



Latrobe Health
Advocate

Improving access to services in Latrobe

A shared commitment to action, supporting GPs and local communities



September 2022



Latrobe Health
Advocate

Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



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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.

Foreword from the Advocate

As part of my 2021-22 Statement of Intent, I reaffirmed my commitment to the Victorian Minister for Health and communities across Latrobe to continue to address the systemic underlying issues that impact how people in the region access GPs. This has been a priority for my office since 2019 in response to the voices of Latrobe communities, GPs and health services who have reached out to me to express their concerns and detail their challenges.

In September 2020 my office released *Improving access to services in Latrobe*, a collaborative action plan that demonstrates a shared commitment to improving access to GPs. The plan was informed by my engagement with communities and GPs, and development was coordinated by my office. Actions within the plan were drafted and reviewed by a wide range of stakeholders and coordinating agencies who are committed to improving access to primary healthcare services in Latrobe.

I released a progress report in September 2021 which acknowledged the actions that had been taken to improve training pathways for doctors, build digital literacy, promote the liveability of Latrobe, and enable local system design and innovation to reduce the burden on the emergency department. I identified at that time that there was scope for more organisations to join the conversation and an opportunity to harness the strength and capacity within the Latrobe Health Innovation Zone and of the Latrobe Health Assembly to influence a move towards a model of prevention rather than cure.

My office has continued to hold regular stakeholder forums where action plan agencies have come together to provide updates on the work underway, discuss strategies to advance our systems change efforts, and importantly, identify challenges and ways to address them. The forums have been well-attended by action plan agencies and served as a platform for them to assess their progress and hear from others about interventions underway. It was a highlight this year to host and learn from health system leaders from other

regional communities in Australia who are implementing innovative ways of working and collaborating with their own stakeholders to address similar challenges.

Other progress highlights include the increased level of activity and engagement opportunities to design and implement innovative and multidisciplinary models of care and the emerging work of the Latrobe Health Assembly in developing a Chronic Disease Action Plan for the Latrobe Valley. Importantly, the Gippsland Primary Health Network has led a public facing awareness campaign released via radio, print and social media to promote alternatives to presenting to the emergency department.

In the year ahead, my office will continue to seek opportunities to work with local Aboriginal organisations and communities to learn more about person-centred models of care. There is also a need to support the education and health sectors to promote the primary and secondary school offerings in Gippsland for GPs' children and families. I am particularly enthused by the opportunity for local stakeholders to work together to implement the Priority Primary Care Centre and Urgent Care Clinics in Latrobe in a way that complements and integrates with existing services.

Access to healthcare is recognised as a social determinant of health and local communities have continued to share their experience with me, expressing a desire for equitable, safe and inclusive access to services. As this important work progresses in the years ahead, it is essential that communities are afforded the opportunity to partner with the health sector to design, test and implement local solutions.

A recent survey of Latrobe communities shows that making an appointment to see a GP remains difficult in the Latrobe Valley, with patients having to wait for up to four weeks. Community members have reported that when they are unable to access a doctor for themselves or someone they care for, they commonly try the emergency department,

Nurse on Call or a local pharmacy.

When asked about ways to reduce the demand on local doctors, community members have suggested reduction in smoking, healthy eating, exercise, improvements to local transport infrastructure, preventative health checks, increased use of nurse practitioners and telehealth, as well as attracting more medical practitioners to the region.

I am encouraged by the increased level of strategic alignment and cooperation that is occurring between State and Commonwealth funded initiatives. I would like to thank everyone who has contributed to this important work. I understand that it will take some time for local communities to experience a notable change in the ways they access healthcare, however I remain confident that the conditions exist to bring about sustained reform that will ultimately improve population health outcomes in the Latrobe Valley.



Jane Anderson

Latrobe Health Advocate



Improving access to services in Latrobe

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



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

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.

"I let go of the idea of a long-term family doctor years ago."

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.

"Allow doctors to have a better work-life balance and actually get to enjoy the beautiful Valley."

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



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

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

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



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

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

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.

"Keep the telehealth option as it can be faster for both doctor and patient for quick things like repeat scripts."

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.

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.

"Prevention is far better than cure. Far too much energy is directed to the symptoms as opposed to the cure."

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.



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.

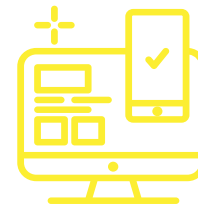
The Advocate has identified four areas for action. These are:



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.

Guide to reading this report

This progress update is intended to be read in conjunction with the Advocate's original report *Improving access to services in Latrobe* published in September 2020.

