

Adelaide PHN Summary of Consultations and Analysis of Localised Data – 2015/16 and 16/17 Update

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.

Established and funded by the Commonwealth Department of Health (DoH), Adelaide Primary Health Network (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 Assessment (BNA) identified thirty-two local priorities specific to our region. The BNA was completed in March 2016 and an update to the BNA was completed in November 2016. The BNA Update reflected the consultation and engagement activities with our communities and stakeholders that have occurred since March. In this latest update, five additional local priorities were identified (in *italics*, see Box 1)⁴. Both assessments also encompassed the Mental Health and Alcohol and Other Drugs initial needs assessments.

In addition to the BNA Update, we undertook a series of consultations with our membership groups⁵ to assist us in developing local innovative solutions to the priorities³. Another outcome to these consultations was the categorisation of the local priorities into overarching priority themes. The identification of these key (local) priority themes inform the strategic plans for the entire organisation.

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 BNA (and its update) 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. 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. An annual Comprehensive Needs Assessment will be submitted in November 2017. APHN welcomes all feedback on health and service needs, data availability and improvements on service delivery.

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 For more information on our local priorities and consultations, please visit our website www.adelaidephn.com.au

⁵ 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.

Box 1 APHN BNA (including Update) Local Priorities for 2016/17

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. Alcohol is the most common principal drug of concern in particular areas of the APHN region and for population group including Aboriginal and Torres Strait Islander people.
8. Significantly less South Australians with AOD problems access counselling as a treatment than the Australian average.
9. Higher prevalence of illicit drug use in selected areas and specific population groups, particularly Aboriginal and Torres Strait Islander populations.
10. Immunisation rates for Aboriginal and Torres Strait Islander children are lower than non- Aboriginal and Torres Strait Islander children.
11. 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.
12. The CALD community are disproportionately affected by Hepatitis B.
13. 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.
14. Identified areas of the APHN region have childhood immunisation rates below the national average.
15. Selected areas of the APHN region have high rates of smoking which correlates with areas of high prevalence of COPD.
16. Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition.
17. 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.
18. Services for people living with persistent pain are limited with long delays to access hospital-based services.
19. Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services.
20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.
21. RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services.
22. 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).
23. Medication misadventure including poor quality use of medicines contributes greatly to the burden of potentially preventable hospitalisations.
24. 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.
25. 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.
26. Lack of easily understood and accessible referral pathways across systems and settings.
27. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.
28. Lack of community awareness about existing health care services for different population groups, consumers and providers.
29. Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities.
30. 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.
31. 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.
32. Minimise instances of poor quality and unwarranted variations of care and follow up.
33. *Prevention and early intervention strategies for childhood and youth health conditions.*
34. *Accessibility to primary health services for Aboriginal and Torres Strait Islander people.*
35. *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.*
36. *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.*
37. *A coordinated approach to improve navigation and pathways for patients to manage their conditions.*