Barwon Medicare Local Comprehensive Needs Assessment

Executive Summary

Barwon Medicare Local is located in South-west Victoria and encompasses the City of Greater Geelong, Surf Coast Shire, Colac-Otway Shire, Borough of Queenscliffe and the South-East Statistical Local Area of Golden Plains Shire covering approximately 7,923 square kilometers. Both the landscape and settlement of the region is diverse. The population of the Barwon Medicare Local region was 271,023 people 132,362 males and 138,661 females 2011 Census Usual Resident Population (URP) (ABS Census Data, October 2012).

Barwon Medicare Local was guided by the Comprehensive Needs Assessment (CNA) framework which has four key phases; Planning, Assessing needs Establishing priorities and Confirming priorities for action. Essential to the success of the CNA process was the initial planning undertaken to ensure that on recruitment to the Strategic Advisory Group participants understood the requirements of the CNA and the commitment required throughout the process. Clearly defining the scope of the project created a reference point for the management of the expectations of the Strategic Advisory group and key stakeholders throughout the CNA.

To identify needs a comprehensive population health profile was developed including the regional context, demographic characteristics of the population, health status of the population, health service mapping, health service utilisation, workforce availability, national health priorities, special needs groups and community and service provider consultation and survey results and feedback. Contained in the health profile was the primary analysis of the data identifying areas of potential need for further exploration in the triangulation of the data.

Triangulation is a method used to validate findings by bringing together information from multiple sources for example community survey data, stakeholder consultations and data analysis to compare and cross reference results (Australian Government, 2013). Barwon Medicare Local was guided by Bradshaw's typology of needs in this process to bring together data on normative, comparative, felt and expressed needs (Eagar et al cited in Australian Government Department of Health and Ageing Medicare Local Comprehensive Needs Assessment 2013). Normative needs refer to needs defined by experts or professionals based on literature and research regarding appropriate levels of services and health status. Comparative needs refer to comparing the needs of similar populations in terms of services and resources. Felt needs refers to what individuals and communities perceive their needs to be. Expressed needs refer to what can be inferred about health and health needs from the community's use of health services. The process of triangulation included bringing together data on each of these needs to clarify the nature and extent of the emerging issues and the underlying factors that contribute to these issues.

The key population issues identified through this work were;

- Access to Allied Health in Rural and Remote Areas
- Health Literacy
- Chronic Disease - Diabetes
- Chronic Disease - Chronic Obstructive Pulmonary Disease
- Aged Care- residential and community
- Immunisation
- Alcohol and Other Drugs
- Overweight/Obesity
- Sexually Transmitted infections in young people
- Oral Health
- Early Years
- After-Hours
- Mental Health
- Aboriginal and Torres Strait Islander

- People with a Disability

Barwon Medicare Local conducted a mapping process of all activities currently being undertaken in each of these areas. Further analysis of the resource capacity and capability of Barwon Medicare Local identified that in 2014-15 the following issues would not be addressed as priorities. These were; Mental Health, Aboriginal and Torres Strait Islanders, Community Aged Care and People with a disability. Barwon Medicare Local will continue to contribute to the development of a responsive service system in relation to these areas through existing programs as opportunities arise.

For the remaining issues a document was developed outlining the issue, how it was identified, evidence base for effective strategies, linkages to key policies and programs, the proposed strategy, expected impacts and outcomes and outcome measures. This document was used to inform the Strategic Advisory group deliberations and each of the stakeholder feedback and validation sessions. This was a dynamic document and feedback and information from discussions in these meeting was incorporated into this document. The final version of this document was used by the Strategic Advisory group in their prioritisation process.

