Far West NSW Medicare Local

Comprehensive Health Needs Assessment

May 2014

Executive Summary

Needs assessment process
As part of our Preliminary Needs assessment undertaken in 2013, Far West NSW Medicare Local (FWNSWML) engaged external epidemiologists to complete a comprehensive epidemiological study. This was backed up by a literature review, in-depth qualitative interviews, focus groups and stakeholder surveys. Local GPs, Far West and Western Local Health Districts, other health service providers, members of the community and human service organisations whose clients are users of health services were all included in these consultations.

Key population needs and issues
The main health issues identified by health service providers and consumers closely mirror the issues identified in the epidemiological profile; namely diabetes, respiratory illness (COPD/COAD and asthma), renal failure, hypertension, elevated blood lipids, cardio vascular disease, mental illness and lifestyle risk factors for chronic disease. Smoking, weight management, poor nutrition, inactivity and alcohol and other drug use are problems throughout the catchment. Diabetes in particular was identified in all communities that stakeholder consultations were undertaken.

In addition to these health issues, a range of socio economic factors and service concerns were identified. Low literacy levels, a lack of affordable transport and overcrowded housing are limiting the capacity of some clients to take responsibility for their own health. The increasing normalisation of chronic disease in this disadvantaged population is a further barrier.

Service and capacity issues were also identified - particularly in relation to the lack of coordination in service planning and service delivery. Service providers are all experiencing difficulty attracting and retaining a skilled workforce which may be contributing to the poor alignment of health service and population priorities and low participation in collaborative quality improvement initiatives. Operating in rural and remote areas has its own challenges including the direct and indirect costs of travel and the reliance on FIFO service providers.

Another finding from the Preliminary Needs Assessment and subsequent analysis was the three distinct community types within the FWNSWML catchment. The communities of common concern identified were:

1) Broken Hill – the only city in the catchment;
2) River towns and neighbouring villages – high Aboriginal population, remote and socially and economically disadvantaged; and
3) Isolated villages – very small communities who receive primary health care services on an outreach basis including from the Royal Flying Doctor Service.

Not all communities within the FWNSWML fit precisely with the above descriptions but there are many similarities in the health and social issues, as well as the service models, in each group.

Prioritising process
A stakeholder survey was used to prioritise the individual issues and factors identified in the Preliminary Needs Assessment as negatively impacting on our population's health. Using a risk matrix, 200 participants were invited to allocate a score for each issue according to the perceived risk to health outcomes if no change was made, and the likelihood of achieving the desired change.

20 issues were subsequently identified for inclusion in the short list, namely:

1. Limited capacity for population to take responsibility for their own health
2. Poor understanding of available services and referral pathways
3. Difficulties recruiting and retaining a skilled health workforce
4. Poor connectivity and IT capacity
5. Lack of coordination and integration of services
6. Lack of a coordinated approach to specialist medical services
7. High rates of major health risk factors
8. High incidence and prevalence of chronic disease

9. Poor health status of the Aboriginal population
10. Lack of co-ordinated, comprehensive whole-patient care for at-risk population
11. Inadequate allied health services
12. Inadequate assessment and intervention services for children
13. Inadequate maternity services including ante natal and post natal support
14. Inadequate targeted emotional health and well-being services for youth and adolescents
15. Lack of suitable and affordable transport
16. Lack of specialist mental health services for older people
17. Lack of suitable and affordable transport and accommodation for women required to leave home to give birth
18. Lack of drug and alcohol rehabilitation and treatment services
19. Lack of capacity for forensic examination following sexual assault
20. Unaffordable and inaccessible cancer services

The short list was discussed and subsequently ratified by the Strategic Leadership Group.

Chosen strategic activities
Ten strategies were subsequently selected by the Strategic Leadership Group to be included in the 2014/15 Annual Plan. These strategies incorporated 12 of the individual short-listed issues.

1. Empowering Consumers
2. Health workforce planning and development
3. Improved use of IT
4. Improved coordination, collaboration and integration
5. Integrated health planning for specialist care
6. Early intervention and prevention
7. Effective management of chronic disease
8. Improved Aboriginal health
9. Better coordinated care
10. Improved access to health services

A range of activities will be undertaken by FWNSWML within each strategy as outlined in Table 6.

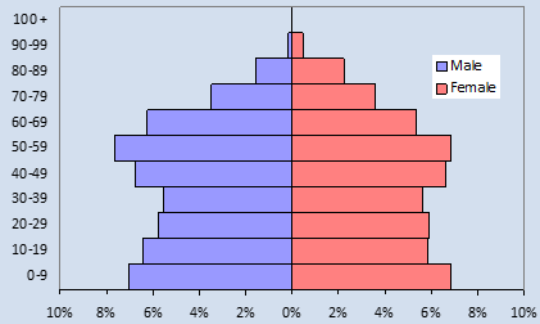
Excluded issues
These ten approved strategies captured the majority of individual issues prioritised by stakeholders. The eight shortlisted issues excluded from the priority list were excluded for three major reasons; difficulty addressing the issue in the short to medium term, high reliance on other organisations and agencies to resolve, and the lack of funding and/or resources to address.

