



BACKGROUND PAPER: FAIR ACCESS TO ACTIVITIES AND SERVICES

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EXECUTIVE SUMMARY

This paper documents the rationale for inclusion of fair access to health and wellbeing services as a priority for action in the 2013-2017 strategic planning cycle.

Access to health and wellbeing services needs to consider not just the availability of services but a range of access dimensions including affordability, accessibility, accommodation of the service and acceptability. A comprehensive needs assessment carried out by the Southern Grampians and Glenelg Primary Care Partnership in early 2013 identified that older residents, particularly those living in rural townships were having difficulty accessing health and wellbeing services as well as some government services. Major barriers to access uncovered included transport and internet accessibility.

There is strong leadership across the catchment to support priority action around fair access to health and wellbeing services as well as established partnerships resulting from previous and current networks and projects. Great South Coast Medicare Local (GSCML) will undertake a comprehensive analysis of the population and existing health services to identify the health needs of the community and to help plan for future services. GSCML will develop innovative solutions to fill existing gaps in the availability of health services, to ensure more equitable and accessible primary care system for the region. It is timely to partner and work together to further understand the access needs of our community to build capacity of service providers to improve access.

There exist a number of information systems already that begin to reduce access barriers such as the Human Services Directory and the Medical Travel Guide and working with these tools to increase community awareness and usability could facilitate fairer access

Increasing access to health and wellbeing services using innovative approaches such as *telehealth* is currently being explored throughout catchment. Embedding *telehealth* into practice by increasing capacity of services to utilise the systems as well as confidence and readiness of consumers will enable increased access overcoming some barriers.

1. PURPOSE & SCOPE

This background paper was prepared in consultation with stakeholders throughout the Southern Grampians and Glenelg Shires to provide information to inform priority setting for strategic planning processes including Municipal Public Health and Wellbeing Planning and Southern Grampians and Glenelg Primary Care Partnership (SGGPCP) Strategic Planning.

Defining access is complex. Early work around the concept of access conducted by Penchansky and Thomas¹ defined access around five dimensions: Availability (the relationship of the volume and type of existing services to the clients volume and types of needs); Accessibility (the relationship between the location of supply and the location of clients, taking into account transportation, distance and cost; Accommodation (the relationship between the manner in which the supply resources are organised to accept the clients -including appointment systems, hours of operation, walk-in facilities, telephone services- and the clients ability to accommodate to these factors and the clients perception of their appropriateness); Affordability (clients existing income, ability to pay and existing health insurance) and Acceptability (the relationship of clients attitudes about personal and practice characteristics of providers to the actual characteristics of existing providers as well as to provider attitudes about acceptable personal characteristics of clients eg age, sex, ethnicity etc...)

In 2013, SGGPCP produced a report *Understanding the Accessibility of services and activities for the Southern Grampians and Glenelg Shires*. One of the key findings was that the health and wellbeing services were the most difficult to access. Therefore the scope of this paper is on access to health and wellbeing services. Access to food has been highlighted in previous work and will be addressed in the background paper on obesity prevention. Access to education has also been highlighted as a concern across the catchment which will be addressed through papers researching year 12 and equivalent attainment.

2. BACKGROUND

2.1 Quantitative Data

During early 2013 a comprehensive Needs Assessment *Understanding the Accessibility of services and activities for the Southern Grampians and Glenelg Shires*. was undertaken by SGGPCP to investigate what services and activities were difficult to access, who is having access difficulties and the reason why they were having difficulty. This report added to the limited data gathered from the Portland and Heywood Needs Analysis which had a strong focus on transport solutions and the Food Security Needs Assessment conducted by SGGPCP (led by Portland District Health) identifying accessing to fresh food as a pillar of food insecurity.

Findings from the SGGPCP Needs Assessment reports that people living in rural setting across the catchment, particularly residents of Merino, Nelson, Branxholme, Dartmoor, Casterton, Coleraine and Peshurst, particularly those aged 75 years and over are having difficulty accessing services and activities. Residents over 75 years of age were experiencing difficulty accessing medical services including GPs, medical specials and government services namely *medicare* and *Centrelink* and other services such as banking and clothing shopping. Surveys administered during the research found that people aged 35- 44 were also experiencing access difficulties. Figure 1 shows the survey results indicating the age groups most impacted by access difficulties.