A comprehensive priority setting matrix was utilised by the Strategic Advisory Group that provided the capacity to rank each issue against the following 10 decision making criteria: Effectiveness, Benefits, Appropriateness, Financial Viability, Commitment, Capacity to deliver, Complexity, Strategic Fit, Risk, Measurability. In this process, three issues were considered by the Strategic Advisory Group to either not be a standalone priority or as core business activity that is to be maintained. These were; after-hours, early years and oral health. After-hours is a mandated area for Medicare Locals and Barwon Medicare Local have developed and implemented a responsive and sustainable model after extensive engagement with general practice and key stakeholders. Evaluation of the model by general practitioners was positive so the current model will be maintained for the coming 12 months. Early years has been refocussed on activities that support primary care providers in the management and referral of children to appropriate services and the maintenance of the Paediatric Network. Oral health was raised as an issue however further investigation identified that there are several strategies already occurring in the area of oral health. The clear definition of Barwon Medicare Locals, scope as being the capacity to influence primary care in the identified priority area resulted in the identification of oral health promotion as an issue. During the consultation process it became evident that the proposed strategies around oral health promotion were related to the issue of health systems literacy which was prioritised highly in the CNA process oral health has been included in the Health Literacy strategies.

The approaches that Barwon Medicare Local will take to the prioritised issues is to leverage existing partnerships, networks and programs and to build new partnerships to progress strategies identified in the CNA. One major strategy that underpins activity across almost all identified issues is HealthPathways. HealthPathways is a web-based information portal designed to support local GPs and primary carer providers by providing information on how to assess and manage medical condition and how to refer patients to local specialists and services ensuring patients are assessed, managed and referred appropriately for their particular clinical condition at the point of care. HealthPathways is a major support to general practices, local hospitals network and specialists and allied health practitioners who are all collaborating in the development of this tool in the Barwon region. General practice is the cornerstone of the work that Barwon Medicare Local undertakes in developing a well-connected health system. The strategies identified for implementation build on this strong foundation through the provision of support and resources to deliver improved primary health care particularly in relation to chronic disease, aged care, health literacy, alcohol and other drugs, sexually transmitted infections and early years by General Practitioners. The community engagement undertaken by Barwon Medicare Local identified access to allied health in rural and remote areas of the catchment is significantly compromised and impacts patient outcomes. Barwon Medicare Local has the capacity and capability to work collaboratively with health professional's private/public, local hospital networks and community services to integrate and facilitate a greatly improved allied health service model to enhance patient access and experience in the rural areas of the Barwon region.

The CNA process has been developmental. The involvement of key stakeholders from both public and private sectors in a structured process has provided many benefits in the development of strategies to

address the identified health priorities. In addition it has further enhanced understanding between key service providers in the public and private sector and created the opportunity to identify additional areas for collaboration in relation to the improved delivery of health services in the Barwon region for a better connected health system.

References

Australian Government, 2013, 'Phase 1- Planning Tools and Resources', Medicare Local Comprehensive Needs Assessment, p.3.

Australian Government, 2013, 'Phase 2- Assessing Need', Medicare Local Comprehensive Needs Assessment, p.42.

Section 1: Planning (phase 1)

Phase 1 Selected Gate Review Items

Item Title	Complete?
Phase 1	
Governance established (Strategic Leadership Group (or similar) appointed).	✓
Stakeholder mapping has been completed and analysed – appropriate partnering and engagement plans developed.	✓
Data sources (secondary and primary) identified (including existing reports and relevant background information from partners).	✓
Resourcing (with appropriate capacity and capability either internal or external) has been acquired, and are aware of their involvement and commitment.	✓
Project Plan (including schedule, resourcing capacity and capability, methodology, measures of success and a risk management strategy) completed & approved.	✓
Project Plan is in alignment with the CNA Reporting Template and describes how final outputs are expected to be published and distributed.	✓

In commencing the CNA process, Barwon Medicare Local's initial action was to develop a comprehensive project plan based on the four phases and the specified actions identified within each phase of the CNA framework. This process identified key pieces of work to be undertaken in the following 6 months. With a clearly established project plan Barwon Medicare Local was able quantify and recruit the resources that would be required to undertake this work including operational staff and Strategic Advisory Group members.

Following the development of the draft project plan which included a timeline for the achievement of key activities, a number of governance documents were developed and proposed to the Barwon Medicare Local Board in November 2013. These were:

- Draft of CNA Strategic Advisory Group terms of reference
- Proposed governance structure identifying key stakeholder groups to be approached for participation in the Strategic Advisory Group and CNA process
- A Scoping document outlining the objectives and approach to the CNA
- Draft project plan including resource requirements

Following approval of these documents by the Board invitations were sent out to identified key stakeholders which included representation from the regional local hospital network who is the funded community health provider for the majority of the Barwon Medicare Local region, a rural local hospital network representative, Aboriginal and/or Torres Strait Islander and Culturally and Linguistically Diverse service providers, private health insurance provider, local government, and G21 region alliance which is a formal alliance of government, business and community organisations working together to improve the lives of people in the region.

