

Overview

The Needs Assessment is an important process for Primary Health Networks to identify and analyse health and service needs within their regions and prioritise activity to address those needs.

Adelaide Primary Health Network (PHN) acknowledge the Kurna peoples who are the Traditional Custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past, present and future.

Established and funded by the Commonwealth Department of Health (DoH), Adelaide PHN (APHN) is one of 31 PHNs across Australia. APHN receives funding from DoH to commission services which meet the health and service needs of the Adelaide metropolitan community through the needs assessment process.

The key objectives and priorities of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time, by targeting work in the following six key priorities:
- Mental health, Aboriginal and Torres Strait Islander health, Population Health, Health workforce, Digital health and Aged Care¹.

In addition to the four national headline indicators², PHNs are tasked to improve the primary health care system through the aforementioned objectives and priorities. Consequently, they guide our needs assessment and planning processes.

By triangulating health, service and community³ needs, APHN Baseline Needs Assessments (BNA) identified thirty-two local priorities specific to our region. The 2015/16 BNA was completed in March 2016 and an update to the BNA was completed in November 2016 identifying thirty-seven local priorities.

The 2016/17 APHN BNA Update reflected the consultation and engagement activities with our communities and stakeholders that have occurred since November 2016. This included dedicated workshops on Mental Health and Alcohol & Other Drugs (AOD), alongside community workshops and input from our Clinical and Community Advisory Councils and Health Priority Groups⁴. One of the outcome to the consultations with our membership groups was the categorisation of the local priorities into overarching priority themes. The four strategic priorities identified by the APHN membership groups: (1) Timely Access and Equity, (2) Health Literacy and Education, (3) Care Coordination, Integration and Navigation, and (4) Mental Health, Alcohol & Other Drugs and Physical co-morbidities, have been incorporated into our APHN Strategic Plan and NAs as foci.

Using the BNA Update as a baseline document, PHNs were tasked to develop three separate Needs Assessments; (i) Core Flexible (Commonwealth Department of Health PHN funding schedule name), (ii) Mental Health and Suicide Prevention and (iii) AOD, for submission in November 2017. Additionally, PHNs are to analyse (any new) information and or trends since submitting the November 2016 assessment and update the identified needs and priorities accordingly.

¹ Following the endorsement of the National Ice Action Strategy on December 2015, commissioning of Methamphetamine, Alcohol and Other Drugs treatment services has become a “priority focus” for PHNs.

² The Commonwealth National Headline Performance Indicators for PHNs are: Potentially preventable hospital admissions, Childhood immunization rates, Mental health treatment rates, and Cancer screening rates.

³ The definition of community here encompasses both consumers and health professionals (primary and allied health care providers) and includes the APHN membership groups.

⁴ The APHN membership group consists of: 3 Clinical Advisory Councils, 3 Community Advisory Councils and 7 Health Priority Groups. Please visit our website for more information on our membership groups.

The 2017/18 APHN Needs Assessment Update (NA Update) identified twenty-eight local priorities for the Core Flexible NA Update (see Box 1), eight priorities for the Mental Health and Suicide Prevention NA Update (see Box 2) and four for the AOD NA Update (see Box 3)⁵.

The NA Update included new quantitative data on AOD, mental health and other population health information. In addition to this, ongoing consultations with our membership groups and dedicated workshops with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities have been thematically analysed and triangulated accordingly.

It was agreed by our Membership Advisory Council that *“a primary health care system which focusses on the whole person and their circumstances of everyday life”* was fundamental to the delivery of coordinated, effective and efficient primary health care services.

APHN believes that local and overarching priority areas are not an exhaustive list of all health, service and community needs, rather, it is the first of the many ongoing essential processes in identifying key needs specific to our region. An iterative engagement and consultation process forms the basis to the APHN ethos. Within each key area, various strategies may then be developed with a variety of measurable outcomes. Our local priorities will evolve as new and more relevant quantitative, qualitative and consultation information becomes available. The APHN welcomes all feedback on health and service needs, data availability and improvements on service delivery.

⁵ New priorities for 2017/18 are highlighted in red font

Box 1 APHN Core Flexible NA Update Local Priorities for 2017/18

1. Immunisation rates for Aboriginal and Torres Strait Islander children are lower than non- Aboriginal and Torres Strait Islander children.
2. 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.
3. The CALD community are disproportionately affected by Hepatitis B.
4. Accessibility to and appropriateness of primary health care services, particularly for CALD and new and emerging communities, Aboriginal and Torres Strait Islander people, LGBTIQ and older people.
5. Identified areas of the APHN region have childhood immunisation rates below the national average.
6. Selected areas of the APHN region have high rates of smoking which correlates with areas of high prevalence of COPD.
7. Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition.
8. 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.
9. Services for people living with persistent pain are limited with long delays to access hospital-based services.
10. Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services.
11. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.
12. RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services.
13. 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).
14. Medication misadventure including poor quality use of medicines contributes greatly to the burden of potentially preventable hospitalisations.
15. 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.
16. 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.
17. Lack of easily understood and accessible referral pathways across systems and settings.
18. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.
19. Lack of community awareness about existing health care services for different population groups, consumers and providers.
20. Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities.
21. 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.
22. 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.
23. Minimise instances of poor quality and unwarranted variations of care and follow up.
24. Prevention and early intervention strategies for childhood and youth health conditions.
25. Accessibility to primary health services for Aboriginal and Torres Strait Islander people.
26. Access and information to Breast, Cervix and Bowel cancer screening services for Aboriginal and Torres Strait Islander people, CALD, and those in low socio economic areas.
27. Awareness of timely access to appropriate services (including after-hours services) for vulnerable population groups particularly, Aboriginal and Torres Strait Islander people, Children and Youth, people with a disability, Older people, Palliative Care patients, and their carers.
28. A coordinated approach to improve navigation and pathways for patients to manage their conditions.

Box 2 APHN Mental Health and Suicide Prevention NA Update Local Priorities for 2017/18

1. High prevalence of mental health/behavioural issues and psychological distress in selected areas across the region.
2. Provision of psychological services comparatively low in areas of highest need.
3. Comparatively high numbers of people attempting to access psychological services in areas with minimal psychological service provision.
4. Disproportionate quantities of mental health related medicines prescribed in women, disadvantaged areas and population groups such as people aged 75 and over.
5. Difficulty in identifying and accessing appropriate mental health treatment services.
6. 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.
7. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.
8. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources.

Box 3 APHN Alcohol and Other Drugs NA Update Local Priorities for 2017/18

1. Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.
2. Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region.
3. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities
4. Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.