

Health Precincts Guidelines

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Introduction

Preamble

Queensland's population, health care needs and medical care are changing and so must our health system.

Community-based services are non-hospital services providing prevention and promotion activities targeting individuals and groups, early identification and intervention, assessment, treatment, health maintenance and continuing care services delivered by a variety of providers. There is growing international evidence which suggests that comprehensive and well coordinated community-based services can improve the health status of the general population, reduce health inequalities by improving access to services and provide cost-effective and high quality care.^{1,2} Many emerging models rely on strengthening multidisciplinary teamwork, workforce substitution and the sharing of information across service providers to more effectively meet consumers' needs.

The Health Precinct model is consistent with these approaches. Health Precincts are service approaches designed to provide a contemporary and flexible response to the need for selected services across the health continuum in major urban and regional growth areas. The model involves co-locating a range of service providers to enhance local service provision and improve integration of services by establishing formal partnerships and providing the infrastructure necessary to enable seamless service delivery.

These *Health Precincts Guidelines* reflect the need to re-orient the health system to enable safe and sustainable services to be provided closer to where consumers live, improve coordination between service providers and reduce the demand on acute hospitals.

Furthermore, models of service delivery and the needs of the local population can change over time. Therefore, the design of the Health Precinct and the services provided in it will need to be amenable to change.

Background

These *Health Precincts Guidelines* and the accompanying *Health Precincts Planning Template*³ provide the framework upon which to base detailed planning for the establishment and operation of a Health Precinct. The intended users of the Guidelines and Template are Queensland Health's Area Health Service and Health Service District service planners. These documents should be completed in conjunction with Queensland Health's *Health Precincts Planning Template* and *Capital Works and Asset Management Branch Interim Business Case Preparation Guidelines*.

Health Precincts are not appropriate in all areas, as many communities will not require the extensive volume and range of services provided in a Precinct. The Health Precinct model will only be considered where it has been identified as the most appropriate model in Area Health Service or Health Service District plans. Applications to establish Health Precincts will only be pursued once it has been identified that the model is feasible and offers the greatest benefit to the community it will service, compared with other potential approaches.

¹ Macinko, J.S.B. & Shi, L. 2003, 'The Contribution of Primary Care Systems to Health Outcomes within Organisation for Economic Cooperation Development Countries 1970-1998', *Health Services Research*, vol. 38, no. 3, pp. 831-865.

² Canadian Health Services Research Foundation 2003, *Choices for Change: The Path for Restructuring Primary Healthcare Services in Canada*. Canadian Health Services Research Foundation, Ottawa [Online] Accessed 6 September 2007, Available at: http://www.chsrf.ca/final_research/commissioned_research/policy_synthesis/pdf/choices_for_change_e.pdf

³ Queensland Health 2007, *Health Precincts Planning Template*, Queensland Health, Brisbane.

Policy Context

The Health of Queenslanders 2006: Report of the Chief Health Officer, Queensland identifies that 9% of all hospitalisations are potentially avoidable through additional preventative care and early disease management in settings such as community-based services.⁴

Health Precincts provide an opportunity to improve the health status of Queenslanders. The model enables a greater focus on multidisciplinary care; it supports increased provision of prevention and promotion services targeting individuals and groups; and it provides an opportunity to better address the underlying causes of disease. In addition, Health Precincts promote more integrated care by providing an environment in which health professionals and health services work together in an integrated, seamless, and coordinated way and enhance the interface between health and other sectors. It provides the infrastructure required to support service delivery and accommodation of staff to deliver those services. The Health Precincts model provides a means to better meet consumer expectations for coordinated and responsive local service provision.

Many chronic diseases currently affecting the Queensland population are potentially preventable, yet their incidence is increasing. The Queensland Government, through the *Smart State: Health 2020 Directions Statement*⁵ and the *Queensland Strategy for Chronic Disease 2005-2015*⁶ has identified the prevention and management of chronic disease as a strategic priority, with initiatives to prevent chronic disease, better manage the care of people with existing disease and reduce avoidable hospitalisations. Enhancing community-based services is a key strategy in achieving this and the Health Precincts model provides the platform from which these strategies can be achieved.

