Core functions of primary health care:

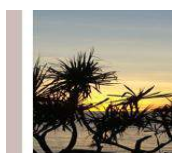## a framework for the Northern Territory

SUMMARY

Prepared for the NTAHF by

Edward Tilton
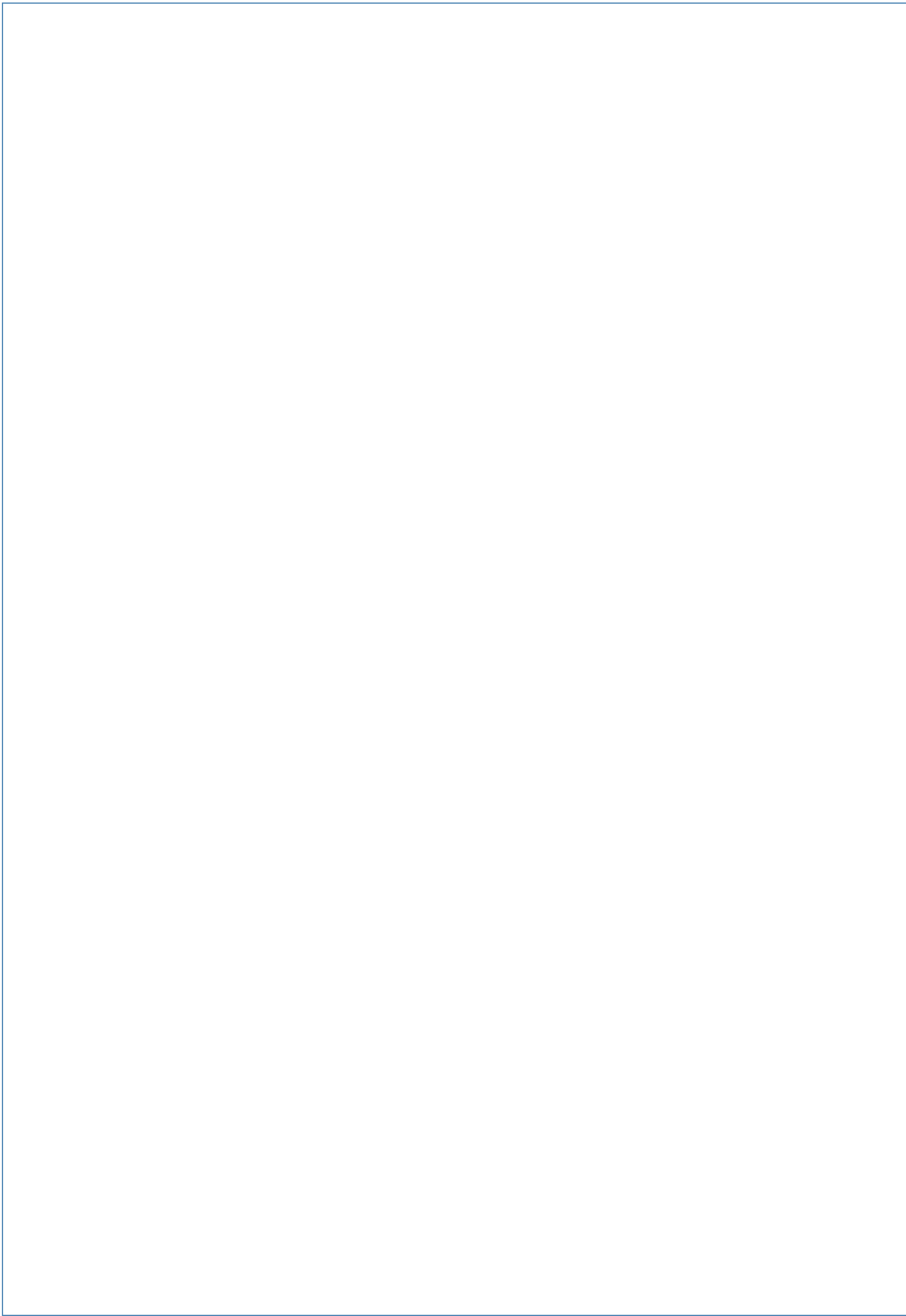(Edward Tilton Consulting)

and

David Thomas
(the Lowitja Institute)

