





Latrobe Health Advocate

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The Latrobe Health Advocate respectfully acknowledges Aboriginal people as the Original Custodians of the land we walk on today – the land of the Braiakaulung people of the Gunaikurnai nation and passes on respect to their Elders past and present, future and emerging.





Jenny Mikakos MP

Minister for Health  
Minister for Ambulance Services

Ms Jane Anderson  
Latrobe Health Advocate  
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4/9/2020

Dear Ms Anderson

Thank you for your work in developing the *Access to Services in Latrobe* report that includes an action plan for service delivery in Latrobe Valley.

The action plan sets out a comprehensive agenda for collaboration between all levels of government, health service providers and the education sector to improve the availability and experience of care for people in Latrobe Valley.

I commend you for prioritising this work. Your consultation with local communities has provided insight to the complexities, work already underway and next steps.

The COVID-19 pandemic has certainly brought about many impacts and challenges, as well as innovations, new powers of connection and social learning. This report acknowledges that and highlights how these learnings can be implemented for local communities outside of the Latrobe Valley to live well into the future.

I look forward to continuing to work with you to progress the actions within the Victorian Government's jurisdiction.

Once again thank you for developing this comprehensive report and action plan.

Yours sincerely

**Jenny Mikakos MP**  
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Minister for Ambulance Services

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# Foreword from the Advocate

In my 2019-20 Statement of Intent I made a commitment to the Victorian Minister for Health and Latrobe communities to identify the systemic and underlying issues that impact how communities in Latrobe access GPs. The need for this priority campaign was evident in the voices of Latrobe communities, local GPs and health services that were reaching out to me to express their concerns.

In Latrobe people can find it hard to get an appointment with a doctor, their experience with services does not always meet their expectations and their health is being impacted. Local doctors are in high demand, their working conditions are tough, and the system seems to be working against them.

There is continued community and media interest in what has been described as a 'GP crisis' in Latrobe. Communities have said that GPs can be hard to access as they may be too far away, booked out, too expensive or only in the area temporarily. People have talked about the impact of continually seeing a different doctor as this can make it difficult to establish a relationship of trust and to receive continuity of care.

Local practices have expressed their frustrations about having to turn patients away every day and have shared their aspirations for changes in the training and recruitment pathways for GPs.

In responding to these concerns, I have worked together with local communities, doctors and health services to better understand the issue. I have sought expertise and research beyond the boundaries of Latrobe to understand how the issue might impact other regional communities within Australia and to learn about solutions that might be relevant in Latrobe.

I have come to understand that in Victoria the problem is not a shortage of GPs, it is a maldistribution of GPs. The impact of this is greater in Latrobe along with some other regional communities, than it is in metropolitan areas. The current health of the Latrobe population can make this challenge more complex. It has been suggested that there may be enough doctors in Latrobe per person, but there are not enough doctors per problem.

The Victorian Government has designated the Latrobe local government area as a Health Innovation Zone and the conditions exist to bring together all levels of government with communities and services to tackle this complex problem. There is an opportunity in Latrobe to bring about long-term systemic change that takes communities and primary healthcare services towards a future where communities are enjoying better health outcomes as a result of improved access to GPs and other health professionals.

I am pleased to share this collaborative action plan which demonstrates a shared commitment to improving access to GPs. This plan has been informed by my engagement with communities and GPs. The development of the plan has been coordinated by my office and actions within the plan have been drafted and reviewed by a wide range of stakeholders and lead agencies.

Everyone that contributed to this plan is committed to achieving better health and wellbeing outcomes for Latrobe communities, improving the training and accreditation pathways and working conditions for GPs. This plan reflects the goodwill and spirit of cooperation of local doctors, communities, health services, peak bodies, universities, training providers and all levels of government.

This plan is future focused. It will take some time for people in Latrobe to experience change. There are four key areas for action that focus on; GP training and accreditation; supporting GPs to live and work in Latrobe; building skills and promoting good health within Latrobe communities; and, designing primary health care services and emergency departments for the future.

Pleasingly, work is already underway in a number of areas. And, despite the overwhelming impact of COVID-19, this worldwide disruption has led to rapid changes in the ways people can access a GP and there is a significant uptake in the use of digital health resources and technologies that can connect communities and health services.

I would like to thank everyone who has contributed to this important work. I look forward to continuing to work together with the lead and support agencies that have demonstrated their commitment to Latrobe. I will advocate on behalf of these agencies and Latrobe communities to ensure that the appropriate support and resources are available to bring about sustainable change and I welcome ongoing feedback and participation of Latrobe communities as this work progresses.



