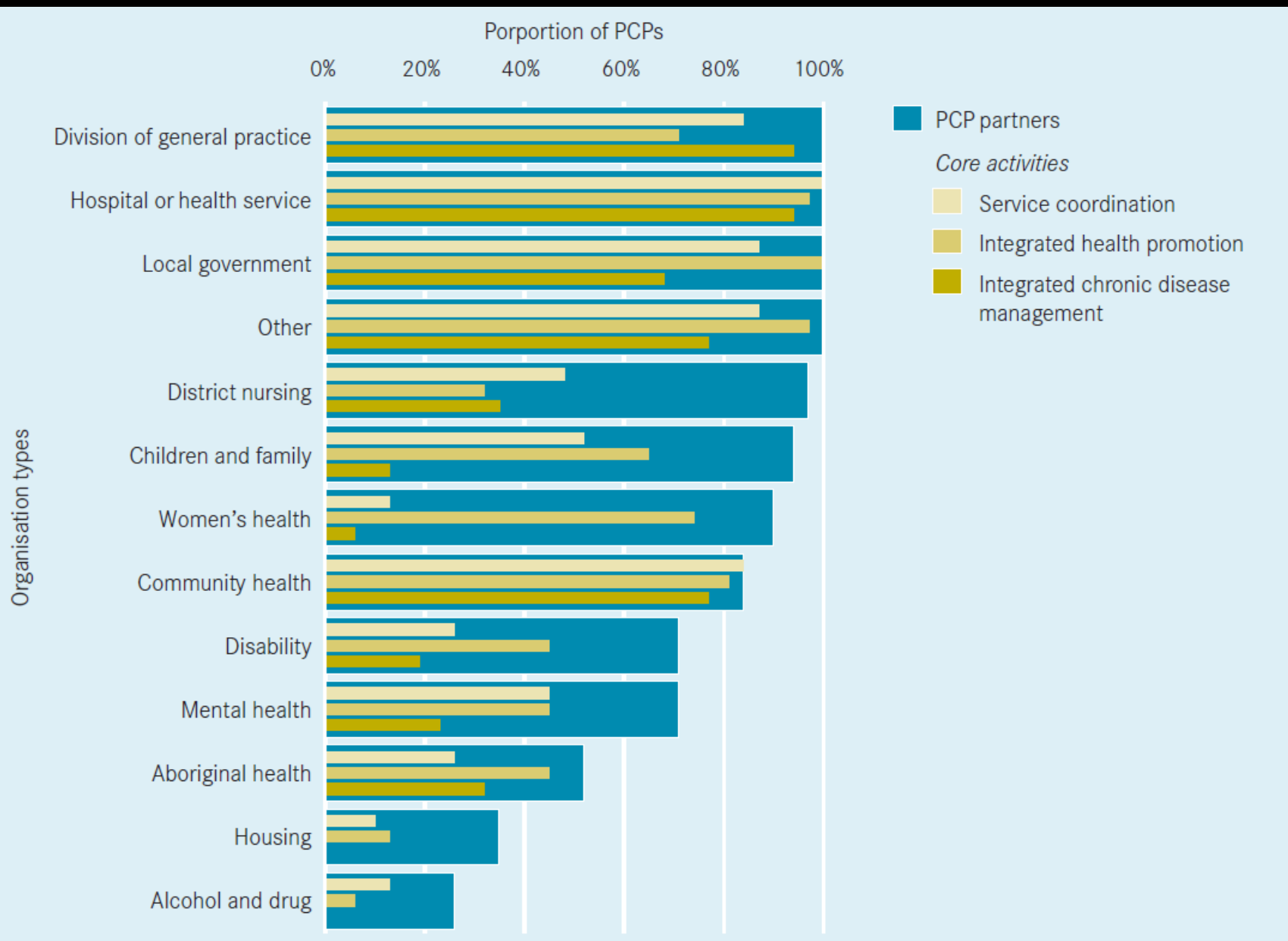


How a government agency actively  
facilitated the implementation  
process in  
Victorian primary health care

Case study: Primary Care Partnerships



Source: Primary Care Partnerships: Achievements 2000 to 2010

# Service Coordination – 13 years on

2000		2013
Varying levels of partnership	Increasing integration	Partnerships between services established  Supported by a range of government programs
Some locally agreed practice between agencies  'Service centric' practice	Agreed service coordination practice	Treated as a whole person  Statewide agreement on service coordination practice  Quality of practice measured  Linked to agency accreditation standards
350+ tools for screening, referral, care planning	Increasing standardisation of health and care information	A single suite of tools to collect and share people's health and care information with consent
Limited use of information technology	Increasing use of information technology	Tools included in agency software  Statewide services directory  Growth in secure electronic referrals

