

Conceptual framework for Primary & Community Health (PaCH) Services

The Context

The PaCH sector comprises a complex mix of state and commonwealth funded services, private providers and non-government organisations (NGOs), and is the part of the health system where most people receive most of their health care, most of the time.

P&CH operates in a complex policy environment characterised by:

- ◆ Fragmented health system, with multiple funding and decision-making structures which impede integration
- ◆ Pressures on the acute system associated with increased demand
- ◆ Imbalanced investment, with underinvestment in prevention, health promotion and early intervention
- ◆ Workforce shortages and mal-distribution
- ◆ PaCH access issues associated with workforce shortages, lengthy waiting lists and financial impediments.

Purpose

This conceptual framework is a way of:

- ◆ describing and understanding the current PaCH system, and the relationships between and across the range of PaCH services; and
- ◆ identifying the critical interfaces within PaCH and with other parts of the system.

PaCH within the health system

The PaCH system is one of three pillars that are the essential building blocks of the NSW health system; the other two pillars being acute hospitals and population health (see the following diagram).

The three pillars of health

Population Health	Primary & Community Health	Acute Care Hospitals
<ul style="list-style-type: none"> ◆ Focus on health of populations ◆ Emphasis on promotion, protection & prevention ◆ Respond to priority population health issues ◆ Concerned with underlying social determinants of health 	<ul style="list-style-type: none"> ◆ Focus on health of individuals, families & local communities ◆ A mixture of generalist (1st contact) & more specialised services ◆ Episodic & ongoing care ◆ Development of health ◆ Respond to demands & needs ◆ Concerned with underlying social determinants of health 	<ul style="list-style-type: none"> ◆ Focus on episodic/short term care for individuals ◆ Specialised services ◆ Access usually by referral (EDs the exception) ◆ Respond to demands

At the interfaces between the pillars there is a degree of overlap and the distinctions are less clear. For e.g.:

- ◆ Acute services are increasingly being provided in the community
- ◆ PaCH and population health are both concerned with the development of health through prevention and early identification/intervention.

However, the recognition of these three pillars illuminates the need for investment across all pillars, enables a focus on the internal integration of each pillar and the development of integration infrastructure across the pillars that can provide appropriate systems of care and reduce duplication.

Characteristics of PaCH: a 2 Tiered approach

PaCH can be described according to a number of defining characteristics which can be grouped together under the following headings: generalist and more specialised. This is illustrated in the following table:

The 2 Tiers

Generalist Tier	Specialised Tier
<ul style="list-style-type: none"> ◆ First point of contact with the health system for the majority of the population ◆ Operates as a gateway to other parts of the health system through referrals ◆ Provides generalist services & responds to undifferentiated presentations ◆ Provides comprehensively for the major health needs of individuals/families/ local communities across the lifecycle ◆ Incorporates a focus on psychosocial care ◆ Provides continuity of care over time & over episodes ◆ Locally-based within community settings 	<ul style="list-style-type: none"> ◆ Access by referral from other services or specific access criteria ◆ Provides specialised services for specific conditions (commonly disease focus) ◆ Provides episodic/short term/crisis care ◆ Refers to the Generalist Tier for ongoing care ◆ Serves larger geographic area, but smaller numbers

The **Generalist Tier** corresponds with definition of P&CH as being first level care, close to where people live and involves front line health workers who have well developed generalist skills and who maintain regular contact with individuals/families/ local communities with a broad range of health issues.

Services in this Tier provide most of the care for common time limited health problems, the ongoing care of multiple chronic health problems, anticipatory preventive care and early detection of and intervention for risk factors.

The Generalist Tier acts as a filter role in relation to the Specialised Tier and facilitates the referral of only those patients/clients that meet relevant access criteria to the Specialised Tier.

The **Specialised Tier** aims to provide specialised services for individuals/ families/ communities with specific health conditions or more complex and multiple needs, (for e.g. for people with a mental health condition), and the criteria for accessing these services is restricted to people who are at risk or are affected by the condition.

Services in this Tier often comprise multidisciplinary teams and provide a comprehensive range of specialised services. The Specialised Tier also provides support, advice and training to the Generalist Tier to assist their generalist role.

Expertise required in the Tiers

Each Tier requires its own level of expertise and set of skills and depends on the other Tier to enhance quality of care. The expertise required to work effectively in the Generalist Tier includes:

- ◆ having skills in assessment, management and care of common health problems and high prevalence disorders and in prevention, early identification and intervention approaches to common risk factors;
- ◆ practicing a holistic approach to care and working from a social model of health which recognises the social determinants of health;
- ◆ knowledge and understanding of community networks and their functioning;
- ◆ knowledge of the range of health and welfare agencies in the local area and their referral criteria and processes;
- ◆ skills in working with individuals/families and communities in developing personal and community capacity and strengthening resilience;
- ◆ skills in knowing when to consult with and refer to the specialised Tier;
- ◆ skills to work as part of multi-disciplinary teams.

