National PHN Allied Health in Primary Care Engagement Framework

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An Australian Government Initiative

All PHNs support the development of this Framework and have contributed through consultation input.

Hunter New England and Central Coast Primary Health Network (HNECC PHN) was the lead for this initiative, with key input from other members of the Steering Team for Allied Health in Primary Care Engagement Framework (STAHF). STAHF members include Central Eastern Sydney PHN, Eastern Melbourne PHN, Nepean Blue Mountains PHN, North Queensland PHN, Sydney North PHN, Primary Health Tasmania, Western Sydney PHN, Western NSW PHN, and Western Queensland PHN.

The Framework has been developed and refined by drawing on insights and perspectives gathered through an extensive consultation process with a range of stakeholders including allied health professionals, allied health Peak Bodies, First Nations stakeholders, PHNs and Department of Health representatives.

Primary Health Networks acknowledge all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.

FIRST NATIONS HEALTH

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INTRODUCTION

A greater focus on the Allied Health professions as part of primary health care is essential to improving access, outcomes, integration, safety, quality and cost-efficiency across the health system. This has been highlighted by the pandemic, with Australia's Primary Health Care 10 Year Plan 2022-2032 (the 10 Year Plan) recognising a greater focus on Allied Health as a key foundation for reform.[1]

However, Primary Health Network (PHN) engagement with the Allied Health sector (the sector) is varied, constrained by funding, capacity and policy direction that have remained largely and purposefully focused on general practice. With clear leadership and appropriate resourcing, there is an opportunity for PHNs to play a key role in supporting the sector as an important part of an integrated patient-centred health system, driving forward the objectives of the 10 Year Plan, including the shift towards a wellbeing system and a focus on prevention. This aligns with and complements other PHN policy advice such as the "Strengthening Medicare and investing in Primary Health Care: a Roadmap for Reform" paper.[2]

A SHARED LEADERSHIP APPROACH

The Federal Government Department of Health (the Department) is looking to optimise the development and utilisation of high-quality Allied Health services in primary health care, as part of the broader ambitions of the 10 Year Plan. There is an opportunity for PHNs and the sector to come together with Federal and State/Territory health departments to create a stronger shared leadership approach, identify and progress shared agendas, and leverage the investment and innovation underway across different parts of the system. In the context of unprecedented workforce challenges, this is a key opportunity to work together to optimise utilisation of the existing workforce. The fragmentation of the primary care sector and the interrelationships and dependencies involved create an additional layer of complexity and highlight the need for shared leadership.

This Framework builds on research demonstrating the value and cost efficiency of Allied Health services,[3] the opportunities created by the COVID-19 pandemic,[4] and practical strategies for improving access, quality and distribution of Allied Health services in rural and regional communities.[5] While an important foundation has been laid, with this and other work led by sector Peak Bodies, PHNs and Federal and State/Territory health departments, shared leadership is needed to drive further progress and increase connectivity across the health system.

There is a need for clear policy direction and agreement around the inclusion of Allied Health in PHN deliverables, and dedicated funding streams to support this program of work. This will enable PHNs to leverage their unique role in the primary health care system to support the development and utilisation of high-quality services and drive progress towards the broader ambitions of the 10 Year Plan. There is a significant appetite to do so, with appropriately resourced PHNs well positioned to play this role. Building on the experience and strength of PHNs in commissioning and coordinating mental health services, there are opportunities for PHNs to engage with a broader range of Allied Health services. However, without clear policy direction, alignment of the PHN Program Performance and Quality Framework,[6] and adequate resourcing, PHNs' capacity for engagement with the sector will be constrained, and the growing momentum may be lost. This is a critical moment to build towards a primary health care system that harnesses the role of Allied Health to deliver value and contribute to improved health outcomes for all Australians.

