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Community health integrated program guidelines

1 September 2014

Background

The Victorian Healthcare Association (VHA) is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services, aged care facilities and Medicare Locals. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The Department of Health (the Department) has released draft community health integrated program guidelines (the guidelines) for sector consideration and feedback.

The VHA welcomes the opportunity to provide input to the consultation, and notes that while the information contained in this submission is based on member feedback, the VHA's submission does not supersede any made by its member agencies.

VHA Response

The VHA commends the Department for publishing the guidelines and working to establish a greater degree of consistency in the delivery of the community health program (CHP) across Victoria.

The guidelines are clear and the document sets out both the principles of care and their application and links to the appropriate community health indicators. The VHA and the community health sector have been partners with the Department in the development of the community health indicators and are pleased to see them applied in formal guidelines.

General feedback:
The guidelines could be improved with the addition of case studies as examples of good practice, in-line with the Department's expectations of service delivery.

The principles are referred to as being underpinned by coordinated care and integrated service delivery. The VHA considers these to be critical to the work of community health services' (CHS), and they inform much of how daily interactions with clients are managed. There is value in the Department setting out its expectations about how coordinated care and integrated service delivery are to be delivered, and the role each should play in supporting the principles of the CHP.

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The guidelines should emphasise the need for community engagement through the delivery of the CHP. Maintaining a strong community connection is fundamental to the care community health services provide, and it is important that this is reflected in the Department's guidelines.

Specific feedback:

Section	Page number	Comment/s
The community health program	4	The guidelines list people with an intellectual disability as a priority population group, but fail to outline how the CHP will interact with the National Disability Insurance Scheme – both in the Barwon trial site, and across Victoria once the NDIS has been broadly implemented.
Principles of care: Team approach	7	"Team approach" should include or be replaced with "Integrated Multi-disciplinary/Interdisciplinary Approach" to better reflect the clinical models of care adopted by CHSs.
Principles	8	That "care is goal directed" is a reasonable expectation, but further detail with examples about what constitutes an appropriate goal would be helpful. Ideally this would include goal-setting models based on a literature review.
Principles	9	Health promotion activities are referred to as being "opportunistic" in nature. To avoid conflating the health promotion work that is undertaken through the Integrated Health Promotion program with the "opportunistic" work undertaken through the CHP, the VHA suggests that reference be made to the broader scope of health promotion performed through other Department-funded programs, and note that the CHP offers the opportunity to integrate health promotion messages into its interaction with clients.
Access and initial contact	17	The description of a single-access system is unclear and should specify whether the guidelines are referring to a single point of access within a CHS, or, for example, a single point of access within a catchment.
Translation	20	Regarding CH indicator "% of clients who have been asked about

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into practice		adverse drug reactions and medication allergies", there is no longer a SCTT 2012 profile which specifically gathers this information or that of current medication; reporting against this indicator will instead rely on internal organisational tools.
Translation into practice	20	It is important to note that the community health priority tools mentioned are aligned to allied health practice; further information on community nursing tools such as Diabetes Education, Women's Health, Respiratory Nursing (Asthma Education, Quit Smoking and Pulmonary Rehabilitation) and Cardiac Nursing (Cardiac Rehabilitation and Heart Failure Programs) would be appreciated.
Appendix 1: The policy continuum	29	The appendix could be strengthened by highlighting how the guidelines operationalise each relevant policy.

Further information

For further information, please contact:

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