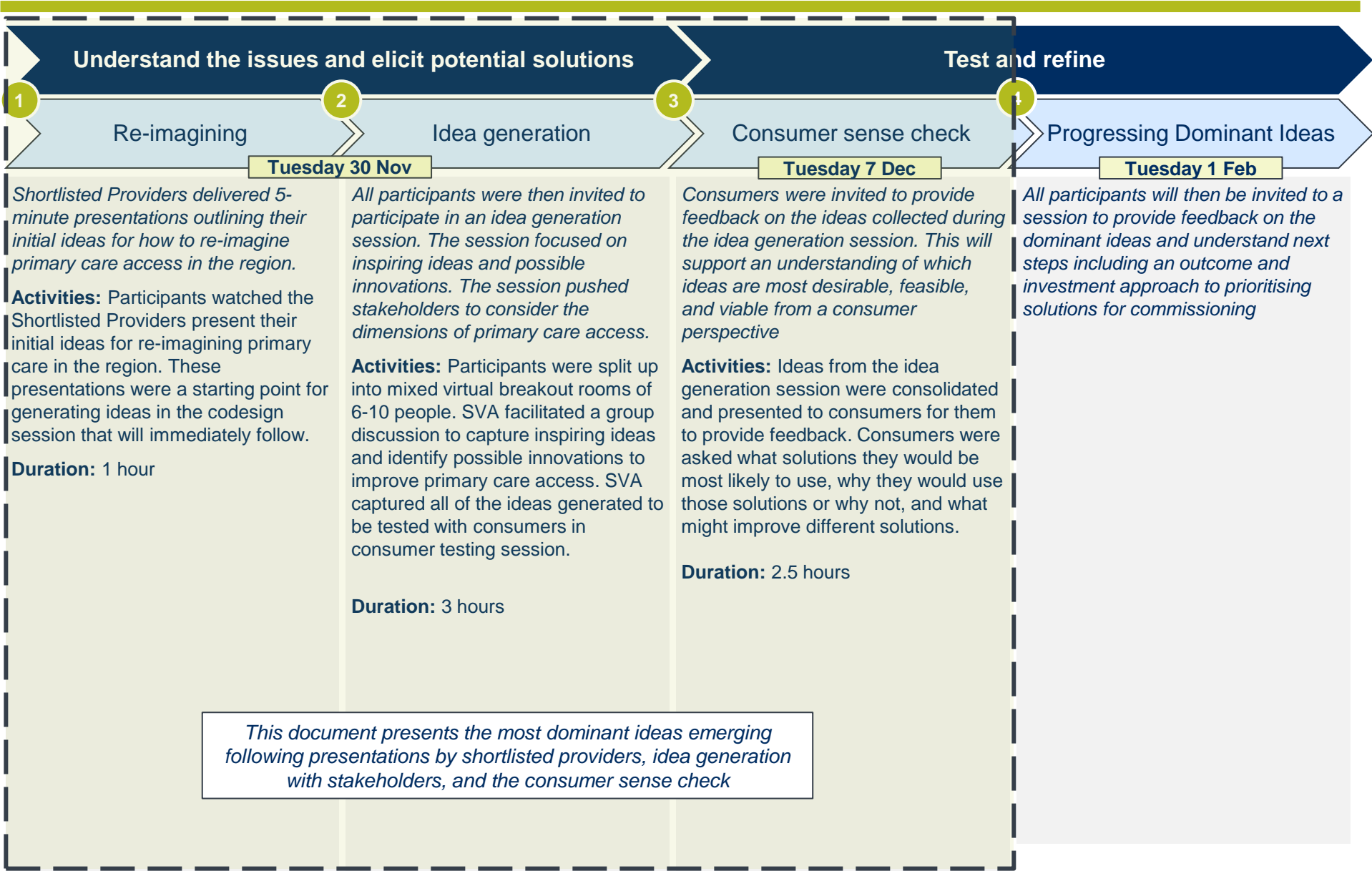


Re-imagining Primary Care Access

Dominant ideas

January 2022

Social Ventures Australia is facilitating a series of codesign sessions with Shortlisted Providers, consumers, local stakeholders, and experts



1 Understand the issues and elicit potential solutions

1 Re-imagining

Tuesday 30 Nov

Shortlisted Providers delivered 5-minute presentations outlining their initial ideas for how to re-imagine primary care access in the region.

