



The Winter Strategy 2018 (WS18) program was launched in May 2018. It is the second iteration of a joint program implemented by Northern NSW Local Health District (NNSWLHD) and the North Coast Primary Health Network (NCPHN). The goal of WS18 was to support up to 1000 people with long term conditions to stay as well as possible, manage their conditions better and stay safely at home through winter 2018.

### Methods for Implementation and Evaluation:

The WS18 program included a co-design approach, designed to engage stakeholder driven effort to improve integrated care systems between general practices and the NNSWLHD.

General practices participated voluntarily and then recruited patients for the strategy. Mixed methods were used to evaluate the patient and clinician experience of the project. WS18 was implemented in three phases and evaluated by NCPHN and the George Institute for Global Health.

**Results:** The consistency of results from patient surveys, clinician surveys and practice interviews all support a likely improvement in the quality of care.

24 general practices registered 808 patients in WS18 and 786 patients completed the program.

The average age of participants was 74 years and 56% were female. 80% of patients were aged 65 years and older and 40% of the cohort were aged 80 years and older. No practices withdrew from the program and only one patient withdrew once registrations had closed.

Patient and clinician experience pre and post-surveys were returned by over 75% of participating patients and clinicians. Paired results were available for 75% of patients and 49% of clinicians.

Pre-surveys were received from 740 (91.5%) and post-surveys were received from 690 (85% enrolled patients or 88% of those 786 patients remaining at the end of the program). Both pre and post-surveys were available for 608 (75%) participants.

There is a clear pattern of improved patient outcomes in all the domains addressed by the patient experience pre and post-surveys. The indicators of patient access, self-care confidence, comprehensiveness of care and patient self-management all improved. Paired clinician

experience pre and post-survey questions, covering general practice and hospital communication and collaboration, all showed improvement.

There is strong consistency between the qualitative and quantitative results favouring a positive impact on many of the elements of the local health system where the program sought to make a change.

**Discussion:** Through a focus on quality and integration of care for a high-risk cohort, there is reasonable confidence that the WS18 program delivered improved patient experiences and improved clinician experiences.

Though unable to be explicitly measured it is believed this type of program can, and has, significantly contributed to improved health outcomes and an improved culture of health system integration in the area. This should enable subsequent local health system reforms for integration to be more ambitious and of extended impact. The strengths include:

- Strong stakeholder engagement from general practices and the NNSWLHD.
- Positive impact on the local culture of integrated care with practical successes helping to stimulate further systemic change.
- Positive reported patient experience and indications of improvements to the quality of care.
- Increased Sick Day Action Planning.

Success in the program was driven by the quality of enduring relationships between sectors, improved program implementation, and strong survey completion rates, to give a strong quantitative result.

Further work using propensity score matching will give a stronger indication of the impact on health outcomes. Future iterations should consider the scale and direction in terms of the program length and scope and integrated care at the systemic level.

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Full report available at:  
[www.ncphn.org.au/winter-strategy](http://www.ncphn.org.au/winter-strategy)

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