



2 June 2017

Service Delivery in Indigenous Communities
Queensland Productivity Commission
PO Box 12112
George Street
QLD 4003

PHONE 07 3105 8300
FAX 07 3105 8301
STREET Level 2, 55 Russell Street
South Brisbane QLD 4101
POST PO Box 3205
South Brisbane QLD 4101
checkup.org.au

Dear Sir/Madam

Re: Response to inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities

Thank you for the opportunity to respond to the Queensland Productivity Commission's (QPC) inquiry into service delivery in remote and discrete Aboriginal and Torres Strait Islander communities. CheckUP is a not-for-profit organisation dedicated to better health for people and communities who need it most. Our organisation has an established service footprint, providing a range of innovative health programs and community focused initiatives across 179 Queensland locations. We work collaboratively, across Commonwealth, State Governments and the not-for-profit sectors to ensure targeted, responsive services are provided for children, adults, and families in urban, regional, rural and remote locations across the state. We currently fund outreach service delivery into 35 of the discrete Aboriginal and Torres Strait Islander communities listed in Appendix C of the QPC consultation paper. Our unique approach to the design of programs and services we deliver is informed by our in-depth understanding of the demographic diversity of Queensland communities and their needs.

CheckUP is the jurisdictional fund holder for the Commonwealth Outreach health programs in Queensland. The programs have been a flagship Commonwealth Government initiative since 2001 and aim to improve access to health care services for rural and remote and Aboriginal and Torres Strait Islander. Outreach funds are comprised of the following:

- Rural Health Outreach Fund (RHOF);
- Medical Outreach Indigenous Chronic Disease Program (MOICDP); incorporating Eye and Ear Surgery (from 1 July 2015) and Indigenous Nutrition Services (from 1 July 2016)

- Healthy Ears; Better Hearing, Better Listening (HE; BH, BL); and
- Visiting Optometry Scheme (VOS).

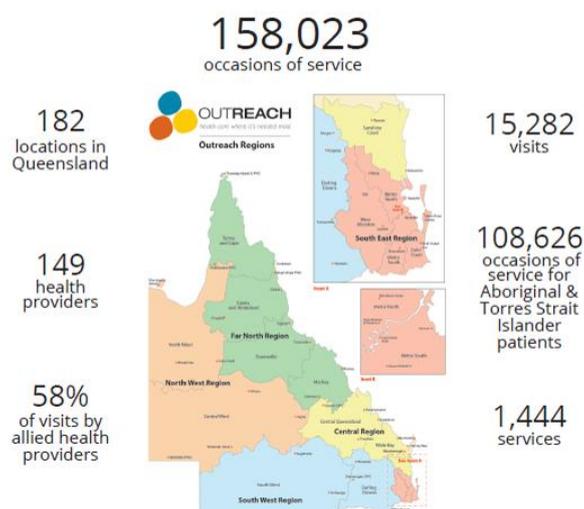
The total funding allocation for outreach program service delivery in Queensland for 2016-2017 was \$16.6 million. All Commonwealth Department of Health funded Outreach services are delivered in line with the established health priorities of the respective programs and service delivery standards, with the main reporting indicators being service outputs such as patient numbers, waitlists, and the proportion of Aboriginal and Torres Strait Islander patients seen.

The Commonwealth Department of Health's appointment of CheckUP in 2013 maximised efficiency through the avoidance and duplication of program administration by multiple organisations. Centralised expertise, automated systems and engaged networks developed by CheckUP have assisted in supporting statewide planning, service delivery, evaluation and health practitioner recruitment. The approach has delivered significant benefits for regionally-based organisations and increased efficiencies by integrating all activities under a single fund holder. Coordination of the outreach programs by CheckUP has enabled individuals and communities to gain improved access to much-needed health services closer to home. Funding is allocated to providers to overcome the financial disincentives of delivering Outreach services to disadvantaged populations while at the same time requiring providers to demonstrate that their services do not contribute to barriers of access (e.g. provide bulk billing options, are delivered in a culturally appropriate facility/manner).

The following image presents a summary of services delivered during 2015/16.

