





Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.

Foreword from National Rural Health Commissioner Ruth Stewart

The Action Plan fills me with hope. Within its pages can be seen a deep level of community, consumer and clinician engagement with the complex issues of how to improve access to primary health care in a specific rural region in Victoria. Some people would say that this is a Wicked Problem¹ - a problem that is impossible to solve because of incomplete, contradictory, or changing requirements and are so complex that one cannot identify a satisfactory point of resolution. I don't think that improvement of rural health care provision is a wicked problem and the Action Plan proves it.

The careful and considered consultation that underlies this plan and its development is a major strength. In health policy the phrase consumer engagement is frequently used but not always honoured. It is honoured in this document; indeed one of the areas for action includes the words enabling greater responsiveness to community voice. There are practical steps for improvement in each of these areas with specific tasks by nominated organisations.

The World Health Organisation and the World Bank both recognise the importance of primary health care in improving the wellbeing and quality of life of a community². Currently, Honourable Greg Hunt, Minister for Health and Aged Care, and Honourable Dr David Gillespie, Minister for Regional Health and the Australian Government are undertaking an ambitious set of reforms for primary care and rural health in Australia. These include the National Medical Workforce Strategy, implementation of the National Rural Generalist Pathway, Improving Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia; the Primary Health Care 10-Year Plan, reforms as a result of the independent evaluation of the Rural Health Multidisciplinary Training program and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.

The Action Plan aligns well with these initiatives focussed as it is on improving access to continuity of care within a multidisciplinary team.

The first theme of The Action Plan is Improving training and accreditation pathways for doctors in Latrobe. Australia has led the world in the design of rural training pathways and the Latrobe Valley played an important part in this when Professor Roger Strasser led the establishment of the Centre for Rural Health Monash University at the former Moe Hospital in 1992. There is now substantial evidence that selecting rural students, educating them in the rural clinical environment and giving them well supported early career roles in rural areas can provide a strong rural workforce. This plan has set out the steps towards creating that in Latrobe.

The second theme addresses promoting the liveability of Latrobe and strengthening local GP recruitment systems. This theme will work to improve the perceptions of Latrobe held by external groups, particularly clinicians who may wish to move to the area. Theme three outlines plans to increase digital literacy in the community by addressing known gaps and access to data and technology. This is important work and will need government support.

It is in the final theme that the Action Plan is at its most innovative. This theme looks ways to reduce the burden on the emergency departments and creating a multidisciplinary business model for health care in Latrobe in the future. The importance of addressing the preventable causes of disease to keep people well cannot be overstated. The burden of illness in a society is reduced if the focus of health care is shifted from one of treating people who are ill to one of keeping people well. This is the way to reduce the burden on emergency departments and improve the wellbeing in the community by providing access to high-quality primary care services. It is heartening to see Latrobe tackling this issue in community.

I look forward to following the future development of the Action Plan. I believe that it is a springboard for great change.



Adjunct Professor Ruth Stewart

National Rural Health Commissioner

Office of the National Rural Health Commissioner

¹ Guy Peters (2017) What is so wicked about wicked problems? A conceptual analysis and a research program, *Policy and Society*, 36:3, 385-396, DOI: 10.1080/14494035.2017.1361633

² World Health Organisation (2021) [accessed 17 September 2021] https://www.who.int/health-topics/primary-health-care#tab=tab_1

Message from the Advocate

As part of my 2019-20 Statement of Intent I made a commitment to the Victorian Minister for Health and communities across Latrobe to identify the systemic underlying issues that impact how people in the region access GPs. This became a priority for my office in response to the voices of Latrobe communities, GPs and health services who reached out to me to express their concerns and detail their challenges.

In September 2020 my office released *Improving Access to Services* in Latrobe, a collaborative action plan that demonstrates a shared commitment to improving access to GPs. The plan was informed by my engagement with communities and GPs, and development was coordinated by my office. Actions within the plan were drafted and reviewed by a wide range of stakeholders and coordinating agencies who are committed to improving access to primary healthcare services in Latrobe.

My office has convened regular stakeholder forums where action plan agencies have come together to provide updates on the work underway, discuss strategies to advance our systems change efforts, and importantly, identify challenges and ways to address them. The forums have been well-attended by action plan agencies and served as a platform for them to assess their progress and hear from others about interventions underway, and from several keynote presenters, including National Rural Health Commissioner Ruth Stewart.

In the last 12 months since the release of the action plan, a wealth of work has taken place within Latrobe and in Gippsland more broadly to implement the project. There have been actions taken to improve training pathways for doctors, build digital literacy, promote the liveability of Latrobe, and enable local system design and innovation to reduce the burden on the emergency department.

Action plan stakeholders have worked independently and together to raise awareness of community needs and

deliver on their commitments, and this revised action plan has been created based on community views and partner agency feedback to ensure it remains relevant, accurate and future-focused. In assessing progress against each of the actions in this plan, my office and partner agencies have used the Elements of Systems Change framework¹ to help us think systemically about systems change, explore what is happening below the surface, and determine how we can achieve large-scale change.

There is scope for more organisations to join the conversation, and there is a wealth of expertise to be gained from the involvement of tertiary institutions such as Monash Rural Health (Gippsland Regional Training Hub) and Federation University. In the year ahead, my office will seek opportunities to work with local Aboriginal organisations and communities to learn more about person-centred models of care. There is an opportunity for agencies in Latrobe to be at the table and help bring about long-term systemic change that takes communities and primary healthcare services towards a future where people are enjoying better health outcomes because of improved access to GPs and other health professionals.

COVID-19 has exacerbated the need to develop and implement a strategy to address known gaps in digital literacy, access to data and technology. There is broad inequitable access to data, hardware and skills across communities and systems, and government interventions must focus on capacity building for health services and communities alike to ensure everyone who needs to can access telehealth and online health resources.

Community voice suggests there is a tension between people seeking trusted quality relationships with doctors and at the same time there is still a demand for more GPs in the region. How do we shift the focus to include communities when working towards better future models of care?

My office also surveyed Latrobe communities about access to services in the region, and when asked who else they might see if they were unable to see a doctor, 60% of respondents this year said they would attend the emergency department, up from 32% in 2020. Another 40% of respondents said they would phone Nurse on Call, up from 5% in 2020. There is a clear need to reorient primary healthcare systems to models of proactive health protection and wellbeing maintenance to alleviate the pressures on our local GPs and health professionals. How can we harness the strength and capacity of the Latrobe Health Assembly to further influence a move towards a model of prevention rather than cure?

There has been great bipartisan interest in and support of the action plan from politicians in Latrobe and across Gippsland. Local members have committed to ongoing discussions surrounding the changes needed to affect real and lasting change for the benefit of communities across the region. The Victorian Government has designated Latrobe as a Health Innovation Zone and the conditions exist to bring together all levels of government with communities and services to tackle this complex problem.

I would like to thank everyone who has contributed to this important work. I look forward to continuing to work together with coordinating agencies that have demonstrated their commitment to Latrobe. I will advocate on behalf of these agencies and Latrobe communities to ensure that the appropriate support and resources are available to bring about sustainable change and I welcome ongoing feedback and participation of Latrobe communities as this work progresses.

Jane



¹John Kania, Mark Kramer & Peter Senge, May 2018: *The Water of Systems Change*

Project implementation

2018-2020



1. We called out access to doctors as priority issue for people in Latrobe.



2. We planned what we wanted to learn and identified the actions we needed to take.



3. We identified and connected with key stakeholders.



4. We listened to what doctors, practice managers, peak bodies and health experts had to say about the issue.



5. We asked communities to share their views online and used social media to promote this.



6. We worked directly with DHHS and Gippsland PHN to gather data and insights.



7. We analysed all the data we had received and identified a range of themes and trends.



8. We hosted a workshop that attracted a broad range of health experts, government representatives and communities.



9. We reflected on what we learned at the workshop and shared feedback with participants.



10. We identified key areas for action.



11. We responded to the COVID-19 state of emergency and paid close attention to systems innovations.



12. We developed an action plan with stakeholders and identified the supports and advocacy required to bring about change in Latrobe.

