

Response ID ANON-4K9Q-DK75-4

Submitted to Primary Health Reform Steering Group Draft Recommendations - Discussion Paper
Submitted on 2021-07-27 09:09:11

Introduction

1 What is your name?

Name:
Prof Jennifer Reath

2 What is your email address?

Email:
J.Reath@westernsydney.edu.au

3 Are you responding as an individual or on behalf of an organisation? (please specify organisation)

Organisation:
Department of General Practice, School of Medicine, Western Sydney University

4 What is your organisation type?

Organisation or Business

5 Please choose from the following list the area of primary healthcare that best describes you or your organisation?

General Practice

5a If your response to Question 5 is Other, please state the area of primary healthcare you represent?

If your response to Question 5 is Other, please state the area of primary healthcare you represent?:
N/A

Recommendation 10

10.1 Do you agree with this recommendation?

Do you agree with this recommendation?:

We strongly agree with this recommendation. There is a need to support growth in the primary health care workforce through undergraduate and graduate training in general practice and other PHC disciplines. This training needs to include research training as this is fundamental to building an enduring academic discipline that will embed principals of evidence-based practice, quality improvement and research and teaching.

10.2 What do you see as the challenges in implementing this recommendation?

What do you see as the challenges in implementing this recommendation?:

The first and most substantial clinical experience for most medical and other health professional students is in hospitals. There need to be enhanced opportunities to learn in the primary health care setting including in general practice. This will require strengthening of university departments of general practice as well as supervisor networks, which have greatly reduced over the past decade in size and influence. Additionally, experience in interprofessional learning at undergraduate level is critical.

A clear career pathway is also key to operationalising this recommendation. Changes to GP vocational training over the past 20 years have impacted hugely on graduate understanding about and confidence in GP career paths.

The Prevocational General Practice Placements Program (PGPPP) which supported young doctors to explore the career path of rural and remote general practice ended in 2014/15. This impacted recruitment into general practice training. This or an alternative model should be considered to implement recommendation 10.

A regional model of workforce support requires close collaboration between training organisations and Primary Health Networks.

Recommendation 17

17.1 Do you agree with this recommendation?

Do you agree with this recommendation?:

Yes absolutely. Research, collecting data on the quality of primary health care and continuous improvement contribute to person-centred care. Data such as patient-reported experience and outcome measures (PREMs and PROMs) are critical to providing people and communities with a voice .

17.2 What do you see as the challenges in implementing this recommendation?

What do you see as the challenges in implementing this recommendation?:

The dilemma currently is there is not a comprehensive set of universally agreed indicators and measures, including PREMs and PROMs, that determine what are high quality primary health care services in the Australian context. Apart from a very limited set of PIP QI indicators, quality data collected varies across regions and this hamper analysis across and between regions. There is also a lack of consistency and variability in the quality of the data at the practice and PHN levels. There is a need for ongoing training and support to enable practice staff to adequately code data and for support for PHN staff to assist in analysis of the data with practices to inform quality improvement. To support a culture of continuous QI needs adequate remuneration for reflection on the data and plan quality improvements in response. This remuneration may also provide a means of incentivising practices that can demonstrate high-quality according to the agreed measures.

17.3 Please provide any examples of utilising primary health care data collection and linkages to support continuous quality improvement (from Australia or overseas).

Please provide any examples of utilising primary health care data collection and linkages to support continuous quality improvement (from Australia or overseas). :

Some work has been done in the Patient-Centred Medical Home to establish quality indicators and measures for quality improvement although the indicators identified are predominantly around processes and system requirements for a team-based approach to deliver quality services.

NSW Health Agency for Clinical Innovation (ACI) are implementing PROMS and PREMS across public services. It might be useful to look at some of the measures being implemented and whether any are suitable for PHC. This may support QI across sectors.

The QUEST PHC (Quality Equity and Systems Transformation in Primary Health Care) project, funded by Digital Health Cooperative Research Centre (Digital Health CRC), is a collaboration between Western Sydney University with eight PHNs across Australia. It has developed a suite of evidence-based indicators and measures of high-quality general practice in the Australian context, informed by literature review and extensive stakeholder consultations. These 79 indicators and 129 measures, across four attributes of general practice, aligned with the four elements of the Quadruple Aim. Indicators and measures were also grouped under 'structures', 'processes' and 'outcomes' under each attribute according to a Donabedian framework.

The QUEST PHC research team is currently conducting wider consultations to establish consensus in the context of Australian general practice. We aim to develop the first comprehensive, evidence-based, professionally endorsed tool for analysing and reporting across all components of high-quality general practice in Australia. We will also be consulting with Aboriginal and Torres Strait Islander Health and Justice Health sectors to ensure that the tool will inform equitable high-quality service delivery particularly to communities most vulnerable.