OUTREACH BY THE NUMBERS

Statistics for the period July 2015 to June 2016

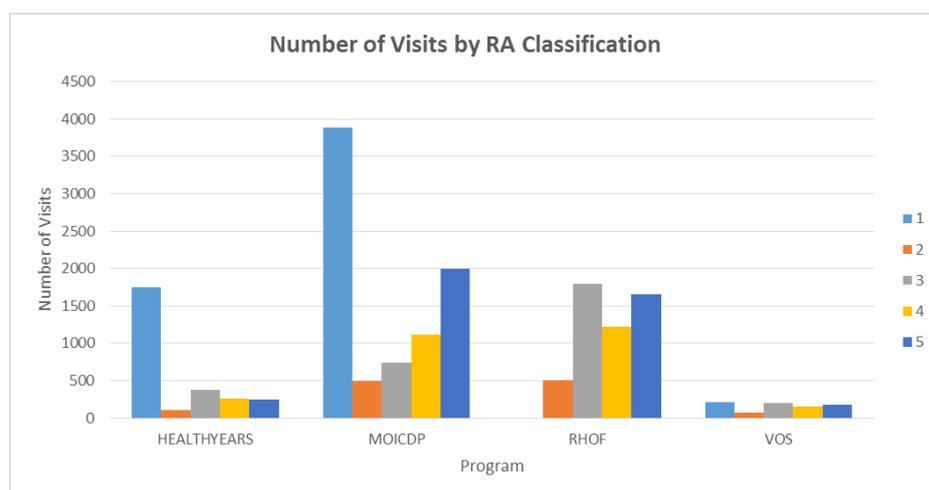


MEASURING SERVICE EFFECTIVENESS THROUGH INCREASED ACCESS AND AVAILABILITY OF SERVICES ACROSS QUEENSLAND

An independent analysis of CheckUP’s model and delivery of Outreach services conducted by Flinders University, Northern Territory (2016) found there was an improved overall access to primary health care services between 2013/2014 and 2015/2016. This was reflected by not just a statistically significant increase in occasions of service (OOS) for the entire state, but also for Aboriginal and Torres Strait Islander peoples.

In 2013/2014, approximately 70,000 OOS were delivered, compared to 120,000 in 2014/2015 and 160,000 in 2015/2016 – a 129% increase in service delivery over this period, allowing more OOS.

Close to 70% of all occasions of service (OOS) across Queensland were delivered to Aboriginal and Torres Strait Islander people. Flinders University also found CheckUP provided increased availability of outreach service across the state over the last three years. The number of visits made by health professionals increased from 5,688 in 2013/2014 to 15,315 in 2015/2016.



Almost 80% of CheckUP’s overall outreach investment for the 2016/2017 financial year supports service delivery in regional, rural, remote and very remote locations in Queensland.

Considering the overall QPC Consultation Paper, CheckUP feels we are best qualified to provide response against the section “Issues that affect service performance – Coordinating

service delivery” – see below a summary of issues, that in our experience, either impedes or supports effective service delivery coordination.

How effective are the current arrangements for coordinating service delivery in remote and discrete communities?

CRITICAL ENABLERS FOR SUCCESS

The successful implementation of outreach programs in Queensland has been dependent on a number of key enablers, including the following:

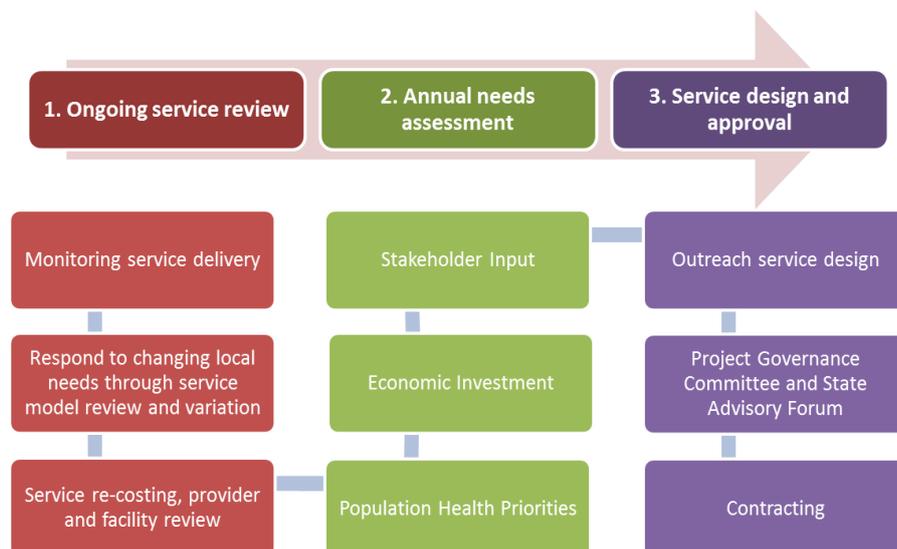
1. STATEWIDE KNOWLEDGE AND COORDINATION

CheckUP’s vantage point as a single jurisdictional fundholder has delivered improved program outcomes, driven growth and provided statewide outreach service delivery in collaboration with Primary Health Networks (PHNs) and other regionally-based organisations. From a statewide perspective, the model has been able to achieve equitable distribution of program resources across Queensland by prioritising support for communities that are most disadvantaged and isolated.

In our experience, statewide recruitment and coordination of services ensures that service delivery to discrete Aboriginal and Torres Strait Islander communities is efficient, avoids duplication and facilitates the timely recruitment of providers that are not always available for individual communities. CheckUP’s model is able to leverage its statewide perspective and facilitate the transfer of innovative, patient-centered outreach models to communities in different regions with similar health needs.

Using a regional structure and system of review of service needs ensures that service delivery is able to be responsive. Duplication of services are minimized through the structure of stakeholder engagement and data management systems. Services no longer required can be decommissioned and are kept on a “reserved list”, to be made available for re-emerging needs.

Diagram below represents CheckUP's process of ongoing cycle of service review:



2. PARTNERSHIP WITH QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL

Two of the four outreach funding streams focus exclusively on improving access to health services for Aboriginal and Torres Strait Islander communities and all four programs require high levels of participation by Aboriginal and Torres Strait Islander people.

The partnership between CheckUP and QAIHC is critical in achieving these objectives. It has enabled active engagement with Aboriginal Community Controlled Health Services (ACCHS) across Queensland, ensuring that outreach services are culturally appropriate and targeted to those communities most in need, particularly those isolated and discrete communities which are the focus of this enquiry. The state level partnership with QAIHC is complemented by a regional structure incorporating six regionally based coordinators and regional planning forums that ensure engagement of local communities and stakeholders.

CheckUP not only ensures service providers undertake cultural awareness training, but as a culturally responsive organisation, works closely with QAIHC to review ways in which it can further ensure providers are culturally competent. Our work in this areas is also guided by our Reconciliation Action Plan (RAP) and Clinical Governance Advisory Group (CGAG).

3. REGIONAL STRUCTURE

CheckUP has applied a regional approach to all aspects of the governance, planning, delivery and management of Outreach programs. Critical elements of this structure include a small workforce of six regional coordinators who are distributed across Queensland as well as Regional Planning and Consultation Committees that ensure services are tailored to local needs.

An independent review of CheckUP's regional structure conducted in 2015 by consultancy firm Rural Health Consulting found that since its introduction, the outreach programs and their stakeholders have benefited from increased coordination with local services, improved communication with local service providers and stakeholders, enhanced integration with local services and more effective engagement of Queensland's Aboriginal Community Controlled Health Services.

The following image represents the six regions managed by a Regional Coordinator:



The Regional Coordinators each manage one or more Regional Planning Coordination Committees (RPCCs) which are comprised of a selection of key stakeholders who represent the local health needs and provide health services to the region. RPCCs each include one-two community members. Meetings are held two-four times per year and provide feedback and

input on service prioritisation and design. Aside from engagement conducted through RPCCs, RCs ensure community-by-community engagement, ensuring intimate knowledge of discrete and specific needs and then work closely with local stakeholders to support the most effective, efficient and culturally appropriate service to that community.