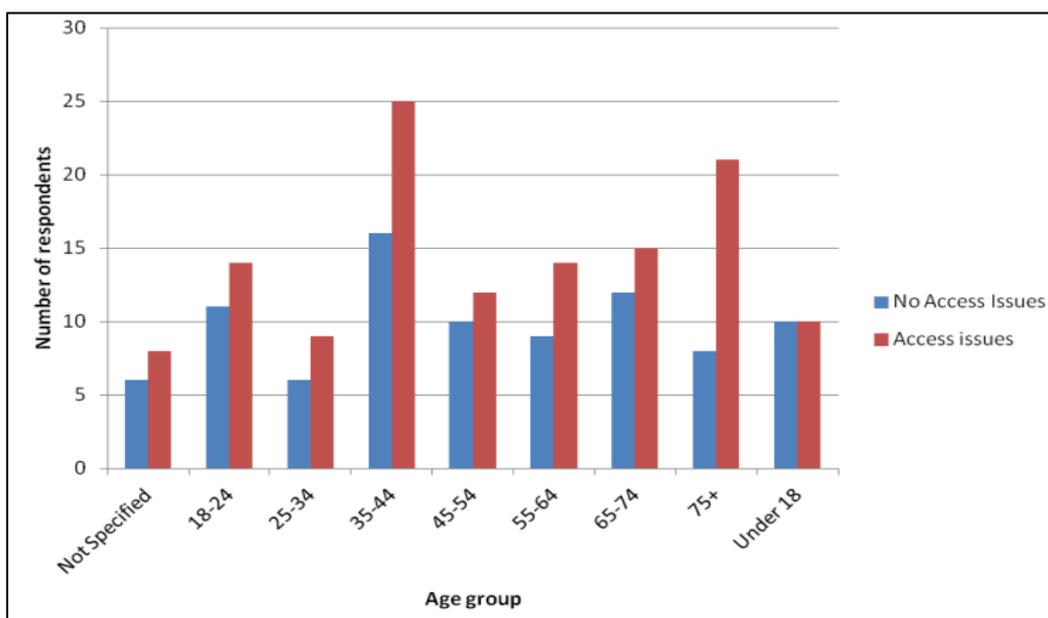


Figure 1 Access Needs Assessment; Age Groups experiencing access difficulties

Further investigation through interviews and focus groups indicated that older residents who had increasing health needs required more specialised services than were available in rural townships often requiring travel to larger centres for health services. The focus groups also found that young people throughout the catchment relied on family and friends particularly for transport to access services.

While data is not conclusive, it does indicate the major barriers to access across the catchment as being related to limited (or complete lack of) internet services and transport limitations. Local Government data profilesⁱⁱ identify some transport limitations including: 19.5% of the residents of Southern Grampians who experience transport limitations with 6.8% of households with no motor vehicle in the Shire of Southern Grampians and 22.7% of people in Glenelg Shire who experienced transport limitations and 5.1% in Glenelg Shire who have no motor vehicle. (as compared to 23.7% of the Victorian Population experiencing transport difficulties and 8.3% who do not own a vehicle). Internet access for Southern Grampians Shire is 64.7% and Glenelg slightly lower at 63.1% as compared to 74.3% state average.

Availability of GP services and dental sites is captured in the Great South Coast Health and Wellbeing Prolife. In the Shire of Southern Grampians there are 1.20 GPs per 1000 of the population and Glenelg Shire has less availability at 0.76, these are a little below the state average which is 1.18. There are 0.23 dental sites per 1000 of the population in Shire of Southern Grampians and 0.19 in Shire of Glenelg which is slightly higher than the state average of 0.24. The Southern Grampians Shire has experienced high numbers of emergency department presentations per 1000 of the populations with 345.7 compared to 254.1 state average. This figure is significantly higher than the state average and may indicate a lack of access across all 5 dimensions to medical services.

2.2 Qualitative data

Although these statistics point to the availability of some services, there is little data to evidence accessibility, acceptability, affordability and accommodating ability of these services. Anecdotal data collected during consultations focusing on social inclusion found that many health and wellbeing services are expensive to access for residents who are experiencing disadvantage, are often oversubscribed (i.e. appointments are unavailable) and there are often barriers to access for consumers who have disabilities or mental illness.

The Shire of Southern Grampians Shire recently undertook extensive consultation to inform a positive ageing strategy. These consultations found that there was a lack of information about services and support for older persons in the shire. The consultations conducted to inform the Access Needs assessment conducted by SGGPCP also found limited information available particularly for older residents. Residents reported that they were unaware of support available particularly to assist medical travel, despite the existence of a comprehensive Medical Travel Guide

There is an emerging trend in rural communities, possibly driven by policy and economic influences whereby services are retracting to a regional setting. This means that services once provided locally are now being delivered through an outreach model from a regional hub severely reducing access. There are recent examples where there once was local staff providing services which now have outreach workers with time limited to only a few hours per week.

