



**Design, service and infrastructure plan for
Victoria's rural and regional health system**

Consultation Report

Department of Health and Human Services
October 2016

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Introduction

The Department of Health and Human Services is developing a Rural health system plan as part of broader, statewide planning activities

A new approach to service planning

The Department of Health and Human Services (the Department) is embarking on the development of a new *State-wide design, service and infrastructure plan for Victoria's health system (The Statewide Plan)* that is to be completed by July 2017.

This work follows the 2015 independent Travis Review of hospital capacity, which identified that a statewide service and infrastructure plan was needed to guide future reform and investment decisions for the Victorian health system. The plan will have a 20 year outlook, with a series of initial reform actions to be completed over a five year period.

The Statewide Plan will be supported and informed by a series of individual design, service and infrastructure plans for major service streams (such as cardiac, maternity and newborn, renal, emergency, surgery, and mental health), and localities, of which the Rural health system plan is the largest in terms of geography. Other locality plans cover growth areas in inner Melbourne and on the metropolitan fringe, being – western, northern and south-eastern.

The Statewide Plan will articulate the optimal system design and bring together priorities for service reform with the recommended actions of each individual plan to present an integrated way forward for the Victorian health system.

A new Design, service and infrastructure plan for Victoria's rural and regional health system

The *Design, service and infrastructure plan for Victoria's rural and regional health system (the Rural health system plan)* will set the future directions for rural health in Victoria.

Rural health services are an important part of the fabric of rural communities, often being the largest employer and purchasers of services in many towns. They play a much broader role in the economy of rural and regional areas than just provision of health care. They also have their own unique set of complexities, particularly, the overlap of traditional Commonwealth and State Government responsibilities, and a significant reliance on general practitioners for the medical workforce.

The *Rural health system plan* is intended to examine our rural populations and their health care needs; how rural and regional health services are currently configured and provided across Victoria; identify opportunities for system development; and describe the necessary actions to support safe, high quality sustainable service delivery.

In recognising the interconnected nature of the health system, the *Rural health system plan* will consider not just acute health services but also other services that are necessary to a well-integrated health system – like residential aged care and community health services.

Purpose of this report

The Department engaged Deloitte to prepare a discussion paper and undertake a stakeholder consultation process to clarify issues and priorities and gain stakeholder feedback to inform the development of the *Rural health system plan*.

This report provides an overview of the consultation process; the outcomes of the consultation; a summary of how the stakeholder feedback could be considered in developing the *Rural health system plan*, and a short summary of the relevant literature and rural and regional health service planning frameworks used in other jurisdictions.

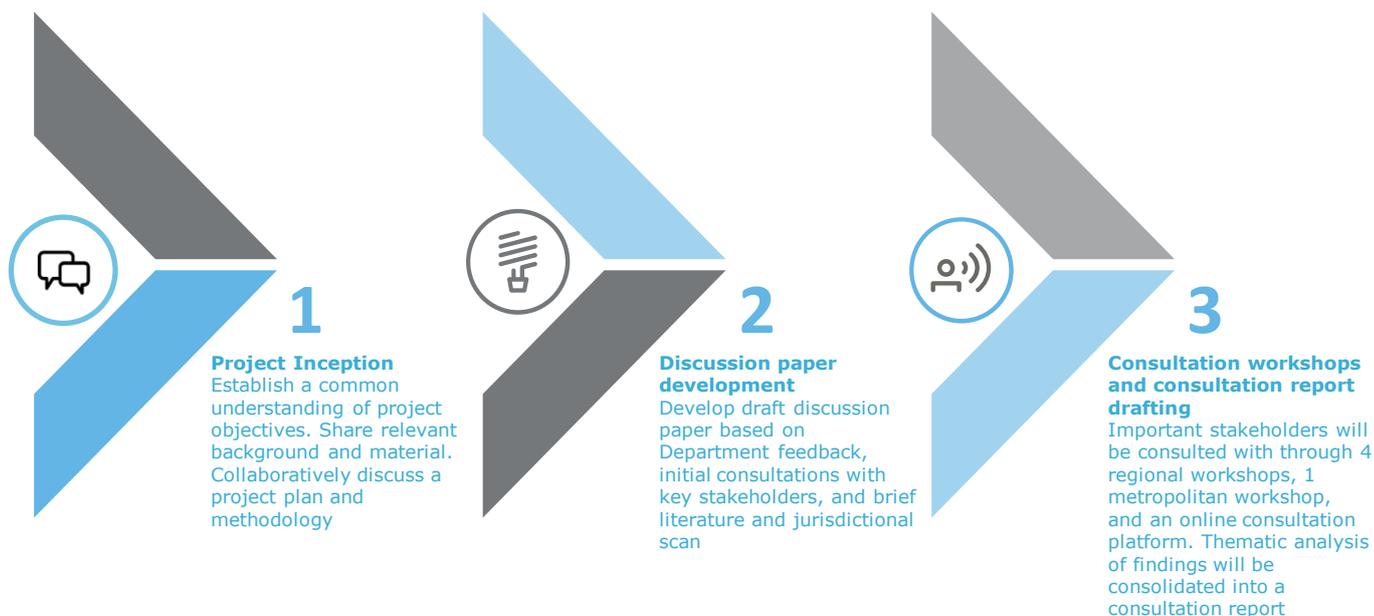
Consultation process

An extensive consultation process was undertaken during September 2016, with over 120 stakeholders attending forums, and 26 written submissions

Overview

Deloitte was engaged by the Department to prepare a Discussion Paper that explored the key issues relevant to developing the new *Rural health system plan*. This Discussion Paper was informed by previous work undertaken by the Department, initial consultations with a range of stakeholders, and a scan of the relevant literature and rural and regional health service planning undertaken in other jurisdictions.

The process is outlined in the diagram below, with the Discussion Paper released, prior to conducting five face-to-face consultation forums. Stakeholders were also invited to provide feedback through an online, written submission process.



Consultation forums and written submissions

Five face-to-face consultation forums were undertaken during September 2016, with an open invitation extended for participants to attend and provide feedback. In addition, the Discussion Paper was made available on the Department's website, with stakeholders able to provide a written submission up to 26 September. The details of the consultation forums and written submissions received are outlined in the table below

Forum	Attendance / submissions
Bendigo – 13 September 2016	• 42 attendees
Traralgon – 14 September 2016	• 18 attendees
Ararat – 16 September 2016	• 32 attendees
Melbourne – 19 September 2016	• 35 attendees
Shepparton – 20 September 2016	• 30 attendees
Written submissions – 9-26 September 2016	• 26 submissions (provided online and via email)

Consultation findings

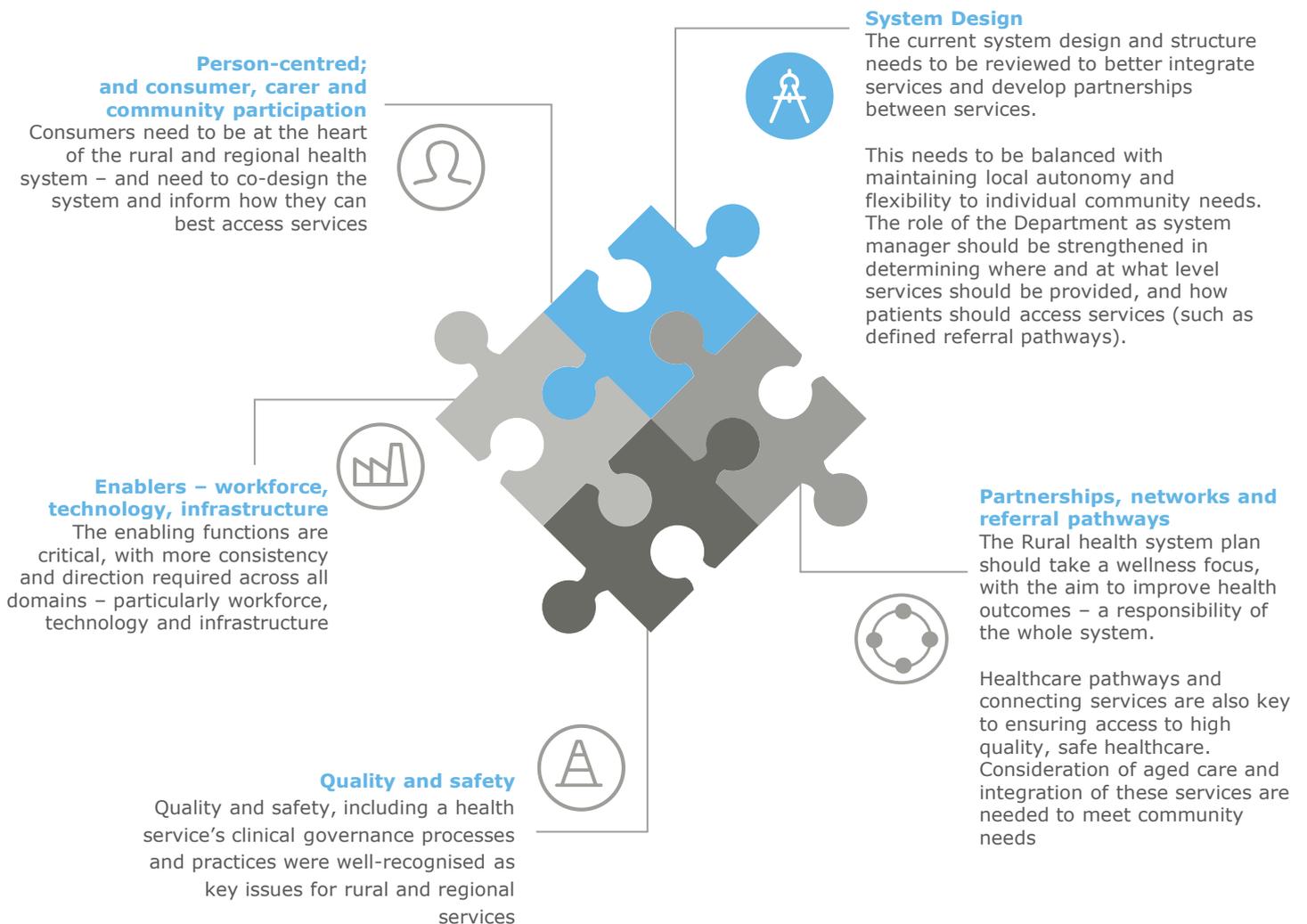
Consistent themes from the consultation include the need for the Rural health system plan to be consumer-centred, focus on wellness and outcomes, and revisit the current system design

Summary

The following sections provide a detailed summary of the outcomes of the consultation process, structured around the seven themes in the Discussion Paper, as well as an overview of other issues identified and discussed.

The diagram below provides a quick summary of the topics that generated the most discussion and where there was generally consistent views across the majority of stakeholders. These include the need for the plan to be person-centred, with consumer, carer and community participation; significant appetite for changing the system design and structure; improving partnerships, networks and referral pathways with stronger direction from the Department; improving and facilitating greater focus on quality and safety; the importance of workforce, technology and infrastructure as enabling functions in rural and regional health services.

The outcomes of the consultation presented in the report have been structured around these key themes.



Consultation findings

Person-centred; and consumer, carer and community participation

Summary

- Consistent feedback that consumers need to be at the centre of the future system design, and actively engaged in co-designing the system (and the Plan)
- Consumer, carer and community access to safe, high quality care should be based on the principle of local access where safe and sustainable, with improved support for people to access services outside of their local community.

Overview

All Victorians should be able to access the health care they need, at the same standard to achieve the same outcomes – and where possible, this should be as close to their home or community as possible.

A fundamental principle that was reinforced during the consultation process is the need for patients and consumers to be at the heart of the health system. Consumers and their needs should be the starting point for any changes to the design of the rural and regional health system, recognising the diverse range of populations and communities in rural and regional Victoria.