The shortlisted needs that were not included in the priority list were:

1. Inadequate maternity services including ante natal and post natal support
2. Inadequate targeted emotional health and well-being services for youth and adolescents
3. Lack of specialist mental health services for the aged population
4. Lack of drug and alcohol rehabilitation and treatment services
5. Unaffordable and inaccessible cancer services
6. Lack of suitable and affordable transport within and between communities
7. Lack of suitable and affordable transport and accommodation for women required to leave home to give birth
8. Lack of capacity for forensic examination after sexual assault

Resource requirements
The resources allocated for each strategy are outlined in the FWNSWML 2014/15 Annual Plan.

Population and Health Profile

Health Inequities& Demographic Trends	Estimated resident population and projections	• The FWNSWML population at the 2011 Census was reported as 38,747 • The true population is likely to be many thousands higher due to a very mobile population, large numbers of FIFOs and a significant population group who choose not to be formally recognised. • The population declined by 12% between 2001 and 2011. A further 10% decline projected for next ten years.	ABS data NSW Government Demography Unit Preliminary Needs Assessment
	Remoteness	• The FWNSWML catchment covers one third of NSW and comprises six LGAs and the Unincorporated far West. • Broken Hill LGA is classified outer regional, Central Darling, Cobar and Walgett as remote and Bourke, Brewarrina and the Far West as very remote. • Broken Hill, the only city in the catchment, is over 500kms from the nearest larger centre.	Accessibility/ Remoteness Index of Australia Preliminary Needs Assessment
	Age profile	• FWNSWML has a higher proportion of the population in the 50 to 79 years age range in comparison with NSW, and is relatively depleted in the 20 to 39 year age range.  • The median age for the FWNSWML catchment as a whole is slightly higher than for NSW but varies markedly from LGA to LGA. •	ABS data Preliminary Needs Assessment
	Special needs groups – Aboriginal and Torres Strait Islander people	• The FWNSWML has a large Indigenous population, of whom fewer than 50 people identify as Torres Strait Islander. Hence the term Aboriginal has been used throughout this document. • 17.6% of the total FWNSWML population is Aboriginal but there is significant variation between towns and LGAs; Wilcannia and Brewarrina have majority Aboriginal populations while Broken Hill is only 7.5 % Aboriginal. • The proportion of the FWNSWML population that is Aboriginal has increased from 14% in 2001 to 18.9% in 2011 • The Aboriginal population has a younger age structure than the non-Indigenous population; the median age of the Aboriginal population is 23 while 70% are under 40 years.	ABS data AIHW Preliminary Needs Assessment

		• The Aboriginal population has a higher birth rate and high levels of premature mortality • Life expectancy for Aboriginal Australians is about 17 years less than for all Australians •	
	Maternal and child health	• There is a high rate of teenage pregnancy in the FWNSWML. • The fertility rate of 2.06 is 12.5% higher than Australia (1.83) • Overall there is no statistical difference in the proportion of infants born in FWNSWML with a low birth weight although twice as many Aboriginal babies are born in the FWNSWML with a low birth weight. • Fewer babies are born prematurely in FWNSWML (4.7%) than NSW as a whole (7.4%) although Aboriginal babies are born prematurely at a rate consistent with the whole of NSW (7.4%). • The rate of women who smoke during pregnancy is the highest in Australia (35.4%) • The infant death rate in the FWNSWML (8.6 per 1,000 live births) is almost double the rate across NSW (4.6%) and Australia (4.7%). • The child mortality rate of 198.5 per 100,000 in FWNSWML is also almost double that for Australia (112.4 per 100,000) and NSW (109.1 per 100,000) • No obstetric services outside Broken Hill • Childhood immunisation rates are comparable to Australia as a whole. • Elevated blood lead levels in children in Broken Hill • Inadequate maternity services including ante natal and post natal support • Women required to travel out of area to give birth • High cost of accommodation and transport to/from birthing facilities • Children at risk in early development indicators •	ABS data Public Health Information Development Unit (PHIDU) Preliminary Needs Assessment
	People with disability	• FWNSWML has the third highest ranking of all MLs for the percentage of persons with a profound or severe disability (6.1%) and a rate of severe or profound disability almost 25% higher than NSW as a whole (4.9%). • Broken Hill (7.5%) and Walgett (6.8%) LGAs have an exceptionally high proportion of people of all ages with a profound or severe disability • In 2011, 83% of all people with a severe or profound disability were living in the community while the other 17% were living in long term accommodation. • Of those living in the community, 95% were in the 0-64 years age bracket. • 23.9% of the total HACC client base in FWNSWML was of Aboriginal descent	ABS data Public Health Information Development Unit (PHIDU) Preliminary Needs Assessment