Evidence

There is limited evidence of best practice, particularly in a rural setting to guide how we can better enable access to health and wellbeing services for our community. There exist a range of checklists to assist planning for accessibility for people with disabilities within the community The Inner South East Partnership in Community Health and developed a social inclusion and equity checklistⁱⁱⁱ that does include indicators around cost, physical access, social influences, evaluation and dissemination, culturally appropriate service delivery and education and employment influences that touch on some of the dimensions for access. The Equity Women's Health Goulburn North East Project in 2008 identifies access among the ten top equity questions stating "Have you ensured that any potentially avoidable, unfair, or unnecessary barriers that inhibit **access**, (for example cost, operating times and physical layout, location, transport, lack of childcare or respite care) have been addressed". The research undertaken to develop this background paper has been unable to identify any indicators that encompass the five dimensions of access.

Research indicates that the health status of rural people is inferior to those living in metropolitan Australia. Recent Australian statistics^{iv} show that people in rural and remote areas suffer from a health differential that is skewed towards higher mortality and morbidity rates from some diseases and increased rates of hospitalisation Dixon and Welch^v discuss the complexities of rural health disadvantage using insights from the social determinants of health. They include examining a range of factors including physical and cultural access to services discussing the quality of roads, travel and petrol costs but also government assistance and social costs.

3. CONTEXT

National Context

National Health Reform Agenda

The national context is significantly influenced by the health reform agenda first introduced in 2008 as the National Healthcare Agreement (NHA)^{vi} and identifies access to services as a key goal by stating that the plan "provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country". The National Health Reform Agreement was reached in 2011 and cements the agreement of all Australian governments to health reform. Under the agreement, Australian governments have agreed to: improve patient access to services and public hospital efficiency as one of the key outcomes. Importantly, the implementation principles provide for: coordination between hospital, GP, primary health care and aged care; access to performance data; diversity and innovation; equitable access for all Australians; and social inclusion and reduced disadvantage. While not set out in the Agreement, the Federal Government has also reaffirmed its commitment to the delivery of preventive health measures, mental health reform and eHealth initiatives.

Primary Health Care Strategy

The *Primary Health Care Strategy*^{vii} identifies four priority areas for change including improving access and reducing inequity.

Medicare Locals

In parallel with the development of the preventative health agenda, Medicare Locals have been established, designed to tailor programs and activities to meet the primary health care needs of their local communities as well as monitor outcomes more effectively. A key requirement of Medicare Locals is the development of a primary health care plan for their region.

National Standards

Standard 2 of the National Safety and Quality Health Care Service Standards *Partnering with Consumers*^{viii} identifies that it is critically important that consumers and carers are involved throughout the continuum of healthcare safety and quality standards improvement as consumers and carers provide a “reality check” that can help healthcare organisations understand how to make changes to healthcare that are meaningful to consumers and carers.

Mental Health Reforms

The mental health agenda adopts a population health framework. The vision of the National Mental Health Policy^{ix} is for a mental health system that: ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.

State Context

The Victorian Health and Wellbeing Plan^x

The aim of the plan to achieve lasting improvements in the health of all Victorians, with a particular emphasis on the needs of those who are worse off and experiencing poorer health than others in our community. Although the plan does not specify access, it is intrinsic in the three strategic interventions: 1. Continue to protect the health of Victorians (communicable disease prevention and control, immunisation, environmental health, food safety, incident and emergency response); 2. Keep people well (healthy eating, physical activity, tobacco control, oral health, alcohol and other drug use, sexual and reproductive health promotion, mental health promotion, injury prevention, skin cancer prevention); 3. Strengthen preventive healthcare (cancer screening, newborn screening, early intervention).

The Victorian Health Priorities Framework 2012–2022: Rural and Regional Health Plan

In May 2011 the Victorian Government released the *Victorian Health Priorities Framework 2012–2022*^{xi}, which provides the blueprint for the planning and development priorities for the Victorian healthcare system for the coming decade. The framework provides the foundation for the *Rural and Regional Health Plan*. It has been applied to the rural and regional health system to drive the development of key actions that will deliver services in rural and regional Victoria that are more responsive to people’s needs and rigorously informed and informative. The plan recognises that in rural and regional Victoria the population is growing, as is the prevalence of chronic disease and healthcare utilisation. Planning for health service provision needs to be responsive to these changes, and there is an expectation that the nature of service delivery must continue to evolve. There will need to be a particular focus on building the capacity of existing local community-based services to respond to these challenges. The introduction of innovative service models that enable more timely and appropriate access to primary care, secondary and acute services and specialist care, particularly through the better utilisation of telehealth, will be necessary.