October 2011

Edward Tilton Consulting

the Lowitja INSTITUTE
Australia's National Institute
for Aboriginal and Torres Strait
Islander Health Research

*Incorporating the Cooperative Research Centre
for Aboriginal and Torres Strait Islander Health*

STRUCTURE OF THE CORE FUNCTIONS OF PRIMARY HEALTH CARE FRAMEWORK FOR THE NORTHERN TERRITORY

Domain 1: Clinical Services

Services delivered to individual clients and/or families, in both clinic and home / community settings, including treatment, prevention and early detection, rehabilitation and recovery, and clinical support systems.

1.1 Treatment

1.2 Prevention & early intervention

1.3 Rehabilitation and recovery

1.4 Clinical support systems

Domain 2: Health Promotion

Non-clinical measures aimed to improve the health of the community as a whole. Health promotion includes a range of activities from building healthy public policy to providing appropriate health information and education, and encourages community development approaches that emphasise community agency and ownership.

2.1 Building healthy public policy

2.2 Creating supportive environments

2.3 Supporting community action and development

2.4 Health information, education and skills development

2.5 Orienting health services towards health promotion

2.6 Evidence and evaluation in health promotion

Domain 3: Corporate Services & Infrastructure

Functions to support the provision of health services, including the availability and support of well-trained staff, financial management, infrastructure, information technology, administration, management and leadership, and systems for quality improvement across the organisation

3.1 Management and leadership

3.2 Workforce and HR management

3.3 Staff development, training and education

3.4 Financial management

3.5 Administrative, legal & other services

3.6 Infrastructure and infrastructure management

3.7 Information technology

3.8 Quality systems

Domain 4: Advocacy, Knowledge & Research, Policy & Planning

Includes health advocacy on behalf of individual clients, on local or regional issues, or for system-wide change; the use of research to inform health service delivery as well as participation in research projects; and participation in policy and planning processes (at the local / regional / Northern Territory and national levels)

4.1 Advocacy

4.2 Knowledge and research

4.3 Policy and planning

Domain 5: Community Engagement, Control & Cultural Safety

Processes to ensure cultural safety throughout the organisation, engagement of individual clients & families with their own health & care, participation of communities in priority setting, program design & delivery, and structures of community control & governance.

5.1 Engaging individual clients with their health and care

5.2 Supporting community participation

5.3 Governance and community control

5.4 Cultural safety

DOMAIN 1: CLINICAL SERVICES

Services delivered to individual clients and/or families, in both clinic and home / community settings, including treatment, prevention and early detection, rehabilitation and recovery, and clinical support systems.

AH KPIS: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

1.1 Treatment

- First contact treatment of illness and injury
- Continuing management of chronic illness
- 24 hour after hours on-call service,
- Provision of essential drugs
- Palliative care treatment
- Ensure access to / provision of oral health services
- Ensure access to / provision of 24 hour emergency care
- Ensure access to specialist treatment services
- Ensure access to / provision of allied health treatment services

Prevention and early intervention

- Maternal health services including:
  - antenatal care
  - ensuring access to birthing services
  - postnatal care
- Child health services
- Screening and early detection of disease
- Chronic disease management and prevention of complications
- Immunisation programs
- Communicable disease control
- Support for & coordination with health promotion approaches
- Brief interventions
- Old people's checks

DOMAIN 1: CLINICAL SERVICES

1.3 Rehabilitation and recovery

- Care for clients following treatment or discharge from hospital or other institution (with support from external specialised services)

