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Brief Report

Report on the South Eastern New South Wales Primary Health Network

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Abstract: In response to the evolving healthcare challenges in South Eastern New South Wales, this report outlines a strategic framework for enhancing the region's health services. Established under Australia's Primary Health Networks, the South Eastern New South Wales Primary Health Networks aims to address significant health concerns and issues identified including high rates of potentially preventable hospitalisations, increasing chronic conditions, mental health crises, rising substance abuse, and inadequate culturally tailored health services. This report proposes four evidence-based recommendations: shifting chronic condition management to pre-hospital settings, enhancing emergency departments with 24-h mental health coverage, implementing a universal substance use screening tool, and redesigning culturally appropriate services. These recommendations are evaluated based on Duckett and Willcox's criteria for an ideal health system, aiming to improve service efficiency, equity, quality, and acceptability.

Keywords: Primary Health Networks; South Eastern New South Wales; chronic conditions; mental health; substance abuse; culturally appropriate services

1. Introduction

1.1. Preamble

On 1 July 2015, the Australian Government established a healthcare system that is comprised of 31 Primary Health Networks (PHN) located throughout Australia [1]. Each independent PHN was tasked to contextualise and connect different elements of Australia's health system to the population within its region by embracing two key objectives. Firstly, to improve the efficiency and effectiveness of medical services for patients; and secondly to improve the coordination of care to ensure patients receive the right healthcare, in the right location, and at an appropriate time [1]. Attributed to the diversity of each network's population, decision-makers need to ensure any change, innovation, or redesign of the primary healthcare sector reflects the needs of the population-specific to the region. Ideally, these proposed changes should comply with Duckett and Willcox's [2] criteria for an ideal health system ensuring equity of outcomes, quality of care, efficiency, and acceptability for health consumers.

1.2. Aim and objective

The aims and objectives of this report are to identify and draw upon the epidemiological and demographic information described in the South Eastern New South Wales Primary Health Network Needs Assessment Report [1]. This information will be utilised as a foundation to support actionable, evidence-based recommendations that aim at improving the capacity of the Australian healthcare system whilst addressing the current health needs of the South Eastern New South Wales population. Furthermore, by focusing on key epidemiological and demographic

concerns, this report makes a significant contribution to the ongoing dialogue surrounding healthcare improvement in the region.

2. Data and methods

This report draws upon a range of data sources and analytical methods to assess the health needs of the South Eastern New South Wales Primary Health Network region and formulate recommendations for improvement.

2.1. Data sources

2020 South Eastern New South Wales Primary Health Network Health Needs Assessment: The foundation of this report is the most recent Health Needs Assessment conducted by the South Eastern New South Wales Primary Health Network. This document provides a detailed analysis of local health data, community consultations, and stakeholder input.

Australian Institute of Health and Welfare Data: National-level data from the AIHW, particularly reports on chronic disease prevalence, hospital utilisation, and health service access, were used to provide context and compare the South Eastern New South Wales region to national averages.

Peer-Reviewed Literature: A review of relevant academic literature was conducted to identify evidence-based interventions and best practices for addressing the identified health priorities. Databases such as PubMed, Scopus, and Google Scholar were utilised.

2.2. Methods of analysis

Descriptive Epidemiology: Descriptive statistics were used to analyse demographic and epidemiological data from the South Eastern New South Wales Primary Health Network Health Needs Assessment and the AIHW. This included examining trends in population health indicators, disease prevalence, and service utilisation.

Literature Review and Synthesis: A scoping approach was taken to identify, evaluate, and synthesise findings from relevant research studies and policy documents. This process informed the selection of evidence-based recommendations.

Stakeholder Input: While not directly analysed in this report, it's important to acknowledge that the South Eastern New South Wales Primary Health Network Health Needs Assessment incorporates significant stakeholder input gathered through community consultations, surveys, and focus groups. These perspectives were essential in shaping the identified priorities.

3. Needs assessment summary

This report identifies six priority areas for the South Eastern New South Wales Primary Health Network based on their significance as key epidemiological and demographic concerns. These include potentially preventable hospitalisations; chronic conditions; prevention initiatives; mental health and suicide; drug and alcohol; and culturally appropriate health services.

