

# Nepean Blue Mountains Primary Health Network

**On 1 July 2015, Nepean-Blue Mountains Medicare Local (NBML) transitioned to the Nepean Blue Mountains Primary Health Network (NBMPHN).**

The Primary Health Networks (PHNs) are an initiative announced by the Federal Government in May 2014, following recommendations from the Horvath Report.

Across Australia, 61 Medicare Locals have been replaced by 31 Primary Health Networks (PHNs). In our region, the boundaries for the NBMPHN have remained the same as they were for NBML - covering the four LGAs of Blue Mountains, Hawkesbury, Lithgow and Penrith - which also aligns exactly with the NBM Local Health District region.

We have been putting in place the necessary organisational framework needed for the PHN to make the transition period as seamless as possible for the local community.

This Fact Sheet provides an overview of the PHN and what it means for healthcare professionals and the people in our community.

## The objectives of the NBMPHN

PHNs are being established with the key objectives of:

1. Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes. *In the Nepean Blue Mountains region this may include Aboriginal communities, people living with chronic and complex conditions, those living in rural areas, low socioeconomic groups and people with mental illness.*
2. Improving coordination of care to ensure patients receive the right care in the right place at the right time.

## Services, Commissioning & Partnering

Where possible, the PHNs will endeavour to ensure continuity of services from the Medicare Local.

The objectives of the NBMPHN are similar to that of the Nepean-Blue Mountains Medicare Local – we will continue our efforts to improve the patient journey, to support health practitioners, to achieve more integrated health care, to identify local needs and to work with other partners to address these needs.

By the second year of operation, the NBMPHN will move to a commissioning model. Commissioning is a holistic approach which includes:

1. Assessing and prioritising local health needs and gaps
2. Planning and designing services or solutions based on evidence
3. Purchasing services or delivering interventions
4. Monitoring and evaluating outcomes and improvements

The NBMPHN Clinical Council, GP and Community Advisory Committees will guide this process.

“Medicare Locals have previously been involved in purchasing and commissioning services to some degree,” explains Acting NBMPHN CEO, Lizz Reay.

“Last year, NBML identified gaps in After Hours GP care, working with practitioners in the region to identify local solutions and contracting those services to provide more comprehensive after hours services for the community.”

“The solutions were different in each LGA and included extension of GP deputising services to areas previously not covered, supporting GP practices and pharmacies to extend their opening hours and supporting after hours GP clinics.

NBMPHN will continue the evaluation of the impact of these strategies with indications already of improved access for the community.”

Rather than providing services directly, NBMPHN will contract healthcare services wherever possible, except where the local area does not have specific services available. ATAPS is a good example of how this was previously done by NBML, funding the provision of psychological support for patients in our region by purchasing services from about 100 local private allied health providers for eligible patients.

NBMPHN will collaborate with a wide range of local health and non-health organisations who also strive to achieve improved health outcomes for the region. This includes the Local Health District, local councils, non-government organisations, private businesses, and organisations that impact health, such as transport providers. ■

## Clinical Councils

*A requirement of the PHN will be to establish a GP-led Clinical Council to inform Board decisions on the needs of the region and strategies to address these needs.*

*The Clinical Council will be comprised of multi-disciplinary members such as GPs, allied health professionals, practice nurses, health consumers, specialist clinicians, hospital representatives and representatives with skills in population health planning, research and evaluation.*



# What the NBMPHN means for you?



## General Practice & the NBMPHN

The contribution of GPs dedicated to improving health outcomes of patients has always been invaluable in the region.

GPs will continue to play a significant role in the NBMPHN and a new 'GP engagement model', developed in consultation with GPs late last year, will introduce improvements to how we manage gathering and acting on GP feedback, including:

- ✓ Providing additional ways for GPs to provide feedback on issues that affect them, their practices and their patients
- ✓ Establishing a Regional GP Advisory Committee with representatives from the four LGAs to act as an advisory body to the NBMPHN Board
- ✓ Continuing practice support services for quality improvement, such as accreditation and data management, ehealth and workforce support
- ✓ Enhancing education guided by local GP advisors to not just deliver important information to GPs but also provide a vehicle for GP feedback and networking
- ✓ Facilitating communication support to GP member-based organisations
- ✓ Increasing GP input into programs conducted by the NBMPHN – with more opportunities to share their expertise and areas of interest



## Allied Health & the NBMPHN

The NBMPHN will build on the collaboration NBMML established with allied health providers. This includes strengthening connections for local allied health professionals with GPs and others in the acute care team, as well as growing initiatives already in place such as:

- ✓ Building upon the existing online Healthcare Professional forum as a tool to enable inter-disciplinary discussion and ultimately improve patient outcomes ([www.facebook.com/groups/nbmhcps](https://www.facebook.com/groups/nbmhcps))
- ✓ Expanding Secure Messaging capabilities that currently involves over 70 individual allied health providers in sending and receiving electronic referrals and feedback reports between GPs and allied health providers
- ✓ Increasing educational opportunities in support of multidisciplinary care and local referral pathways
- ✓ Introducing more formalised structures for allied health providers to have a say via a local Allied Health Stakeholder Group and allied health representation on the NBMPHN Clinical Council
- ✓ Tackling region-wide priorities by encouraging allied health providers to share concerns and ideas on how to improve patient care within their own specialty and identify issues that cross multiple disciplines



## Health consumers & the NBMPHN

The NBMPHN will continue the work conducted by NBMML that was nationally recognised as a leader in health consumer engagement. We will take our achievements in this area a step further. A Community Advisory Committee will be established, drawing from existing health consumer working groups in place since 2013, to:

- ✓ Advise both the NBMPHN and NBMLHD Boards to ensure that decisions and innovations are patient-centred, high-quality and responsive to local community needs
- ✓ Provide a community and health consumer perspective on deliberations of the NBMPHN's Clinical Council and Regional GP Advisory Committee
- ✓ Gather the views and experiences of health consumers and carers in the community to identify needs and solutions where there are gaps and inefficiencies in local health services
- ✓ Work with the NBMLHD to develop ways to engage patients, carers and other health consumers in the planning, design and evaluation of health services