

31st July 2015

Committee Secretary
Standing Committee on Health
PO Box 6021
Parliament House
CANBERRA ACT 2600

Dear Committee Secretary,

On behalf of WentWest I am pleased to provide this **Submission to the Inquiry into Chronic Disease Prevention and Management in Primary Care.**

Part of this Submission is based on work undertaken in the health priority area of chronic disease by WentWest in its former role as the Western Sydney Medicare Local. WentWest is now operating as Western Sydney Primary Health Network (PHN). Of particular relevance in this regard is the White Paper on chronic disease which remains current and relevant, and is provided as part of this Submission (***Attachment 1***).

As the White Paper outlines chronic disease is a major consideration for primary care services and organisations throughout western Sydney. As the Western Sydney PHN, WentWest will continue to consider chronic disease prevention and management as a health priority and seek to build capacity, capability and commission services to help alleviate the burden of chronic disease in western Sydney.

In our experience investing in community based and primary care strategies to reduce the burden of chronic disease is the most effective approach. This should include a balance between prevention and intervention. Funding mechanisms to support and incentivise approaches that reduce the burden of dealing with chronic diseases at the more expensive secondary care end of the system is also needed to be found. Public hospitals in western Sydney are being increasingly impacted by both attendances that relate to exacerbation of their chronic disease conditions as well as complications of other primary conditions as a result of their chronic disease conditions. This impact can be reduced with more investment in primary care and prevention.

It is also important to consider the impact of social determinants on a person's lifetime trajectory towards chronic disease; coupled with equity issues ranging from accessing services to those that relate to culturally diverse and Aboriginal communities. The value of investment in improving some of these primary factors has been shown to be effective.



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A major initiative in western Sydney that has progressed many of the elements of this approach in partnership with Western Sydney Local Health District has been the Western Sydney Diabetes Prevention and Management Initiative. An outline of this initiative is provided as part of this Submission (**Attachment 2**).

Governance of such initiatives is central to their ultimate success. In the case of the Western Sydney Diabetes Prevention and Management Initiative a multiparty Steering Committee has now been in place for some two (2) year and has overseen impressive undertakings including:

- Western Sydney Diabetes Prevention Alliance
- ANPHA funded diabetes screening program
- Hospital specialist team in general practice project
- Integrated diabetes foot services project
- Quarterly forums

From a general practice and primary care perspective this initiative has been a catalyst into building an effective and lasting partnership across health sectors but also as a precursor to more integrated approaches to chronic disease management. For a number of reasons, not in the least that multi-morbidity of chronic disease is becoming more prevalent, a whole person orientation to chronic disease management is ideally what systems and services should strive towards. Well-functioning general practice is particularly competent in dealing with both a whole person orientation and multi-morbidity.

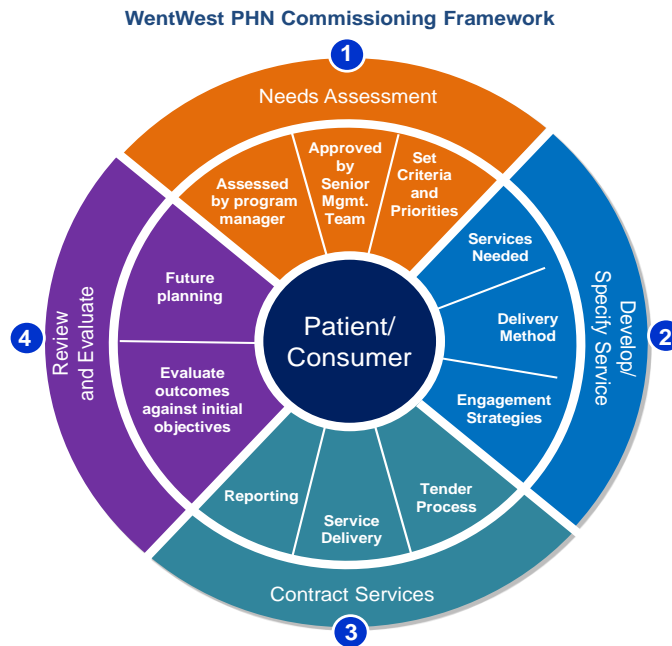
To achieve this more reform and investment is required in areas such as:

- Promoting team based care
- Investing in platforms to undertake shared care planning
- Measuring outcomes across fragmented health services
- Prevocational and vocational training
- Reorientating payments systems from volume to value

A number of these elements are being promulgated in the Western Sydney Integrated Care Demonstrator Project, funded by the NSW Government and supported by WentWest as a project partner and PHN. The role of WestWest has been to expand the impact of Patient Centred Medical Home principles. These principles are based on approaches to primary care that have been shown to be effective in realising better health outcomes through high performing primary care. The model that has underpinned the developments in Western Sydney is the Building Blocks model described as part of this Submission (**Attachment 3**).



The establishment of PHNs provides a timely opportunity develop and implement commissioning models to address priorities in chronic disease management and prevention. WentWest has developed a Population Health Commissioning Atlas, updated annually which informs a regionally relevant approached to commissioning of innovations and services. The Atlas is attached as part of the Submission (**Attachment 4**) and will form part of an ongoing best practice commissioning approach that has already been utilised in mental health (refer Framework pictorial below).



The commissioning framework has the patient/consumer needs and care at its core. This element is central to the notions of integrated care and patient centric care. Structured engagement with consumers is part of the commissioning process and also a requirement of PHNs through their mandated advisory structure

Planning, research and evaluation is a critical component of WentWest’s approach in all it does including its approach to chronic disease prevention and management. The Partnership for Education, Evaluation and Research, together with the Universities of Sydney and Western Sydney, has overseen a number of relevant pieces of work that help inform better approaches in tackling chronic disease prevention and management, including:

- Mapping Food Environments in Australia (Food Deserts)
- Torpedo Study (cardiovascular risk management tool)
- Western Sydney Mental Health Atlas
- Evaluation Study of the Effectiveness of the SHAPE Healthy Lifestyles Program

WentWest and more broadly, PHNs have a variety of experiences in addressing chronic disease management and prevention. This should ideally be built upon using good quality regionally based commissioning models.

We look forward to seeing the progress of the Inquiry and should you require any further input or advice from WestWest or our partners please do not hesitate to contact me.

Yours sincerely



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