

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

Brisbane South Primary Health Network
submission

Introduction

The role of PHNs in the broader health system

Primary Health Networks (PHNs) were established in 2015 to work with the primary care sector and local communities to increase access to primary care services and improve health outcomes. They are independent not-for-profit organisations funded by the Commonwealth Government.

PHNs analyse the local health system and health needs of their communities to identify service gaps or inefficiencies. They then commission services which respond to these needs or gaps and address the population's health needs.

Of the seven PHNs in Queensland, Brisbane South PHN is the largest by population, home to nearly a quarter of the state's population. The region covers a large area south of the Brisbane River, including metropolitan, rural and remote island locations.

Our purpose is partnering to build a health and wellbeing system in which every person in the Brisbane south region, especially those with the greatest need, is supported to live well and experiences care that is connected, high quality and easy to access.

PHNs are required to work with their corresponding Hospital and Health Service (HHS) to plan and deliver efficient and effective health services for the region. While this level of collaboration and partnership works well at a regional level, the federal-state funding divide within the health system sometimes prevents effective cooperation at a state/department level.

While PHNs exist to identify and reduce duplication of services that affect the provision of primary care, these levers often sit within state government.

An effective primary care sector supports the effective operation of the Queensland public health system by ensuring people can access appropriate support and treatment in the community, avoiding the need to present to hospitals for urgent care.

The siloed approach to health service delivery is a longstanding systemic issue, and one that Brisbane South PHN is attempting to overcome by increasing our engagement and work with the Queensland Government and its agencies.

Eight per cent of Queensland Health's budget is allocated to population-based community services to address similar community needs to those identified by services commissioned by Queensland's PHNs.

A common story relayed to PHNs when commissioning non-government service providers, is the duplication of service delivery, reporting efforts and competing outcomes from PHN and state government funders for the same population.

Queensland PHNs consider that this would, and should, be reduced to some degree by greater information sharing, joint planning processes and

greater use of innovative funding arrangements such as co-commissioning and joint commissioning.

PHNs are separately advocating to the Commonwealth to increase the flexibility of funding arrangements to allow PHNs to better deliver place-based, local responses. Primary care funding directed to PHNs by the Commonwealth is often restricted by defined funding streams, decreasing the ability for innovation, and PHNs are also limited by short funding cycles reflecting government budgetary cycles.

This submission highlights key programs and priorities for Brisbane South PHN and their impact on the Queensland public health system. Recommendations reflect only those relevant to and within the jurisdiction of the Queensland Government, noting the Commonwealth has responsibility for the funding and delivery of primary health care in Australia.

Capacity building and early intervention

Responding to domestic and family violence

Though the devastating impact of domestic and family violence (DFV) is unfortunately well known, acknowledging and responding to DFV as a health issue is a relatively new approach.

Brisbane South PHN's nationally-recognised *Recognise, Respond, Refer* (RRR) program builds capacity in general practice to assist in the early intervention of DFV cases, and has implemented an appropriate referral system to support general practice staff in this work.

Identifying patients who may be experiencing, or perpetrating, DFV and assisting them to access appropriate support may prevent the escalation of DFV cases and reduce the numbers of DFV victims presenting to Queensland Health hospitals and services for intervention or treatment.

The Australian Institute of Health and Welfare found that 29,000 people in Australia (all jurisdictions except WA and NT) were hospitalised for DFV between 2010-11 and 2017-18¹.

The same report found one in eight people who were hospitalised due to DFV had at least one additional hospital stay for DFV. More than 60 per cent of the additional hospital stays occurred within one year.

General practitioners (GPs) or their practice staff in the Brisbane south region can access the RRR Local

Link service, where a dedicated DFV specialist worker provides advice, support and accepts referrals for patients experiencing or at-risk of DFV.

Since the program began, 436 general practitioners and 422 practice staff in the Brisbane south region have completed the RRR foundational training, and nearly 300 patients have been referred to and assisted by the Local Link workers.

Brisbane South PHN is now looking at ways to deliver the RRR program across other primary care workforces, starting with community pharmacies.

The Queensland Government's continued investment in DFV support services and workers will be required to support the increase in referrals as the RRR program becomes well-established in primary care across the region.

