

# Identifying Strategic Issues – Allied Health in the Nepean Blue Mountains Primary Health Network Region

a discussion document prepared by the Allied Health Clinical Council

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# **Purpose of this Discussion Paper**

The purpose of this paper is to outline the contemporary and emerging issues facing Allied Health in the Nepean Blue Mountains region, as identified by the Allied Health Clinical Council (AHCC) of Wentworth Healthcare. These matters will likely resonate with the broader Allied Health workforce across Australia.

The Allied Health Clinical Council is a relatively unique structure in the current landscape – constituted as it is of a range of Allied Health Professionals and tasked with advising the Wentworth Healthcare Board regarding strategic priorities for Allied Health in the region.

For some years, the AHCC has raised various important issues, which Wentworth Healthcare has been, in some instances, able to support in principle – but is not directly funded to implement or address within existing resources. The pathway to resolution of these issues is often ill-defined, which points toward structural and governance-related factors in stymieing advances for the Allied Health workforce more broadly at State, National, and Industry levels.

The Chief Allied Health Officer, Dr Anne-marie Boxall, as a recent appointment by the Federal Government, has been tasked with supporting the Australian Government's:

- Primary Health Care 10-Year Plan
- Health Workforce Reforms
- Stronger Rural Health Strategy.

The AHCC have prepared this discussion paper for the benefit of Dr Boxall and other parties with an interest in exploring and addressing strategic priorities for the Allied Health workforce across Australia.

# **About Wentworth Healthcare**

Wentworth Healthcare is a local not-for-profit organisation whose vision is to improve the health and wellbeing of people in the Blue Mountains, Hawkesbury, Lithgow and Penrith.



Wentworth Healthcare is the provider of the Nepean Blue Mountains Primary Health Network (NBMPHN), who prioritise the concerns of our community and stakeholders in three main ways:

- 1. Supporting general practice to provide high quality care to their patients
- 2. Commissioning local health services to meet the needs of our community
- 3. Connecting and integrating different parts of the local health system, so people don't get 'lost' when they move from one health service and system to another, supporting the notion of 'one' health system for the people of our region.

#### Governance

Wentworth Healthcare is governed by a skill-based Board of nine Directors.

Wentworth Healthcare Limited (Wentworth Healthcare) Board's vision for improved health and well-being of people in our community, is underpinned by the mission and strategic objectives within the five year Wentworth Healthcare <u>Strategic Plan</u>.

The development and implementation of the Strategic Plan is supported by Wentworth Healthcare's key stakeholder groups including General Practitioners, Allied Health Professionals and community and health consumers.

# Board Advisory Committees

Four Advisory Committees have been established to ensure that key stakeholder groups are able to contribute effectively towards Wentworth Healthcare Board strategic decision making. The four Advisory Committees support the Company by providing advice and local perspectives. These Advisory Committees, listed below, comprise representation from local Allied Health, General Practice, other primary care providers and community and health consumers:

- Allied Health Clinical Council
- General Practitioner Clinical Council
- Community Advisory Committee (Joint with Nepean Blue Mountains Local Health District)
- Integrating Care Clinical Council

### The Allied Health Clinical Council

The Allied Health Clinical Council (AHCC) is an Advisory Committee of the Wentworth Healthcare Board and members are appointed to assist the Board in fulfilling the objectives of Wentworth Healthcare's strategic plan.

The AHCC was formally established in 2016 and represents Allied Health Professionals from a range of disciplines, in our four LGAs (Blue Mountains, Hawkesbury, Lithgow and Penrith). In this regard, the AHCC now comprises a well-established group, and the early creation of the group reflects the vision of Wentworth Healthcare in including Allied Health voices in strategic decision making.

AHCC advises the Board on recommended strategies to address region-wide issues facing Allied Health Professionals, while also considering the unique needs and concerns of each local community.

Key duties of the AHCC include

- Represent Allied Health Professionals within each LGA, ensuring all Allied Health Professionals have an opportunity to share their concerns and ideas, regardless of their location in urban, outer urban, rural and remote communities.
- Provide regular reports to the Wentworth Healthcare Board, containing advice and strategy to address region-wide issues facing Allied Health Professionals, while also considering the unique needs and concerns of each local community
- Support Wentworth Healthcare to engage with and effectively support Allied Health Professionals in the region to deliver high quality, accessible and integrated primary healthcare.
- Consider issues raised by Allied Health Professionals that affect primary healthcare, hospitals, Residential Aged Care Facilities, workforce, education and training and other health agencies.
- Advocate, where appropriate, on behalf of Allied Health Professionals within the region on issues that affect their patients' ability to access high-quality primary healthcare, acute care and rehabilitation services.

