

Questions and Answers from Better Health, Together Forum

WA Primary Health Alliance hosted the Better Health, Together Forum on 24 May 2019.

A large number of questions were raised through the Slido app during the event. The following responses have been compiled by members of the WAPHA team and guest panel members.

Thank you for the great questions and thank you to those who have contributed to the answers!

1. What is WAPHA doing to drive collaboration between providers in a contestable environment?

Great question! WA Primary Health Alliance (WAPHA) would like to see greater collaboration across service providers in the primary care space. While some of the concepts of commissioning draw on the language of contestability, in reality and in practice, WAPHA views commissioning as a relational activity first and foremost, one that seeks to build capacity and sustainability over the long term for the benefit of patients and the community. The Commissioning for Better Health Advisory Board will be a source of advice to WAPHA on what we can do, working with the sector, to foster collaboration.

2. What are the top 3 priorities for WAPHA over the next 12 months?

It's an interesting time in WA Primary Health Alliance's evolution as a commissioning organisation. We are still relatively young and, as demonstrated by Commissioning for Better Health, there is still much work to do for us to mature as a commissioning agency. Key priorities in that context are:

- Delivering on our commitments to the Australian Government Department of Health, ensuring that key priorities for funding across all programs are addressed, and implementing election commitments;
- Developing and deepening our relationship with General Practitioners and other primary care providers, and commissioned service providers;
- Working with the WA Department of Health to ensure that the primary care sector is at the forefront of Sustainable Health Review implementation. We have a great opportunity to build a more integrated system across primary and acute care and to cement the role of primary care as the cornerstone of the WA health system.

3. Co-design is complex takes time to do well and is essential. How will WAPHA and WA Health, as commissioners of services, continue to “up your game” in this area

Codesign does take time and the whole health sector has to work together to improve our practice. The Commissioning for Better Health document, and the consultation that informed it, hopefully demonstrates WA Primary Health Alliance’s (WAPHA’s) commitment to be transparent in identifying where it needs to do things differently to improve how it operates as a commissioning agency. There is very specific guidance from the Australian Government Department of Health on [what co-design means in the commissioning context](#). All stakeholders can expect to see WAPHA increasing the number of opportunities available to shape direction and actions across all aspects of the commissioning cycle in line with this guidance.

4. What are WAPHA’s plans to integrate and maximize the skill set of allied health in primary care to achieve Better health, together?

WA Primary Health Alliance (WAPHA) recognises the importance of ensuring that allied health is integrated into the health system and supports the medical home model of care. This is a framework for enhanced patient access to comprehensive, coordinated, evidence-based, interdisciplinary care. WAPHA understands the need to harness the potential of new roles such as care navigators, and extend existing roles, such as embedding non-dispensing pharmacists in general practice. WAPHA is developing both roles in the primary healthcare setting, the former in our chronic disease and Aboriginal health programs and the latter in our Comprehensive Primary Care program.

Moving forwards, WAPHA will be developing a Primary Care Workforce Development Strategy, which will include consideration of how we can better integrate, utilise and embed the skills of allied health professional in primary care.

5. What focus will be given to people with disability, given they are not in your priorities yet have significantly poorer health than the general population.

Whilst work is continuing with the transition to full National Disability Insurance Scheme (NDIS) rollout in WA, the changing landscape of disability service provision and quality, accessible care for people living with a disability remains fragmented and unclear.

In the 2017-18 Budget the Australian Government committed \$80 million over four years for the National Psychosocial Support (NPS) measure. The purpose of the NPS measure is to provide psychosocial support services to assist people with severe mental illness resulting in reduced psychosocial functional capacity who are not more appropriately funded through the NDIS. WA Primary Health Alliance (WAPHA) is commissioning providers in this space for this cohort of patients.

The objectives of this measure are:

- Support people with severe mental illness and associated psychosocial functional impairment, who are not more appropriately supported through the NDIS.
- Improve access to psychosocial support services, mental health outcomes and equity in service availability for the target cohort.
- Reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health system.

Roughly 1/5 Australians live with a disability. Many people engage with WAPHA's commissioned primary health services as part of the general population utilising this provision of care. Data would suggest that people living with a disability are more likely to experience disadvantage and have an increased burden of care. WAPHA is committed to ensuring our commissioned services are accessible and available to people living with a disability.