The scope of the CNA was clearly defined and documented and supported by open discussion at the initial Strategic Advisory Group meeting, this facilitated managing expectations. This allowed our Strategic Advisory Group to understand the breadth of the CNA process whilst at the same time understanding the scope of Barwon Medicare Local's capacity and sphere of influence. This discussion was underpinned by the importance of partnership and collaboration. This approach was successful in building trust and clarity around the purpose of the Strategic Advisory Group and how the breadth of the CNA process could be leveraged by all key stakeholders in the Barwon Medicare Local region.

The method of assessing need was developed and mapped including 5 key areas; geographic, access and equity, life stages, health services/utilisation, National Health priorities and stakeholder and community

identified needs. This work will built on the quantitative and qualitative data collection of previous needs assessments undertaken by Barwon Medicare Local and partner organisations.

Barwon Medicare Local's existing priority matrix was reviewed and amended to align with the CNA framework. This was then approved by the Barwon Medicare Local Board.

A number of background information documents were also utilised including but not limited to; Local Government Health and Wellbeing Plans, Local Hospital Networks Strategic Plans, National Health Priorities, Victorian Health and Wellbeing Plan, Victorian Health Priorities Framework Rural and Regional Health Plan, G21 Health and Wellbeing Plan.

Statistical analysis of quantitative data and thematic analysis of qualitative data was undertaken to identify issues for communities and professionals and the views of special needs and marginalised groups were obtained through the community consultation process and focus groups including professional cohorts. Triangulation of data sources was then undertaken.

Internal working parties were formed to assess the reach and potential impacts of the identified issues in relation to their impact on health or utilisation of health services and/or effectiveness of health services. Once a shortlist had been formed, evidence on effective strategies and interventions was collated, this included assessment of the capacity to benefit, and fit within the identified scope of Barwon Medicare Local comprehensive needs assessment and the funding available.

A shortlist of 12 identified issues was then presented to the Strategic Advisory Group for input and identification of any gaps. At this meeting it was decided by the Strategic Advisory Group that all issues presented were of high importance and should be presented to other relevant stakeholder groups for input and discussion. This process deviated from the CNA framework guidelines however this process was seen as key to including the views and input of the broadest range of stakeholders prior to prioritisation of the issues by the Strategic Advisory Group. This provided Barwon Medicare Local and the Strategic Advisory Group with the opportunity to draw upon the knowledge, experience and learning's of a diverse group of service providers who were able to identify successful programs, linkages and opportunities for partnership and identify duplication in the proposed activities arising from the CNA. Feedback from these sessions was incorporated into the evidence and proposed strategies document. This process helped clarify and refine some of the issues presented and provided us with a broad understanding of local activities and potential opportunities for collaboration and partnership.

Ensuring stakeholder commitment to the CNA process given competing organisational priorities and objectives was a challenge in initial recruitment to the Strategic Advisory Group. However, as the process evolved and Advisory Group members began to see the level of data and community and stakeholder consultation being undertaken they began to see opportunities for collaborative work and areas of their own service provision that could be leveraged to improve health outcomes in the community.

The comprehensive needs assessment process undertaken by Barwon Medicare Local has reinforced that if you can demonstrate value to key stakeholders and partners they are generous with their time, commitment and willingness to share information to develop new responses that involve working together to implement effective and sustainable strategies. For example, Chronic Obstructive Pulmonary disease has been identified as an issue in our region. Evidence from a local general practice running a nurse led pulmonary rehabilitation clinic found reduced admissions to hospital for participating patients. For some members of the Advisory Committee this identified and highlighted the potential of general practice in the management of acute conditions for long term sustainable benefit and how this can support the work of tertiary institutions in reducing readmissions and reducing private health insurer's costs.