These areas were chosen due to their high prevalence within the region and their potential for improvement through targeted interventions. While other health concerns exist, these six areas were prioritised because of their significant impact on the overall health and well-being of the region's population. For example, while oral health is important, it was not selected for in-depth analysis in this report due to the focused scope of the South Eastern New South Wales Primary Health Network's current strategic plan, which prioritises the six identified areas. This focus allows for a more concentrated effort on addressing the most pressing health needs and maximising the impact of limited resources.

3.1. Potentially preventable hospitalisations

Overall, the South Eastern New South Wales Primary Health Network Needs Assessment raises key concerns about the rates of potentially preventable hospitalisations across the region with notable interest towards the Bega Valley, Eurobodalla, Goulburn Mulwaree, and Upper Lachlan Shire as rates were significantly higher than the NSW state average. Of these hospitalisations, the five most common conditions in the catchment consisted of chronic obstructive pulmonary disease, congestive cardiac failure, cellulitis, diabetes complications, and urinary tract infections.

3.2. Chronic conditions and prevention initiatives

Likewise, premature mortality figures are higher in the South Eastern New South Wales region compared to state and national averages attributed to a higher incidence of chronic conditions including lung cancer, bowel cancer, prostate cancer and breast cancer. Additionally, a lack of affordable prevention programs targeting risk factors for chronic conditions is emphasized. For the South Eastern New South Wales region, the evolving increase in cancer and other chronic conditions is projected to rise by 70% since the 2006 South Eastern New South Wales Primary Health Network Needs Assessment.

3.3. Mental health and suicide

Similarly, mental health and suicide were highlighted as a priority health concern as the South Eastern New South Wales region had a rate higher than the state and the national average of persons suffering from some form of long-term mental or behavioural problem with the highest prevalence in the Bega Valley, Eurobodalla, and Goulburn Mulwaree areas. Also contributing to the rates of preventable hospitalisations, mental disorders have been increasing steadily since the 2014–2015 estimates. Undesirably, mortality rates attributed to mental health and behavioural disorders have also been trending similarly. Closely linked to mental health disorders, community-based consultations have identified high levels of co-existing drug and alcohol usage.

3.4. Drug and alcohol

Drug and alcohol usage has increased in the region since 2014–2015 estimates with higher rates noted in the southern areas compared to the Illawarra Shoalhaven.

For the South Eastern New South Wales region, cannabis, cocaine, and ecstasy remain the highest used illicit substances. However, it was noticed that the evolving use of crystal methamphetamine was of increasing concern for the region's community leaders. Already known to be problematic and likely to cause significant negative impacts on families and communities, the use of methamphetamine during multiple substance use is becoming more frequent. Unsupportive of this, a lack of rehabilitation service distribution was likewise highlighted as the concentration of current providers was located predominantly around urban areas such as Wollongong, Shellharbour, Nowra, and Queanbeyan. Furthermore, none of the centres was said to provide specialist and contextualised service for the Aboriginal population. This was further highlighted as providers observed an increase in methamphetamine usage amongst the Aboriginal population.

3.5. Culturally appropriate health services

The South Eastern New South Wales region is home to 3.2% of Australia's Aboriginal population and 9.7% of NSW's total Aboriginal population, a significantly greater proportion when compared to the state and national averages. However, the South Eastern New South Wales Primary Health Network reports that there is a shortage of providers that offer a culturally responsive service and an inequitable distribution of Indigenous-specific funding throughout the region. Similarly to this, a significant proportion of the population identifies as being of a non-English speaking background. Particularly in the Illawarra, Shoalhaven, and Queanbeyan areas several of whom identified as having poor proficiency in speaking English. This population likewise reports limited culturally tailored services in the region. The report further highlighted that the access and utilisation of interpreter services were poorly perceived.

4. Recommendations

Recommendations for system changes should be subjected to Duckett and Willcox's [2] criteria for an ideal health system to evaluate how the recommendations will address or fulfil each of the four criteria.

- Shift the responsibility of chronic condition management away from the hospital systems.