6. Will decisions about ongoing funding for programs be expedited in the very near future to enable ongoing planning by NGOs?

For Service Providers having contracts cease at 30 June 2019, Contract Managers should have provided notification of whether or not your current contract has been approved to continue or is ceasing. For approved contracts, required contract documentation is currently being drafted and issued to service providers for review and signing. WA Primary Health Alliance is endeavouring to issue all contract documentation before 30 June 2019. If you have not been advised on the status of a contract please contact your Contract Manager.

7. What is WAPHA's most wicked problem to overcome in order to better engage with general practice?

We are not sure there are any 'wicked problems' for us. There are some practical ones that include directly reaching all members of general practice teams and providing direct support around busy practice schedules. There are some cultural ones too, as we support general practices to work to the top of their scope and remain sustainable.

Providing support to general practice is one of the core functions of the Primary Health Network Program and one of WA Primary Health Alliance's (WAPHA's) five strategic priorities is to build the capacity and capability of the primary healthcare sector in WA. This is no small task - shifting the system to adopt more person-centered models of care requires changes to organisation workflows, changes to the way workforce is configured, and the creation of new roles, processes and working practices. The challenge for WAPHA is ensuring that we engage with the primary healthcare sector, including general practice, throughout this journey in a meaningful and productive way.

8. GP are listed as first place for those with MH & Suicide ideation, yet many GPs have very little awareness. What is WAPHA doing to improve Suicide prevention literacy?

Specific funding through the National Suicide Prevention Trial Site regions of the Midwest and Perth South has supported a number of initiatives aimed at general practice. This includes:

- Providing specific suicide prevention training in the Perth South trial site to General Practitioners (GPs) through Blackdog Institute.
- Orygen conducting a presentation with GPs for training in Youth Mental Health and Suicide Prevention. This will be filmed so it can be available state-wide.
- Orygen will also be launching the Coping with Self-Harm resource. This is in print and a webinar.
- Trialled a range of initiatives in Perth South with local GPs to better support outcomes when they have Youth as patients. Such as: Medical Scribes, Pre-appointment screening tool in Youth GP practice and headspaces and proof of concept for Clinical Decision Support Systems Tool.
- Arranging GP training on Anxiety.
- Developing training for GPs on the identification and treatment of depression in primary care. This is available state-wide at <https://phexchange.wapha.org.au/AAD/videos> .

Training for GPs is also a core element of the Alliance Against Depression (AAD), an integrated, community based approach to tackling depression and suicide. WA Primary Health Alliance is leading the introduction of the AAD in WA.

Training for GPs on Dialectical Behaviour has also been delivered as part of our commissioned services with Lifeline.

9. Will the Primary Care Workforce Development Strategy include Aboriginal Health Workers?

It must, as Aboriginal Health Workers have an important part to play in meeting the primary care needs of Aboriginal Western Australians. The Strategy must also identify where WA Primary Health Alliance can play its part to grow the numbers of Aboriginal Western Australians who are part of the primary care workforce.

10. Will you be funding programs who focus on primary prevention and health promotion?

Primary healthcare has an important role in assessing, preventing and managing the key risk factors for chronic diseases, namely poor diet, physical inactivity, tobacco use, harmful alcohol consumption and obesity. In general, WA Primary Health Alliance's approach does not include direct commissioning of primary prevention activities such as health promotion campaigns, with the exception of Suicide Prevention activities. However, we do have a role in supporting primary healthcare to undertake systematic and opportunistic screening and health checks and to facilitate improved health literacy. We do this by leveraging strategic partnerships and health promotion initiatives that align with our priorities, such as obesity and reducing harm from alcohol use.

11. What are WAPHAs plan for better integration between NGOs and Health Services. Better response from GPs to Mental Health issues

Achieving integrated regional planning and service delivery is the first priority area within the Fifth National Mental Health & Suicide Prevention Plan (Fifth Plan) and directly relates to many of the activities identified in the Fifth Plan's other seven priority areas (eg coordinated treatment and supports for severe and complex mental illness; mechanisms to support the physical health of people with mental illness; and enhancing the mental health and suicide prevention of Aboriginal people). The Fifth Plan recognises that Primary Health Networks (PHNs) and Health Service Providers (HSPs) provide the core architecture to support integration at the regional level, and Commonwealth, state and territory governments have agreed that Public Health Services and PHNs will develop and publicly release joint regional mental health and suicide prevention plans by mid-2020. Work is currently underway between WA Primary Health Alliance (WAPHA), the five WA HSPs and the WA Mental Health Commission to meet this deliverable.

