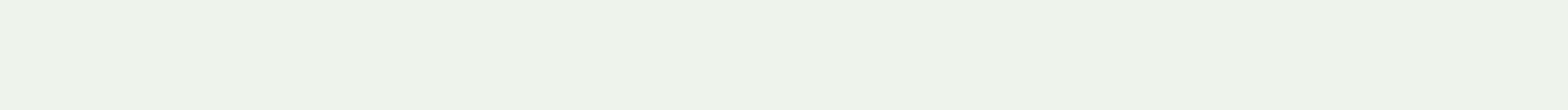




Strategy & Corporate

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ACT Primary Health Care Strategy 2011–2014



Foreword by Katy Gallagher

Minister for Health

The ACT currently has the best health status of any jurisdiction in Australia. We have a well-functioning and well-equipped public health system and a highly trained workforce who deliver excellent care. Despite this, the ACT health system, like others in Australia and around the world, is facing increasing pressures on a number of fronts, including an ageing population, growing rates of chronic disease, workforce shortages and increased funding pressures.

As the entry point into the health system, primary health care is crucial to the health and wellbeing of the community and the overall functioning of the health system. For this reason, it is important that the ACT maintains a strong strategic direction in this area of health care.

The ACT Primary Health Care Strategy 2011–2014 builds on the work of the ACT Primary Health Care Strategy 2006–2009 and aims to reflect the thoughts and attitudes of the ACT community and primary health care sector with regards to the provision of primary care. The new Strategy will build on the successes of the previous Strategy and set the strategic direction for primary health care into the future.

The Strategy was developed during a period of significant health reform being progressed through the Council of Australian Governments. Under the recent National Health Reform Agreement, the Commonwealth will take lead responsibility for policy, management and funding of GP and primary health care, with states and territories working cooperatively in the implementation and operation of primary health care initiatives.

To achieve a stronger primary health care sector, the Australian Government is establishing Medicare Locals, a national network of primary health care organisations which will identify and respond to gaps in local health services and assist both patients and health professionals to navigate the health system. The ACT Medicare Local is now operational and this organisation will take primary responsibility for the primary health care needs of the ACT.

As part of these reforms, the States and Territories are also establishing Local Hospital Networks, which are small groups of hospitals within a geographical boundary working together to provide a range of hospital services. The ACT Local Hospital Network was established on 1 July 2011. The key to successfully strengthening the ACT health care system for the citizens of the ACT will be the collaboration and cooperation between the ACT Government, the ACT Local Hospital Network and the ACT Medicare Local.

Development of the ACT Primary Health Care Strategy has involved participation from a wide range of stakeholders including primary health care providers, consumers, ACT Government, peak bodies and other representative groups and individuals. I would particularly like to acknowledge the ACT Medicare Local (previously the ACT Division of General Practice) and ACT Health Care Consumers Association for their significant contributions.

This is an exciting time for the Australian health system and the primary health sector more specifically. The effective implementation of the Strategy will also require active engagement and participation from the wider primary health care sector. With a coordinated and integrated primary health care sector as a goal, ACT Government Health Directorate will work in partnership with the ACT Medicare Local, the primary care sector and the community to implement the actions and strategies identified within the Strategy.

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACTGHS	Australian Capital Territory General Health Survey
AHPRA	Australian Health Practitioner Regulation Agency
COAG	Council of Australian Governments
LHN	Local Hospital Network

Definitions

Primary health care is commonly viewed as a first level of care or as the entry point to the health care system for consumers. It can also be taken to mean a particular approach to care which is concerned with continuing care, accessibility, community involvement and collaboration between sectors.¹ Definitions and distinctions between primary care and primary health care have been extensively debated over the years. Therefore for the purposes of this document, the following definitions will apply:

Primary care refers to the work of health care professionals who act as a first point of consultation for all patients. Such a professional would usually be a general practitioner. However, at the patient's discretion, and depending on the nature of the presenting issue, location and service availability, it may be another health care professional such as a pharmacist, a nurse or an allied health professional.

“Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.”²

The **primary health care workforce** refers to the individuals who provide primary health care services for consumers. Examples include general practitioners, nurses, allied health professionals, pharmacists, dentists, ambulance officers, aged care workers and community care workers.

Consumers, clients and patients

It is recognised that the above terms are often used interchangeably when referring to actual or potential recipients of health care. It is also acknowledged that different stakeholders have a preference for certain terms (eg general practitioners prefer to use the term 'patients' to signify the special personal, clinical and business relationship they have with the recipients of their health services). However, for the purposes of this document, the term 'consumer' will be used for the sake of consistency.

1 Australian Government Department of Health and Ageing (2009), Primary Health Care Reform in Australia – Report to Support Australia's First National Primary Health Care Strategy

2 Definition developed by the Australian Primary Health Care Research Institute (APHCRI) and cited in Primary Health Care Reform in Australia: Report to Support Australia's First National Primary Health Care Strategy (2009) This definition was developed for an ADGP Primary Health Care Position Statement in 2005, and also included in the Australian Medical Association Primary Health Care position paper, 2006.

1. Introduction

The ACT currently enjoys the best life expectancy and health status of any jurisdiction in Australia, and is one of the healthiest communities in the world. The ACT has access to a modern, well-equipped and effective public health system, but the challenge is to ensure this high standard of health and health care continues into the future.³

However, the ACT health system, like most of Australia and in most other industrialised countries is under increasing pressure caused by an ageing population, the impact of new technologies, escalating global workforce shortages and increasing consumer demands.

By the year 2032, Canberra's population is projected to grow by 67,000 people to 389,000, with the proportion of our population aged over 65 expected to increase from 9.7% to 25.6%. In addition the ACT health system services a surrounding regional population in South East NSW, and this region will also experience similar degrees of growth and ageing.⁴

Demand for health services is increasing every year. A comprehensive response is required to meet this demand. This includes the need to plan, adopt new approaches, and change or modify current models of care and the way the system works.

New ways must be explored to manage chronic disease, to keep people out of hospital through health promotion, illness prevention, self management and consumer empowerment; to use new models of care and different ways of providing services, and to utilise new technologies where appropriate.

It is also known that for some population groups in the ACT there are barriers to accessing health care and that health outcomes are uneven, raising the questions of equity and fairness.

The *World Health Report 2008* noted that having good primary health care systems in place is the most effective way to produce better health outcomes, improve health equity and respond to social expectations.⁵

However, primary health care in the ACT, and indeed across Australia, has tended to operate as a disparate set of services, rather than an integrated service system. It has been difficult for primary health care to respond effectively to changing pressures (such as demographic change, changes in the burden of disease, emerging technologies, changing clinical practice and workforce shortages), and to coordinate within and across the various elements of the broader health system to meet the needs of an individual consumer.⁶

A strong responsive and cost-effective primary health care system is central to equipping the ACT to meet future challenges.

3 ACT Government (2009) *Your health – our priority*

4 ACT Government (2009) *Your health – our priority*

5 World Health Organization (2008) *The World Health Report 2008: Primary health care, now more than ever*

6 Department of Health and Ageing, Australian Government (2010) *Building a 21st Century Primary Health Care System – Australia's First National Primary Health Care Strategy*

1.1 Purpose and scope of the Strategy

The *ACT Primary Health Care Strategy 2011–2014* (the Strategy) has been developed to build on the *ACT Primary Health Care Strategy 2006–2009*, and to provide a visionary document that reflects the thinking of the ACT community and primary health care sector in relation to primary health care.

The Strategy has been developed in the context of the Council of Australian Governments (COAG) health reforms and identifies the core principles and priorities that will provide a roadmap to guide current and future policy, planning and practice in the ACT primary health care sector.

In the ACT, a number of health related plans already exist. The intention of this Strategy is not to duplicate priorities identified in these other plans but to acknowledge, complement and collaborate as required in order to achieve the stated objectives. Similarly, there are a number of national health related strategies and plans which will provide overarching guidance for this Strategy. These plans and their relationship to areas of the Strategy will be indicated throughout this document.

It is acknowledged that no one organisation can implement this Strategy on its own. Effective primary health care requires a whole of system approach with a set of coordinated and integrated actions. Therefore, it is crucial that the wider primary health care sector is engaged and actively supports the development and implementation of this Strategy.

1.2 Approach

The priorities and directions in this Strategy have been identified through a process of consultation with primary health care providers, consumers, ACT Government, peak bodies and other representative groups and individuals. This input has been combined with research into developments nationally and internationally in the provision of primary health care along with research into the current and projected health profile of the ACT.