		(Aboriginal population 17.6%). •	
	SEIFA Index of Relative Socio Economic Disadvantage scores 2011	• Brewarrina, Central Darling, Walgett and Broken Hill Shires are ranked 1st, 2nd and 4th and 9th as the most socially disadvantaged LGAs in NSW. SEIFA rankings are not available for the Unincorporated Far West. • As a whole, FWNSWML was ranked the most disadvantaged of all Medicare Locals in terms of relative socio economic disadvantage.	Bureau of Meteorology climate statistics SEIFA ABS data Preliminary Needs Assessment
	Education	• Only 28.4% of the FWNSWML population completed Year 12 at school compared with 53.9% across NSW. Only 15.5% of Aboriginal students completed Year 12 (26.3% in NSW) • 26.9% of the population (40.5% of the Aboriginal population) left school without completing Year Ten. • 70.5% of the FWNSWML population has no post-school educational attainment (55.9% for NSW) as does 83.2% of the Aboriginal population in FWNSWML (70.5% for NSW). • Low literacy and numeracy including health literacy	ABS data, 2011 Census Preliminary Needs Assessment
	Labour force	• Unemployment and workforce participation varies from LGA to LGA • The overall unemployment rate for FWNSWML is 9.5% compared with 5.1% for NSW. • Brewarrina (17.3%), Central Darling (15.1%), Bourke (13.1%) and Walgett (13.1%) has the highest rates of unemployment while Cobar (3.5%) is below the state average. • Across the FWNSWML, there is a higher proportion of people working in labouring jobs than for NSW (12.9% to 8.9%) and a lower proportion of people in managerial or professional roles (31.5% to 36.7).	Department of Education, Employment and Workplace Relations labour market data Preliminary Needs Assessment
	Income	• Other than Cobar ($1,263/week), the median income in all LGAs in the FWNSWML ($705 - $1,083/week) is significantly lower than for NSW ($1,237) • Approximately 15% of jobseekers in the FWNSWML are receiving Newstart or Youth Allowances.	Department of Education, Employment and Workplace Relations labour market data ABS data Preliminary Needs Assessment
	Families	• FWNSWML has a high proportion of couple families without children (41.2%) and a large number of single parent families with children younger than 15 (8.3% in NSW). • 24% of families with dependent children have neither parent employed.	ABS data 2011 Census Preliminary Needs Assessment

		• The Aboriginal population has a much higher proportion of single-parent families than the non-Indigenous population	
	Housing	• There is a significantly higher proportion of single person households in the FWNSWML (33.6%) than in NSW (24.2%) and fewer single family households. • Central Darling and Brewarrina Shires have a high proportion of multiple family households (3.1% and 4.2%). • A similar proportion of residences are rented in the FWNSWML (31.2%) than in NSW (30.9%) but almost two thirds of Aboriginal households (63%) are living in rental accommodation (58.4% in NSW) • Renters in the FWNSWML catchment are more likely to be renting from a state housing authority than elsewhere in NSW • Overcrowded housing in the Aboriginal population	ABS data 2011 Census Preliminary Needs Assessment
	Transport	• A lower proportion of households in the FWNSWML have a motor vehicle than in NSW (12.6% and 10.8% respectively) • Almost a third of Aboriginal households (28.9%) do not have a motor vehicle • In the FWNSWML catchment only Broken Hill has a regular passenger bus service • High cost and limited availability of fuel • Limited public transport, especially after hours	ABS data 2011 Census Preliminary Needs Assessment
Special Needs Populations	Aboriginal population	• The Aboriginal population in the FWNSWML catchment ranges from 5.4% in the Unincorporated Far West to 59% in Brewarrina Shire. • 17.6% of the FWNSWML population is Aboriginal • The younger age structure of the Aboriginal population reflects a higher birth rate and higher levels of premature mortality than the non-Indigenous population • Chronic disease is becoming socially normalised • Entrenched social norms and behaviours are contributing to chronic conditions • There is no regional strategic plan to drive Aboriginal health improvement	ABS data 2011 Census Preliminary Needs Assessment
	CALD population	• Only 2.9% of the FWNSWML population speak a language other than English (LOTE) • Lightning Ridge has the highest proportion on LOTE speakers in the FWNSWML	ABS data 2011 Census Preliminary Needs Assessment

Health Status & Health Outcomes	Life expectancy	• In 2003-2007, life expectancy at birth for Western NSW was estimated at 76.5 for males and 81.9 for females; more than two years less than for NSW (79.2 and 84 years respectively) • In 2005-2007, life expectancy at birth for Aboriginal women in NSW was estimated at 75 years and 69.9 years for Aboriginal men; more than seven years lower than for all NSW residents	NSW Health Statistics Preliminary Needs Assessment
	Premature mortality	• The median age of death for FWNSWML residents is 77 years compared to 80 years in NSW and 79 years in Australia • The median age of death within the FWNSWML ranges from 67 years in the Unincorporated Far West to 79 years in Broken Hill • Potentially avoidable deaths in the Far West Local Health District were the highest per 100,000 population of all LHDs in 2006-2007for both men and women • Premature deaths of adults in the FWNSWML 2003 – 2007 was 315.9 per 100,000 population compared with 183.1 for NSW • Chronic disease is not well managed; clients are receiving multiple episodic interventions rather than comprehensive and coordinated care	NSW Health Statistics ABS mortality data PHIDU Preliminary Needs Assessment
	Causes of premature death	• The leading causes of death in the FWNSWML are cardiovascular disease (33.8%) and cancer (30%) followed by respiratory diseases (9.3%), mental and behavioural disorders (4.8%) and injury and poisoning (3.4%), similar to NSW other than a higher incidence of mental and behavioural disorders • The leading causes of 'excess deaths in rural and remote areas are circulatory diseases, cancers and injury • In the FWNSWML catchment, the Aboriginal population is hospitalised at more than double the rate of the non-Indigenous population for infectious and parasitic diseases, endocrine disease, mental and behavioural disorders, nervous system and sense organs disorders, cardiovascular diseases, respiratory diseases, skin and subcutaneous diseases, symptoms, signs and abnormal findings and dialysis.	AIHW NSW Health Statistics Preliminary Needs Assessment

