Membership Priorities

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Adelaide PHN Membership Group Priorities

The following report outlines a consultation process undertaken with Adelaide PHN's 13 membership groups consisting of three Clinical Councils, three Community Advisory Councils and seven Health Priority Groups

Each of these membership groups was asked to prioritise the issues impacting on the provision of coordinated, effective and efficient primary health care services from their experience and perspective. Information gathered from these consultations and priority setting exercises contributes to the strategic directions of the Adelaide PHN and its Needs Assessment and Activity Work Plans.

This report provides a summary of the consultation process each group used to arrive at their priorities and the overarching priorities agreed to by the Membership Advisory Council.

Methodology for Identifying Priorities for Action by the Membership Groups

Each of the membership groups used similar processes for focussing their discussions and identifying their priorities within the National PHN Priority Areas and Headline Performance Indicators. The groups used various methods to brainstorm the health care needs and issues of their populations or regional areas including on-line surveys and group discussions. The groups then re-convened to theme the results of these brainstorms and vote on the most pressing priorities.

The membership groups of the APHN have focused on developing consensus priority areas for primary health care across the APHN region. It is recognised that these priority areas may have been described as principles or problems that the individual groups wish to progress and/or as strategy focused priorities for advancement. As the priority areas are developed, they will be considered within a Result Based Accountability process which will focus on the priorities in relation to the outcome or result to be achieved to develop the relevant applicable actions for each priority area. These actions could fall into one or more of the following areas: commissioning, advocacy and partnership.

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Selecting Overarching Priorities

The process of forming, collating and documenting the priorities of each membership group was supported by the Community Collaborations team. Each group's nominated Membership Advisory Council (MAC) representative presented their group's priorities at the MAC meeting on 24 June 2016.

The Community Collaborations Manager led the Membership Advisory Council through a facilitated process of grouping the 39 priorities into four key themes. The four themes identified were:

Timely Access and Equity (early)

Health Literacy and Education (consumers and care providers)

Care Coordination, Integration and Navigation

Mental Health, Alcohol & Other Drugs, Physical co-morbidities

It was agreed by the 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.

From here, Community Collaborations staff will work with each of the membership groups to move their priorities to action. The table below lists the priorities under the broad headings identified by the Membership Advisory Council.

Membership Group Priorities

A primary health care system which focusses on the whole person and their circumstances of everyday life (providing holistic, person-centred services which address the social determinants of health)

Mental Health Alcohol & other drugs, physical co-morbidities	**Timely access and equity (early)**	**Health literacy and education "learning together"**	**Care Coordination, Integration and Navigation**
Mental health + Co-morbidities (Central Community Advisory Council) Mental Health (Aboriginal Health Priority Group) Social & mental health (Southern CAC) Comorbidities / social factors (Childhood & Youth HPG) Ensure a holistic service delivery approach that focusses on the whole person and their circumstances (Mental Health HPG)	Improving and increasing timely access to health services (Southern Clinical Council) Access and affordability of services (Central CAC) Reviewing current provision of disability health services to maintain and enable access to primary health services across disability, health and community (Disability HPG) Appropriateness / timeliness (Childhood & Youth HPG) End of life care (Central CC) Access to services (Northern CC) Funding / Workforce / Quality (Palliative Care HPG) Vulnerable communities (Northern CAC) Social isolation, Advanced Care planning, At risk families, Mental Health, Health ownership, Vulnerable populations (Northern CC)	Education and prevention (Northern CAC) Health literacy (Southern CAC, Central CAC, Northern CC) Health Promotion & Health Literacy (Northern CC; Consumers and Carers HPG) Health literacy, health promotion and advocacy (Older People & Aged Care HPG) Chronic diseases / Early intervention and Health Literacy (Aboriginal HPG) Training & Education (Aboriginal HPG, Palliative Care HPG) Health provider support/training / Education (Older People & Aged Care HPG) Invest in early intervention & prevention with inclusive criteria which facilitates access to services (Mental Health HPG) Training in disability & health needs of people with disabilities for GPs, nurses, allied health, support workers, planners & case managers (Disability HPG) Reducing unwarranted variation in care (Southern CC)	System integration (Central CC) Need of a PHC service model for people with disabilities which is interagency and interdisciplinary (Disability HPG) Care Coordination / collaboration / Navigation (Palliative Care HPG) Care Coordination / Collaboration (Consumers & Carers HPG; Childhood & Youth HPG) Care coordination / collaboration / case management (Older people & Aged Care HPG) Coordination of and pathways to PHC (Northern CAC) Increasing integration; coordination and communication between services and practitioners (Southern CC) Coordination and facilitation of care (Central CAC) Integrated approach (Northern CC) Navigation / care transition / pathways (Consumers & Carers HPG) Improve the experience of entry to and navigation of the stepped care and broader service system (Mental Health HPG) Coordination of care, the systems that deliver the care and access to the care in the system (Southern CAC) Quality use of medicines (Central CC)