The expertise to work effectively in the Specialised Tier is similar to that of the Generalist Tier, but with a focus on specific health problems or issues that require:

- ◆ specialist clinical knowledge of the specific condition, treatments and management;
- ◆ knowledge of other even more specialised services for the specific health problem and their accessibility criteria and processes;
- ◆ skills in sharing care and devolving care back to the Generalist Tier.

A further distinction within each Tier: a 4 Tiered approach

The distinction between the Generalist and Specialised Tiers provides clarity and simplicity at a relatively high conceptual level. A further distinction can be made within each Tier which better reflects the complexity of the current situation and results in a 4 Tier model.

Generalist Tiers 1&2

This Tier can be broken down into Tier 1 which involves direct service provision, and Tier 2 which involves a mixture of some direct service provision and additional roles in 2 areas:

- ◆ support, advice and training for Tier 1 to assist the overall coordination role of Tier 1 and ensure continuity of care;
- ◆ proactive responses to the health needs of local communities through identifying local population health needs and developing services and programs to meet these needs. A core function of Tier two is prevention and early intervention within the local community.

Tier 2 is important because it provides a buffer/filter to the specialised Tier (thus limiting premature referrals and cost escalations), and enables Tier 1 to provide ongoing care for people with higher level needs.

The Commonwealth has recognised the need to provide Tier 2 supports for general practice through funding and support for practice nurses and allied health workers. Some community health services and population specific non-government organisations (through their connections with local communities and networks) also have a well developed and functioning Tier 2 role

Tier 1:	Tier 2:
<ul style="list-style-type: none"> ◆ Focus on individuals & families/carers ◆ Have highly developed generalist skills ◆ Provide front line direct services/case work ◆ Provide for low level but common needs ◆ Solo practice or generalist teams 	<ul style="list-style-type: none"> ◆ Responsive to health needs of local communities ◆ Develop more specialised skills: condition specific/community development ◆ Undertake joint care with Tier 1 ◆ Provide consultation, support & training to Tier 1 ◆ Part of generalist teams

Specialised Tiers 3 & 4

A distinction can also be made within the Specialised Tier, with the identification of a Tier 4 which is a sub-speciality of Tier 3 for highly specialised and intensive short term care. The focus of Tier 4 is on individuals and families/carers with the most severe, complex and least frequent conditions. Access to Tier 4 is limited and is generally through referral from Tier 3. Tier 4 also covers a greater geographical area than Tier 3.

Tier 3:	Tier 4
<ul style="list-style-type: none"> ◆ Major focus on population sub group with specific condition, requiring specialised care & support ◆ Have specialised condition related clinical skills ◆ Mainly direct service provision, plus some community-based interventions ◆ Specialised assessments & short term/crisis care ◆ Usually multidisciplinary teams 	<ul style="list-style-type: none"> ◆ Highly specialised care ◆ More complex conditions & high level needs ◆ Limited access ◆ Focus on individuals/families/carers ◆ Provide intensive short term care ◆ Regional/State coverage

Working within and between the Tiers

Because the focus of the Generalist Tier can be on direct individual service delivery as well as working with families and communities, there are a number of roles that workers in the Generalist Tier can play. These can include delivering clinical care in GP surgeries or community health centres, visiting people in their homes or operating outreach services to hard to reach groups. There may also be some workers who work specifically with community groups some or most of

their time in improving access to health services or developing programs to meet specific health needs. Some health workers in the Generalist Tier may also have more specialised knowledge in some areas and can provide clinical care in these areas as well as offering consultation, support or training to their peers, for example a GP may have a special interest in travel or sports medicine or a social worker may take referrals from, or work with, early childhood nurses to manage a family with multiple social problems. One of the major challenges for the Generalist Tier is to find effective ways for GPs and private allied health service providers to work with community health services.

Health workers in the Specialised Tier would also have a similar differentiation of roles. For example there may be mental health workers who have a special interest in phobias or cognitive behaviour therapy. There would also be work undertaken with individuals, families and communities, for example programs for children of people with mental illness. In some places health workers may have both generalist and specialised roles, for example, a GP may work in a hospital outpatient's menopause clinic as well as in a GP surgery; or a drug and alcohol counsellor may spend some of their time as a generalist counsellor as well as providing specialised counselling for clients with alcohol and other drug problems. One of the major challenges for specialised health services is to develop effective partnerships with generalist health services that will allow generalist health services to manage ongoing care and co-morbidities of people with specific health problems and access specialised support for acute problems and complications.

In planning PaCH services it is therefore useful to look at the specific range of functions being undertaken by a particular health worker or team of workers to develop a picture of the range of generalised and specialised services being provided in an area and to plan for their balanced development.