Barwon Medicare Local achieved each of the gate review items in phase 1-planning. The time and resources spent establishing this strong foundation to underpin the CNA process positively impacted the outcomes achieved.

Section 2 – Assessing Needs (Phase 2)

Phase 2 Selected Gate Review Items

Item Title	Complete?
Phase 2	
Part A – Compiled and reviewed data on health inequity, key demographic trends and decided on special needs groups (or sub-regions) where issues/needs may exist based on evidence.	✓
Part B - Compiled and reviewed data on health outcomes, health status and health utilisation as well as considered available information on patient experience or consumer satisfaction.	✓
Part C - Compiled and reviewed data/information on service provision including mapping service capacity and considering gaps in access for vulnerable and marginalised populations.	✓
Part D - Findings from the community profile completed in A, B and C informed the scope of and approach to community engagement and health professional and service provider consultations.	✓
Part D1 - The community has been appropriately consulted (considering the most appropriate engagement methods) including consultations with special needs groups where identified and deemed important.	✓
Part D2 - Health professionals and service providers have been appropriately consulted (considering the most appropriate engagement methods) including consultations with special needs groups where identified and deemed important.	✓
Part E - Data and information from Parts A, B, C and D has been compiled and a final population health profile has been completed, including consideration of normative, comparative, expressed and felt needs. The Strategic Leadership Group (or similar) has approved the final population profile.	✓
Part E - A shortlist of needs, using that profile as a key input, has been generated. The Strategic Leadership Group (or similar) has approved the final shortlist of issues/ needs.	✓

Phase 2 involved the collection, collation and analyses of valid and reliable local, state and national data including demographic and socioeconomic factors, health, service use and health risk and protective factors. Key data sets and the format of the health profile were identified.

To identify normative, expressed and comparative needs, a broad range of quantitative data sources were identified for use in the CNA process including; Australian Bureau Statistics, Australian Institute of Health and Welfare, National Health Performance Authority, Ambulatory Care Sensitive Conditions, Victorian Health Indicators, Public Health Information Development Unit, ML data warehouse, Department of Health Victoria, National Health Service Directory, Medicare Australia, National Health Service Direct ML tool.

To identify normative needs, a number of background information documents were also utilised including but not limited to; Barwon Medicare Local 2013 Needs Assessment, Local Government Health and Wellbeing Plans, Local Hospital Networks Strategic Plans, National Health Priorities, Victorian Health and Wellbeing Plan, Victorian Health Priorities Framework Rural and Regional Health Plan, G21 Health and Wellbeing Plan, Living Better Living Stronger.

To identify expressed and felt needs, qualitative data sources were utilised including; Barwon Medicare Local Community Survey, Barwon Medicare Local Community consultation process, surveys and consultations with key service provider and stakeholder groups.

Specifically data was collected on health inequalities, demographics trends and special needs groups as well as current health status/outcomes and health service utilisation. Service capacity mapping was also undertaken in accordance with the Barwon Medicare Local Health Service Provider Mapping Procedure. Whilst Barwon Medicare Local contributes data to the National Health Service Directory a comprehensive service directory for the region is maintained using internal software and this data was used to map location and type of services available.

Statistical analyses of quantitative data was undertaken to identify hotspots, disease patterns, service utilisation patterns and gaps. A major strategy used to undertake this analysis was to graph data in order to see patterns and areas of divergence. For example Ambulatory Care Sensitive Conditions data- ACSCs are those conditions that should be prevented from occurring or in the event that they occur should be managed in the community through the provision of timely and effective primary care. The contributing factors may be lack of access, lack of compliance with health self-management strategies, workforce issues, and effectiveness of current strategies. (VHISS, Ambulatory Care Sensitive Conditions 2011-2013). This data was collected and collated and then each condition was graphed against age to help identify life stage implications and to enable identification of the specific conditions affecting each age group in this region to ensure strategies are appropriately targeted. This analysis provided an insight into the disease conditions and population groups that are not achieving the expected outcomes from primary care service provision.