1.3 Primary health care philosophy

The philosophy behind primary health care is based upon:⁷

- a holistic understanding of health as wellbeing rather than absence of disease
- recognition of the multiple determinants of health including gender, housing, education, transport, planning, communication, social and other services
- community input into health services which will be reflected by involvement of communities and individuals at all levels of planning and provision of services
- equity in health care and prioritisation of services to the most needy
- accessible, acceptable and affordable services and technology
- eliminating causes of ill health through health promotion and disease prevention
- recognition that primary health care must be based upon social, biomedical and health services research in order to provide effective health care

⁷ Research Centre for Primary Health Care & Equity, University of NSW
http://www.phconnect.edu.au/defining_primary_health_care.htm

1.4 Overarching primary health care strategies

The *ACT Primary Health Care Strategy 2011–2014* acknowledges that in order to create health care which is consistent with the underlying philosophy and principles of primary health care, the following overarching set of strategies must be adopted:⁸

- Undertake needs based planning at system level, informed by population health data to drive service provision
- Promote decentralised management of health services by local communities
- Prioritise education of communities and individuals to gain understanding of and control over health problems and illness prevention
- Facilitate intersectoral cooperation and coordination at all levels, from government planning through to local implementation, across traditional departmental boundaries
- Develop a balance between health promotion, preventive care and illness treatment
- Develop multi-disciplinary teams drawn from a variety of disciplines including medical, nursing, allied health, community workers, population health professionals, health promotion workers and educators
- Develop effective communication strategies between professionals, settings and with the individual/family/carer

1.5 Key principles

The principles of the *ACT Primary Health Care Strategy 2006–2009* have been revised and updated to reflect consultation with the ACT community. The key principles for the *ACT Primary Health Care Strategy 2011–2014* are:

Principle 1 – Empowered person centred care

Individuals will be enabled to make informed decisions about their health and wellbeing with support from a primary health care system which focuses on the needs of the individual and which works in partnership with individuals, families and carers to support their needs. Appropriate, consumer centred information, resources and support are provided to enable individuals to make informed decisions about their health and wellbeing.

Principle 2 – Focus on disease prevention and promote a holistic understanding of health as wellbeing rather than absence of disease

Health promotion, illness prevention and early intervention are a central focus of the primary health care system.

Principle 3 – Services are evidence-based, safe, appropriate, effective and efficient

Consumers have timely access to safe, high quality primary health care services. These services deliver evidence based care and are accountable for outcomes, support continuous quality improvement and reward research and innovation.

Principle 4 – Equity and access

The primary health care system acknowledges the importance of equity in health care, prioritises services to the most in need and promotes accessible, acceptable, affordable and timely services.

Principle 5 – Collaborative model of team based coordinated care

Primary health care services provide collaborative team based services in consultation with consumers to deliver an effective, appropriate and coordinated service appropriate to the needs of the consumer.

Principle 6 – Integration and collaboration to support the patient journey

Collaborative, strong partnerships are developed between consumers, carers, public and private primary health care services, secondary and tertiary sectors and the wider sector responsible for housing, justice, employment, education and planning.

⁸ Research Centre for Primary Health Care & Equity, University of NSW CPHCE
http://www.phcconnect.edu.au/defining_primary_health_care.htm

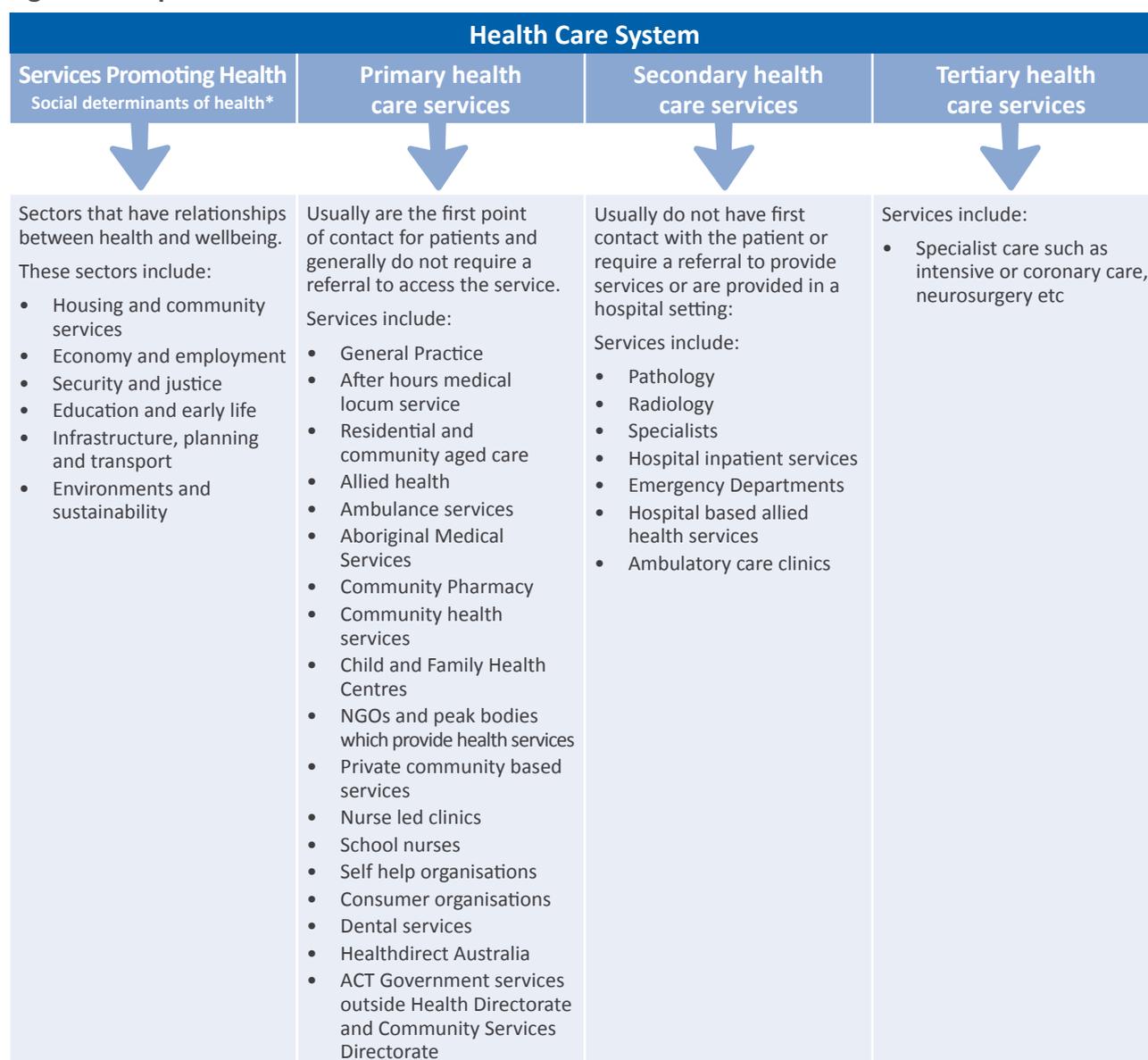
1.6 Scope of primary health care services in ACT

The primary health care sector is large with a complex system of funding and policy responsibility.

The *ACT Primary Health Care Strategy 2011–2014* takes a broad view of comprehensive primary health care, extending beyond the traditional ‘general practice’ or ‘primary care’ focus. The central role of general practice in the provision of primary health care is acknowledged whilst recognising the important contribution of the wider primary health care sector and the need to improve integration across all services and sectors.

The following diagram provides a broad representation of how health services are spread across the ACT. It is not an exhaustive list, nor is it necessarily definitive, but it serves as an indication of the extent of the primary health care sector and the need to take a comprehensive and inclusive approach to the development and implementation of the Strategy.

Figure 1: Scope of Health Care Services in the ACT



*Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010.

1.7 Health stakeholders

Consumers are the key stakeholders in the primary health care sector. The Strategy recognises that the primary health care system should actively engage and partner with consumers and their carers to provide primary health care that is coordinated, responsive to consumer needs, safe and of high quality.

General Practice is a major stakeholder in the delivery of primary health care services. The Royal Australian College of General Practitioners defines the crucial, distinguishing features of general practice as providing:

- Initial or primary care
- Continuing care
- Comprehensive care
- Coordinated care
- Care for individuals, families and communities

Other health stakeholders such as government services, private health services and non-government organisations (NGOs) along with individual health professionals and workers also play a key role in delivering primary health care. It is important that all stakeholders, including consumers, work towards building trust and relationships in the sector in order to work towards the common goals articulated in this Strategy.

2. Background information

The ACT was the first jurisdiction in Australia to develop a Primary Health Care Strategy. The *ACT Primary Health Care Strategy 2006–2009* has set the direction for the efficient and effective delivery of primary health care services in the ACT. Each year the ACT Primary Health and Chronic Disease Strategy Committee identified a priority action list from the Strategy and provided oversight and coordination for the implementation of those priorities.

The first Strategy has been effective in developing links and collaborating with both non-government and government agencies including ACT Government Education and Training, Territory and Municipal Services and Environment and Sustainable Development Directorates to support a number of health related initiatives.