Queensland Health's *Strategic Plan 2007-2012*⁷ and the *Queensland Statewide Health Services Plan 2007-2012*⁸ identify a range of service reforms required to improve access to safe and sustainable health services and to better meet the needs of Queenslanders across the health continuum. A key initiative is to implement community-based models of service delivery where a range of services and providers are located together to support the shift of primary, ambulatory and selected acute care services closer to communities where it is safe and sustainable. This approach requires integrated and collaborative working arrangements across Queensland Health and the broader health and human services sectors. In some communities, this reform will be best met by developing a Health Precinct.

In a parallel process, Queensland Health's Community Health Services Reform Project is currently underway. The project is developing the strategic directions for community-based services for the next five years where Queenslanders can access services as close to their community as possible, with relevant consideration of safety and sustainability. The Health Precincts model is consistent with the strategic directions of this project.

The following table details a range of benefits offered by the Health Precincts approach.

⁴ Queensland Health 2006, *The Health of Queenslanders 2006: Report of the Chief Health Officer, Queensland*, Queensland Health, Brisbane 2006, p. vii.

⁵ Queensland Health 2002, *Smart State: Health 2020 Directions Statement*, Queensland Health, Brisbane.

⁶ Queensland Health 2005, *Queensland Strategy for Chronic Disease 2005-2015*, Queensland Health, Brisbane.

⁷ Queensland Health 2007, *Queensland Health Strategic Plan 2007-2012*, Queensland Health, Brisbane.

⁸ Queensland Health 2007, *Queensland Statewide Health Services Plan 2007-2012*, Queensland Health, Brisbane.

Table 1 Consumer, service provider and Government benefits offered by the Health Precincts model.

Benefits to consumers:	<ul style="list-style-type: none"> • potential for improved health outcomes achieved through a stronger focus on preventative care, health promotion, and better management of the underlying causes of disease • a seamless approach to the delivery of care with care provided in one location, minimising the need to travel to multiple locations to access services • greater opportunities for multidisciplinary care • more coordinated care achieved through reduced duplication of diagnostic testing and other services typically occurring when consumers move between service providers and settings • more timely identification of conditions likely to worsen, thereby preventing or delaying the development of complications • reduced consumer travel time achieved through co-location of services • opportunities for service substitution where clinically appropriate, thus improving consumers' access to services • improved access to services tailored to meet the needs of specific population groups.⁹
Benefits to service providers:	<ul style="list-style-type: none"> • a more proactive approach to managing consumers' health with greater focus on prevention and promotion services targeting individuals and groups • opportunities for service substitution by enabling the most cost-effective service mix to be provided, thereby optimising use of the available workforce • alternative approaches to staff training and development, such as training places for junior doctors in general practice within the Health Precinct • more efficient use of administrative support staff and capital equipment across service providers.¹⁰
Benefits to Government:	<ul style="list-style-type: none"> • a reduction in duplication of Government-funded or Government-subsidised diagnostic testing and other services typically caused when consumers move between service providers and settings • a reduction in unnecessary hospitalisations through better health promotion, disease prevention and management of chronic and complex conditions • potential for improved data capture across service providers, to better inform service planning and delivery • opportunities for sharing and/or reducing duplication of infrastructure • more appropriate and timelier management of health care conditions. This has the potential to limit the progression of a condition to a more complex and chronic disease that can require more intensive and costly management.¹¹

⁹ Doggett, J. 2007, *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney.

¹⁰ Doggett, J. 2007, *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney.

¹¹ Doggett, J. 2007, *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney.

Approaches in other jurisdictions

The Health Precincts model is consistent with approaches being adopted in other Australian jurisdictions and internationally. These include South Australia's GP Plus Health Care Centres; Victoria's Super Clinics; and Health One Centres in New South Wales. The model is also consistent with approaches adopted internationally including New Zealand, the United Kingdom and Canada.

While the governance arrangements; service models; volume and mix of services vary somewhat across these approaches, they share the common goals of improving health outcomes, increasing consumer access to services and better preventing and managing health care conditions.

Description

Definition of Health Precincts

Health Precincts are major facilities offering a comprehensive range of community-based health and other human services. The model involves co-location of public, private and non-government human service providers. Health Precincts are one model for enhancing provision of community-based services in major regional centres and in urban areas experiencing rapid population growth.

Services provided in the Health Precinct will be determined by the needs of the catchment population, the range and location of services already provided in the community and gaps in existing service supply. The services provided span the continuum of care and can include selected:

- prevention and promotion services targeting individuals and groups
- primary health care services
- ambulatory services
- acute services
- rehabilitation and extended care services.