Critical interfaces

Within the Generalist Tier

This Tier comprises diverse range of primary health related providers and services, differing funding mechanisms, organisational and management structures and professional cultures and backgrounds. These issues impact on the capacity of the Generalist Tier to work in integrated ways to provide comprehensive PaCH services to local communities and maximise the effectiveness of these services.

A robust and well integrated Generalist Tier enhances the provision of comprehensive care, improves consumer access to, and satisfaction with, care and contributes to improved population health. A lack of integration can limit the access by consumers and compromise the quality of care, especially for those with complex health needs who require ongoing, coordinated and timely care from a range of services.

As the major provider of primary care, general practice is an important gateway to other services. Good links between general practice and other PaCH services provide GPs with support and access to multidisciplinary approaches and other services and enhances quality and appropriate care.

Initiatives designed to enhance integration amongst the Generalist Tier include:

- ◆ Funding for practice nurses and allied health workers to support general practice, especially for chronic disease management and prevention
- ◆ Piloting and evaluating Primary Health Care Networks designed to improve integrated planning and service delivery for specific population subgroups
- ◆ Primary health care team models (e.g. co-location of primary health nurses from community health in general practices in disadvantaged locations in south western Sydney).

Between PaCH and the acute/hospital sector

The links between hospitals and PaCH services are important to ensure more appropriate utilisation of services and facilitate continuity of care during the transition between hospital and home, timely access to primary health care and support services following hospital/emergency department discharge and tertiary prevention to reduce hospitalisation.

Capacity within PaCH services to respond to initiatives aimed at improving the interface with hospitals includes having a supporting policy framework and a well-developed infrastructure including workforce, effective referral and communication mechanisms within PaCH and across the primary and secondary care interface, adequate resources, clear patient care protocols and well understood lines of communication amongst the multi-disciplinary care team.

Initiatives designed to strengthen this interface include:

- ◆ Community and Post Acute Care (CAPAC) programs to shift care from hospital to community settings
- ◆ 'ComPacs' which involve pre-admission and discharge planning and assembling community-care packages
- ◆ Chronic care collaboratives and chronic care programs.

Between PaCH and population health

PaCH and population health services share common functions in relation to promoting health. Ensuring a cohesive link between PaCH and population health is important for initiatives aimed at improving the health of communities and populations.

PaCH services need the specialised expertise and support from population health to provide effective health promotion, prevention and early intervention services. Population health services require a PaCH workforce with adequate skills, knowledge and competencies beyond those required for clinical practice to implement population health initiatives.

PaCH services play an important role in liaising with population health services regarding local health issues and trends in presentations which may be early warning signs of public health issues.

A strengthened population health focus which involves collaboration between PaCH and population health services has considerable potential to improve health gain and population health outcomes.

Major initiatives to improve this interface include:

- ◆ Community-based immunisation programs (including those for Hepatitis B and C and flu vaccinations for high risk groups)
- ◆ Health promotion initiatives such as the SNAP¹ program, smoking cessation programs
- ◆ Food security programs.

Conclusion

This conceptual framework has a number of benefits and uses. At a macro level it fits in with the three main pillars in the health system for planning purposes. The framework of three pillars positions PaCH as an integral part of the health system and its place in relation to the acute and population health sectors is highlighted, thus assisting with understanding the relationship of PaCH with the other two pillars.

The 4 Tiers model of PaCH assists in understanding the relationships between generalist and specialised PaCH services, and also the relationships within and between the Tiers. It is an inclusive model that includes commonwealth and state-funded PaCH services as well as private providers.

The framework highlights three major issues for the future of PaCH services within NSW:

- ◆ Integration within PaCH, especially between general practice and community health services
- ◆ Interface with acute/hospital health services, especially at the transition of care points
- ◆ Interface between PaCH and population health, relating to common functions, priorities and population groups.

The framework has the potential to be used for health system policy and planning at a state-level; PaCH policy and planning and state and area health service level and planning and delivery of integrated PaCH services at state, area and local level; as well as for monitoring and evaluating investment and expenditure across the Tiers.

¹ SNAP is an acronym for initiatives that focus on common behavioural risk factors relating to Smoking, Nutrition, Alcohol and Physical Activity

Other key documents

This framework should be read in conjunction with the following documents:

Available from NSW Health:

- ◆ *In All Fairness: increasing equity in health across NSW* (May 2004).
- ◆ *Strengthening Health Care in the Community*. NSW Government Action Plan for Health No. 7 (2002).

Available from: <http://chetre.med.unsw.edu.au>

- ◆ *Guidelines: Core functions & services for primary & community Health Services in NSW* (2005)
- ◆ *Literature review on the contribution of primary and community health services*. (2004)
- ◆ *Overview of Primary & Community Health Service Reforms in Canada, New Zealand and the United Kingdom*. (2004).