Health Status	Self-assessed health status	• 62.8% of the FWNSWML adult population rated their health as good or better, approximately 5% lower than NSW (67.3%) and Australia (68.3%) • Almost one in five adults in FWNSWML (19.4%) rated their health as only fair or poor compared with NSW (15.5%) and Australia (14.7%)	PHIDU
	Risk factors	• More than a third of pregnant women in the FWNSWML (35.4%) smoke during pregnancy compared with 15% throughout Australia • 44.2% of adults in the FWNSWML do not get sufficient physical activity (34.3% for Australia) • Almost two thirds of adult males in the FWNSWML (61.7%) and more than half the adult females (55.6%) are overweight or obese • 1,435.5 per 100,000 males in FWNSWML were admitted to hospital in 2011/12 for alcohol related conditions; almost three times the rate for NSW (50,950 per 100,000) • Almost two thirds of the adult population in FWNSWML (66.1%) have at least one of the four major risk factors compared with 55.9% for Australia and 56.6% for NSW • Limited capacity for some clients to take responsibility for their own health • Lack of life and parenting skills in the population • There is a lack of appropriate housing, especially for young children and aged people • Immunisation rates are low throughout catchment • There is a lack of suitable infrastructure and opportunity for physical activity in remote communities • Poor food security and high cost of fresh fruit and vegetables when available • High rates of drug and alcohol misuse • Children exposed to drug and alcohol misuse and violence	PHIDU Preliminary Needs Assessment
	Chronic conditions	• 8.29% of the FWNSWML population has been diagnosed with diabetes compared with 5.7% in Australia • 6.2% of the FWNSWML population was estimated to have high cholesterol in 2007/2008 (5.5% NSW) • 16.2% of the FWNSWML population was estimated to have circulatory system diseased in 2007/2008 (14.7% NSW) • 23.6% of the FWNSWML population was estimated to have respiratory system diseases in 2007/2008 (25.4% NSW) • 2.9% of the FWNSWML population was estimated to have chronic obstructive pulmonary disease in 2007/2008 (2.3% NSW) • 13.4% of the FWNSWML population was estimated to have high or very high psychological distress levels in 2007/2008 (12.1% NSW)	National Diabetes Services Scheme PHIDU Preliminary Needs Assessment

Utilisation of Health Services	Access to primary health care	• FWNSWML residents had an average of 4.89 GP visits in 2009/10 compared with 5.81 visits for NSW • A total of 184,451 non-referred GP attendances were provided in FWNSWML in 2011/12 • $275 per person was the average Medicare benefit paid for services delivered by GPs and medical professionals in FWNSWML in 2011/12 • The number of practice nurse services provided in the FWNSWML in 2009/10 (27.7 per 100 population is similar to that for NSW (29.5 per 100 population) • There is a lower ratio of practice nurse to total GP services across the FWNSWML in comparison with adjacent MLs • A higher number of Enhanced Primary Care services were provided overall in FWSNSWML in comparison with adjacent Medicare Locals, however there was considerable variation between LGAs (less than three service per 100 population in the Central Darling to 23 services per 100 population in Brewarrina) • Inadequate paediatric services including assessments and interventions in all disciplines • Lack of adolescent and youth specific mental health services and lifestyle education • Multiple episodic interventions preventing comprehensive whole-person care • Limited capacity for local forensic examination following sexual assault	MBS statistics General practice workforce statistics General Practice Activity in Australia Preliminary Needs Assessment
	Barriers to access	• GPs in the FWNSWML are delivering only 50% of the occasions of service of all GPs in Australia • Many communities in the FWNSWML have no resident GP and rely on visiting services. This can be as infrequent as one visit a month • There are no bulk billing GP services in Broken Hill other than for those under 16 years of age or with a concession card • Many FWNSWML residents living outside the main population centres have to travel long distances to access primary health care. There is limited public transport and a low rate of motor vehicle ownership • Low parental engagement in children's health • Large number of residents don't have their own GP • Poor understanding of youth and adolescents of their rights and the availability of confidential health care • Limited public transport, especially after hours • Low internet access in homes • Lack of after hours mental health services in some communities • Cancer treatment and services can be inaccessible and unaffordable	FWNSWML PNA Department of Health and Ageing MBS statistics General practice workforce statistics Preliminary Needs Assessment

