

Southern Inland Health Initiative

Primary Health Care Centres

The Southern Inland Health Initiative is the largest investment into rural health care in Western Australia's history. Over half a billion dollars will be invested through the State Government's Royalties for Regions program to transform the way communities in the southern inland area access and approach health care.

Managing and promoting health care in an area that rivals Egypt in size – over one million square kilometres – with a population of 136,000 living in 100 separate towns, requires innovative health solutions..

Strengthening individuals – strengthening communities – strengthening organisations

Australia's population is growing older and the incidence of chronic disease is rising. This is particularly true of Western Australia's Wheatbelt region; which experiences above average levels of insufficient exercise, obesity, diabetes, high blood pressure and heart disease.

Primary care has been demonstrated as one of the most effective ways to deliver health services to tackle these growing health issues. International research has shown that countries with strong primary health services are recording lower rates of hospitalisation, lower mortality, and better health outcomes generally.

A focus on primary health allows local services to be provided that meet the health needs of the surrounding community. This means more residents can access the health services they need, in a prompt manner and without needing to travel to other locations. Primary health services promote a wellness model to encourage and support people to live healthy lifestyles; reducing the need for them to access acute, high-care hospital-based medical services in the long term.

What are Primary Health Care Centres?

The current health system in many small country towns has been built around a local hospital and local General Practitioner (GP) providing most health services to the community. With technology and changes to clinical practice influencing medical care, more people experiencing chronic health conditions and greater difficulty attracting GPs to country towns; more sustainable and innovative solutions are needed.



The need to look at new ways to improve health care service delivery is a priority for all communities. Improvements in primary health care are the key to creating a health system that keeps people well, at home and participating as fully as possible in life and work.

Primary Health Care Centres are dedicated one-stop-shop health care facilities, bringing together government, non-government and not-for-profit health providers focused on the promotion of good health, the prevention and early detection of illness and the management of chronic disease within a community. The centres can also provide accident and emergency health services for the community.

The sites offer fit-for-purpose facilities for a range of health professionals, designed to develop a multi-disciplinary approach to health care which offers collegiate support, training opportunities and improved staff satisfaction.

The Primary Health Care Centre model changes the way health services are delivered, by offering a greater range of primary health services to a greater number of people, encouraging people to lead healthier lifestyles and reducing hospitalisation. The mix of services offered at each centre can vary to reflect the needs of the community and can also change over time. This is likely to include a range of health services delivered at the centre, as well as increased services in the home, and emergency care and stabilization services.

Where are these Primary Health Care Centres being developed?

Five initial Primary Health Care Centres are being developed through the Royalties for Regions-funded Southern Inland Health Initiative; three in the Wheatbelt and two in the MidWest.

The two inaugural Wheatbelt sites are in the communities of Cunderdin and Pingelly; with a number of other shires showing strong interest in the initiative.

The establishment of Primary Health Care Centres requires significant input from local health services staff, local government and community members to successfully develop a model for the new health services, so communities must 'opt in' if they want to participate.

Primary Health Care Centres are most appropriate for communities with the following characteristics:

- Low inpatient activity
- Moderate distance to a district-level hospital (no greater than 100kms)
- Reasonably attractive work location for GPs and other private/non-government health practitioners

SIHI will also work alongside communities to find suitable models of aged care – with the understanding that home-based aged care is more viable and suitable for many people who wish to remain living within their community.

Find out more:

To find out more about the Southern Inland Health Initiative, or to subscribe to the e-newsletter, visit health.wa.gov.au/southerninland.

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Primary Health Care Demonstration Sites Frequently Asked Questions #1

What is a Primary Health Care Demonstration Site?

Primary Health Care Demonstration (PHCD) Sites are dedicated one-stop-shop health care facilities providing communities with access to a range of health services and providers under the one roof.

These facilities bring together government, non-government and not-for-profit health services focused on the promotion of good health, the prevention and early detection of illness and the management of chronic disease within the community.

The mix of services offered at each site will vary based on the needs of the community and can also change along the way (further information is available in the enclosed PHCD Site fact sheet).

Why is a PHCD Site a better option for this community?

The current health system in many small country towns has been built around a local hospital and local General Practitioner (GP) providing most health services to the community. Over time, this way of delivering health services to regional communities has changed, with more people experiencing chronic health conditions and greater difficulty attracting GPs to country towns.

The PHCD Site model changes the way health services are delivered, by offering a greater range of primary health services to a greater number of people, encouraging people to lead healthier lifestyles and reducing hospitalisation.

The sites will offer fit-for-purpose accommodation for a range of health professionals, which will improve access to specialists and allied health personnel.

What will happen to the emergency services in the community?