Jane Anderson  
Latrobe Health Advocate



# Project implementation

In her 2019-20 Statement of Intent to the Victorian Minister for Health the Advocate named Access to Services as a priority project. Extensive engagement with communities and systems stakeholders has been occurring since 2018.

Below is a summary of the engagement process to date.



1. We called out access to doctors as priority issue for people in Latrobe.



2. We planned what we wanted to learn and identified the actions we needed to take.



3. We identified and connected with key stakeholders.



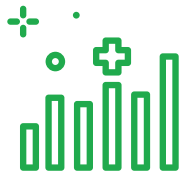
4. We listened to what doctors, practice managers, peak bodies and health experts had to say about the issue.



5. We asked communities to share their views online and used social media to promote this.



6. We worked directly with DHHS and Gippsland PHN to gather data and insights.



7. We analysed all the data we had received and identified a range of themes and trends.



8. We hosted a workshop that attracted a broad range of health experts, government representatives and communities.



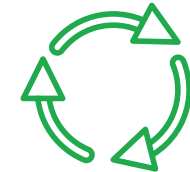
9. We reflected on what we learned at the workshop and shared feedback with participants.



10. We identified key areas for action.



11. We responded to the COVID-19 state of emergency and paid close attention to systems innovations.

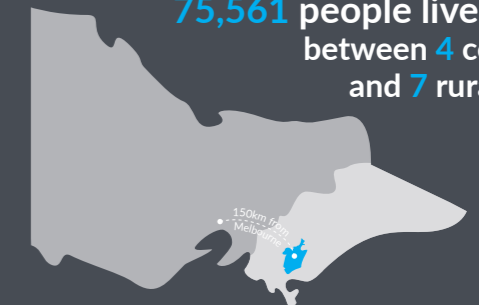


12. We developed an action plan with stakeholders and identified the supports and advocacy required to bring about change in Latrobe.



# Improving access to services in Latrobe

75,561 people live in Latrobe between 4 central towns and 7 rural townships



- Churchill
- Moe
- Newborough
- Morwell
- Traralgon
- Boolarra
- Glengarry
- Toongabbie
- Traralgon Sth
- Tyers
- Yallourn Nth
- Yinnar

## Latrobe has:



85 working GPs



23 general practices



5 community health centres

1 Aboriginal controlled community health service

1 regional hospital

1 private hospital

1 emergency department

Approx. 1 GP per 1000 people

Sources:  
Engagement insights have been informed by research and engagement undertaken by the Office of the Latrobe Health Advocate including but not limited to:

\* Gippsland PHN Latrobe 2018 Snapshot  
\* Rural Workforce Agency Victoria Latrobe Snapshot 2019  
\* Latrobe City Council Population and Economic Profile (accessed online in 2020)

The pathway to becoming a GP has been described as a labyrinth and massively bureaucratic.

Local clinics have limited capacity and funding to provide ongoing training and supervision.

Internships with local hospitals are a critical opportunity to immerse doctors in a region, build their skills and connections.

"We need more GPs, they change every three months and we have to keep telling our story."

The health system is dependent on interns and registrars to provide services to community. Where is the space to develop and learn?

Improving training and accreditation pathways for doctors in Latrobe.



It is not about a shortage of GPs it is about a mal-distribution of GPs.

GPs are looking for social, cultural, and spiritual supports and connections in their community.

Offering employment opportunities and social connections for a GP's spouse can make a big difference.

"Continuity of care is important. Seeing a doctor who has spent time with you before, makes things quicker and easier."

Many GPs live in Melbourne and travel daily to work in Latrobe.

Clinics in Latrobe are closing down because they cannot recruit GPs.

Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems.

Building health and digital literacy and enabling greater responsiveness to community voice.



Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future.

There are limited after hours or weekend services available to people in Latrobe.

Having a team of healthcare professionals that can work alongside a GP has been described as an ideal model from a clinical point of view.

The days of a GP that works in the same community for 30 years have been described as a thing of the past.

8:30am is a peak time for phone calls to general practices. People often have to call multiple clinics in Latrobe to try and get an appointment.

Communities have not been involved in systemic change and struggle to understand why their expectations are not being met.

"If I can't get in to see a GP I will use Dr. Google or if desperate I would go to the hospital."

COVID-19 has led to rapid changes in the ways people can access a GP. There has been a large shift within health services and communities to using online technologies.