This also means consumers, carers and the broader community should be given genuine opportunities to participate in the planning and delivery of health services, and should have access to safe, high quality health care.

Consumer-centred care

Consistent with trends towards a more consumer-centric health system, there was strong consensus that consumers need to be at the centre of the Rural health system plan.

In discussing the future design and governance arrangements for the rural and regional health system, the strongest feedback provided consistently by the majority of stakeholders was the need for the system to be designed around the consumer.

Stakeholders strongly noted that it also needs to be the core principle that informs development of the Rural health system plan, and any enabling planning that is undertaken subsequently.

Consumers should be actively engaged in co-designing the system to ensure it meets their needs. This means genuine engagement, without pre-determined views or outcomes on how the system should be designed, with support available to ensure consumers can easily have their say. Further rounds of consultation will specifically engage consumers on development of the Rural health system plan.

Consumer-centeredness flows right through the system, with the governance framework also needing to remain flexible in order to allow for local Boards to continue serving their local communities. Local Boards and management is a key way for consumers and communities to be represented and have their say in how health services are delivered locally. This acknowledges both the central role many health services play in meeting the local needs of the communities they operate within, and that local needs are often vastly different for each community.

Consumer, carer and community access to safe, high quality health care

Stakeholders generally agreed with the principle of local access where safe and sustainable, and the need to significantly improve the way consumers are supported to access services outside of their local communities.

The considerations for the Rural health system plan in improving access for rural and regional communities to health services include:

- Equity of outcomes as a principle, should be the primary aim of the Rural health system plan
- From a consumer perspective, where patients need to access or use services frequently, these should be provided locally (potentially in patients' homes if possible) where safe to do so
- Genuine consumer and community engagement is required to inform the system design and have an informed discussion with the community about the balance between local, physical access to services and the need to provide quality, safe and sustainable services. This also includes discussing and explaining alternative options to physically access any care in one's own community and how this will be supported
- Improved relationships and support from major tertiary and specialised services to streamline access to these services including through telehealth, transport and visiting clinics of specialist support

Consultation findings

Person-centred; and consumer, carer and community participation (cont.)

Summary

- Consumer access to services is heavily dependent on key enablers such as workforce, transport and accommodation, technology and infrastructure

- Development of models of care for rural and regional communities that have telehealth as a central component of delivering care
- 'Regionalised' centres of excellence and expertise, including partnerships with research institutes, to support sustainable service delivery and work towards addressing the gap in health outcomes between rural and regional, and metropolitan populations. This could consider the service network models proposed in the Strengthening Health Services Report. This network model was based around the Hume and Loddon Mallee regions, and proposes service networks for maternity, surgery and urgent care.
- Infrastructure – the availability and quality of the right infrastructure, aligned with the needs of the community and the care provided is essential. Consistency in how infrastructure is planned, linked to the appropriate workforce, prioritised and funded will be a critical element to the Rural health system plan.

The Rural health system plan will also need to consider or link with other planning activities underway which enable improved access to health services for rural and regional communities. These include:

- Workforce and training – local access to services is so dependent on the availability of the appropriately skilled workforce. Practically, this could include expansion of targeted education and training for those wishing to work in rural and regional areas and continuing to fund the regional capacity building groups
- Partnerships – formalising and strengthening partnerships and the ability to develop and maintain them consistently will facilitate easier access to services for patients and their families and carers
- Transport and accommodation – transport and accommodation are major barriers to accessing services, both from a cost and availability perspective. Linking in these issues to the regional infrastructure initiatives including the Victorian Patient Transport Assistance Scheme's review is important.

Consultation findings

System design

Summary

- Stakeholders agreed a stronger role for the Department is needed in providing direction, consistency in standards and expectations of health services
- General agreement that the current structure of rural and regional health services needs to change; with strong appetite for reducing the number of health services and/or greater collaboration between organisations.

Overview

System design was widely recognised for its role as a strong foundational base for supporting the other building blocks of the Rural health system plan, with feedback generally consistent across the majority of stakeholders

The key themes relating to system design included:

- planning for a system that addresses population health and wellbeing – specifically being able to address the gap in health outcomes between rural and regional populations and metropolitan communities;
- considerations in the structure of rural and regional health services;
- the roles and responsibilities of health services;
- and taking a holistic view of the health system.

Population health, wellbeing and maintenance

Stakeholders suggested the incorporation of a stronger flavour of population health and wellbeing to the Plan.

Community health initiatives, wellness and preventative health programs were raised as areas of focus that should form an important element of the Rural health system plan. This is an important role that is also played by rural and regional health services and should continue to be an essential element of service delivery.

Additionally, as residential aged care plays a significant role in rural and regional health care, its focus is often on maintaining function (rather than improving health or wellness). This is an important consideration for the Rural health system plan to focus broader than just improving population health and wellbeing, but also maintain the health and function of the population (particularly the ageing population).

This is also consistent with the Department's Strategic Plan, which sets a direction for a greater emphasis on prevention, public health and economic participation, in recognition of the wider social context for health and wellbeing.

In addition, the Rural health system plan should have at its core how health and human services can deliver improved health outcomes for rural and regional communities. Rural Victorians have been found to have poorer health and socio-economic outcomes than their metropolitan counterparts – with greater burden of disease from cancer, avoidable cardiovascular disease, mental health conditions and alcohol and other drug dependencies. These health outcomes are in part linked to higher rates of obesity, smoking, disability, child abuse, and lower educational attainment.

Structure of rural and regional health services

The structure of rural and regional health services (including the number of individual health services) generated significant discussion and feedback through the consultation period, with general consensus that change is required; however there was no consensus on what the future structure and number of health services should be.

It is therefore a significant issue that requires further consideration in the development of the Rural health system plan.

Key issues raised included:

- The growth of the population in 'peri-urban' areas and the inadequacy of the current structure and terminology to describe the role and capability of these services
- The lack of economies of scale for many smaller health services impacting on their ability to deliver sustainable services in the long-term
- The need to balance increasing governance, administrative and compliance requirements with the size and funding available to many health services – in particular, small hospitals and Bush Nursing Centres
- The duplication of services within communities (for example, between public and private health, aged care and human service providers), as well as in towns with close proximity; while other service

Consultation findings

System design (cont.)

Summary

- System design should consider more regionalised governance, delivery and coordination of services; but should be balanced with local autonomy and flexibility to meet individual communities' needs
- Greater clarity is required in the roles and responsibilities of the different levels of services, as well as for Boards and Executives, within a new system design.

types that could be provided safely are not provided

- The contribution of the current structure and perceived lack of defined catchments in referral pathways that do not follow logical, natural patient and population travel patterns.
- The need for the Department and health services to collaborate and influence partnerships with Commonwealth funded health care delivery under Primary Health Networks, the National Disability Insurance Scheme and Aged Care Programs.

While there were differing views on what the future structure and number of health services should be, there are a number of considerations or principles for the Department to consider in developing the Rural health system plan. These include:

- As identified in Section 4.3.1, the structure of the system should be designed around consumer needs, considering the need for flexibility at a local level to deliver relevant, appropriate services
- There was considerable discussion for there to be a smaller number overall of public health services, although the extent of this and the optimal number was not identified
- The need to recognise there are strengths and weaknesses to the current structure and other models in place elsewhere (such as in Queensland and New South Wales); and that learnings from these systems should be applied in developing options for the future design of the system
- A number of stakeholders identified a 'regional model' for delivery and coordination of services within each region. Regional boundaries or catchment areas should be defined according to geographical proximities and natural patient pathways. This issue was especially relevant to health services that are located around the borders of various catchments (both regional and interstate)

- Take a holistic perspective in determining the future design of the system. This should include how primary care, community health, aged care providers, National Disability Insurance Scheme and the private sector can contribute (particularly in relation to reducing duplication of services and access to workforce and infrastructure) and their role in the broader rural and regional health system.

There was also strong support for a strengthened role for the Department in system design, governance and setting direction; whilst balancing the independence of boards and local management of health services and recognising the benefit of this to local communities. It was considered this would facilitate greater certainty and parameters for local level planning, and clearer expectations of health services.

Roles and responsibilities of health services

In regard to the roles and responsibilities of health services, stakeholders expressed a view for the Department to provide stronger direction, but also acknowledged that all health services need to have an interest in improving the health outcomes for rural and regional populations. The key points raised in this discussion were:

- Greater role delineation, through stronger direction from Department, is needed to provide clarity in individual roles and accountability across all health services (recognising a role delineation framework is currently under development by the Department)
- A role delineation framework was identified as an important enabler to defining the roles and clinical capability of health services. This will also help improve definition of referral pathways, partnership and support arrangements from

Consultation findings

System design (cont.)

Summary

- The scope of the Rural health system plan should be broader than public acute hospitals, and take a more holistic, system view.

higher level services, and providing a clearer understanding to all health services of what capability and capacity other health services have to provide care for consumers

- Larger 'regional' health services were nominated as the most suitable choice (among health services in general) for playing a leadership role within the current rural and regional health system. It was suggested this could include:
 - A central role in coordinating efforts across a number of areas such as clinical education, supplying the workforce, providing links to specialist metropolitan hospitals for smaller rural services etc. for a well-functioning healthcare system
 - Support smaller health services within their regions in maintaining sustainable practices. This was in relation to concern that amalgamation would result in numerous smaller health services being absorbed by larger health services, which would put local rural communities at a disadvantage. Noting that small rural health services are often the sole provider of residential aged care within their communities, and also the largest employer for local towns
 - In terms of services provided, the consensus was that capability frameworks and standards as outlined in the clinical stream plans, role delineation framework and clinical service capability frameworks must be the determining factor in whether a service is provided (regardless of hospital/health service status and size).
 - It was also suggested that at a minimum, at least one large main hospital per region should have an adequate level of capability (up to one level below metropolitan tertiary services) in providing key services and be the central point of referral for their catchment (with only significantly complex, tertiary services

referred to Melbourne). This consideration needs to be balanced against population proximity to the urban fringe; treatment guidelines and pathways; and public, private and emergency transport services. For example, the remoteness of some services to a regional service and lack of transport options necessitates referral to metropolitan services.

Strengthening governance capability at a local level was also repeatedly identified as a priority to ensure Boards and local health services can effectively fulfil their roles and responsibilities. This includes considerations such as the skill composition of Boards, providing access to regular training and development for Boards (including access locally, without the need for extensive travel), and consideration of shared capability across different providers or sectors (for example, one health service identified shared reciprocal Board members with the local primary school).

Scope of the Rural and Regional Health System

Stakeholders were in agreement that the scope of the Rural health system plan should be broader than just the acute hospital system. It was suggested that a broader health and human services perspective be taken to acknowledge the interconnectedness between and across various parts of the health and human services sector.

A consistent, system-level plan will also facilitate collaboration across sectors to provide holistic consumer-centred care, and for achieving optimal health outcomes for rural Victorians, and efficient, effective use of resources.

Importantly, it also recognises that health outcomes are driven by the social determinants of health. This is also consistent with the Department's Strategic Plan, which outlines a vision that gives consumers greater control of their care and breaks down barriers in how care is provided.

Consultation findings

Partnerships, networks and referral pathways

Summary

- Benefit of partnerships and support networks widely accepted for the value they can provide
- Need greater formalisation of partnerships across the broader health and human services sector, with the private and non-government sector
- Partnerships should be based on equal benefit and equity of cost

Overview

The value of strong partnerships and networks was recognised by stakeholders as critical to supporting sustainable health services in rural and regional Victoria. While there were already examples cited of ongoing partnerships, it was acknowledged that more formalised partnerships were needed, and that many barriers to collaboration exist.

The benefit of partnerships with the private sector and other health and community service providers also needs to be embraced, to reduce duplication and improve patient access to services.

The issue of referral pathways also generated extensive discussion, with the main theme confirming issues raised in the Discussion Paper related to pathways being relationship based and in many cases not following natural patient flow pathways. It was noted this often leads to suboptimal patient outcomes and experiences, with emphasis placed on the need to develop referral pathways around patients/consumers.