2020-2021



13. We created ongoing opportunities for action plan stakeholders to come together, share progress, discuss challenges and identify solutions.



14. We invited guest speakers to share their knowledge and experiences and to learn more about the work occurring in Latrobe.



15. Action plan stakeholders have worked independently and together to raise awareness of community needs and to deliver on their actions.



16. We asked communities to share their views online, in person and over the phone and used social media, emails and the local newspaper to promote this.



17. We used an online questionnaire and conducted 1:1 interviews with action plan stakeholders to learn more about the systems change underway as a result of the action plan.



18. We documented stories of change to illustrate the real impacts, challenges and opportunities that communities and services experience.



19. We shared our model of systems change with stakeholders and held a forum to reflect on what we have all learned.



20. Based on community views and stakeholder feedback we have updated the action plan to ensure it remains relevant and accurate.

In her 2019-20 Statement of Intent to the Victorian Minister for Health the Advocate named Access to Services as a priority project. Extensive engagement with communities and systems stakeholders has been occurring since 2018.

Improving access to services in Latrobe

75,561 people live in Latrobe between 4 central towns and 7 rural townships



- | | | |
|----------------|---------------|--------------|
| Churchill | Boolarra | Yallourn Nth |
| Moe Newborough | Glengarry | Yinnar |
| Morwell | Toongabbie | |
| Traralgon | Traralgon Sth | |
| | Tyers | |

Latrobe has:



85 working GPs



23 general practices



5 community health centres

1 Aboriginal controlled community health service

1 regional hospital

1 private hospital

1 emergency department

Approx. 1 GP per 1000 people

Sources:
 Engagement insights have been informed by research and engagement undertaken by the Office of the Latrobe Health Advocate including but not limited to:
 *Gippsland PHN Latrobe 2018 Snapshot
 *Rural Workforce Agency Victoria Latrobe Snapshot 2019
 *Latrobe City Council Population and Economic Profile (accessed online in 2020)

The pathway to becoming a GP has been described as a labyrinth and massively bureaucratic.

Local clinics have limited capacity and funding to provide ongoing training and supervision.

Internships with local hospitals are a critical opportunity to immerse doctors in a region, build their skills and connections.

"I let go of the idea of a long-term family doctor years ago."

The health system is dependent on interns and registrars to provide services to community. Where is the space to develop and learn?

Improving training and accreditation pathways for doctors in Latrobe.



It is not about a shortage of GPs it is about a mal-distribution of GPs.

Offering employment opportunities and social connections for a GP's spouse can make a big difference.

"Allow doctors to have a better work-life balance and actually get to enjoy the beautiful Valley."

Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems.



Many GPs live in Melbourne and travel daily to work in Latrobe.

Clinics in Latrobe are closing down because they cannot recruit GPs.

Building health and digital literacy and enabling greater responsiveness to community voice.



The days of a GP that works in the same community for 30 years have been described as a thing of the past.

Communities have not been involved in systemic change and struggle to understand why their expectations are not being met.

8:30am is a peak time for phone calls to general practices. People often have to call multiple clinics in Latrobe to try and get an appointment.

"Keep the telehealth option as it can be faster for both doctor and patient for quick things like repeat scripts."

COVID-19 has led to rapid changes in the ways people can access a GP. There has been a large shift within health services and communities to using online technologies.

Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future.



There are limited after hours or weekend services available to people in Latrobe.

Having a team of healthcare professionals that can work alongside a GP has been described as an ideal model from a clinical point of view.

"Prevention is far better than cure. Far too much energy is directed to the symptoms as opposed to the cure."

In Latrobe there is an ageing population that is likely to need increasing support from the local health system.

Today, successful clinics adopt a multidisciplinary approach and have strong partnerships with local hospitals.



Areas for action

Engagement with communities and systems stakeholders has led to a deeper understanding of the systemic issues that can impact the availability of doctors in Latrobe and the experience that patients and their families have in trying to access a doctor.

It is evident that availability of GPs in Latrobe is not a standalone or discrete issue and that any reforms need to have consideration for the greater primary healthcare system from a local, state and national perspective.

There are actions that can be taken now that may result in short term improvements and ease some pressure, however investment into longer term, sustainable change with a view towards future population health trends and health system innovations are likely to achieve greater results.

Bringing about change will undoubtedly require strong cooperation between the State and the Commonwealth, goodwill and investment from every aspect of the system, and at a local level, collective leadership that is visible and effective.

Change cannot be implemented by the Office of the Latrobe Health Advocate. Change needs to occur within and amongst health services and governments in response to the systems insights and community views that have been highlighted by the Advocate.

The Advocate will continue to act on behalf of Latrobe communities and system stakeholders to ensure that the appropriate support and resources are available to bring about sustainable change.

The Advocate has identified four areas for action. These are;



Improving training and accreditation pathways for doctors in Latrobe.



Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems.



Building health and digital literacy and enabling greater responsiveness to community voice.



Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future.

Assessment of progress against themes and action

Stakeholder assessment of progress against 2019-20 actions



Improving training and accreditation pathways for doctors in Latrobe.

1.1: Establish a network of medical supervisors that can work and support GP trainees across Latrobe. Create flexibility for supervisors to work across and add capacity to the whole system.



1.2: Establish a business case to attract joint State and Commonwealth funding so that, over the longer term, can enable a significant boost in the training and supervision capacity for GPs in the Gippsland region.



1.3: Identify the aspirations and needs of local secondary school students and investigate ways to strengthen the pathway into medicine and establish greater career networks and opportunities for them in Latrobe.



1.4: Increase the funding and capacity of the Gippsland Rural Intern Training program at Latrobe Regional Hospital to enable more placements to be coordinated and offered locally.



1.5: Work with the Victorian Department of Health and Australian Government Department of Health to implement the Victorian Rural Generalist Pathway in Latrobe.



Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems.

2.1: Work with the Australian Government Department of Health to amend the Medicare system in a way that enables the entire Latrobe Local Government Area to be allocated as a Distribution Priority Area (DPA) over a sustained period of time.



2.2: Undertake market research to better understand the social, cultural and spiritual needs of GPs who might relocate to Latrobe. Use this research to inform strategies that could be implemented to promote the liveability of the region and to improve the access and availability of events, activities, places of worship, and social connections.



2.3: Work with the Victorian Department of Education and Training, local education providers and peak bodies (public and private) to understand and address GP perceptions about schooling in the region, with a view to improve the attractiveness for GPs and their families.



2.4: Establish formal partnerships between major employers, job agencies and general practices to enhance and facilitate increased job opportunities for GP's partners.



Measurable change has occurred and the impact is tangible for services and communities.

Change is underway, impact is yet to be realised.

Not aware of any change.



Building health and digital literacy and enabling greater responsiveness to community voice.

3.1: Develop and implement a strategy to address known gaps in digital literacy, access to data and technology.



3.2: Design and implement a regional campaign to increase awareness and utilisation of online health resources such as the Better Health Channel, digital health and remote monitoring apps.



3.3: Design and implement mechanisms for all services in Latrobe to receive direct and ongoing feedback from patients and communities.



Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future.

