



WAPHA funded services in the Wheatbelt

WA Primary Health Alliance (WAPHA) is the organisation that oversees the strategic commissioning functions of the three Western Australian Primary Health Networks (PHNs): Perth North, Perth South and Country WA. This whole-of-state organisational model is based on localisation where essential and centralisation where possible. WAPHA applies a systems approach, considering the 'whole', not just the individual or small parts, of the health and social care system.

WAPHA's primary objective is to improve health outcomes and patient experiences through the commissioning of appropriate services where they are most needed.

Country WA PHN supports primary health providers – General Practitioners (GPs), allied health professionals and other community services – to provide coordinated, efficient and effective health services to patients, particularly those at risk of poor health outcomes.

In the Wheatbelt, WAPHA is funding local health providers to deliver the primary health services and activities described below. All services will operate in a collaborative and coordinated manner with clearly identified referral pathways.



After Hours

After Hours Primary Mental Health Emergency Department Diversion

Service provider: WA Country Health Service

Locations of service: Northam Hospital, telehealth support to other regional hospitals

This trial program will provide an integrated and collaborative model of care which diverts suitable patients who present at hospital emergency departments with mental health or drug related issues to appropriate primary care services in the community. Education will be provided to emergency department staff to improve their knowledge of relevant service providers within the Wheatbelt Mental Health Service boundaries.

After Hours Aboriginal Primary Health Liaison

Service provider: WA Country Health Service

Locations of service: Northam Hospital, telehealth support to other regional hospitals

An Aboriginal Primary Health Liaison (APHL) position will trialled to support Aboriginal patients presenting to emergency departments who do not require urgent medical treatment and link them with appropriate primary health care services. The APHL will communicate with local primary care providers and other relevant stakeholders to provide an integrated and collaborative model of care and clear referral pathways.

Alcohol & Other Drugs ······

Drug and Alcohol Treatment Services

Service provider: Holyoake Wheatbelt Community Alcohol and Drug Service (WCADS)

Locations of service: Northam

Holyoake WCADS will address the increased demand for drug services in the Wheatbelt by trialling a specialised treatment and support service for individuals and families impacted by methamphetamine and other poly drug use. The Clinical Specialist Team (CST) model will provide a mix of clinical treatments, education, professional counselling, case management and peer support.

The team will be based in Northam and provide outreach to those living within a 100km radius of the town. People living outside of this area can access the service if they are able to travel to Northam to participate in the program. The trial will run until 30 June 2018, with evaluation being conducted by the National Drug Research Institute at Curtin University.

Holyoake WCADS also receive funding to provide treatment and support services to individuals and their families who are impacted by alcohol and other drug issues in the Wheatbelt region.

Chronic Disease ·····

Integrated Chronic Disease Care (ICDC)

Service provider: Amity Health Ph: 9842 2797 or Fax: 9842 2798

Locations of service: Eastern & Southern Wheatbelt

Service provider: Wheatbelt Health Network Ph: 9621 4444 or Fax: 9621 2119

Locations of service: Western Wheatbelt

This new program will support patients who have chronic conditions, to access a multi-disciplinary allied health service, including telehealth and individual care coordination. The ICDC Care Coordinators receive referrals from GPs and are responsible for ensuring the patient receives appropriate coordinated care, including access to multi-disciplinary team and telehealth services. Care Coordinators are integral to this model by assisting with the implementation of a patient's care plan, and will be based in Narrogin, Merredin and Northam.

Patients eligible for ICDC services must have, or be at high risk of developing, chronic diabetes, a chronic cardiac condition, or a chronic respiratory condition. In addition, patients must also be vulnerable and disadvantaged, or live in an area of disadvantage which is not adequately serviced by regional health services, or hold a Health Care Card. Priority will be given to patients with multiple morbidities and those at rising risk of developing a complex chronic condition.

Integrated Chronic Disease Care: Complex Care Coordination

Service provider: WA Country Health Service Ph: 9690 1320

Locations of service: Wundowie

This program will benefit vulnerable or disadvantaged individuals with chronic disease and comorbidities, living in Wundowie, by increasing access to multi-disciplined treatment and ensuring an integrated chronic disease service for the community. Delivery of locally tailored evidence based programs, will improve individuals' knowledge and capacity to reduce the occurrence and severity of chronic disease, and increase self-management of their conditions. The service will support post-acute care coordination from metropolitan and regional hospitals to the Wundowie GP and local primary care providers.