Partnerships and networking

Partnerships between health services, providers and communities, and networking arrangements (be it across health services or for clinical specialties) was seen as vital to improving health services for the rural and Regional Victorian population.

Formalising links across the broader system beyond just the acute healthcare system was seen as important to ensuring patients receive comprehensive care for not just their health but also wellbeing in general.

Key partnerships with allied health, aged care services, and human service providers such as housing, and family violence organisations were encouraged, acknowledging the interconnectedness between health outcomes and other social determinants of health. This also emphasised that improving the health and wellbeing of rural Victorians requires a concerted, cross-sector effort. This includes Primary Health Networks, continuing to work through the Primary Care Partnerships and the

well-established partnerships with Aboriginal Community Controlled Health Organisations.

Back of house functions also provide a key opportunity to partner across health services, reducing unnecessary duplication and improving efficiency in non-clinical support and administrative functions.

However, there was consensus amongst the majority of stakeholders that the ability to develop strong partnerships and service networks is largely dependent on individuals and therefore inconsistent across the State.

This can negatively impact service development and access, result in duplication of services and resources, and can also place pressures on metropolitan hospitals (as GPs would often refer patients into a metropolitan hospital over a regional hospital due to a combination of factors that include having a limited knowledge of the service capabilities of neighbouring hospitals).

Barriers to developing strong partnerships were identified as:

- A different service 'philosophy' between health services and other providers, and in some instances a general lack of 'trust and transparency'
- Current funding arrangements that incentivise a level of competition for workforce, services, and consumers. This impedes collaboration, sharing of knowledge and resources, and opportunities for economies of scale
- The ability to easily share data and information across different services and settings, with different systems and interoperability issues impeding the realisation of the full benefits of partnering with other providers or organisations to deliver care
- The workload involved in developing relationships, fostering partnerships and managing the arrangements can be difficult to meet with limited resources – which is often the case for smaller, rural services

Consultation findings

Partnerships, networks and referral pathways (cont.)

Summary

- Referral pathways are based on historical relationships, and generally do not follow logical, natural patient/population flow and growth patterns
- More formalised, defined referral pathways are required; and should be aided through the development of the role delineation framework, clinical services capability framework, and revised system design

- The ability to take a longer-term, strategic view of the needs of the community, and design the system and partnerships around that – some stakeholders reported the short-term, immediate issues that require attention can impact on the ability to take a long-term perspective and develop the appropriate relationships with potential partners.

There were a number of suggestions for how the Rural health system plan could foster increased collaboration and partnerships between health services, including:

- Strengthening the role of the Department in setting key areas of focus for partnerships within the system; 'mandating' partnering agencies for health services; and in providing the necessary 'frameworks, structures and incentives' for partnerships to form and operate effectively
- Linked with the development of the role delineation framework, is formalising the links and sharing of resources between Regional Health Services and other, smaller services to ensure an adequate supply of workforce, quality and safety, and sustainability of the system as a whole. While this was said to be already happening across services, it was also recognised that many linkages were based on existing relationships, and were mainly operations focus (rather than clinical in nature)
- This should also be incentives for formal partnerships or collaborations between metropolitan health services and rural and regional health services to share corporate or non-clinical support services (reducing duplication and improving efficiencies), provide access to specialist clinical support, training and workforce rotations, and sustainable services outside of metropolitan Melbourne
- Utilising the role delineation framework and clinical services capability framework to clearly articulate how and which health services should partner with each other

- Investigating the use of 'regional funding approaches' to incentivise health services (and other health and community service providers) to partner together to deliver on specific improvements in health outcomes for their consumers
- Open communication between partnering agencies, which could be aided by specifically funded support roles
- Ensuring partnerships are entered into on the basis of 'equal benefit and equitable cost'
- Partnerships should also involve collaboration with primary, community and Aboriginal Community Controlled Health Organisations

Referral pathways

Stakeholders expressed a strong need for referral pathways to be reviewed and formalised. The feedback provided confirmed issues raised in the Discussion Paper regarding referral pathways being largely based on the relationships of referring clinicians, and not always following logical, natural patient flow patterns.

The consultation process identified:

- The development of formalised patient referral pathways should be strongly encouraged to reduce variation and ensure patients receive care in the most appropriate setting and place, and as close to home as possible. This will also assist in balancing demand across the system (particularly for metropolitan hospitals), as well as developing and sustaining a greater scope of services in some areas that can provide services safely
- Applying existing platforms like *HealthPathways* (a web-based portal currently in use among a group of metropolitan Primary Health Networks to provide assessment, management and referral guidance to GPs in accordance to evidence-based practice) to rural GP practices has been suggested as a convenient way to formalise referral pathways

Consultation findings

Partnerships, networks and referral pathways (cont.)

Summary

- Referral pathways are based on historical relationships, and generally do not follow logical, natural patient/population flow and growth patterns
 - More formalised, defined referral pathways are required; and should be aided through the development of the role delineation framework, clinical services capability framework, and revised system design
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- Pathways also need to include the post-treatment end of the patient journey. Formalised agreements and commitments between hospitals to improve discharge pathways are needed to ensure continuity of care in settings that are in the best interest of the patient (e.g. rehabilitation facility near to the patient's local community so that patients have access to their support network).
 - The Rural health system plan will need to articulate how referral pathways should be defined and formalised, aligned with the system design for rural and regional health services, and the development of the role delineation framework and clinical services capability framework. The clinical stream planning that is also under development will play an integral role in developing referral pathways.

Consultation findings

Quality and safety

Summary

- Quality and safety, including a health service's clinical governance processes and practices, were well-recognised as key issues for rural and regional services
- Improving wellness and health outcomes by sharing and investing in innovation, with considerations including formalised rotation of staff, seed funding pools to invest in new models of care, existing platforms for sharing information, and providing regional research positions.

Quality, safety and clinical governance

The recently released report on the Review of hospital safety and quality assurance in Victoria (chaired by Dr Stephen Duckett) as well as the refresh of the Victorian Clinical Governance Framework (2008), will be central to considerations for strengthening quality and safety and clinical governance mechanisms across the system.

The primary quality and safety considerations for the Rural health system plan resulting from the consultation process include:

- Developing a regional approach to quality and safety (including health services providing independent clinical audits on their peers); and potentially a statewide approach to quality and safety for certain clinical specialties
- The need for upskilling and training, including ongoing skill development at Board, Executive and clinician level. This should consider local provision of training where possible, to avoid the need for considerable travel for staff in many health services
- There were mixed views on the requirement for specific skills-based Board positions (such as increasing clinical representation on Boards); but there was consistent recognition for the provision of regular professional development for Boards
- A standard set of appropriate performance indicators for reporting on quality and safety for different levels of health services, that reflects a more balanced focus of Boards and Executives between quality and safety and corporate-related performance (e.g. financial performance)
- Linked with a consistent set of appropriate performance indicators for different levels of health services, is the need for improved data collection and ability to interrogate the data to allow greater transparency and benchmarking with peers.

- As with the other major themes of the consultation outcomes, there are a number of interdependencies with other planning activities and reviews underway. In addition to the Duckett Review and refresh of the clinical governance framework, the development of the role delineation framework and the clinical services capability framework will also play a critical role in determining how quality and safety can be managed in rural and regional health services.

Innovation

Innovation and the ability to easily share successful new models of care or other developments, can also improve wellness, health outcomes and access to services for rural and regional communities. Innovative practice can improve quality and safety, and also improve access to safe, high quality health care for rural and regional communities.

Innovation was considered essential by stakeholders to improving system-wide efficiencies and patient outcomes; however it is currently limited, especially amongst smaller rural health services, which were noted as feeling isolated from developments elsewhere. Setting up the processes or frameworks to easily share developments and successful models of care is required to be able to foster innovation consistently across the system.

To do this, a number of suggestions were provided by stakeholders for consideration in the Rural health system plan:

- Formalised rotation of staff from larger health services to smaller services, providing education on innovative practices that could be put in place
- Funding incentives to foster innovation, with the funding model often noted as not being conducive to innovation, or sharing practices between health services. This could include incentivising research, supporting systematic integration of innovative programs, rewarding the sharing and ongoing implementation of innovative practices between service providers

Consultation findings

Quality and safety (cont.)

Summary

- Quality and safety, including a health service's clinical governance processes and practices were well-recognised as key issues for rural and regional services.
- Adopting private sector approaches to sharing innovation. An example is a clearing house-type model (something similar to The Advisory Board which is a membership-based model to "encourage collaboration and sharing ideas to find and implement the best solutions to the toughest challenges")
- Expanding on Primary Care Partnerships' existing platforms for information sharing and cross-sector learning
- Providing regional research and referral positions that work across services
- Building innovation and information sharing into the core role of the clinical networks.

Consultation findings

Enablers - Workforce

Summary

- Rural and regional health services are impacted significantly by the availability of workforce, with the need for greater flexibility, expanded roles and scope of practice, and training of generalists with the key priorities for consideration in the Rural health system plan
- Stakeholders agree the Rural health system plan needs to maintain as a principle the ability for rural and regional health services to maintain their agility and flexibility to meet local communities' needs.

Workforce

A sustainable and highly skilled workforce is vital to a well-functioning health care system, with recruitment and retention of a suitably skilled workforce a critical issue in rural and regional areas.

The fragility of the workforce was a critical issue discussed throughout the consultation process, with the ability for health services to provide a service locally dependent on the availability of the workforce to deliver that service. This leads to instability in the service availability and capability of health services, impacting on access to services for rural and regional communities.

Workforce priorities for consideration in the Rural health system plan (and/or the associated workforce plan) include:

- The need for training generalists (physicians, surgeons, practitioners) which goes against the trend in medical training towards increasingly sub-specialised practitioners
- Working with the Commonwealth Government to ensure greater flexibility to employ nurses with advanced skill sets and endorsements
- Redesigning roles to design the workforce and their skills around the consumer needs and models of care; allowing staff to work across disciplines; expanding opportunities for allied health assistants and nurse practitioners; and greater linkage into existing training programs for GPs in obstetrics, anaesthetics and proceduralists
- Appointment of staff to a regional group of services rather than as individual health providers, providing greater flexibility, and a regular rotation of staff to different health services within the region. This will assist in improving the stability and sustainability of services, particularly in smaller services
- Workforce and succession planning in collaboration with other providers, tertiary

community-based or cross-sector recruitment, working together to build the profile of the community making it a destination that is attractive to more than just the health professional. For example, working with local schools, local government and other organisations to coordinate recruitment and marketing

- Providing more career development opportunities through mentorship programs, scholarships, rotations and secondments
- The Rural health system plan will need to consider the significant impact of workforce on the ability to provide safe, quality and sustainable health services in rural and regional areas, with specific strategies relating to workforce development also to be considered in the accompanying workforce plan for rural and regional health services (to be developed).

Consultation findings

Enablers – Technology

Summary

- Technology was widely accepted by stakeholders for the opportunity it provides for rural and regional health services
- Key barriers exist – including absence of a statewide direction for digital health, interoperability between services and with consumers, upskilling staff and consumers, and access to high-speed internet

Technology

Innovation and the ability to easily share successful new models of care or other developments, can also improve access to services for rural and regional communities.

Technology is rapidly advancing and is widely seen as a significant opportunity to improve the delivery of health services. For rural and regional health services, it has huge potential to bridge the distance to more specialised services, through telehealth and similar models.

There was a consensus amongst the feedback provided throughout the consultation process on the power and opportunity of technology to improve access and service delivery for rural and regional communities.

It was a consistent enabler identified in many of the discussions relating to other topics such as system design, governance, partnerships and access to services. Closely linked is the data platforms and ability to safely but easily share information between services, and also between consumers and their health practitioners.