The service plan for an individual Health Precinct will clearly identify the range of services to be provided. The services offered in a Health Precinct must consider the commonalities and needs of the local population. For example, in areas experiencing a rapid growth in young families, health services could be aligned with educational services, child care services and recreational facilities; and joint planning with other service providers such as Education Queensland, Department of Communities, Department of Child Safety and the Queensland Ambulance Service will be critical. The location of Health Precincts requires full and careful consideration. Wherever appropriate, other Government departments and service providers will need to be involved as true partners in the planning and delivery of services for the Precinct.

Services provided

Health Precincts can include a broad suite of services, delivered in partnership by the public, private and non-Government sectors. Not all services offered in a Health Precinct will be provided by Queensland Health. Health Precincts will operate within a partnership model, with formal agreements developed between Queensland Health and other partners within each Precinct. All providers will be required to operate within the confines of any relevant licensing provisions.

Identification of the specific services to be provided in a particular Health Precinct will be based on detailed planning including consideration of local priorities, existing service provision and unmet needs of the catchment population. The scale and scope of services in a Health Precinct will vary according to the size and health needs of the catchment population.

At a minimum, services provided in all Health Precincts (by Queensland Health or partners) will be:

- community nursing services
- chronic disease prevention and management programs
- oral health services
- hospital interface programs including Community-Hospital Interface Program (CHIP) and transitional care services.

Health Precincts will also offer other selected services, either provided by Queensland Health or partners. The range and volume of services provided will depend on the needs and size of the catchment population. The following table details other potential services offered in Health Precincts and the arrangements by which these services might be delivered.

Table 2 Potential Health Precinct services and service delivery arrangements

Health service components	<p>Service profile could include selected:</p> <ul style="list-style-type: none"> • child, youth and family health services • health promotion and prevention services targeting individuals and groups • alcohol, tobacco and other drugs services • adult community mental health services (potentially including specialist child, adolescent or older persons services, dependent on population profile) • services for other priority population groups • antenatal and postnatal services • allied health services • community rehabilitation services • paediatric allied health and outreach services • specialist medical ambulatory care services • sexual health services • breast cancer screening and assessment services • limited hours minor injuries and day medical procedure services offering blood transfusions, antibiotic therapy and other limited treatment services • day surgical procedures • renal dialysis services • satellite chemotherapy as part of a cancer service network. Services provided by oncology nurses with access to cancer specialist consultancy services • diagnostic imaging and pathology and pharmacy services • palliative care services.
Health service attributes	<ul style="list-style-type: none"> • major ambulatory care centre offering centre-based, mobile and domiciliary services • base for in-reach services to hospitals, general practices and other relevant services • may have contract with private providers for pharmacy, pathology and diagnostic imaging services.

Role in health service network	<ul style="list-style-type: none"> • ‘hub’ providing ambulatory and community-based services with capacity to provide specialist team outreach and telehealth consultation services • ‘spoke’ or satellite location for specialist treatment services such as cancer, renal medicine and paediatrics.
Workforce characteristics	<ul style="list-style-type: none"> • options for on-site medical services include sessional employment of local general practitioners, salaried medical officers or contracting of services from a private contractor or the Divisions’ of General Practice • specialist ambulatory services and services run by visiting and salaried specialists, with appointments at District or tertiary referral hospitals • community nursing services including case management and complex care coordination; post-acute care; and domiciliary and maintenance care. Midwives and nurses with specific training in services such as renal dialysis, continence, wound management, stomal therapy may work across local hospital and community-based services and provide regional consultancy services. Oncology nurses working as part of cancer service networks • combination of generalist, specialist and allied health staff deployed in multidisciplinary teams • options for allied health services including private practitioners providing services under contract to the community-based service or employed under joint funding arrangements with the Divisions’ of General Practice or local general practices.
Whole of sector services	<ul style="list-style-type: none"> • on-site services could include Early Years Centres, disability support and early intervention services, Commonwealth-funded services and other relevant programs • non-Government organisations funded by other Government departments to deliver specific services may be co-located on site.
Partnering arrangements	<ul style="list-style-type: none"> • Formalised primary health care partnerships and integrated service arrangements with other providers such as Divisions’ of General Practice and private health professionals • This can include integrated referral arrangements, shared or interfaced information systems, case management systems, shared workforce development and training and integrated health promotion activities and common approaches to capacity building • Public and private services can operate autonomously on the site with Memoranda of Understanding and other governance arrangements covering joint activities and site management where the Health Precinct is Government owned.
Education and training	<ul style="list-style-type: none"> • Base for undergraduate and postgraduate health professional education, training and workforce development • Specific linkages to general practitioner training networks, universities and professional training bodies • Capacity to undertake research into health needs and service models.