A NEW NATIONAL ENGAGEMENT FRAMEWORK

The National PHN Allied Health in Primary Care Engagement Framework (the Framework) seeks to define the scope and role of PHN engagement with Allied Health, in line with the above shared leadership approach. It is structured around six key priority areas:

1. Nationally-led collaboration: creating shared leadership between Allied Health and PHNs at a national level and strengthening mechanisms for coordination across PHNs and with State/Territory level stakeholders
2. Governance and culture: driving a cultural shift towards a greater recognition of the role and value of Allied Health in primary health care, reflected in strengthened Allied Health input into PHN governance and decision-making
3. Practice engagement: developing an approach to identify key business support areas of need, focusing on relationship building and communication between sectors and identifying opportunities for joint education and training to fill knowledge gaps required for PHN teams to provide meaningful support to Allied Health practices
4. Data, quality, and digital maturity: building and sharing the evidence base on Allied Health care outcomes and impact, developing standards-based data sharing to support quality and consistency of care, and working with stakeholders to advocate for and support better integration of Allied Health into data and digital systems
5. Workforce and access to Allied Health care: collaborating with Federal, State, Allied Health, and education stakeholders (across health and adjacent sectors including disability and aged care) to develop and implement strategic approaches to workforce planning and development based on health needs and service gaps, and optimising utilisation of the existing workforce
6. Integration, models of care and funding: supporting models of care activities, HealthPathways and systems that better connect and integrate Allied Health with other parts of the health sector, utilising commissioning levers to support integration and focus on outcomes-based funding

Each key priority area includes a set of opportunities for improved PHN engagement with Allied Health. The Framework identifies both the foundational requirements for engagement and additional opportunities for leading practice related to each opportunity. This approach reflects the commitment to a more consistent and effective engagement with the sector across the network, while recognising the constraints of current resourcing arrangements and the different needs, priorities, and capacities of PHNs across Australia.

RECOMMENDATIONS

The core recommendations underpinning the Framework are outlined below, the most significant opportunity is to optimise a willing and highly capable workforce at a time of unprecedented workforce shortages:

1. Establish a National collaborative leadership forum between Allied Health peaks and PHNs, to enable collaboration and set and progress a shared agenda, working with State/Territories to achieve this
2. Drive an increased focus on prevention and early intervention, commit to building understanding of the contribution Allied Health makes to population health outcomes, and build the involvement of Allied Health in PHN governance and ways of working. Work with Allied Health peaks to demonstrate and communicate the outcomes and impact of Allied Health services, and their vital role in primary health
3. Invest in building practice engagement expertise and capacity at PHN level to support Allied Health practices. This is a key enabler for PHNs to play a practical and effective role in building tools and resources to support Allied Health to deliver high quality and integrated care to populations
4. Invest in National digital infrastructure, including nationally agreed software standards, to enable Allied Health Professionals to connect into primary care digital systems and contribute to the leadership and health outcomes of primary care
5. Adapt commissioning processes to take into consideration the scale and nature of Allied Health, and to encourage local provision and models that support a sustainable workforce. This approach recognises that investment in the rural health economy is vital for sustaining health population outcomes
6. Design and implement a National PHN toolkit that supports capability development for Allied Health Professionals, and includes business skills, funding mechanisms, orientation to local needs and requirements and integration into primary care and referral systems

ROLES OF PHNS IN SUPPORTING ALLIED HEALTH

There are a range of roles PHNs could adopt or expand in relation to more effective engagement with the sector. These have been jointly identified by PHNs and the sector and include:

- Leadership on prevention: driving an increased focus on prevention in primary health care, including through education, commissioning, promoting a culture shift internally, and influencing general practice.
- Joint planning and coordination: leveraging the unique role of PHNs to facilitate coordination between Federal, State/Territory, Allied Health, and other stakeholders (across health and adjacent sectors) to develop joint approaches to key challenges facing the sector, for example, workforce development and data standards.
- Advocacy and representation: supporting the full integration of Allied Health in primary health care systems and structures. This includes advocating for the direct representation of the sector in all relevant forums and working in partnership with sector Peak Bodies to amplify the voices of Allied Health when engaging with Federal, general practice, and other stakeholders.
- Education: increasing understanding of Allied Health professions and processes through internally and externally focused education and awareness activities and creating opportunities for joint continuing professional development (CPD) activities.
- Facilitating two-way information sharing: through strengthening utilisation of existing communication channels (e.g., PHN newsletters and websites), identifying new channels (e.g., sharing information through accreditation and Peak Bodies' websites and email lists, and vice versa), and creating and promoting online resource repositories.
- Practice engagement: providing support on business skills, assistance in meeting regulatory and quality requirements, and support with technology to enable data and digital connectivity.
- Research: sharing findings to support evidence-based practice and facilitating research partnerships (through bringing together providers, universities, consumers, and other stakeholders).