Role of the Membership Groups

Clinical Councils (3) - provide a clinical (general practice, specialist, allied health) perspective particularly with reference to LHN relationships and developing clinical care pathways

Community Advisory Councils (3) provide a community lived experience perspective, knowledge of population needs, regional service gaps and demographics

Health Priority Groups (7): Aboriginal; Childhood and Youth; Mental Health; Disability; Palliative Care; Older People and Aged Care; Consumers and Carers
Health Priority Groups draw their membership from peak bodies, stakeholder organisations, health professionals, community services and consumers with lived experience. They bring specific knowledge about community context, gaps in services, the patient journey and experience, barriers to access, referral pathways, and affordability of services in relation to their particular health priority area.

Information Behind the Priorities

Timely access and equity:

Southern Adelaide CC: Improving and increasing timely access to health services

Central Adelaide CC: End of life care – we need to map and coordinate implementation of current strategies and develop solutions to current gaps

Northern Adelaide CC: We need to improve coordination and access to primary health care services and programs for consumers, and better pathways for consumers to enable navigation through the primary health care system (particularly for the socially isolated, at risk families, mental health, and vulnerable populations)

Central CAC: The quality and quantity of chronic disease services won't matter, if people are unable to access those services due to cost or other barriers. Access and affordability are as important as health literacy, coordination and facilitation of care and mental health and comorbidity,

Northern CAC: Health service providers need to inform themselves to address and cater for the needs of vulnerable individuals - ATSI, CALD, elderly, youth, and others. People need to be able to access pathways that are culturally and/or linguistically appropriate and sensitive and non-judgmental with consideration of the social determinants.

Disability HPG: There is a need to review the current provision of disability health services to maintain and enable access to primary health services across disability, health and community

Childhood & Youth HPG: There is a need to build the capacity of families using sound community development practices which empower minority groups and build trust. Services need to be accessible, appropriate and timely.

Palliative Care HPG: Capacity needs to be built at the primary care level to maximise care and support for people in the community when they are dying. GPs and Palliative Care Nurses are critical to the whole system working.

Health literacy and education

Northern Adelaide CC: We need to provide better education to consumers and professionals across the health sector to improve and encourage the take-up and application of preventative measures (particularly in relation to the socially isolated, at risk families, mental health, health ownership, advanced care planning and vulnerable populations)

Southern Adelaide CC: We need to reduce unwarranted variation in care

Central Adelaide CC: Quality use of medicines – This needs to be embedded as a principle in the implementation of all APHN programs and focus is specific national priorities including opiate and antibiotic prescribing

Northern CAC: We need better education for consumers and professionals across the health sector to improve and encourage the take-up and application of preventative measures.

Central CAC: We need empowered consumers involved in their own care, to use plain language, with access to transparent information about fees and reasons for particular referral pathways, enable more online patient reviews of primary health services, and for general practices to have up to date and accessible websites.

Southern CAC: Community members and service providers need to better inform themselves about services available throughout the primary health care sector and how to access those services.

Older people & Aged Care HPG: There is a lack of awareness of services and where to go for what (not everyone has access or skills to use the internet). There needs to be advocacy for older people by health professionals.