The model of emergency care and coverage will depend on the needs of the local community. The PHCD sites will be able to access 24-hour emergency care.

The PHCD sites will be fitted with Telehealth technology, and will be supported by the Emergency Telehealth Service (ETS). The ETS is a new initiative which links specialist emergency physicians to regional health facilities via videoconferencing technology to guide on-site staff in the diagnosis and treatment of emergency patients.

What will happen now that my community has been selected for a PHCD Site?

The health services available at the PHCD sites will reflect the needs of the local community. Existing staff, health care providers and the wider community will be consulted in the planning and implementation of services.

The first step in this process will be to determine the health care needs of the community and how best these services can be delivered. This will involve working closely with stakeholders to collect information about how the current services can be improved.

The next step will involve facility planning and development, which may result in significant changes to existing facilities or the design and construction of a new facility. Representatives from the health service and the community will also be involved in this process.

For a more detailed timeline regarding the phases around development and implementation please refer to the PHCD Site timeframe sheet.

Who will deliver the PHCD site program?

A small Project User Group will be established at the site to liaise with representatives from the existing health staff, community members, Shire, GPs and other local health care providers, to develop and implement the PCHD sites and services.

There will be a close working relationship with representatives of WA Country Health Service, the local Shire, SIHI project team and existing District Health Advisory Committees/Local Health Advisory Councils.

How will the development of a PHCD site affect current staffing – both clinical and non-clinical?

The services available at the PHCD sites will be determined through extensive stakeholder consultation. All existing staff will have an opportunity to have input into this process.

The new mix of services and their delivery will influence the staffing model for the new site, which may mean some roles are reviewed as the sites are established. If this occurs, staff will be consulted and advised throughout the project. All permanent employees will continue to have employment.

The project team will work closely with any affected staff under the guidelines of the Public Sector Management Act. This may involve identifying new employment opportunities or offering further training to fulfill other roles in the new facility or in the community.

Ongoing staff communication will be a critical part of the implementation of the PHCD sites, and there will be an extensive staff change management process in place to support staff moving to the new PHCD site model.

How will the new development affect aged care services?

Aged care is an important component of the Southern Inland Health Initiative, which will be looking at how to deliver aged care services to suit the needs of the elderly in the local community.

The Wheatbelt Development Commission (WDC) and SIHI are investigating and developing alternative aged care services in the local communities. This work will be undertaken at the same time as the PHCD site program.

For further information on the Southern Inland Health Initiative, please subscribe to the newsletter at www.health.wa.gov.au/southerninland/news/index.cfm.

For information during the implementation of the program, please do not hesitate to contact our SIHI project team or regional representatives of WACHS.

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Primary Health Care Demonstration Sites Frequently Asked Questions #2

What are the key benefits of this model?

The Primary Health Care Demonstration Site program will allow local health services to be provided that meet the health needs of the surrounding community. This means more residents can access the health services they need, in a prompt manner and without needing to travel to other locations.

The PHCDS will promote a wellness model which will provide services that encourage and support people to live healthy lifestyles, which in the long term reduces the need for them to access acute, high-care medical services.

The PHCDS program offers a multi-disciplinary approach which offers greater collegiate support, training opportunities and can improve staff satisfaction, attraction and retention.

The PHCDS process will also give the community an opportunity to be involved in developing health services.

Do GPs support the PHCDS model?

The project team has provided an initial briefing to GPs in both Pingelly and Cunderdin about the Primary Health Care Demonstration Site program.

Their responses were positive, with feedback about how the model would help them to attract additional trainees and GPs to these locations. They also commented in the benefits of working in a multidisciplinary approach that would offer peer

support, education, shared on-call and better help GPs to attain the work-life balance they desire.

The GPs will be a critical component of a successful PHCDS and they will be very involved in discussions about the program and in the clinical service redesign process.

What will happen with people with common emergencies, such as bad cuts, falls, concussions and young children with respiratory issues?

Emergency services will still be available in both Cunderdin and Pingelly as part of the PHCDS model. The clinical services redesign process will look closely at how these situations are currently managed in the hospital and how to provide a more suitable response under the PHCDS model.

This may include discussions about the new seven days a week Emergency Telehealth Service (high quality videoconference linking to a emergency specialist), on-call staffing models, community education about the appropriate use of 000 and Health Direct, and how to ensure people without phones and private transport still have access to emergency services.

Will a new facility be built? Will we have a say in the look and feel of a new facility?

An important element of the PHCDS program is to identify the right services for the Pingelly and Cunderdin communities. An equally important element is to provide the right infrastructure to support these services, and these discussions will

happen alongside the discussions about services and staffing.