While there are areas of potential overlap with the role of sector Peak Bodies, the level of need and complexity requires a joint effort, leveraging the particular strengths, capacities, and networks of both PHNs and Peak Bodies. There are exciting opportunities for linkages and collaboration across all key priority areas, including opportunities for PHNs and Peak Bodies to work together on advocacy, research, and education on Allied Health professions. The Australian Allied Health Leadership Alliance (AAHLA) is a key forum for the sector to come together with an implementation group of the PHN Cooperative to identify and progress opportunities for collaboration.

The role of the Department is key in the delivery of the Framework. The Department has a unique leadership role in setting policy with the sector and the PHN program, as well as prioritising funding to support the Framework including data and digital support (through the Australian Digital Health Agency), workforce investment and practice engagement.

WHAT NEEDS TO HAPPEN

For PHNs to take on an enhanced role with Allied Health, this will require endorsement by the PHN Cooperative, the AAHLA and support by the Department so all three parties are committed to the leadership direction.

It is recommended that the Department:

- Leverage the existing national infrastructure of the 31 PHNs to improve Allied Health-centred initiatives
- Support PHNs through funding to take on additional activities related to Allied Health and resource increased capability development

As part of this initial endorsement, it is proposed that an inaugural joint meeting between an implementation group of the PHN Cooperative and AAHLA takes place, with the endorsement and socialisation of this paper and the Framework being the focus of the joint meeting. The arrangements governing the ongoing commitment to continued leadership collaboration are expected to be discussed shortly thereafter. It is anticipated that the socialisation and implementation of the Framework will be led by the implementation group of the PHN Cooperative and AAHLA jointly once it has been endorsed by both parties.

THE FRAMEWORK

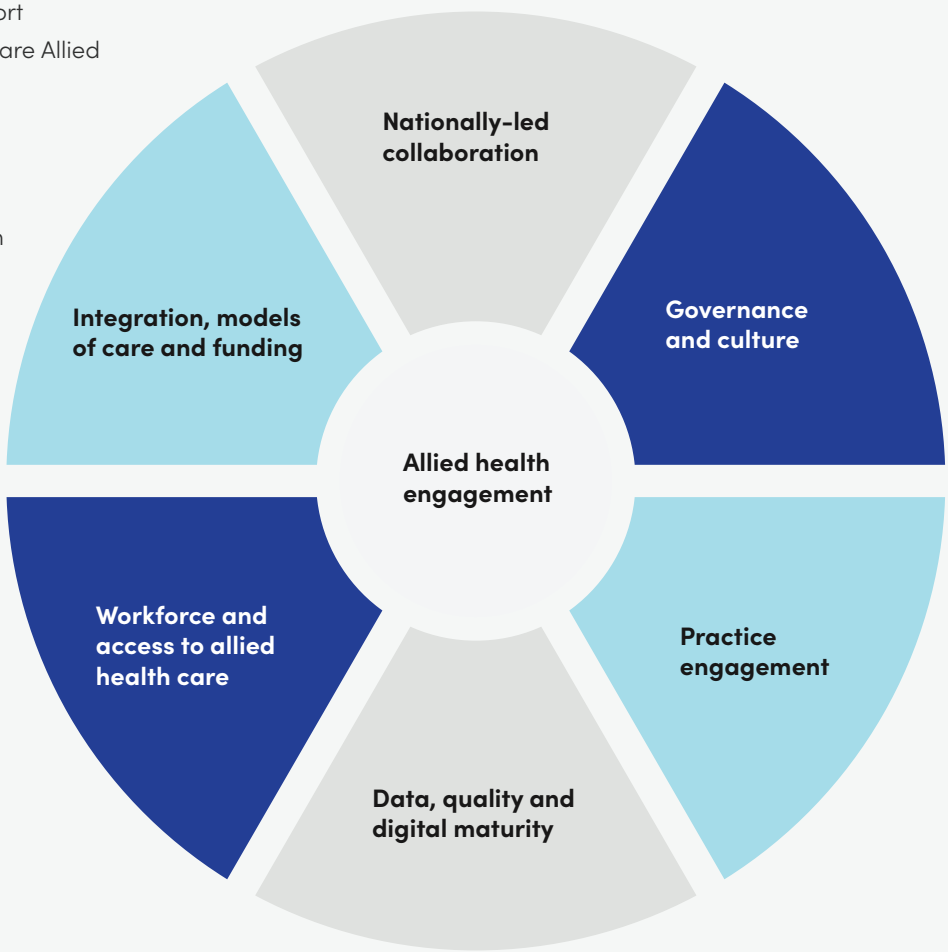
This Framework was developed in response to increased engagement with the Allied Health sector (the sector) that arose during COVID-19, when the need for engagement guidelines became evident. It calls for the Federal Department to utilise the existing national infrastructure and expertise of the 31 PHNs by investing appropriately in their capacity to realise the vision of increased participation and engagement of Allied Health in the primary health care sector. It seeks to add to existing General Practice support mechanisms and strengthen the Primary Health Care 10 Year Plan. The development of this Framework was informed by meaningful engagement with a broad range of stakeholders, including sector Peak Bodies, First Nations Peak Bodies, practitioners, Federal and State/Territory stakeholders and PHNs. The engagement process included an online survey, focus group discussions, roundtable discussions, individual interviews, and a final workshop to share and validate the key findings and themes. The Framework serves as a foundation for defining a clear role for PHNs to engage with the sector, identifying what support and engagement should involve moving forward. It has been developed to:

- Enable a consistent approach to support efficient and effective Primary Healthcare Allied Health service delivery to communities
- Define roles and approaches for engaging with Allied Health
- Drive change to increase collaboration between Allied Health and PHNs.

The Framework identifies six key priority areas for increasing collaboration between PHNs and the sector, as illustrated in the diagram below. It is intended to support an ongoing process of strengthening PHN engagement.

The Framework is designed primarily for use by PHNs, with implementation at PHN level to be guided by the sector and other stakeholders. Recognising that there is no universally accepted definition of Allied Health, the Framework takes a broad and inclusive approach, widely aligned with the Australian Government Department of Health delineation.[7] The Framework encourages PHNs to take a broad and pragmatic approach to engaging with the sector, based on community needs and the diverse range of professions that are (and can be) involved in meeting them.

Activities listed in the Framework include those which can be undertaken within core PHN funding, as well as those likely to require additional funding. It is important to note that the achievement of some items outlined in the Framework will require significant investment.



In line with the 10 Year Plan

NATIONALLY-LED COLLABORATION

Strengthening nationally-led collaboration between PHNs and Allied Health (AH) will be key to driving reform in line with the 10 Year Plan. There are three areas of opportunity for strengthening nationally-led collaboration. Firstly, an opportunity for shared leadership between PHNs and the sector, including through the AAHLA. Secondly, there is an opportunity to facilitate greater collaboration among PHNs to enhance advocacy on national issues and more efficiently and effectively progress shared priorities. Finally, there is an opportunity for greater coordination with State/Territory forums and stakeholders, to support joint planning and more efficient utilisation of available resources.

The below key illustrates indicative resource requirements for activities outlined in the Framework, and highlights National-level actions throughout:

KEY			
✓ Potential to do within PHN's core funding	☐ Additional funding required	❖ Significant investment required	✪ National-level collaborative action

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
AH Sector and PHN shared leadership	☐ Undergoing strategic planning of Allied Health in primary care between the national PHN Cooperative implementation group and the AAHLA ✪ ✓ Engaging with key forums, including the Australian Government's Chief Allied Health Officer's Allied Health Industry Reference Group and the AAHLA, to facilitate collaboration on shared priorities ✪ ☐ Developing formalised mechanisms for two-way communication and collaboration between PHNs and the Allied Health sector at sub-national level, building on existing rural-focused coordination between Services for Australian Rural and Remote Allied Health (SARRAH) and groups of rural PHNs	☐ Annual strategic planning between the national PHN Cooperative implementation group and AAHLA to continue annual joint activity plans ✪ ☐ Identifying and progressing opportunities for collaboration between PHNs and Allied Health Peak Bodies on specific projects of mutual benefit (e.g., building the evidence base on outcomes and impact) ✓ Pursuing opportunities for collaboration on a shared agenda between the PHN Cooperative implementation group and Indigenous Allied Health Australia (IAHA), which may include supporting training and pathways, promotion of AH careers, and business support for practices. ✪
Enabling greater collaboration between PHNs	☐ Developing and strengthening mechanisms for information sharing across PHNs, in order to leverage learning and innovation by individual PHNs and reduce duplication of effort, and more efficiently and effectively progress shared priorities. This may include: ✪ › Developing and utilising systems and processes for sharing resources, learning and good practices across the network e.g., Community of Practices related to Allied Health, agreements on sharing evaluation reports › Identifying opportunities for bilateral and multilateral partnerships between PHNs to develop shared materials and trial models of care	☐ Exploring options to formalise the role of the implementation group of the PHN Cooperative and/or increase its administrative capacity, to more fully enable a 'one network' approach to national collaboration with Allied Health ✪ ☐ Expanding existing arrangements for pooling resources across PHNs to facilitate two-way communication and relationships with Allied Health Peak Bodies at national level ✪