A priority for WAPHA is to build capacity within general practice to recognise and support patients with mental health conditions and ensure General Practitioners (GPs) are aware of appropriate clinical pathways and referral processes. Over the coming 12 months, WAPHA will begin work to develop a standardised intake multi-domain assessment process to enable GPs, other primary care clinicians and their patients to make informed treatment choices to improve the targeting of psychological interventions within an explicit shared decision-making framework.

12. How can we be included in the Commissioning for Better Health Advisory Board?

The Commissioning for Better Health Advisory Board will be a mechanism for involving WA Primary Health Alliance's (WAPHA's) partner agencies and peak bodies directly in its commissioning processes. The Board will provide strategic advice and input into all aspects of WAPHA's commissioning program. Membership will reflect that intent.

13. What percentage of each grant does WAPHA take for administration of the grant?

The WA Primary Health Alliance does not take a percentage out of the commissioning funding allocation. Commissioned funds are quarantined specifically for the commissioning of primary health services. The Commonwealth provides operational funding, which is separate to commissioning funding, and covers the administrative, staff and operational costs for the Alliance to conduct its functions across all of Western Australia.

14. How do you balance the needs of governance (scope, timelines, KPIs, performance management) with relationships (time, responding to what comes up, scope creep)?

Very good question. WA Primary Health Alliance (WAPHA) is accountable for investing considerable amounts of taxpayer's money – more than \$100 million in 2018/19 – in the primary healthcare sector. Robust governance goes hand-in-hand with that accountability. Within that framework, WAPHA's approach is to provide as much flexibility and certainty as we can for service providers to manage the delivery of services.

15. Are the "costs of collaboration" factored in to funding by WAPHA? Navigating person-centred care across multiple agencies requires time to connect.

The PHN program, with commissioning at its core, values and encourages collaboration. WA Primary Health Alliance's core funding from the Australian Government is applied to support collaborative activities.

16. How to look after the health and wellbeing and financial stability of staff in NGOs on short term contracts due to fixed term funding?

The challenges associated with short term contracts and fixed term funding are experienced across the non-government sector. Feedback throughout development of the Commissioning for Better Health program reinforced the need for WA Primary Health Alliance to improve its ability to issue contracts for the longest period possible

17. How does WAPHA reconcile need for services determined by service providers and the epi data with its 'lag time'

WA Primary Health Alliance (WAPHA) acknowledges that epidemiology data can be significantly delayed. Commissioning decisions at WAPHA are made through both an analysis of available epidemiology data and an exploration of localised qualitative information. This information is sourced through stakeholders surveys, the Clinical and Community Advisory Councils and Committees, local clinicians, service providers and people with lived experience.

18. Will the Primary Care Digital Health Strategy include Telehealth?

Yes it must. Telehealth is a game-changer in breaking the isolation General Practitioners, service providers and their patients can feel, particularly in remote and rural areas, and is a key enabler of effective primary care.

19. Where does Integrated Chronic Disease Care fit into the funding model?

Approximately \$20 million of WA Primary Health Alliance's program funding in 2018/19 is in the "Flexible Funding" program. This program enables Primary Health Networks to respond to priority health needs identified in their Needs Assessments. A significant component of flexible funding is deployed to chronic disease management programs and initiatives across Western Australia.

20. Consumers need to be central to whole process but how to get representation of breadth of views. Often consumer groups have their own special agenda.

Representative involvement of consumers is a perennial challenge. Some key opportunities are to provide a range of opportunities to provide feedback on several channels (survey, face to face, going out to the community, one on one conversations etc.) and also to work with non profits and peer support groups (including Facebook groups) to link in with hardly reached communities.

Good and inclusive consumer engagement does take time and needs resources. Consumer based organisations such as Health Consumers Council, Carers WA and Consumers of Mental Health WA may be able to undertake community consultations on your behalf. The key is to try things, reach out for help.

