

**NATIONAL PRIMARY AND COMMUNITY HEALTH NETWORK
FORMAT FOR REPORTS FROM JURISDICTIONS 2007**

State/Territory: QUEENSLAND

HIGHLIGHTS OF REFORMS AND NEW INITIATIVES

Integrating the social determinates of health into primary health care:

Reforms and New Initiatives	Description	Issues
Name of Reform/Initiatives		
Name of Reform/Initiatives		
Name of Reform/Initiatives		

Other:

Reforms and New Initiatives	Description	Issues
<p><i>Queensland's Australian Better Health Initiative (ABHI) Implementation Plan 2006-2010</i></p>	<p>Initiatives in the ABHI Plan include:</p> <ul style="list-style-type: none"> • participation in the national social marketing campaigns and continued roll out of state funded marketing campaigns initially focused on physical activity and nutrition. The ABHI national social marketing campaign (advertising concept) has been endorsed by the Queensland Health Minister. • recruitment through tender of healthy lifestyle coordinator positions. The first tender round has resulted in 10 of 13 of these positions awarded to NGOs. Funding for 75 positions was offered in total. • encouraging active self management of chronic disease. A Queensland Self-Management Framework has been developed and will be supported through an implementation plan currently being developed. • improving primary health care integration across sectors through the establishment of local primary health care partnership councils (refer CHIC initiative for further details) • establishment of a statewide cancer care coordination network, with recruitment of cancer care coordinators across services and sectors 80% complete. The network will be supported through the current development 	<p>Challenges of establishing true partnership, collaboration and integration between all stakeholders.</p> <p>Maximising alignment with the objectives of other related state and national initiatives, particularly around chronic disease.</p> <p>Availability of workforce and ability to recruit to positions in a timely fashion.</p>

	<p>of a service delivery model, key performance indicators, model of multidisciplinary care and tumour board patient review.</p> <p>Contact: Carolyon Young. Email: carolyon_young@health.qld.gov.au</p>	
<p>Connecting Healthcare in Communities Initiative (CHIC)</p>	<p>The aim of the CHIC Initiative is to establish local partnerships in primary health care to enhance service coordination, minimise duplication and improve integration to increase the capacity of the health system.</p> <p>A small team has been established across the state to provide support of CHIC throughout the first 3 years of the initiative.</p> <p>The Governance of CHIC adopts a partnership approach between Queensland Health, General Practice Queensland (GPQ), the Queensland Aboriginal and Islander Health Council (QAIHC) and the Combined Health Agency Group (CHAG), representing Blue Care, Spiritus, Queensland Health Community Health, RSL Care and OzCare.</p> <p>Once established , it is expected the local Partnership Councils (approx. 20) will develop and deliver shared service delivery programs addressing priorities such as:</p> <ul style="list-style-type: none"> • Chronic and complex care, • Integrated health promotion and illness prevention, 	<p>Ensuring consistent and timely communication throughout government, non-government and private parties involved in the partnerships.</p> <p>Time pressures created by existing funding cycles.</p> <p>Significant culture change is required in all organisations</p> <p>Identification of system enablers and barriers that exist within all prospective partner organizations, is vital to the initial success and long term sustainability of the Partnership Councils.</p>

	<ul style="list-style-type: none"> • Early childhood health, • Community mental health, and • Drug and alcohol services. <p>A number of Partnership Councils are in the early stages of formation, recruitment and initial discussions.</p> <p>External evaluation and capacity building expertise is being sourced by way of public tender.</p> <p>Contact: Sean Lowry Email: sean_lowry@health.qld.gov.au</p>	
<p>Implementation of the Queensland Strategy for Chronic Disease(2005-15)</p> <p>Launched December 2005</p>	<p>Aims:</p> <ul style="list-style-type: none"> - Reduce avoidable hospital admissions in the short-term - Improve the quality of life for people with chronic disease Reduce the incidence and prevalence of chronic disease in-scope of the Strategy and the underlying risk factors <p>Targeted diseases:</p> <ul style="list-style-type: none"> - cardiovascular disease - type II diabetes mellitus - chronic respiratory disease - renal disease. <p>Targeted behaviours and risk factors:</p> <ul style="list-style-type: none"> - poor nutrition - physical inactivity - alcohol misuse - tobacco smoking. 	<ul style="list-style-type: none"> • This Strategy does not directly focus on integrating the social determinates of health into primary health care. • Workforce - recruitment, sustainability and skills development • The dynamic health care environment is likely to provide opportunities and challenges in the implementation process. This includes organizational changes, national initiatives, and other reform processes.