The Strategy has also been effective in developing the foundations to ensure primary health care activities in the future are interprofessional, collaborative and coordinated. There have been a number of successes in the areas of chronic disease management, including better coordination for people with a chronic disease, self management, and information management and technology solutions to monitor diseases more effectively. Other successful initiatives include health promotion activities targeted at children and early intervention programs for vulnerable populations.

Some aspects of the Strategy were less successful than anticipated and a number of lessons have been learned.

Strategies must be responsive to the changing health landscape. It is noted that some suggested actions under the 2006 – 2009 Strategy were not progressed due to changed circumstances. Strategies need to be dynamic documents and as such yearly implementation plans, with measurable outcomes, were found to be of more use than a single implementation plan for the three year life of the Strategy.

Other activities were not progressed in part due to a lack of clarity regarding responsibility for implementation. Implementation plans should identify clear responsibilities for progression of initiatives and associated time lines. An identified lead area is also important for encouraging sustainability. In moving forward, the new *ACT Primary Health Care Strategy 2011–2014* will build on the successes of the previous strategy and be mindful of the lessons learned.

2.1 National policy context

This Strategy has been developed during a period of significant national and local policy reform and development. The impact of these reforms and development on primary health care has been, and will continue to be, significant. It is therefore important to understand the context within which the development of the Strategy is being undertaken. It is also important to understand that the evolving national and local reform will impact on the method of implementation of the Strategy and therefore actions and directions contained within are necessarily broad in order to accommodate these anticipated changes.

2.1.1 Council of Australian Governments Agreement

In August 2011 a National Health Reform Agreement was reached between the Australian Government and all States and Territories, which aims to deliver better health care for all Australians and secure the sustainability of Australia's health system into the future.

The National Health Reform Agreement replaces the Heads of Agreement made at the 13 February 2011 Council of Australian Governments (COAG) meeting, and will see all governments working together to reform the health system. This agreement will build on the work already progressed to date.

Under the agreement, all governments have committed to new funding and governance arrangements which will deliver better patient outcomes and help secure the long-term sustainability of Australia's health system.

2.1.2 Medicare Locals

As part of the health reform process the Australian Government is establishing primary health care organisations called ‘Medicare Locals’. Medicare Locals will work to ensure that health care is better integrated and responsive to the needs of the local community.

The five key objectives for Medicare Locals are:⁹

- Identification of the health needs of local areas and development of locally focused and responsive services including a stronger focus on prevention and early intervention;
- Improving the patient journey through developing integrated and coordinated services;
- Providing support to clinicians and service providers to improve patient care, particularly the better prevention and management of chronic disease;
- Facilitating the implementation and successful performance of primary healthcare initiatives and programs; and
- Being efficient and accountable with strong governance and effective management.

The Australian Government intends to use the current Divisions of General Practice as platforms from which to establish Medicare Locals. The Australian Government will negotiate service contracts directly with Medicare Locals in consultation with the Territory and other stakeholders.

The ACT Division of General Practice has now become the ACT Medicare Local. The main goal of the ACT Medicare Local is to bring together primary health care professionals and organisations to deliver quality primary care services to the ACT population. The ACT Medicare Local will be a key partner in implementing the new *ACT Primary Health Care Strategy*.

2.1.3 Local Hospital Networks

Another key reform process being undertaken as part of the COAG Agreement is the establishment of Local Hospital Networks (LHNs). The ACT LHN consists of a networked system that will hold service contracts with the ACT Government Health Directorate. The ACT LHN is comprised of the Canberra Hospital, Calvary Public Hospital, Clare Holland House and the Queen Elizabeth II Family Centre.

An ACT LHN Council has been formed and is tasked with making recommendations to the Director General of the ACT Government Health Directorate in regard to clinical and corporate governance frameworks; community and clinician involvement in planning; ACT LHN policies, plans and initiatives; integration with the ACT Medicare Local; and ACT LHN financial and operational performance. The ACT LHN Council will also be required to report regularly to the Minister for Health.

Under the reforms agreed to by COAG, the ACT Government will continue to manage the system-wide public hospital service planning and performance, including the purchasing of public hospital services and capital planning, and will be responsible for the management of the performance of the ACT LHN.

The boundaries of both the ACT Medicare Local and the ACT LHN are aligned (both being limited to the borders of the ACT in the first instance). The alignment of these boundaries offers the greatest opportunity to develop synergies between the two structures, and to build on the good work already underway between the Health Directorate and the ACT Medicare Local. The *ACT Primary Health Care Strategy 2011–2014* acknowledges the key role that LHNs will have in implementing the Strategy and the importance of maintaining strong linkages.

9 Department of Health and Ageing (2009) *Medicare Locals: Discussion Paper on Governance and Functions*
<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/content/home>

2.1.4 Lead Clinician Groups

The Commonwealth Government is establishing a network of Lead Clinician Groups across the country. This initiative is designed to increase clinician engagement at a national and local level. A National Lead Clinician Group will advise the Australian Minister for Health and Ageing on nationally relevant priorities, and help prioritise and implement clinical standards and guidelines.

Locally, Lead Clinician Groups will advise on local implementation of guidelines. Local Lead Clinician Groups will also provide advice to Local Hospital Networks and Medicare Locals, with a focus on improving coordination of care between hospitals, aged care and the community.

Significantly, Local Lead Clinician Groups are not intended to displace or duplicate any clinical consultative bodies within Local Hospital Networks or Medicare Locals and will draw on existing local clinical advisory structures where possible.

The ACT Government is presently examining how best to implement this initiative in the ACT, and build on the strong clinical advisory structures currently in place.

2.1.5 National Primary Health Care Strategy

The *ACT Primary Health Care Strategy* will need to build synergies with the *National Primary Health Care Strategy*¹⁰ which represents the first comprehensive national policy statement for primary health care in Australia.

The National Strategy identifies **5 key building blocks** which are considered essential system-wide underpinnings for a responsive and integrated primary health care system for the 21st Century:

- Regional integration
- Information and technology, including eHealth
- Skilled workforce
- Infrastructure
- Financing and system performance

Drawing from these are **4 priority directions for change**:

- Key Priority Area 1: Improving access and reducing inequity
- Key Priority Area 2: Better management of chronic conditions
- Key Priority Area 3: Increasing the focus on prevention
- Key Priority Area 4: Improving quality, safety, performance and accountability

2.1.6 National Partnership Agreement on Preventive Health

ACT is a signatory of the *National Partnership Agreement on Preventive Health* which was approved by COAG in November 2008.

The Agreement, consistent with the National Healthcare Agreement performance targets, will contribute to the following medium to long-term outcomes:

- (a) increase the proportion of children and adults at healthy body weight by 3 percentage points within ten years;
- (b) increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15 per cent within six years;
- (c) reduce the proportion of Australian adults smoking daily to 10 per cent within ten years;
- (d) reduce the harmful and hazardous consumption of alcohol; and
- (e) help assure Australian children of a healthy start to life, including through promoting positive parenting and supportive communities, and with an emphasis on the new-born.

¹⁰ Department of Health and Ageing (2010) *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*

2.1.7 National Preventative Health Strategy

The *National Preventative Health Strategy* provides a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco, and excessive consumption of alcohol. The Strategy's recommendations are directed at primary prevention and will address all relevant arms of policy and all available points of leverage, in both the health and non-health sectors.

The Strategy identifies seven strategic directions to ensure a comprehensive approach:

1. Shared responsibility – developing strategic partnerships – at all levels of government, industry, business, unions, the non-government sector, research institutions and communities;
2. Act early and throughout life – working with individuals, families and communities;
3. Engage communities – act and engage with people where they live, work and play; at home, in schools, workplaces and the community. Inform, enable and support people to make healthy choices;
4. Influence markets and develop coherent policies – for example, through taxation, responsive regulation, and through coherent and connected policies;
5. Reduce inequity through targeting disadvantage – especially low socioeconomic status (SES) population groups;
6. Indigenous Australians – contribute to 'Close the Gap'; and
7. Refocus primary healthcare towards prevention.

Each of these strategic directions requires strong infrastructure to support action, coordinated and driven via the National Preventive Health Agency working with a range of national, state and local partners. The directions are reflected in each of the strategies for obesity, tobacco and alcohol, complemented by the support of national preventative health infrastructure.

The Strategy sets a number of ambitious targets:

- Halt and reverse the rise in overweight and obesity;
- Reduce the prevalence of daily smoking to 10% or less;
- Reduce the proportion of Australians who drink at short-term risky/high-risk levels to 14%, and the proportion of Australians who drink at long-term risky/high-risk levels to 7%; and
- Contribute to the 'Close the Gap' target for Indigenous people, reducing the life expectancy gap between Indigenous and non-Indigenous people.

2.1.8 National workforce developments

Several important developments have occurred in recent years which affect the current and future primary health care workforce. These include:

- The establishment of the Australian Health Practitioners Regulation Agency (AHPRA) which has resulted in consistent national regulations, professional codes of conduct and ethics, and disciplinary measures for nearly all health professional groups providing primary health care in the ACT; and
- Recent legislative change which has enabled increased flexibility and new roles for some health professionals such as Nurse Practitioners and eligible midwives who have the opportunity to become Medicare providers and to offer Medicare Benefits Schedule (MBS) funded care in the community.

