

Feedback on Country Health SA Model of Care – Draft 3

Summary and Comments

The following feedback on the draft Country Health SA Model of Care is not intended to represent outcomes of a consultation process with the SA Divisions Network, as that would need to be conducted through a process with CHSA. Whilst it is understood that consultation with some General Practitioners in local areas was undertaken during the development of this document, consultation has not been undertaken with the SA Divisions Network. Such consultation will necessarily be required for CHSA to assess the feasibility of its own strategies and the degree to which implementation of these strategies can be achieved, particularly where there is dependence on primary care and General Practice.

The document has been reviewed from the Divisions' perspective and in consideration of the impact of the proposed strategies on local communities, General Practice, and the patients they serve. The following key points are noted:

- 1) **Throughout the document, there is an emphasis on service integration and seamless transition across services.** The ability to achieve such integration requires conduits to support service providers in transfer of information and coordination of activities. The model seems to make the assumption that this is part of each service provider's role, but does not consider that no single service provider is positioned to manage the multiple points of service that might be involved in delivering a package of care to an individual. The conduits for ensuring such integration must be clearly identified.
- 2) **The identified Continuum of Care starts with 'Disease Prevention' which clearly identifies Primary Prevention and Secondary Prevention as key parts of the disease prevention strategy.** Although the public health aspect of Primary Prevention is an obvious role for CHSA, the statement that 'health promotion and disease prevention initiatives are a part of the integrated system of care provided by CHSA' does not recognise that CHSA does not provide a significant component of disease prevention. The reliance on primary care and General Practice is particular for prevention and screening activities must be acknowledged so that appropriate resourcing can be identified to support this work.
- 3) **All of the priority areas identified for chronic disease management** rely heavily on primary care and services provided within General Practice, yet it is not clear from the description of the model what level of commitment there is to these priority areas. While the Out of Hospital Strategies go some way toward supporting the priority areas, they appear to be a secondary aspect of the model.

- 4) **The Principles for the Model of Care suggests that ‘all health care providers, from private GPs and AHPs to country hospital are part of the one integrated health care system.** The ability to achieve this, particularly where CHSA can only direct one part of the system, is largely dependent on the creation of partnering arrangements and support for such arrangements through the conduits identified in point 1 (above). Divisions are well-positioned to facilitate such integration to occur, but there is no mention of the role of Divisions in the model.

- 5) **The description of the Patient-Centred approach is largely focused on hospital services.** This is where the model detours from the focus of integration across a care continuum, and becomes operationally-oriented around hospital services. We would suggest that the hospital service delivery operating issues would more appropriately sit within a different document. A truly patient-centred approach to care would need to recognise the relationship that patients and their families have with primary care service providers over a lifetime, with hospital services moving in and out of their overall experience of health on an as-needed basis. Patient-centred care is about understanding and responding to the needs of individuals, not just cultures or population sub-groups, in a way that respects their health history and their capability to maintain health. Lights, colours, temperature, etc are all important, but are only ancillary factors in achieving patient-centred care.

- 6) **Admission to Metro hospitals and Transfer of Care also discuss incorporating activities across the care continuum.** The comments provided in point 1 (above) are applicable in relation to this issue as well. The model does not describe how ‘coordination and planning between hospitals and higher level facilities with primary and community care services’ will be achieved.

Overall, the strategies outlined are obviously sensible and appropriate, but the model is incomplete in that it does not provide a picture of how these strategies will be realised, even at a high level. The SA Divisions Network can be of significant value to CHSA in linking primary care and hospital services and we would encourage further exploration of the opportunities in this area.