While the AHCC has enjoyed considerable and ongoing success in addressing several local issues, and in so doing provides a workable model for other regions to adopt, the AHCC consider that there are broader issues and opportunities facing Allied Health Professionals in our region that beget a coordinated response at higher levels of government.

# Australia's Long Term National Health Plan

There are four key pillars in the National Health reform plan:

- 1. Guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme (PBS)
- 2. Supporting our public and private hospitals, including improvements to private health insurance
- 3. Prioritising mental health and preventive health
- 4. Investing in health and medical research.

The AHCC support these pillars and this paper aims to identify specific issues, barriers and opportunities to assist in delivering this Plan.

Wentworth Healthcare's response to the Primary Health Reform Steering Group Draft recommendations on the Australian Government's Primary Health Care 10 Year Plan, July 2021, can be found <u>here</u>.

# **Issues facing Allied Health**

### COVID-19

During this COVID-19 period, AHPs have provided a trusted voice for patients.

- Role of AHPs in educating consumers/patients, vaccinations etc.
- Practitioner exhaustion from high Telehealth (including video) use
- Practitioner exhaustion as "informal counsellors" for to face-to-face patients

• The AHCC were involved in the preparation of the Wentworth Healthcare COVID Allied Health Plan

## **Workforce Shortages**

There is an immediate shortage of qualified staff and is becoming an increasingly more challenging area for local businesses

- Widespread, but especially prominent in the region
- · Sense of un-meet-able demand for Mental Health Services
- New gaps in groups missing out on services sometimes due to the often long-term or chronic level of difficulties being treated by AHPs
- The role of Allied Health Professionals in health care does not appear to be recognised or valued. This could be addressed by.
  - o Integrated function in the shared care of patients
  - Opportunity for reinforcement of health messaging across the professions

#### Western City Deals

Wentworth Healthcare is a part of the Western City Deals which recognises the skills gaps.

#### **Need for a Workforce Strategy**

There are challenges in preparing a strategy

- Not much documentation on AH broadly
  - Mason report; <u>https://www1.health.gov.au/internet/main/publishing.nsf/Content/review-australian-government-health-workforce-programs</u>
  - o https://academic.oup.com/ijpp/advance-article/doi/10.1093/ijpp/riaa022/6107195
- Most is focused on public system
- Fragmented small practices in allied health that work in isolation of members of their own profession and other professions
- Time poor practitioners in allied health who do not have energy to change the health system
- Worth noting some new courses have yet to have a graduating cohort, ie. Western Sydney University (Speech Pathology) are only in their 2nd year of students in undergraduate degree (new course)
- Research data on where training programs are, and publish these
- Encouraging mentoring of local students to return to practice in local area
- Links to local high schools to encourage entry into allied health e.g., careers markets
- Increased government/university incentives to retain workforce in regional areas e.g., bonded university placements, rural practice maintenance allowances to fund increased salary requirements

Collaborating with universities

- Undergraduate training and development source of local potential employment
- Research programs
- Consider provision of undergraduate scholarships to underprivileged groups in our area for undergraduate study, with indentured first five years to our region. e.g. indigenous or low socioeconomic students in our region, with linkages to industry and business to help financially support this

## **Multiple Professions within "Allied Health" remit**

There are multiple professions (with no single agreement on what is an AHP) within the broader Allied Health industry.

Each profession has its own national body who (rightly) advocates the needs of their profession and provides input into a range of issues.

Examples of this advocacy (some of which PHNs may not have a position on and therefore not submit),

- Public Hearing for Voluntary Assisted Dying Bill draft
- Professional development area of Elder Abuse
- Aged Care Quality & Safety Commission recommendations

#### Integration

Integration of the Health System is a key objective of the National Health Plan and of Primary Health Networks

Current barriers are listed below,

#### Compliance requirements across multiple systems

Allied Health Practitioners are required to maintain compliance and provide quality services under multiple frameworks. A key challenge for AHPs is that each of these systems are not integrated and appear to be developed in isolation of each other.

- AHPRA
- Unique Allied Health discipline professional bodies
- NDIS
- SafeWork NSW (and agents)
- Private Health insurers
- Commonwealth Medicare Benefits Scheme (MBS)
- Pharmaceutical Benefits Scheme (PBS)
- NSW Health
- New Health Standards (Australian Commission on Safety and Quality in Health Care)

 Australian Commission on Safety and Quality in Health Care – focus of new standard now shifted from broad primary care focus to allied health services – including accreditation requirements.