WA Primary Health Alliance, Health Consumers' Council WA and AhA! Consulting initiated the Health Engagement Network (HEN) as 'a community committed to developing the practice of consumer, carer and community engagement in the health sector' It's a virtual community of almost 300 members who share and learn from each other. Join HEN for free at <https://www.healthengagement.org.au> and look out for events throughout the year.

21. Aged care is mentioned as one of the pillars but there doesn't appear to be any allocated funding. What does WAPHA see as its role in this space?

WA Primary Health Alliance (WAPHA) commissions a number of aged care related services and programs including: [The Greater Choice for At Home Palliative Care measure](#), [Improving Social Connectedness of Older Australians](#), [the Advance Project](#), and [Psychological Therapies for People with Mental Illness Living in Residential Aged Care Facilities \(RACF\)](#).

Alongside these programs of work, the Primary Health Network Performance and Quality Framework indicators direct WAPHA to increase Medicare Benefits Schedule items within residential aged care facilities and to increase the rate of people aged 75 and over to receive an annual General Practitioner (GP) health assessment. WAPHA is committed to increasing access for older Western Australians to primary healthcare including better access to GPs, pharmacists and other allied health professionals. This includes people living in residential aged care facilities.

WAPHA practice support includes building the capacity of practices and increasing workforce capabilities to provide care for older Western Australians. Our role extends to providing resources to enable GPs to have conversation about dying with patients including supporting practices to provide better palliative care for people and families. In addition to the support provided through Practice Assist, we promote the inclusion of an advance care plan including an Advance Health Directive to a person's My Health Record.

22. What funding is available to improve quality of care for older adults in the community?

The new aged care Safety and Quality Commission have a responsibility to ensure the safe delivery of services for Australia's older population. Current service providers are required to ensure the safe delivery of care and will be held to account under the new regulations and standards to commence 1 July 2019.

The role of WA Primary Health Alliance is to facilitate better interdisciplinary collaboration across the system.

23. I run a tertiary hospital and I can't see exactly how we fit in to BHT. Can you help me see how we can be involved?

Commissioning for Better Health and Better Health, Together are directed at ensuring that primary care in Western Australia plays its full part in the continuum of care patients need. As evidenced by many studies, including by the Australian Commission on Safety and Quality in Health Care and the WA Department of Health, many hospital admissions could be prevented by appropriate primary care management, providing the care patients need in a less costly way, and freeing capacity in the hospital system to respond to more acutely ill patients. WA Primary Health Alliance (WAPHA) is keen to work with Health Service Providers on practical ways we can enable primary care to share the overall burden of care. As an example, in the lead up to the Federal election, the Australian Government Minister for Health announced \$3.8 million in funding to WAPHA to establish models to strengthen the role of primary care in the community management of patients who have chronic heart failure. Collaboration with tertiary hospital cardiology teams will be essential to make a success of this opportunity.

24. Are all orgs expected to partner with consumers and what does this look like for WAPHA?

National Safety and Quality Health Service Standards, along with much of the current literature about 'partnering with consumers' in the health care context, focusses on service provider organisations, those that have direct consumers of their services. As a commissioner, WA Primary Health Alliance (WAPHA) has a relationship with consumers that is one step removed. What this means in practice is that we have to work harder to reach 'consumers' who do not have any direct relationship with us. We are also interested in the experience and insights of people that are not consumers, those who are not accessing services and would benefit from receiving care in the primary sector. The Commissioning for Better Health Program commits to improving and increasing the engagement of community, consumers, family and carers at all stages of the commissioning cycle. This work will aim to influence the practice of service providers and develop WAPHA's own engagement practice.

25. What capacity does WAPHA have to influence Commonwealth Government? Are reps from DOH here?

The Primary Health Network (PHN) as a whole engages with the Australian Government Department of Health on matters relating to the PHN program and primary healthcare matters generally. WA Primary Health Alliance engages nationally and at the State level to ensure the needs of the primary healthcare sector are recognised in policy and planning.

Australian Government Department of Health representatives will be invited to present and network at future Better Health, Together forums.