	Hospitalisations	• In 2011/12, FWNSWML residents were admitted to hospital at a rate of 43,779.5 per 100,000 population compared with a rate of 35,975.1 for the rest of NSW • In 2011/12, FWNSWML residents were hospitalised for potentially preventable conditions at more than double the rate for NSW • The Aboriginal population is hospitalised for potentially preventable conditions at almost four times the rate of the non-Indigenous population • 19,012 presentations to the Emergency Department at Broken Hill Base Hospital in 2011/12, 38% triage category 5, 38% category 4, 19% category 3, 5% category 2 and less than 1% category 1	NSW Health Statistics National Health Performance Authority Preliminary Needs Assessment
Primary Health Care System Capacity	Communication	• Consumers and service providers lack knowledge of available health services and referral pathways • Professional relationships are highly strained in some communities • Interagency networks exist in some communities and for some disciplines but not all • Poor IM/IT connectivity for sharing information across networks • Poor IT infrastructure and limited bandwidth	Preliminary Needs Assessment
	Workforce	• Service providers have difficulty attracting, recruiting and retaining skilled and experienced health professionals • The allied health workforce is inadequate with a high proportion of new graduates • General practices are highly reliant on overseas-trained doctors with conditional area of need registration • Overseas-trained doctors are not always well supervised or supported • There is little succession planning undertaken throughout the catchment • The nursing workforce in particular is ageing • Health professionals can find it difficult maintaining and updating professional skills and knowledge • The health workforce is dedicated and committed but excessive demands can lead to burnout • Poor alignment of health professionals' skills and scope of practice with models of care	Preliminary Needs Assessment
	Integration and collaboration	• The Centre for Remote Health in Broken Hill provides framework and opportunity for collaboration and integration • Service providers and organisations are required to complete for funding • Service providers can be very territorial and unwilling to refer to services in other practices • Support for patients post-discharge is inconsistent and often inadequate, especially for patients evacuated out of area • Health service planning is not integrated across	Preliminary Needs Assessment

		providers • Patient care is not well coordinated • Health service providers are not always willing to or interested in working collaboratively • At-risk population not well recognised or managed • Health service and population priorities are not well aligned across major service providers	
	Data	• Hospital discharge practices are inconsistent and summaries are not always provided • Population health and health utilisation data not available for all geographies • Limited longitudinal data available for FWNSWML catchment • Significant proportion of population not included in Census or other official data sets • There is no agreed or consistent population data set used to inform planning activities	Preliminary Needs Assessment
	Funding and resource allocation	• Health service delivery in remote areas is very expensive – both direct and indirect costs • Government and non-Government health services are not adequately resourced to meet the primary health care needs of the population	Preliminary Needs Assessment

CNA Planning Processes

The principal activities undertaken for the Comprehensive Needs Assessment (CNA) related to planning, identifying issues and needs, determining priorities and strategies, and developing an implementation strategy. These activities led to the identification of ten funded strategies that will be incorporated in Far West NSW Medicare Local's (FWNSML) 2014/15 Annual Plan.

This Comprehensive Needs Assessment builds on our Preliminary Needs Assessment undertaken in 2013. Data for this was obtained from an extensive literature search, an epidemiological profile of the catchment and direct consultation with key stakeholders including consumers and service providers. Surveys were undertaken also with GPs, health and human service providers and consumers. The main difficulties faced in obtaining data related to the lack of epidemiological and service data for the FWML catchment. As the FWNSWML straddles two Local Health Districts (Western and Far West), and each of the LHDs straddle two Medicare Locals, data was not available specifically for the FWNSWML area. Furthermore, a number of communities in the FWNSWML catchment have such small populations that confidentiality cannot be assured and data is therefore not released.

Community consultation was a critical element of our needs assessment process and community and stakeholder forums were held in the eight largest population centres in the FWNSWML. Attendance however was poor in some communities. Participation was low also in the online surveys including from GPs and community groups, limiting the qualitative data obtained.

Despite the limitation of the quantitative health data, and the low participation rates in some consultation exercises, a high volume of rich and illuminative data was obtained. Furthermore, a wide cross section of participants was achieved in each community ensuring geographical and thematic coverage. The epidemiological study and literature reviews were sufficiently robust to accurately describe the health status of the population and closely matched the quantitative data. The mixed methods approach adopted helped overcome the deficiencies of the individual methods adopted.

Besides the lack of population health and service data described above, the main challenges faced in completing the needs assessment largely reflect those faced in delivering health services in remote communities; namely distance between communities, lack of public transport, poor health literacy,

and lack of engagement. This is a socially and economically disadvantaged area with a large Aboriginal population. There is a great deal of complacency regarding health and an increasing acceptance of ill health. There were also issues of trust with other health service providers due to the lack of awareness and understanding of Medicare Locals and (perceived) competition for funding.

The lack of quantitative data was addressed by accessing all available data sources and adopting a mixed methods approach. We triangulated the quantitative and qualitative data and worked closely with our Local Health Districts and ACCHOs, sharing data and resources.

We attempted to overcome the community barriers by providing adequate notice for, and widely marketing community and stakeholder forums. We were open and honest about our intentions and the potential for change. We used external consultants to undertake the community consultations but had senior FWNSWML staff present to answer questions and address any concerns.

A further challenge was that FWNSWML (like all Medicare Locals) was preparing for accreditation at the same time as the needs assessment. Our human resources were very tightly stretched throughout the prioritising phase, limiting the face-to-face stakeholder engagement able to be undertaken.

The FWNSWML is a third tranche Medicare Local formed from a merger of the former NSW Outback Division of General Practice (ODGP) and the Murrumbidgee Medicare Local (formerly the Riverina Division of General Practice). While the ODGP was well established and well respected in north east NSW there has been little Divisional activity in Broken Hill in recent years, and no representation elsewhere in far west NSW. Relationships with some communities and service providers are strong, while others need to be established and nurtured.