There is a need to reduce the rates of potentially preventable hospitalisations across the South Eastern New South Wales region as the hospital system is unable to cater for the surging demand. Identified within the needs assessment, an array of chronic conditions were attributed to this issue. Therefore, it can be recommended that an intervention be targeted to address chronic conditions in the public or pre-hospital context with efforts to reduce the resource and economic burden and improve the region's health sector efficiency. Attributed to this, it has been highlighted that a change is required to shift the ongoing responsibility of chronic condition management onto the patient by encouraging a self-management model. Leveraging the potential of people to care for themselves has beneficial implications for the increasing rates of hospitalisations and health system pressures as effective self-management would reduce the likelihood and severity of chronic condition presentation required hospitalisation [3,4]. To establish this change, ownest needs to be placed on the

primary health providers to adequately educate the patient about their condition; what complications are commonly reported; how to self-identify an evolving complication; and escalating strategies to self-manage the complication or allow an alternative treatment pathway independent of hospital admission [4]. Engaging with the patient and family as stakeholders in decision-making is well documented to empower them to feel a sense of social equity and confidence fostering the voluntary adoption of the recommendation and validating Duckett and Willcox's [2] acceptability of health service [5,6]. Specifically, general practitioners and practice nurses are well-positioned to support the delivery of patient self-management in a structured capacity tailoring the management program in a contextualised manner reflective of the area's available services and individual disposition whilst engaging other pertinent stakeholders including patients, families, condition specialists, and community care providers, forming a supportive network harmonious of self-management goals [5].

- Enhance the emergency departments to have 24-h mental health service coverage.

Mental health disorders and suicide were highlighted as a priority health concern as the South Eastern New South Wales region had a rate higher than the state and national average. To combat this, it is recommended all emergency departments be enhanced to have a mental health service with 24-h coverage. Having around-the-clock service to provide specialised mental health assessment and management for patients in crisis has key witnessable benefits. When paralleled with any necessary medical intervention, a mental health team assists by easing the increasing pressure on the hospital system and minimising the hospitalisation length of stay [7, 8]. Likewise, evidence supports that having access to prompt psychiatric crisis services in emergency departments increases the likelihood of a patient engaging with mental health professionals before a crisis event occurs. This results in patients being more receptive to treatment and, if shared decision-making is incorporated, an increased sense of autonomy, patient satisfaction, and ability to cope [8]. Ultimately, having access to appropriately trained mental health staff reduces the rates of self-harm behaviour and lowers the risk of suicide [9]. By increasing access to mental health services in all 16 emergency departments, all four of Duckett and Willcox's [2] criteria can be seen to be enhanced. Firstly, the equity criterion is improved as the service access is more evenly distributed from a geographical aspect. This is important as areas such as Bega Valley and Eurobodalla often do not have physical access to mental health services. Likewise, the quality of service being delivered is improved as the patient will receive treatment from appropriately qualified mental health staff. This becomes equally beneficial to the emergency department nursing staff who report frustration linked to a lack of knowledge, skills and expertise, and insufficient resources to treat mental health conditions effectively [10]. More so, the efficiency of service delivery is enhanced as patients will no longer require a lengthy transfer of care due to the emergency department's inability to provide mental health services. Lastly, the acceptability criterion is met as patients will report increased satisfaction with the service provided as it encompasses their needs more acutely.

- Universally adopted Substance Use Screening Tool be implemented across all levels of healthcare.

It was noticed that the evolving use of drugs such as crystal methamphetamine was of increasing concern throughout South Eastern New South Wales. However, most patients with substance use disorders do not receive care for this issue from primary healthcare providers [11]. Evidence suggests that there is a lack of detection of at-risk and problematic substance use failing to 'seize the moment' and opportunistically provide interventions [11]. Largely agreed upon, early detection with brief interventions at crucial times can have significant benefits in addressing substance use problems, especially in youth demographics [12,13].