4.1: Commission a review of afterhours primary health care services in Latrobe, including an evaluation of the Moe After-Hours Medical Services (MAHMS) and a cost analysis of avoidable Emergency Department presentations at Latrobe Regional Hospital.



4.2: Evaluate the systems changes that have occurred within the local health services as a result of COVID-19. Identify what has worked well and what could be improved, with a view to embedding these innovations into the future primary health care operating models.





4.3: Work directly with Latrobe Regional Hospital, Gippsland PHN and primary care settings to implement a Latrobe-wide triage system based on the learning from 4.1 and 4.2.



4.4: Bring together State, Commonwealth and other relevant stakeholders to design a business and services model for general practices in Latrobe.







 Measurable change has occurred and the impact is tangible for services and communities.

 Change is underway, impact is yet to be realised.

 Not aware of any change.





Insights, challenges and emerging opportunities





Action plan stakeholders have considered the elements of systems change and identified the following insights, challenges and emerging opportunities for each of the action plan themes.

	Community Voice (sentiment from Latrobe communities expressed via survey responses)	Theme 1 	Theme 2 	Theme 3 	Theme 4 
<p>Better policy</p> <p>Government, institutional and organisational rules, regulations and priorities that guide how things are done.</p>		<p>Remote supervision needs to be approved at a state level.</p> <p>Funding arrangements make it hard for businesses and training organisations to change.</p> <p>There's a massive issue with continuity of care when DPA status is taken away.</p>	<p>The fact we have a Health Innovation Zone means we are creating a place that is much more liveable.</p>	<p>How do we redesign funding arrangements to focus more on the process of patient and GP engagement?</p>	<p>Nurse practitioners – we don't use them enough here.</p> <p>The Medicare model doesn't substantiate the GP working as part of multi-disciplinary models of care.</p> <p>The GP has to sign off on the multidisciplinary plan, and the time and money they get doesn't equate to their normal salary.</p> <p>Funding is not allocated to general practice because it is seen as a private business, a block funding arrangement could make a huge difference.</p> <p>If we want to move GP clinics to a new model we will need different funding models.</p>

Insights, challenges and emerging opportunities





Action plan stakeholders have considered the elements of systems change and identified the following insights, challenges and emerging opportunities for each of the action plan themes.





	Community Voice (sentiment from Latrobe communities expressed via survey responses)	Theme 1 	Theme 2 	Theme 3 	Theme 4 
<p>Better supports</p> <p>How money, people, knowledge, information and other assets such as infrastructure are allocated and distributed.</p>	<p>COVID has changed the way communities access services.</p> <p>13% of survey respondents expressed positive views about their recent experiences in accessing a GP.</p> <p>Communities are concerned that there is not enough accommodation support for doctors, which can impact their availability to offer services after hours and on weekends.</p>	<p>Supervisors do their jobs altruistically. If you pay them less it puts the retention and recruitment of supervisors at risk, and that is a parallel threat.</p> <p>There is a desire for medical students to have ongoing opportunities to interact with and be involved with community clubs, events and activities.</p>		<p>GPs are wanting more of a work-life balance, which is a good thing, but if they're working full-time in the clinic sometimes there's not an incentive to do the after-hours work.</p> <p>Resourcing is problematic, everyone is under stress.</p> <p>A universal booking system for health services in Latrobe to alleviate pressure on the ED and streamline the booking process for patients.</p> <p>People don't know how to navigate our very complex system, so navigators should sit in the general practice system.</p>	<p>Mental health patients need more time and support. There has been a big surge in young people seeking mental health support.</p> <p>There is an ongoing tension between service delivery (and increasing demand) and innovation.</p> <p>In order to strengthen relationships and joint arrangements between private practices and the hospital there needs to be understanding of the doctor's commitment to both.</p>

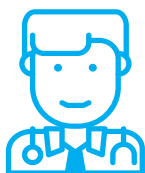
	Community Voice (sentiment from Latrobe communities expressed via survey responses)	Theme 1 	Theme 2 	Theme 3 	Theme 4 
Better services Procedures and guidelines that inform the work of services and networks ensure the delivery of activities that are focussed on improving social and environmental progress within its communities.	<p>In 2020 people were frustrated about waiting days or weeks to see a doctor, now some people are waiting weeks or months, which may be a direct result of COVID-19.</p> <p>39% of survey respondents said it is hard to get an appointment.</p> <p>7.5% of survey respondents said they could not access a clinic as the clinic was not accepting new patients.</p> <p>The number of people suggesting they would go to the emergency department if they could not access a GP, has doubled from 32% in 2020 and to 60% in 2021.</p> <p>More people are saying they utilise Nurse on Call if they cannot access a GP.</p> <p>The number of people reporting that they would do nothing if they can't get in to see a GP has increased from 13% in 2020 to 25% in 2021.</p>	Providing accommodation for students is a big challenge that needs to be addressed.		<p>The usage of telehealth draws back to underlying issues regarding digital literacy of healthcare providers and that is becoming an issue.</p> <p>Remote patient monitoring is an opportunity to reduce ED presentations.</p> <p>We need to understand the current digital capabilities, current and future needs of regional primary healthcare settings.</p>	<p>Latrobe is unique in that there is a lot of GPs who don't have direct access to practice nurses.</p> <p>Patients are complaining about waiting times and there is high demand.</p> <p>It's about supporting GPs to work alongside non-GPs in a hospital.</p> <p>There are people who need to be seen in a certain timeframe but not urgently. When the wait list to GP clinics are out to two weeks it makes it really challenging. There needs to be a middle service that can see people for semi-urgent matters to provide initial support and then refer them to their GP or the ED if they need it.</p>

Insights, challenges and emerging opportunities

Action plan stakeholders have considered the elements of systems change and identified the following insights, challenges and emerging opportunities for each of the action plan themes.

	Community Voice (sentiment from Latrobe communities expressed via survey responses)	Theme 1 	Theme 2 	Theme 3 	Theme 4 
<p>Better relationships</p> <p>The quality of connections and communication happening among services in the system, especially those with differing histories and viewpoints.</p>	<p>28% survey respondents made reference to a family doctor, continuity of care or my doctor.</p> <p>Almost half of the survey respondents said it was essential or very important to them that they have an ongoing relationship with their GP.</p> <p>The rationale for wanting access to a GP of choice remains consistent; knows my history, don't want to retell story, trusted relationship.</p>	<p>People need to get together to discuss what's possible with regard to remote supervision.</p> <p>Impact of COVID-19; Supervisors are feeling not as supported because of the lack of face-to-face conversation.</p> <p>Seek opportunities for students in accommodation with young doctors in accommodation to link up as a community to facilitate mentoring and support.</p>	<p>We could be doing a lot more as a region together, we could all pull together and run one big recruitment campaign. It doesn't matter where the doctors end up or who they're working for, what matters is they're in the area and that they are bringing their families.</p> <p>Retention of GPs is an important factor in helping people feel engaged and wanting to stay in regional communities.</p>	<p>Telehealth provides a great opportunity for regional communities to have direct access to metropolitan GPs and specialists, however there is a risk that we don't build the digital infrastructure and capacity of local clinics and regional GPs to provide supports to their communities.</p>	<p>Where you have multiple clinics they should be able to work together to provide continuity of care across the clinics, rather than each being standalone.</p> <p>We need to understand each other's roles more and create more opportunities to strengthen connection between the hospital and GPs.</p>
<p>Integration of community voice</p> <p>The formal and informal influence of decision-making power among individuals and organisations.</p>				<p>In Latrobe there is a real emphasis on community voice, on the community being present in the decision-making process.</p> <p>Sometimes the way the system works doesn't allow for patient and community engagement.</p>	

