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### Conference Abstract

Achieving primary care integration: Learning from the co-location of community health services and general practice in Northern New South Wales, Australia

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#### Abstract

**Introduction:** This paper describes an initiative to incorporate Community Health Services into General Practice based care across the New South Wales North Coast Medicare Local (NCML) region which has arisen as a result of recognised weaknesses in primary health care integration in the region.

**Short description of practice and context:** The project involves 8 demonstration sites exploring the integration of specialist allied health and nursing staff into general practice teams. The teams are based in sites across the Northern New South Wales Local Health District (NNSWLHD).

**Description of change implemented:** The project aimed to achieve the following changes: Improved patient experience in receiving the required multidisciplinary care they need; improved integration of care from the patient and clinician perspectives; facilitate skills transfer between specialist allied health and nursing staff and the general practice team and vice versa; test the feasibility of partnership arrangements for co-location of LHD allied health in private general practice; evaluate these project goals to inform decisions on wider adoption or adaptation of this form of service integration; practice participation in team care plan reviews and case conferencing; establish shared governance between NCML and LHD with Community Allied Health Manager involvement.

**Objective of the change:** This paper describes the contexts, barriers and facilitators for achieving primary care integration in an Australian, regional, primary health care context.

**Targeted population:** The patient population is people with chronic illness.

**Stakeholders engaged:** Stakeholders included clinicians and managers from the host organisations, university partners.

Timeline: The pilot project runs from April 2014 until April 2015

**Theory/Methods used:** The nature and extent of integration between organisations is examined in terms of cooperation, coordination and collaboration, or the "3Cs", matching the level of relationship, commitment and intervention to suit the purposes sought. The evaluation draws on the principles of realistic evaluation, which explores what works for whom in what circumstances.

**Highlights** (innovation, impact and outcomes): This project unpacks the complexity of integrating services from different jurisdictions and funding models with the goal of optimising access and outcomes for service users.

**Comments on sustainability / transferability:** The context of primary care is likely to change, however we identify a series of principles that can be used to enhance primary care integration in the Australian context.

**Conclusions** (comprising key findings): Primary care service integration required buy-in from general practitioners, change in nursing and allied health practice, and the introduction of new systems to support the integration. There is evidence of increased skill-sharing and case conferencing across practitioners, and better patient-centred models of care.

**Discussions / Lessons learned:** Complex service change requires high level support, but with grass-roots engagement from practitioners.

# **Keywords**

primary health care; colocation; allied health; nursing; regional Australia

## **PowerPoint presentation**

https://www.conftool.net/integratedcare2014/index.php?page=downloadPaper&form\_id=139