Preventing the escalation of DFV cases not only saves lives, but reduces the presentation of severe DFV cases at hospital emergency departments – therefore reducing pressure on already-strained frontline resources.

Early intervention and targeted support for children and families

The Brisbane south region includes some of the most vulnerable communities in Australia. In Logan, there are three communities where 100 per cent of

¹ *Examination of hospital stays due to family and domestic violence 2010-11 to 2018-19*, Australian Institute of Health and Welfare, December 2021

the population are living in the most disadvantaged quintile of the Australian population.

Brisbane South PHN's *Thriving and On Track* (TOTs) program helps at-risk children and their families get the help they need to have the best start in life – wherever they live. We are working with health, education and community partners to collectively improve health and education outcomes of children in our region.

Over a thousand local children have been supported to access health and developmental support, getting them ready for school, and improving their lifelong health outcomes – reducing the chance of these children becoming heavily reliant on Queensland Health services as they grow up.

Improving the health of Queenslanders will have an obvious benefit to the public health system and the capacity of the system as Queensland's population grows and demand increases.

It's therefore critical that all levels of government invest in early intervention programs targeting those most at-risk of poor health outcomes. The TOTs program is a proven model and could be easily transferrable across the state – particularly in regional, rural and remote locations.

Brisbane South PHN is currently engaging with the Queensland Government to explore options for closer collaboration on the TOTs program to ensure its benefits are not lost by duplication of services and effort at a state level.

Addressing medication safety in primary care

Serious medication-related problems (MRPs) can lead to a range of life-threatening issues such as haemorrhage, exacerbation of heart failure, renal

failure or acute asthma, causing unplanned hospitalisations, serious and costly health complications or death.

In Australia, 250,000 hospital admissions and 400,000 emergency presentations were due to potentially preventable medication-related hospitalisations, at a cost of \$1.4 billion per year.

MRPs occur for a range of systemic reasons including:

- i) consulting time constraints of doctors and pharmacists;
- ii) the involvement of multiple prescribers and dispensers in consumer care;
- iii) increased reliance on medications to manage chronic illness (increased complexity of care);
- iv) weaknesses in the recording and presentation of the necessary information in clinical records; and
- v) lack of economic incentives to proactively identify and address MRPs.

Brisbane South PHN is working with the Pharmaceutical Society of Australia, University of Queensland and others to trial a new service to proactively find and, if appropriate, address medicine problems before they cause harm.

The trial is bringing pharmacists, consumers and GPs together to deal with medicine problems, and to find out if the service reduces hospital visits and if it is suitable for clients, health services and pharmacists.

Mental health, suicide prevention, alcohol and other drugs

Joint planning of regional mental health services

Brisbane South PHN works very closely with Metro South Hospital and Health Service to plan and deliver community mental health, suicide prevention and alcohol and other drug services in the region. This work is all about providing accessible services in the community to prevent the likelihood of patients having to access emergency supports at hospitals.

The COVID-19 pandemic has had a considerable impact on demand for mental health services and has accelerated work to improve the coordination and delivery of services.

There is a close working relationship between the PHN and HHS at a regional level, and Brisbane South PHN also works closely with Queensland Health's Mental Health Alcohol and Other Drug Branch, which supports statewide policy development. The Branch has been especially supportive of the Way Back Support Service, a suicide aftercare program delivered by PHNs and worked with us to support the demand for suicide aftercare in the region.

As part of the Commonwealth Government's increased investments in accessible and effective mental health treatment, Brisbane South PHN is seeking to deliver additional services for the communities in our region with the greatest need.

A proposed Adult Mental Health Centre in Logan and proposed satellite services in communities such as the Bayside and Redlands will further support

community mental health treatment needs and reduce the need for crisis treatment and support at the region's public hospitals.

Appropriate referral pathways for primary care

We work in partnership with treatment providers in our community to provide local programs for General Practitioners (GPs) and health professionals to refer patients. Together, our providers work with health professionals to identify treatment services that are best suited to an individual's needs.

The Brisbane South PHN Referral Service is operated by Wesley Mission Queensland and acts as a one-stop-shop for primary care providers seeking advice about patient's needs and treatment options.

