented universal free access to general dental services for school children from Kindergarten to Year 11.

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A report on the *Public Dental Health Services in Western Australia – A Functionality Assessment 2010* is currently in development and this may guide future oral and dental health strategies.

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3.6 Chronic conditions

Chronic health conditions are largely preventable, yet reducing the incidence and burden on health continues to be a significant challenge. A more coordinated and integrated approach to prevention and optimal management is needed to minimise the impact of chronic health conditions. This includes meeting the growing proportion of people living with one or more chronic conditions and the impact of workforce shortages in delivering the range and complexity of services needed for optimal health care.

Many health conditions can be characterised as a 'chronic' condition.[42] Although most chronic conditions lead to a gradual deterioration in health, some chronic conditions are associated with outcomes that are immediately life-threatening, such as stroke or heart attack.

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Chronic conditions share the following characteristics:[42]

- have multiple and complex causes
- have multiple risk factors.
- demonstrate a pattern of recurrence or deterioration
- are permanent
- occur across the lifespan with increased prevalence in the older person
- can result in functional impairment or residual disability.

Co-morbidity of multiple chronic conditions, including co-morbidity with mental health conditions and persistent pain, presents additional challenges in the primary health sector and hospital system.

Critical to the success of improving the management of people with chronic health conditions, particularly the increasing number of people with co-morbid conditions, is integrated and coordinated care. This requires a seamless interface among primary care, community care providers, emergency departments and inpatient hospital services that can be achieved through shared understanding and clear pathways for referral, self-management support, planning and management of health care, end of life planning and palliation.

In conjunction with the *WA Chronic Health Conditions Framework 2011–2016*[14] and the *WA Chronic Conditions Self-Management Strategic Framework 2011–2015*,[15] the *WA Primary Health Care Strategy* provides a policy direction for better coordinated community-based care to meet these challenges.

The *WA Chronic Health Conditions Framework 2011–2016* has been developed as an overarching guide to providing the **right care** at the **right time** by the **right team** in the **right place** for Western Australians with chronic health conditions. It recommends:

- engaging with health service providers and key stakeholder groups, especially within primary care and rural areas, through a consultation process to develop an implementation plan for the Framework
- establishing a Chronic Conditions Health Network to complement existing condition-specific networks and drive the implementation plan in partnership with key service providers and planners (e.g. metropolitan and country health services, non-government organisations, Medicare Locals).

The *WA Chronic Conditions Self-Management Strategic Framework 2011–2015* provides detailed strategies to promote active participation by people in their own health care in their own communities and has five essential elements:

- **Culture:** attitudes and behaviours of consumers, carers, and service providers are supportive of self-management
- **Awareness:** promote self-management within service provider organisations and communities to increase the ability of individuals to participate in health care decisions
- **Services:** people with chronic conditions have access to appropriate quality programs and services that support their ability to participate in their own health care
- **Knowledge and skills:** Build the capacity of service providers and the community to deliver and support evidence-based self-management approaches
- **Tools and resources:** Provide quality, accessible, and culturally appropriate information, tools and resources to support the active participation of people in their own health care.

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4. Implementation

Commencing in 2012, the Primary Care Health Network will develop an implementation plan to drive the *WA Primary Health Care Strategy* in conjunction with service providers, consumers and stakeholders.

This implementation plan will move the *WA Primary Health Care Strategy* into an operational phase and cover:

- **Outcomes** – while the Strategy articulates broad strategic direction, specific, measurable, attainable, realistic and timely (SMART)[43] objectives are required to transform directional intent into activities with measurable outcomes.
- **Responsibility** and **Accountability** – connection, integration and collaboration are essential for primary health care reform, but it is also essential that there are clear areas of responsibility, particularly in relation to funding and service provision.
- **Standards** – safety and quality in health care is a priority for WA Health. As the primary health care sector moves forward into an environment of stronger collaboration among services and sectors, and with increased engagement with consumers and carers, it will become more important than ever to ensure that safety and quality principles and standards are maintained.
- **Prioritisation** – primary health service planning and delivery must be informed by demography and epidemiology to ensure that the right care is delivered at the right time by the right team in the right place. Consumers and carers also need to be involved in decisions regarding prioritisation of primary health care services.

Appendix 2 reflects the detailed feedback obtained during the development of the *WA Primary Health Care Strategy* which will inform the development of the implementation plan.

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Appendices

Appendix 1: Definitions and Glossary

Primary Health Care

The **Australian Primary Health Care Research Institute** defines primary health care as:

“Socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development.”[2]

Aboriginal – The use of the term ‘Aboriginal’ within this document refers to Aboriginal Australians and Torres Strait Islander Australians.