Often changes in Public Policy or at an individual agency level provides challenges to AHPs, examples being.

- increased MBS to psychologists, means less booking space for new patients
- NDIS changes, some anecdotal examples include recent negative trend in NDIS patient attitude to Allied Health providers, for patients with Planners and Coordinators.
- Medicare rebates for individual allied health services For patients with a chronic (or terminal) medical condition and complex care needs
- New gaps appearing in groups missing out on services. Possibly due to NDIS changes whereby patients can get "perpetual funding" so want to keep existing services

### Health Pathways

Allied Health Professionals have played a significant role in the development of Health Pathways in the region, and it remains an item of discussion on each AHCC meeting.

The perspectives of AHPs have been invaluable in both pathway development, and in identifying the range of services available.

Increasing direct connections and referrals between various allied health professionals.

This area is an ongoing success in integrating Healthcare.

### PHN role as a conduit between General Practice and Allied Health

This is an assumed role, but one that is not directly funded or supported within existing models.

Greater collaboration at a practitioner level would allow for improved primary health care for patients (e.g. GPs may prescribe analgesics rather than spend time explaining how Allied Health could solve chronic injuries, or help to manage recurrent injuries).

### **Practice Support and Improvement**

There are significant barriers for Allied Health Professionals in this regard, highlighted by the compliance requirements outlined above.

In addition, the following items are of note:

- AHPs (and PHNs) are not funded like General Practice with Quality Improvement Programs
- Not resourced for compliance, compounded by pressure on fee structures
- Small practices struggle to implement systems for business improvement
- Communication mechanisms
- Sharing the care coordination
- Patient records sharing information timeliness, safely and securely

#### Patient/Consumer Feedback

• Access issues – location, cost and available practitioners

- Emergence of telehealth patient expectations, practitioner and patient capacity/capability
- An increased need for culturally sensitive and/or specific services considering an increasing multicultural community
- Role of the patient as the disseminator of information

## Health Literacy

Improve patient health literacy to allow patients to understand and manage their health better.

Use better patient literacy to improve interprofessional communication:

 Lower health literacy levels amongst the community affecting the understanding of the role of allied health professionals in improving health outcomes and hence leading to a reduced uptake of relevant services.

# **Allied Health Professionals as Community Connectors**

Allied Health Professionals provide an important, and perhaps overlooked role as a community connector and as a trusted voice for patients. Due to consultations typically being longer than that of a GP, they are also able to provide assistance in a greater understanding for patients of any medical conditions they are experiencing. This means AHPs also play an important role in improving Health Literacy of patients and consumers.

# **Nepean Blue Mountains Region**

- There are 1200 AH providers across 650+ Practices (compared to 494 GPs and registrars across 138 General Practices)
- Increased rental prices due to Sydney migration, making the region less affordable for AHPs and providing additional financial pressure on patients and consumers
- Commonwealth focusing on rural support, so peri-urban areas such as our region which cover a wide geographic area, are unable to provided service levels consistent with urban areas, but do not meet the criteria for rural investment.
- Subsidising rural GP practices to employ allied health, and not equally considering private allied health practices that employ Allied Health – makes it hard to compete to employ the limited pool of staff available
- The Allied Health Clinical Council has been an essential and valuable advisory committee to Wentworth Healthcare with roles in the following:
  - o Provision of multidisciplinary continuing education
  - Providing a platform for allied health to improve the coordination of health services
  - Providing a conduit to government bodies
  - Involvement in Local Planning (eg. Health Needs assessments, Regional Mental Health & Suicide Prevention Plan)
  - Involvement in HealthPathways
- Other areas that Wentworth Healthcare support Allied Health
  - Professional Development (regular e-newsletter)
  - Provide interdisciplinary training which includes Allied Health

- o Curate list of external training
- "Your Practice Portal" available for Allied Health (online training platform)
- Reach out to current practices mainly for COVID information sharing, PPE, National Health Services Directory update
- CV Credentialling and Job Matching (0.05 FTE)
- o Have an Allied Health Support page on our website outlining the above

#### Disaster Management – Impacts of Fire and Flood

In the past two years, the Nepean Blue Mountains has experienced significant fire and flood events. The AHCC has provided valuable insights into how this has impacted on community and on emergency services personnel which has assisted in the targeting of WHL-led commissioned services.