Population profile

The consumer population serviced by the Health Precinct will vary from community to community. Target populations can include:

- children (0-14 years)
- people of childbearing age (15-44 years)
- people of older working age (45-64 years)
- younger retirees (65-74 years)
- older people (75+ years).
- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse (CALD) backgrounds
- people experiencing lower socio-economic circumstances.

To ensure the services delivered in the Health Precinct will meet the needs of particular population groups, consumer consultation will be a core requirement of Health Precinct planning.

General arrangements

When planning Health Precincts, key factors to be considered include demographic data (e.g. population size and age profile), health needs of the local population and provision of existing services. These features will be overlaid with strategic and service delivery considerations such as workforce distribution and capacity to recruit; the model of care proposed; the overall community-based service infrastructure available compared to projected need; and opportunities to co-locate with health and whole of sector services.

Planning for provision of community-based services

Robust planning is essential in identifying and developing Health Precincts. Given the focus on co-location and integration within a Precinct, extensive consultation and joint planning with all stakeholders, such as other human service providers, is critical.

Needs assessment

In planning community-based health services (including Health Precincts), a detailed needs assessment is required, including consideration of:

- the geographic catchment
- population to be serviced
- health profile and relevant features
- perceived health issues.

An environmental scan should be undertaken to evaluate existing services, and identify opportunities for consolidation and/or co-location of these services.

The *Health Precincts Planning Template* details the needs assessment required when planning for an individual Health Precinct.

Options analysis

As part of the process of planning for a community-based service, the needs of the catchment population will be matched to service design and delivery requirements including:

- existing service capacity and gaps
- projected future service needs
- current and future models of care
- opportunities to enhance with other sectors
- infrastructure availability and resource requirements (both capital and recurrent).

Based on this analysis, Area Health Services will identify whether the required service response is:

- a new community-based service
- a replacement or upgrade of an existing facility
- a stand-alone Health Precinct
- first stage of a health campus planned to incorporate a hospital when the relevant population threshold is reached.

Where a Health Precinct is identified as the preferred approach, detailed planning will be undertaken and Area Health Services will detail these service requirements in the *Health Precincts Planning Template*.

Health Precinct planning

Staffing

Staffing levels will vary for each Health Precinct, depending on the model adopted, and the range and quantity of services provided.

Hours of operation

Hours of operation will vary according to the range of services provided. Most services will operate during business hours, with some services operating over extended hours.

Location

The preferred location for a Health Precinct will depend on the outcome of detailed service planning.

Options can include:

- a community location, either free standing or attached or near-by to complementary services such as:
 - services provided by other Government Departments such as the Departments of Communities, Child Safety, or Education and the Arts
 - private health and community services such as general practices and child care centres
 - non-Government health and community services such as domiciliary nursing and Meals on Wheels.
- a facility co-located with, or in close proximity to, other major community centres or service hubs such as shopping precincts
- a facility co-located with, or neighbouring, a hospital.

The site requires:

- good public access for vehicles and pedestrians
- accessible public transport
- close collaboration with transport providers including the Queensland Ambulance Service
- health promoting infrastructure (e.g. footpaths, bicycle paths, space for bicycle parking)
- adequate space to enable the facility's design to meet the needs of the Health Precinct
- sufficient space to allow for future expansion as service needs change.

In addition, the location identified will need to align with Government infrastructure planning processes, such as the *South East Queensland Infrastructure Plan and Program 2007-2026*,¹² the *South East Queensland Regional Plan 2005-2026*¹³ and the *Far North Queensland Regional Plan*.¹⁴

¹²Department of Infrastructure 2007, *South East Queensland Infrastructure Plan and Program 2007-2026*, Queensland Government, Brisbane.

¹³ Queensland Department of Local Government, Planning, Sport and Recreation 2005, *South East Queensland Regional Plan 2005-2026*, Queensland Government, Brisbane.