Technology was also recognised as a powerful tool in building confidence and health literacy in consumers, improving their understanding of services available, how to look after their own health, how to access services, but also driving acceptance of models such as telehealth – which was reported by some consumer representatives as extremely positive experiences, but still not widely accepted by many consumers and practitioners.

Stakeholders, however, identified a range of barriers which are impeding how well technology can be utilised in rural and regional health services:

- The absence of a single, statewide strategy or plan (e.g. a “Statewide Digital Health Strategy”) to provide a consistent direction for all services. It was noted the introduction of electronic medical records are one of (if not, the biggest) capital investment in technology, yet is constrained by the absence of a consistent statewide direction

- Interoperability between services and with consumers, with multiple different systems or platforms used
- Consumer device interface, noting the majority of people have smart phones or devices, however our systems do not easily interface with these devices to allow sharing of information or access to support
- Skills and acceptance of utilising technology amongst consumers and many practitioners. Consumers in rural and regional areas were noted as less likely to use technology proactively, and can therefore further exacerbate the gap in health outcomes and service access between these communities and metropolitan areas
- Development and consistent use of models of care where technology (for example, telehealth) is the ‘norm’ or standard practice in the delivery model
- Availability and ease-of-use of equipment (such as telehealth, video-conferencing facilities)
- Costs of maintaining existing systems, balanced with the need to continually invest in new and emerging systems and equipment
- Ability to keep pace with developments, with technology advancing faster than the ability of health services to implement new systems, meaning by the time they are fully operational they are often outdated.

The single biggest barrier, however, to fully realising the potential of technology in rural and regional areas is access to high speed internet. While this is beyond the direct control of health services, it is imperative for the operation and improvement of rural and regional health services. The Rural health system plan should consider how strategies to work with and/or influence telecommunications providers to improve access to bandwidth can be employed.

Despite all of these challenges, stakeholders were positive regarding the opportunities technology can provide to improve service delivery and access for rural and regional communities.

Consultation findings

Enablers – Infrastructure and funding

Summary

- Infrastructure and funding were also two key enablers that stakeholders agreed needed to be adequately considered in developing the Plan.

Infrastructure

The Rural health system plan will include infrastructure as an important component of the scope. It is recognised this was not specifically identified as a key theme in the Discussion Paper, with the Discussion Paper focussed on primarily system design and service issues.

Infrastructure, however, is an essential enabler to health service delivery, and particularly important for rural and regional health services where infrastructure is often in poor condition.

The main feedback received through the consultation process related to infrastructure was the need for a consistent infrastructure planning framework and prioritisation process, with investment decisions made based on the prioritisation framework and importantly, health need.

Funding

Some feedback related to the need to consider funding in the development of the Rural health system plan. This includes appropriate funding levels, recognition of the higher cost and diseconomies of scale in providing rural and remote services, and the ability for health services to use their financial or capital assets to fund new investments.

The funding model and the incentives (or disincentives) it provides was also a common theme of discussion. This has also been identified in the relevant sections above.

Consultation summary

Considerations for developing the Rural health system plan

The table below provides a summary of the key considerations and findings from the consultation process, and how they could be applied or addressed in the 'normal' sections of a health service plan. In addition, there is a number of dependencies critical to the development of the Rural health system plan (such as development of a role delineation framework) which have been identified.

Component of the Plan	Considerations and findings	Dependencies
Background and current state	<ul style="list-style-type: none"> A more holistic view of the rural and regional health system Inclusive of other parts of the health and human services sector Governance arrangements should be streamlined and governance capability improved Engage consumers and understand their needs early and continuously throughout the planning process 	
Principles / objectives	<ul style="list-style-type: none"> Person-centred – planning based around the consumer and their needs and co-design of the system plan Providing safe, high quality health care that is sustainable and accessible to rural and regional communities Improving health outcomes and wellbeing Holistic view of wellbeing and the health and human services sectors in rural and regional areas – an integrated and connected system Agility and flexibility, recognising the diverse nature of rural and regional Victorian communities 	
System design	<ul style="list-style-type: none"> The Department should take a stronger role in determining the system design, and developing consistent roles and responsibilities Current rural and regional health system structure cannot continue, without partnerships and networks between individual health services This needs to balance local autonomy and flexibility to meet community needs System should be designed around consumers with the aim to improve health outcomes System design needs to account for natural patient / population flow patterns 	<ul style="list-style-type: none"> Statewide Design, Service and Infrastructure Plan for Victoria's Health System
Future service planning	<ul style="list-style-type: none"> Future capacity and capability of services should be based on consumer need and natural patient/population flow patterns and providing safe, high quality healthcare Need to develop models of care that allow patients to be treated as close to home as possible, whilst providing safe, high quality health care Referral pathways should be defined and follow natural patient flow patterns, and/or be based on defined regional catchments – unlike the current state where patients flow according to historical referral patterns often based on practitioner relationships Facilitate greater partnerships between health services, the private sector and non-government providers to better use limited resources, and reduce duplication, particularly where market failure occurs 	<ul style="list-style-type: none"> Role delineation framework and referral pathways Clinical services capability framework Clinical stream plans Locality area plans (to inform referral pathway development)
Enablers	<ul style="list-style-type: none"> Workforce – community / regional-based recruitment, incentives, improved training pathways Technology – statewide strategy, access to internet, interoperability between services and with consumers, skills and confidence of staff and consumers in technology Infrastructure – consistent planning and prioritisation of investment Innovation – improve sharing of innovation and successes across health services 	<ul style="list-style-type: none"> Rural and Regional Health Services Workforce Plan (to be developed) Infrastructure prioritisation framework Statewide Digital Health / IT Strategy Internet access – ability to influence providers

Attachment 1.

A summarised review
of comparator
jurisdictions

Literature scan

Summary of key findings from review of the approach adopted in other Australian and international systems

Overview

In this section, we review other Rural health system planning initiatives. These include the rural health plans, studies or reports on rural health service delivery programs of other jurisdictions across Australia, the UK and Canada.

Common priorities shared across the majority of rural strategies/plans were found to be:

- Increased partnerships across the wider health and human services sector
- Building the rural workforce
- Employing information communication technology (ICT) as a key enabler
- Improved access to care that is close to home (and enabling consumers to stay within their own homes/communities for longer).

The review also revealed that there are several considerations which were explicitly highlighted through the Victorian consultation process that are not strongly reflected in the reviewed jurisdictions:

- **Local Access** - While the rural plans collectively call for improved access to care that is closer to home, most stop short of explicitly considering the practicalities of this. The consultations in Victoria, however, closely considered the sustainability of local access. It was acknowledged that providing local access as a blanket strategy is not always viable, hence the availability of services locally would be made upon the following conditions. Firstly, where it is safe to provide the service locally, and secondly when the care is accessed frequently. For all other scenarios, patients may have to travel or technology used to deliver care locally, and the healthcare system must endeavour to provide all necessary supports to ensure access.

- **Funding models** – With the plans, there was generally little discussion around funding and financial incentives – rather, many of the plans speak on requiring increased funding and investment in infrastructure, or spoke on the need for greater innovation and cost-effective practices. The current consultation process has identified the role of funding arrangements as a key enabler or barrier to progress, and hence needs to be considered within the Victorian Rural health system plan as a key consideration.
- While some stakeholders have expressed a need for increased funding, there was also an equal emphasis on the need to revise existing funding models rather than increasing the amount of money available per se.
- **Monitoring and review** – only two of the reviewed rural plans (SA and NSW) had included a strategy for monitoring the achievements and progress made following the development of their rural plans. NSW has already released a progress report (2015) that summarises progress undertaken at local levels to meet the strategic priorities of the NSW rural health plan launched in November 2014, while SA has explicitly indicated within its plan that key performance indicators and metrics will be used to monitor progress on how well it has achieved the aims and goals of the plan. A strategy for monitoring progress could also be useful for consideration within Victoria's Rural health system plan.

A summary of key considerations for Victoria from each of the reviewed jurisdictions are provided on the following pages. A more detailed description of the approach adopted in each of the reviewed jurisdictions is provided in Attachment 2.

Literature scan

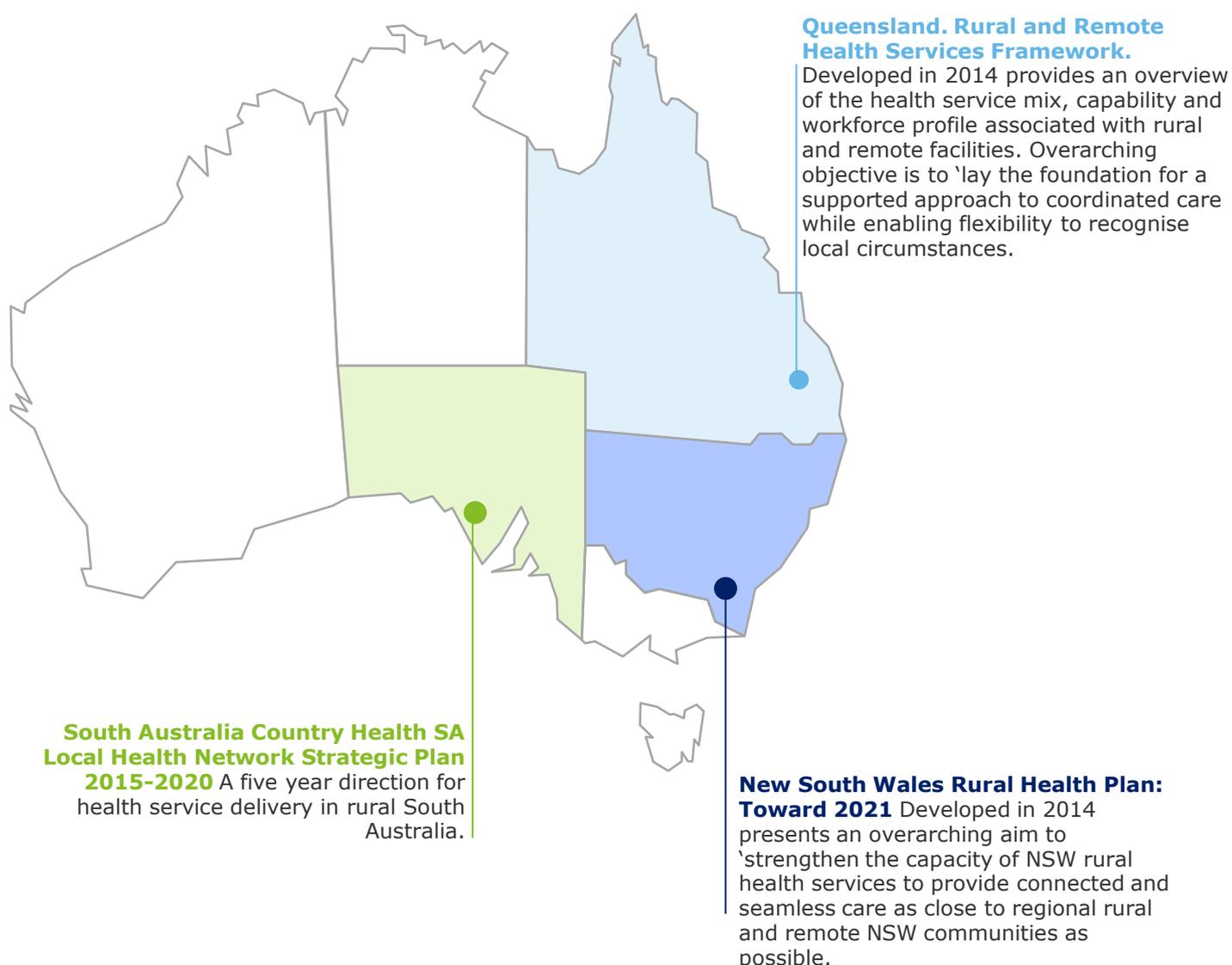
Summary of Australian jurisdictions' regional and rural plans

Australia

The National Strategic Framework for Rural and Remote Health¹ was prepared by the Australian Health Ministers' Advisory Council's Rural Health Standing Committee (comprised of representatives from the health departments of each state and territory) in 2012, and promotes a national approach to policy, planning, design and delivery of health services in rural and remote communities.