The FWNSWML is working closely with stakeholders to strengthen relationships and is an active participant in health networks, interagency groups and community groups. As an example, the CEO of FWNSWML has recently been appointed Chair of the Centre For Remote Health in Broken Hill.

Strategic alliances are being actively pursued with Western and Far West Local Health Districts, ACCHOs and the Broken Hill UDRH. This includes opportunities for joint service planning activities and the establishment of a joint ‘health intelligence unit’ with the above-mentioned organisations. These strategies will improve access to population health and service data and data analysis capability.

As we gain maturity as an organisation and demonstrate our commitment and capacity to improve health, our relationships with communities and other stakeholders will strengthen. This will give us greater credibility and, hopefully, increase consumer and stakeholder engagement. At the same time, our understanding of our population, our communities and the organisations working here is continually improving. From our Preliminary Needs Assessment in 2013, we have progressed our understanding of the health service needs of our population and the barriers to good health, as well as the numerous services and service providers operating in our patch. This will continue to grow with future needs assessments.

CNA Assessment Process

The assessment process described in Discussion Box 1 identified approximately 100 individual issues and factors that appeared to be negatively impacting on our population’s health. Each of these issues was coded and allocated to one of the twelve priority areas identified through the Preliminary Needs Assessment:

- Early intervention and prevention
- Integrated health planning
- Effective and productive relationships among consumers and health service providers
- Improved coordination, collaboration and integrations
- Health workforce planning and development

- Optimum use of technology
- Well-informed consumers
- Appropriate models of care for remote populations
- Managing the impact of the social determinants of health
- Better access to health services
- Effective management of chronic disease
- Improved Aboriginal health

The list of identified needs and issues was then discussed and refined by the Executive Management Team (EMT) to ensure adequate and appropriate descriptions of each issue and consistency of language. A small number of issues identified by the EMT as being a barrier to good health but not formally identified in the Preliminary Needs Assessment were added to the list.

A ratings matrix was developed to enable each issue to be assessed according to the perceived risk to health outcomes if no change was made, as well as the likelihood of achieving the desired change. These two components were then used to develop a stakeholder survey.

A stakeholder survey using Survey Monkey was selected as the most appropriate tool for prioritising need as it enabled the largest number of stakeholders to be involved in the prioritising process. The risk matrix was adopted as the ratings tool as this allowed us to assess the extent of the impact of each issue, the importance of each issue and the potential for change. Survey Monkey was selected as the survey tool as this provided the data in a format that could be easily analysed. It is also an easy to use ratings tool, cost effective and efficient.

Table 1: Risk Matrix

		Consequence of inaction				
		Minimum	Minor	Moderate	Major	Extreme
Likelihood of achieving desired change	Highly unlikely	1	2	3	4	5
	Unlikely	2	3	4	5	6
	Possible	3	4	5	6	7
	Likely	4	5	6	7	8
	Almost certain	5	6	7	8	9

Approximately 200 stakeholders were invited to compete the survey. This included:

- Executive staff of local ACCHOs;
- Health Service Managers and Community Health Managers;
- General Practitioners;
- Executive staff from Western NSW and Far West Local Health District;
- CEOs of Non Government Organisations operating within the FWNSWML catchment;
- Executive staff from Residential Aged Care facilities;
- Local members of the NSW and Australian Governments;
- Specialist medical practitioners;
- Allied Health Service providers;
- Pharmacists;
- School principals;
- Chairs of Health Advisory Councils; and
- Clinical and executive staff of FWNSWML.

In completing the survey, participants were asked to indicate the type of organisation or service they represented and the communities on which they were commenting. They were then asked to use the risk matrix to allocate a score for each of the 115 issues listed in the survey. A ‘not applicable’ option

was provided for any issues about which they did not have an opinion, or that they felt did not apply to the community(ies) about which they were responding.

31 stakeholders completed the survey by the due date. Responses were received from all organisation groups other than medical specialists and aged care facilities, and from every LGA. There were a minimum of six responses for each LGA.

The total and mean scores were calculated for each issue – both by individual community and cumulatively for the three Communities of Common Concern described previously. However the majority of participants responded for all geographies and the priorities for each community type were sufficiently similar to be able to apply the shortlist to the whole catchment.

Subject to a response rate of at least 50% (for the specific issue), those issues with a mean score of 6 or more were included in the short list. The score of 6 was selected as the cut off as this captured those that were considered to have extreme consequences if no action was taken, or a very high likelihood of achieving the desired change. It also ensured a manageable number of issues were included on the short list.

32 individual issues scored an average of 6 or more. Many of these issues were different elements of a broader issue requiring a similar strategic approach. The 32 issues were therefore consolidated into a draft short list of 20 broader issues:

21. Limited capacity for population to take responsibility for their own health
22. Poor understanding of available services and referral pathways
23. Difficulties recruiting and retaining a skilled health workforce
24. Poor connectivity and IT capacity
25. Lack of coordination and integration of services
26. Lack of a coordinated approach to specialist medical services
27. High rates of major health risk factors
28. High incidence and prevalence of chronic disease
29. Poor health status of the Aboriginal population
30. Lack of co-ordinated, comprehensive whole-patient care for at-risk population
31. Inadequate allied health services
32. Inadequate assessment and intervention services for children
33. Inadequate maternity services including ante natal and post natal support
34. Inadequate targeted emotional health and well-being services for youth and adolescents
35. Lack of suitable and affordable transport
36. Lack of specialist mental health services for older people
37. Lack of suitable and affordable transport and accommodation for women required to leave home to give birth
38. Lack of drug and alcohol rehabilitation and treatment services
39. Lack of capacity for forensic examination following sexual assault
40. Unaffordable and inaccessible cancer services