In Latrobe there is an ageing population that is likely to need increasing support from the local health system.

Today, successful clinics adopt a multidisciplinary approach and have strong partnerships with local hospitals.

"I am never able to see a doctor when I really need to which forces me to go to the emergency department, which holds the doctors up in there."



# Areas for action

Engagement with communities and systems stakeholders has led to a deeper understanding of the systemic issues that can impact the availability of doctors in Latrobe and the experience that patients and their families have in trying to access a doctor.

It is evident that availability of GPs in Latrobe is not a standalone or discrete issue and that any reforms need to have consideration for the greater primary healthcare system from a local, state and national perspective.

There are actions that can be taken now that may result in short term improvements and ease some pressure, however investment into longer term, sustainable change with a view towards future population health trends and health system innovations are likely to achieve greater results.

Bringing about change will undoubtedly require strong cooperation between the State and the Commonwealth, goodwill and investment from every aspect of the system, and at a local level, collective leadership that is visible and effective.

Change cannot be implemented by the Office of the Latrobe Health Advocate. Change needs to occur within and amongst health services and governments in response to the systems insights and community views that have been highlighted by the Advocate.

The Advocate will continue to act on behalf of Latrobe communities and system stakeholders to ensure that the appropriate support and resources are available to bring about sustainable change.

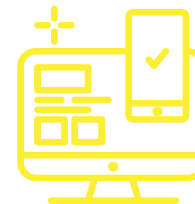
The Advocate has identified four areas for action. These are;



**Improving training and accreditation pathways for doctors in Latrobe.**



**Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems.**



**Building health and digital literacy and enabling greater responsiveness to community voice.**



**Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future.**



# Action Plan Theme 1

## Improving training and accreditation pathways for doctors in Latrobe.

### Action 1.1

Establish a network of **medical supervisors** that can work and support GP trainees across Latrobe. Create flexibility for supervisors to work across and add capacity to the whole system.

In doing so;

- Introduce or amend policies and supervision protocols to enable greater utilisation of technology and virtual interactions.
- Consider any gaps within the system where qualified GPs could be better utilised and where they may not yet have access to training pathways to become a qualified supervisor, either due to timing and years of practice or due to capacity within local clinics.

#### Lead Agency

#### Eastern Victoria GP Training

in collaboration with:

- Latrobe Community Health Service
- Rural Workforce Agency Victoria
- Monash University Gippsland Regional Training Hub

#### Existing work to build on

Colleges are looking at more flexible ways of supervising.

Specialist colleges are looking at different ways to deliver supervision.

#### [GPs Down Under.](#)

The Victorian Rural Generalist Training Program which seeks to improve supervisory capacity, as well as ensure access to professional support and upskilling.

The Rural Junior Doctor Innovation Fund (RJDTIF) is designed to enable rurally based interns and doctors in their second postgraduate year to gain experience working in rural primary care settings.

#### Enablers and Resources

Development of more supervision models.

Understanding and addressing of any existing barriers to remote supervision.

Identification of existing resources.

Consideration of funding models that support supervisors who take time away from their practice.

Improvement of the supervision experience to enable people to feel they are valued in the communities they are working in.



## Action 1.2

Establish a **business case to attract joint State and Commonwealth funding** that, over the longer term, can enable a significant boost in the training and supervision capacity for GPs in the Gippsland Region. Consideration should be given to;

- The supports available to International Medical Graduates working towards achieving their fellowship;
- Supports and incentives for registrars to remain in Latrobe during their working week to prevent fatigue and disruption to patient care resulting from daily travel from Melbourne.

### Lead Agency

#### Royal Australian College of General Practitioners

in collaboration with:

- Rural Workforce Agency Victoria
- Latrobe Regional Hospital
- Monash University Gippsland Regional Training Hub
- Australian Government Department of Health

### Existing work to build on

The Victorian Rural Generalist Training Program has a component of joint State and Commonwealth funding.

The Monash University [Gippsland Regional Training Hub](#) has strategy and funding to support the cost of supporting supervision training and currently has capacity for greater uptake.

Practice Incentive Program Teaching Payments.

### Enablers and Resources

Shared understanding between Latrobe Regional Hospital and general practices in relation to current and future supervisor workforce needs in Latrobe.

Funding that supports GPs to take on supervising so that their income is not impacted by taking on these responsibilities.

Holistic care is the aim of supervision – not all relationships are positive. It's important to have options available for supervision and assessment.

