

WHY IS THIS A HEALTH PRIORITY?

Individuals requiring health care should be able to rely on a system where

clinicians across the various health care settings and support services will have access to relevant, current and accurate information about their health and wellbeing at any point in their health care journey.

A coordinated system also provides an opportunity to minimise Territory-wide duplication of services and resources, reducing costs. ACT PHN plays an important role in facilitating, linking and co-designing activities within primary health care, and across the broader health and social care sectors, to improve coordinated care leading to an improvement in patient satisfaction and overall health.

WHAT ISSUES HAVE WE IDENTIFIED?

In gathering information about how well we utilise the continuum of care in the ACT, a number of issues were highlighted and noted as things to improve.



Sharing of clinical information across care settings

and in particular the handover of post-hospital care. The need for better shared care arrangements between primary and outpatient services to meet demand.



Difficulties in accessing primary care or care in the community/home setting in the after-hours period

including limited access to after-hours primary care in Residential Aged Care Facilities, contributing to presentations to and time spent in hospitals.



Limited access to diagnostic services during the after hours period

highlighted the need for improved consumer awareness of these services after-hours and other after-hours services in the ACT.

WHAT HAS THE DATA TOLD US?



Poor communication between different parts of the health system often results in delays in appropriate treatment or community supports, duplication of diagnostic tests and in some cases re-hospitalisation (ACT PHN, 2018).



Active integration of community and social support networks addressing needs of patients discharged from hospital is one of the top three interventions associated with success in reducing re-admissions (ACT PHN, 2018).



Current growth in demand for outpatient services is unsustainable and requires better defined shared care arrangements (ACT PHN, 2018).



Resources for after hours care could be more effectively targeted and integrated, particularly for urgent care (ACT PHN, 2018).



ACT has a low number of RACF GP visits in the after-hours period compared to the Australian average (MBS data).



There is limited access to diagnostic services during the after-hours period. (ACT PHN, 2018).

TARGET OUTCOMES

To improve the continuum of care in the ACT there needs to be:



An improvement in information being shared across health settings. Healthcare providers should be encouraged to use digital health systems to improve patient care and communication.

Timely access to discharge information for primary care teams would help patients experience a coordinated transition between hospital and primary care.



The quality and appropriateness of referrals to outpatient services requires attention and an improvement would help the primary care workforce feel supported to safely manage patients in the community.



Support is required for general practices and other health care providers **to provide access to after hours care in the primary care setting, particularly for people living in residential aged care settings.**



This would mean **fewer preventable hospitalisations** in the ACT for older people. There is also work to be done with consumers to help them **understand after hours service options** in our region, so they feel supported to access the right level of care at the right time.

WHAT HAVE STAKEHOLDERS TOLD US?



Outpatient communication issues identified by GPs include delays in receiving responses, difficulties in accessing clinicians required and a general sense that the system is overburdened and unable to respond effectively.



There are significant issues with discharge summaries including timeliness, recording of principal diagnoses, complications and medications.



There is a **lack of an effective e-referral system**, too many referral pathways, a lack of shared decision making and clinical feedback is not timely.



It is difficult for RACFs to access primary care during the after hours period, particularly for rapidly deteriorating patients.



Navigating the system and identification of the right service for the patient's needs is a significant barrier to access in the ACT.

References

ACT PHN. (2018). ACT Needs Assessment. Canberra: Capital Health Network.