To obtain qualitative data on the expressed and felt needs of the community, Barwon Medicare local undertook a community grants process and community survey. Over the past 18 months a community survey tool was administered at three different intervals with the assistance of local community organisations. The survey was first administered between January and March 2013 with a total of 800 responses received. In late 2013 Barwon Medicare Local ran a community grants process to provide funding to local community organisations that had the capacity to administer the survey to key population groups including those living in rural areas and refugees. Between January and March 2014 Diversitat, Bellarine Community Health, MS Society and Otway Health and Community Services administered the community survey with a total of 494 responses across the four organisations. The Community survey was also undertaken in Winchelsea as part of the Winchelsea Health and Wellbeing Project led by Barwon Medicare Local and the Surf Coast Shire, with a total of 160 responses received from the residents of Winchelsea.

An outcome of the CNA process was the development of a demographic and population health profile which includes;

- Quantitative health data including all relevant local, state and national datasets
- Qualitative data collected through the Barwon Medicare Local community survey
- Service provider mapping
- Demographic data
- Comparative data and analyses at local, regional, state and national levels where available

This document will be dynamic and updated and added to as new qualitative and quantitative data becomes available and will inform planning across all aspects of Barwon Medicare Local.

Triangulation of data sources was then undertaken. This process involved bringing together the findings from the community and stakeholder engagement and the quantitative data analysis and comparing and cross checking the results. In this process results were synthesized and common themes and key differences identified. The key issues identified in this process were then confirmed by review and further exploration and a shortlist of issues developed for discussion and input of the Strategic Advisory Group.

A number of issues were identified that were not included on the shortlist. These were Mental Health, Aboriginal and Torres Strait Islander peoples, Community Aged Care and Disability.

Mental Health: The identified issues in mental health were high rates of mental health conditions specifically the rate of males with mental and behavioural problems is greater than the Victorian and Australian rates; The rate of males with mood (affective) problems is greater than the Victorian and Australian rates; The rate

of females with mental and behavioural problems is greater than the Victorian and Australian rates. (PHIDU 2011, synthetic predictions).

Barwon Medicare Local and Barwon Health partnered in the establishment of the Primary Mental Health Partners (PMHP) program; it is an integrated, mental health service. PMHP was launched in November 2013, and brings together 50 clinicians from five separate mental health services. People needing psychological therapy for a mild to moderate mental illness, or mental health nursing for severe mental health issues, or one off psychiatric assessments can access this through the one service sooner, improving efficiency and ease of referral for General Practitioners and the patient. We have also developed a joint partnership with Deakin University and provide training for medical and allied health students.

Barwon Medicare Local is also the lead agency for the headspace Barwon consortium comprised of Bellarine Community Health, Barwon Health, Mental Illness Fellowship Victoria and Pathways. headspace is a free and confidential youth health service in the Barwon Region for young people aged 12-25 years. Headspace helps young people with; general health; mental health, counselling; alcohol and other drug services, education and employment. headspace was established and is funded by the Commonwealth Government. headspace Barwon covers the cities of Geelong, Surfcoast, Bellarine Peninsula, Queenscliff and Golden Plains and parts of Colac-Otway Shire.

Barwon Medicare Local developed and maintains a Mental Health Navigation Tool which is designed as an aid to efficiently locate a suitable mental health service that supports community members in accessing reliable information regarding mental health and related services. http://www.barwonml.com.au/health-directory-2/navigating-the-system/mental-health?view=htmlmap&id=2

Aboriginal and/or Torres Strait Islander Peoples: In 2010–12, Indigenous life expectancy was estimated to be 69.1 years for males and 73.7 years for females. The gap in life expectancy between Indigenous and non-Indigenous people was 10.6 years for males and 9.5 years for females. Over the last five years, there has been a small reduction in the gap of 0.8 years for males and 0.1 years for females (Closing the Gap Prime Ministers Report 2014). Barwon Medicare local is currently funded to provide the Indigenous Health Access to Mainstream Health Care program (IHAMHC) and Care Coordination and Supplementary Services program. Advice has been received that both of these programs will be funded for the coming 12 months. Barwon Medicare Local will continue to work with local primary care service providers and the Aboriginal Controlled Health Organisation across a broad range of issues to improve access of Aboriginal and/or Torres Strait Islander people to information, services and health programs. In the identified priorities it is acknowledged that the input and guidance of Aboriginal and/or Torres Strait Islander people will be needed to ensure cultural sensitivity and relevance of proposed service models and programs developed as outcomes of the CNA process.