As part of the infrastructure process, the project team will need to look at whether the current available infrastructure is suitable as is, whether it may be suitable after a refurbishment, or whether a completely new build is the most cost-effective option.

If a new building is constructed or the existing hospital is refurbished, key stakeholders will be engaged to discuss the look and feel of any new facility.

What facilities will be included if a new building is constructed?

The facilities of either a new building or a refurbishment of the existing hospital will depend very much on which health services are the most critical to the community. This will be determined through engaging the community and health service staff and through the clinical services redesign process.

It is likely the facility will have an emergency department, shared ambulatory care rooms, group rooms, consulting rooms for allied health services, GP rooms, Telehealth suites.

Where else is this model being used?

The model of bringing together primary health services to focus on building a healthy community is done successfully in many places around the world.

Some good Australian examples include:

- The Central Highlands Community Health Centre in Ouse, Tasmania – which is a predominantly farming area with an ageing population
- The Ochre Health Centre in Kununurra, Western Australia – which is a remote location with a high Aboriginal population

What will happen to the existing aged-care residents in the hospital or at facilities attached to the hospital?

The Wheatbelt Development Commission is currently leading an aged care planning initiative – the Wheatbelt Integrated Aged Support and Care Solution – to identify a range of infrastructure and service solutions for the Wheatbelt.

To avoid duplicating this work, the PHCDS project will feed into this process. This process will enable many of the Wheatbelt's local government authorities to have confidence in an integration solution for the delivery of aged care services, in turn enabling residents to age well in the communities they've live all their lives.

How will you measure whether or not this is successful?

A benefits realization framework is being developed for the Southern Inland Health Initiative project, to provide feedback on the big picture and individual benefits of the SIHI investment. The PHCDS program will be formally measured under this framework.

Key measures are likely to include:

- Improvements in the self-sufficiency of the health centre e.g., reducing patient's need to travel to access services
- Reductions in the number of older people requiring 'highcare' residential care
- Reduction in the prevalence of chronic disease and a reduction in the impact of chronic disease on local patients
- Improved access to services e.g., reduced waiting times
- Increased use of Telehealth services – outpatient and emergency care.

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Primary Health Care Demonstration Sites Frequently Asked Questions #3

What are the next steps in the process to becoming a Primary Health Care Demonstration Site?

The Primary Health Care Demonstration Site program is now well underway for the initial two sites in Cunderdin and Pingelly. Local stakeholders, including health service staff, community members and other health providers, have been engaged as part of the process to identify what is working well with current health services and possible areas for improvement.

This culminated in each health service hosting a health expo and open day to give the local community a chance to see the outcomes of this engagement process. Both expos were well attended and most visitors praised the level of information on display. The Primary Health Care Demonstration proposal has been well received by most members of the community.

The project will now move into the next phase, which will focus on the practical redesign of the health services – as part of the adapted clinical services redesign (CSR) process – and implementing the transition plan at each site – as part of the change management process. The capital works planning process will also commence.

What is involved in the Clinical Services Redesign process?

The initial phase of the project focused on gathering data and feedback regarding local health services. This included discussions about which outpatient services currently exist, how often they are utilized, how often emergency services are used, and how aged care is delivered in the community. Feedback was also gathered around current services, such as identifying gaps in current service delivery and how these could be resolved.

The next phase of CSR, *Improve and Control*, focuses on generating solutions to the issues identified in the initial phase, with the implementation and expansion of services to meet the needs of the local community.

Do you already know the services that will be delivered at the centres?

All that is currently known about future service provision is that services will reflect the needs of the local community. This information will come from several sources – the Clinical Services Redesign process currently underway; the services planning undertaken across the Wheatbelt during 2012; and an analysis of hospital data relating to emergency presentations, inpatient admissions, and outpatient clinics and services.

The PHCDS will promote a wellness model which will provide services that encourage and support people acute, high-care medical services. This may mean the centre offers fitness and falls prevention activities for aged clients; walk-in diabetes clinics; or asthma education – for young and old alike. This will depend on what best fits community need and what will help local people keep healthy in their community.

What does the transition plan involve?

The draft transition plan broadly outlines what must occur for each of the existing health services to transition to a primary health care centre. It is based around the following principles:

- Local service delivery where possible
- Services meet safety and quality standards
- Flexible services tailored to individual needs
- Multi-disciplinary teams deliver better care
- Coordinated care that improves consumer's experience
- Increased use of technology to improve access to services
- Work with community and health providers in planning, delivery and evaluation of services

The transition plan outlines broadly which services will be and won't be offered as part of the Primary Health Care Demonstration Site. The transition plans looks at the type of services available under the various aspects of health care currently available, such as emergency services, primary health care services, acute inpatient services, specialist medical services, community and home-based aged care, residential aged care and palliative care.

to live healthy lifestyles to reduce the demand for

The transition plan also outlines the commitments WACHS-SIHI has made to addressing community concerns regarding changes to these services.