Great South Coast Regional Plan^{xii}

This plan recognises the challenge facing a rural community stating that the rate of dependent elderly people in the Great South Coast will accelerate sharply from around 27% to 42% between 2011 and 2026. The plan identifies that ensuring that all communities and sub regional areas are well linked to quality services and infrastructure is a significant challenge that will require integrated transport systems, better communication networks and a high level of community engagement. The Victorian Competition and Efficiency Commission has concluded that the primary factor detracting from liveability and community strength in many regional areas is poor access to services and infrastructure particularly health, education, transport and information communication technology. There is strong policy support to support fair access to services from a federal level through to the local perspective.

4. CAPACITY

4.1 Strengths of past experience to build current capacity on

Historically, access has been closely linked to transport disadvantage across the SGGPCP catchment particularly through the Transport Connections Program which has been facilitated through Western District Health Service and recently (2012) through SGGPCP. The Transport Connections Program was a Victorian Government place-base initiative to help communities with limited transport options improve access to services and facilities. Emerging thinking indicates that transport is one barrier to access and that the issues around access are more complex requiring a mix of solutions.

The South West Transport Connections (SWTC) Program conducted across the catchment over the past 10 years has built some capacity in the community to respond to access and furthered knowledge about the problem and impacts. The focus has been more on transport solutions and a range of initiatives have been conducted across the catchment.

The Transport Connections Innovation Fund enabled the establishment of the Virtually Healthy Telehealth Project facilitated by SGGPCP providing patients with a link to medical and specialists through video link technology. The use of telehealth is an emerging field with many health and community settings using technology to increase access for their consumers group.

South West Community Transport provides a backbone for localized community transport supporting a range of options across the catchment to increase access using a community transport model. This program together with South West Transport Connections extensively researched initiatives and resources to support residents to access medical services and have published The Medical Travel Guide which is available to services and community members.

4.2 Leadership and Governance

SGGPCP governance over SWTCP has enabled strong connections with SGGPCP partners and continued linkages and focus on access despite the program funding ceasing. Access to health and wellbeing services continues to be a challenge for all stakeholders across the catchment with no current identified lead and requires robust collaborative processes to ensure positive outcomes.

4.3 Partnerships

- Great South Coast Medicare Local (GSCML) will undertake a comprehensive analysis of the population and existing health services to identify the health needs of the community and to help plan for future services. GSCML will develop innovative solutions to fill existing gaps in the availability of health services, to ensure more equitable and accessible primary care system for the region. These objectives are reflect national policy and will the assessment

will focus initially on mental health specifically alcohol and drug services delivery and obesity related diseases.

- GSCML work provides a timely opportunity to bring SGGPCP and GSCML resources together to combine resources. Planning is underway to begin collaboration this underway on this topic
- There are strong existing networks with a focus on service co-ordination & Integrated Chronic Disease Management which will provide a strong base of working in partnership

4.4 Information and information systems

- The SGGPCP Needs Assessment – has provided an overview and some initial data and investigation into access issues. There is more limited information documented on how the system works at local level and how accessible from consumers' perspective.
- Information systems such as the Human Services Directory exist but improvements in navigation and quality of information provided would be enhancements.
- Medical Travel Guide developed through South West Community Transport has collated extensive support to improve access for medical travel. The resource is very useful but is currently under utilised.
- There appears to be a lack of fair access indicators developed to increase access, particularly with a focus on the five dimensions of access. Therefore describing and measuring what good access looks like is challenging.

4.5 Financing and resource allocation

- For public providers of health and wellbeing services, access is an essential component of core business.
- There are incentives for private providers through Medicare, particularly through programs such as Telehealth and Closing the Gap to assist providers to improve access.
- SGGPCP & GSCML will allocate some of their core resources to facilitation, capacity building and support across the catchment to improve access.
- SGGPCP will facilitate the Telehealth Project *Virtually Healthy* through the Department of Planning and Community Development Transport Connections Innovation Fund until June 2014. GSCML are also working to improve access to services through use of technology such as telehealth and together with SGGPCP would be well placed to partner with the community to share innovations and learning.
- Community based solutions will require project funding and there are opportunities through funding streams such as the Victoria Regional Growth Fund.

4.6 Workforce development

- The *Virtually Health Project* facilitated by SGGPCP is providing opportunities for information sharing and workforce development across the catchment
- Fully accessible health and wellbeing services requires extensive workforce development. Many services are focused on this but workforce development around access will continue to be an area of need. The Enhancing Care Co-ordination Project being implemented across the Barwon South West region aims improve the capacity of primary care services to deliver appropriate care co-ordination to consumers.