The original report provides a comprehensive description of each of the Advocate's recommendations, along with a summary of relevant evidence from the research that was undertaken.

It also includes commentary about how the recommendations might be implemented and offers suggestions for areas that may require further consideration and discussion. This is the second progress update provided by the Advocate. Like the previous progress updates, this has been developed in consultation with the Department of Health and local services.



Original report
September 2020

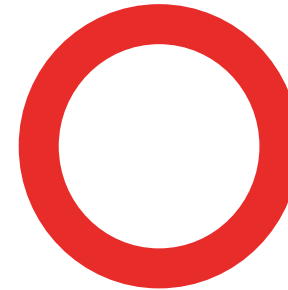


Progress report #1
September 2021

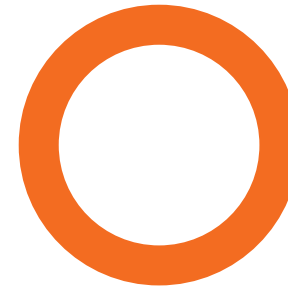


Progress report #2
September 2022 (this report)

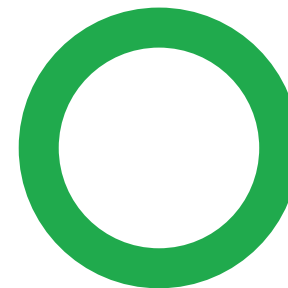
Progress indicators



No observable change within systems and services



Change is underway within systems and services



Change has occurred and is being experienced by the community



Action Plan Theme 1

Improving training and accreditation pathways for doctors in Latrobe.

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>1.1</p> <p>Establish 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.</p> <p>In doing so:</p> <ul style="list-style-type: none"> • 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. 	<p>1.1</p> <p>Active recruitment of remote GP supervisors willing and able to provide remote supervisions into Latrobe practices that do not (or struggle to) meet current supervision accreditation standards.</p> <p>In doing so:</p> <ul style="list-style-type: none"> • 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. 	<p>1.1</p> <p>Implement the transition to college-led training.</p>	<p>Royal Australian College of General Practitioners (RACGP) in collaboration with:</p> <ul style="list-style-type: none"> • Latrobe Community Health Service • Rural Workforce Agency Victoria • Monash Rural Health (Gippsland Regional Training Hub)
<p>1.2</p> <p>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.</p> <p>Consideration should be given to:</p> <ul style="list-style-type: none"> • 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. 	<p>1.2</p> <p>Facilitate a process that brings together relevant stakeholders to inform and contribute to the development of an advocacy statement regarding 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.</p> <p>Consideration should be given to:</p> <ul style="list-style-type: none"> • Emerging opportunities in the Gippsland region relating to workforce attraction and development. • 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. 	<p>1.2</p> <p>Continue to advocate to State and Commonwealth Governments to boost the training and supervision capacity for GPs in the Gippsland region.</p>	<p>Latrobe Health Advocate in collaboration with:</p> <ul style="list-style-type: none"> • RACGP • Rural Workforce Agency Victoria • Latrobe Regional Hospital • Monash Rural Health (Gippsland Regional Training Hub)



Action Plan Theme 1

Improving training and accreditation pathways for doctors in Latrobe.

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>1.3</p> <p>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.</p>	<p>1.3</p> <p>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.</p>	<p>1.3</p> <p>Continue to engage with local secondary school students to promote and strengthen pathways into medicine as part of the usual business of Monash Rural Health (especially via the Gippsland Regional Training Hub).</p>	<p>Monash Rural Health (Gippsland Regional Training Hub)</p>
<p>1.4</p> <p>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.</p>	<p>COMPLETE</p>		<p>Latrobe Regional Hospital in collaboration with Victorian Department of Health</p>
<p>1.5</p> <p>Work with the Victorian Department of Health and Australian Government Department of Health to implement the Victorian Rural Generalist Pathway in Latrobe.</p> <p>In doing so, localise the design and delivery of the program to integrate it with other existing strategies and health workforce development initiatives.</p>	<p>1.5</p> <p>Work with the Victorian Department of Health and Australian Government Department of Health to implement the Victorian Rural Generalist Pathway in Latrobe.</p> <p>Continue to work with stakeholders to develop rural generalist pathways to meet community health needs as more funding becomes available to support advanced skills training.</p> <p>Work with Latrobe Regional Hospital to explore engagement models for rural generalist doctors in Latrobe City.</p>	<p>1.5</p> <p>Continue to implement the Rural Generalist/General Practitioner Pathway in Latrobe as part of usual business.</p>	<p>Victorian Department of Health and the Victorian Rural Generalist Program in collaboration with:</p> <ul style="list-style-type: none"> • Monash Rural Health (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 • Australian College of Rural and Remote Medicine