26. How does dental & oral care fit into the system?

Dental and oral health care encompasses a range of services that can include care provided by a Dentist, General Practitioner or other allied health professionals. Dental and oral health care, including services provided by a Dentist, are captured under 'primary healthcare' because these services are usually the first point of contact an individual has with the health care system and patients do not require a referral to attend. However, some dental or oral care are provided by specialist services and require a referral. These specialist services would be considered secondary healthcare.

27. How can WAPHA ensure that local needs are achieved and local innovation can occur within a state wide policy framework?

The potential strengths of Primary Health Network's (PHNs) lie in their ability to focus on both the individual and the population, and in having regional scope within a nationally consistent framework. WA Primary Health Alliance (WAPHA) provides the infrastructure to support, adjust and reform the primary healthcare system. We aim to enable regional staff to focus on supporting primary healthcare professionals and the community to build the skills and knowledge required to tackle local health needs. WAPHA's alliance model enables the PHNs to leverage partnerships and take a strategic approach to resolving service provision gaps in an integrated and cost-efficient manner.

28. What is the future for currently funded mental health funded programs in primary care. Will contracts be renewed for a further term as previously indicated?

WA Primary Health Alliance (WAPHA) monitors and evaluates the efficacy and effectiveness of commissioned mental health programmes on a contract-by-contract basis. This practice includes managing service provider performance against a specified mental health outcomes framework, demonstrating value for money and supporting continuous improvement processes. WAPHA aims to ensure that it commissions programmes that generate the best return on investment, with a focus on improving mental health outcomes and high quality service provision.

In some cases, WAPHA may determine that it is appropriate to decommission a mental health programme or service. Regardless of the process to arrive at the decision to decommission a mental health programme or service, a robust and comprehensive transition plan will be implemented to address the challenges associated with this process. The focus of such a transition plan would be on effectively engaging with community, consumers, family and carers and maintaining relationships with clinicians and service providers to sustain the continuity of mental health care services. The process would also allow sufficient time to manage the transition effectively and to minimise the impact of service disruption on individual consumers, their carers and families.

29. Given mental health and substance abuse issues loom large in the WAPHA funding pot - Why not involve WANADA or WAAMH in the Q&A session?

Thank you. We will consider in planning for the format and content of future Better Health, Together forums.

30. The tighter reporting requirements and reduced money increases tendency for agencies to work in silos. How to work better together in such an environment?

WA Primary Health Alliance would love to explore this with stakeholders across primary care and to understand more about how commissioners can use their role to foster a more open and transparent service sector. There is always going to be a fine line between maintaining accountability to funders while maintaining a long term view that has collective benefits. International examples of collective impact have demonstrated that it takes both time and courage to build trusting relationships and establish shared common purpose. The Commissioning for Better Health Advisory Board will offer a valuable forum to explore this challenge and it is likely to be on the agenda for future Better Health, Together Forums.

31. How can WAPHA aid in avoiding Federal funding being directed into WA without prior consultation, as has occurred recently in the urgent care space?

WA Primary Health Alliance works proactively to minimise this risk in the following ways:

- we undertake a comprehensive needs assessment to identify unmet health and healthcare needs for Western Australia (WA). This is Informed by our engagement with WA service providers, clinicians, service users and the wider community and is reported to the Australian Government Department of Health as part of our contract.
- Informed by this needs assessment, we work in a number of ways to influence and inform the national planning and funding decisions that align with our health priority areas:
 - representing WA, the Primary Health Network (PHN) and Primary Health on national bodies, committees and working groups.
 - representing Primary Health on State and local bodies, committees and working groups.
 - providing submissions and briefing notes, reports and other responses.
- All 31 PHNs work proactively as the national PHN Cooperative to provide proactive leadership to influence national strategic and operational decisions to improve equity, access and health outcomes.

32. What strategy does WAPHA have to address CALD mental health needs?

As part of WA Primary Health Alliance's mental health strategy over the next three-years, we will establish a cultural navigation service for people who identify as Aboriginal and Torres Strait Islander or Culturally and Linguistically Diverse (CaLD), to assist individuals to better access and utilise available Primary Health Network commissioned mental health care services.