Disability: Disability has been identified as a priority in terms of access and equity. The Barwon region is the pilot site for the National Disability Insurance Scheme (NDIS), a once in a generation service and systems redesign strategy that aims to; Improve awareness and develop capacity through the creation of improved opportunities for people with disability to access and participate in community activities; to provide information, referral and improve connections to services and activities that can be of assistance and to improve links to and understanding of mainstream services. Barwon Medicare Local is participating in the development of the model through involvement in advisory groups and providing feedback from the primary care sector to the National Disability Insurance Agency (NDIA) to inform the development of the implementation of the NDIS.

Community Aged Care: The Commonwealth HACC Program provides services that support older people to stay at home and be more independent in the community. HACC services are currently undergoing reform with the transfer of responsibility for funding, policy and operational responsibility for older people transferring to the Commonwealth as of 1 July 2015 in Victoria. In light of the impending roll out of the HACC systems redesign and Barwon Medicare Local's limited involvement and knowledge of this sector it was determined that the issue was not one that could be progressed at this time. Barwon Medicare Local in other key priority areas is supporting the aged population in the community for example through increased

access to after-hours services in the community, supporting general practice in the management of chronic disease and promotion of 75+ health assessments and assisted Publicly Controlled Electronic Health Record (PCEHR) registration for older people in the community specially the retired and those living with chronic diseases. Residential aged care had also been identified as a priority area and strategies have been developed.

Section 3: Establish Priorities

Phase 3 Selected Gate Review Items

Item Title	Complete?
Phase 3	
Assessed the impact, evidence, changeability, acceptability and resource feasibility of each issue/need.	✓
Considered and assessed strategies to address issues/needs and documented an indicative Scoping Paper for discussion in selecting priorities	✓
Engaged with relevant stakeholders to ensure they have bought into the set of prioritised problems or factors.	✓
Validated priority setting criteria and ratings and rankings of each strategy/proposal/initiative.	✓
Prepared recommendations and received formal comment from the Strategic Leadership Group (or similar) and other stakeholders identified in Phase 1 through stakeholder mapping.	✓
Validated and agreed the final list of priorities including those that will be progressed by the ML and those that will be progressed by other stakeholders (if applicable).	✓

The strength in the Barwon Medicare Local process was having a clearly defined and agreed scope that guided the CNA process and identified the importance of partnerships and funding in the following ways:

Partnerships

- Barwon Medicare Local partnerships and relationships with local stakeholders are pivotal to achieving the strategic objectives and ensuring responsiveness to the needs of local communities. Wherever possible partnerships should be sought for program delivery.
- Barwon Medicare Local partnerships with General Practice are a central priority for our organisation.
- Barwon Medicare Local will look to partner more with private sector providers and create consortiums for delivery.

Finance

- It is not possible to achieve more with the current levels of resourcing. Accordingly to do more requires further investment from Reserves, new funding, or re-prioritisation meaning the potential that some previously funded activities will need to be halted or deferred.
- The Barwon Medicare Local Annual Plan is not to be developed based on the use of our Reserves for recurrent spending but these can be considered for key enabling Objectives or to enable “proof of concept”.

Identified issues and the strategies proposed were evidence based with a focus on evidence of effective strategies in the primary care setting. This resulted in the development of a document containing evidence and proposed strategies for identified issues which outlined;

- Issue identification
- Evidence base
- Linkages with other local, regional, state and national plans and/or strategies
- Proposed strategies
- Expected impacts and outcomes
- How success of strategy will be measured

Development of this document commenced at the conclusion of phase two as issues were emerging from both the qualitative and quantitative data and review of the literature and a review of current local, state and national health program/policy documents. The strategic advisory group and attendees of the stakeholder information sessions were provided with this detailed information for review and input. This document was then amended based on feedback from these sessions and further research and investigation.