Action Plan Theme 2

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

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>2.1</p> <p>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.</p> <p>Noting that this is a short-term solution and that over the longer-term further work needs to occur to ensure that Latrobe general practices are not dependant on a DPA allocation to attract and retain doctors.</p>	<p>2.1</p> <p>Advocate to the Australian Government Department of Health and other relevant stakeholders to maintain the Distribution Priority Area (DPA) status for the Latrobe LGA over a sustained period of time.</p> <p>Noting that if changes are to occur, greater lead time and engagement is required to minimise the impacts for communities resulting from a change in status.</p> <p>Noting that this is a short-term solution and that over the longer-term further work needs to occur to ensure that Latrobe general practices are not dependant on a DPA allocation to attract and retain doctors.</p>	<p>2.1</p> <p>COMPLETE</p>	<p>Latrobe Health Advocate in communication with:</p> <ul style="list-style-type: none"> Australian Government Department of Health Gippsland Primary Health Network (PHN) Latrobe Health Assembly Rural Workforce Agency Victoria Eastern Victoria GP Training
<p>2.2</p> <p>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 worship, and social connections.</p> <p>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.</p> <p>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.</p>	<p>2.2</p> <p>Develop and implement a sustained and targeted marketing campaign to promote the liveability of Latrobe and the broader Gippsland region.</p> <p>This work should build on existing tourism strategies and campaigns that promote the assets of Gippsland and Latrobe to health professionals and their families.</p>	<p>2.2</p> <p>As part of the work occurring to support economic transition for the Gippsland region, continue to promote opportunities to attract and retain GPs, health professionals and their families.</p>	<p>Latrobe City Council and the Latrobe Valley Authority in collaboration with:</p> <ul style="list-style-type: none"> Latrobe Community Health Service Rural Workforce Agency Victoria Latrobe City <i>Municipal Public Health and Wellbeing Plan</i> partners Monash Rural Health (Gippsland Regional Training Hub)



Action Plan Theme 2

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

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>2.3</p> <p>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.</p>	<p>2.3</p> <p>Seek the necessary support from the Victorian Government to enable 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.</p> <p>Consider who is best placed to 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.</p>	<p>2.3</p> <p>Continue to advocate for and support the education and health sectors to promote the education offerings available to GP's children and families in the region.</p>	<p>Latrobe Health Advocate in communication with:</p> <ul style="list-style-type: none"> • Department of Education and Training • Education peak bodies • Latrobe schools • Latrobe City Council • Ramahyuck District Aboriginal Corporation • Local clinics with the support of Gippsland PHN • Monash Rural Health (Gippsland Regional Training Hub)
<p>2.4</p> <p>Establish formal partnerships between major employers, job agencies and general practices to enhance and facilitate increased job opportunities for GP's partners.</p>	<p>2.4</p> <p>SEE 2.2</p>	<p>2.4</p> <p>SEE 2.2</p>	<p>2.4</p> <p>SEE 2.2</p>





Action Plan Theme 3

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

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>3.1</p> <p>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 work would be to ensure that everyone who needs to access telehealth and online health resources can successfully and confidently do so.</p>	<p>3.1</p> <p>In line with advocacy that is occurring in relation to the <i>COVID Impacts and Recovery in Latrobe</i> and <i>Human Connections in Latrobe</i> reports, advocate to the Victorian Government 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 work would be to ensure that everyone who needs to access telehealth and online health resources can successfully and confidently do so.</p>	COMPLETE	Latrobe Health Advocate
<p>3.2</p> <p>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.</p> <p>This campaign would aim to improve the digital health literacy of Latrobe communities with a view to educating people about appropriate ways to use the internet as a resource for health information.</p> <p>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.</p>	<p>3.2</p> <p>Deliver a joint public health campaign to promote health literacy around digital and other resources as an alternative to presenting to the emergency department, in parallel with a campaign for health providers to update their information on healthdirect.</p>	COMPLETE	Gippsland PHN



Action Plan Theme 3

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

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>3.3</p> <p>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.</p> <p>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.</p>	<p>3.3</p> <p>Work together with local Aboriginal health services and communities to learn more about the ways services and practitioners can embed the mindset of ‘seeing the person before the business’ and identify opportunities to share and apply this learning across other primary care settings.</p>	<p>3.3</p> <p>Work together with local Aboriginal health services and communities to learn more about the ways services and practitioners can embed the mindset of ‘seeing the person before the business’ and identify opportunities to share and apply this learning across other primary care settings.</p>	<p>Latrobe Health Advocate in collaboration with:</p> <ul style="list-style-type: none"> • Gippsland PHN • Latrobe City Council • Ramahyuck District Aboriginal Corporation • Local health services • Local clinics





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.