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
State/Territory led engagement	✓ Engaging with State/Territory-based advisory forums to promote opportunities for shared working across primary care and the public health system for Allied Health	✓ Pursuing coordination and joint planning with State/Territory health departments on areas of intersection between private health and state supplemented care, including opportunities to reduce duplication and gaps, and to increase utilisation of existing resources including in the aged care and disability sectors

GOVERNANCE AND CULTURE

Changes to PHN governance and culture are a foundational element of the Framework, with the potential to unlock and drive progress across all thematic areas, as well as directly enable stronger engagement with the sector. These governance and cultural shifts not only equip PHNs to more fully value and utilise Allied Health, but they also create an opportunity for PHNs to take a leadership role in promoting the broader shift from a focus on illness and treatment to a focus on wellbeing and prevention in the primary health care system, in line with the ambitions outlined in the 10 Year Plan.

The first area of opportunity is increasing sector involvement at all levels of governance, recognising that Allied Health professional skills are not always present in PHN governance structures. Greater inclusion of Allied Health in governance structures will strengthen the capacity of PHNs to respond to community needs and support mental health programming, integration, and multi-disciplinary approaches. Increased involvement of the sector will also be critical in the transition to a primary health care system more focused on prevention and wellbeing. A second area of opportunity relates to facilitating involvement across all areas of PHN activity according to local needs, including education, commissioning, and multidisciplinary team care. The third area of opportunity is supporting a cultural shift towards a greater recognition of the role and value of the sector in primary care.

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AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Strengthening Allied Health input into PHN governance	✓ PHN-level leadership on incorporating Allied Health into governance and decision-making structures, recognising, and communicating this as integral to the system ✓ Reviewing governance structures to identify gaps in Allied Health involvement, and making positive choices to involve Allied Health in PHN governance, strategies, and activities ✓ Designing culturally safe and effective governance practices and structures	✓ Establishing and more fully utilising Allied Health advisory forums within PHNs, to inform strategic planning and program design ✓ Exploring opportunities to shape and broaden governance practices, structures, priorities, and ways of working to support and inspire Allied Health to participate, add value and succeed ✓ Where governance roles are specified for Allied Health, designing selection processes to target those able to take a broad Allied Health perspective, rather than a single-profession focus

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Decision making input from Allied Health across all areas of PHN activity	✓ Embedding Allied Health across PHN structures and functions, including those linked to education, commissioning, and multidisciplinary team care. This may include: › Greater engagement of Allied Health in consultation processes › Promoting greater Allied Health involvement and decision making in commissioning processes, including through engagement as procurement panel members, providing input into tender development, and/or reviewing applications › Promoting commissioning opportunities open to Allied Health more broadly, including through Allied Health Peak Bodies, and providing more information and support to potential applicants on the process to increase accessibility	✓ Establishing multidisciplinary education programs, with Allied Health involved in the design and implementation ✓ Pursuing targeted communication and coordination with Allied Health Peak Bodies in relation to specific opportunities and issues, supported by a contact list to be shared between Allied Health Peak Bodies and the implementation group of the PHN Cooperative
Cultural shift towards a greater recognition of the role and value of allied health in primary care	✓ Clear and consistent leadership and messaging at all levels on the vital role of Allied Health in primary care and the need for greater integration of Allied Health across all areas of PHN activity ✓ Reviewing PHN internal and external communications to ensure it reflects a focus on primary care as a whole, including Allied Health. □ Educating PHN staff on Allied Health professions, priorities, funding mechanisms and ways of working ✓ Advancing Allied Health referral points for GPs through HealthPathways ✓ Committing to continuing to improve cultural safety within PHNs and in commissioned Allied Health services, in line with the PHN and ACCHO guiding principles.[8] Strategies to improve cultural safety should be developed in partnership with First Nations people, seek to go beyond awareness training, and may include use of commissioning levers to promote cultural safety and responsiveness. [9]	✓ Taking a leadership role in promoting a cultural shift in the primary health care sector, from a focus on illness and treatment to a focus on wellbeing and prevention. This may include identifying opportunities to learn from ACCHOs, Allied Health and others to drive this shift internally, as well as opportunities to influence general practice and commissioned service providers ✓ Encouraging GPs to participate in multidisciplinary team (MDT) training and promoting education and reference resources on the role and scope of Allied Health professions to GPs ✓ Embedding Aboriginal and Torres Strait Islander knowledge and perspectives in Allied Health outcomes, frameworks and education programs, including learning from holistic understandings of health and wellbeing