Activity Based Funding and Activity Based Management – The terms Activity Based Funding (ABF) and Activity Based Management (ABM) relate to the way the health service is funded.

ABF means that health service providers will be funded on the basis of expected activity. Previously, health services in WA have been funded largely on a historical basis. ABM is the way WA Health will plan, budget, allocate, and manage activity and financial resources to deliver safe, high-quality health services for the WA community. Activity is everything that we do for, with and to patients, residents, clients and their families and carers.

Allied health – This term refers to registered professions also involved in health assessment and treatment. Examples of allied health professions include psychologists, physiotherapists, occupational therapists, paramedics, social workers, speech pathologists, audiologists, pharmacists, chiropractors and podiatrists.

Ambulatory care – Ambulatory care is about treating patients outside hospitals as outpatients or in a home or community setting. Ambulatory care should allow the consumer to have a very active role in decision-making about their health care in conjunction with a team of highly skilled professionals including doctors, nurses, physiotherapists, occupational therapist, social workers, and pharmacists.

Consumer – A consumer is any person who receives health care, such as a patient in a hospital or a person in a community health setting or pharmacy setting.

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Carers – Carers WA is the peak state body for carers, and they define a carer as someone who provides care and support for a family member or friend who has a disability, is frail aged, or who has a mental or chronic illness.

In the community the term 'carer' is also used to describe people who are paid for their work to care for others in the context of their activities of daily living.

Chronic conditions – This refers to many health conditions which lead to a gradual deterioration in health and persist over an extended period of time and share the following characteristics:

- have multiple and complex causes
- have multiple risk factors
- have a pattern of recurrence or deterioration
- are permanent
- occur across the lifespan with increased prevalence in the older person
- can result in functional impairment or residual disability.

Continuum of care – This refers to care that helps a person develop a relationship with the same carer, or group of carers, sharing a common way of working and common philosophy with the aim of reducing conflicting information.

Culturally and Linguistically Diverse (CaLD) – This term refers to people from cultures and backgrounds that do not use English as their first language.

eHealth – eHealth is defined by the World Health Organization as "the combined use of electronic communication and information technology in the health sector." It refers to the health care components delivered, enabled or supported through the use of information and communications technology.

eHealth may involve clinical communications among health care providers such as online referrals, electronic prescribing and sharing of electronic health records. It can also provide access to information databases, knowledge resources and decision support tools to guide service delivery.

Electronic health records – These are records that enable the communication of patient data among different health care professionals across sites.

Evidence-based – This term refers to the process of systematically finding, appraising and using research findings as the basis for clinical decisions.

FINE program – This stands for the Friend In Need – Emergency (FINE) scheme, an election commitment of the Government in Western Australia. A core component of the FINE scheme is the non-inpatient acute and complex care service, and this is currently being delivered by the Silver Chain Home Hospital project.

Health promotion – The World Health Organization defines health promotion as the process of enabling people to take control over the determinants of their health and thereby improve their health.

Inter-professional learning (IPL) – IPL is an the education process that helps to produce health workers who are willing and able to deliver health care with all the members of the health service delivery team, participate in the activities of the team, and rely on one another to accomplish common goals and improve health care delivery.

Key performance indicators (KPIs) – KPIs are measures by which the performances of organisations, business units, and their division, departments and employees are periodically assessed. Accordingly, KPIs should be defined in a way that is acceptable, understood, meaningful and measurable.

Multidisciplinary (MDT) care – MDT care is a team approach to the provision of health care by all relevant medical and allied health disciplines as a means of achieving the best outcomes for the patient.

Palliative care – Palliative care is an approach that aims to improve the quality of life of patients and their families facing the problems associated with life-threatening illness. This is achieved through the prevention and relief of suffering by means of the early identification, impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.[44]

Person-centred approach – This is an approach that puts the person before the task.

Primary Care Collaboratives – Primary Care Collaboratives is a group of primary health care providers that aims to improve clinical health outcomes, reduce lifestyle risk factors, maintain health for chronic and complex conditions and improve access to Australian general practice.

Residential Care Line – This is a 24 hour, seven-day-a-week telephone triage and advice service for staff in residential aged care facilities. It provides professional support, recommends treatment and advice and assistance to access outreach and a range of other services.

Self-management – This is the active participation by people in their own health care. Self-management programs offer people with chronic health conditions the knowledge, skills and resources to help them better manage their health. The self-management approach emphasises the person's central role in managing their health, links them to personal and community resources and includes strategies of assessment, goal-setting, problem solving, and follow-up.