Understanding and utilising relevant Commonwealth funding streams, raising concerns about any historical changes that may have negative implications.

State Government funds, via Latrobe Regional Hospital, to meet the needs of specialist care in the region.

Utilisation of the Practice Incentive Program Teaching Payment to encourage general practices to provide teaching sessions to undergraduate and graduate medical students preparing to enter the Australian medical profession.

## Action 1.3

Identify the aspirations and needs of **local secondary school students** and investigate ways to strengthen the pathway into medicine and establish greater career networks and opportunities for them in Latrobe.

### Lead Agency

#### Monash Rural Health

in collaboration with:

- Victorian Department of Health and Human Services
- Victorian Department of Education and Training
- Australian Government Department of Health

### Existing work to build on

Monash Rural Health works with local secondary schools and career counsellors. Currently developing a package of resources for Career Counsellors in place of regional open days.

Dean's Rural List (DRL); rural students can apply for the DRL and boost their chances of studying medicine at Monash – both direct from secondary school and via the graduate entry pathway.

Murray Darling Medical Schools Network (MDMSN) commencing in 2021 will see students spending their entire medical training as an end-to-end rural training program.

La Trobe University Bachelor of Biomedical Science (Medical) at its Bendigo and Wodonga campuses. The program commenced in 2019: 15 students per year are co-selected by La Trobe University and Melbourne University and, subject to their ongoing success, will be guaranteed selection into the University of Melbourne's new Doctor of Medicine (Rural) program which commences in 2022 at Shepparton.

### Enablers and Resources

Ongoing support from Monash Rural Health for students in the area.

Successful implementation of the Victorian Rural Generalist Pathway to attract local students into a career in medicine in their local region.

Existing medical students working with secondary school students. COVID-19 restrictions have made it more difficult this year however there are mentor programs that assist. Expanding this program could assist Latrobe students.

Provision of placements for secondary school students (work experience). Giving an opportunity to see the possibilities for that career would assist students to aspire to take on medicine as an option for them.

## Action 1.4

Increase the funding and capacity of the Gippsland Rural Intern Training program at Latrobe Regional Hospital to enable more placements to be coordinated and offered locally.

### Lead Agency

**Latrobe Regional Hospital**

in collaboration with:

- Victorian Department of Health and Human Services

### Existing work to build on

[Gippsland Rural Intern Training program.](#)

Current plans to increase the number of internships from 25 to 30 for 2021.

Interns are now offered a 2-year contract and 22 out of 25 have agreed to take up this offer for 2020-21.

Latrobe Regional Hospital currently accommodates interns from Monash Health.

### Enablers and Resources

Additional GP rotations during internship and post-graduate year two would assist, however, local clinics will need greater support to manage an increase in placement numbers.

Consideration of changes at a state level to the distribution of funding for internship programs with a more appropriate allocation between regional and metropolitan hospitals.

Adequate supervision and staffing capacity within Latrobe Regional Hospital to accommodate more interns.

## Action 1.5

Work with the Victorian Department of Health and Human Services and Australian Government Department of Health to **implement the Victorian Rural Generalist Pathway in Latrobe.**

In doing so, localise the design and delivery of the program to integrate it with other existing strategies and health workforce development initiatives.

### Lead Agency

**Victorian Department of Health and Human Services**

in collaboration with:

- Monash University Gippsland Regional Training Hub
- Regional Network (and participating health services)
- Australian Government Department of Health
- National Rural Health Commissioner
- Royal Australian College of General Practitioners

### Existing work to build on

[Victorian Rural Generalist Pathway.](#)

[Victorian Rural Generalist Pathway Program Management Framework.](#)

[Gippsland's Future Health and Community Services Workforce Strategy.](#)

### Enablers and Resources

Recognition from the Statewide Reference Committee and Regional Network of the Victorian Government designated Latrobe Health Innovation Zone.

Adequate implementation of statewide standards with an appropriate degree of flexibility to cater for the needs of the region.

Collaborative relationships established with the Latrobe Health Advocate and Latrobe Health Assembly.

Appointment of Regional Rural Generalist Coordinator and establishment of ongoing and effective working relationships with Latrobe Regional Hospital and other Latrobe stakeholders.

ACRRM and RACGP promoting rural generalist opportunities in the Latrobe Valley and Gippsland.



## Action Plan Theme 2

Enhancing and promoting the liveability of Latrobe and strengthening local recruitment systems.

### Action 2.1

Work with the Australian Government Department of Health to **amend the Medicare system in a way that enables the entire Latrobe Local Government Area to be allocated as a Distribution Priority Area (DPA)** over a sustained period of time.