	<p>Key priority areas:</p> <ul style="list-style-type: none"> - System enablers – partnerships and building capacity - Primary prevention – preventing and reducing risk factors - Secondary prevention – early detection and early intervention - Management and tertiary prevention – including rehabilitation and palliative care. <p>Key Initiatives include:</p> <ul style="list-style-type: none"> - Primary prevention activities, including increased investment in social marketing, new positions and increased funding for surveillance activities to target the in-scope risk factors. - Continued support for the Place Based Initiatives - a collaborative approach to providing community-based services between public and non-government sectors within three (3) local areas at North Lakes and surrounds, Logan-Beaudesert, and Innisfail. - Finalizing and implementing the Queensland Framework for Self Management 2007-2015 - Increased investment in the management of avoidable admissions - Continued support for partnerships and coordination between sectors <p>Key contact: Helen Little Email: helen_little@health.qld.gov.au</p>	
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<p>Health Precincts</p>	<ul style="list-style-type: none"> • Health Precincts are major facilities offering a comprehensive range of community-based health and other human services. • The model involves co-location of public, private and non-government human service providers. • The aim of the Health Precinct model is to enhance the provision of community-based services; to improve integration between service providers; to better manage chronic and complex health conditions in the community; and to decrease demand on the acute hospital system. • The range and volume of services provided will depend on the needs and size of the catchment population. • Not all community-based services will be delivered through the Health Precinct model. The model targets regional centres and growing urban areas with catchment populations of 30,000 to 300,000 people. • Development of two Health Precincts will commence this year and planning for Precincts in other locations is underway. <p>Contact: Kirrily Campbell Email: kirrily_campbell@health.qld.gov.au</p>	<ul style="list-style-type: none"> • This is a new model of care in Queensland. • Governance arrangements and mechanisms to attract other providers and capital and recurrent investment require careful consideration. • Services and providers will vary across locations, depending on community needs.
<p>Community Health Services Reform Project (CHSRP)</p>	<ul style="list-style-type: none"> • Project commenced in March 2007 • The CHSRP was established to develop and articulate future directions for Queensland Health community health services over the next five years (2007-2012) where 	<ul style="list-style-type: none"> • The reform project is being undertaken within the context of the increasing service demand on the public health system and the broader Queensland Health reforms currently being undertaken.

	<p>Queenslanders can access services as close to their community as possible with due consideration to safety and sustainability.</p> <ul style="list-style-type: none"> • The Project will identify Queensland Health priorities for future investment in this area and preferred approaches for funding and delivery of these services. • Deliverables to date include: <ul style="list-style-type: none"> ○ The establishment of a project website www.health.qld.gov.au/CHSRP; ○ Statewide consultations with key internal and external stakeholders; ○ Completion of background documents relating to: a summary of key issues raised in consultations; Literature Review; Queensland Health policy scan; Consumer and carer case study scenarios (available on website) • A Discussion Paper outlining a proposed vision and principles for reform, priorities for future investment and options for achieving these priorities is currently being prepared and is due for release late 2007. • A Future Directions Paper and Policy Statement are to be submitted to Queensland Health EMT for their endorsement in early 2008. <p>Contact: Amanda Hammer Email: Amanda_hammer@health.qld.gov.au</p>	<ul style="list-style-type: none"> • Queensland Health currently has no set strategic policy direction in this area that guides the planning, funding and delivery of community health sector services. • Consultations indicate that community health services are affected by: <ul style="list-style-type: none"> - Lack of integration and coordination - Duplication and gaps - Fragmentation of funding - Lack of strong clinical and organisational governance - Workforce shortages - Lack of activity and performance measurement, and integrated information systems. • Queensland Health contributes approximately 10% of the total funding in the area of community based services, and there is a need to strategically target this expenditure. • Partnership arrangements with other funders and providers such as Divisions of General Practice and the non-government sector, designed to more efficiently utilise resources and achieve better outcomes, are essential for the establishment of a strong and integrated community health service system.
Engagement with General Practice to service integration	<ul style="list-style-type: none"> • Continued funding to support the Qld General Practice Advisory Council (GPAC). Current 	