- Use of case-management / case coordination approaches

- Adequate support for patients during rehabilitation and recovery

1.4 Clinical support systems

- Comprehensive health and family wellbeing information system

- Quality systems

- Pharmacy services

- Ensure access to visiting specialist and allied health services

- Ensure access to hospital, diagnostic or specialist services through referrals

- Ensure access to / provision of training, education and support

- Availability and maintenance of appropriate health service infrastructure

- Provision and maintenance of standard medical equipment

- General administration support for clinical services

DOMAIN 2: HEALTH PROMOTION

Non-clinical measures aimed to improve the health of the community as a whole. Health promotion includes a range of activities from building healthy public policy to providing appropriate health information and education, and encourages community development approaches that emphasise community agency and ownership.

AH KPIS: 17, 18, 19

2.1   Building healthy public policy

- Participate appropriately in building public health policy including:

    - action on the social determinants of health
    - building alliances
    - participating in forums for positive change

FURTHER READING

Baum, F. (2007). The new public health (third edition). Oxford, Oxford Univeristy Press.

Northern Territory Department of Health (2011). Health Promotion Strategic Framework 2011 - 2015. NT Department of Health. Darwin.

Rose, G. (1985). "Sick individuals and sick populations." International Journal Epidemiology 14: 32–38

The International Union for Health Promotion & Education (2002). Evidence of Health Promotion Effectiveness. Shaping Public Health in a New Europe. A Report for the European Commission.

World Health Organization (1986). Ottawa Charter for Health Promotion. First International Conference on Health Promotion

2.2   Creating supportive environments

- Establish core workplace policies and practices

- Integrate health promotion principles in organisational policies and practices

- Advocate at the local community level to address determinants of health, including:

    - identification of illness or risk factors in the community
    - work with other organisations on to local strategies to reduce health risk
    - work with other organisations on appropriate enforcement

DOMAIN 2: HEALTH PROMOTION

2.3   Supporting community action & development

- Community involvement in the identification of health needs and prioritising and planning of health services

- Support for the community to make informed decisions

- Mechanisms for feedback to community on health service performance,

- Involvement of the community in evaluation of the organisation and health programs

- An inclusive approach that ensures that all groups in a community are given a chance to participate

- Support for development of local capacity

- Employment of local Aboriginal community members

- Ensure access to / provision of training and support for staff in participative approaches to service delivery

2.4   Health information, education and skills development

- Development and provision of appropriate group health education

- Development and provision of appropriate community information

- Involvement of local Aboriginal staff and community members

- Address cross-cultural issues

- Address language and literacy issues

- Awareness and use of health literacy and 'strength-based' approaches

DOMAIN 2: HEALTH PROMOTION

2.5 Orienting health services towards health promotion

- Organisational, clinical and public health leadership that is committed to community prevention approaches

- Recruitment of health professionals trained or experienced health promotion and public health,

- Recruitment, training and support of local Aboriginal staff

- Maintenance of sufficient infrastructure and resources for community prevention programs

- Ensure access to / provision of training to support health promotion approaches,

- Ensure access to specialist advice and support for health promotion staff

2.6 Evidence and evaluation in health promotion

- Ensure health promotion programs take account of the evidence and principles for success

- Ensure the local community decision-makers are informed about what evidence exists for addressing issues they identify

- Use health promotion continuous quality improvement and/or planning and evaluation approaches

- Build evaluation into all stages of health promotion approaches

DOMAIN 3: CORPORATE SERVICES & INFRASTRUCTURE

Functions to support the provision of health services, including the availability and support of well-trained staff, financial management, infrastructure, information technology, administration, management and leadership, and systems for quality improvement across the organisation

AH KPIS: 13, 14, 15, 16

3.1 Management and leadership

- Management and leadership that supports effective, accountable and flexible service delivery models, including:

    - motivating and supporting staff
    - supporting accountability
    - supporting Aboriginal leadership & management styles
    - effective partnerships between management, corporate and health professional leadership

- Coordination with external agencies

- Systems to support management and service delivery leaders

- Succession planning

- Sound management of resources, systems, programs and projects

- Risk management processes

- Participation in planning implementation of system development processes at local, regional and Territory levels

FURTHER READING

AMSANT (Aboriginal Medical Services Alliance Northern Territory). "Administration Manual for Aboriginal Primary Health Care Services in the Northern Territory." http://www.amsantmanual.com/03aboriginalhealth.html.