PRACTICE ENGAGEMENT

PHNs and the sector collectively recognise that if PHNs are to have a proactive and consistent role in supporting the diverse needs of Allied Health professionals and the large number of private practices, then additional funding will be required to support this activity. PHNs are not currently resourced to undertake practice engagement functions with Allied Health, as to date practice engagement has been funded to support general practice in the main. A number of PHNs have optimised core funding to provide support to the sector in particular through the pandemic, so there is a growing interest and expectation for PHNs to provide this service. Three core areas of opportunity have been identified for how PHNs could offer support to assist with maximising clinician patient facing time and evidence base of care. These include building a national toolkit for practice support for Allied Health practices, relationship building across the primary health care sector and providing ongoing training and continuous professional development for the sector.

KEY			
✓ Potential to do within PHN's core funding	◻ Additional funding required	❖ Significant investment required	✪ National-level collaborative action

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Build a national toolkit	❖ Building a national toolkit to provide resources to support Allied Health practices. This toolkit to potentially include:✪ › Business skills, how to access and utilise funding models to support practices, where to find relevant information about the PHN and the region's needs › Local information to connect with other primary health care professionals and referrers, leadership and learning opportunities, capability building opportunities in the PHN region › Access to resources and services offered by other stakeholders, including Allied Health Peak Bodies	❖ Providing direct, customised support to Allied Health practices to assist them to meet regulatory and quality requirements (e.g. NDIS certification) ❖ Technology support to enable data and digital connectivity
Relationship building and communication	◻ Systematically incorporating resources, news, and opportunities relevant to Allied Health into core communications (e.g., PHN newsletters, websites, social media) ◻ Proactively increasing the reach of PHN communications among Allied Health. This may include establishing new two-way communication channels, including information distribution through Allied Health Peak Bodies, and encouraging Allied Health Peak Bodies to share relevant information for inclusion in PHN communications	◻ Developing, supplementing, updating, utilising and/or sharing directories of Allied Health providers operating in each region, encouraging Allied Health providers to register with the National Health Services Directory (NHSD) wherever possible ✓ Sharing PHN organisational chart and/or contact information for specific focal points, to enable Allied Health to easily identify and contact relevant PHN staff

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Education and training, including internal training needs	☐ Identifying knowledge gaps (e.g., Allied Health funding mechanisms) and training required to enable practice engagement teams to provide meaningful support to Allied Health ☐ Increasing Allied Health access to and utilisation of training opportunities and resources, through collaboration with Allied Health Peak Bodies and other partners. This may include sharing resources on cultural safety, in collaboration with First Nations Peak Bodies ☐ Identifying opportunities for joint education and training, bringing together GPs, Allied Health, and other healthcare professionals	☐ Leveraging existing training resources and collaborating with Allied Health Peak Bodies and State/Territory partners (including through joint and partner-led trainings) to address the identified knowledge gaps, while also building relationships ☐ Creating internal capacity building opportunities, such as PHN staff training on Allied Health and its role in primary healthcare

DATA, QUALITY, AND DIGITAL MATURITY

Progress on data quality and digital maturity is an important enabler of consistency of quality care, safety, value-based care, and continuous improvement. Recognising that many of the factors that constrain progress in this area are beyond the remit of PHNs, the first area of opportunity relates to advocacy and strategy. The second area of opportunity centres on standards-based data sharing, to support quality and consistency of care. Finally, there are important opportunities for PHNs to work together with Allied Health on demonstrating and communicating the outcomes and impact of the sector on population health