4. INTEGRATION WITH PHNs AND THE BROADER HEALTH SYSTEM

CheckUP has established valuable partnerships with community members, private health care providers, PHNs, ACCHSs, Hospital and Health Services, peak health bodies and organisations outside of the health sector, such as local Councils. These partnerships enable CheckUP to deliver comprehensive primary health care to those who need it most. CheckUP's position as the state administrator of outreach services has facilitated the transfer of innovative, patient-centred outreach models for communities in different regions with similar health needs and demographic, socioeconomic and geographic characteristics. This has been achieved by:

- Sharing good practice case-studies and models of care between Regional Coordinators and RPCCs.
- Actively supporting local practitioners and service coordinators to adopt a model of care that has proven successful elsewhere in the state.
- Supporting an outreach health practitioner to deliver services in more than one region.
- Joint planning with HHSs, PHNs and other key stakeholders.

CheckUP has actively worked to contribute to needs assessment and commissioning activities undertaken by the PHNs and utilised these links as a mechanism to coordinate and inform both PHN and outreach program planning. Examples of CheckUP/PHN collaborative initiatives include:

- Providing granular, geographic-specific outreach health service data to PHNs e.g. location, clinic, hours, number of consultations, service costs, Aboriginal identification, service benchmarking and trend analysis;
- Inclusion of PHN representatives on our RPCCs, which are responsible for planning, prioritisation and monitoring of services at the regional level;
- Inclusion of PHN representatives on our recently established Data and Planning Advisory Group which is responsible for overseeing our statewide annual needs assessment and planning process.

Cross sectoral communication, collaboration and planning is key to ensuring discrete Aboriginal communities have access to adequate levels of service, the most appropriate models of care

and that efforts are not unnecessarily duplicated, nor result in a fragmented approach, which can hinder quality patient care pathways.

5. SERVICE QUALITY

Quality of healthcare is important and CheckUP supports this through a combination of effective governance, training, effective management of resources, design and implementation of clear processes, support for qualified and credentialed health professionals, and through collaboration with and compliance by service providers.

Services, including those provided to the discrete Aboriginal and Torres Strait Islander communities mentioned in the consultation paper, are tailored to local input and feedback and are routinely reviewed through a number of strategies to ensure they align with demand and service utilisation statistics. Timely post-visit service provider reporting, patient, provider and facility feedback mechanisms, input and guidance from a number of governance structures i.e. State Advisory Forum, Clinical Governance Advisory Group and sub-committees RPCCs annual needs assessment, and ongoing feedback from Regional Coordinators. Outreach Service Agreements, and access to online resources and training further enhance service provision and ensure quality service delivery.

CRITICAL CHALLENGES FOR FUTURE SUCCESS

BARRIERS TO EFFECTIVE COORDINATION AND IMPROVED HEALTH OUTCOMES

1. Organisations responsible for providing health care are limited by restrictive legislation and policy which can make integrated healthcare difficult. Changes and collaboration may require Government funder permissions and commitment at a senior level, before filtering down through an organisation for changes on the ground to occur. For example, Qld Health recently requested CheckUP provide financial data so that they could fully understand and cost the provision of Commonwealth funded outreach Ear, Nose and Throat services. Although CheckUP is able to see great benefit in the outcome, it was necessary for specific permission to be gained before this information could be gained. This caused some level of delay and CheckUP is hopeful that Qld Health will see value in sharing their findings with us, so that it can be shared with the Commonwealth.
2. Poor or no local or regional health strategies/plans or models of healthcare, makes it difficult to provide a coordinated approach across services without agreed goals or frameworks.