What is happening with staff?

An HR consultant has been engaged and has been meeting with all staff from the two health services to collect information about their employment histories, skills and qualifications, and career aspirations and employment intentions. This information will be considered alongside the final staffing model, in order to develop an HR plan to transition staff from the hospital to the PHCDS.

Staff will be actively involved in the Clinical Services Redesign process and will be kept informed as the project progresses.

Will the community still be involved?

The Pingelly and Cunderdin communities will continue to be involved in the development of the new primary health care centres. Regular information and updates will be published in the local newsletters and information displays will soon be established in each town. Feedback forms are also available for people wanting to have a say or comment on the project.

A Project User Group has been established at each site to guide the development and implementation of the centres. Local residents have been invited to be a part of these groups to ensure the community continues to have a say. Community comment will also be sought around key issues, such as the proposed model of care and proposed facility.

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Primary Health Care Demonstration Sites Frequently Asked Questions #4

Can you provide more information about the change process and how things will roll out?

The next stage in the move to primary health care centres will involve several key streams of activity:

- Implementing changes to service delivery
- Future workforce profile
- HR planning process
- Facility planning

The staff engagement process, with the HR Plan, and the changes to current service delivery go hand-in-hand, as local staff will be responsible for implementing changes to services. The facility planning will also hinge off the final model of service delivery.

Service delivery

The current series of workshops being conducted with staff will analyse identified issues and investigate how some early solutions may be implemented, within current staffing levels and within the current infrastructure. A small budget has been attached to undertake this work and to implement any changes that may be required.

These early solutions may require changing the way people enter, move through, and use the hospital; the commencement of some new services; and communication with local residents to let them know about any changes to current services.

Some changes will be made quite quickly, while others will require more planning and consideration. Regular communication will continue at a local level to ensure staff, patients and community members are aware of any changes which may affect them.

Staffing

As the changes to current services are implemented and the new primary health care centre model is finalised, work will then start on developing a staffing profile.

Two HR consultants were engaged to work with existing staff to map their current positions, skills, qualifications and future work intentions. This will enable a comparison between the existing staffing model and a future staffing model, and will identify the need for additional staffing, training or case management of current employees.

At this stage, we cannot provide specific advice to staff on how their roles may change, any additional training they may need to undertake; whether voluntary redundancies will be offered; or whether there are enough existing staff, as there is still a significant amount of work needed to develop the service delivery and staffing profile.

The transition to the new service delivery model and staffing model will be gradual and staged. Things will not happen overnight, and staff will receive information and will have input into

decisions about any changes which may impact on their roles and employment.

Facility

Under the SIHI investment, funding has been allocated to developing three Primary Health Care Centres within the Wheatbelt. These may be new buildings, or refurbishments to existing buildings. The WACHS Capital Works team is developing business cases which will identify the advantages, disadvantages and costs associated with each option. The outcome will be known by the end of 2013.

If the decision is made to invest in new buildings, the infrastructure process will include:

- development of a functional brief
- identification of potential sites
- facility design and development
- tendering for building contractors
- construction and fit-out process
- final commissioning of the facility

It is expected any new building will be completed by 2015/16.

Local residents are still concerned about aged care options, and are confused about all the activity happening in the aged care sector. What certainties do we know about aged care?

With the massive baby boomer generation reaching retirement age, there is recognition that the current way of providing services to the ageing population is no longer suitable. As such there is a national focus on active ageing, which aims to keep people healthy and living in their own homes.

Primary health care, and the concept of introducing primary health care centres to the

WA Wheatbelt, will broaden the focus of aged care. More services will be put in place and/or better coordinated to keep people healthy and fit, to reduce hospitalisation from aged-related ailments and illnesses, and delay or avoid their entry into residential aged-care. In other communities which have implemented more primary health and prevention services, these improvements and benefits are noticeable throughout the population within a few years.

In addition, the Southern Inland Health Initiative has committed \$20M towards the development of new models of aged care services and facilities within the Wheatbelt by a private provider or non-government organisation. This funding is intended to act as an incentive to attract an external provider to invest in the Wheatbelt, rather than wholly fund any new construction.

SIHI is also a partner in the Wheatbelt Integrated Aged Support and Care Solutions project, which is being coordinated by the Wheatbelt Development Commission. This project will provide clear direction to develop and implement infrastructure and service level solutions to address the need for future innovative and sustainable aged care accommodation services in the Wheatbelt.

SIHI's activity and investment in aged care is also reflective of the Australian Government's *Living Longer, Living Better* aged care reform program.

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