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AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Strategy and advocacy	◻ Supporting the role of the Department of Health in and collaborating with Allied Health sector and other key stakeholders on advocacy for: ✪ › Nationally agreed software standards and minimum data sets › Funding to support Allied Health integration into primary healthcare digital systems, including My Health Record (MHR), secure messaging and NHSD › Inclusion of self-regulated Allied Health in major Australian Institute of Health and Welfare (AIHW) and Australian Bureau of Statistics (ABS) collections	◻ Supporting the role of the Department of Health in designing and implementing an overall data strategy for Allied Health, aligned with the Australian Digital Health Agency's (ADHA) Strategic Interoperability Report and Framework [10] ✪
Develop standards-based data sharing to support quality and consistency of care	✓ Collaborating with the Australian Digital Health Agency (ADHA) and Department of Health to provide information to Allied Health practices on which software platforms enable integration with primary healthcare digital systems to the extent currently possible ✪	❖ Demonstrating the value and utilisation of standard data sets, including through releasing PHN based reports specific to Allied Health activity and enabling linkages to other data sets, such as preventable hospitalisations data ✪ ❖ Expanding PHN data extraction and warehousing capacity to include Allied Health ✓ Identifying Allied Health champions to support standardised data collection and increase digital uptake by practices ◻ Supporting projects which enable coordinated care through digital technologies (once the interoperability plan and framework is in place through the ADHA)

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Data to demonstrate impact and quality	✓ Continuing the shift towards outcome-based commissioning, including supporting commissioned providers to demonstrate quality and outcomes (as well as occasions of service) through effective use of data	☐ Sharing research findings and case studies to promote evidence-based, quality practice, and communicate the value of Allied Health, including as part of team-based care approaches

WORKFORCE AND ACCESS TO ALLIED HEALTH CARE

Addressing workforce shortages and improving access to Allied Health requires shared leadership on data-driven, holistic approaches. The first area of opportunity relates to workforce planning and development based on health needs and service gaps. Secondly, there are opportunities to work together to optimise utilisation of the existing workforce. Finally, PHNs have an opportunity to leverage their role as commissioners to promote effective use of the sector workforce.

KEY			
✓ Potential to do within PHN's core funding	◻ Additional funding required	❖ Significant investment required	✪ National-level collaborative action

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Workforce planning and development based on health needs and service gaps	❖ Collaborating with key stakeholders to develop a national Allied Health Workforce Plan as a core guide to workforce development for PHNs ✪ ◻ Sharing existing needs assessment data more widely (e.g., circulating through Allied Health Peak Bodies and accreditation bodies) ✓ Strengthening capture of Allied Health needs and workforce capacity data as part of needs assessment and planning processes, in order to identify gaps and better utilise the existing workforce	✓ Advocating for funding to address identified Allied Health workforce shortages (e.g., funding for graduate placements in rural areas, funded training pipeline, targeted incentive schemes) ✪ ◻ Promoting primary care Allied Health careers to high school and university students, especially in rural and regional areas ◻ Using a range of funding mechanisms, including commissioning levers, to support new graduate placements and for perpetuating student intake ✓ Promoting collaborative and innovative strategies to increase system-level capacity for supervision of student placements, including exploring opportunities for oversight from the public health system ✓ Supporting Aboriginal and Torres Strait Islander Health Workers by encouraging use of other funding sources such as supplementary services
Optimising utilisation of the existing workforce	◻ Creating or supporting Communities of Practice on areas of shared interest (e.g., long Covid, aged care, disability, mental health, first 2000 days etc), to promote collaboration and greater utilisation of the full range of Allied Health professions ✓ Advocating for Allied Health professionals to work across public and private sectors, and opportunities for expanded scope ✓ Promoting the utilisation of Allied Health Assistants, noting that they can provide valuable on the ground support in rural and regional areas, and for Allied Health in aged care	◻ Enabling Allied Health Peak Bodies to promote awareness within PHNs of the full range of Allied Health professions This may include supporting Allied Health Peak Bodies to develop/update a compendium outlining the role and scope of each Allied Health profession, to be used by PHN staff, general practice, and other health professionals ✪ ✓ Leveraging data collection processes to identify opportunities to facilitate workforce sharing arrangements e.g., combining part-time positions into viable FTE roles

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Commissioning for effective use of Allied Health workforce	☐ Leveraging contracting requirements for commissioned services to support workforce development and enable quality care, including by: › Building training and supervision needs into contracts › Encouraging the use of local workforce › Supporting Aboriginal and Torres Strait Islander employment and workforce development › Consider commissioning team-based models of care › Strengthening requirements to demonstrate outcomes	✓ Working to simplify tender processes where possible, to reduce barriers for smaller providers ☐ Providing training on tendering for commissioned services

INTEGRATION, MODELS OF CARE AND FUNDING

Further integrating Allied Health into models of care in a primary health care setting is critical in providing cost effective, efficient services, and contributing to overall better patient outcomes. In particular, there are important opportunities to better utilise Allied Health in reducing the burden of chronic diseases. To integrate Allied Health into models of care most effectively, strong leadership and strategic planning are needed from both the sector and PHN perspective, along with investing in strengthening relationships between PHNs, Allied Health, GPs, state government Local Health Networks/ Districts (LHN/Ds) and the sector Peak Bodies. This will be best achieved through emphasising funding arrangements that enable integrated care, utilising commissioning as a lever for integration and reducing the reliance on GP-only models of care where evidence-based multidisciplinary team care approaches are recognised as more appropriate.