Stakeholder – In the context of this document, a stakeholder is any individual or organisation with an interest in primary health care.

Telehealth – This refers to any health services provided by using information and communications technology to remove or mitigate the effects of distance in health care.

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Appendix 2: Implementation issues identified during consultation

Regional Integration:

- Engage with consumers, carers, primary health care providers and primary health care organisations to identify areas of improvement for coordinating services. Engagement must include private practitioners, each government sector, industry, non-government organisations and providers, consumers and carers from those groups with unique health needs such as Aboriginal, CaLD, the disabled population, older people, young people, people with mental health and/or alcohol and other drug issues and families.
- Build and strengthen relationships with all primary health care providers through the **Primary Care Health Network**.
- Provide strong leadership for primary health care within WA Health.
- Encourage partnerships among the State and Commonwealth Governments, non-government and voluntary services throughout care pathways, including health and social care.
- Plan service delivery in areas of unmet need and poor access.
- Map current primary health care services in order to identify gaps and duplications.
- Cease services where there is evidence that the service is no longer required or is being duplicated.
- Encourage and support non-state providers to deliver sustainable primary health care services in rural areas where possible.
- Use supplementary services such as Health Direct and after hours GP services to fill gaps and maximise use of available resources.
- Establish outreach specialist services in community settings.
- Use models of care, referral pathways and discharge planning to improve continuity of care.
- Maintain delivery of primary health care from hospitals where there is no other available service.
- Reduce hospital-based primary health care where care could be more efficiently delivered in a community-based setting.
- Use and strengthen existing primary health care services, such as nursing posts and health clinics, within rural and remote areas.
- Make interpreter services more accessible to health professionals to better service the needs of non-English speaking residents of Western Australia.
- Improve links with and client access to affordable diagnostic and pharmaceutical services.

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Information technology including eHealth:

- Use currently available communication and information-sharing resources and technologies effectively while new ICT and eHealth initiatives are being developed and disseminated.
- Deliver a single eHealth platform for use across WA Health to facilitate information exchange.
- Ensure compatibility with the national unique patient identifier and existing eHealth platforms used by primary care providers, hospital system, paramedics, the Royal Flying Doctor Service, general practitioners and Aboriginal health services.
- Underpin the development of eHealth systems and integration with the primary care sector by agreed business rules, processes and monitoring of outcomes.
- Use electronic health records for the exchange of health information between providers.
- Develop a governance structure to monitor the security of personal and health information.
- Ensure consumer and carer involvement in decisions regarding sharing of health information while respecting confidentiality and acknowledging duty of care.
- Contribute to a revision of the Privacy Act to accommodate the introduction of a statewide, mandatory eHealth platform.
- Promote Information and Communication Technology to provide better access, self-management and privacy for consumers, their families and carers.
- Utilise data collection, management and analysis tools which may guide planning to meet future primary health care needs.
- Provide online training and education capability for health professionals and consumers.
- Expand the use of Telehealth in health care delivery, team-based management, health professional training and clinical supervision.
- Facilitate health management via home monitoring systems.

Skilled workforce:

- Create employment opportunities for those with, or at risk of poor health status.
- Offer employment contracts which span metropolitan and rural areas as well as primary care sectors and hospitals as needed.
- Train and employ health professionals with generalist primary health skills.
- Develop opportunities for clinical training in primary health care practice through collaboration with education institutions.
- Increase employment and training opportunities for Aboriginal people.
- Promote specialist and generalist outreach training programs statewide.
- Promote a learning and development culture in partnership with the education and training sectors, which makes best use of learning technologies spanning the education continuum.

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- Develop the skill set of the primary health care workforce to meet the needs of an ageing population, particularly through 'age awareness' training.
- Develop a mental health and wellbeing and drug and alcohol component of education within the foundation core curriculum for professionals who may go on to work in primary care.
- Develop core skills in supporting chronic disease self-management for all health professionals.
- Develop the skills and competencies of the Department of Health workforce in developing and maintaining partnerships.
- Provide e-learning and development opportunities for the primary health care workforce, through online and Telehealth media.
- Provide specific training opportunities in identified areas of high need such as drug and alcohol training in regional centres.
- Train primary health care practitioners in the use of brief intervention, health education and health promotion activities.
- Provide clinical training for community-based health professional disciplines in multi-disciplinary and team-based care.
- Include cultural competency in relation to CaLD and Aboriginal groups in key competencies for primary health care professionals.
- Provide appropriate cultural awareness training to the primary health care workforce.
- Monitor workforce performance against established key performance indicators by geographical region.
- Employ generic-based mental health workers, alcohol and other drug workers and chronic condition coordinator positions within primary care services.
- Provide opportunities for carers and families to increase health knowledge (for example, first aid training, parenting courses, self-management education) for these groups.
- Support the changes to the scope of practice for various health professionals such as Aboriginal health workers, nurse practitioners, eligible midwives and specialist physiotherapists.
- Partner with existing activities such as the GP super clinics and integrated clinic projects for access to training and skilling a primary health care workforce.
- Continue and expand the training opportunities for community nurses in the areas of school health, child health and Aboriginal health.