Noting that this is a short-term solution and that over the longer-term further work needs to occur to;

- Continually evolve the system in a way that it can best respond to population health needs, and
- Ensure that Latrobe general practices are not dependant on a DPA allocation to attract and retain doctors.

#### Lead Agency

**Australian Government Department of Health**

in collaboration with:

- Gippsland PHN
- Latrobe Health Assembly
- Rural Workforce Agency Victoria
- Eastern Victoria GP Training

#### Existing work to build on

In July 2020 all towns within Latrobe City were allocated as a Distribution Priority Area. See [Health Workforce Locator](#).  
[Hazelwood Mine Fire Inquiry Report 2015/16 Volume III – Health Improvement](#).

Gippsland PHN *HeadsUPP* tool has new data and model embedded to improve method of planning.

#### Enablers and Resources

An assessment of the way in which the DPA status is awarded, with a view to have it based on number of services delivered in relation to demand. Demand should include ED presentations that could be seen in general practice.

Longer term, multi-year DPA allocation to create certainty and ensure greater stability for general practices and communities.

Political support and advocacy, peak body lobbying.

Evidence data from the Latrobe Health Innovation Zone.

Ongoing monitoring of the outcomes associated with DPA status in Latrobe (build in historical and current data, future population health trends).

## Action 2.2

Undertake **market research** to better understand the social, cultural and spiritual needs of GPs who might relocate to Latrobe. Use this research to inform strategies that could be implemented to promote the liveability of the region and to improve the access and availability of events, activities, places of workshop, and social connections.

Develop and implement a **sustained and targeted marketing campaign** to promote the liveability of Latrobe and the broader Gippsland region. Include success measures that directly relate to targeting GPs and linking them directly to local general practices.

This work should build on existing tourism strategies and campaigns that promote the assets of Gippsland and Latrobe, however it is distinctly different in that the target audience is GPs and their families and the intended outcomes are about recruitment and retention of GPs in Latrobe.

### Lead Agency

#### Latrobe City Council

in collaboration with:

- Latrobe Community Health Service
- Latrobe Valley Authority
- Rural Workforce Agency Victoria
- Latrobe City Municipal Public Health and Wellbeing Plan Partners
- Monash Rural Health

### Existing work to build on

[Latrobe City Council Cultural Diversity Action Plan 2020-24.](#)

Gippsland Multicultural Strategic Plan 2017-20.

Existing tourism strategies and campaigns that promote Latrobe Valley and Gippsland.

Existing cultural and community events in Latrobe.

Bendigo has a model that is attractive with live music, museums, exhibitions, and parks for great outdoor activities. It is inviting and creates a friendly environment to all and is culturally inclusive. The Chinese Dragon Lantern Festival is a draw card.

Latrobe Health Assembly has funded a Gippsland Archive and Interpretive Discovery Group and a feasibility study with Federation University. Potential opportunity to work with them to draw on history and showcase our history to help promote liveability.

[Latrobe City Municipal Public Health and Wellbeing Plan.](#)

### Enablers and Resources

Funding to engage a suitably qualified market research agency and to deliver a sustained marketing campaign.

Participation from local and Melbourne based GPs and medicine students during the market research stage to inform the design of the campaign.

Appropriate engagement of a marketing agency working in partnership with relevant Latrobe stakeholders to implement the campaign.

Understanding of what is currently available for different cultures in Latrobe. Informing and supporting the implementation of the Cultural Diversity Acton Plan.

Identification and showcasing of Latrobe Valley community assets and opportunities including schools, cultural groups and activities, social networks, activities, events and entertainment.



## Action 2.3

Work with the Victorian Department of Education and Training, local education providers and peak bodies (public and private) to **understand and address GP perceptions about schooling in the region**, with a view to improve the attractiveness for GPs and their families.

Establish partnerships/ affiliations between health services, general practices and schools (locally and in Melbourne) to enable doctors and their children to more easily live, work and study in Latrobe.

### Lead Agency

#### Department of Education and Training

in collaboration with:

- Education peak bodies
- Latrobe schools
- Latrobe City Council
- Ramahyuck District Aboriginal Corporation
- Local clinics

## Action 2.4

Establish formal partnerships between major employers, job agencies and general practices to enhance and facilitate **increased job opportunities for GP's partners**.