	Community Voice (sentiment from Latrobe communities expressed via survey responses)	Theme 1 	Theme 2 	Theme 3 	Theme 4 
Mental models Habits of thought – deeply held beliefs and assumptions, taken for granted ways of operating that influence how we think, what we do, and how we talk.	A large majority of survey respondents believe that the simple solution is to provide more doctors in Latrobe, and in 2021 there is an increasing sentiment that it is the role of government to resolve the issue. 15% of survey respondents have suggested that Latrobe could be more welcoming and empathetic towards GPs; be less demanding, be less racist, be nice to Doctors, provide spaces at clinics, build relationship with GP make them feel worthwhile, support doctors' families to settle in the region.	This work has been pivotal for us. Including community lends value and weight to conversations and data.	We need to change the narrative; working rurally is a unique opportunity and not one that is substandard to metro. It's about demystifying the Valley, it takes time to build a positive reputation. Change starts with changing the culture and the deeply entrenched beliefs of people within the system.	GPs are recognising the need to implement remote patient monitoring because of COVID. This is a culture shift, this is a new way of providing care. Telehealth; there was some trepidation, as with anything new, but it was one of the fastest ones we managed to introduce throughout the whole service. Client care follows the client, not the GP. This is done by centralising the client management system so GPs in metro areas can see patients based in Gippsland and still access their file.	Enhancing culture and capacity, building a workforce can't happen quickly. We've discovered we can do a lot via telehealth and Zoom. Working relationships between health professionals and services can be traditional and it is time to think differently about how we define our working relationships. The future involves enrolled patient populations and remote patient monitoring and integration with My Health Record to facilitate co-ordinated care.



Action Plan Theme 1

Improving training and accreditation pathways for doctors in Latrobe.

2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>1.1</p> <p>Establish network of medical supervisors that can work and support GP trainees across Latrobe. Create flexibility for supervisors to work across and add capacity to the whole system.</p> <p>In doing so;</p> <ul style="list-style-type: none"> • Introduce or amend policies and supervision protocols to enable greater utilisation of technology and virtual interactions. • Consider any gaps within the system where qualified GPs could be better utilised and where they may not yet have access training pathways to become a qualified supervisor, either due to timing and years of practice or due to capacity within local clinics. 	<p>1.1</p> <p>Active recruitment of remote GP supervisors willing and able to provide remote supervisions into Latrobe practices that do not (or struggle to) meet current supervision accreditation standards.</p> <p>In doing so;</p> <ul style="list-style-type: none"> • Introduce or amend policies and supervision protocols to enable greater utilisation of technology and virtual interactions. • Consider any gaps within the system where qualified GPs could be better utilised and where they may not yet have access to training pathways to become a qualified supervisor, either due to timing and years of practice or due to capacity within local clinics. 	<p>Eastern Victoria GP Training In collaboration with:</p> <p>Latrobe Community Health Service & Rural Workforce Agency Victoria & Monash Rural Health (Gippsland Regional Training Hub)</p>
<p>1.2</p> <p>Establish a business case to attract joint State and Commonwealth funding that, over the longer term, can enable a significant boost in the training and supervision capacity for GPs in the Gippsland Region.</p> <p>Consideration should be given to;</p> <ul style="list-style-type: none"> • The supports available to International Medical Graduates working towards achieving their fellowship. • Supports and incentives for registrars to remain in Latrobe during their working week to prevent fatigue and disruption to patient care resulting from daily travel from Melbourne. 	<p>1.2</p> <p>Facilitate a process that brings together relevant stakeholders to inform and contribute to the development of an advocacy statement regarding State and Commonwealth funding that, over the longer term, can enable a significant boost in the training and supervision capacity for GPs in the Gippsland Region.</p> <p>Consideration should be given to;</p> <ul style="list-style-type: none"> • Emerging opportunities in the Gippsland region relating to workforce attraction and development. • The supports available to International Medical Graduates working towards achieving their fellowship. • Supports and incentives for registrars to remain in Latrobe during their working week to prevent fatigue and disruption to patient care resulting from daily travel from Melbourne. 	<p>Latrobe Health Advocate (supported by independent facilitator) In collaboration with:</p> <p>Royal College of Australian General Practitioners & Rural Workforce Agency Victoria & Latrobe Regional Hospital & Monash Rural Health (Gippsland Regional Training Hub) & Australian Government Department of Health</p>



2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>1.3</p> <p>Identify the aspirations and needs of local secondary school students and investigate ways to strengthen the pathway into medicine and establish greater career networks and opportunities for them in Latrobe.</p>	<p>1.3</p> <p>Identify the aspirations and needs of local secondary school students and investigate ways to strengthen the pathway into medicine and establish greater career networks and opportunities for them in Latrobe.</p>	<p>Monash Rural Health (Gippsland Regional Training Hub) In collaboration with:</p> <p>Department of Health & Department of Education and Training & Australian Government Department of Health</p>
<p>1.4</p> <p>Increase the funding and capacity of the Gippsland Rural Intern Training program at Latrobe Regional Hospital to enable more placements to be coordinated and offered locally.</p>	<p>COMPLETE</p>	<p>Latrobe Regional Hospital In collaboration with:</p> <p>Victorian Department of Health</p>
<p>1.5</p> <p>Work with the Victorian Department of Health and Australian Government Department of Health to implement the Victorian Rural Generalist Pathway in Latrobe.</p> <p>In doing so, localise the design and delivery of the program to integrate it with other existing strategies and health workforce development initiatives.</p>	<p>1.5</p> <p>Work with the Victorian Department of Health and Australian Government Department of Health to implement the Victorian Rural Generalist Pathway in Latrobe.</p> <p>Continue to work with stakeholders to develop Rural Generalist Pathways to meet community health needs as more funding becomes available to support advanced skills training.</p> <p>Work with LRH to explore engagement models for Rural Generalist doctors in Latrobe City.</p>	<p>Victorian Department of Health In collaboration with:</p> <p>Monash Rural Health (Gippsland Regional Training Hub) & Regional Network (and participating health services) & Australian Government Department of Health & National Rural Health Commissioner & Royal Australian College of General Practitioners</p>

Stories of Change

End-to-End Program at Monash University

Action Plan Themes Identified



MONASH University's End-to-End Program was designed to identify and support a cohort of students who have a desire to practice in a rural area to complete the requirements of the university's Medical Degree (MD) entirely at its rural medical school sites.

By increasing the time that medical students train in regional areas, the program represents one part of efforts to increase the number of doctors who live and work locally to service the health needs of regional and rural Australia.

In developments to the program at the Churchill campus, the local End-to-End cohort will be joined next year by a contingent from the Monash direct entry program known as the Extended Rural Cohort, a group of students who have committed to spending their clinical years in rural or regional locations like Gippsland.

"Predominantly these (Extended Rural Cohort) students have spent their time in the north-west of the state," Monash Rural Health Head of School Professor Shane Bullock said.

"The Extended Rural Cohort will change now, so that those students who have predominantly gone to the north-west will have the opportunity to come into the Gippsland region, so rather than having the north-west predominantly direct entry medical students and the Gippsland region being graduate entry medical students, we'll actually have a mix of direct entry and graduate entry doing their extended rural program across our whole footprint.

"30 students are in the graduate entry End-to-End Program and there are 30 in the Extended Rural Cohort, so we're effectively doubling the cohort who have committed at admission to doing most of their training rurally. We're hoping that exposure will really make it more likely they'll want to stay and practice in regional Victoria after graduating.

Prof Bullock said a focus of the End-to-End Program was encouraging students to consider general practice as a specialisation.

"We promote very much that general practice is a specialisation. When we talk about the other specialties, we say they're the non-GP specialities, so we're creating a language that general practice is a speciality in its own right," he said.