The Framework is designed to assist decision and policy makers at the national, state and territory levels; and also for use by communities and local health service providers to plan services and programs according to local needs. Its overall aim is to improve health outcomes and return on investment for rural and remote Australians.

Some states have, however, also developed their own Rural health system planning strategies, including Queensland, South Australia, New South Wales, and Victoria. As the aim of this review is to provide a better understanding of the planning activities and frameworks for other states and jurisdictions (and how they might compare, or be applied to Victoria), we limit our discussion within this section to the state-based plans only.



Literature scan

Key considerations from other Australian jurisdictions

Jurisdiction	Summary of approach	Key considerations for Victoria
Queensland 	<p>Setting the direction for Queensland's Rural health system planning is the Queensland Rural and Remote Health Service Framework (the framework) that was developed in 2014.</p> <p>The framework provides an overview of the health service mix, capability, and workforce profile associated with rural and remote health facilities.</p>	<ul style="list-style-type: none"> • System steward. The plan provides detailed direction on the roles and responsibilities for the different health services. This places a strong emphasis on the role of Queensland Health as the system architect. • Flexibility and agility. This direction is balanced against the allowance for health services to exercise a substantial level of independence. This provides for agility and flexibility of response. Notably, health services are afforded the responsibility for selecting the appropriate mix of services from the list of permitted services that are able to be offered given their health service type and level. • Telehealth. The plan incorporates a lengthy consideration of the role of Telehealth in service delivery. Notably, Queensland operates one of the largest managed telehealth networks in Australia.
New South Wales 	<p>NSW's most current vision and strategy for its rural healthcare system is outlined in NSW Rural health Plan: Towards 2021. Developed in 2014, the plan presents an overarching aim to 'strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to regional, rural and remote NSW communities as possible'.</p> <p>Like the current Rural health system plan, the vision of the NSW plan is also aligned to that of a system-wide plan for NSW as a whole (the NSW State Health Plan: Towards 2021)</p>	<ul style="list-style-type: none"> • Local leadership. The NSW plan does not provide a directive on the roles and responsibilities of health services, but instead delegates a leadership role to Local Health Districts (LHD) to lead many of the initiatives in the plan. • Infrastructure and Aboriginal health. The Plan includes a detailed consideration of infrastructure, Aboriginal-specific health needs and Aboriginal workforce. • Monitoring framework. NSW has published a progress report against the plan that summarises progress undertaken at local levels to meet the strategic priorities of the plan.
South Australia 	<p>Unlike the other Australian rural plans, SA's rural plan was developed by the Country Health South Australia Local Health Network (CHSALHN) rather than by the SA Department of Health (SA Health). The Country Health SA Local Health Network Strategic Plan 2015–2020 sets the 5-year direction for health service delivery in rural SA.</p>	<ul style="list-style-type: none"> • Consumer involvement. The plan clearly specifies that planning and decision making should be co-designed with stakeholders. The consumer is placed at the centre of service planning. • Hub and spoke model. Utilisation of a 'hub and spoke' model of care that would be used to allow sharing of resources to provide a higher number of services and reduce reliance on Adelaide based services. • G8ways to Innov8. Actions aimed to develop systems and pathways that foster innovation from the workforce and local communities. • Monitoring framework. The strategies indicated in the Strategic Plan will be monitored through the CHSA governance framework using specific key performance indicators (KPI) and through a broad range of measures as identified in the Service Level Agreement between SA Health and CHSA.

Literature scan

Summary of the United Kingdom and Canadian scans

Overview

As there is no nationwide health service plan for rural communities in the United Kingdom as a whole, we consider the service planning activities of England, Wales and Scotland separately in this section.

Similarly, no nation-wide plan was found for Canada and as such, two examples – British Columbia and Ontario – were selected for review. Canada’s rural communities are very dispersed – far more than Australia’s rural communities, hence issues related to geographical access are especially relevant within the Canadian context.

Ontario Rural and Northern Health Care Plan This plan is currently being developed for Ontario. An initial report has been released for consultation.



England- localised rural plans No England-wide plan, some evidence of local level planning. One example of a local rural health strategy is the 'Rural Health and wellbeing Strategy for Devon 2010-2013



Scotland Delivering for Remote and Rural Healthcare 2008, was delivered by the Remote and Rural Steering Group and remains the key policy document for remote and rural healthcare in Scotland

Wales Rural Health Plan for Wales A Rural Health Plan has been developed by the Welsh government to set the Wales-wide directive for Rural health system planning.



British Columbia British Columbia is in the midst of developing a final rural policy framework. A discussion paper has been published by the Ministry of Health ahead of the final framework to provide an indication of key issues that are likely to be considered in the final document



Literature scan

Key considerations from the United Kingdom and Canada

Jurisdiction	Summary of approach	Key considerations for Victoria
England 	<p>Unlike Australia, England does not appear to have a nationwide health service delivery plan for rural England collectively. There is some evidence however of local planning undertaken at smaller regional levels. One example of a local rural health strategy is the 'Rural Health and Wellbeing Strategy for Devon 2010-2013' which was co-developed by NHS Devon and the Devon County Council</p>	<ul style="list-style-type: none"> • Options for smaller rural health services. Devon's plan provides a number of initiatives which are likely to be of relevance to smaller health services in Victoria. These include mobile outreach surgeries and the use of volunteers in ensuring consumer access to services. • The role of carers. While many of the themes raised in the Devon plan overlap with those identified throughout our consultation process, it is particularly noted that the wellbeing of carers has been identified as a priority area in the Devon plan. Increased support for carers has been proposed in the Devon plan through better provision of access to health and wellbeing checks for older carers in rural communities.
Wales 	<p>The Rural Health Plan - Improving Integrated Service Delivery Across Wales has been developed by the Welsh government to set the Wales-wide directive for Rural health system planning. Its aim is to ensure that the future health needs of rural communities are met in ways which reflect the particular conditions and characteristics of rural Wales.</p>	<ul style="list-style-type: none"> • Integration of health and human services. The plan notes that integrated service models, workforce planning and systems are necessary to improve service provision and ensure effective use of resources and skills within communities. Consideration is given in the plan to the difficulties in integrating services (both health and social services) when some are NHS-based, with others coming from local government and the voluntary sector. These are also issues faced in the Victorian health system planning context.
Scotland 	<p>Delivering for Remote and Rural Healthcare 2008, was delivered by the Remote and Rural Steering Group and remains the extant policy document for remote and rural healthcare in Scotland</p>	<ul style="list-style-type: none"> • Community based non-urgent transport solutions. Scotland has a similar strategy for community-based non-urgent transportation arrangements which Victoria may consider in thinking through its identified challenges with transportation and patient access to health services. • Community engagement. Farmer & Nimegeer (2004) "Community participation to design rural primary healthcare services" describes the successful engagement of Scottish rural community members in designing their local health systems. The local representatives were found to be highly engaged and responsive throughout the workshops, and also appreciative of the newfound knowledge attained
Canada (British Columbia and Ontario) 	<p>Both British Columbia and Ontario are currently in the process of updating their respective rural plans. Both Provinces have released early drafts or consultation documents which have been reviewed as part of the current project.</p>	<ul style="list-style-type: none"> • Networks and pathways. British Columbia places strong emphasis on partnerships, workforce, integrated and formalised patient referral pathways, and role of technology to bridge gaps and integrate services. • Performance monitoring. British Columbia has signalled a commitment to improving performance monitoring against rural planning activities. • Consumer engagement. Ontario puts forward a detailed plan for consumer engagement.

Attachment 2.

A detailed review of
comparator
jurisdictions

Literature scan

Queensland: Rural and Remote Health Service Framework

Queensland is Australia's second largest state in terms of geographical area covered, thus the challenges of geographical access to health services in rural and remote areas of the state are particularly magnified. Like Victoria, some rural communities are experiencing growth (due to resource and mining development) while others have an ageing and diminishing population.

Since 2012, the health system in Queensland has been organised around a network of 16 Hospital and Health Services (HHS'). HHS' are statutory bodies that are independently responsible for their own operations through a Board. Queensland Health works as the overarching 'system manager' with a range of responsibilities including leadership, system-wide direction setting, planning purchasing, and regulatory functions.

Rural and Remote Health Service Framework

Setting the direction for Queensland's Rural health system planning is the *Queensland Rural and Remote Health Service Framework* (the framework) that was developed in 2014.² The framework provides an overview of the health service mix, capability, and workforce profile associated with rural and remote health facilities. It was developed to also support achievement of the vision for rural and remote health services as articulated in an earlier document – *Better Health for the Bush: A plan for safe applicable healthcare for rural and remote Queensland* that provides a roadmap for the future of rural and remote healthcare.

The overarching objective of the framework was 'to lay the foundation for a supported approach to effective coordinated care, whilst enabling flexibility to recognise local circumstances'.

Principles that the framework aligned to involved taking a consumer (or 'person focused' as termed within the framework) focus to service planning as well as focusing on health outcomes, quality and safety, sustainability, access and cultural-appropriateness.

The framework also takes a broader view to health service planning, noting other non-acute roles and needs that should be considered in planning

activities for rural and remote communities, namely: prevention, promotion and protection, primary healthcare, ambulatory care, acute care, sub-acute care, maternity and child health, mental health, and aged care.

Applicability to Victoria

A notable characteristic of the framework is found in its detailed directive on the roles and responsibilities for the different health services operating within its jurisdiction. This places a particularly strong focus on the 'systems design and governance' theme, while considering other themes like workforce with less depth.

Systems design and governance: The core characteristics, roles and responsibilities for district, rural and community hospitals, multipurpose health services and community clinics are clearly articulated in terms of the:

- Types and level of service expected to be provided (which is further supported by a Clinical Services Capability Framework (CSCF) that defines the levels and types of services health facilities may provide)
- Factors that need to be taken into consideration when developing each facility's service mix
- Clinical and support services that may be provided as required by local community health needs
- Workforce profile and expectations for the workforce to support high quality service delivery
- Types of community care services (eg. aged care services) offered

Applying consistent definitions and expectations for health services would support consistent service planning and organisation – an issue that was raised as a key priority area for the Victorian Rural health system plan to address.

Despite the framework's strong directive on roles and responsibilities for health services, there was also room for flexibility and agility within the structure. The framework set a boundary for the

Literature scan

Queensland: Rural and Remote Health Service Framework

Applicability to Victoria (cont)

health services to operate within (by defining the types and levels of services that may be offered by type of health service), but also provided a level of autonomy for health services to fashion their service mix according to the local needs of their communities. This was achieved by allowing health services to select the mix of relevant services to provide from a list of permitted services that may be offered for their health service type and level).

Other topics were considered within the plan, but at a lower level of depth than the above. They included:

- **Workforce** – The following principles and issues were considered important to creating a sustainable, suitable clinical workforce:
 - **Ease of employment** – Simplified engagement and remuneration arrangements provide clarity to employees. They also need to sufficiently accommodate differences in service delivery, balance between public and private work, deliver incentives for rural and remote, and provide sufficient employment security to attract and retain staff
 - **Flexibility** – Employment arrangements that can adapt to a range of individual circumstances and service delivery needs
 - **Portability** – Employment models and arrangements that facilitate continued mobility between urban and rural opportunities over the span of a career
- **Partnerships, networking and referral paths**
 - Improved networking and communication across health service networks including providers outside of the public health system
- **Telehealth** – Queensland has one of the largest managed telehealth networks in Australia and the plan emphasises the need for its continued expansion in order to extend the breadth of potential benefits to patients and staff.

