Prevention and Management of Chronic Disease

Important information for stakeholders

Why does the program exist?

To provide services where there is no alternative funding or services available for chronic disease prevention and management.

Who is the program targeting?

The program targets people with two or more chronic diseases or at high risk of developing chronic diseases.

Annual regional health needs assessment work undertaken by Western NSW PHN identified there were particularly high needs in Aboriginal Health, in Chronic and Complex Care, and access to services in rural and remote communities. Therefore the program has refocussed its funding to prioritise these areas.

What are the current priorities of the Western NSW PHN?

There are nine priority areas, as identified in the needs assessment. These are:

1.Aboriginal Health
2.Chronic and Complex Care
3.Older Persons Care
4.Maternal & Child Health
5.Mental Health & Substance Abuse
6.Risk Factors/Prevention
7.Workforce
8.Access to Services
9.Coordination, Integration, Collaboration

More information on the 2017/18 core activity work plan can be found at:

www.wnswphn.org.au/commissioning/activity-work-plans

What is the background to the previous/current program?

The current services have transitioned from the three Medicare Locals and have been funded by Western NSW PHN since its creation on 1 July 2015. Since this date the Western NSW PHN has undertaken work on needs assessment and prioritisation of services which became the basis for the tender process for the Prevention and Management of Chronic Disease program.

What was the process in determining new service providers?

Service providers were invited to tender for activities under the program, via a competitive tender process. The tender process focused on delivering a program which has been aligned the needs assessment priorities, as approved by the Department of Health (DOH).

There was also a focus in the tender process on how the tenderers would work and coordinate with other health service delivery providers, particularly the two Local Health Districts, and the target groups for the program. The intention of the program is that services

are aligned to General Practices and Aboriginal Community Controlled Health Organisations (ACCHOs), with services ideally delivered in general practice locations.

Who are the previous/current service providers?

There are several current service providers across the area serviced by Western NSW PHN. These include:

- Marathon Health
- NSW Outback Division of General Practice
- Maari Ma Health Aboriginal Corporation
- South East Sydney LHD
- Robinvale District Health Services
- Far West LHD
- Katherine Bissett Exercise Physiology
- Eloquent Speech Pathology
- Bourke Aboriginal Health Service

Who are the new service providers under the new program?

Following evaluation through a competitive tender process, the successful service providers will be NSW Outback Division of General Practice (ODGP), who will operate in a consortium with Maari Ma Health Aboriginal Corporation.

How will services be provided from 1 September 2017?

The NSW Outback Division of General Practice (ODGP), will work with the Maari Ma Health Aboriginal Corporation and to deliver programs aimed at chronic disease management and prevention. The new program will focus on people have or who are at high risk of developing two or more chronic diseases.

The services will be provided through existing General Practices and ACCHOs in communities identified as requiring these services. These communities have been identified by the lack of other facilities providing the services and the level of chronic disease within the community.

The principles of the services delivery include the general practice as the patient's medical home and the hub of service delivery, with specialist health and support services integrated with the general practice led team.

Will all existing services continue to be provided?

The new focus on preventing and managing chronic disease in people with, or at high risk of developing, multiple chronic diseases, and in areas where there are no alternative services available means some services will be enhanced.

Areas with access to alternative services or where there is a lower level of chronic disease within the community may have some services reduced. Also, services provided under the current program which are not focused on chronic disease management and prevention to the target groups will cease to receive funding from this program. This will enable better targeted use of the funding to meet the identified needs in western NSW.

Will the Outback Eye Service continue?

The Outback Eye Service provides comprehensive ophthalmic services (i.e. primary, secondary and tertiary eye care services) to patients, including, Optometry, Ophthalmology, eye surgery and patient referrals to the Prince of Wales Hospital for complex clinical cases. This service, separately funded from this program, will continue from 1 July 2017 to 30 June 2018 and will be aligned to the Chronic Disease program.

What were the transition arrangements?

The transition period operated from 1 July to 31 August 2017. Current service providers were offered the opportunity to continue service provision through to 31 August 2017. During the transition period, services continued as previously delivered subject to the agreement of individual service providers.

The new arrangements came into full effect on 1 September 2017.

As with any new arrangement of this type the transition period enabled ODGP to employ appropriate personnel and services, and implement a range of new activities.

What happens with current patients?

Information was provided to GPs as the service arrangements of ODGP were put in place during the transition period. This included specific contact information.

As always, people and families are encouraged to contact their GP to discuss their ongoing health needs.

Will there be collaboration and consultation under the new program?

There will be consultation with the Western NSW PHN's Aboriginal, Community and Clinical Councils, as well as the Western NSW and Far West Local Health Districts and ACCHO's regarding the implementation of new services.

How will the services and activities be monitored?

Activities will be monitored through a comprehensive annual planning and reporting cycle. The service providers will also provide an evaluation report at the completion of the Program, which will include qualitative and quantitative data, clinician and consumer feedback and indicators of the benefit of the service. This data will inform the PHN's ongoing needs assessment and commissioning cycle.

Contacts for further information

The Western NSW PHN is the contact for the needs assessment, tender process and the transition period for existing service providers. If you need further information, please contact Michele Pitt on 0407 734 364.

The OGDP contacted GPs and service providers on the new program service arrangements during the transition period. Specific contacts will continue to be provided as arrangements are finalised and put in place.