PRIMARY CARE IN RURAL COMMUNITIES

Co-designing a model

phn GIPPSLAND
An Australian Government Initiative

Gippsland PHN aims to design and fund primary care to suit community needs.
The vision is for a model where:

- Community needs and priorities guide service provision
- The patient is always central
- Health professionals from various disciplines work together to deliver comprehensive integrated care that addresses as many of the patient's needs as possible

A community-led model provides better value by responding to national and local health priorities identified in the Gippsland PHN Health Needs Assessment and commissioning services suited to local needs.

In 2022, Larter Consulting supported Gippsland PHN in conducting a total of eight online workshops, seven interviews and surveys (total of 43 responses) with communities, service providers and sector professionals to explore ideas about how to commission services that improve:

- Access to multidisciplinary and team based care
- Collaboration with allied health to support multidisciplinary care for patients with chronic and/or complex health needs

> *I want to access to services in one place as it is very difficult to face access issues when you are feeling unwell or damaged, especially when you are older*
>
> **- Community Member**

COMMUNITY INSIGHTS: PRIORITIES FOR LOCAL MODEL

- **Consumers don't want** to travel long distances for appointments; to tell their story multiple times; and get lost in the system.
- **Rural consumers do not want to be seen as 'second class citizens'** in terms of addressing rural health inequities
- **Reaching vulnerable populations at risk of poor health outcomes**
  - People over 65, people with a mental illness / alcohol and other drug issue / people experiencing family violence
  - Children and young people (0-25 years), Chronic disease, Dementia
- **Holistic care that addresses underlying issues and includes screening**
- **Care coordination with support to navigate the system**
  - Involving GPs in care coordination models
  - A single point of contact for consumers
  - Connect with hospitals
- **Integrated, co-located services that build on local strengths - "a one stop shop"**
  - Affordable or no cost services
  - Access to transport or outreach available
  - Services open to everyone with no exclusion criteria
  - Hub and spoke models
  - Building a strong local health workforce, including allied health, pharmacists, nurse practitioners and paramedics
  - Allied health is not seen as 'secondary, poorer cousins'
  - Connect to workforce not available locally, supported by local clinicians
- **Shared resources, data and IT solutions**
  - Supporting hybrid models with telehealth and face-to-face options
  - Improving digital literacy
  - Seamless sharing of health records

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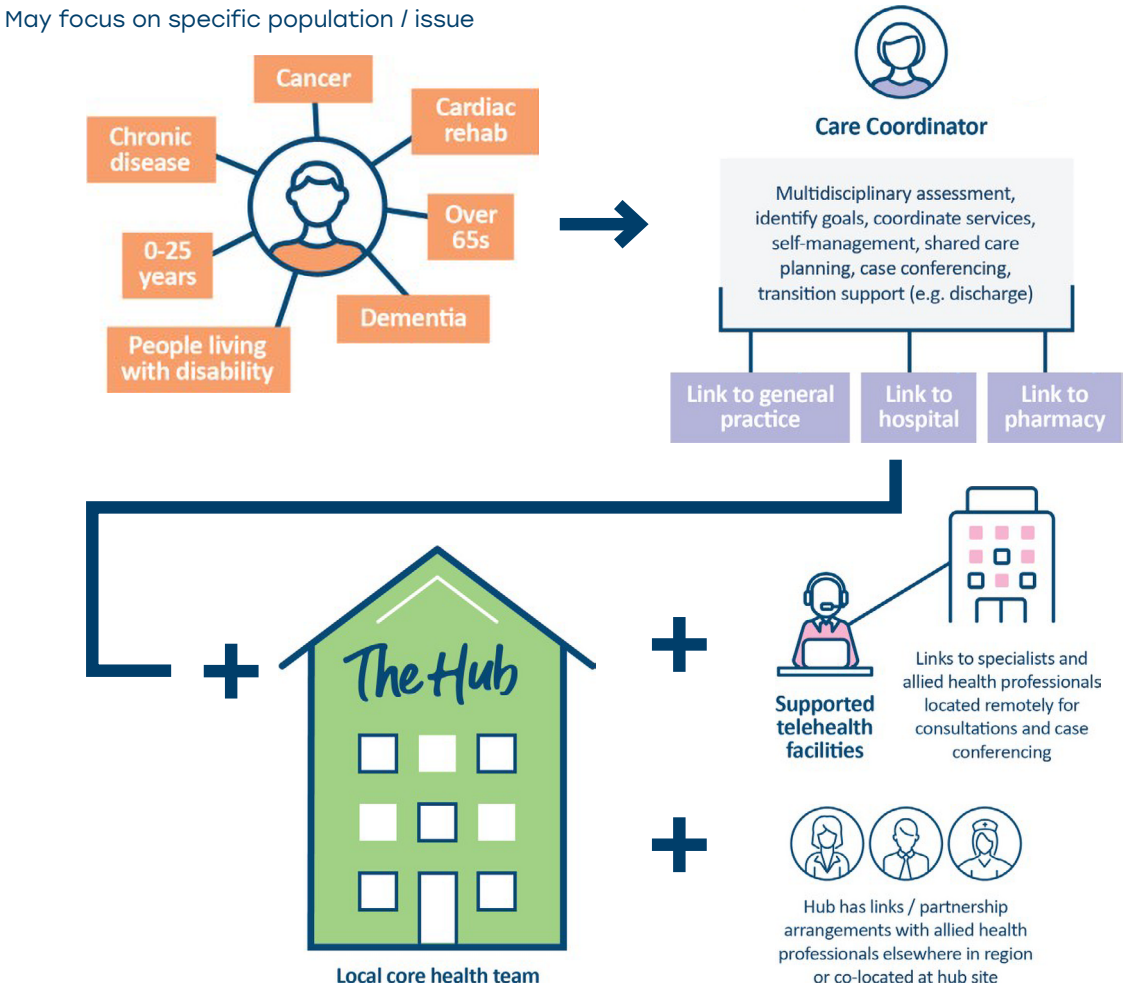
CO-DESIGNED MODEL

Workshops to co-design a model were held with community members and healthcare professionals

> *I want a one-stop shop...I want to go to one place to meet as many of my needs as possible and not be sent all over the place*
>
> - Community Member

A health care hub model provides team-based person-centred care, constructed around locally-based professionals who work together as regionally collaborative, multidisciplinary teams, supported by telehealth where needed.

Hubs can be an integrated physical service or co-located services or a virtual integration.



The model will support:

- Integrated service delivery
- Care coordination
- System navigation
- Data sharing
- Continuity of care
- Discharge gaps
- Addressing social determinants
- Consumer satisfaction
- Continuity of care
- Discharge gaps

NEW HEALTHCARE SERVICES:

Two new Community Led Integrated Heathcare services commenced in July 2023.