<p>at the primary health care /acute care interface</p>	<p>priorities are general practice workforce capacity and quality use of medicines.</p> <ul style="list-style-type: none"> • Queensland Health-General Practice Queensland Joint Workplan (QH-GPQ JWP). This is a commitment to partnership and collaboration across the eight priority areas of IMICT, mental health, chronic disease, service planning, continuity of care, partnerships, clinical networks and population health. • Quarterly meetings of the JWP Implementation Committee and activity under the priority areas commenced March 2007. <p>Contact: Carolyon Young Email: carolyon_young@health.qld.gov.au</p>	
<p>Pilot of Physician Assistant role</p>	<p>Objective To pilot the Physician Assistant role in Queensland for 12 Physician Assistants (PAs) are defined as those practitioners who work in a support capacity to the medical profession, supervised by the Medical Practitioners to whom they are assigned.</p> <p>The doctor is responsible overall for the performance of the assistant. Individual PAs are accountable for their own practice within the boundaries of supervision and defined practice. The doctor/ PA relationship is similar to the Registered Nurse / Enrolled Nurse relationship.</p>	<ul style="list-style-type: none"> • Both now and into the future there will be an increasing demand for clinicians in the health system in Queensland health. • In addition workforce shortages are exacerbated by: <ul style="list-style-type: none"> - an ageing workforce; - clinicians working part time and the implementation of safe working hours; - the inability to increase student intakes as the number of clinicians in the university education pipeline is at maximum capacity - the increased service demands of a growing (and ageing) population

	<p>There is extensive evidence to demonstrate that the Physician Assistant role is a valid one in terms of productivity, quality of care, patient satisfaction, cost effectiveness and their ability to work as part of the multidisciplinary team. Evaluation of the trial in the NHS in England has also demonstrated an overwhelmingly positive response from patients towards the Physician Assistants.</p> <p>The pilot is necessary to determine the applicability of the role to health services in Queensland and to gauge public acceptance of the role.</p> <p>Contact: Bron Nardi Email: Bronwyn_Nardi@health.qld.gov.au</p>	<ul style="list-style-type: none"> • To close the gap between service demand and workforce supply we need: <ul style="list-style-type: none"> - more doctors - more nurses - more allied health professionals - better and appropriate utilisation of skills of all staff - expanded roles (eg Nurse Practitioners) - to explore new roles to broaden the available workforce pool • It has been identified that increasing the workforce supply alone (where this is achievable) will not be sufficient to manage the demand, nor ensure longer term financial and service sustainability. • New roles and innovative models of care (with an emphasis on a collaborative team approach) are being explored and, where appropriate, implemented both nationally and internationally • However as skill mix is a determinant of, and determined by, organisational and system context, the findings remain true for the setting in which they were derived. Queensland and Australian context.
<p>Allied Health Assistants project</p>	<p>Objective To develop and trial the role of the allied health assistant to support the delivery of allied health services across the state. This is seen as an</p>	<ul style="list-style-type: none"> • Consistency of the allied health assistant role across the state. • Support of the allied health workforce in the implementation of and delegation of tasks to

	<p>important step in assisting workforce redesign within the allied health professions and to assist in better access to allied health services and improved patient care. Determine the training needs of an assistant to enable this role</p> <p>Contact: Bron Nardi Email: Bronwyn_Nardi@health.qld.gov.au</p>	<p>this role.</p> <ul style="list-style-type: none"> • Availability and provision of appropriate training and development • Transportability of skills of the assistant across the state and jurisdictions.
<p><i>Aboriginal and Torres Strait Islander Health Worker Career Structure</i></p>	<p>Objective: The Aboriginal and Torres Strait Islander Health Worker Career Structure 2007 is intended to provide incentives and recognition for employees to increase their skills to deliver a high standard service. The new career structure will encourage The Aboriginal and Torres Strait Islander Health Workers to participate in continuous skills development and foster improved health worker retention within the health system.</p> <p>Contact: Bron Nardi Email: Bronwyn_Nardi@health.qld.gov.au</p>	<p>Consultation with Aboriginal and Torres Strait Islander Health Workers in Queensland Health and other key stakeholders identified several issues to be addressed:</p> <ul style="list-style-type: none"> • there was a need to formally recognise the value and importance of the health worker workforce within a career structure to support opportunities for professional growth and development of career pathways • a new career structure would also need to support remuneration for their professional practice.