Dwyer, J., O'Donnell K, et al. (2009). The Overburden Report: Contracting for Indigenous Health Services. Darwin, Cooperative Research Centre for Aboriginal Health.

Silburn, K., A. Thorpe, et al. (2010). Taking Care of Business: Corporate Services for Indigenous Primary Healthcare Services. Darwin, Cooperative Research Centre for Aboriginal Health.

Wakerman, J., J. Humphreys, et al. (2006). A systematic review of primary health care delivery models in rural and remote Australia 1993-2006, Australian Primary Health Care Research Institute.

DOMAIN 3: CORPORATE SERVICES & INFRASTRUCTURE

3.2   Workforce and HR management

- Effective and appropriate staff recruitment processes
- Staff induction and orientation
- Staff support
- Industrial relations
- Systems to cover planned and unplanned leave and other vacancies
- Staff performance management and appraisal systems
- Workforce planning
- Policies and practices to support a healthy, safe, non-discriminatory and productive workplace environment
- HR processes that encourage and support Aboriginal employment
- Processes to manage rehabilitation of injured or ill staff and workers' compensation matters
- Monitoring and internal reporting on key workforce indicators
- Ensure access to staff support services
- Support for student / trainee placements as part of health workforce development

3.3   Staff development, training and education

- Ensure access to / provision of education, training and development for all staff, including:
  - Aboriginal Health Worker education
  - Continuing Professional Development for professional staff
  - Professional development for managers in HR and management skills
  - Continuing staff development for non-professional staff
- Performance appraisal processes that identify staff training and development needs
- Ensure access to / provision of ongoing training and support in cultural safety
- Ensure access to / provision of training of health staff in the management and presentation of major illnesses
- Staffing arrangements that provide staff the time to attend training and in-services

Core Functions of primary health care: Summary

DOMAIN 3: CORPORATE SERVICES & INFRASTRUCTURE

3.4 Financial management

- Strong and transparent financial management systems

- Accurate and timely financial reporting

- Preparation of meaningful financial reports for Aboriginal governing bodies

- Management of complex set of accounts with multiple funding sources, including:

  - monitoring spending and budget compliance
  - payroll and staff entitlements
  - maximising opportunities for income generation
  - financial delegation processes
  - billing processes
  - procurement processes
  - purchasing of clinical services
  - assistance with development of funding submissions

3.5 Administrative, legal & other services

- System for the development, dissemination and update of organisational policies and procedures

- Document and data management

- Local services support

- Systems to support organisation of patient transport, bookings to referred services, and follow ups

- Support for organisational change and development processes

- Dealing with one-off or ad hoc requests for information

- Support for governing body processes

- Clearly defined requirements and processes regarding medico-legal risk

- Public affairs, media and marketing

- Ensure access to / provision of legal services

DOMAIN 3: CORPORATE SERVICES & INFRASTRUCTURE

3.6 Infrastructure & infrastructure management

- Adequate and appropriate health service infrastructure
- Ensure access to / provision of adequate and appropriate accommodation for staff
- Infrastructure and assets management
- Infrastructure repairs and maintenance
- Tenancy management
- Ensuring health service buildings meet appropriate design and safety standards
- Ensure access to / provision of transport and coordination of transport for clients
- Advocacy as required on public infrastructure

3.7 Information technology

- Appropriate and reliable IT systems
- Systems and processes to enable connectivity and information sharing with other health providers
- Telecommunications
- Management of IT contracts and service level-agreements
- IT systems planning
- Hardware and software maintenance and upgrades
- Ensure access to / provision of technical IT training and support