2.2 ACT policy context

2.2.1 ACT Government

The ACT Government has taken steps to ready the ACT health system to respond to growing health service demand. A major capital development plan called the *Your health – our priority* program has commenced which includes a new Community Health Centre in Gunghalin and significant redevelopment of existing community health centres in Canberra.

In addition, the ACT Government also made a major eHealth commitment called the *Health-e Future Program* which will complement the *Your health – our priority* program.

The ACT Government has also committed significant resources for a *GP Workforce Program* which aims to support and grow the ACT GP workforce over the next 4 years.

2.2.2 ACT health promotion priorities

Health Directorate's key health promotion priorities recognise the social determinants of health and the need to work cross sectorally to address these. Priorities include:¹¹

- Contribute to improvements in social, economic, cultural, physical and environmental conditions to sustain good health
- Build opportunities for people to be informed, learn new skills and have greater access to activities that promote good health
- Investment in strengthening systems and capacity to deliver effective health promotion action
- Minimise the harm in the community from alcohol, tobacco and other drugs
- Improve health outcomes among disadvantaged and vulnerable communities

2.2.3 ACT Chronic Disease Strategy 2008 – 2011

The ACT Strategy includes the four areas of action identified in the *National Chronic Disease Strategy* as well as an additional area of action focused on research and surveillance:

- Action Area 1 — prevention and risk reduction across the continuum;
- Action Area 2 — early detection and early treatment;
- Action Area 3 — integration and continuity of prevention and care;
- Action Area 4 — self-management; and
- Action Area 5 — research and surveillance.

2.2.4 ACT Government reports

The ACT Minister for Health appointed a taskforce to investigate GP workforce issues in the ACT which resulted in the report *General Practice and Sustainable Primary Health Care – The Way Forward* (September 2009).¹² This report made 30 recommendations that provide a way forward for general practice and sustainable primary health care. The ACT Government agreed or agreed in principle to all of the recommendations and implementation of many of the recommendations is underway.

¹¹ ACT Government (2010) *Towards a Healthier ACT, A strategic framework for the Population Health Division 2010–2015*

¹² ACT Government (2009) *ACT GP Taskforce Report: General Practice and Sustainable Primary Health Care – The Way Forward*

In 2009, the ACT Legislative Assembly requested an inquiry into access to primary health care services in the ACT. As a result, the Standing Committee on Health, Community and Social Services Report No 2 – *Access to Primary Health Care Services* February 2010¹³ provides a number of recommendations in relation to:

- how to arrest, and reverse the decline in GP numbers in the short and longer term; and
- linkages between Government and non-government health care providers including innovative and best practice primary health care models.

2.2.5 Other ACT plans and strategies

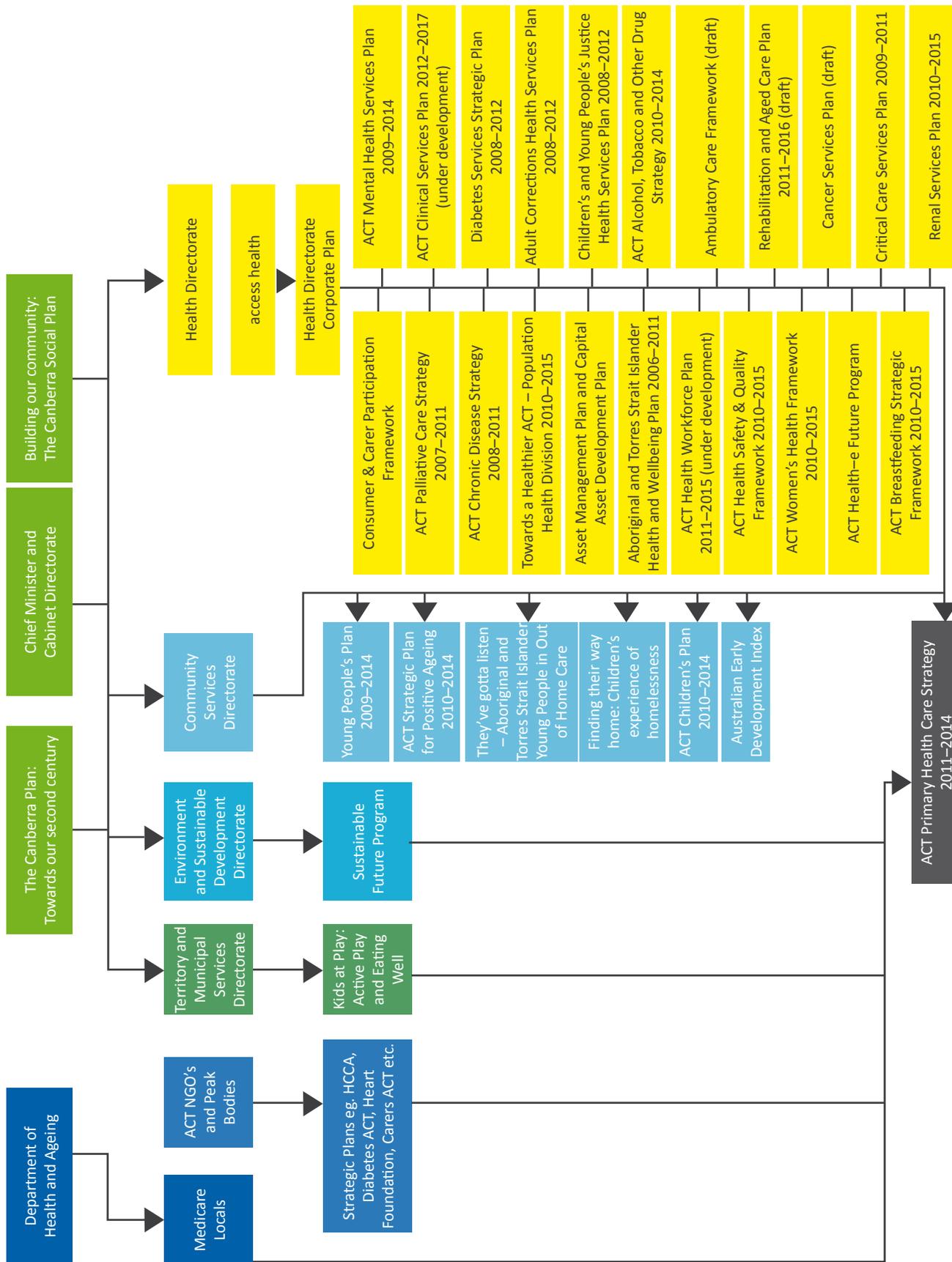
The *ACT Primary Health Care Strategy 2011–2014* is influenced by, and contains linkages with, a number of other planning and strategy documents in the ACT. Figure 2 sets out the ACT Planning Framework within which the *Primary Health Care Strategy* has been developed. However, it is important to note that many other strategic plans and policy documents from other ACT Government services, peak body, non-government and private organisations have been developed which identify priorities and strategies for primary health care. Some of these plans include:

- Chief Minister and Cabinet:
 - *The Canberra Plan: Towards our Second Century*, builds on the original Canberra Plan and prepares for the city’s future. It has a strong focus on health, education, municipal services, climate change, water security, housing affordability and skills shortages.
 - *Building Our Community — the Canberra Social Plan* identifies the changes in Canberra’s social environment and the determinants of disadvantage and exclusion. It highlights the opportunities and challenges ahead, and the means of achieving sustained improvement in access, equity and participation for the people of the ACT.
- Community Services:
 - *They’ve gotta listen – Aboriginal & Torres Strait Islander Young People in Out of Home Care*
 - *Finding their way home: Children’s experiences of homelessness*
 - *ACT Children’s Plan 2010–2014*
 - *Young People’s Plan 2009–2014*
 - *ACT Strategic Plan for Positive Ageing 2010–2014*
 - *Australian Early Development Index (AEDI)*
- Territory and Municipal Services:
 - Sport and Recreation Services, *Kids at Play: Active Play and Eating Well project*
 - *Accessible Public Transport in the ACT Action Plan 2009–2012*
- Environment and Sustainable Development: *Sustainable Future program*
- Non Government Organisations and peak bodies strategic plans relevant to the ACT eg Health Care Consumers Association of the ACT, Diabetes ACT, Heart Foundation, Pharmacy Guild of Australia’s Roadmap, Self Help Organisations United Together (SHOUT), Mental Health Community Coalition of the ACT and Carers ACT.

The Strategy acknowledges that the challenge is to develop linkages with these strategies and plans to provide an inclusive and comprehensive approach to primary health care.