The 85 individual issues rating less than six were reviewed by the EMT to ensure that no critical issues had been excluded. These fell into three broad areas; many were closely linked to the short-listed issues, some related to only a small proportion of the population and the others would be very difficult to remedy. These included:

- Lack of culturally safe health services for the Aboriginal population (an element of the ‘poor health status of the Aboriginal population’)
- Inadequate or unaffordable GP services (largely captured in ‘difficulties recruiting and retaining a skilled health workforce’)

- Engagement issues with the culturally and linguistically diverse population in Lightning Ridge (very small population)
- Limited access to contraceptive devices (small population)
- Inadequate or poorly located health infrastructure (difficult to change)
- Low internet access in homes (difficult to change)
- Inadequate financial support available through IPTAAS (difficult to change)

Summary of Issues and Needs

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
Limited capacity for population to take responsibility for their own health	Empowering consumers	• Improving and maintaining infrastructure to support healthy lifestyles • Improving urban environments • Market Basket Survey • Healthy Bodies Happy Homes • Healthy Outback Kids • Get Healthy • Pharmacy support under the 5th Pharmacy Agreement • Supporting community based education opportunities • Community advocacy for health related transport, Aboriginal housing, youth truancy and justice • After hours health transport program in Broken Hill	Demonstrated need, capacity to implement and established relationships with key partners	Better informed and engaged consumers, improved compliance and participation in health care
Poor understanding of available services and referral pathways		• Health service directories • National Health Service Directory • Orientation package for new clinicians • Service information brochures	Demonstrated need, capacity to implement and established relationships with key partners	Better informed consumers and providers, appropriate and timely referrals

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
		• FWNSWML website and newsletter		
Difficulties recruiting and retaining a skilled workforce	Health workforce planning and development	• Succession planning • CPD program • Professional networks • Recruitment support for practices and provider organisations • Individual support for doctors with registration or provider number restrictions • Secondary school career expos • Facilitating student placements – medical, nursing, pharmacy and allied health • Supporting Aboriginal health worker students and trainee Aboriginal allied health assistants • Clinical supervision for allied health professionals • Innovative recruitment models across organisations	Demonstrated need and capacity to implement	Increased number of health professionals with appropriate skills and knowledge
Poor connectivity and IT capacity	Improved use of IT	• PCEHR • Secure messaging • IT support for practices including PENCAT data management and extraction activities	Demonstrated need and capacity to implement	Greater use of secure message, increased patient enrolment in PCEHR, more accurate patient data, increased interoperability across provider systems

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
		• Assistance in ensuring connectivity and interoperability across networks and systems • eHealth innovations including stratification of practice population, recall activities and GPMP/TCA		
Lack of coordination and integration of services	Improved coordination, collaboration and integration	• Discipline and community-based forums • Development of networks with LGAs to support better planning and investment in health infrastructure • Health Intelligence Unit with Western LHD • Development and maintenance of reference groups, forums, focus groups, special interest surveys.	Demonstrated need, capacity to implement and established relationships with key partners	Improved patient care resulting from better integrated and coordinated services
Lack of a coordinated approach to specialist medical services	Integrated health planning for specialist care	• Specialist medical services forums • Health Intelligence Unit • Centre for Remote Health	Demonstrated need, capacity to implement and established relationships with key partners	Better understanding of existing services and providers and collaborative approach to service planning
High rates of major health risk factors	Early intervention and prevention	• Lifestyle Risk Factor Management • Smoking reduction programs • Market basket survey • Lifestyle education • Drug and alcohol education programs • Employment support programs such as	Demonstrated need, capacity to implement and established relationships with key partners	Lower levels of high risk health factors including smoking levels, obesity and alcohol and drug misuse

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
		Murdi Paaki Regional Enterprise job service network • Improved Urban environments – beatification, permanent plantings, dust mitigation • Improved recreational infrastructure • Supporting community sporting activities • Mens and womens health • Child and maternal health • School based health promotion (healthy outback kids)		
High incidence and prevalence of chronic disease	Effective management of chronic disease	• Care Coordination and Supplementary Services • Connecting Care • Diabetes support groups • Provision of allied health services to support GP led multidisciplinary team-based care. • Chronic disease management programs • Pitstop Men's health screening and referral program. • Australian Primary Care Collaboratives (APCC)	Demonstrated need, capacity to implement and established relationships with key partners	Better management of patients with chronic disease resulting in reduced hospitalisations for preventable conditions
Poor health status of Aboriginal	Improved Aboriginal health	• Coordinated Care and Supplementary	Demonstrated need, capacity to implement	Greater participation in health services and