Some of the potential benefits to telehealth suggested were:

- increased access to specialist clinical services through linkages with regional and Brisbane-based specialist services
- increased support for local staff to manage emergency presentations while awaiting transfer to higher level health services
- improved networking and communication across health service networks including providers outside of the public health system
- increased access to professional development opportunities for rural and remote staff
- supporting other innovative service responses in rural and remote areas.

Literature scan

New South Wales: NSW Rural Health Plan, Towards 2021

The healthcare system in rural NSW is organised into seven rural LHDs that together with the Justice Health and Forensic Mental Health Network, deliver acute, community and population health and mental health services. Other key partners in supporting the rural health services are NSW Ambulance (which also provides emergency out-of-hospital care), and metropolitan LHDs and other networks like the Sydney Children's Hospital Network which provide specialist services and support to those living in rural areas.

While NSW's rural geographical footprint is not as large as Queensland's, its close proximity and shared borders with Victoria make its rural planning activities especially relevant for consideration in this context.

NSW Rural Health Plan: Towards 2021

NSW's most current vision and strategy for its rural healthcare system is outlined in *NSW Rural health Plan: Towards 2021*.³ Developed in 2014, the plan presents an overarching aim to 'strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to regional, rural and remote NSW communities as possible'.

Like the Victorian Rural health system plan, the vision of the NSW plan is also aligned to that of a system-wide plan for NSW as a whole (the NSW State Health Plan: Towards 2021) – which is to nurture a system that is:

- patient-centred
- respectful and compassionate
- integrated and connected
- providing the right care in the right place at the right time
- based on local decision making
- providing a whole-of-society approach to health promotion and prevention
- characterised by strong partnerships
- innovative
- financially sustainable

- fostering a learning organisation

The NSW rural plan also emphasises that a key factor to realising this vision requires a whole-of-system effort through partnerships and engagement between health services, communities and other key partners.

Applicability to Victoria

Taking a different approach to Queensland's rural plan which places strong emphasis on the 'system governance' theme with its detailed framework for the roles and responsibilities of health services, the NSW rural plan speaks less on this topic and more on others like population health, access, partnerships, workforce, infrastructure and technology.

While the NSW's rural plan does not provide a directive on the roles and responsibilities of health services, it delegates a leadership role to rural Local Health Districts (LHDs) to lead many of the initiatives in the plan (acknowledging that local decision making is vital in the delivery of effective health services). There is also mention of further development to the role of district and rural hospitals in sub-regional networking models, and the development of regional healthcare hubs (although the details around how these would be achieved were not provided).

The NSW Rural Plan structures itself around three key directions for the rural healthcare system to progress toward, and proposes three main strategies for achieving these aims.

As an overview, the plan places strong focus on:

- **A whole-of-system approach to improving population health and wellness for rural communities.** This includes:
 - Improving rural Aboriginal health
 - Addressing social determinants of health
 - Promoting prevention and early intervention health initiatives
 - Improving oral and mental health

Literature scan

New South Wales: NSW Rural Health Plan, Towards 2021

Applicability to Victoria (cont)

- **Improving access to high quality care close to home**, through:
 - Strengthening rural health services
 - Supporting the rural patient journey (and improving access to transport)
- **Partnerships for better integration across health services**, through:
 - Integrating rural health services and improving continuity of care
 - Better engagement with communities

Three key enabling strategies for achieving the aims of the plan were identified:

- **Enhancing the rural health workforce** – Eg. Supporting the Aboriginal health workforce, targeting recruitment, and promoting development and training
- **Strengthening rural health infrastructure, research and innovation** – Eg. Strengthen rural health capital infrastructure, strengthen models of care in rural NSW, and improve knowledge sharing, collaboration and research
- **Improving e-Health** – Eg. Strengthen eHealth operational and strategic governance; provide secure, reliable and available information and communication infrastructure; implement a single view of patient records, provide clinical workflow tools for supporting the patient journey

These initiatives demonstrate an emphasis on the need for increased partnerships and collaboration, strengthening the workforce, harnessing technology, addressing social determinants of health – all of which were also either identified in Victoria’s Rural health system plan Discussion paper or as a result of our consultation process.

Topics considered within NSW’s rural plan that were not as extensively covered within Victoria’s discussion paper and consultation process are infrastructure, Aboriginal-specific health needs and the Aboriginal health workforce.

The NSW Rural Plan is also comprehensively in specifies programs or initiatives that are currently in place, or that will be progressed, in order to meet the aforementioned aims.

We summarise some of the programs/initiatives that may be relevant and useful in addressing the issues raised throughout our consultation process:

- **Cross border partnerships to support treatment of patients in the most appropriate setting.** The NSW Government has reciprocal arrangements in place with other states and territories regarding providing health services to its residents. Eg. Murrumbidgee LHD (NSW) may receive treatment at Albury Wodonga Health and other Victorian based providers if needed. Supporting these arrangements are funding agreements, as well as principles and strategies to ensure NSW residents are treated in the most appropriate care setting.
- **NSW Health Integrated Care Strategy.** To support more integrated local health systems and large-scale transformation, the NSW Government is investing (through a ‘Planning and Innovation Fund’) in three integrated care demonstrator LHDs to establish new integrated care models, with plans to roll this out to the other LHDs in time. Better integration is encouraged across the areas of data-sharing, healthcare models, strategic planning, purchasing, care evaluation, and change management.
- **Planned increase in usage of eHealth services and development of models of care involving eHealth.** The patient journey may be supported by increased access to reliable health information and primary healthcare services through the online and telephone services provided by HealthDirect Australia, and also through the use of HealthPathways (which was also suggested during our consultation process)
- **Better engagement with rural communities/consumers.** Implement best practice community engagement in planning health services, receive real time feedback from the community and clinicians alike (eg. using social media) and health literacy activities for CALD populations and those with disability

Literature scan

New South Wales: NSW Rural Health Plan, Towards 2021

Applicability to Victoria (cont)

- **Better engagement with rural communities / consumers.** Implement best practice community engagement in planning health services, receive real time feedback from the community and clinicians alike (eg. using social media) and health literacy activities for CALD populations and those with disability

Monitoring and review of progress to date

NSW has also published a progress report *NSW Rural Health Plan: Progress Report 2015* that summarises progress undertaken at local levels to meet the strategic priorities of the NSW rural health plan launched in November 2014.⁴ The progress report is intended to provide a high level, consumer friendly snapshot of key achievements and initiatives. All of which demonstrate NSW's commitment to keeping with the overarching goals and aims of the plan, and also in working toward its more specific goal of improving engagement with consumers and the community.

While the progress report provides much detail around the different projects that have been carried out post-plan, it is noted that many of its achievements have been supported through partnerships with external stakeholders including non-government organisations, Aboriginal community controlled health services, education providers, and private sector organisations. This provides a good example on the potential benefits that increased partnerships across the wider Victorian health and human services system could bring to its rural communities.

⁴ <http://www.health.nsw.gov.au/rural/Pages/rural-health-progress-2015.aspx>

Literature scan

South Australia: CHSALHN Strategic Plan 2015-2020

The healthcare system in South Australia comprises four local health networks, one of which is the Country Health SA Local Health Network (CHSALHN), which specifically oversees the rural public healthcare system. It acts as a central systems manager for the whole rural healthcare system – its roles include administering the rural SA health system, managing the rural health workforce, advising ministerial decision makers on issues related to the rural health system, funding infrastructure, undertaking community education on health-related issues, administers the Patient Transport Assistance Scheme, etc.

CHSALHN Strategic Plan 2015-2020

Unlike the other Australian rural plans, SA's rural plan was developed by the CHSALHN rather than by the SA Department of Health (SA Health). The Country Health SA Local Health Network Strategic Plan 2015–2020 sets the 5-year direction for health service delivery in rural SA.⁵

At the forefront of this document are **5 foundation principles** that demonstrate a commitment to

- a consumer-centred focus,
- embracing innovation,
- sustainable investment,
- integration and local access,
- building up the rural workforce.

The plan also identified **4 strategic challenges** of the SA health care environment that may serve as barriers to service delivery in the rural setting, and that will be addressed through priority projects:

- **Population-based issues.** Addressing the needs of a diverse population while ensuring cultural responsiveness, equity of access to services, affordable transport, aligning community expectations with available healthcare options, and managing the burden of chronic disease.
- **Workforce capacity, capability and leadership.** Attracting and retaining highly skilled staff across multiple disciplines in geographically diverse and remote locations

- **Information Communication and Technology (ICT).** Establishing high quality information systems and technology to meet clinical and communication requirements, and facilitate access to care as close to home as possible
- **Infrastructure.** Improving rural health facilities to meet new building and healthcare requirements.

The strategic plan then sets **5 Strategic Directions** for the framework, starting from the theme of the individual, then the workforce's impact on the individual, and finally the impact of partnerships and performance on population level outcomes. The 5 themes are summarised below:

- **Person-centred:** Build innovative and high performing health service models that deliver outstanding consumer experience and health outcomes, through:
 - Integrated and coordinated service delivery to provide local access to high-quality care as close to home as possible
 - Co-designed and evidence-based planning and decision-making
 - Having the consumer perspective and experience drive service planning
 - Innovatively designing health information with consumers in mind
- **Performance:** Pursuing excellence by:
 - Making latest evidence and information available for planning, monitoring and development of services
 - Improving business systems to improve productivity, efficiency, effectiveness and performance
 - Delivering cost-effective services, and balancing demand with fiscal responsibility
 - Investing in innovation & streamlined administrative approaches.

Literature scan

South Australia: CHSALHN Strategic Plan 2015-2020

- **People:** Create a vibrant values based place to work and learn through:
 - A consumer-centric workforce culture
 - Enhancing leadership capacity with an organisational culture that embraces innovation and responsiveness
 - Attracting and retaining talent
 - A learning organisation.
- **Partnerships:** Harness the power of partnerships to improve the effectiveness of services, through
 - Engaging community ambassadors and other key partners for a two-way understanding of the health system and community opportunities and challenges
 - Service planning and evaluation together with consumers
 - Promoting and marketing of innovations and achievements.
- **Populations:** Elevate and enhance the level of health in country communities through
 - Equality of health outcomes for rural populations
 - Culturally safe and responsive services to meet the need of aboriginal and CALD populations
 - Home-based management of chronic diseases
 - Well-connected services and communities for mental health patients.
- **CHSA Services Roadmap – What’s Provided**
 - Where:** A roadmap has been planned for development following the SA rural plan which aims to make clear delineations on the types and locations of services provided by the CHSA as informed by an evidence-based framework
 - The SA Plan has been light on the topic of ‘systems design and governance’ so far, hence the plan for a services roadmap signals the intent to make role delineation as much a priority in the governance framework for SA rural health, as it is for the Victorian rural health system.
- **Keeping Country People in Country:** Developing key health services in country centres that are affordable, sustainable and safe. **A ‘hub and spoke’ model of care** (which was also discussed in our consultation process) would be used to allow sharing of resources to provide a higher number of services, and that are of high quality, within the rural areas. This will increase self-sufficiency and reduce reliance on Adelaide-based services
- **G8ways to Innov8:** This project aims to develop systems and pathways to foster innovation from the workforce and local communities. This involves developing ‘creative spaces’ to brainstorm ideas (eg. web-based blogs, workshops, social media, intranet usage) to processes for the development, sharing and implementation of new ideas.
 - As our current consultation process has revealed the need to foster innovation, and also to encourage collaboration, similar ‘creative spaces’ to intentionally bring people together to share new ideas could be applied to rural Victoria.

The Strategic directions, objectives and challenges of the plan will be addressed through 10 key priority projects. A few examples of projects that may be relevant to the issues and key areas of focus as raised throughout our consultation process include:

Monitoring and review of progress to date

The strategies indicated in the Strategic Plan will be monitored through the CHSA governance framework using specific key performance indicators (KPI) and through a broad range of measures as identified in the Service Level Agreement between SA Health and CHSA. No further detail was given as to what these measures would be.

