

CEO COMMENTARY

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Primary Health Networks in NSW

Walter Kmet – CEO WentWest, featured article with NSW Agency for Clinical Innovation (ACI):

<http://www.aci.health.nsw.gov.au/about-aci/e-news/newsletter-new/august-2015>



The first of July 2015 marked an important date for the health care system in Australia as it signalled the commencement of the 31 Primary Health Networks (PHNs) across Australia. PHNs, funded by the Commonwealth Government replace a network of 61 Medicare Locals and importantly their boundaries align with Local Health Districts (LHDs) or their equivalents in other states and territories. In NSW the 10 PHNs that have been established align with one or two LHDs, as illustrated in the table below:

Primary Health Network	Local Health District
North Coast NSW	Northern NSW & Mid North Coast
Hunter, New England & Central Coast	Hunter, New England & Central Coast
Sydney North	Northern Sydney
Central & Eastern Sydney	Sydney & South Eastern Sydney
Western Sydney	Western Sydney
South Western Sydney	South Western Sydney
Nepean Blue Mountains	Nepean Blue Mountains
South Eastern NSW	Illawarra Shoalhaven & Southern NSW
Murrumbidgee	Murrumbidgee
Western NSW	Western NSW & Far West NSW

PHNs have a broad primary care system remit and for many who have worked closely with their predecessors over the years some of the partnership activity will continue and strengthen. For those working in hospitals and community services it is important to understand the focus for PHNs. They have two broad key objectives:

1. To increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and
2. Improve coordination of care to ensure patients receive the right care in the right place and at the right time.

These objectives reinforce the role of PHNs to seek to integrate primary, community and secondary sectors towards better patient centred care. This involves forming effective relationships at a number of levels, particularly with primary care providers, including GPs. Integral to the success of meeting these broad PHN objectives is the partnerships PHNs have with LHDs and hospital and acute services.

In light of increasing demand on the health system as a whole this work has never been more important. Many LHDs have already established relationships with the primary care sector, and these foundations will be reinforced and built upon. For example a program that started in Hunter New England called HealthPathways has expanded to most other regions in NSW, and while the development is at different stages the results are promising. Increasing engagement between primary care and hospital clinicians has been a basis for improving and in some cases restructuring service delivery because of the HealthPathways program.

There have been other examples where LHD and hospital service planning has engaged primary care, and vice versa. Collaborating on planning services and population needs makes sense as it brings different perspectives to the same problems, and assists health services to better understand community needs and expectations. This ensures the allocation of resources is ultimately more effective and efficient. Access to hospital and community based services, many of which are seeing increasing demand and complexity, benefit equally with the primary health sector when this shared approach is implemented.

In the first year of operation PHNs will undertake community needs assessment and will establish structures to undertake commissioning of services. PHNs will also establish regional Clinical Councils and Community Advisory Committees. These bodies will operate as formal parts of each PHN and be a voice for stakeholders, including GPs and consumers. LHDs and their clinicians will have a role in these structures and they should seek to benefit from the new avenues of engagement and influence created by them.

Six priority areas have been identified for PHNs by the Australian Government; these are: mental health, Aboriginal health, population health, health workforce, eHealth and aged care. PHNs, in partnership with LHDs, hospitals and their clinicians will assess how to address these priorities in ways that are locally relevant.



There is an ongoing need to improve the health system's response to the growing burden of chronic disease, which varies across NSW. The NSW Ministry of Health's Integrated Care Strategy and the work it is commissioning is opportune in this regard, and with the establishment of PHNs, the time is right to positively affect outcomes and reduce variation within the health system in NSW. Many LHDs are already implementing strategies and projects on better care integration signifies the importance of this area. Investing in new models of integrated care requires effective partnerships between primary and secondary care, and indeed with consumers. It also requires agreement about what we are all trying to achieve as a system, not just for our own patch.

A good place to start is commonly referred to as the achievement of the Triple Aim; improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. We seek to do this at the same time as improving health care provider satisfaction.

The establishment of PHNs provides an ideal avenue for LHDs, hospitals and their clinicians to engage with primary care and opportunities to do so will no doubt appear wherever you are, so look out for them and get engaged!

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About WentWest

WentWest was established in 2002 to provide the Australian General Practice Training (AGPT) program for general practice vocational training in western Sydney. WentWest has a team of experienced medical educators who are all in active general practice and assist registered doctors to become vocationally registered general practitioners.

WentWest's focus on providing better health care in the community was strengthened with its appointment as a Tranche 1 Medicare Local in July 2011 to now operating as the Primary Health Network. WentWest has built on its experience as a Division of General Practice in supporting GPs and their practices, connecting health services to meet local needs, and striving for better health outcomes for western Sydney.

The population living in western Sydney is culturally, linguistically and socio-economically diverse, and we also have the largest urban Aboriginal community in Australia. WentWest works closely with doctors, allied health professionals, the Local Health District and many others to improve the coordination of local health and human services for these patients and their families.

WentWest has partnered with the Western Sydney Local Health District and the Aboriginal Medical Service Western Sydney to address the common health priorities within the region through joint planning, capacity building, programs and strategies. This work is critical to building a better primary health care system that the evidence shows is fundamental if we are to reduce this burden of disease and keep people out of hospital.