"We're getting really quality graduates coming out into our communities, and I think that really gives me great hope, and we hope a number of these students will take up the rural generalist pathway as well."

One student with their eyes on general practice as a potential career path is Year A student Sophie Fontaine. Ms Fontaine, who has just completed her first semester as part of the End-to-End Rural cohort at Churchill, is a Latrobe Valley native and said the prospect of studying and training close to home was a huge drawcard.

After completing a Bachelor of Biomedical Science and Engineering, she was offered entry into post-graduate medical studies at Flinders University in Adelaide and into the Monash End-to-End Program.

"It was a hectic time figuring out what I wanted to do and where I wanted to go but I ultimately ended up choosing Monash because it was based in Churchill and I had the support of my family," Ms Fontaine said.

Ms Fontaine is on fortnightly placements at Warragul hospital and is hoping to be based locally for her second year. "First of all, having a more closely knit community is really helpful for my type of learning, so I really benefit from working with a much smaller group of people and we've got really strong workplace culture," she said.

"People are willing to set aside time to teach you and show you the ropes, and as a medical student you're not just another number to them. They're

really passionate about you learning and having a good experience so that ultimately you will stay.

“I really love living rurally and I think for me it’s a massive advantage in that although you’re not rubbing shoulders with the big wigs, you’re living in a nice environment and that’s really important.

Ms Fontaine said she “100 per cent” wants to stay in Gippsland when she graduates.



“I’m really hoping that I might be placed somewhere nearby so I can build up a bit of a network, and ultimately I’m hoping to become a general practitioner. General practice appeals to me because it’s a very varied job, and they’re always in high demand as we know,” she said.

“A big part of why some of my colleagues for example are most likely going to return to the city is because of family. Some sort of incentive where they can support the training doctor to be able to bring their partner and integrate them into the community so that they feel a part of it as well (would be good).

“I think in general making medical students aware of all the good things there are to do in the area, and highlighting the strong community support that rural towns often do have over cities would be a great way to start enticing trainee doctors to stay.”

But Prof Bullock said the issue of recruitment and retention was not rooted in the medical school experience.

“Students who are embedded in our rural placements love it. They love getting closer to the bedside and interacting more with patients than the metro-based students,” he said.

“They form much better mentor relationships with senior consultants who know them by name, which rarely happens in the metro space, but what happens in the post-graduate space is often the challenging thing.

“That’s a time when they’re forming life partnerships, they’re doing their post-graduate college-based speciality training, and that speciality training often pulls them out of the rural space, sends them back to Melbourne, they meet their life partners there and they don’t want to come back to rural.

“One of the challenges for us, which we’re really embarking on in our regional training hubs, is to try and flip that post-graduate training experience so that trainees get to do more of their training in rural and less time in metro, again hoping that staying there at the time when they form long-term relationships, that becomes part of the decision-making process that they’ll stay longer.”

Prof Bullock also suggested a shift in focus toward “pre-vocational” recruitment.

“Pre-vocationally we need to support school-aged kids who think they have a career in health but maybe feel because they’re going to a regional or rural school that their opportunity to get into uni and study medicine or nursing or allied health ... that they can’t compete against those metro kids. It’s a lot about perception I think,” he said.



Action Plan Theme 2

Enhancing and promoting the liveability of Latrobe and strengthening local recruitment systems.

2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>2.1</p> <p>Work with the Australian Government Department of Health to amend the Medicare system in a way that enables the entire Latrobe Local Government Area to be allocated as a Distribution Priority Area (DPA) over a sustained period of time.</p> <p>Noting that this is a short-term solution and that over the longer-term further work needs to occur to;</p> <ul style="list-style-type: none"> Ensure that Latrobe general practices are not dependant on a DPA allocation to attract and retain doctors. 	<p>2.1</p> <p>Advocate to the Australian Government Department of Health and other relevant stakeholders to maintain the Distribution Priority Area (DPA) status for the Latrobe LGA over a sustained period of time.</p> <p>Noting that if changes are to occur, greater lead time and engagement is required to minimise the impacts for communities resulting from a change in status.</p> <p>Noting that this is a short-term solution and that over the longer-term further work needs to occur to;</p> <ul style="list-style-type: none"> Ensure that Latrobe general practices are not dependant on a DPA allocation to attract and retain doctors. 	<p>Latrobe Health Advocate In communication with:</p> <p>Australian Government Department of Health & Gippsland PHN & Latrobe Health Assembly & Rural Workforce Agency Victoria & Eastern Victoria GP Training</p>
<p>2.2</p> <p>Undertake market research to better understand the social, cultural and spiritual needs of GPs who might relocate to Latrobe. Use this research to inform strategies that could be implemented to promote the liveability of the region and to improve the access and availability of events, activities, places of workshop, and social connections.</p> <p>Develop and implement a sustained and targeted marketing campaign to promote the liveability of Latrobe and the broader Gippsland region. Include success measures that directly relate to targeting GPs and linking them directly to local general practices.</p> <p>This work should build on existing tourism strategies and campaigns that promote the assets of Gippsland and Latrobe, however it is distinctly different in that the target audience is GPs and their families and the intended outcomes are about recruitment and retention of GPs in Latrobe.</p>	<p>2.2</p> <p>Develop and implement a sustained and targeted marketing campaign to promote the liveability of Latrobe and the broader Gippsland region.</p> <p>This work should build on existing tourism strategies and campaigns that promote the assets of Gippsland and Latrobe to health professionals and their families.</p>	<p>Latrobe City Council & Latrobe Valley Authority In collaboration with:</p> <p>Latrobe Community Health Service & Rural Workforce Agency Victoria & Latrobe City Municipal Public Health and Wellbeing Plan Partners & Monash Rural Health (Gippsland Regional Training Hub)</p>



2020-21 ACTION	COORDINATING AGENCIES	COORDINATING AGENCIES
<p>2.3</p> <p>Work with the Victorian Department of Education and Training, local education providers and peak bodies (public and private) to understand and address GP perceptions about schooling in the region, with a view to improve the attractiveness for GPs and their families. Establish partnerships/ affiliations between health services, general practices and schools (locally and in Melbourne) to enable doctors and their children to more easily live, work and study in Latrobe.</p>	<p>2.3</p> <p>Seek the necessary support from the Victorian Government to enable the Victorian Department of Education and Training, local education providers and peak bodies (public and private) to understand and address GP perceptions about schooling in the region, with a view to improve the attractiveness for GPs and their families.</p> <p>Consider who is best placed to establish partnerships/ affiliations between health services, general practices and schools (locally and in Melbourne) to enable doctors and their children to more easily live, work and study in Latrobe.</p>	<p>Latrobe Health Advocate In communication with:</p> <p>Department of Education and Training & Education peak bodies & Latrobe schools & Latrobe City Council & Ramahyuck District Aboriginal Corporation & Local clinics with the support of Gippsland PHN & Monash Rural Health (Gippsland Regional Training Hub)</p>
<p>2.4</p> <p>Establish formal partnerships between major employers, job agencies and general practices to enhance and facilitate increased job opportunities for GP's partners.</p>	<p>SEE 2.2</p>	<p>SEE 2.2</p>

Stories of Change

Life as a GP living in Latrobe

Action Plan Themes Identified



Theme 1



Theme 2



Theme 3



Theme 4



DOCTOR Damian Hannon “took a punt on general practice and then took a punt on Gippsland”, and has been ensconced in the Latrobe Valley ever since.

Dr Hannon completed his medical education and training in his native Belfast,

Ireland before emigrating to Australia in 2015.

He started out in the emergency department in a rural NSW hospital but felt unfulfilled. A move to metropolitan Melbourne followed but Dr Hannon was still left wanting.