Activities: Participants watched the Shortlisted Providers present their initial ideas for re-imagining primary care in the region. These presentations were a starting point for generating ideas in the codesign session that will immediately follow.

Duration: 1 hour

2 Idea generation

Tuesday 7 Dec

All participants were then invited to participate in an idea generation session. The session focused on inspiring ideas and possible innovations. The session pushed stakeholders to consider the dimensions of primary care access.

Activities: Participants were split up into mixed virtual breakout rooms of 6-10 people. SVA facilitated a group discussion to capture inspiring ideas and identify possible innovations to improve primary care access. SVA captured all of the ideas generated to be tested with consumers in consumer testing session.

Duration: 3 hours

3 Consumer sense check

Tuesday 7 Dec

Consumers were invited to provide feedback on the ideas collected during the idea generation session. This will support an understanding of which ideas are most desirable, feasible, and viable from a consumer perspective

Activities: Ideas from the idea generation session were consolidated and presented to consumers for them to provide feedback. Consumers were asked what solutions they would be most likely to use, why they would use those solutions or why not, and what might improve different solutions.

Duration: 2.5 hours

4 Test and refine

1 Progressing Dominant Ideas

Tuesday 1 Feb

All participants will then be invited to a session to provide feedback on the dominant ideas and understand next steps including an outcome and investment approach to prioritising solutions for commissioning

Following the first three sessions in the co-design series to re-imagine primary care access, two dominant concepts have emerged

1



Technology enabled primary care



People can find and receive healthcare, online and over the phone



Care providers can communicate with each other and access key patient information

2



Improved access to same-day care



People can access low-urgency same-day care in-person at pharmacies



People can access same-day minor accident, injury, and illness services at an urgent care clinic

These concepts must recognise Aboriginal-led models for Aboriginal people



Aboriginal people active, present, and visible in the workforce



Cultural governance and accountability throughout services



Trauma-led care and traditional healing

Concept 1: Technology-enabled primary care



Key components:



People can find and receive healthcare, online and over the phone

- It is a centralised service accessed from multiple starting points:
 - Social media links
 - Websites
 - Phone and text line
 - Community service providers
- It provides triage in terms of time criticality and appropriate point of care, considering local resources and availability
- It provides service delivery via phone, SMS, or video (including prescriptions)
- It provides referrals to in-person consultations
- It helps people navigate the system and identify their needs
- It provides information on local services including likely costs and consumer reviews



Care providers can communicate with each other and access key patient information

- It connects the clinical workflows of different care providers allowing for rapid referrals and handovers
- It shares key patient information and media between care providers including relevant patient history information
- It allows for live messaging between clinicians to effectively coordinate care

Consumer requirements:

- The service needs to be free
- The service needs to be visible, welcoming, and trustworthy
- Young people need to have priority access
- The service needs to recognise people's time constraints (i.e. be available out of hours, allow for consumers to be called back at a convenient time so they don't remain on hold)
- The service needs to allow consumers to quickly access the type of health care they are seeking (i.e. women's health, physiotherapy)
- The information provided by the service needs to be reliable and up to date
- The service needs to work effectively across all modes and platforms

Concept 2: Improved access to same-day care



Key components:



People can access low-urgency same-day care in-person at pharmacies

- People can go to a location such as a pharmacy and health professionals support them to understand how serious their problem is
- Basic levels of care can happen there on the spot
- People can access telehealth on location and talk to a doctor or a specialist
- People can get referrals to other health services
- People can receive and access prescriptions on the spot
- People can get blood tests, vaccinations, and routine checks (i.e. blood pressure / skin checks)