Literature scan

Loddon Mallee 2015 'Strengthening health services'

An independent current state assessment of the service delivery and workforce arrangements for the Loddon-Mallee region was completed in 2015. The final report titled '*Strengthening Health Services*' presents findings from the current state assessment and also provides recommendations for a network operating model, implementation plan and roadmap, and its financial benefits. The findings from this project are discussed in this section

Strengthening Health Services Loddon Mallee

The Strengthening Health Services project was limited to three service areas (Maternity, Surgical and Urgent Care) and also improving the attraction and retention of the VMO workforce within the Loddon-Mallee region in Victoria

The key objectives of the project were to:

- Develop an operating model for networks of collaboration between providers
- Determine an implementation plan
- Assess the financial benefits of the implementation

Applicability to Victoria

Most of the findings were found to be consistent to the issues raised throughout our consultation process, hence are taken to be applicable to the rural Victorian healthcare system as a whole.

Issues related to the patient-transfer process and collaboration are most relevant to the Victorian Rural health system plan. We thus summarise some of the key findings relevant to these topics:

Improved patient pathways & better collaboration: Formalised patient pathways & better partnerships are needed

- Several good examples of point-to-point collaboration exist between providers, but there are significant opportunities for systematised collaboration

- The patient transfer process is especially fragmented, and this has been found to be attributable to a lack of transparency (on capacity and capabilities) and trust between hospitals.
- This has also led to the unnecessary duplication of tests during transfers
- Funding arrangements have not worked to incentivise collaboration between hospitals
- There is no standard clinical framework for transfer decision-making, nor a standardised transfer process

Proposed solutions to improve patient pathways are:

- Standardisation and pre-negotiation of patient transfers
- Revisions to the current funding model - Limited financial incentives for collaboration between hospitals should be at least partially resolved by inter-hospital contractual agreements and transactions (e.g. block-funded hospitals receive payment to provide step-down care for surgical patients from WIES-funded hospitals)

The funding model proposed by the SHS report may be useful in its application within the Victorian Rural health system plan as the feedback received at the consultations have suggested a regional funding model that incentivises whole-of-system collaboration for better health outcomes and processes.

The report also suggests that having in place a number of longer term collaboration initiatives will drive the realisation of benefits for providers and patients. This points toward the need for a longer term view to achieving sustainable partnerships in order to fully harness the benefits of collaboration

Literature scan

United Kingdom

England

Unlike Australia, England does not appear to have a nationwide health service delivery plan for rural England collectively. There is some evidence, however, of local planning undertaken at smaller regional levels. One example of a local rural health strategy is the 'Rural Health and Wellbeing Strategy for Devon 2010-2013' which was co-developed by NHS Devon and the Devon County Council.⁶

Local rural plans like Devon's are created with local needs in mind, with key priority areas and strategies specifically tailored to their communities. Taking Devon's rural plan as an example of a local rural service planning framework we have summarised some of its key priorities and strategies.

The priority areas in the Devon rural plan were organised as such:

General issues for rural communities (covering issues across the life course)

- Children & young people
- People of working age
- Older people

Rural communities facing additional challenges to those identified above:

- Carers
- Farmers, farming families & farm workers
- Black & minority ethnic (BME) communities
- Lesbian, gay, bisexual (LGB) & Transgender people
- Migrant, Gypsy & Traveller communities

Rural health & social care provision

- Challenges for service users
- Challenges for service providers

The strategy also considers issues relating to **access, social isolation** and/or **social exclusion** and **feeling safe in your own home** throughout each of the above.

The strategy identified five enablers that will support the effort toward improving the health and wellbeing of Devon's rural community:

- **Innovative service delivery**
- **Strengthening rural health research in Devon**
- **Securing funding**
- **Building the rural workforce**
- **Partnership working and collaboration**

Applicability to Victoria

Some of the initiatives found within the plan that may be applicable to the Victorian setting are:

- **Volunteer-led support services for patients travelling for appointments** eg. the Blackdown Support group provides escort and transport services for hospital appointments
- **Mobile outreach GP surgeries** (by West Devon Connect) provide multi-agency GP services throughout the district. These 'pop-up' GP practices may be found at the very heart of the local community eg. local pub, community shops and cafes etc.
- **Increased use of information communication technology (ICT) to improve access to information, and also to coordinate travel services.** A community website called Cybermoor is available to residents of Alston Moor, and is funded as a gateway to online resources for the community. Support is also provided to residents who are uncomfortable with technology, to ensure these sub-populations are not excluded from its benefits.

Literature scan

United Kingdom

Applicability to Victoria (cont)

The Devon plan appears highly localised in its scope, and cites a number of examples of volunteer- or charity-led initiatives alluding to a decentralised system of governance and possible lack of funding support for rural health services in England. The examples found within the plan and cited above seem more applicable to smaller rural health services in Victoria than the larger regional centres, hence possibly finding some usefulness in its application in the latter setting.

While many of the themes raised in the Devon plan overlap with those identified throughout our consultation process, it is particularly noted that the wellbeing of carers has been identified as a priority area in the Devon plan. Given the level of consumer focus at the consultations process (relevant points raised were that consumer-centred care would entail ensuring their care pathways allow them access to their family support system, and also that funding support for travel (VTPAS) may also be needed for accompanying carers) this could highlight an appetite for carers to also be better supported within the healthcare system. Increased support for carers has been proposed in the Devon plan through better provision of access to health and wellbeing checks for older carers in rural communities.

Also, despite not being a rural health service strategy per se, we note that at the national level, the UK government has also introduced the concept of 'rural-proofing' of all domestic policies (including health policies) and made it a mandatory part of the

policy-making process. This concept of 'rural-proofing' involves ensuring that all relevant policies are examined to determine whether they would or could have a different impact in rural areas from elsewhere. Because of the unique characteristics of rural areas, policies may be adjusted, wherenecessary, to reflect rural needs and to ensure that public services are equally accessible to rural communities. To aid in this process, a 'Rural Proofing Self Assessment Tool' may be developed to assess the extent to which 'rural need' has been addressed – eg. In the case of Devon, the 'Devon Rural Proofing Self Assessment Tool' is used to determine if policies have met the rural proofing requirement.

Wales

Rural health system planning in Wales may be best described as taking a two-tiered approach. The Welsh government developed a Rural Health Plan to describe the overarching needs and aims for rural health service delivery across the whole of Wales, and delegates the local service planning to the Local Authorities (LAs) and Local Health Boards (LHBs). Requirements and expectations for the local service plans are outlined in the government-developed Rural Health Plan, and must be fulfilled in order to be successful in a review process that ultimately directs the allocation of government funding. It should be noted this is not aligned with the Travis Review and Duckett Report which identify a greater role for the Department as system manager, providing direction to health services and Boards.

Rural Health Plan for Wales

The *Rural Health Plan - Improving Integrated Service Delivery Across Wales*⁷ has been developed by the Welsh government to set the Wales-wide directive for Rural health system planning. Its aim is to ensure that the future health needs of rural communities are met in ways which reflect the particular conditions and characteristics of rural Wales.

It highlights three key issues that need to be considered for Rural health system planning in Wales, and we summarise some of the key strategies proposed within the plan to address these challenges:

- **Access:** The problem of access to services all across the primary, community, secondary/specialist and social care needs to be improved for those living in the remoter communities. 'Access' in this respect includes access by patients, friends and family through sustainable local and community transport, sensitive appointment systems and local service provision. It also encompasses services accessing local people in new ways – eg. through integrated IT systems and developments such as e-health, diagnostics, telemedicines, telehealth, mobile unit/services etc.

Literature scan

United Kingdom

Wales (cont)

- The plan proposes an **integrated community transport and appointments system** that maps transport needs for health and social care alongside broader transport requirements in order to develop a sound network of services
- The **use of ICT to improve healthcare access** is encouraged, and new service developments need to be patient and user driven. Similar to the challenges faced in Victoria, similar barriers to the full implementation of ICT within the rural areas include limited access to broadband internet, limited knowledge on the technological opportunities available, and the under-utilisation of remote monitoring, telecare and other assistive technologies
- Other notable issues considered under this heading include: Better access to border services (Wales-England); flexible and attractive workforce strategies to recruit, retain and educate the workforce; integrated crisis services for non-emergency care (for chronic conditions, mental health, palliative care, etc.)
- **Integration of services:** Integrated service models, workforce planning and systems are necessary to improve service provision and ensure effective use of resources and skills within communities. However, there is difficulty integrating services (both health and social services) when some are NHS-based, with others coming from local government and the voluntary sector. This also follows calls for a holistic approach to improving rural health – ‘health cannot be regarded in isolation from the backcloth of social, economic, housing, transport (both private and public), and social care matters.’
- **Better partnerships** across health and social service providers are needed. However, it is important to note that within-services (i.e. between one specialty and another) integration is equally important as between-services integration.
- Creative planning and service models that ensure both generic and more specialist care needs are integrated in an efficient way are needed. Early interventions and moving hospital-based services into the community are also encouraged.
- An integrated workforce should include not just medical professionals but also volunteers and those from the wider third sector in planning activities. Emphasis should also be given to developing multi-skilled professional and support workers with generalist (both clinical and non-clinical) skills.
- Integrated systems are needed for providing a sound infrastructure for integrated care – this includes well-developed ICT systems and also transportation systems
- Collaborative planning for sustainable whole-of-system operations – The plan notes that as budgets get increasingly stretched, funding will eventually be restricted to those most ‘critical’ reacting to emergency circumstances. More proactive, integrated planning across organisations can result in cost-saving initiatives that target the earlier and preventable stages of individual health and social care dependency, and help ensure a sustainable funding flow to all services and also avoid duplication and wastage of resources.
- Patient flows – the planning process for the location of services needs to be directed by patient flows, and also take into consideration the differences in waiting times between English and Welsh patients
- Community cohesion and engagement: The Welsh rural plan identifies this an important resource, with immense potential to rural and urban settings alike – hence, community cohesion, engagement and ownership are seen as key elements of service planning.

Literature scan

United Kingdom

Wales (cont)

- **Language considerations in workforce and service planning** – As rural Wales is characterised by high numbers of older Welsh-speaking people, language is a major consideration in service delivery, workforce planning, etc. There is a greater need for more innovative approaches to workforce development including home-grown approaches to the future caring professions (similar to the 'Grow your own approach' in Victoria)
- **Reducing reliance on volunteer staff/organisations** – While the plan acknowledges the important role of the third and community sectors play in encouraging community cohesion and wellbeing (and hence seeks to encourage volunteers and local community champions), it also sees a need to reduce over-reliance on 'enthusiastic others' (which may result in an unsustainable level of service provision in the long term) and increase the amount of formal services available to rural and isolated communities

A local strategy

While the Welsh Rural Plan maintains that the responsibility for the health and wellbeing of the rural Welsh community lies across the national, regional, local, community and personal domains, service planning is delegated at the regional and local levels. Local authorities (LAs – regional responsibility) and Local Health Boards (LHBs; local responsibility) are required to formulate and implement a local "Health, Social Care and Wellbeing Strategy".

As part of the strategy development process, they are required to cooperate with a range of local partners (as outlined by the Welsh government), and the strategy must be informed by a health needs assessment. The proposed strategy will then be reviewed by the Welsh Assembly Government and Health Commission Wales (Specialist Services) for final approval.

The Welsh government mandates cross-sector partnerships through this process, by requiring LHBs

and LAs to work with the following key partners in developing a local strategy:

- NHS Trusts
- Health Commission Wales (Specialised Services)
- Community Health Councils (CHCs)
- County Voluntary Councils (CVCs)
- Any other voluntary, business or private body with an interest in health and well-being

Flexibility in partnerships across a range of other relevant organisations is allowed under the last heading of 'other voluntary, business or private body', and it is for the partners at a local level to determine this wider stakeholder group

The local strategies must be informed by comprehensive health, social care and well-being needs assessment carried out by the LHB and LA in partnership with other statutory and non-statutory stakeholders.