DOMAIN 3: CORPORATE SERVICES & INFRASTRUCTURE

3.8   Quality systems

- Quality systems, including support for Continuous Quality Improvement (CQI) processes across the organisation,

- Building capacity for CQI

- Establish and support effective processes for clinical governance

- Ensure access to / provision of support for clinical and organisational accreditation processes

- Encourage and support staff to develop, maintain and participate in professional networks

- Provision of appropriate health information to governing Boards, local councils, health committees and other relevant forums and service providers

- Developing documents and processes to support community input into CQI processes

- Appropriate and effective systems and processes to identify report and manage incidents and 'near misses'

DOMAIN 4: ADVOCACY, KNOWLEDGE & RESEARCH, POLICY & PLANNING

Includes health advocacy on behalf of individual clients, on local or regional issues, or for system-wide change; the use of research to inform health service delivery as well as participation in research projects; and participation in policy and planning processes (at the local / regional / Northern Territory and national levels)

AH KPIS: 17

FURTHER READING

Chapman, S. (2001). "Advocacy in public health: roles and challenges." Int J Epidemiol 30(6): 1226-1232.

Commonwealth of Australia (2001). Better Health Care: Studies in the successful delivery of primary health care services for Aboriginal and Torres Strait Islander Australians. Canberra.

Dwyer, J., K. Silburn, et al. (2004). National Strategies for Improving Indigenous Health and Health Care. Canberra, Commonwealth of Australia.

National Health and Medical Research Council (2003). Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research. Canberra.

Laycock, A., D. Walker, et al. (2011). Researching Indigenous Health: A Practical Guide for Researchers. Melbourne, The Lowitja Institute

Northern Territory Aboriginal Health Forum (2010). NT Regionalisation of Aboriginal Primary Health Care Guidelines: Supporting a Pathway to Regional Aboriginal Community Control. Department of Health and Aging - NT Department of Health and Families - Aboriginal Medical Services Alliance of the Northern Territory.

4.1   Advocacy

- Advocate for the health of individual clients

- Advocate at the local community level

- Participate appropriately in public health advocacy to support positive system-wide change

4.2   Knowledge and research

- Assess requests for and negotiate participation in external research processes

- Participate in external research processes (where appropriate)

- Develop local community priorities for research

- Carry out or commission applied research

- Ensure access to / provision of expertise to interpret research, evidence and 'best practice'

- Participate as necessary in strategic collaboration to set priorities for Aboriginal health research

4.3   Policy and planning

- Organisational planning processes

- Service delivery planning at local level

- Participation in regional health planning processes

- Participation in Northern Territory and national policy development processes

- Support health service staff to participate in planning and policy development processes

- Ensure community input into policy and planning processes

DOMAIN 5: COMMUNITY ENGAGEMENT, CONTROL & CULTURAL SAFETY

Processes to ensure cultural safety throughout the organisation, engagement of individual clients and families with their own health, participation of communities in priority setting, program design and delivery, and structures of community control and governance.

AH KPIS: 18, 19

5.1 Engaging individual clients with their health and care

- Awareness and use of health literacy approaches

- Employment and support of local Aboriginal staff

- Use of self-care approaches for clients, involving family where appropriate

- Training for primary health care staff in self-care / self-management approaches and health literacy

- Appropriate and accessible client and community feedback mechanisms

FURTHER READING

Dunbar, T., N. Benger, et al. (2008). Cultural security: perpsectives from Aboriginal people, Aboriginal Medical Services Alliance Northern Territory (AMSANT) / Northern Territory Department of Health and Families

National Health and Medical Research Council (2006). Cultural competency in health: A guide for policy, partnerships and participation. Canberra, Commonwealth of Australia

Northern Territory Aboriginal Health Forum (2008). Pathways to community control: an agenda to further promote Aboriginal community control in the provision of Primary Health Care Services.