Older People & Aged Care HPG: We need to build the capacity of health professionals and GPs to understand the issues for older people by providing support, training and education.

Aboriginal HPG: Chronic disease is preventable. We need more focus on early intervention and health literacy in the community and increased access to culturally safe services, including specialist services, for chronic disease. We need to improve the uptake of the Aboriginal well health check.

Aboriginal HPG: There is a need for training and education (particularly in loss and grief) across the community and workforce empowering Aboriginal communities and addressing real and perceived racism. We need to increase the number of Aboriginal Health Workers and Aboriginal Health Practitioners and provide integrated bi-cultural training in order to have culturally appropriate services.

Palliative Care HPG: There is a need to promote end-of-life and advanced care planning in primary care; encourage and support GPs with an interest in the field, and expand the GP shared care model. We need to raise awareness in the community, and recognise the role the aged care sector can play in providing palliative care.

Mental Health HPG: We need to invest in early intervention and prevention with inclusive criteria which facilitates access to services.

Disability HPG: We need to provide training in disability and the health needs of people with disabilities for GPs, nurses, allied health, support workers, planners and case managers.

Care coordination, integration and navigation

Central Adelaide CC: System integration – development of improved and standardised access and integration processes between primary care and both public and private hospital services

Southern Adelaide CC: Increasing integration; coordination and communication between services and practitioners

Northern Adelaide CC: Integrated approach

Central CAC: There is a real need for less fragmentation and more cooperation and linkages both within the primary health care sector and between primary and intermediate care settings.

Northern CAC: We need to coordinate pathways to primary health care The health system is way too complex – consumers and users can't navigate it properly, which means they can't access information or programs pertinent to them.

Southern CAC: There needs to be coordination of care and systems. We need to ensure well trained staff; timely; affordable and accessible services where health providers communicate and share information about patients - minimising the duplication of information.

Disability HPG: There is a need for a PHC service model for people with disabilities which is interagency and interdisciplinary

Palliative Care HPG: We need to shift focus from the acute system to the role of GPs and the navigation issues from the perspective of consumer, clinician and service provider. Pathways need to be simple and easy to access – a stepped model of care that is responsive and timely with one person, a case manager / coordinator, to help sort care when needed

Consumers & Carers HPG: The system needs to be inclusive of and supportive of formalised carers and care coordinators. There is a lack of a unified / interfacing communication system and culture of care coordination.

Consumers & Carers HPG: It's about consumers and carers knowing about services and how to access them. The primary health system is not responsive – conditions need to escalate before we are able to access services. There is a lack of holistic discharge planning and limited availability of primary health services and community-based after- hours services

Childhood & Youth HPG: Disjointed service delivery models present multiple barriers to the provision of services being child-focussed. There is a lack of identified care coordinators for families with complex needs and a lack of funding / workforce/ quality which affects the level of care coordination and collaboration.

Older People & Aged Care HPG: There is a lack of case management, care coordination and advocacy on behalf of consumers by health professionals, and a lack of incentives to encourage collaboration and integration.

Mental Health HPG: We need to improve the experience of entry to and navigation of the stepped care and broader service system.

Mental Health, AOD and physical co-morbidities

Central CAC: This was a clear first priority, including the key tasks of simplification of mental health services and integration with drug and alcohol services.

Southern CAC: Mental health cannot be seen in isolation to a person's wellbeing. Primary health care workers need to be equipped to address the needs of people experiencing social and mental health related issues. We need to ensure mental health services and programs are sustainable and developed to meet the needs of individuals with a focus on early intervention and recovery programs.

Mental Health HPG: A holistic service delivery approach is needed that focusses on the whole person and their circumstances

Aboriginal HPG: Mental health, loss and grief are underlying issues that impact on other health issues. It is important that these are addressed in culturally effective and safe ways. There is stigma associated with the label of "mental illness/health" so the first contact with mental health services is critical along with early intervention across the life span.

Childhood & Youth HPG: There is a lack of coordination / screening / capacity in the system to meet the multiple and complex needs of children and young people living in difficult social situations, domestic violence and poverty.