5. FUTURE DIRECTION

Data from the SGGPCP Needs Assessment together with stakeholder consultation has identified that older residents from rural communities particularly, have the most difficulties accessing health services. Further investigation is required to understand the barriers and collaboration to formulate local solutions. Data has shown significant geographic variation indicating the requirement for implementation needs to be place based approach in understanding local barriers to access in rural communities. Data collection would also require a focus on consumer experience. There is a timely opportunity for health services leading place based data collection in their location which will also support evidence for Standard 2 of the National Safety and Quality Health Care Service Standards *Partnering with Consumers*. There is a significant opportunity to partner with GSCML particularly aligning with the GSCML foundational mental health and obesity prevention themes. Gathering comprehensive data together will create a better understanding enabling the opportunity to improve fair access of services and develop community based solutions to barriers

Telehealth is emerging as an innovative local solution with agencies taking initiative to design local responses to increase access to services for their community. There are a number of local stakeholders who are leaders in this area and further funding support to extend current capacity.

Given the current level of data available, policy direction and existing resources, the future direction across the catchment to improve fair access to health and wellbeing services should:

- Focus on existing resources and partnerships to maximise potential collaborations and outcomes
- Increase our understanding of fair access to health and wellbeing services both from a service system and consumer perspective to improve access
- Implement place based approaches to understand local service access and develop local solutions
- Build on existing leadership, particularly around telehealth

The following table outlines the 4 year goal, objectives and strategies developed on the above logic.

Goal: To improve our communities' fair access to health and wellbeing services.

Objectives	Strategies
Health and wellbeing service providers will increase their capacity, understanding and skills to provide fair access for their communities.	<p>Conduct a needs assessment across the catchment using a place based approach</p> <p>Engage consumers to better understand and document the consumer experience</p> <p>Work with health and wellbeing service providers to increase capacity to embed telehealth skills</p> <p>Develop access indicators with service provider and consumer input.</p>
Our community will have an increase in knowledge of support systems and services to improve fair access to health and wellbeing services.	Develop and distribute community information tools to increase access to support services.
Increase fair access to health and wellbeing services	Support health and wellbeing service design and gap filling including identifying innovative service delivery models for rural

	<p>areas.</p> <p>Facilitate community based solutions to address access barriers</p> <p>Support embedding telehealth practices.</p>
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ⁱ Penchasky, R. and Thomas, J.T, The concept of Access, Definition and Relationship to consumer satisfaction Medical Care Vol XIX, No 2 February 1981.

ⁱⁱ <http://www.health.vic.gov.au/modelling/planning/lga.htm>

ⁱⁱⁱ Inner South East Partnership in Community and Health
http://www.portphillip.vic.gov.au/default/Si_Equity_Flyer_A4.pdf

^{iv} Australian Institute of Health and Welfare. Health in Rural and Remote Australia. Canberra: Australian Institute of Health and Welfare 1998.

^v Dixo, J. and Welch, N (2000), Researching the Rural-Metropolitan Health Differential Using the “Social Determinants of Health”. Australian Journal of Rural Health, 8:254-260

^{vi} [http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nha-agreement/\\$File/National%20Healthcare%20Agreement%202011.pdf](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nha-agreement/$File/National%20Healthcare%20Agreement%202011.pdf)

^{vii} <http://www.health.gov.au/primaryhealthstrategy>

^{viii} <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>

^{ix} <http://mhsa.aihw.gov.au/national-policies/>

^x [http://docs.health.vic.gov.au/docs/doc/8532A3E8DAD73048CA2578FE000571F5/\\$FILE/vic-public-health-wellbeing-plan.pdf](http://docs.health.vic.gov.au/docs/doc/8532A3E8DAD73048CA2578FE000571F5/$FILE/vic-public-health-wellbeing-plan.pdf)

^{xi}

[http://docs.health.vic.gov.au/docs/doc/E9DF1F9EF227FF09CA2579680004BC2B/\\$FILE/1108032_Rural%20and%20Regional%20Health%20Plan%20WEB.pdf](http://docs.health.vic.gov.au/docs/doc/E9DF1F9EF227FF09CA2579680004BC2B/$FILE/1108032_Rural%20and%20Regional%20Health%20Plan%20WEB.pdf)

^{xii} http://www.greatsouthcoast.com.au/images/stories/GSC_Regional_Strategic_Plan_Web.pdf