Northern Territory Department of Health and Community Services (NT DHCS) Aboriginal cultural security: an outline of the policy and its implementation. Systems Performance and Aboriginal Policy Unit. Darwin.

Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe. Health Evidence Network report.

World Health Organization (2008). The world health report 2008 : primary health care now more than ever.

COMMUNITY ENGAGEMENT, CONTROL & CULTURAL SAFETY

5.2 Supporting community participation

- Community involvement in the identification of health needs and prioritising and planning of health services

- Support for the community to make informed decisions

- Mechanisms for feedback to community on health service performance

- Involvement of the community in evaluation of the organisation and health programs

- An inclusive approach that ensures that all groups in a community are given a chance to participate

- Support for development of local capacity to maximise community members' ability to participate

- Employment of local Aboriginal community members

- Ensure access to / provision of training and support for staff in participative approaches to service delivery

5.3 Governance and community control

- Appropriate and functional membership criteria, election processes and community Governance processes

- Board processes that encourage community participation, respond to community needs, and ensure appropriate feedback to the community

- Compliance with formal requirements of regulators and funding agreements

- Ongoing orientation and training for all Board members

- Board processes that encourage governance that is flexible and capable of change

- Reporting systems to enable the Board to meet its contractual / statutory obligations and to support its role in strategic direction setting

- Support for the Board for business and other complex functions

- Board oversight of cultural safety of the organisation and its programs

- Community development approaches to increase the numbers of community members able to take up Board positions

- Ensure access to / provision of training for staff working with Boards

COMMUNITY ENGAGEMENT, CONTROL & CULTURAL SAFETY

5.4   Cultural safety

- Organisational commitment to achieving culturally safe health care

- Employment of local Aboriginal people and the valuing of their role and advice

- Cultural orientation for non-Aboriginal staff

- Cultural safety policies

- Monitoring and evaluation of the effectiveness and appropriateness of cultural safety policies and orientation processes

- Inclusion of cultural competence as part of staff performance appraisal processes

- Attention paid to communication and language issues

- Accessible and appropriate client and community feedback mechanisms

- Sustainable mechanisms for gaining high level advice on cultural matters affecting service delivery

**Definitions of
Northern Territory Aboriginal Health
Key Performance Indicators (AH KPIs)**

1. Number of episodes of health care and client contacts.

2. Timing of first antenatal visit for regular clients delivering Indigenous babies.

3. Number and proportion of low, normal and high birth weight Indigenous babies.

4. Number and proportion of Indigenous children fully immunised at 1, 2 and 6 years of age.

5. Number and proportion of children less than 5 years of age who are underweight.

6. Number and proportion of children between 6 months and 5 years of age who are anaemic.

7. Number and proportion of clients aged 15 years and over with Type II Diabetes and/or Coronary Heart Disease who have a chronic disease management plan.

8. Number and proportion of resident clients aged 15 years and over with Type II Diabetes who have had an HbAlc test in the last 6 months.

9. Number and proportion of diabetic patients with albuminuria who are on ACE inhibitor and/or ARB.

10. Number and proportion of Indigenous clients aged 15 to 55 years who have had a full adult health check.

11. Number and proportion of Indigenous clients aged 55 years and over who have had a full adult health check in the past 12 months.

12. Number and proportion of women who have had at least one PAP test during reporting period.

13. Report on unplanned staff turnover (where possible by occupation) over each 12 month period.

14. Report on recruits (excluding locums) completing an orientation and induction program, including cultural awareness.

15. Report on overtime workload.

16. Report on quality improvement systems including the use of best practice guidelines; eg CARPA.

17. Report on service activities (position papers, collaborative meetings and services, published papers, policy submissions, participative research).

18. Report on community involvement in determining health priorities and strategic directions through any of the following: health boards; steering committees; advisory committees; community councils; health councils.

19. Show evidence of appropriate reporting to community on progress against core PIs.