13 ACT Legislative Assembly Standing Committee on Health, Community and Social Services (2010) Report No 2 – *Access to Primary Health Care Services*

Figure 2: ACT Planning Framework



2.3 Population health needs and demographics

The *Australian Capital Territory Chief Health Officer's Report 2010* provides an overview of the health of the ACT population over the period 1 July 2006 to 30 June 2008.

The demographic profile of the ACT population is shifting towards an older profile. This shift, along with increases in life expectancy and changes to lifestyle, will result in an increase in the number of people with age-related chronic conditions with a subsequent heavier demand for health services.

2.3.1 Social determinants of health

Social determinants of health are the economic and social conditions under which people live and work that can impact on their health. Social disadvantage is associated with potentially avoidable poor health outcomes, and in the ACT, indicators of material disadvantage have been linked to poorer health status, lower levels of service utilisation and service access.

Socio-Economic Indices for Areas 2006 compiled by the Australian Bureau of Statistics (ABS) give an indication of an area's relative advantage and disadvantage in relation to income, educational attainment, employment and skill of occupation based on information collected in the 2006 Census. Overall ACT residents rank above the national average for most socio-economic indicators based on broad geographic levels however, this data also shows that the ACT has five collection districts falling within the bottom 5% of Australian rankings for relative social disadvantage with two of these ranking in the bottom 1%. These areas typically feature high levels of public tenement housing and generally accommodate people in receipt of social welfare. It is therefore important that these pockets of social disadvantage are identified and targeted through the *ACT Primary Health Care Strategy*.

The ACT continues to have the highest proportion of private health insurance holders in the country (55.3% in 2008), reflecting the Territory's relatively high socio-economic status.¹⁴

2.3.2 Morbidity and mortality

Studies show that self-rated health is a strong and independent predictor of subsequent illness and premature death. In the 2008 ACT General Health Survey,¹⁵ 82.4% of adults over 16 years reported their health as excellent, very good or good.

2.3.3 Growing and ageing population

By the year 2032, Canberra's population is projected to grow by 67,000 people to 389,000, with the proportion of our population aged over 65 expected to increase from 9.7% to 25.6%. In addition the ACT health system services a surrounding regional population in South East NSW, and this region will also experience similar degrees of growth and ageing.¹⁶

The impact of the conditions of ageing are evident. Depression and related diseases are exacerbated in older people and they have worse health outcomes after medical events such hip fractures. The elderly are most susceptible to falls, dementia, delirium and depression. An ageing population will most certainly increase the demand for health services.¹⁷ Along with the need to meet this increasing demand is a need to focus on wellness and positive ageing strategies for older consumers and carers.

14 ACT Government (2010), *ACT Chief Health Officer's Report 2010*

15 The ACT commissioned NSW Health to undertake a general health survey in the ACT. There were thirteen hundred respondents in 2007 with a similar sample in 2008.

16 ACT Government (2009), *Your health – our priority*

17 ACT Government Health Directorate (2010), *Rehabilitation and Aged Care Plan 2010–2015 Consultation Draft*

2.3.4 Burden of disease

Overall, chronic conditions account for approximately 80% of the total burden of disease and injury both in the ACT and Australia. Disease burden from chronic diseases is expected to increase over the next decade, largely due to an ageing population and changes in lifestyle. More than 50% of consultations with GPs are attributed to people with chronic conditions such as heart disease, cancer and diabetes.¹⁸ In order to meet this growing demand a change in focus from episodic care to ongoing team based/shared care management and coordinated care provision in community settings will be required along with investment into prevention and health promotion strategies.

2.3.5 Access and equity indicators relevant to health

Different population groups experience inequities in health status and access to health care services. This is particularly relevant to certain groups such as Aboriginal and Torres Strait Islander people and for persons within the correctional system.

Reducing health disparity and improving the health of disadvantaged communities is a key objective of the ACT Government. ACT residents have generally higher weekly earnings and education attainment levels than the national average, and identifying those with social and economic disadvantage is often difficult. However, issues that can impact negatively on access and equity include GP and specialist shortages, transportation barriers, perceptions of care quality, costs and knowledge and skills of the workforce in relation to working with vulnerable groups.

The 2008 ACT General Health Survey found that overall, 21.1% of people believed there were inadequacies in the health services in their local area. Survey respondents were asked about the type of difficulties they encountered getting healthcare. The most common difficulties reported were: waiting times to see a GP (14%), obtaining access to specialist services (3.2%), cost of healthcare services (2.8%) and shortages of GPs in the area (2.3%). In terms of barriers to health care use: 21% of respondents reported to have delayed using a health service because they couldn't afford it, and 6.7% reported that they were unable to get to the health service. The types of services these barriers related to included: 44% to dentists, 20% to GPs and 19.5% to specialists.

Aboriginal and Torres Strait Islander people experience significantly more ill health than other Australians. They typically have lower life expectancy and experience poorer health across a range of indicators compared to other Australians.¹⁹ The demographic structure and related social characteristics of the ACT Aboriginal and Torres Strait Islander population vary considerably from that of the non-Aboriginal and Torres Strait Islander ACT population particularly in relation to a younger age structure and lower socio-economic status, as measured by a range of indices.²⁰

These differences have important implications for health as the association between age and health service utilisation is well documented, as is the association between social factors and health status. Chronic diseases (including diabetes, heart disease, asthma, iron deficiency and hypertension) are known to be a significant cause of poor health and preventable hospitalisations in the Aboriginal and Torres Strait Islander population. Dialysis in particular accounts for a disproportionately large percentage of preventable admissions.²¹

Both the *ACT Health Adult Corrections Health Services Plan 2008–2012* and the *Children's and Young People's Justice Health Services Plan 2008–2012* recognise that the health of adults and young people in detention is poor in comparison to the health of the non-prison population and is characterised by high rates of mental illness, communicable disease and health risk factors relating to drug dependence and other dependencies.

18 Department of Health and Ageing (2010), *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*

19 Australian Institute of Health and Welfare (2010), *Australia's Health 2010, Whose health? How population groups vary* Chapter 5

20 ACT Government (2010), *ACT Chief Health Officer's Report 2010*

21 ACT Government (2006), *ACT Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2006–2011*

In 2009, the ACT Government undertook two reviews^{22, 23} into access to primary health services which resulted in a number of recommendations to address the workforce shortages and improve access to primary health care. Of particular note, the GP Taskforce identified that “that a primary health care service for people living in residential aged care facilities is the biggest issue for the ACT in relation to GP services.”

Improving women’s access to health care services and information: A Strategic Framework 2010–2015 recognises that innovative approaches are necessary to target and improve the health outcomes of women who are disadvantaged including women from Aboriginal and Torres Strait Islander backgrounds, those living with a disability and women from culturally and linguistically diverse backgrounds.

It is clear that although the overall ACT population enjoys relatively good health and access to health services, there are pockets of disadvantage which must be addressed along with attention to risk factors as part of the national approach to preventive health in order to minimise the impact of ageing and chronic disease in the future.

2.4 Key issues and drivers for improvement

The ACT health system faces significant challenges in the future which will require a strong, responsive and cost-effective primary health care system in order to meet these challenges. In summary, the key drivers for change in the ACT are:

- Population growth, an ageing population and growing burden of chronic disease
- Unacceptable inequities in health outcomes and access to services
- Workforce pressures, particularly GPs
- Emerging technologies and changing clinical practice
- Changes to the national policy context
- Changes to the way services are organised and delivered
- Consumer demands and expectations of high quality services

22 ACT Legislative Assembly, Standing Committee on Health, Community and Social Services (2009), *Report into Access to Primary Health Care Services*

23 ACT Government (2009), *General Practice and Sustainable Primary Health Care – The Way Forward*

3. Summary of Key Priorities

This document identifies seven priority areas for action. The first four priorities focus on improving outcomes and addressing the shortcomings of current arrangements. The last three priority areas focus on providing enablers or building blocks which are essential to achieve improvement. The key priorities are based on those identified in the National Primary Health Care Strategy.