“I almost walked away from medicine because I felt like I couldn’t find my place and nothing seemed to fit, but I thought I owed it to myself to give general practice a shot and I really enjoyed it and for the first time in my career I felt like I was doing the right thing for me,” Dr Hannon said.

“After living in a metropolitan area for two-and-a-half years I felt like I made better connections within just a few months being in Latrobe, both professionally and personally.”

Based out of Tanjil Place Medical, Dr Hannon has made Moe South home and lives on an acreage with his partner. General practice in Latrobe, he says, is equally challenging and rewarding.

“Latrobe Valley communities do seem to be jaded with the state of the healthcare system overall,” he said.

“The first question you’re asked as a GP here is ‘who are you and how long are you going to be here?’ People ask this because they’re making a huge investment in their own health as much as they are in you as a GP.

“When dealing with willingness to change there can be a narrow window around the pre-contemplative/contemplative stage and it is therefore imperative that patients can access a GP in a timely manner to seek support at those times. This has been particularly important when dealing with mental health.

“When a GP makes a genuine connection with a patient or a patient cohort, that’s when you’re able to see sustained health outcomes, and for me that’s really rewarding. You get told things like ‘no one has ever taken the time to talk to me like that’, and that’s really disappointing because the patient deserves better.”

Attraction and retention of GPs is a pervasive issue across regional and rural Australia, but addressing the problem locally requires a multipronged approach according to Dr Hannon.

“It’s hard to attract GPs but I think it’s about changing the perspective about what life is like as GP here in the Valley,” he said.

“Sometimes it’s perceived as being hard because the needs of people in the Valley are so high, which could be interpreted as it being exhausting, but we need to change how we sell that.

“This is a community in need and as much as you’re helping people they have a lot to give back. This is a great place to work, settle down and raise a family, and I think that message gets lost.

“It’s one thing to move a GP here, but there also needs to be work available for their partner, and that was a challenge for my partner. It requires not just a focus on more GPs, but how do we actually get everyone else here?”

The perception of metropolitan practice as superior to regional practice is a misnomer, Dr Hannon said, and one that is reinforced by the disproportionate number of registrars from metropolitan areas.

“A lot of people enjoy their time here, but they come from a metropolitan background and that’s where they find comfort and solace, but why aren’t people from here getting into medical schools here? That’s the question that needs to be asked. What are we doing to encourage our local people, who clearly have the skills, to train locally and stay?” he said.



“One of the key things is recruitment of local talent. People who are from here are going to return here more often than not.”

“The longer you’re here the easier it is to make connections with clinics, service providers and the specialists who work here. Staying here means you transition to a position where support is just a phone call away.”

But optimising patient health outcomes and moving towards multidisciplinary models of care depends on bolstering the supports and services available to GPs. “I feel like it’s very hard to know what services are available in Latrobe, even as a GP living and working in the community it’s hard to be across all avenues of support that are available,” Dr Hannon said.

“I often feel like I never find out about some services, and there’s obviously supports there but the system is quite fragmented.”

Caring for patients is “a real privilege” for Dr Hannon who encouraged communities across Latrobe to continue to agitate for change and have their voice.

“It’s a two-way experience, I don’t feel like I’m just providing a service, but I also get more from it personally in terms of the welcome, interest and enthusiasm I get from patients,” he said.

“People need to be advocates in their own community. We need to hear what the local people want and need, and they need to continue to have their voice. People need to communicate with their elected representatives and people like the Latrobe Health Advocate about what they need to see on the ground to improve their own health.

“It’s all very well for doctors to tell patients what they need, but quite often patients know the answers themselves and are remarkable at developing their own strategies when given the framework to do so.

“People in Latrobe have always been able to articulate what they need and want, and they need to keep applying that pressure.”



Action Plan Theme 3

Building health and digital literacy and enabling greater responsiveness to community voice.

2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>3.1</p> <p>Develop and implement a strategy to address known gaps in digital literacy, access to data and technology. In doing so, consider the health inequities facing some communities in Latrobe. The purpose of this work would be to ensure that everyone who needs to can access telehealth and online health resources can successfully and confidently do so.</p>	<p>3.1</p> <p>In line with advocacy that is occurring in relation to the COVID-19 Impacts and Recovery in Latrobe and Human Connections in Latrobe reports, advocate to the Victorian Government to address known gaps in digital literacy, access to data and technology. In doing so, consider the health inequities facing some communities in Latrobe. The purpose of this work would be to ensure that everyone who needs to can access telehealth and online health resources successfully and confidently do so.</p>	<p>Latrobe Health Advocate</p>
<p>3.2</p> <p>Design and implement a regional campaign to increase awareness and utilisation of online health resources such as the Better Health Channel, digital health and remote monitoring apps.</p> <p>This campaign would aim to improve the digital health literacy of Latrobe communities with a view to educating people about appropriate ways to use internet as a resource for health information.</p> <p>Social marketing tactics may be an appropriate way to prompt and measure behaviour change. Online resources could be customised based on end user postcodes to promote Latrobe-specific healthy lifestyle activities and services.</p>	<p>3.2</p> <p>Deliver a joint public health campaign to promote health literacy around digital and other resources as an alternative to presenting to the emergency department; in parallel with a campaign for health providers to update their information on health direct.</p>	<p>Gippsland PHN In collaboration with: Ramahyuck District Aboriginal Corporation & Local clinics</p>



2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>3.3</p> <p>Design and implement mechanisms for all services in Latrobe to receive direct and ongoing feedback from patients and communities. This could be modelled on examples such as Care Opinion in the UK. This would not be about replacing existing or preventing future community engagement structures and methodologies, but rather to build a Latrobe-wide understanding of how the system is being experienced by communities.</p> <p>An agreed set of community engagement / consumer voice key performance measures applied consistently across practices and health services in Latrobe could be determined and embedded into funding agreements and practice incentive programs.</p>	<p>3.3</p> <p>Work together with local Aboriginal health services and communities to learn more about the ways services and practitioners can embed the mindset of 'seeing the person before the business' and identify opportunities to share and apply this learning across other primary care settings.</p>	<p>Latrobe Health Advocate In communication with:</p> <p>Gippsland PHN & Latrobe City Council & Ramahyuck District Aboriginal Corporation & Local Health Services & Local clinics</p>

Stories of Change

Rolling out Telehealth at LCHS

Action Plan Themes Identified



Theme 1



Theme 2



Theme 3



Theme 4



WHEN COVID-19 hit Australia Latrobe Community Health Service (LCHS), like many other organisations, moved to implement telehealth.

LCHS operates metropolitan, rural and regional sites across Victoria, and clients have been

impacted by lockdowns and restrictions to varying degrees.

“People continued to access services in regional Victoria, including in the Latrobe Valley, as they weren’t scared to come in and most of the time they didn’t have the full lockdown that Melbourne had, so our healthcare teams were operating in two very different environments,” Executive Director Primary Health Andrina Romano said.

“Our metro sites at some points had completely shut and at others were operating at very limited capacity due to restrictions. Five of our GPs in Melbourne suddenly had very few people coming in for appointments, while our Gippsland GPs were fully-booked.

“We had all these GPs in regional Victoria saying ‘we can’t fit our clients in’, whereas our Melbourne GPs told us ‘we don’t have any clients’.”

GPs at LCHS, regardless of where they are based, operate on one central management system.

“That’s how we’ve managed to make telehealth work. If you live in Gippsland but our next available GP appointment is at one of our metro sites (with a metro GP), it doesn’t matter because you can see that doctor via telehealth

and that doctor can access your file on our central system. This helps with continuity of care,” she said.