### Lead Agency

#### Latrobe Valley Authority

in collaboration with:

- Gippsland PHN
- Recruitment agencies

### Enablers and Resources

Facilitation of partnerships between local schools and implementation of joint promotional activities between general practices and schools.

Consideration of education and schooling for GP children across all stages of childhood including day care and pre-school. Work with all education settings to understand GP needs and promote local offerings.

Showcase innovative school programs, extracurricular activities, advanced academic pathways, music and sport programs. Promote school options as part of the overall Latrobe Valley package.

Use of champions (doctor's children who are school students, doctors and school leaders)

School Board opportunities for GPs.

Work with schools on spiritual and religious diversity in order to attract and retain more doctors.

### Existing work to build on

Establishment of Government Hub in Morwell.

Cath Cosgrove and Latrobe Valley Authority reports on the Whole-of-Person Allied Health Recruitment and Retention Strategy Workshops in Gippsland.

### Enablers and Resources

Greater exposure to the Melbourne recruiter market. Increased awareness of the opportunities available in the Latrobe Valley.

Consideration of a recruiter for professional people. Focus on GPs partners and aiding them. A concierge to talk about potential jobs and schools and partnerships in place to make this happen.

Development of a local prospectus to dispel myths and promote opportunities.

Feedback from current GPs and their partners. What is their occupation, and do they work locally? Establish why / why not and see if there is an opportunity to change this.



## Action Plan Theme 3

Building health and digital literacy and enabling greater responsiveness to community voice.

### Action 3.1

Develop and implement a **strategy to address known gaps in digital literacy, access to data and technology.**

In doing so, consider the health inequities facing some communities in Latrobe. The purpose of this strategy is to ensure that everyone who needs to access telehealth and online health resources can successfully and confidently do so.

#### Lead Agency

##### Regional Development Victoria

in collaboration with:

- Latrobe City Council
- Latrobe Health Assembly
- Gippsland PHN
- Gippsland Regional Partnership
- Gippsland Regional Development Australia (RDA) Committee
- Monash Rural Health
- Ramahyuck District Aboriginal Corporation

#### Existing work to build on

Gippsland Regional Digital Plan.

[Victorian Government Regional Digital Fund.](#)

[National Digital Health Strategy.](#)

Tonic Health (screens in medical centres), currently have paper based information resources that could be used to branch out into community beyond medical centres.

DHHS workgroups have investigated public housing tenant access to online resources and have identified that a larger number than expected do have access.

Learn Locals and TAFE have recently received increased funding to address digital literacy.

DHHS has partnered with Federation University to evaluate local learnings during COVID-19.

Gippsland PHN has undertaken a Digital Health Maturity Assessment of General Practices in Gippsland.

#### Enablers and Resources

Let's Stay Connected Fund, which has been established to support organisations to develop accessible, digital content or scale up innovative approaches to combat isolation and/or loneliness.

Regional Connectivity Program Grant Opportunity.

Libraries and Neighbourhood Houses as an enabler for digital access.

Support for general practices as small businesses to increase their digital capacity.

Digital training and skills building for GPs being equally important to upskilling community members. This work could be done in tandem with opportunities for shared learning.

Identify community members with limited digital access and consideration of access to WIFI or free data as enabler to improve digital literacy.

Inclusion of a non-digital solution

## Action 3.2

Design and implement a regional campaign to increase awareness and utilisation of online health resources such as the Better Health Channel, digital health and remote monitoring apps.

This campaign would aim to **improve the digital health literacy of Latrobe communities** with a view to educating people about appropriate ways to use internet as a resource for health information.

Social marketing tactics may be an appropriate way to prompt and measure behaviour change. Online resources could be customised based on end user postcodes to promote Latrobe-specific healthy lifestyle activities and services.

### Lead Agency

#### Gippsland PHN

in collaboration with

- Latrobe Health Assembly
- Ramahyuck District Aboriginal Corporation
- Local clinics

### Existing work to build on

[Health Direct Australia](#).

Tonic Health is on TV screens in medical clinics and is aimed at people already attending practices, but doesn't target wider community.

Gippsland PHN is implementing digital health technology, digitally enabled models of care (including Gippsland HealthPathways) and a Digital Health Guide for GPs.

[Ask Izzy](#) support service online directory.

### Enablers and Resources

Understanding of the many campaigns underway, who they are reaching and how to connect with people who may have less access to technology and data.

A tailored approach for Aboriginal and Torres Strait Islander communities in Latrobe.

Localised search engine optimisation for digital services, pushing options to the local community.