Priorities	Key Direction for Improvement	Action Areas
Improving access and reducing inequity	Primary health care is delivered through an integrated service system which provides more uniform quality care across the ACT. It actively addresses service gaps and the needs of specific population subgroups.	<ul style="list-style-type: none"> • Access to primary health care services • Vulnerable groups
Improving continuity and coordination of care especially for people with chronic conditions	Consumers, particularly those with multiple, chronic and complex conditions, experience primary health care services which are coordinated across multiple care providers and settings. This care is actively managed and supports continuity. Consumers are empowered and supported to coordinate their own care.	<ul style="list-style-type: none"> • Role delineation and coordination • Multidisciplinary and team based practice • Integration of services
Increasing the focus on health promotion, prevention, early intervention and consumer empowerment	Strengthen the existing framework for health promotion, prevention, and early intervention in primary health care, to encourage more systematic approaches. This may include regular recall and follow up, which is coordinated and integrated with other preventive activities. These activities will include a focus on improving health literacy within local communities.	<ul style="list-style-type: none"> • Prevention and health promotion • Consumer empowerment
Improving quality, safety, performance and accountability	Establish a strong framework for quality and safety in primary health care, based on improved information and quality assurance systems. These systems will support measurement, feedback and quality improvement for providers, and greater transparency for consumers and funders.	<ul style="list-style-type: none"> • Promoting quality and safety
Information Management	Consumers benefit from primary health care service arrangements which enable sharing and improved access to health information, clinical knowledge resources and emerging technologies to support consumer centred care.	<ul style="list-style-type: none"> • Sharing information
Workforce	The primary health care workforce is flexible and well trained with clear roles and responsibilities built around core competencies. The workforce works together with consumers, families and carers to deliver best care cost-effectively, and continues to build skills through effective training and team work.	<ul style="list-style-type: none"> • Support for primary health care workforce
Infrastructure	The right physical facilities and equipment are important for supporting new models of primary health care delivery. Physical infrastructure facilitates integration, enables teams to train and work together, and supports different models of care to improve access.	<ul style="list-style-type: none"> • Strategic, collaborative approach

4. Priorities

4.1 Improving access and reducing inequity

Key Direction for Improvement

Primary health care is delivered through an integrated service system which provides more uniform quality care across the ACT. It actively addresses service gaps and the needs of specific population subgroups.

Primary health care principles acknowledge the importance of equity in health care, the need to prioritise care to the most in need and to promote accessible, acceptable and affordable services.

Whilst the overall ACT population enjoys higher socio-economic circumstances and reports better health than other Australian jurisdictions, there are pockets of population groups within the ACT which are facing significant service gaps and difficulties accessing primary health care services. These include people with mental illness, people leaving custody to return to the community, older people whether living at home or in residential aged care facilities, Aboriginal and Torres Strait Islanders, refugees, culturally and linguistically diverse residents, people affected by drug and alcohol dependency and residents of NSW who require access to ACT primary health care services.

Compounding this, the ACT has a significant shortage of General Practitioners providing primary health care services. This in turn, impacts on access to primary medical care for the population. In 2009, the ACT Government undertook two inquiries into access to primary health services which resulted in a number of recommendations to address the workforce shortages and improve access to primary health care. Of particular note, the GP Taskforce identified that “that a primary health care service for people living in residential aged care facilities is the biggest issue for the ACT in relation to GP services.”²⁴

Action Areas

4.1.1 Access to primary health care services

Action will be undertaken to:

- Support the implementation of the recommendations accepted by the ACT Legislative Assembly following the report into *Access to Primary Health Care Services* by the Standing Committee on Health, Community and Social Services.²⁵
- Support the implementation of the recommendations accepted by the ACT Legislative Assembly following the *Final Report of the GP Taskforce, General Practice and Sustainable Primary Health Care: The Way Forward*.²⁶
- Identify and address gaps in primary health care provision to better support older people in accordance with Australian Government reforms and funding support.
- As part of the COAG reform process, consider mechanisms to better coordinate care for residents of regional NSW accessing primary health care services in the ACT.

24 ACT Government (2009) *General Practice and Sustainable Primary Health Care – The Way Forward*

25 [w://www.legassembly.act.gov.au/committees/index1.asp?committee=115&inquiry=772&category=19](http://www.legassembly.act.gov.au/committees/index1.asp?committee=115&inquiry=772&category=19)

26 ACT Legislative Assembly (2009) *Government Response to the GP Taskforce Final Report General Practice and Sustainable Primary Health Care: The Way Forward*

4.1.2 Vulnerable groups

Action will be undertaken to:

- Develop targeted approaches to provide access to services for vulnerable or disadvantaged groups. This will include building upon and enhancing current care provision and exploring new models of care for areas of need.
- Strengthen links between the primary health care sector and ACT mental health services to improve early intervention strategies and address identified gaps in service provision for individuals with comorbidity and forensic issues.²⁷
- Investigate ways to improve geographic access to health and wellbeing services across Canberra and increase coordination between mainstream and Aboriginal and Torres Strait Islander community controlled health care for Aboriginal and Torres Strait Islander people.²⁸ Improve access to primary health care focused on the detection and ongoing management of chronic disease as part of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.
- Identify and improve access to services for people from culturally and linguistically diverse backgrounds through strengthening linkages with early intervention programs such as the Child and Family Health Centres.

²⁷ ACT Government (2009) *Mental Health Services Plan 2009–2014*

²⁸ ACT Government (2006) *A New Way – The ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006–2011*

4.2 Improving continuity and coordination of care especially for people with chronic conditions

Key Direction for Improvement

Consumers, particularly those with multiple, chronic and complex conditions, experience primary health care services which are coordinated across multiple care providers and settings. This care is actively managed and supports continuity. Consumers are empowered and supported to coordinate their own care.

The complexity of the health care maze is a major barrier to accessing services for many consumers particularly those with chronic or complex care needs and for vulnerable and disadvantaged groups.

The need for better coordinated care has long been recognised but limited progress has been made. Reasons for this appear to include a lack of clarity about which consumers with which conditions will most benefit from care coordination; the complexity of working across professional and organisational boundaries; lack of systems such as eHealth records to support coordination; lack of recognition of the costs of coordination in many funding systems; and an expectation that coordination can simply be 'grafted' on to fragmented systems of care.²⁹

Lack of coordination is a systemic problem which requires a systemic response. Strategies known to be effective include:³⁰

- Strengthening the support for generalist approaches to care;
- Providing effective infrastructure for coordination (including electronic health records and comprehensive information and referral systems); and
- Shifting the focus from single patient encounters to episodes of care.

Feedback from stakeholder consultation notes that the roles of primary, secondary and tertiary providers are often blurred in the ACT in relation to chronic care management and there is an increasing trend towards specialisation. It is known that blurring of professional identity due to a misunderstanding of roles may be a barrier to teamwork.³¹

Action Areas

4.2.1 Role delineation and coordination

Action will be undertaken to:

- Build on the work already undertaken through the *ACT Chronic Disease Strategy 2008 – 2011* to improve integration and continuity of care, which include actions to develop, promote and support the use of shared care guidelines between primary health care services and specialised services for key chronic conditions.
- Develop models of care which map the consumer journey and clearly define the roles of primary, secondary and tertiary service providers with a focus on utilising the primary health care sector more effectively and increasing the generalist approach particularly for consumers with chronic and complex conditions.
- Build on existing work undertaken and further research, develop and trial models to improve care coordination especially for consumers with chronic and complex care needs.

29 Centre for Primary Health Care and Equity, University of NSW. *Response to Towards a National Primary Health Care Strategy*

30 Centre for Primary Health Care and Equity, University of NSW. *Response to Towards a National Primary Health Care Strategy*

31 E Jackson Bowers, Primary Health Care Research and Information Service (2010), *How does teamwork support GPs and Allied Health Professionals to work together?* Issue 14 September 2010

4.2.2 Multidisciplinary and team based practice

Action will be undertaken to:

- Support multidisciplinary and team based practice in the primary health care setting through:
 - developing effective communication strategies;
 - seeking opportunities to support case conferences and coordination;
 - identifying funding and resources to support team administration and coordination; and
 - identifying educational opportunities that promote effective approaches to team work and team based care.
- Develop strategies to improve handover between settings (eg hospital and primary health care) including the use of eHealth systems that support shared individual health records, building and sustaining referral pathways and developing common intake and discharge protocols.

4.2.3 Integration of services

Action will be undertaken to:

- Facilitate greater integration across primary health care provider organisations through creating networking opportunities across the public, private and community sector and establishing education, information sharing and funding structures that support team-based approaches.
- Address systemic elements which will help improve integration taking into consideration the following principles of a successfully integrated health system:³²
 - centralised planning and coordination of all services for the population group served;
 - places the consumer and their experience at the centre of the integration effort;
 - provides services for an identified consumer group in a geographic area;
 - standardises care by interprofessional teams using shared protocols, defined roles and responsibilities, and efficient communication channels;
 - has protocols and procedures to measure care processes and outcomes for continuous quality improvement;
 - uses shared electronic health records;
 - bridges organisational cultures with visionary leadership;
 - overcomes clinician resistance through financial incentives linked to consumer satisfaction and improvements to the quality of their working life;
 - uses governance structures that promote coordination, flatter organisational structures and community representation; and
 - recognises that integration processes may increase costs before they provide savings.

³² Suter E, Oelke N, Adair C, Armitage G (2009) Ten key principles for successful health systems integration. *Healthcare Quarterly* 13, 16–23.

4.3 Increasing the focus on health promotion, prevention, early intervention and consumer empowerment

Key Direction for Improvement

Strengthen the existing framework for health promotion, prevention and early intervention in primary health care, to encourage more systematic approaches. This may include regular recall and follow up, which is coordinated and integrated with other preventive activities. These activities will include a focus on improving health literacy within local communities.

