

# Adelaide PHN Needs Assessment Priorities Summary Document 2019 - 2022

This summary document is an excerpt of Adelaide PHN's locally determined priorities that are detailed within our Needs Assessment Report (July 2019 - June 2022) - available on Adelaide PHN's website via the [Needs Assessment](#) page. Priorities reflected in this document apply to a three-year period: 1 July 2019 to 30 June 2022. Adelaide PHN will review and update this document as needed during this period.

This document contains priorities for:

- General Population Health (GPH) – 24 priorities
- General Practice Support (GPS) – 3 priorities
- Primary Mental Health Care (including Suicide Prevention) (PMH) – 7 priorities
- Psychosocial Support Services (PSM) – 3 priorities
- Alcohol and Other Drugs Treatment (AOD) – 3 priorities
- Indigenous Health (including Indigenous chronic disease) – 7 priorities

## Priorities for General Population Health

(note: priorities will have reference title: GPH, e.g. GPH1.)

1. *The CALD community are disproportionately affected by Hepatitis B.*
2. *Accessibility to and appropriateness of primary health care services, particularly for CALD and new and emerging communities, LGBTIQ and older people.*
3. *Identified areas of the APHN region have childhood immunisation rates below the national average.*
4. *Selected areas of the APHN region have high rates of smoking which correlates with areas of high prevalence of COPD.*
5. *Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition.*
6. *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.*

7. *Services for people living with persistent pain are limited with long delays to access hospital-based services.*
8. *Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services.*
9. *Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.*
10. *RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services.*
11. *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).*
12. *Medication misadventure including poor quality use of medicines contributes greatly to the burden of potentially preventable hospitalisations.*
13. *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.*
14. *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.*
15. *Lack of easily understood and accessible referral pathways across systems and settings.*
16. *A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.*
17. *Lack of community awareness about existing health care services for different population groups, consumers and providers.*
18. *Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities.*
19. *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.*
20. *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.*
21. *Minimise instances of poor quality and unwarranted variations of care and follow up.*
22. *Prevention and early intervention strategies for childhood and youth health conditions*
23. *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*
24. *A coordinated approach to improve navigation and pathways for patients to manage their conditions*

## Priorities for General Practice Support

(note: priorities will have reference title: GPS, e.g. GPS1.)

1. *Increase awareness and uptake of digital health systems and benefits for patients*
2. *Targeted support to increase awareness and utilisation of HealthPathways SA and specific pathways for patients*
3. *Promote and targeted support to adopt best practice in utilisation of clinical softwares to improve patient care and quality improvement activities*

## Priorities for Primary Mental Health Care

(including Suicide Prevention) Needs (note: priorities will have reference title: PMH, e.g. PMH1.)

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. *Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.*
7. *Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources.*

## Priorities for Psychosocial Support Services

(note: priorities will have reference title: PSM, e.g. PSM1.)

1. *Responsive and appropriate psychosocial support services that meets the needs of people with severe mental health conditions.*
2. *Increase awareness and promotion of psychosocial support services for people with severe mental health conditions and their carers.*
3. *Increase the health workforce capacity to provide appropriate care to people with severe mental health conditions.*

## Priorities for Alcohol and Other Drugs Treatment Needs

(note: priorities will have reference title: AOD, e.g. AOD1.)

1. *Increase accessibility to appropriate alcohol and other drugs treatment options for targeted population groups and identified areas of need in APHN region.*
2. *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*
3. *Increase integration between AOD and Primary Mental Health (PMH) service providers to improve health outcomes.*

## Priorities for Indigenous Health – including Indigenous chronic disease

(note: priorities will have reference title and specific to Needs Area: IH, e.g. IH-GPH1., IH-PMH1., etc.)

### General Population Health (GPH)

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. *Accessibility to and appropriateness of primary health care services for Aboriginal and Torres Strait Islander people.*
4. *Access and information to Breast, Cervix and Bowel cancer screening services for Aboriginal and Torres Strait Islander people.*
5. *Awareness of timely access to appropriate services (including after-hours services) for Aboriginal and Torres Strait Islander people.*

### Primary Mental Health (including Suicide Prevention) (PMH)

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.*

### Alcohol and Other Drug Treatment Needs (AOD)

7. *Increase access to and availability of culturally appropriate AOD treatment services particularly alcohol and illicit drugs for Aboriginal and Torres Strait Islander people.*