Removal of cost barriers to data for some online platforms. Providers have offered free access to Ask Izzy as an enabler for that service.

Utilisation of extensive Gippsland PHN information and resources that are available for GP's, to produce a public resource.

### Action 3.3

Design and implement **mechanisms for all services in Latrobe to receive direct and ongoing feedback from patients and communities**. This could be modelled on examples such as [Care Opinion](#) in the UK. This would not be about replacing existing or preventing future community engagement structures and methodologies, but rather to build a Latrobe-wide understanding of how the system is being experienced by communities.

An agreed set of community engagement / consumer voice key performance measures applied consistently across practices and health services in Latrobe could be determined and embedded into funding agreements and practice incentive programs.

#### Lead Agency

##### Latrobe Health Assembly

in collaboration with:

- Gippsland PHN
- Latrobe City Council
- Local health services
- Local clinics
- Ramahyuck District Aboriginal Corporation

#### Existing work to build on

Latrobe Health Assembly My Voice Matters concept.

Feedback research undertaken by many GP/medical centres via paper based forms.

Many organisations have simplified feedback options such as digital emoji buttons (happy, neutral, sad faces).

Exploring UK experiences and outcomes / benefits of the Care Opinion model.

Use of Net Promoter Score currently being implemented by Latrobe Community Health Service.

Funded state health service directory, which has been replaced by a [national health directory](#).

[Victorian Agency for Health Information](#).

Gippsland PHN Needs Assessment.

#### Enablers and Resources

An understanding of the distinction between patient satisfaction and patient experience and the different approaches used to gain feedback on each.

Caution around how engagement measures might influence funding. Ensuring engagement is genuine and meaningful.

Utilisation of social media as a constructive forum as opposed to a destructive forum.

Visual representation of health/feelings for CALD community.



## Action Plan Theme 4

Local system design and innovation, reducing the burden on the emergency department and creating a multidisciplinary business model for the future.

### Action 4.1

Commission a **review of afterhours primary health care services in Latrobe**, including an evaluation of the Moe After-Hours Medical Service (MAHMS) and a cost analysis of avoidable Emergency Department presentations at Latrobe Regional Hospital.

Areas to focus on include;

- Understanding the barriers that prevent Latrobe communities from accessing general practices and the underlying reasons for avoidable emergency department presentations
- The cost effectiveness of increased utilization of other health professionals or services including practice nurses, registered nurses, specialist nurses and pharmacies
- Models that are being implemented elsewhere such as the Philip Island Health Hub and models that have strong integration with pharmacies

#### Lead Agency

##### Gippsland PHN

in collaboration with:

- Latrobe Community Health Service
- Victorian Department of Health and Human Services
- Pharmacy Guild of Australia
- Local general practices including those not currently involved in MAHMS
- Monash Rural Health

#### Existing work to build on

Latrobe population health data.

DHHS outcomes / evaluation report of [Save Lives. Save 000 for emergencies campaign](#).

Latrobe Health Assembly and Pharmacy Guild anti-discrimination campaign.

DHHS evaluation of MAHMS undertaken in previous years.

Community voice heard via the Office of the Latrobe Health Advocate.

#### Enablers and Resources

Understanding of the reasons why communities do / don't access afterhours services and what will most likely work to reduce the overall demand on the emergency department.

Involvement of general practices and local doctors to understand their views about current and future afterhours operating models across Latrobe.

Commitment to an all-of-system approach with a broad understanding of community services beyond primary care settings.

Consideration of three enablers to reduce emergency department presentations; telehealth, walk in GP centre, upskilling paramedics.

Application of the [Addendum to National Health Reform Agreement 2020-25 Long Term Health Reform Principles](#);

- Nationally cohesive technology assessment
- Paying for values and outcomes
- Joint planning and funding at a local level
- Empowering people through health literacy
- Prevention and wellbeing
- Enhanced health data



## Action 4.2

Evaluate the **systems changes** that have occurred within local health services as a result of **COVID-19**. Identify what has worked well and what could be improved, with a view to **embedding these innovations** into future primary health care operating models.

Areas to focus on could include;

- Emergency department triage systems and integration with general practices, opportunities to share access to data,
- Coordinating a network of general practices to create a Latrobe-wide triaging system, and
- Embedding telehealth into the future models of care and addressing issues that relate to access to technology, data and digital literacy.

### Lead Agency

#### Gippsland PHN

in collaboration with:

- Victorian Department of Health and Human Services
- Australian Government Department of Health
- Ramahyuck District Aboriginal Corporation
- Local clinics

### Existing work to build on

Gippsland PHN Insight Papers.