Health promotion activities take place in various settings such as early childhood settings, schools, communities and workplaces, requiring innovative and systemic responses to what are often complex problems. The focus of activities includes changed environments, health promoting policy as well as changing the behaviours of people.

Health promotion and disease prevention are so closely linked that a whole of system, whole of government approach is required. The establishment of Medicare Locals will provide the platform that will allow for better planning and delivery of prevention programs to the community.

General practice and other primary health care services are the frontline of Australia's health system. This makes the primary health care setting a key environment for delivering primary and secondary prevention measures. Preventive health care provided as part of primary health should be one element of a more comprehensive, cross sectoral approach to health promotion for all population health groups.

Research has indicated that although effective, there are a number of barriers to implementing lifestyle interventions in general practice including funding, availability of referral services and constraints on practice staff time, particularly GPs.³³

A number of studies have shown that practice nurses and other primary health care clinicians such as pharmacists are effective in providing prevention activities such as health assessments, health promotion and advice, educating consumers on lifestyle issues and managing recall and reminder systems.³⁴

Opportunities for professional education for primary health care practitioners in prevention and health promotion should be identified and pursued.

Action Areas

4.3.1 Prevention and health promotion

Action will be undertaken to:

- Plan, deliver and evaluate health promotion and preventive health programs targeted at risk factors in communities, in conjunction with the Australian National Preventive Health Agency, existing ACT Government health promotion and population health programs, primary health care providers, government, universities, non government and business sectors as well as consumers.
- Develop, trial and evaluate specific roles for primary health care clinicians to provide assessment, education and support to consumers for risk factor management in a variety of primary health care settings.
- Promote information and referral pathways for preventive health services and programs in the community to service providers and consumers. This will support consumers to modify behavioural risk factors and increase health promoting lifestyle behaviours.
- Develop specific strategies to improve access to preventive care in primary health care which is culturally appropriate and targeted to specific population groups. It is known that the following strategies are effective in improving access to preventive care in primary health care:³⁵

33 Centre for Primary Health Care and Equity, University of NSW. Response to Towards a National Primary Health Care Strategy

34 Centre for Primary Health Care and Equity, University of NSW. Response to Towards a National Primary Health Care Strategy

35 National Primary Health Care Partnership (2009), Response to 'Towards a National Primary Health Care Strategy' Discussion Paper

- Strategies which encourage care with a single generalist practice or a ‘medical home’ and single pharmacy or ‘pharmacy home’;
- Providing services focused on preventive care;
- Reducing cost and other barriers to access for preventive health programs, particularly to target population groups;
- Developing culturally appropriate preventive health programs; and
- Developing partnerships between primary care providers and the community based services that deliver preventive programs and services. These services will include efficient and effective referral pathways and reporting and monitoring of outcomes.

4.3.2 Consumer empowerment

A primary health care system that supports a consumer-centred approach must:

- Involve a partnership approach between health care providers and consumers that respects consumers rights to self-determination in their health care management;
- Provide consumers with the opportunity to influence decisions about health care services;
- Empower consumers to better self manage their conditions and health needs; and
- Promote well-informed and knowledgeable consumers who are empowered to be ‘effective consumers.’³⁶

Health literacy is an emerging indicator of health outcomes. Consumers who are aware of how their body should function and where to find health services and health information are more able to translate information into action and to communicate with relevant health care providers.

Action will be taken to:

- Develop and implement a range of strategies to improve communication with consumers with a focus on health literacy and the provision of information and tools to navigate the health system.
- Develop and build on the range of existing self management programs in the ACT with a focus on:
 - Targeting to the needs of socio-economically disadvantaged and Culturally and Linguistically Diverse (CALD) groups;
 - Strengthening links between general practice and chronic disease self management support programs; and
 - Identifying and supporting health professionals in various settings who could take on a greater role in supporting consumers to develop self-management skills and health promoting behaviours and lifestyle.
- Support a strong and meaningful representation of consumers in planning, monitoring and evaluating primary health care services.
- Support strategies to enable appropriate access for consumers to health records including their personal electronic health record.

³⁶ National Primary Health Care Partnership (2009), *Response to ‘Towards a National Primary Health Care Strategy’ Discussion Paper*

4.4 Improving quality, safety, performance and accountability

Key Direction for Improvement

Establish a strong framework for quality and safety in primary health care, based on improved information and quality assurance systems. These systems support measurement, feedback and quality improvement for providers, and greater transparency for consumers and funders.³⁷

As part of the national health reform process, a new performance and accountability framework will be established which will impose strong national standards for primary health care performance. At a local level, performance reports will include:

- Preventive health risk factors and other measures of community health and wellbeing;
- Access to GP services and out of hours GP care; and
- The extent to which the health system is working in a coordinated way.

A combination of enhanced data collection and reporting and local initiatives will provide clinicians with rich information to reflect on their own practice and drive continuous quality improvement.

Action Areas

4.4.1 Promoting quality and safety

Action will be taken to:

- Work with national authorities to develop performance reports for the ACT which are meaningful and support continuous quality improvement in the primary health care sector.
- Develop and implement the infrastructure required to implement a performance and reporting framework for the primary health care sector.
- Identify and promote strategies which encourage team work across the primary health care and acute care sectors.
- Develop strategies to actively promote research and innovation in the primary health care setting.
- Develop strategies which will assist in translating evidence into practice more systematically.
- Develop an effective process to monitor and evaluate the outcomes of this Strategy.

³⁷ Department of Health and Ageing, Australian Government (2010) *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*

4.5 Information management

Key Direction for Improvement

Consumers benefit from primary health care service arrangements which enable sharing and improved access to health information, clinical knowledge resources and emerging technologies to support consumer-centred care.

Better management of health information, underpinned by efficient and effective use of eHealth are fundamental to enhanced primary health care delivery.

There has been significant investment by the Australian Government, ACT Government and private providers in eHealth to date.

A key eHealth initiative in the *National Primary Health Care Strategy* is the development of the personally controlled electronic health record system which will help to integrate care across health providers, reduce the potential for medication errors and duplication of services, support the delivery of high quality primary health care services and improve patient outcomes. Individuals who choose to participate will be able to choose what information can be viewed and by whom. Information will be attached to consumers rather than the places where they receive health care.

The ACT Government Health Directorate is also implementing a number of eHealth initiatives with the aim of strengthening communication between GPs and the Health Directorate. These include eDischarge Summaries, eReferrals, Event Notifications, Outpatient Waiting Times webpage, a GP webpage and a Health Services Directory.

Additionally, the Health Directorate is in the process of implementing a number of telemedicine programs.

However, there is still significant work and investment required in order to maximise the potential of eHealth which could have a key role in supporting team work, integrating services and supporting evaluation and monitoring of the health care system. The ACT GP Taskforce supports the view that general practice should be the central point or “health care home” for collection and coordination of information for health care consumers care in an eHealth environment.³⁸

A valuable benefit that should flow from eHealth and the personally controlled electronic health record system is the strengthening of the information base available to consumers that can empower them in discussions with health professionals. The effectiveness of eHealth will be greatly influenced by the consumer’s ability to understand and engage in the eHealth process.³⁹

In 2009 and 2010 two surveys were undertaken to identify opportunities for improvement in the interaction between Health Directorate service providers and general practice. A number of recommendations are currently being progressed which relate to sharing of information between the treating team, policy and process in relation to referral and discharge and strategies to improve relationships with general practice.

38 ACT Government (2009) ACT GP Taskforce Report: General Practice and Sustainable Primary Health Care – The Way Forward

39 Health Care Consumers Association ACT. Comments on the *Discussion Paper Towards a National Primary Health Care Strategy*

Action Areas

4.5.1 Sharing information

Action will be taken to:

- Promote strategies to communicate the importance of sharing information between and within the acute and primary health care sectors.
- Provide support for primary health care providers to adopt and use eHealth solutions which enable appropriate sharing of health information across the different settings.
- Provide support to consumers to adopt and use eHealth solutions which enable them to have well informed discussions with health care providers.
- Identify and promote ways to appropriately use information communication technology to support shared decision making, care planning coordination, consumer self management, self testing and self monitoring.

4.6 Workforce

Key Direction for Improvement

A primary health care workforce that is flexible and well trained with clear roles and responsibilities built around core competencies. It works together with consumers, families and carers to deliver best care to consumers cost-effectively, and continues to build skills through effective training and team work.

A key building block for primary health care reform is a skilled, well trained, competent and professional primary health care workforce.

The ACT is experiencing a significant shortage of health care professionals, especially general practitioners. The ACT GP Taskforce reported that the predominant challenge for delivering primary health care in Canberra is the general practice workforce shortage. In particular, the shortage is impacting upon access to primary health care for vulnerable populations. The Taskforce considers that the most urgent area for action in the provision of primary health care is aged care.⁴⁰

Additionally the workforce who supports the aged care system in the ACT, both residential and community, is under considerable pressure. This is impacting on access to comprehensive primary health care services including allied health services and also on the quality of care provided by nursing and other health workers. The traditional silos of Commonwealth and Territory funding and responsibility for aged care have prevented this problem being comprehensively and effectively addressed.

