# ADELAIDE PHN NEEDS ASSESSMENT 2019-2022

## Adelaide PHN Priorities, 2021-22 Update

The Needs Assessment is an important process for Primary Health Networks (PHNs) to identify and analyse health and service needs within their regions and prioritise activity to address those needs. It is also a requirement all PHNs undertake an annual Needs Assessment where local needs are reviewed and updated.

The Adelaide PHN Needs Assessment is conducted in three-year cycles and updated annually. This document provides a summary of the updated Priorities as a result of the 2021-22 update.

The update has identified 8 new priorities across Population Health, Alcohol and Other Drugs Treatment and Aboriginal and Torres Strait islander Health. These replace or are in addition to existing priorities. In the tables below, new priorities are marked with an “\*”.

The following tables outline our priorities including:

* Aboriginal and Torres Strait Islander Health – 7 priorities, 1 new
* Aged Care – 2 priorities
* Alcohol and Other Drugs Treatment – 4 priorities, 4 new
* Digital Health – 3 priorities
* Health Workforce – 5 priorities, 1 new
* Mental Health – 10 priorities
* Population Health – 20 priorities, 2 new

## Aboriginal and Torres Strait Islander Health

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| Aboriginal and Torres Strait Islander Health Priorities 2021-22 |
| Immunisation rates for Aboriginal and Torres Strait Islander children are lower than non- Aboriginal and Torres Strait Islander children. |
| Aboriginal and Torres Strait Islander South Australian people are more likely to have a range of chronic conditions (respiratory, diabetes, circulatory system disease, chronic kidney disease) than non- Aboriginal and Torres Strait Islander people. |
| Accessibility to and appropriateness of primary health care services for Aboriginal and Torres Strait Islander people. |
| Access and information to Breast, Cervix and Bowel cancer screening services for Aboriginal and Torres Strait Islander people. |
| Awareness of timely access to appropriate services (including after-hours services) for Aboriginal and Torres Strait Islander people. |
| Greater prevalence of intentional self-harm and suicide in selected areas and specific population groups across the region including Aboriginal and Torres Strait Islander people. |
| \*Aboriginal and Torres Strait Islander people can access culturally safe and appropriate AOD treatment services. |

## Aged Care

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| Aged Care Priorities 2021-22 |
| RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services |
| Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services. |

## Alcohol and Other Drugs

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| Alcohol and Other Drugs Priorities 2021-22 |
| \*Priority populations have access to high quality alcohol and other drug treatment services and interventions |
| \*Primary Health Care (PHC) providers can identify and support people with substance use issues and understand the scope of AOD treatment services and PHC services. |
| \*People requiring AOD treatment services in Adelaide are supported by a sufficient, safe, skilled and appropriate workforce |
| \*Integration and partnership between AOD and Primary Health Care services improves continuity of care and experiences |

## Digital Health

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| Digital Health Priorities 2021-22 |
| Increase awareness and uptake of digital health systems and benefits for patients |
| Targeted support to increase awareness and utilisation of HealthPathways SA and specific pathways for patients |
| Promote and targeted support to adopt best practice in utilisation of clinical softwares to improve patient care and quality improvement activities |

## Health Workforce

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| Workforce Priorities 2021-22 |
| Lack of easily understood and accessible referral pathways across systems and settings. |
| A need to increase communication and collaboration between service providers including hospitals to improve clinical handover. |
| Need to improve the aptitude/attitude and consistency of empathic responses of a variety of health care staff across a range of sectors and settings as well as increase workforce capacity. |
| Minimise instances of poor quality and unwarranted variations of care and follow up. |
| \*Primary health care workforce have knowledge, skills and capacity to safely support and meet the specific needs of LGBTIQ+ communities |

## Mental Health

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| Mental Health Priorities 2021-22 |
| High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region. |
| Provision of psychological services comparatively low in areas of highest need. |
| Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision. |
| Disproportionate quantities of mental health related medicines prescribed in women, disadvantaged areas and population groups such as people aged 75 and over. |
| Difficulty in identifying and accessing appropriate mental health treatment services. |
| Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes. |
| Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources. |
| Responsive and appropriate psychosocial support services that meets the needs of people with severe mental health conditions. |
| Increase awareness and promotion of psychosocial support services for people with severe mental health conditions and their carers. |
| Increase the health workforce capacity to provide appropriate care to people with severe mental health conditions. |

## Population Health

| Population Health Priorities 2021-22 |
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| Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations |
| The CALD community are disproportionately affected by Hepatitis B. |
| Accessibility to and appropriateness of primary health care services, particularly for CALD and new and emerging communities, LGBTIQ and older people. |
| Identified areas of the APHN region have childhood immunisation rates below the national average. |
| Selected areas of the APHN region have high rates of smoking which correlates with areas of high prevalence of COPD. |
| Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition. |
| Selected APHN LGAs have higher rates of a range of chronic conditions (respiratory disease, diabetes, circulatory system disease, chronic kidney disease, musculoskeletal) and multi-morbidities. |
| Services for people living with persistent pain are limited with long delays to access hospital-based services. |
| Selected APHN regions have higher rates of PPH resulting from a range of chronic (Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, diabetes complications, angina, iron deficiencies) and acute conditions (dental issues, urinary tract infections, cellulitis). |
| Medication misadventure including poor quality use of medicines contributes greatly to the burden of potentially preventable hospitalisations. |
| Early screening of selected cancers (cervix, bowel, breast) can assist in intervention measures which can help reduce mortality as part of a wider cancer control strategy. |
| A need to increase the ease of navigation and visibility of the health care system in selected APHN regions, population groups and for particular health issues. |
| Lack of community awareness about existing health care services for different population groups, consumers and providers. |
| Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities. |
| Need to improve provision of education to consumers and professionals across the health sector to encourage the take-up and application of preventative health measures. |
| Prevention and early intervention strategies for childhood and youth health conditions |
| Awareness of timely access to appropriate services (including after-hours services) for vulnerable population groups particularly, Children and Youth, people with a disability, Older people, Palliative Care patients, and their carers |
| A coordinated approach to improve navigation and pathways for patients to manage their conditions |
| \*LGBTIQ+ communities can access safe, inclusive and appropriate primary health care services |
| \*LGBTIQ+ communities can access safe, inclusive and appropriate mental health services and alcohol and other drugs treatment options |