The rollout of telehealth has changed the landscape of the primary healthcare system for the better, LCHS metro GP practice manager Rachel Baulch said.

“Telehealth is great. It’s taken a pandemic for the government, healthcare providers, the public, everyone, to say ‘well we don’t have another option, so we have to adapt’. Now it’s opened up this whole new world, and changing the way things are done,” Ms Baulch said.

“An example of this is we now have e-scripts. We used to fax everything through, but now we send chemists the e-script straightaway, and then we send the hard copies via registered mail.

“One of our metro sites also offers Saturday morning telehealth. Before the pandemic our Gippsland clients didn’t have access to that, but now Gippsland residents who need a Saturday morning telehealth appointment can do that too.”

Ms Baulch and Ms Romano said when it came to accessing telehealth for the first time, many health professionals and clients embraced the opportunity to upskill and use digital systems.

“Everyone got on board straight away. What has anyone got to lose in this situation?” Ms Baulch said.

Among the benefits of telehealth for clients, Ms Romano and Ms Baulch said, are improved access to GPs, reduced travel time and travel expenses, reduced waiting times and improved continuity of care.

“A lot of our older clients have trouble with transport, so in the past we’ve also needed to organise transport for them if they don’t have family or friends who can help ... but now with telehealth, it is so much easier. Our clients love it,” Ms Baulch said

“If you are a healthy person who works, and you don’t want to take half a day off to go and sit in a GP office with people who are ill to get your run-of-the-mill script that you get every three months, and you don’t need a review, telehealth is perfect,” Ms Romano said.



“Our telehealth appointments give people their life back. Being able to schedule it into your working day and know ‘my telehealth appointment is at 2pm’, is a real advantage.”

Another benefit, Ms Romano said, is the ability for patients to receive care for potentially infectious illnesses while self-isolating. This minimises the risk of transmission.

“Often clients who may be immunocompromised would be sitting in the waiting room with everyone else, so now they’re not sitting in the waiting room if they don’t need to be,” she said.

“And with families, say you’ve got a working mum and the dad has got three kids at home and he has to put them all in the car and take them to the clinic when he just needs a script renewal for his medication ... why would you do that? Why would you have three kids running around a clinic with a dad who’s

stressed out waiting to see a GP and he just needs a medication script reissued? It doesn’t need to be like that.

“We’re looking back at a model of service that worked 50 years ago, but we’ve all moved on.

“And when it comes to face-to-face versus telehealth, you may be able to have about three appointments by telehealth in the space of one face-to-face appointment.”

Recent sweeping changes to the Medicare Benefit Schedule have significantly reduced subsidised telehealth offerings.

As of July 1, some item numbers - including extended consultations, mental health reviews and medication reviews - can no longer be provided via telehealth.

“There’s quite a long list of standard items we would use every day for telehealth that have been taken away from us, and that’s quite devastating, so we’re restricted now in terms of what we can offer patients when we could be doing so much more,” Ms Baulch said.

“It’s not feasible as an ongoing service if it’s too limited in what we’re able to offer. We’d like to see a broader range of consults available via telehealth to give this platform longevity.”

While telehealth will irrefutably remain a critical facet of healthcare into the future, there is more to be done to bring Australia up to speed with the rest of the western world.

“If I was future-gazing, I’d be looking at avenues to introduce video telehealth and picture health as well, which is something that has been implemented in New Zealand and the UK,” Ms Romano said.

“This is the start of something that’s potentially much bigger.”



Action Plan Theme 4

Local system design and innovation, reducing the burden on the emergency department and creating a multidisciplinary business model for the future.

2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>4.1</p> <p>Commission a review of afterhours primary health care services in Latrobe, including an evaluation of the Moe After-Hours Medical Service (MAHMS) and a cost analysis of avoidable Emergency Department presentations at Latrobe Regional Hospital.</p> <p>Areas to focus on include;</p> <ul style="list-style-type: none"> • Understanding the barriers that prevent Latrobe communities from accessing general practices and the underlying reasons for avoidable emergency department presentations. • The cost effectiveness of increased utilization of other health professionals or services including practice nurses, registered nurses, specialist nurses and pharmacies. • Models that are being implemented elsewhere such as the Philip Island Health Hub and models that have strong integration with pharmacies. 	<p>4.1</p> <p>Commission a review of afterhours primary health care services in Latrobe, including an evaluation of the Moe After-Hours Medical Service (MAHMS) and a cost analysis of avoidable Emergency Department presentations at Latrobe Regional Hospital.</p> <p>Areas to focus on include;</p> <ul style="list-style-type: none"> • Understanding the barriers that prevent Latrobe communities from accessing general practices and the underlying reasons for avoidable emergency department presentations. • The cost effectiveness of increased utilization of other health professionals or services including practice nurses, registered nurses, specialist nurses and pharmacies • Models that are being implemented elsewhere such as the Philip Island Health Hub and models that have strong integration with pharmacies 	<p>At the time of releasing the revised action plan a Coordinating Agency for this action has not yet been finalised.</p> <p>Victorian Department of Health & Gippsland PHN & Latrobe Community Health Service & Pharmacy Guild of Australia & Local general practices including those not currently involved in MAHMS. & Monash Rural Health (Gippsland Regional Training Hub)</p>



2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>4.2</p> <p>Evaluate the systems changes that have occurred within local health services as a result of COVID-19. Identify what has worked well and what could be improved, with a view to embedding these innovations into future primary health care operating models.</p> <p>Areas to focus on could include;</p> <ul style="list-style-type: none"> • Emergency department triage systems and integration with general practices, opportunities to share access to data. • Coordinating a network of general practices to create a Latrobe-wide triaging system, and • Embedding telehealth into the future models of care and addressing issues that relate to access to technology, data and digital literacy. 	<p>COMPLETE</p>	<p>Gippsland PHN In collaboration with:</p> <p>Victorian Department of Health & Australian Government Department of Health. & Ramahyuck District Aboriginal Corporation & Local clinics</p>
<p>4.3</p> <p>Work directly with Latrobe Regional Hospital, Gippsland PHN and primary care settings to implement a Latrobe-wide triage system based on the learnings from 4.1</p> <p>Consider the value of a GP liaison role or network based at the hospital with the aim of strengthening partnerships with all primary care settings and GPs.</p> <p>Consider pathways and the referral processes for patients who present at the Emergency Department with a view to create a seamless transition and direct follow up GP appointment confirmation process prior to discharge.</p>	<p>4.3</p> <p>Work directly with Latrobe Regional Hospital, Gippsland PHN and primary care settings to implement a Latrobe-wide triage system based on the learnings from 4.1 and 4.2.</p> <p>Consider the value of a GP liaison role or network based at the hospital with the aim of strengthening partnerships with all primary care settings and GPs.</p> <p>Consider pathways and the referral processes for patients who present at the Emergency Department with a view to create a seamless transition and direct follow up GP appointment confirmation process prior to discharge.</p>	<p>Latrobe Regional Hospital In collaboration with:</p> <p>Gippsland PHN</p>



Action Plan Theme 4 (continued)