Infrastructure:

- Collect and evaluate data on burden of disease, health service use and workforce by geographic area to inform infrastructure needs.
- Support community and stakeholder forums to ensure the needs of all stakeholders are addressed in the planning and delivery of infrastructure projects.
- Prioritise physical infrastructure and system reform projects which support transition of care between hospital and community facilities.

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- Create physical environments that support healthy activities of living, climate sustainability and social cohesion.
- Consider workforce availability and skills in facility planning.
- Include the facility implications of workforce training, networking, collaboration, consultation, and evaluation in service planning.
- Consider capital costs in contracts with the non-government sector.
- Co-locate services to enable partnership models to be better implemented.
- Develop infrastructure projects which consider the needs of a culturally diverse population and those with physical and/or intellectual disabilities and marginalised groups (for example homeless people, incarcerated people, and individuals with mental health and/or alcohol and other drug problems).
- Consider transport needs of those accessing primary care services, particularly for people from CaLD backgrounds, people with disabilities, people with multiple co-morbidities, people in rural and remote areas and people experiencing social disadvantage. This includes ambulance transport.
- Prioritise housing works to accommodate healthcare staff in regional Western Australia.

Financing and system performance:

- Inform funding decisions to ensure services are delivered to the Western Australian communities with the greatest health needs. Be flexible to changing needs and ensure decisions which are supported by evidence-based quality and safety.
- Fund primary health care providers and/or programs according to agreed performance indicators established in partnership between WA Health and primary health care providers.
- Ensure primary health care representation on state health administrative bodies, and vice versa.
- Ensure greater access across Western Australia to programs such as the Better Access to Psychiatrist, Psychologists and GPs Program available through the Medicare Benefits System (MBS).
- Encourage further development and sustainability of MBS items for dentists, practice nurses, eligible midwives, nurse practitioners and allied health workers.
- Encourage further funding of innovative programs such as Primary Care Collaboratives to explore quality evidence-based, consumer-centred care.
- Utilise quality improvement measures, activity and outcomes to assess system performance.
- Encourage accreditation and continuous quality improvement processes to be implemented across the primary health care sector.
- Reduce cost barriers for people accessing primary health care, particularly medications and GP services.
- Work collaboratively with Medicare Locals to ensure more efficient use of health resources.

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Aboriginal health:

- Consult widely and engage with Aboriginal people and Aboriginal communities to understand their local primary health care needs, including the use of Regional Planning Forums to plan effective models.
- Provide mechanisms for continued engagement with Aboriginal Controlled Community Health Organisations and Aboriginal Medical Services to support and sustain Aboriginal models and approaches to care.
- Support integration of mainstream health programs and specialist Aboriginal programs.
- Increase employment and training opportunities for Aboriginal people in all areas of primary health care.
- Address health issues from a holistic perspective, taking into account the importance of social, emotional, cultural and spiritual health.
- Enhance the skills of the primary health care workforce to meet stated outcomes for ‘Closing the Gap’ in Aboriginal health, through appropriate cultural awareness training.
- Ensure all primary health care staff and students receive Aboriginal cultural awareness training via multiple strategies, for example e-learning, face to face, immersion and mentoring.

Healthy ageing:

- Provide health training opportunities in aged care for general practitioners, medical specialists, nurses and allied health practitioners.
- Raise awareness of the unique physical and mental health needs of the elderly into training initiatives.
- Support the delivery of quality primary health care to the older person within the context of a multidisciplinary team.
- Improve the connection between primary health service delivery in the community and in aged care facilities.
- Partner with primary health care providers, carers and families to further develop self-management programs and tailor training accordingly to meet the needs of elderly community members.
- Implement the recommendations in Models of Care which address aged care issues and in particular those recommendations in the *Model of Care for the Older Person in Western Australia*[29] in partnership with area health services, community care organisations and carers.
- Implement Models of Care which prioritise community-based healthcare services (such as Models of Care for chronic diseases and palliative care) for older people who live at home. The *WA Health Chronic Health Conditions Framework*[14] is a useful implementation tool in this context.
- Implement programs to improve access for the older person to general practitioners.
- Commit to improving the integration of services along the continuum of care for the older person, particularly integration between government services and legislation (for example, Advanced Care Directives and Guardianship) and non-government services.