A draft priority setting matrix was presented to the Barwon Medicare Local Board and the Strategic Advisory group for feedback. It was this tool that was used by the Strategic Advisory Group to prioritise the issues based on the following criteria: Effectiveness, Benefits, Appropriateness, Financial Viability, Commitment, Capacity to deliver, Complexity, Strategic Fit, Risk, Measurability. Each of these criteria were scored from 0-3 based on the guidance contained in the matrix, depending on the evidence for the proposed strategies. For example for the criteria of Effectiveness the question posed was- Is the intervention based on evidence? A score of 0 was defined as No clear evidence base; A score of 1 was defined as Some evidence that the intervention may work but not supported by research; A score of 2 was defined as Evidence base exists and the intervention has a likelihood of success and a score of 3 was defined as Evidence base exists and the intervention has a strong research base and transferability. Using this Matrix and scoring system allowed the identification of issues that would not be pursued as priorities at this time and clear identification of the reasons for this.

Twelve issues were identified and shortlisted, of these 4 were considered by the Strategic Advisory Group and the Barwon Medicare Local Board to either not be a standalone priority or as core business that is to be maintained.

After-hours

As part of the National Health Reform the Commonwealth Government has tasked Medicare Locals across Australia with the responsibility of implementing the Medicare Local After-Hours program (MLAH). Barwon Medicare Local undertook an extensive consultation process with local general practices and other key stakeholders to develop a new, innovative after-hours funding model to replace the After-Hours PIP. This new funding model commenced on 1 July 2013 and included funding for extended opening hours, funding for rural practices to be on-call in regions where there is no access to a medical deputising service and funding to support a home visiting and residential aged care after-hours service. As part of this process an after-hours reference group was established to guide and monitor the implementation of the after-hours funding model including complaints about the after-hours service. This is supported by a rigorous complains policy and procedure. Evaluation of the provision of after-hours care in the region by general practice has been conducted and has demonstrated the effectiveness of this model in increasing after hours care. Due to this the model implemented for the delivery of after hours services will remain the same for the coming financial year.

In our research to develop the after-hours model it was identified that community awareness of the availability of after-hours services was low. In response to this Barwon Medicare Local developed the www.docgeelong.com as a tool to be used to identify available after-hours service. General practices have the capacity to update the availability of after-hours appointments in real time. It has been identified that further development of the website to include in-hours general practice, pharmacy and dental will further enhance community awareness of available services. This strategy has been prioritised for completion this financial year 2013-2014.

Influenza Immunisation for the homeless

In assessing the resource allocation and multiple CNA priorities, it has been decided to defer this particular activity at this time. In the interim, Barwon Medicare Local will work to increase the awareness of this importance of immunisation for this vulnerable group through general practice and the Immunisation Reference Group.

Early Years

Early years has been refocused to include activities that support primary care in the management and referral of children to appropriate services and the maintenance and resourcing of the Paediatric Network. This network has identified that intervention at the earliest stage is imperative in improving child health outcomes. Barwon Medicare Local will resource the mapping of service providers in the early years to support primary care providers to make effective referrals. The development of a pilot program utilising as yet undeveloped software for the early years has been referred for further investigation and consideration in the future.

The initial HealthPathways developed by Barwon Medicare Local were focused in the area of paediatrics. These pathways included; Asthma in children, Constipation, Enuresis in Children, Unsettled Infant, Childhood Immunisation, UTI in children, Heart Murmurs in children and Eczema in children. Barwon Medicare Local has also commenced work on a developmental delay pathway which will be the first in the HealthPathways tool. Barwon Medicare Local will continue to develop Pathways in response to the needs of primary care practitioners and promote awareness of the tool.

Oral Health

The lack of dental services in rural areas, long waiting lists for public dental services, cost of dental services and the compounding health consequences of poor dental health were raised in all of the forums and consultations including the community survey and are clearly evident in the research data from Geelong Hospital Emergency Department and the Ambulatory Care Sensitive Conditions data. This area was raised as an issue however further investigation identified that there are several strategies already occurring in the area of oral health including the recent establishment of a dental van by Barwon health which is servicing rural communities. The clear definition of Barwon Medicare Local scope as being the capacity to influence primary care resulted in the identification of oral health promotion as an issue. During the consultation process it became evident that the proposed strategies around oral health promotion are in fact related to the issue of health systems literacy which has prioritised highly throughout the CNA process. Access to oral health programs will be included within the health literacy strategies.