The establishment of this service will also aim to prevent the escalating acuity of mental illness in Aboriginal and Torres Strait Islander and CaLD communities, by improving access to evidence based early intervention, as well as building cultural capacity and capability in the sector. The establishment of a cultural navigation service will be provided by a local workforce in areas where there is a significant population of people from Aboriginal and Torres Strait Islander backgrounds or who are CaLD. The service will be delivered by locally based navigators who are suitably trained (Certificate III or IV level) to facilitate access to low intensity, psychological or clinical care coordination services, address cultural and language barriers, and assist individuals with health literacy and practical and functional challenges.

33. Can move towards a better demonstration of social impact?

Primary Health Networks are all contracted by the Australian Government Department of Health to commission within primary care, focussing on the seven pillars of Alcohol and other Drugs, Mental Health, Aged Care, Aboriginal Health, Health Workforce, Population Health and Digital Health. WA Primary Health Alliance's (WAPHA's) tag line of 'Better health, together' is reflective of the role WAPHA recognises it has within the much broader social sector, operating to the limits of its scope alongside the other partners who contribute to community wide social impact.

34. What would it look like if WAPHA achieves 'better health, together?'

In a snap-shot – an evolving healthcare system in Western Australia organised around the needs of patients and characterised by deeper and more outcomes focussed partnerships. Underpinned by an expectation that the community, consumers, families and carers are integral to service planning, design, delivery and evaluation. A system where there is a growing role for primary healthcare and recognition and respect for primary healthcare's capacity to organise and deliver care arounds the needs of the patient. And a health system where roles and responsibilities are unambiguous and respected.

Tell us what it looks like to you through [Primary Health Exchange](#).

35. With the changing working hrs of GPs, needing more people per FTE, are there opportunities to look for other ways to meet some of the need? NPs? Other primary care models?

There are a number of workforce trends, such as an ageing General Practitioner (GP) workforce and increasing numbers of GPs working part-time, that add greater complexity to the workforce challenges that already exist in relation to primary healthcare in WA. There are certainly opportunities to better utilise allied health professionals and Nurse Practitioners, in the primary healthcare setting. WA Primary Health Alliance (WAPHA) also recognises that there are opportunities to better utilise digital health, including telehealth, to support improved access to primary healthcare. The process to develop WAPHA's Primary Care Workforce Development Strategy will include consideration of these opportunities.

36. Are there examples of good partnership models that can be shared?

That sounds like a great topic for a future Better Health, Together Forum! This is also something we would like to explore through Primary Health Exchange, putting the question out to all stakeholder to see what is out there and working in practice.

37. Who is the WA Health Transitional Network?

WA Health Translation Network <https://www.wahtn.org/>

The WA Health Translation Network is the State's peak body for Health and Medical Research, established in response to a long-standing shared acknowledgement of the need:

- For greater levels of collaboration and co-operation amongst and between researchers, clinicians, and consumers; and
- To ensure that health and medical research discoveries are translated in a timely manner to patient care and community health, as well as health policies and strategies

38. Where does Comprehensive Primary Care Model sit within the program funding?

The Comprehensive Primary Care (CPC) model is focused on supporting and improving general practice to become high performing and achieve the Quadruple Aim for integrated and patient centred care. Part of the program is a small allocation of flexible funding that is utilised to provide training for general practice staff and commissioning of services within general practice. These services have ranged from systems for patient feedback; upskilling of administrative staff and the provision of Non Dispensing Pharmacists into practices. Commissioning of CPC services from this area would align with the overall Commissioning strategy for WA Primary Health Alliance.

39. Will there be a Chronic Conditions representative on the Advisory Board?

The Commissioning for Better Health Advisory Board will be a mechanism for involving WA Primary Health Alliance's (WAPHA's) partner agencies and peak bodies directly in its commissioning processes. The Board will provide strategic advice and input into all aspects of WAPHA's commissioning program. Membership will reflect that intent.

40. Change in a complex system requires people to be vulnerable and uncomfortable - what support is there for reflective leadership at the organisational edges in the system?

Another great question! This is something we'd like to explore with the sector as a whole. Look out for an open discussion on Primary Health Exchange.

41. How involved does WAPHA want to be in service design or are you happy to leave that up to providers?

WA Primary Health Alliance sees itself as a partner in service design with others involved and at the table – community, consumers, family and carers, and service providers themselves. Only in this way can the loop be closed between needs, evidence of what works, how services can be shaped to respond, and benefits to patients demonstrated through performance monitoring and evaluation.

Partnership, collaboration and respect are key.