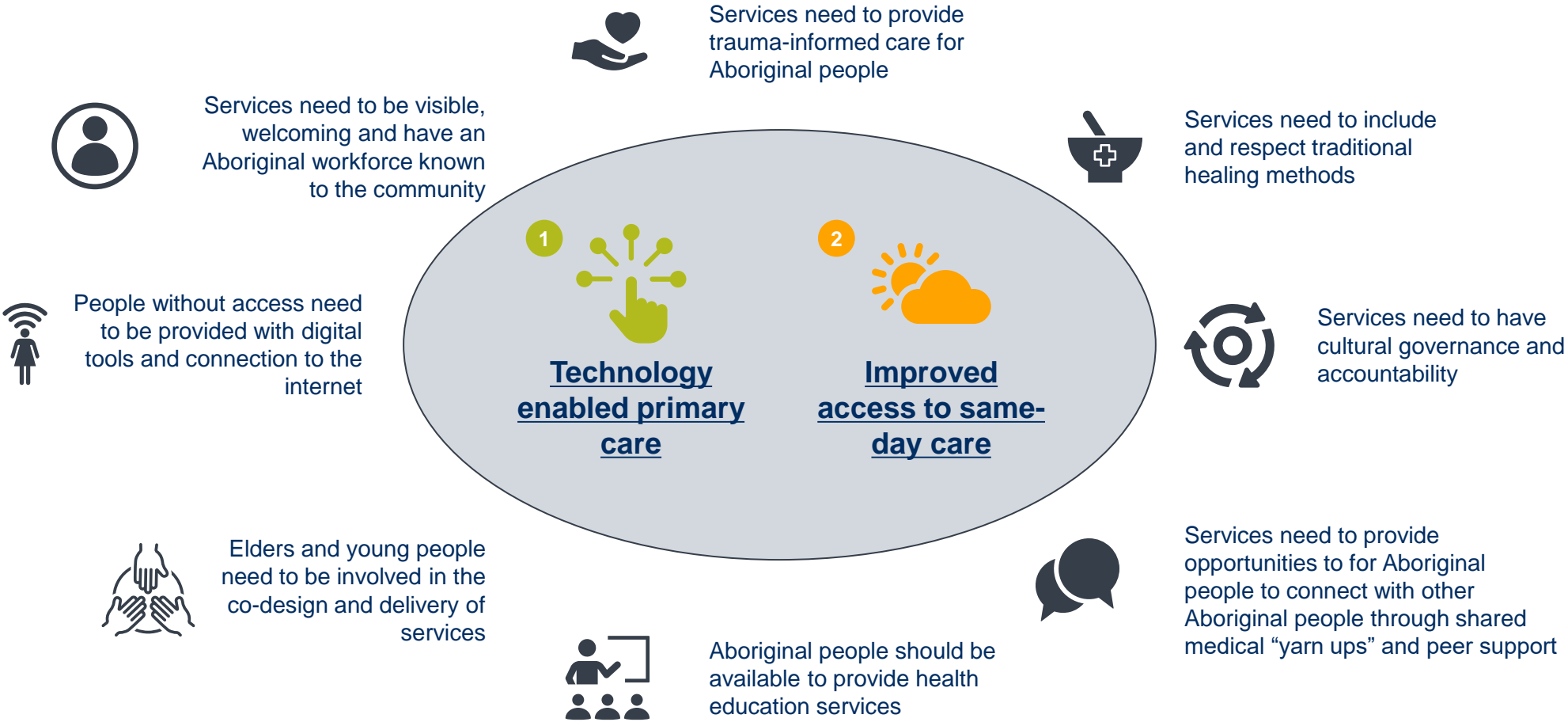
People can access same-day minor accident, injury, and illness services at an urgent care clinic

- People can go to a location and access nurses, GPs, and allied health (including radiology) equipped to manage minor accident, injury, and illness on the same day
- The service will provide walk-in appointments and extended hours
- The service can provide follow up and communication with a regular GP or referral to a regular GP where the consumer does not already have one
- The service can provide ambulance diversion
- The service can provide consumables