It is recommended that a universally adopted substance use screening tool be implemented across all levels of healthcare. Although tailoring for the demographic may be required, for example in the emergency department rather than in youth community care, the purpose of having a standardise screening method will promote consistency when measuring trends in the patient and population behaviours and characteristics of substance use [14]. By embedding screening into daily practice, health staff will become increasingly confident in managing the impacts of substance use and be able to provide early intervention or referral to specialised services [12]. Furthermore, if these specialised services are linked to the health facility then a positive screening result may promote an automatic need for consultation thus contributing to a holistic model of healthcare. This method of screening has proven successful when activating key services such as the Domestic Violence Screening Tool during maternal care and the Falls Risk for Older People in the Community screening tool, each promoting an automatic referral to a specialised service [15,16].

Similarly, to improving mental health services, this quality enhancement of current drug and alcohol services improves the delivery of health services by enabling a holistic care model. Efficiency is likewise improved as patients with substance disorders will be identified earlier and promptly referred to specialist assistance stemming the progression of the illness. It is however noted that this intervention does not truly improve equality and acceptability of services as the screening intervention is only achieved if the patient seeks care and is openly responsive to screening questions.

- Redesigning culturally appropriate services.

It was highlighted that the South Eastern New South Wales region is culturally and linguistically diverse and is home to a high concentration of Indigenous Australians. However, it was likewise noted that the health services currently on offer in the region fall short of providing culturally tailored services to these populations. Evidence demonstrates a growing recognition of the importance of cultural competency and cultural safety at both individual health provider and organisational levels to achieve equitable health care [17]. To achieve this training and development of the health workforce remain the principal strategy towards the goal of improved cultural competence [18]. However, further initiative is required to close the gap in health disparities.

As chronic disease in Aboriginal and culturally and linguistically diverse communities is high compared with the general population, it is recommended that organisations target their efforts towards chronic disease prevalence and likewise involve community stakeholders and interpretation services in developing care

pathways appropriate to each demographic. With stakeholder involvement, such as the community leaders or respective elders, healthcare providers can utilise their cultural competence training and ensure the services being provided are tailored and culturally acceptable. As the focus of the service redesign is targeted to improve equity and reduce the health disparity between different cultural groups, Duckett and Willcox's criterion is met. However, as tailoring services to meet different cultural expectations is more involved, the efficiency of health service delivery is compromised.

5. Limitations

This report acknowledges the inherent limitations of prioritising a select number of health areas. While the chosen priorities represent significant concerns within the South Eastern New South Wales Primary Health Network region, other health needs warranting attention may not be fully addressed within this scope. It is acknowledged that further investigation is required to address the barriers of stigmatism, voluntary patient engagement, financing, and geographical-specific challenges that may arise during implementation.

6. Conclusion

This report has provided an analysis of the key epidemiological and demographic concerns impacting the South Eastern New South Wales Primary Health Network. By examining data on potentially preventable hospitalisations, chronic conditions, prevention initiatives, mental health and suicide, drug and alcohol use, and culturally appropriate health services, six priority areas demanding immediate attention were identified. These areas were prioritised due to their significant contribution to the overall health burden within the region and the potential for positive impact through targeted interventions.

To address these pressing concerns, this report has put forth four evidence-based recommendations designed to enhance the Australian healthcare system, specifically within the South Eastern New South Wales Primary Health Network region. These recommendations advocate for increased access to mental health services in emergency departments, the implementation of a universally adopted substance use screening tool across all levels of healthcare, the redesign of culturally appropriate services to better serve Indigenous Australians and culturally and linguistically diverse populations, and the promotion of patient self-management strategies for chronic conditions. Each recommendation was evaluated against Duckett and Willcox's criteria for an ideal health system, demonstrating their potential to improve equity, quality, efficiency, and acceptability of healthcare services.

While this report acknowledges the complexities of healthcare delivery and recognises that challenges may arise during the implementation of these recommendations, it underscores the urgency of addressing these priority areas to improve the health and well-being of the South Eastern New South Wales Primary Health Network population. Further research and evaluation will be crucial to assess the long-term impact of these recommendations and to inform ongoing efforts to optimise healthcare delivery within the region.

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Ethics approval and consent to participate: This study did not require ethical approval as it involved a retrospective analysis of publicly available and anonymized information, with no direct involvement of human subjects.

Conflict of interest: The author declares no conflict of interest.

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