A range of service providers are commissioned by Brisbane South PHN to support the mental health, suicide prevention and alcohol and other drug treatment needs of people across the Brisbane south region.

Aged care

Advance care planning

In 2017, the Improving End-of-Life Care Residential Aged Care Residents Initiative was developed by Brisbane South PHN in partnership with the Metro South Palliative Care Service (MSPCS).

The initiative aims to support Residential Aged Care Facilities (RACFs) to provide high-quality end-of-life care for residents and their families, allowing residents to have the choice and the ability to remain in the RACF at the later stages of life rather than being transported to hospital.

The initiative took place over a period of 18 months and was evaluated after this time. For participating RACFs, the proportion of residents transferred to hospital in the last week of life preintervention was 41.3 per cent. Post-intervention this decreased to 25.2 per cent, a statistically significant reduction in terms of hospital capacity and demand. About 30 per cent of the RACFs in the region took part in the initiative.

Brisbane South PHN has suggested to Queensland Health that a permanent rollout of this initiative across Queensland could be considered in the context of the Queensland Health palliative care strategy funding package.

More recently, in 2021 Brisbane South PHN and MSPCS continued their partnership to deliver a Practice Nurse Enhancement Model of care based on the Metro South Health End-of-Life Care Framework.

Improving capacity within primary care to deliver quality and proactive end-of-life (EOL) care supports the preference of most people to die at home. Most people in Australia still die in hospital and have more admissions to hospital and inpatient days in their last six months of life².

The project worked intensively with eight general practices to guide and support them to provide informed advance care planning (ACP) and palliative care to the community whilst ensuring all care is person-centred.

By creating routine procedures for ACP within general practices, capacity for ACP service delivery has been increased. An average of 72.8 ACP conversations occurred each month across the practices in Phase 2 of the Project (April to September 2021 data collection) compared with an average of 53.3 conversations per month in Phase 1 (July 2019-June 2020). The number of ACP discussions remained consistently high when ACP was linked to routine care within the general practice.

Existing software in the practices was used to identify patients that would benefit from a palliative approach and prompt clinicians to commence the EOL framework and ACP discussions.

The project was funded under the Commonwealth Government's Greater Choices for At Home Palliative Care measure.

² Sanders J, Lee C, Reymond L. Greater Choices for At Home Palliative Care Project Phase 2: Final Report.

Aged Care Navigator Trials

As part of the national Aged Care Navigator trials, Brisbane South PHN is working with community organisations to deliver different types of services and activities across the region to help older people learn more about government-supported aged care programs and how to access them.

Services and activities Brisbane South PHN have delivered during the trials include seminars, phone support, and group and individual sessions) for over 7000 older people across the region, in partnership with a number of local services.

- Aged and Disability Advocacy (ADA) Australia
- Donald Simpson Community Centre, Cleveland
- LACOTA at Logan Central Community Centre
- Inala Community House

ADA Australia provides specialist aged care navigation support for the most vulnerable older people, including those at risk of homelessness and those who are socially isolated.

Referrals are received from General Practitioners, social workers, allied health, the Queensland Health Mental Health, Alcohol and Other Drug team, community centres and any other referrer that is concerned about an individual.

Helping older people to access aged care programs for assistance and support reduces their reliance on Queensland Health services and the likelihood of avoidable hospital presentations.

Recommendations

Working together to reform the health system

1. That Queensland Health explore ways to increase collaborative joint planning and co-commissioning efforts to reduce the duplication of services and effort across population-based community health services.
2. That the Queensland Government continue to support efforts to reduce the impact of domestic and family violence in the community and on frontline services by increasing access to specialist support services for primary care referrals.
3. That the Queensland Government consult with or engage PHNs in the design of early childhood development and early intervention programs improving lifelong health outcomes to enhance coordination and effectiveness of services.
4. That the Queensland Government, through its engagement with the Commonwealth on the National Mental Health and Suicide Prevention Agreement, continue its commitment to working collaboratively with PHNs to plan and deliver mental health, suicide prevention and alcohol and other drug services, and explore opportunities for closer and integrative planning work.
5. That the Queensland Government consider the benefits of working with PHNs to deliver Advance Care Planning initiatives that support the capacity-building of RACFs and avoid unnecessary and unwanted hospitalisations at end-of-life.