3. Silos of services provided by multiple agencies can make it difficult for patients and clinicians to navigate the local healthcare system and ensure patients get the highest quality treatment in the most effective and culturally appropriate way.
4. Multiple sets of clinical data means some clinicians must copy medical notes multiple times to share medical histories. Health organisations may not be accurately recording population health data if data sets are fragmented.
5. Ineffective, nil, or confusing referral pathways and referral criteria makes it difficult for patients to get entry into a system, or entry at an appropriate time for treatment.
6. Patient and families sent to appointments in unfamiliar towns and regional centres without adequate supports and coordination can make it difficult to navigate and stay on. Patients may not then have received the planned care.
7. Patients' needs and priorities may not be considered when treatment plans are developed, disengaging patients and reducing success of an improved outcome.
8. Poor communication and disagreement between clinicians, local service managers, state-wide and Commonwealth planners around patient management.
9. Duplication and multiple layering of services into areas is an ineffective use of resources, and may not adequately meet needs if not well coordinated.

AN EXAMPLE OF SERVICE DUPLICATION AND INEFFECTIVE SERVICE COORDINATION

In some areas multiple local, state and Commonwealth providers are visiting communities for the provision of services for specific areas, with hearing health as one example. CheckUP recently initiated and facilitated a stakeholder meeting between a local discrete Aboriginal and Torres Strait Islander community medical centre, the local HHS facility, the State run Healthy Hearing program, a Commonwealth Hearing program, the regional HHS tertiary hospital ENT service and CheckUP's funded visiting audiologist. Although all of these providers were linked together in their goal to improve the hearing health of Aboriginal and Torres Strait Islanders, some providers were not aware that there were other services visiting, or of the range of services currently being provided. They were also not aware that they were able or how they could refer to others; not aware that their own referral criteria could restrict external organisations' access; were servicing some groups multiple times while other groups inadequately; and finally there was no shared database or way of tracking whether patients entering the system were progressing through to achieve an outcome. One provider commented that they had waited five years for a meeting like this to occur.

WAYS TO IMPROVE COORDINATION

1. Clear local health strategies and agreed models of health.
2. Seamless provision of services through well-coordinated integrated Primary Health Care Centres and local HHS.
3. Shared clinical data.
4. Referrals pathways and agreed referral criteria.
5. Patient navigators.
6. Patient centered approaches.
7. Strong, effective and ongoing communication between clinicians, local service managers, state-wide and Commonwealth planners
8. Reduction of duplication and multiple layering of services into potentially “over serviced” rural and remote communities. It may be that some services need to be decommissioned while others need to be enhanced.
9. To assist in managing demand re-invest in early prevention and health promotion, through focused funding, intersectoral collaboration and more flexible funding pools..

EXAMPLES OF WHERE THERE HAS BEEN EFFECTIVE COORDINATION

Not only does CheckUP facilitate its own RPCCs, but throughout 2016 and 2017 CheckUP has participated in a number of working groups focused on improving service coordination across organisations and regions. The following are committees or working groups which CheckUP has been involved in;

- Regional Health Partnership – Torres Cape HHS, Cairns and Hinterland HHS, Royal Flying Doctor Service (RFDS), Apunipima and Northern Qld PHN.
- Western Corridor - Integrated Care Innovation Project – WQHHS, Western Qld PHN, RFDS and North West Remote Health.
- Deadly Kids Deadly Futures Steering Committee on implementing Action Plan – Deadly Ears (CHQHHS), Institute for Urban Indigenous Health and Deadly Ears.
- North West Region Eye Health Coordination Committee –North West HHS, private providers, IDEAS Van.

A specific example of a cross sectoral Commonwealth/State Government initiative is the provision of allied health services (psychology, occupational therapy, speech pathology) into

some of the schools in these discrete communities. Commonwealth Department of Health funding supported a State Department of Education investment to pay for the travel and accommodation expenses associated with the allied health professional service delivery. In 2016, across six rural and remote Qld schools, 4,321 allied health therapies were provided – including 1,374 Psychologist sessions; 1,400 Occupational Therapist sessions; 1,373 Speech Pathologist sessions and 174 Clinical Psychologist sessions.

We trust that this information is useful to your Inquiry. If you require additional information or clarification, please do not hesitate to contact either myself or Karen Hale-Robertson, Chief Operating Officer – Health Services on 07 3105 8300 or khale Robertson@checkup.org.au.

Yours faithfully



Ann Maree Liddy
Chief Executive Officer