2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>4.4</p> <p>Bring together the State, Commonwealth and other relevant stakeholders to design a business and service model for general practices in Latrobe. In doing so, consider the long-term needs of health service operators, general practitioners and their health service colleagues, population health trends and future needs. Aspects to consider further include;</p> <ul style="list-style-type: none"> • An integrated funding model to enable greater utilisation of Nurse Practitioners, practice nurses, allied other health professionals in general practices • Funding models that are based on population health data and community needs • Patient centred care in community settings via funding that goes direct to private practices • The patient experience and their ongoing relationship with the service, or a team of staff rather than a single doctor • The importance of offering patients a choice of doctor • Ongoing mechanisms for community input / voice • The role of and integration with; the hospital, emergency department, community health services, pharmacies, GP training providers, aged care services • A reorientation towards prevention with a view towards having this as a key design feature or principle of the model • Social prescription and connections to grassroots and community services and activities 	<p>4.4</p> <p>Bring together the State, Commonwealth and other relevant stakeholders including local communities to co-design future models of primary healthcare in Latrobe. In doing so, consider the long-term needs of communities, health service operators, general practitioners and their health service colleagues, population health trends and future needs.</p> <p>Noting that this is a significant piece of work that will need to develop over several years, a multi-year action plan may need to be developed.</p> <p>Aspects to consider further include;</p> <ul style="list-style-type: none"> • An integrated funding model to enable greater utilisation of Nurse Practitioners, practice nurses, allied other health professionals in general practices • Funding models that are based on population health data and community needs • Patient centred care in community settings via funding that goes direct to private practices • The patient experience and their ongoing relationship with the service, or a team of staff rather than a single doctor • The importance of offering patients a choice of doctor • Ongoing mechanisms for community input / voice • The role of and integration with; the hospital, emergency department, community health services, pharmacies, GP training providers, aged care services 	<p>Gippsland PHN In collaboration with:</p> <p>Latrobe Regional Hospital & Federation University & Local clinics Victorian Department of Health & Australian Government Department of Health. & Latrobe Health Assembly & Monash Rural Health (Gippsland Regional Training Hub) & Ramahyuck District Aboriginal Corporation & Latrobe Community Health Service & Federation University</p>



2020-21 ACTION	2021-22 ACTION	COORDINATING AGENCIES
<p>4.4 (continued)</p> <ul style="list-style-type: none"> Ensuring enough funding, capacity and the right culture to recruit, train and supervise doctors and other health professionals on an ongoing basis The overall network of general practices in Latrobe and how they can function as an entirety or overall system to better and more efficiently cater for the diverse needs of Latrobe communities 	<p>4.4 (continued)</p> <ul style="list-style-type: none"> A reorientation towards prevention with a view towards having this as a key design feature or principle of the model Social prescription and connections to grassroots and community services and activities Ensuring enough funding, capacity and the right culture to recruit, train and supervise doctors and other health professionals on an ongoing basis The overall network of general practices in Latrobe and how they can function as an entirety or overall system to better and more efficiently cater for the diverse needs of Latrobe communities 	

Stories of Change

Innovations in Digital Health

Action Plan Themes Identified



Building an integrated system of health that considers multiple factors across the lifespan inclusive of community, carers and consumers is critical. This was at the centre of Gippsland Primary Health Network's One Good Community General Practice (OGC GP) Grants with

the aim to build the capability of general practice to adopt and embed digital tools and technologies.

Gippsland PHN Chief Executive Officer, Amanda Proposch, said digital health enabled the building of a contemporary, quality health system that is outcomes-focused and value-based.

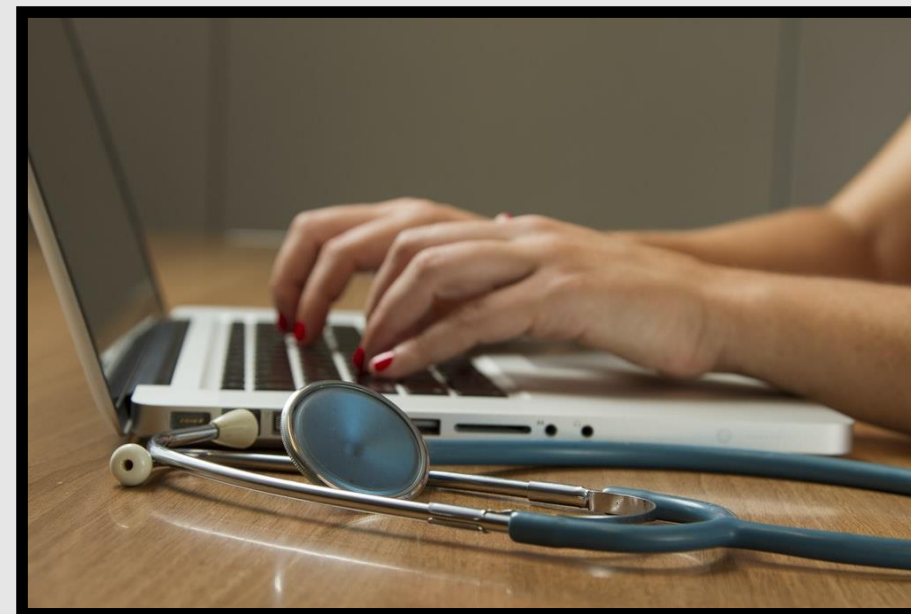
"By embedding the use of digital health tools and technologies into general practice, the One Good Community General Practice program seeks to encourage general practice to shift models of care to impact positively on the health and wellbeing of community, carers and family who care for people living with chronic, complex health and mental health issues," Ms Proposch said.

Initially, Gippsland PHN conducted a Digital Health Maturity assessment which tiered general practices into three levels. The funding available was dependent on the general practice digital health maturity level.

Of the 34 expressions of interest from Gippsland general practices for the OGC GP grants, nine are from Latrobe City.

General practices selected a range of tools from the One Good Community Digital Health toolbox.

The Digital Health Toolbox seeks to drive positive change in health behaviours through quality improvement and improved access, adoption and use of digital health tools and technologies across the healthcare sector.



The toolbox consolidates all of the digital health tools, technologies and resources to drive improvements in the delivery of healthcare to the people of Gippsland. Outcomes to-date include:

- General practices have reported an improved understanding and use of a range of digital health tools
- Processes updated to promote patient and general practitioner uptake of My Health Record, resulting in increases in Shared Health Summary uploads to the platform

- Digital platforms such as Healthdirect video call and e-prescribing have facilitated improved access for patients, with general practices reporting positive uptake.
- Monitoring devices have been purchased by general practices to support the remote monitoring of patients with chronic health conditions.
- Training has been provided to staff on My Health Record and e-prescribing.
- Processes were established to identifying target chronic health cohorts to support insight and planning across the areas of clinical, business and accreditation for general practice.

Gippsland PHN will continue working with general practices to enable them to continue to adopt and embed Digital Health programs.

The Remote Patient Monitoring program is one of a range of 'tools' in Gippsland PHN's One Good Community Digital Health Toolbox.

Every morning, a group of Latrobe residents do a simple check of their symptoms and vital health signs and input the information into their mobile phone. They press "send" and within no time, this information is being checked by their local general practice. If any change in a person's condition is detected, a practice nurse can determine the best course of action for the patient. This could be liaising with the patient's general practitioner for an appointment, video call or direct messaging the patient.

This new digital software platform from Gippsland PHN, called Lifeguard, allows health professionals to monitor their patients, who remain in the comfort of their own homes, in real-time.

The remote patient monitoring program was rolled out to Latrobe Valley general practices through the One Good Community General Practice grants to assist patients living with chronic and complex health conditions. The program objective is to keep people living with a chronic condition well and at home, living their best life and achieving health outcomes that matter to them.

The Lifeguard platform enables health professionals to easily monitor the health status of multiple patients at once. Practice nurses or care coordinators monitor patients via the platform and if a participant reports outside their threshold, it triggers an alert on the system.



Only patients reporting clinically significant deterioration create an alert on the system, driving the ability to detect patient deterioration and enable early intervention. The Lifeguard platform helps take the worry out of knowing what signs or symptoms are normal. The app can be used by the patient's family member, friend or carer if the patient is unable to use it.

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Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



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