There is also an emphasis on cooperation, consultation and public participation in the drafting of the local strategies. This process provides an impetus for partnerships, while also maintaining flexibility for local health services to cater to local needs.

Scotland

There are two key policy documents for rural healthcare service planning in Scotland.

Delivering for Remote and Rural Healthcare 2008, was delivered by the Remote and Rural Steering Group and remains the extant policy document for remote and rural healthcare in Scotland.⁸

- It focused on improving patient experience of remote primary care and access to secondary care, the remote and rural workforce, including education and rural-training pathways, infrastructure and emergency response and transport.

⁸ http://www.nosp.g.nhsscotland.com/wp-content/uploads/2009/04/Delivering-for-Remote-and-Rural-healthcare_-published-report.pdf

Literature scan

United Kingdom

Scotland (cont)

- The document also clearly defines the roles and expectations for services delivered by the different health services.
- The report set out 83 recommendations and forward issues for the delivery of a sustainable model of healthcare for remote and rural Scotland.
- The Remote and Rural Implementation Group (RRIG) was established to take this work forward with a role to oversee and monitor implementation across the system.

Delivering for Remote and Rural Healthcare Action Plan: The Final Remote and Rural Implementation Group Report 2010, was targeted at Chief Executives of the Territorial and Special Health Boards to raise awareness on the content of the RRIG report and the implications of the related ongoing actions and recommendations for their Boards.⁹ RRIG's Final Report highlighted a number of areas where action needed to continue and made a number of further recommendations for RRHEAL, NES and Territorial Boards.

- **A remote and rural staffing model** that detailed the types of staff required at each level of health service, and also an outline of the expectations for remote and rural clinical competencies was produced in the report. These were published in order to ensure the Boards would be aware of expectations around continued access to safe and sustainable services in remote and rural areas; the ongoing requirement to develop Obligate Networks; and the workforce issues that are needed around identifying skills and competencies to deliver safe emergency care and agree a common role across RGHS.

Besides the policy documents for service planning in rural Scotland, our research has also revealed a study on consumer co-design for service planning within the Scottish setting that may be useful for application within the Victorian rural setting (given the strong stakeholder feedback on the need for greater consumer co-design within the consultation process)

Farmer & Nimegeer (2004) "*Community participation to design rural primary healthcare services*" describes the successful engagement of Scottish rural community members in designing their local health systems.¹⁰ In this study, local members of a number 4 rural communities (less than 3000 inhabitants, and over an hour from a settlement of 10,000 or more) with healthcare delivery models defined as 'fragile' by the health authority were engaged in service decision-making. This was achieved through a community participation process using community based participatory action research (CBPAR) that involved workshops that

- raised awareness around health aspirations for their communities,
- conducted an assessment of local health problems based on community perception,
- provided education around services provided locally and other innovations that could be useful to their local communities, and finally
- a planning exercise for priority setting.

The final priority setting exercise identified that the rural communities mainly wanted:

- the ongoing presence of a locally-resident health practitioner;
- 24/7 access to triage to detect real emergencies as well as knowledge on what to do in an emergency;
- monitoring of vulnerable people to avoid crisis (anticipatory care & monitoring that could be partly fulfilled by volunteers or health assistants);
- local community volunteer activities for health improvement and maintenance, led by a paid, knowledgeable (health) leader.

The study provides an example of how consumers may be supported to engage in systems planning. The local representatives were found to be highly engaged and responsive throughout the workshops, and also appreciative of the newfound knowledge attained. The final prioritisation exercise revealed the sense of vulnerability felt by remote

¹⁰ Farmer, J. & Nimegeer, A. BMC Health Serv Res (2014) 14: 130. doi:10.1186/1472-6963-14-130

Literature scan

United Kingdom

Scotland (cont)

communities, hence the focus on the important of both the ongoing work of a local GP and local health promotion, and also the issues of emergency response and prevention of crisis situations.

There also appears to be a desire to equip themselves with knowledge on how to respond to emergency and crisis situations, or have real-time access to someone with the right skills to provide assistance.

It may be possible to draw on the success of the Scottish model for application to local rural communities in Victoria.

Literature scan

Canada

Ontario

A rural service delivery framework (the *Rural and Northern Health Care Framework/Plan*) is currently being developed for Ontario with no indication on its anticipated date of release.¹¹ An initial report (the *Rural and Northern Health Care Framework/Plan: Stage 1 Report*) with preliminary recommendations for the framework to address and include in its final plan has been released.¹² It is this report that will be reviewed in this section while also noting that it is not the final plan, but may provide some indication as to what the overarching considerations of the final plan may be.

Rural and Northern Health Care Framework Stage 1 Report

A longstanding challenge facing rural Ontario has been identified to be the issue of access – rural Ontarian communities have consistently had limited access to quality healthcare due to a range of reasons including geographic remoteness, low population densities, limited availability of providers etc. As such, Ontario's rural plan is very much focused on the impact of geography and proximity to services as its explored issues, challenges and strategies to improve healthcare access. This is not considered in isolation however – socioeconomic factors like income, education, CALD statuses are also considered through the recommendations.

Keeping these in mind, the final rural plan is expected to be guided by the following principles:

- **Community Engagement:** To encourage transparency and accountability in identifying local access issues and solutions, a community's residents, health providers and other local stakeholders should be active participants in the decision-making process.
- **Flexible Local Planning and Delivery:** Planning and delivery of services should directly involve local communities and be flexible to adapt to local needs; be responsive to different community needs; and to balance need, quality, critical mass and accessibility
- **Value:** Health facilities and the corresponding concentration of health professionals are a local base of health resources in rural and northern communities which should be viewed as 'assets' that can improve the overall efficiency and cost-effectiveness of regionalised delivery systems
- **Integration:** Planning, delivery and targeted initiatives must integrate across traditional health care and inter-sectoral silos at the local level.
- **Innovation:** Exploration of new models of care delivery, health human resource roles and integration should be supported.
- **Connected and Coordinated:** To enable coordination of access, planning and delivery at the local level must also be connected to and across LHIN and provincial initiatives and organisations.
- **Evidence-Based:** To ensure access is appropriate, initiatives must be evidence-based, supported by ongoing research and evaluation of standards and outcomes.
- **Sustainable:** To maintain and improve access, new initiatives must present solutions that are sustainable with respect to financial, human and other resources.

The preliminary report also proposes a number of strategies and guidelines for the final rural plan. These are organised across the following three main themes and sub-themes:

- **Governance and Accountability** – A provincial strategy (very much like the proposed regional strategy at our consultations) is likely to be taken where the ministry of health is the main point of accountability for defining and monitoring standards for healthcare access. There will, however, be close partnerships with local health integrated networks (LHINs), and other partners across the wider system including local communities/providers, universities, etc. to improve all aspects of the health care system including workforce, safety, education, and population health.
- **Health Human Resources** – Also proposed as a provincial strategy, the need to establish an innovative human resource model for rural Ontario is key. Investments in leadership, recruitment and retainment incentives, supporting enhanced scopes of practice for health providers, encouraging mentorship, and relationships with educational institutions are some of the key enablers identified for improving the rural health workforce

Literature scan

Canada

Ontario (cont)

- **Integration** – Integration is encouraged across the following areas:
 - **Inter-sectoral Integration** – for improved referral pathways and access, coordination in planning and delivery of health services in accordance to local needs is key. This requires partnerships and clarity of accountabilities as enablers.
 - **Health System Collaboration** – formalised collaboration is proposed, as well as an expansion to existing points of collaboration within and among LHINs and other key partners like providers, research networks, etc. A 'local hub' model of health planning that integrates services across the wider health and non-health sectors, and also engages the consumer in co-design is proposed.
 - **Local Community Engagement and Planning** – Engage local communities to actively participate in the decision-making process for health care planning, funding and delivery, to foster improved collaboration and dialogue between the public, providers and LHINs on health access needs and health system capacity
 - **Non-Urgent Transportation** – As it was identified that non-urgent transportation in rural Ontario is limited, and resulting in large out of pocket costs to patients, reviews into better planning for inter-facility transfers and transports have been proposed. Another suggestion to mitigate this is to encourage community-based non-urgent transportation solutions.
 - **Technology** – A provincial strategy to Enhance provincial information management, clinical and education technology availability (e.g. eHealth, telemedicine, simulation learning), and related health professional networks and incentives to encourage use is proposed

There is a strong flavour of consumer focus throughout the discussion paper for the Ontario rural plan, which is what was identified as requiring an increased amount of focus within Victoria's Rural health system plan.

Similar themes were considered here to the Victorian discussion paper and consultation process, although there was a particularly useful suggestion to encourage community-based non-urgent transportation solutions which has not yet been suggested in the Victorian consultations. Scotland has a similar strategy for community-based non-urgent transportation arrangements, hence Victoria could look toward both the Ontarian and Scottish examples as possible solutions to its own challenge

British Columbia

Like Ontario, British Columbia is also in the midst of developing a final rural policy framework that is expected to be titled '*Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care*'. The final document purposes to be a planning and action framework that will enable a consistent approach to addressing health service priorities through a rural lens. Policy directions will be built around four categories: understanding population and patient health; developing quality and sustainable care models; recruiting and retaining engaged, skilled health care providers; and supported by enabling IT/IM tools and processes that together will allow innovation and flexibility in responding to the diversity of geographies across the province

A discussion paper (*Rural Health Services in BC: A Policy Framework to Provide a System of Quality Care - Cross sector policy discussion paper 2015*)¹³ has been published by the Ministry of Health ahead of the final framework to facilitate consultation and refinement of the final framework.

- **Governance and a formalised structure for service delivery:** A suggested structure of health services is proposed, with expectations on the types of clinical services provided for communities of different levels of remoteness. Regional health authorities (RHA), in particular, are delegated key responsibility for the needs of their local communities

Literature scan

Canada

British Columbia (cont)

- **Population health and health promotion:** RHAs will formulate a three-year plan for their local communities to create environments that foster healthy behaviours and programming that improves the health of the population. These plans will focus on public health and primary care services, and working with individuals and communities to foster health behaviours. Partnerships across the health and non-health system are seen as necessary to address broader social determinants of health
- **Integrated and strong primary and community care:** Seen as the building block of rural health services, having a resilient primary and community care service delivery model is encouraged for addressing chronic health and vulnerable population health needs, and fostering effective clinical pathways and linkages to higher levels of service
- **Workforce:** The importance of increasing the number of generalist health care providers, and need for innovative workforce strategies skill management (eg. expanding the scope of rural workers) are considered
- **Increased linkages to specialised regional/provincial service expertise, and emergency/higher level services:** To ensure generalist health service providers are well-supported in rural BC, formalised access to specialist consultations and services in both planned and emergent situations would foster quality and safety in service delivery. Pathways must be clear and reliable, and suggested enablers to facilitate this are technology and proper workforce planning
- **Technology (like EMRs and Telehealth):** The use of technology like EMRs and Telehealth is seen as an important enabler for system efficiencies. A proposed aim for the plan is to create a single health record for each patient to ensure clinicians have a greater level of accurate and consistent patient information. Ideally, this health record will be used across the whole continuum of care (acute, ambulatory, and residential integrated with lab, medical imaging, health information and pharmacy)

- **Accountability and implementation strategy:** Starting April 2015, the Ministry of Health through the Health Service Policy and Quality Assurance Division is said to establish public reporting, monitoring and impact/outcome assessment mechanisms for deployment.

The final BC rural plan is likely to consider similar themes and issues as those discussed in the Victorian Rural health system plan. Like the proposed regional strategy suggested during our current consultation process, it is also proposed that services be planned and coordinated at the provincial level. There is also a strong emphasis on partnerships, workforce, integrated and formalised patient referral pathways, and role of technology to bridge gaps and integrate services. A commitment to improving performance monitoring is also in line with feedback gathered throughout our consultation process.



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