

**ACT PHN Baseline Needs Assessment Summary** 

2016



# Baseline Needs Assessment 2016 Summary

ACT PHN's Baseline Needs Assessment (BNA) incorporates our continuing research on current issues and emerging trends in the health and wellbeing of the ACT population, in the broader context of the social determinants of health.

As a Primary Health Network (PHN), we are required to conduct a needs assessment of the ACT region. The needs assessment is based on population health and service data and stakeholder views on service gaps, major health concerns and system capacity issues. The needs assessment is part of our annual planning cycle and is a crucial step in the commissioning process.

The BNA underpins our ongoing strategies including collaboration with significant stakeholders such as ACT Health, peak bodies and consumer organisations



Prof Gabrielle Cooper Chair



Gaylene Coulton
Chief Executive

#### **Major Issues**

- 1. Improving transitions of care between the acute, sub-acute and primary health care sectors and preventing avoidable hospitalisations, particularly for older people.
- 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. In addition, there is lack of consistency in discharge planning processes and variable access to outpatient services leading to sub-optimal management in particular conditions or delayed diagnosis.
- **Need for** improved communication between clinicians, improved patient transitions between services and improved health outcomes in the management of chronic complex conditions.
- **Need for** improved quality and appropriateness of referrals to outpatient services.
- 2. Improving identification, assessment and management of people with chronic disease and people at-risk of developing chronic disease.
- 12.9% of GP-attenders are responsible for 41% of Medicare expenditure.
- GP Management Plans and Team Care Arrangements in the ACT are undertaken at only 47% the national per capita rate.
- Chronic Disease Management podiatry and physiotherapy referrals through the MBS are at only 18% and 23% of the national per capita rate.
- High GP-users tend to have more chronic conditions, lower levels of health literacy and greater levels of disadvantage than low-attenders; and they need multi-disciplinary and coordinated care to address health needs.
- Need to increase the capacity of general practice, in relation to early identification of chronic conditions, assessment and intervention.
- Need for shared and coordinated care is critical as ineffective management of chronic conditions leads to worse health outcomes and higher cost.
- Need to work with individuals, families and the extended chronic care team to address risk factors, strengthen
  protective factors and provide comprehensive care.

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# 3. Improving access to primary health care for Aboriginal and Torres Strait Islander people by addressing not only physical or geographical access but also economic, social and cultural dimensions.

- Aboriginal and Torres Strait Islander children and youth are over-represented in statistics that include living in poverty, statutory child protection, out-of-home care, juvenile justice and leaving school early, compared to their non-Indigenous peers
- Significantly more Aboriginal and Torres Strait Islander people in the ACT reported fair to poor health (20%) compared to non-Indigenous Australians (12.5%).
- Almost one-third of Aboriginal and Torres Strait Islander people in the ACT reported having a high level of psychological distress, a rate 3.4 times higher than the non-Indigenous population.
- The ACT rate of hospitalisation for principal diagnosis of mental health related conditions for Aboriginal and Torres Strait Islanders is 2.3 times higher than non-Indigenous Australians.
- Aboriginal and Torres Strait Islander patients and families experience barriers when trying to access mainstream primary health care services.
- Need for an integration of early childhood services across health and community services.
- Need to improve social, emotional and cultural wellbeing as this is critical to reducing higher levels of morbidity and mortality from mental illness, psychological distress, self-harm and suicide.
- **Need to** develop a whole-of-system and whole-of-person approach to improving access to primary health care for Aboriginal and Torres Strait Islander people
- 4. Ongoing need for outreach primary health care services and support of the primary health care workforce to deliver more inclusive, accessible and appropriate care to all residents of the ACT.
- Vulnerable people encounter substantial barriers to accessing mainstream primary health care services
- Poor access to primary health care services can lead to delayed clinical presentation, increased reliance on emergency departments (ED) and higher rates of hospitalisation, often for preventable conditions.
- **Need for** appropriate usage of interpreters for people with a culturally and linguistically diverse (CALD) or refugee background.
- **Need to** increase LGBTIQ inclusive referral options and reduce access barriers to a health service sector which can often be very heteronormative.
- **Need for** the provision of tailored, high quality access to primary health care services for people who are homeless or at risk of being homeless.

# 5. A more pro-active role for general practice in screening, risk assessment and referral of people experiencing domestic and family violence.

- In 2012, around 8,900 ACT women had experienced some form of violence in the 12 months prior to the survey; 6,900 had experienced physical violence and 3,200 had experienced sexual violence.
- Exposure to domestic and family violence leads to poorer physical health overall, compared with women who have not experienced violence, and increases the risk of women developing a range of health problems. Domestic and family violence is the most often cited reason for women presenting to specialist homelessness services seeking assistance.
- Need to facilitate training sessions and skills development for GPs and other
  primary health care providers so that they are well informed about how to talk
  to clients experiencing domestic and family violence.

# 6. Improving access to GP support for older people in residential aged care facilities and avoidable referrals to ED and subsequent hospitalisation.

- Older people constitute around 36% of hospital admissions and 18% of ED presentations.
- Between 2004-2013, the proportion and rate of ED presentations for older persons in the ACT increased by 14.4%, with the increase driven by those 85 years and over.
- The rate of home medicines reviews at 59% is well below the national average.
- **Need to** improve admission and discharge planning and communication processes, particularly for older people.
- **Need to** transform current service models to meet the needs of older people when they deteriorate rapidly.
- Need to improve the integrity and uptake of advance care planning across care setting interfaces.

### 7. Need for more appropriate, evidence-based early intervention and prevention based services for people experiencing mental ill health.

- Mental health and behavioural disorders affect approximately 15.5% of the ACT population.
- The ACT has higher rates of contact with community mental health services compared to other states.
- In 2014, 38 people in the ACT died by suicide, with a rate of 9.2 per 100,000 population over a five year period (2010-2014), while this is lower than the national average, the rate of deaths as a result of suicide over the last decade has remained constant.
- Need to increase services focusing on psychological interventions for people with moderate to severe presentations.
- **Need to** improve integration between primary mental health care services and tertiary services and increase community based support services for people discharged from hospital following a suicide attempt.

#### 8. Unmet need and demand for specialist Alcohol and Other Drug (AOD) treatment and support services for the ACT region.

- There has been an increase in the prevalence of dependent illicit drug users, particularly in relation to metamphetamine.
- The proportion of treatment episodes in the ACT involving alcohol is by far the highest at 47% while episodes involving heroin at 11% are above the national average.
- 25% of the current ACT AOD treatment population identify as Aboriginal and Torres Strait Islander people.
- Need for culturally safe treatment and support for Aboriginal and Torres Strait Islander people.
- **Need to** increase specialist AOD treatment and support services in the ACT, following a significant increase in demand over the past five years.

#### 9. Need to target population cohorts in the community that experience difficulty in getting urgent after hours care and increase awareness of what services are available for what circumstances.

- When lower acuity ED presenters (GP-type patients) were asked about their knowledge of available after hours services, there were significant gaps in awareness (e.g. less than half of participants were aware of extended hours general practice).
- The highest proportions of potentially avoidable presentations to EDs are in the 0-4 year old and 18-24 year old age groups.
- Need to improve connectivity between various services that deliver after hours primary care in the ACT.
- **Need to** improve after hours care service accessibility for certain groups (e.g. Aboriginal and Torres Strait Islander people) in terms of costs and location.
- Need to improve access to diagnostic services outside of EDs during the after hours period, as currently they are unavailable.





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