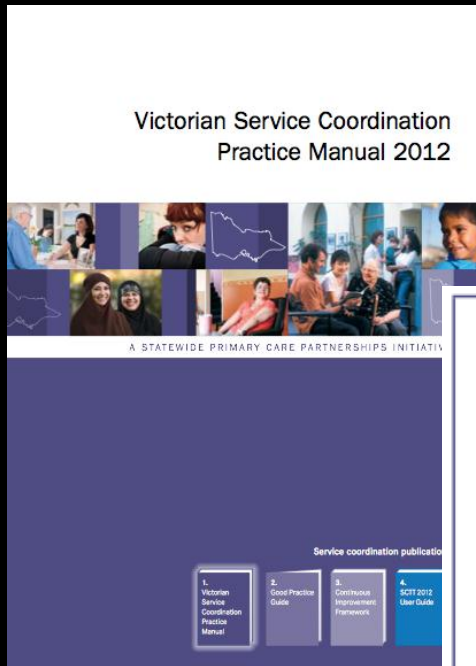
Helped establish the partnerships

Provided direction on the work program

Measured progress on the work program

Developed parts of the service system

# Example: Guidance for working in partnership with Aboriginal communities



## Guiding principles for working in partnership with Aboriginal communities:

- **Cultural respect** in the design and delivery of culturally responsive services.
- **Consultation with Aboriginal community** members, ACCHOs and representative structures to ensure that all policy and activity has their support, and that they have input into the design, monitoring and evaluation of initiatives, programs and services.
- **A holistic approach** to service delivery, with attention to physical, spiritual, cultural, emotional and social wellbeing.
- **Whole-of-sector accountability**, with delivery of services to Aboriginal consumers being a core responsibility and a high priority.
- **Working in partnership with ACCHOs** as major providers of comprehensive primary care to Aboriginal communities in Victoria, recognising community decision making, participation and control as a fundamental component of the service system.
- **Localised decision making** through regional committees defining local community needs and priorities and informing implementation strategies.
- **Building the capacity of services and communities** to respond to needs and take shared responsibility for outcomes.
- **Accountability** for services provided and for effective use of funds by government as well as Aboriginal community-controlled and mainstream services.
- **Evidence-based** decision making, policy and program design, with support for external providers to contribute to the generation of evidence.

# Example: Measuring the quality of service coordination practice

	Programs/Services*	2008	2009	2010	2011
<b>Acute</b>	Admitted Patients	16	25	16	16
	Allied Health	34	35	36	41
	Emergency & Ambulance Services	11	13	15	10
	HARP	26	38	42	39
	Outpatients	13	15	14	12
	Palliative Care	14	23	19	17
	Post Acute	24	29	28	23
	Sub Acute	14	24	25	24
<b>Aged Care</b>	Aged Care Assessments	40	22	23	21
	HACC	189	185	238	249
<b>Child &amp; Family</b>	Child Protection & Family Services	20	16	26	25
	Early Childhood Services	14	14	16	41
	Maternal Child Health	-	18	13	11
	Youth Justice & Services	11	2	15	12
<b>Community Health</b>	Community Health	83	84	98	128
	Dental services	11	16	23	21
	Healthy Mothers, Health Babies	-	9	14	5
	Refugee Health	-	11	15	15
<b>Disability</b>		51	90	101	151
<b>Housing</b>	Homelessness Assistance	12	18	23	21
	Long-term Housing Assistance	4	4	9	12
<b>Mental Health</b>	Mental Health	32	33	57	79
	Drugs Services	17	15	38	49
<b>Problem Gambling</b>		-	21	25	22
<b>AHPCC</b>		-	-	-	9
<b>Other</b>		-	13	2	64
<b>Total</b>		<b>636</b>	<b>773</b>	<b>931</b>	<b>1117</b>

Source -  
2011: Service  
Coordination  
Statewide  
Survey  
Results

# Example: Flexibility for local innovation

## Case study: Improving Aboriginal access to health services – capacity building to support policy implementation

Aboriginal people are at increased risk of many preventable and chronic diseases and poorer mental health. The Outer East Health and Community Support Alliance is developing an Aboriginal access and engagement policy to enhance mental health and wellbeing of Aboriginal people by improving access to mainstream health services. Over 90 health and community sector workers participated in cultural respect training in 2009–10 to build the capacity of the workforce to underpin the principles of the policy. Five more sessions will run in 2011, with a further 125 staff expected to receive training.

The training has improved the service delivery for Aboriginal people; for example, some organisations now:

- offer greater flexibility regarding appointments
- schedule longer appointment times to accommodate Aboriginal clients' holistic needs
- offer group appointments for families and friendship groups
- sometimes visit clients in their own homes and environments.

The PCP also delivers an organisational leadership program for senior executives and middle managers of community and women's health services, community organisations and divisions of general practice. With support from Monash University, the program uses a participatory action research methodology, where participants are required to implement policy or practice change during the program to improve access for Aboriginal people. This work recognises that achieving real change involves practitioners and frontline staff being aware of issues that affect Aboriginal people, and organisations reorienting to improve access and practise sensitivity and respect for cultural needs.

Access and engagement policies are important tools for delivering primary prevention. When people are connected to services, the opportunity to screen, inform, refer and link to primary prevention initiatives is enhanced.

The program aligns with Closing the Gap strategies and is informed by past National Aboriginal Health Policies (OEHS 2010).

If we do our job well the changes will be hard to notice, things will just work better and people will experience smooth stress free journeys through the health care system.

[Sophy Athan](#), Chair, Outer East Primary Care Partnership Consumer Reference Group (2010)