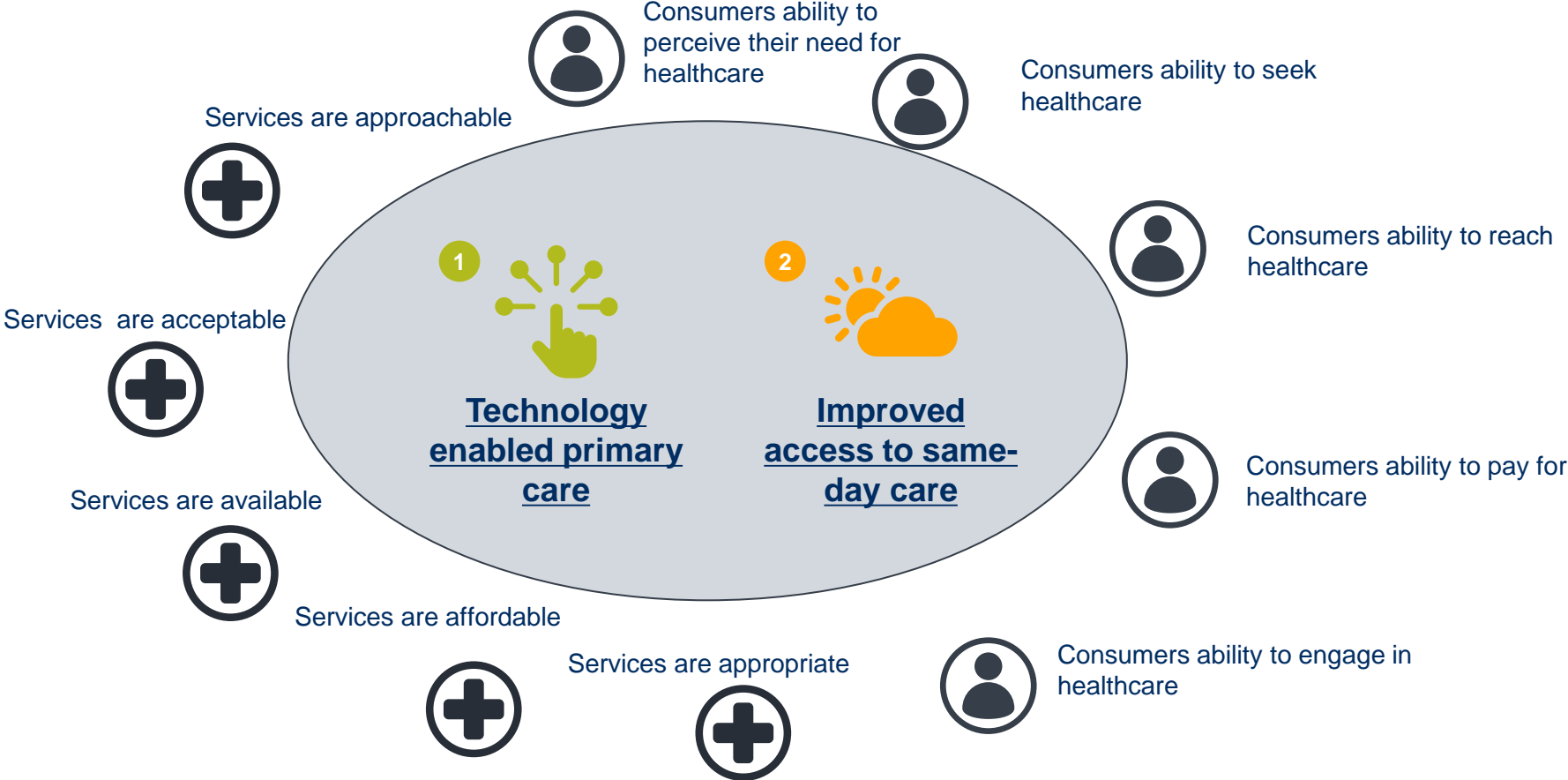
Consumer requirements:

- The basic service must be free and any likely additional costs need to be completely transparent upfront
- The service needs to be visible, welcoming, and trustworthy
- Young people need to have priority access
- The service needs to be available out-of-hours
- The service needs to ensure high levels of capacity to minimise wait-times
- Gendered care needs to be available (i.e. people identifying as women need to be able to seek care and advice from people identifying as women)
- Where care is being provided by a pharmacist or other health professional there would need to clear standards and protocols

Enabling concept: recognise Aboriginal-led models for Aboriginal people



Enabling concept: Levesque framework for access to health services



Levesque, J.F., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health* **12**, 18 (2013). <https://doi.org/10.1186/1475-9276-12-18>