KEY			
✓ Potential to do within PHN's core funding	☐ Additional funding required	❖ Significant investment required	✪ National-level collaborative action

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Leadership and governance	✓ Increasingly involving Allied Health in the design and implementation of integrated care models ☐ Integrating Allied Health into Health Pathways, building in prevention and secondary prevention models	✓ Demonstrating leadership and providing policy direction for increased focus on prevention ✓ Identifying opportunities for increased integration of health and social services, and collaborating with Allied Health and other stakeholders to progress them ☐ Utilising PHN Allied Health Reference/Advisory Groups to guide the effective and ongoing involvement of Allied Health in new models of care and opportunities for integrate into Health Pathways ☐ Developing standardised referral pathways or Clinical Practice Groups (CPG) to ensure that within a PHN region, clinicians can access the right care regardless of profession
Investing in relationships and networks	✓ Continuing to build relationships with State/Territory health department Allied Health leadership to support effective models of care in the community and linkages into hospital ✓ Adding Allied Health Peak Bodies to PHN distribution lists, to support identification of opportunities for collaboration	☐ Strengthening relationships between PHNs, Allied Health, GPs, LHNs and Allied Health Peak Bodies through creating and utilising networks (including Communities of Practice based on specific focus areas) ☐ Organising and attending Allied Health specific networking, conferences, or events to support practitioners

AREA OF OPPORTUNITY	FOUNDATIONS FOR ENGAGEMENT	LEADING ENGAGEMENT / FUTURE AMBITIONS
Demonstrating the value of Allied Health to referrers and other stakeholders	✓ Educating and informing GPs on the value of Allied Health in integrated care models and informing referrals through Health Pathways ✓ PHN Cooperative implementation group curating and championing on an ongoing basis case studies to demonstrate the benefit of Allied Health models of care ✪	✓ Incentivising and supporting the collection of outcomes data through commissioning roles ✓ Supporting local Allied Health to provide evidence-based models of care ✓ Streamlining referrals for Allied Health related services so that patients receive more efficient and cost-effective services i.e., Allied Health referrals to Allied Health or GPs ✪
Funding arrangements that support integration	☐ Utilising commissioning to support integration, and shifting towards outcome-based approaches supported by innovating in funding approaches ✓ Advocating for changes to MBS to support integrated Allied Health-led care and funding to trial new models of care ✪	✓ Pooling funds at a patient need and program level to support integration ✓ Supporting general practice to use the full range of Medicare funding for Allied Health inclusion in multidisciplinary teams (MDTs)

ENDNOTES

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2 Messom, Ray, 2022. Strengthening Medicare and investing in Primary Health Care: a Roadmap for Reform. Accessed at: https://chf.org.au/sites/default/files/17062022_strengthening_medicare_and_investing_in_primary_health_care_a_roadmap_for_reform_final.pdf

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5 Office of the National Rural Health Commissioner 2020, 'Report for the Minister for Regional Health, Regional Communications and Local Government on the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia'. Available: https://www.health.gov.au/sites/default/files/documents/2021/04/final-report-improvement-of-access-quality-and-distribution-of-allied-health-services-in-regional-rural-and-remote-australia.pdf

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7 Australian Government Department of Health 2022, 'About allied health'. Available: https://www.health.gov.au/health-topics/allied-health/about

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9 Closing the Gap Clearinghouse 2015, 'Cultural competency in the delivery of health services for Indigenous people', Issues paper no. 13. Available: https://www.aihw.gov.au/uploadedfiles/closingthegap/content/our_publications/2015/ctgc-ip13.pdf

10 Australian Digital Healthy Agency, 2017. Strategic Interoperability Report V3. Accessed at: https://www.digitalhealth.gov.au/sites/default/files/2020-12/Strategic_Interoperability_Report_v3.0_2017.pdf

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