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>4.1</p> <p>Commission a review of after-hours 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.</p> <p>Areas to focus on include:</p> <ul style="list-style-type: none"> 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 utilisation of other health professionals or services including practice nurses, registered nurses, specialist nurses and pharmacies. Models that are being implemented elsewhere such as the Phillip Island Health Hub and models that have strong integration with pharmacies. 	<p>4.1</p> <p>Commission a review of after-hours 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.</p> <p>Areas to focus on include:</p> <ul style="list-style-type: none"> 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 utilisation of other health professionals or services including practice nurses, registered nurses, specialist nurses and pharmacies. Models that are being implemented elsewhere such as the Phillip Island Health Hub and models that have strong integration with pharmacies. 	<p>4.1</p> <p>Work collaboratively to implement the Priority Primary Care Centre and Urgent Care Clinics in Latrobe in a way that complements and integrates with existing services.</p>	<p>Victorian Department of Health in collaboration with:</p> <ul style="list-style-type: none"> Gippsland PHN Latrobe Community Health Service Pharmacy Guild of Australia Local general practices (including those not currently involved in MAHMS) Monash Rural Health (Gippsland Regional Training Hub)
<p>4.2</p> <p>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.</p> <p>Areas to focus on could include:</p> <ul style="list-style-type: none"> Emergency department triage systems and integration with general practices, including opportunities to share access to data. Coordinating a network of general practices to create a Latrobe-wide triaging system. Embedding telehealth into the future models of care and addressing issues that relate to access to technology, data and digital literacy. 	<p>COMPLETE</p>		<p>Gippsland PHN in collaboration with:</p> <ul style="list-style-type: none"> Victorian Department of Health Australian Government Department of Health Ramahyuck District Aboriginal Corporation Local clinics



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.

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>4.3</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>4.3</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>4.3</p> <p>Latrobe Regional Hospital and Gippsland PHN will work closely to implement the Latrobe Priority Primary Care Centre. This work will include close partnership regarding bidirectional referral pathways.</p>	<p>Latrobe Regional Hospital in collaboration with Gippsland PHN</p>
<p>4.4</p> <p>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.</p> <p>Aspects to consider further include:</p> <ul style="list-style-type: none"> • An integrated funding model to enable greater utilisation of nurse practitioners, practice nurses and other 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. 	<p>4.4</p> <p>Bring together the State, Commonwealth and other relevant stakeholders including local communities to co-design future models of primary healthcare in Latrobe. In doing so, consider the long-term needs of communities, health service operators, general practitioners and their health service colleagues, population health trends and future needs.</p> <p>Noting that this is a significant piece of work that will need to develop over several years, a multi-year action plan may need to be developed.</p> <p>Aspects to consider further include:</p> <ul style="list-style-type: none"> • An integrated funding model to enable greater utilisation of nurse practitioners, practice nurses, and other allied health professionals in general practices. 	<p>4.4</p> <p>Build on the consultation that Gippsland PHN has undertaken with community, providers and health services to co-design a Community-led Multidisciplinary Model of Care for Gippsland which will be applicable in Latrobe.</p>	<p>Gippsland PHN in collaboration with:</p> <ul style="list-style-type: none"> • Latrobe Regional Hospital • Federation University • Local clinics • Victorian Department of Health • Australian Government Department of Health • Latrobe Health Assembly • Monash Rural Health (Gippsland Regional Training Hub)



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.

2020-21 ACTION	2021-22 ACTION	2022-23 ACTION	COORDINATING AGENCIES
<p>4.4 (cont.)</p> <ul style="list-style-type: none"> • 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 and 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. 	<p>4.4 (cont.)</p> <ul style="list-style-type: none"> • 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 and 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. 	<p>4.4 (cont.)</p>	<p>4.4 (cont.)</p> <ul style="list-style-type: none"> • Ramahyuck District Aboriginal Corporation • Latrobe Community Health Service • Federation University



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www.lchs.com.au



Latrobe Health Advocate

PO Box 108
2 Tarwin Street, Morwell
Victoria 3840 Australia

1800 319 255

info@lhadvocate.vic.gov.au

www.lhadvocate.vic.gov.au



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