DHHS community health pulse checks.

LRH data relating to utilisation of telehealth.

Federation University, Collaborative Evaluation Unit COVID-19 systems changes evaluation project.

Gippsland PHN POLAR data including HARP risk scores. Learnings and reports associated with implementation of various Gippsland PHN digital health activities.

Latrobe Health Advocate COVID-19 community impact insights and systems activity tracker.

### Enablers and Resources

Continued openness to change, and ongoing momentum of innovations generated through the COVID-19 disruption.

Patients and communities being able to access technology.

Services having access to suitable technology and telehealth platforms.

Greater utilisation of practice nurses and advanced skill sets. Learning from the National Health Service in UK about achieving an appropriate balance and utilisation of GP skills, practice nurses and advanced skill sets.

Understanding of who has been able to engage with and access services during COVID-19 and identification of who has not and what are the reasons. Supports for everyone to engage and access health services into the future.

Latrobe Health Assembly and Office of the Latrobe Health Advocate facilitating connection to communities and sharing community perspective.

## Action 4.3

Work directly with Latrobe Regional Hospital, Gippsland PHN and primary care settings to **implement a Latrobe-wide triage system** based on the learnings from 4.1 and 4.2.

Consider the value of a GP liaison role or network based at the hospital with the aim of strengthening partnerships with all primary care settings and GPs.

Consider pathways and the referral processes for patients who present at the Emergency Department with a view to create a seamless transition and direct follow up GP appointment confirmation process prior to discharge.

### Lead Agency

#### Latrobe Regional Hospital

in collaboration with:

- Gippsland PHN

### Existing work to build on

Principles of values-based health care.

Gippsland HealthPathways.

Gippsland PHN General Practice POLAR Reports – HARP risk identification within general practices.

### Enablers and Resources

Gippsland PHN and Latrobe Regional Hospital to create linked data and 'borderless flow of information', which is important for GPs and specialists.

GP capacity to support increased workload as a result of reduced presentations at the emergency department.

Application of the [Addendum to National Health Reform Agreement 2020-25 Long Term Health Reform Principles](#).

Utilisation and integration with relevant digital health strategies being implemented by Gippsland PHN.

## Action 4.4

Bring together the **State, Commonwealth and other relevant stakeholders to design a business and service model for general practices** in Latrobe. In doing so, consider the long-term needs of health service operators, general practitioners and their health service colleagues, population health trends and future needs. Aspects to consider further include;

- An integrated funding model to enable greater utilisation of Nurse Practitioners, practice nurses, and allied health professionals in general practices
- Funding models that are based on population health data and community needs
- Patient centred care in community settings via funding that goes direct to private practices
- The patient experience and their ongoing relationship with the service, or a team of staff rather than a single doctor
- The importance of offering patients a choice of doctor
- Ongoing mechanisms for community input / voice
- The role of and integration with; the hospital, emergency department, community health services, pharmacies, GP training providers, aged care services
- A reorientation towards prevention with a view towards having this as a key design feature or principle of the model
- Social prescription and connections to grassroots and community services and activities
- Ensuring enough funding, capacity and the right culture to recruit, train and supervise doctors and other health professionals on an ongoing basis
- The overall network of general practices in Latrobe and how they can function as an entirety or overall system to better and more efficiently cater for the diverse needs of Latrobe communities

### Existing work to build on

Latrobe Valley Authority and Federation University exploration of the feasibility of a health hub in Churchill.

[Learn from Ontario medical neighbourhood model.](#)

### Enablers and Resources

Application of the [Addendum to National Health Reform Agreement 2020-25 Long Term Health Reform Principles.](#)

Strong collaboration.

Focus on patient and community outcomes. Application of principles of values-based health care.

Policy and funding changes.

Looking beyond a single practice or hub and consideration of an overall approach and principles that could be applied across the system.

Empowerment of patients and carers, who are resourced with the right information.

Cultural safety and inclusivity in practices and afterhours services.

Effective service delivery across the board which can minimise additional demand for afterhours. Use of a whole of systems approach, including an understanding of what will work locally and internationally.

### Lead Agency

#### Gippsland PHN

in collaboration with:

- Latrobe Regional Hospital
- Federation University
- Local clinics
- Victorian Department of Health and Human Services
- Australian Government Department of Health
- Latrobe Health Assembly
- Monash Rural Health
- Ramahyuck District Aboriginal Corporation

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