- Introduce geriatric expertise to the management of people presenting to emergency departments.
- Support current care models and services which have been shown to be effective, such as the Residential Care Line and the priority assessment component of the FINE program.
- Encourage medical specialists and allied health workers to provide more services in residential aged care facilities.
- Encourage involvement in primary care planning and strategy discussions from gerontological specialists from a range of health professions.
- Improve the availability and acceptability of aged care services to people from CaLD backgrounds and people with disabilities.
- Provide adequate training in primary health care competencies to paid and unpaid carers who deliver aged care services.

Mental health and drug and alcohol services:

- Ensure primary health providers have an understanding of the mental health system and have the knowledge, time and resources required to assess and treat individuals with mental health issues and/or alcohol and other drug problems, and that appropriate remuneration is available.
- Increase competencies for primary health care professionals in drug and alcohol-related issues.
- Increase awareness of drug and alcohol brief interventions models and harm reduction principles.
- Train GPs in opioid pharmacotherapy.
- Increase GPs prescribing of pharmacotherapies which prevent alcohol relapse.
- Train GPs in the pharmacological management of chronic pain.
- Provide rural and remote primary care providers with training in alcohol and drug withdrawal treatment.
- Develop more flexible use of mental health workers across the primary health care sector.
- Develop and enhance services that are able to address co-occurring issues such as drug and alcohol use, intellectual disability, chronic physical pain and social disadvantage.
- Increase access to drug and alcohol information and support services such as the Clinical Advisory Service and the Community Program for Opioid Dependence prescriber training.
- Integrate community-based primary health care services and hospital-based services for people with drug and alcohol problems.
- Increase use of low-intensity interventions by primary health care providers.
- Address the complexities associated with the dual diagnosis of mental illness and drug and/or alcohol dependency with expanded and new services.

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- Develop referral pathways from primary care for people with long-term mental health problems to services that promote recovery, social inclusion and educational and vocational activities.
- Encourage use of online mental health programs such as beyondblue, Mood Gym and Reach Out.
- Develop specific prevention and treatment strategies in mental health and/or alcohol and other drugs areas for people from CaLD backgrounds.
- Increase participation in Medicare-supported Better Outcomes in Mental Health Care Programs such as *Access to Allied Psychological Services, GP Psych Support*, and *General Practice Mental Health Standards Collaboration*.
- Increase and support the role of the GP in mental health care coordination.

Maternal and child health:

- Facilitate access to innovative and collaborative maternal and child health models of care in primary health care settings; for example within general practice, community based clinics, and the home environment.
- Enable an appropriately skilled maternity and child health workforce, such as midwives, community nurses (child health and school health) and Aboriginal health workers, to deliver new models of care within the primary health care setting, in collaboration with other primary health care providers.
- Develop appropriate clinical governance arrangements to expand collaborative maternal and child health services within primary health care settings.
- Strengthen the referral pathways and access to local and statewide child development services.
- Provide education and resources to deliver effective health promotion strategies and tools in collaboration with individuals, families and communities.
- Develop a framework to enhance collaboration and enable a seamless transition of care for mothers, babies and families between and within primary, hospital based providers.
- Ensure that women and men of reproductive age have access to pre-conception information on pregnancy, parenting and healthy lifestyle choices through primary health care providers.
- Increase awareness among primary health care providers of the need to identify vulnerable families, support parents and families, and to protect the child.
- Collaborate and partner with Departments of Child Protection and Community Development in the identification and support of vulnerable families.
- Engage with consumers, families and carers to support and sustain culturally and family-friendly models of care and service.
- Prioritise the implementation of strategies to address perinatal mental health issues, consistent with the WA Policy Framework for improving maternity services.[37]

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Dental health:

- Implement recommendations from the report on the *Public Dental Health Services in Western Australia – A Functionality Assessment 2010*.
- Continue dialogue among private providers, WA Branch of Australian Dental Association, and State and Commonwealth agencies to expand services to those most in need.
- Incorporate oral health services into primary health care programs targeting those most in need, such as Aboriginal medical services, migrant and prison health services.
- Expand oral health education programs such as the 'Lift the Lip' program.
- Develop population-based oral health promotion and dental disease prevention programs.
- Expand workforce training programs and provide incentives for practitioners to work in areas of geographical or population need.

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Health Networks Branch
Department of Health
189 Royal Street
EAST PERTH WA 6004

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