Canberra is well placed to explore new models of care and become a centre for innovative ways of providing primary health care due to its size and good linkages between general practice, government services and non government organisations. Interprofessional primary health care teams offer an opportunity for general practice to partner with nursing and allied health professionals to provide comprehensive team based health care. There is also a need to examine ways to utilise the existing workforce more efficiently.

Allied health and nursing disciplines are fundamental to effective and evidence based primary health care services. Nursing is taking on an increasingly important role in the provision of primary health care in general practice. New roles are emerging for nurse practitioners, midwives and allied health professionals and consideration must be given to what contribution such new roles may make to the ACT primary health care workforce and services.

The ACT already has an excellent platform for tertiary teaching and learning in medicine (including general practice), nursing, allied health and the community sector workforce. This model should continue to be supported in order to build and retain the primary health care workforce.

Action Areas

4.6.1 Support for the primary health care workforce

Action will be taken to:

- Support, monitor and evaluate the implementation of the recommendations from the ACT GP Taskforce, *General Practice and Sustainable Primary Health Care – The Way Forward* which support the primary health care workforce.
- Support an increase in the supply of GPs in the ACT.
- Promote and support the role of nursing in general practice.
- Promote and develop the role of practice managers to support efficient general practices which maximise the use of general practitioners clinical time.
- Explore and develop new or more efficient roles for trial and evaluation in primary health care teams including greater career pathway opportunities such as advanced clinical roles for GPs, allied health and nurses.
- Recognise and develop the role of community pharmacy staff as part of the primary health care workforce.

⁴⁰ ACT Government (2009) *ACT GP Taskforce Report: General Practice and Sustainable Primary Health Care – The Way Forward*

- Develop measures to support a greater focus on interprofessional learning in the primary health care workforce. This may include structuring continuing education to support primary health care professionals across disciplines as well as identifying opportunities for interdisciplinary practice and training.
- Develop a comprehensive aged care workforce model with an aim of improving access to primary health care services for the aged population in the ACT, particularly those in residential care and the community.

4.7 Infrastructure

Key Direction for Improvement

The right physical facilities and equipment are important in supporting new models of primary health care delivery. Physical infrastructure facilitates integration, enables teams to train and work together, and supports different models of care to improve access.

Improved primary health care infrastructure will improve the quality and accessibility of primary health care services and the capacity to train the future health workforce. The Australian Government is providing funding to support infrastructure which will provide a broad range of services that target the health needs of local communities. Consumers will be able to access the range of services they need in an environment which supports team based care. Support will be provided to existing general practices, primary health care, community health services and Aboriginal and Torres Strait Islander Medical Services to expand services and provide accommodation for extra doctors, nurses or allied health professionals.⁴¹

The ACT Government is undertaking significant redevelopment of ACT's network of community health centres which provide a comprehensive range of community based child and family services, mental health, continuing/post acute care services, general preventive and direct care services. The health centres will deliver extended health services in order to manage acute and more complex clients and to assist clients to manage chronic conditions in the community. The centres are planned to reduce reliance on hospitals while improving the quality of life and wellbeing of the local community.

Final design work is underway and construction has been approved for a new community health centre at Gungahlin, a replacement enhanced community health centre at Belconnen and a refurbished and enlarged community health centre at Tuggeranong. Preliminary planning work has commenced for the refurbishment of the City and Dickson community health centres as well as a replacement enhanced community health centre at Phillip.

It is proposed that the Belconnen and Phillip enhanced community health centres will provide both generalist community health services (for their local catchment population) and the more specialised services that require specialist staff/ equipment and or only have the demand to justify provision of a service in one or two locations.

The walk-in centre is a new nurse-led primary health care service which offers fast, free, one-off treatment for minor illnesses and injuries. This model is being externally evaluated, which will provide valuable information about the success of the new service and how the concept could be extended to other areas of Canberra.

It is important that a strategic, collaborative approach is taken to ensure funding for infrastructure to support the delivery of primary health care is coordinated and maximised and that duplication is avoided.

⁴¹ Department of Health and Ageing (2010), *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*

Action Areas

4.7.1 Strategic, collaborative approach

Action will be taken to:

- In consultation with the ACT community, develop a strategic approach to maximise opportunities for improved infrastructure, which takes into account the ACT Government Capital Asset Development Plan and other existing infrastructure in order to support the delivery of effective primary health care.
- Explore opportunities for infrastructure to better support clinical teaching.

5. The Way Forward

5.1 Implications and implementation

The implementation of the *ACT Primary Health Care Strategy 2011 – 2014* has a particular set of challenges.

Firstly, it is acknowledged that no one organisation can implement the Strategy alone. Effective primary health care requires a whole of system approach with a set of coordinated and integrated actions. Therefore, it is crucial that the wider primary health care sector, consumers and carers are engaged and actively support the development and implementation of this Strategy.

Secondly, the finalisation of the national policy context will have a significant impact on how this Strategy is implemented. Organisational arrangements may well change during the life of the Strategy and therefore it is important that the actions and directions contained within this Strategy are necessarily broad.

As local and national policy directions are confirmed, the *ACT Primary Health and Chronic Disease Strategy Committee* will develop a Strategy Implementation Plan. The Committee will provide input and guidance on the implementation of priority actions, and will be involved in developing new sets of priority actions for each 12-month period.

5.2 Evaluation of the Primary Health Care Strategy

The *ACT Primary Health and Chronic Disease Strategy Committee* will develop an evaluation strategy which includes identified key performance indicators for each of the key priority areas in order to enable evaluation of progress and effectiveness. The Committee will identify performance indicators which are relevant and appropriate to primary health care. Initially the indicators will be process based but with a longer term aim of measuring outcomes of the strategy initiatives.

Each year, the Committee will provide a report of progress to the Health Directorate Executive Council and key primary health care stakeholders. The evaluation will measure progress against the 12 month implementation plan of priority actions and key performance indicators.

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7. Appendix 1 – Consultation process

The ACT Government Health Directorate recognises that consultation and engagement with the wider primary health care sector is critical to the successful development and implementation of the *ACT Primary Health Care Strategy 2011–2014*. Consequently, Phase 1 consultation consisted of targeted 1:1 consultation with key stakeholders, a focus group and two public consultation workshops.

Phase 1 Consultation

The following organisations provided input into the development of Phase 1 of the draft Strategy:

- Health Directorate Executive members
- Health Directorate, Policy & Government Relations
- ACT Division of General Practice
- Health Care Consumers Association of the ACT
- Australian Medical Association (ACT)
- GP Liaison Unit – The Canberra Hospital and Calvary Public Hospital
- ACT Community Health
- Health Directorate Information Services Branch
- ACT Child and Family Health Centres

Through the GP and Service Providers Forum held on 23 November 2010:

- Pharmacy Guild of Australia (ACT Branch)
- Cancer Council ACT
- Australian Physiotherapy Association
- CatholicCare
- University of Canberra
- ACT Nursing Federation
- Neurospace
- Companion House
- Chiropractors Association of ACT
- ACT Australian Nursing Federation
- Royal Australian College of General Practitioners

Through the Consumers Forum held on 19 November 2010:

- ACT Palliative Care Society
- Epilepsy ACT
- 13 individual consumers

Through the ACT Division of General Practice Primary Health Care Coalition meeting held on 25 November 2010:

- Heart Foundation (ACT)
- Australian College of Nurse Practitioners, ACT Chapter
- Diabetes ACT
- Australian Association of Consultant Pharmacy
- Arthritis ACT
- The Junction Youth Health Service
- Australian Podiatry Association
- Alcohol and Drug Foundation ACT
- RSI and Overuse Injury Association ACT
- Capital Pathology
- Women's Centre for Health Matters
- Alcohol, Tobacco and other Drug Association ACT
- Mental Health Community Coalition ACT
- Mental Health Foundation
- Australian National University

Phase 2 Consultation

Phase 2 consultation included six weeks of public consultation on the *Draft ACT Primary Health Care Strategy 2011–2014*.

This public consultation period included a public consultation forum on 24 March 2011. Participants in the forum were:

- Cancer Council ACT
- Health Care Consumers Association of the ACT (5 representatives)
- 3 individual consumers
- Health Directorate

Formal submissions were received from:

- The Pharmacy Guild of Australia (ACT Branch)
- Heart Foundation ACT
- Faculty of Health, University of Canberra
- Women's Centre for Health Matters
- ACT Mental Health Consumer Network
- Cancer Council ACT
- Spinal Cord Injury Rehabilitation Services
- Health Care Consumers Association of the ACT Inc
- Community Nursing Advisor, Nursing and Midwifery Office, Health Directorate
- Carers ACT
- Royal College of Nursing Australia