Integrated Chronic Disease Care:

Self Management Program Coordination and Implementation

Service provider: WA Country Health Service Ph: 9622 4324

Locations of service: Wheatbelt

This service will coordinate the implementation of evidence based chronic condition self-management programs across the Wheatbelt, to improve patient health literacy and management of their conditions. The programs will link primary care providers, specialists and other health professionals to ensure wrap around integrated chronic disease care for vulnerable and disadvantaged people. There will also be a focus on developing the knowledge and skills of the local health workforce to deliver programs that are evidence-based and tailored to community needs.

Integrated Team Care (ITC): Aboriginal specific

Service provider: Amity Health Ph: 9842 2797 or Fax: 9842 2798

Locations of service: Southern Wheatbelt

Service provider: Wheatbelt Health Network Ph: 9621 4444 or Fax: 9621 2119

Locations of service: Western & Eastern Wheatbelt

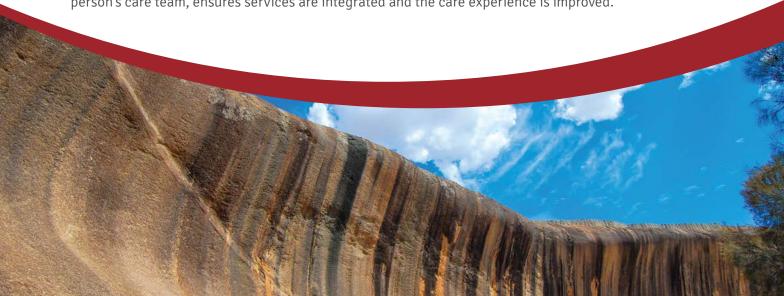
The aim of ITC is to improve health outcomes for Aboriginal people through the treatment and management of chronic health conditions. ITC is provided by a team comprising an Indigenous Health Project Officer (IHPO), Aboriginal Outreach Worker and Care Coordinator, who foster collaboration across the Aboriginal and mainstream primary health care sectors. By working closely with the patient's GP, ITC staff can provide better access to coordinated multidisciplinary care and supplementary services.

Primary Health Nurse Practitioner

Service provider: Silver Chain Group

Locations of service: Merredin and Eastern Wheatbelt

The Primary Health Nurse Practitioner will work collaboratively as a member of the local health team in Merredin and surrounding communities to achieve better health outcomes for people with complex and chronic conditions. Working within a General Practice setting, the Primary Health Nurse Practitioner will triage and case manage within their credentialed scope of practice and level of clinical expertise. They will work collaboratively in the development of shared care plans with the GP and other providers of the person's care team, ensures services are integrated and the care experience is improved.



Mental Health

Integrated Primary Mental Health Care

Service provider: Amity Health Ph: 9842 2797 or Fax: 9842 2798

Locations of service: Wheatbelt

This service provides patients with access to a wider range of tailored, evidence based care options including brief intervention through face-to-face and phone therapy sessions. This new stepped care model is designed to ensure vulnerable people can easily access mental health support at the right level and at the right time, by referral to a single point of contact known as the Mental Health Portal.

For general program information go to http://www.wapha.org.au/mental-health-portal.

Aboriginal Primary Mental Health

Service provider: Amity Health Ph: 9842 2797 or Fax: 9842 2798

Locations of service: Merredin, Moora and Narrogin

This service will focus on the five dimensions of Aboriginal health and wellbeing:

Physical health

Spirituality

Psychological Health

Cultural integrity

Social health and wellbeing

Promoting a strength based view of these five dimensions acknowledges that a strong connection to culture and country builds resilience in individuals and the community. Amity Health will build strong relationships and support mechanisms within family groups for both individuals at risk of mental health issues, as well as family and friends supporting these individuals, by engaging and facilitating connections with services in the Wheatbelt region. This activity will also increase resilience and self-identity of Aboriginal families and their community by reconnecting them with their culture and educating and raising awareness of factors affecting mental illness.

HealthPathways WA ······

HealthPathways WA is a web-based portal with information on referral and management pathways to assist clinicians to navigate patients through the complex primary, community and acute health care system in Western Australia. Request access to HealthPathways WA by emailing healthpathways@wapha.org.au.

For more information on WAPHA activities in the Wheatbelt please contact:
Fiona Bush, Regional Manager on 0429 160 959 or fiona.bush@wapha.org.au



This information is available in an alternative format on request Ph: (08) 6272 4900

Acknowledgement

WA Primary Health Alliance would like to acknowledge the traditional custodians of the country on which we work and live and recognise the continuing connection to land, waters and community.

Disclaimer

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.



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