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
population		services • Aboriginal Health workers in practices • Influence and support more appropriate service delivery • Aboriginal and Torres Strait Islander in General Practice Strategy. • Aboriginal Health partnership with Western and Far West Local Health Districts, Western NSW Medicare Local and Bila Muuji. • Connected Communities • Regional strategy for improving Aboriginal health	and established relationships with key partners	reduced hospitalisations for preventable conditions
Lack of co-ordinated, comprehensive, whole-patient care for at risk population	Better coordinated care	• Intersectoral collaboration and alignment around national safety and quality standards • Clinical Governance subcommittee guidance on clinical structures, pathways, models of care, strategic direction, monitoring of Continuous Quality Improvement (CQI) issues, activities and outcomes	Demonstrated need and capacity to implement	Better identification of at-risk patients resulting in earlier interventions and better integrated and coordinated care
Inadequate allied health services	Improved access to health services	• Direct service delivery • Allied health hubs to support early intervention and prevention strategies. • Partnerships with NGOs to increase access to allied health services	Demonstrated need, capacity to implement and established relationships with key partners	Increased occasions of service within a GP-led, multidisciplinary model of care

Issue/ Need	Strategy	• Description of Strategy Activities	Justification	Expected Outcome
		• Links with academic institutions for clinical partnerships/student-led services		
Inadequate assessment and intervention services for children		• Maternity and early childhood nursing services • Healthy Kids Checks • Links with academic institutions for clinical partnerships/student-led services	Demonstrated need, capacity to implement and established relationships with key partners	Earlier identification of at-risk children resulting in appropriate referrals to allied health and medical services

Strategic Leadership Group Deliberations

At the outset of the needs assessment process, a Strategic Leadership Group was formed comprising the Executive Management Team (EMT) and Board of Far West NSW Medicare Local (FWNSWML). This group approved the assessment and prioritising approach to be adopted, as well as the short listed issues and funded priorities.

The FWNSWML Board is relatively new, having been formed in late 2013, and some elements, including the Population Health Sub Committee, are not yet fully functioning. Despite its newness, the skills-based Board offers extensive experience in rural and remote health as well as broad geographic, cultural and organisational representation. Elected members hail from communities throughout the catchment and have backgrounds in the Aboriginal Community Controlled Health sector, Non-Government Organisations, Local Health Districts and private general practice. The elected members are supported by two appointed members from outside the region with health management and financial expertise. The Strategic Leadership Group was therefore well placed to guide the needs assessment process and endorse the findings.

As indicated previously, this Comprehensive Needs Assessment (CNA) builds on our Preliminary Needs Assessment (PNA) undertaken in 2013, including the publication "What We Saw, What We Heard, What We Learnt".

As one of the first activities of the newly formed Far West NSW Medicare Local, we went on the road to ensure adequate consumer input, vising the eight largest population centres in the FWNSWML. "What We Saw, What We Heard, What We Learnt" was developed from the PNA and reflected both the findings of the PNA and the priority health areas identified in the PNA process. This document was widely disseminated throughout the catchment and beyond, ensuring consumers and stakeholder knew they had been listened to.

"What We Saw, What We Heard, What We Learnt" was strongly endorsed by the Board and formed the basis of the CNA. It was very well received by consumers, stakeholders and other service providers, validating the approach adopted for the CNA.

The extensive stakeholder engagement undertaken as part of the PNA achieved a high degree of community ownership. There is also a high congruence in the findings from the PNA with needs assessments and studies undertaken by stakeholders including the Western and Far West Local Health Districts. But although widely accepted, it is well recognised that many of the issues result from entrenched and complex behaviours that will take years to address.

Due to the recent release and launch of the PNA publication "What We Saw, What We Heard, What We Learnt" in late 2013, a formal publication of the outcomes of the CNA is not warranted. However the outcomes will still be widely disseminated to consumers and stakeholders. The priorities and the funded strategies are reflected in the 2014/15 Annual Plan and an appropriately edited *Executive Summary document* will be communicated to communities and stakeholders through the numerous formal and informal stakeholder engagement activities undertaken by the FWNSWML. These include:

- The FWNSWML website
- Bush Telegraph; our monthly stakeholder newsletter
- FWNSWML instigated forums including the Outback Health Forum, the Broken Hill Health Forum, Pharmacy Summits, Allied Health and Specialist Health Forums and forums for key disciplines such as mental health and aged care
- FWNSWML participation in consumer groups such as Aboriginal health working parties

As a Demonstrator Site under the NSW Ministry of Health strategy for investing in Integrated Care in NSW, Western Local Health District is partnering with FWNSWML, Western NSW Medicare Local and

Bila Muuji to form a Health Intelligence Unit. The findings from the CNA will inform our contribution to this Unit.

FWNSWML has recently subscribed to Patient Opinion to provide a platform for consumers to provide feedback on our organisation and our services. This will offer another avenue for consumers to comment on, and contribute to, our activities and services.

Following the completion of the CNA reporting process, the Strategic Leadership Group will have a formal debriefing to discuss the assessment and prioritising process and identify opportunities for improvement. This will include strategies to increase GPs' and other providers' involvement and will be a key role for the Population Health Sub-Committee of the Board

Specific evaluation methods for each of the funded strategies will be determined as part of the annual planning activities undertaken by the EMT. These will be built into the project development to ensure the collection of appropriate baseline data and data collection methods. Data collection tools such as the PAT CAT clinical audit tool will be used to provide de-identified, catchment-wide patient data, and qualitative data connection methodologies will be considered where appropriate to enable an assessment of consumer and provider satisfaction.