Section 4: Confirm Priorities

Phase 4 Selected Gate Review Items

Item Title	Complete?
Phase 4	
Presented the recommendation to the ML Board and gained endorsement.	✓
Developed action plans for each initiative and implemented a stakeholder communication. strategy	✓
Set up the post-CNA evaluation review process.	✓

The Strategic Advisory group were a key factor in the success of the CNA process. The membership of the CNA Advisory Group was taken through a process to ensure that they were clear on the scope of the CNA, the process and their responsibilities as stakeholders. A draft terms of reference were developed and worked through at the first meeting to ensure everyone was clear on the expectations, roles and responsibilities. The membership of the Strategic Advisory Group ensured a representation of views in regards to access and equity across the Barwon Medicare Local region.

Throughout the CNA process the Strategic Advisory Group was involved in decision making at each stage of the CNA project development. Key deliberations in confirming the priorities to be funded were:

1 Undertaking an environmental scan and Strengths – Weaknesses – Opportunities – Threats analysis to confirm the objectives, scope and critical focus areas to be considered by the CNA.
2 Endorsing an appropriate stakeholder engagement plan which included community and consumer consultation and a communication plan and identification of opportunities for potential partnerships and collaborations with other agencies to include in the scope of the CNA processes.
3 Contributing to the evidence-based review process and determining the priority setting criteria that were used in the CNA priority setting process.
4 Making recommendations to the Barwon Medicare Local Board and partner organisations on the priorities for action and investment determined through the CNA and priority setting processes.

As detailed in discussion box 3 the priority setting matrix was used as a tool to prioritise the identified issues. This prioritisation process was undertaken as a group where each issue was discussed and then given a score out of a possible 30. It was also agreed that any issue that scored under 15 would not be undertaken without further investigation.

This process of collaborative prioritisation enabled the Strategic Advisory Group to capitalise on one another's resources and skills. This approach to prioritisation was identified by the Advisory Group membership as this would enable the utilisation of the knowledge and strengths of each member of the group. In this context the group was able to discuss and deliberate on each issue and utilise the expert knowledge available as well as the information and evidence presented in the evidence and proposed strategies for identified issues document. Examples of the deliberations that occurred in this group are detailed in discussion box 3.

The Barwon Medicare Local board sought to confirm that each of the recommended priorities was aligned with the strategic plan and directions of the organisation.

The next steps in the CNA process are to complete final costing's for submission in the annual plan and to submit the CNA template for Department of Health approval. Once approval has been granted Barwon Medicare Local will;

- Hold a stakeholder forum to report back outcomes of the CNA to stakeholders and confirm their role in implementation

- Provide stakeholders and the broader community with access to the results of the Barwon Medicare Local CNA through correspondence and the Barwon Medicare Local website

Throughout the CNA process Barwon Medicare Local has developed several key documents that will be used in the dissemination of the CNA outcomes. A demographic and population health profile and the document containing evidence and proposed strategies for identified issues. Information and data from these two sources will be provided to key stakeholders to reduce duplication and facilitate regional alignment in service and program planning.

Evaluation of the CNA process

Barwon Medicare Local will undertake the following evaluations;

- Evaluation with the Strategic Advisory Group through a survey monkey and individual follow up
- Evaluation of the community consultation grants program through a survey and individual discussion with recipients of the community grants.
- Evaluation with attendees of the stakeholder consultation sessions through forum feedback
- Internal evaluation through a forum and individual discussions

Barwon Medicare Local will also consult with other Medicare Locals to explore opportunities for discussions around collaborative learning's arising from the CNA process and experience to enhance our own process and contribute to the quality improvement of the Medicare Local CNA process.

Evaluation of the success of potential strategies

The evidence and proposed strategies for identified issues document developed outlines expected outcomes and how the success of the strategy will be measured. Building on this Barwon Medicare Local also has an organisation wide planning process which requires that all programs have measurable key performance indicators and that the method of collecting data to demonstrate achievement of the identified performance indicators are established, tested and documented in the planning process.