¹⁴Far North Queensland Regional Planning Advisory Committee 2000, *Far North Queensland Regional Plan*, Queensland Department of Communication and Information, Local Government, Planning and Sport, Brisbane.

Design considerations

The design of the Health Precinct can vary and is determined by the model of care and the range of services provided. The preferred design of a particular Health Precinct will depend on the outcome of comprehensive service planning.

The building space may be leased or purpose-built. The benefits and life-cycle costs of both will need to be investigated as part of the planning processes. If a purpose-built facility is required, various funding options should be considered. For example, capital development contributions include co-building arrangements by the State and a private developer, or leasing of premises from or to other providers.

The facility's design should preferably incorporate:

- a single point of entry via reception
- space for shared administration and other support staff
- shared clinical and staff areas, maximising space utilisation and enhancing partnership and multi-disciplinary team interaction
- service delivery rooms which can be used by a wide range of service providers to provide a broad range of services
- limited use of clinical rooms designed for a specific function
- flexibility in the use of space and the ability to change the function of rooms and other infrastructure over time
- a maximum of two to three storeys to achieve integration of services and facilitate new or alternative models of care.

Close consultation with service providers will be required to ensure specific design considerations (e.g. cultural appropriateness and consumer privacy) are met.

Capital requirements will be detailed in the *Capital Works and Asset Management Branch Interim Business Case Preparation Guidelines* accompanying each Health Precinct plan.

Information Communications Technology (ICT) considerations

Health Precincts will ideally provide integrated ICT capabilities across all service providers. This can improve treatment efficiency and effectiveness, and increase consumer safety, by enabling service providers to share relevant information where appropriate (such as a consumer's test results and medical status) in a timely manner. Queensland Health has identified development of community health ICT systems as a priority.

Business rules, governance and partnership arrangements

Health Precincts require explicit rules that define the roles, rights and responsibilities of each service provider and the operational management and funding each service partner incurs through occupying shared facilities. Business rules and governance arrangements need to be tailored to meet the needs of all providers as integrated service models evolve.

It is essential that all costs have been identified and that costing assumptions presented are well developed and rigorous. Refer to Queensland Health's *2008-09 Budget Concept Brief for Funding Proposal* template for further information. The contribution of each partner to funding of the Health Precinct must be clearly articulated.

Partnership initiatives should give consideration to enhancing the community responsiveness and cultural appropriateness of health services. For example, engagement with peak Aboriginal and Torres Strait Islander health representative organisations such as Regional Health Forums, Australian Indigenous Doctors Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN) and Queensland Aboriginal and Islander Health Council (QAIHC) is an imperative in any establishment of a health precinct with a high Aboriginal and Torres Strait Islander population.

Evaluation

Each Health Precinct will provide a biennial overview of the services provided, any major changes to its service profile and capital stock in previous 24 months.

Consistent with the *Queensland Health Integrated Performance Reporting Policy*,¹⁵ each Health Service District will also report on the performance of its Health Precinct/s against the dimensions of:

- safety and quality
- access to services
- human resources
- activity and budget performance
- prevention and health outcomes
- equity
- innovation.

The indicators used to report against the dimensions listed above will be tailored according to the model of care adopted and the suite of services provided at the individual Health Precinct. These indicators will be tied to objectives and targets for service provision identified in Area Health Service and Health Service District plans.

Queensland Health will undertake an evaluation of Health Precincts currently under development to inform future approaches for community-based service delivery and to assist in refining the Health Precincts model.

¹⁵ Queensland Health 2006, *Queensland Health Integrated Performance Reporting Policy*, Queensland Health, Brisbane. [Online] Accessed 3 September 2007, Available at: http://qheps.health.qld.gov.au/adobe/IPR_Policy.pdf

Appendix 1
Health Precincts preliminary appraisal tool

Prompt	Yes	No
1. Is the site a major urban or regional growth centre?	Go to question 2.	The site does not appear to be within the scope of the Health Precinct model.
2. Is the catchment population between 30,000 and 300,000?	Go to question 3.	The site does not appear to be within the scope of the Health Precinct model.
3. Is there a recognised unmet need for community-based health services and is this trend likely to continue?	Go to question 4.	The site does not appear to be within the scope of the Health Precinct model.
4. Are facilities providing the range of community-based health and human services available locally or is there reasonable access to these services?	The appropriateness of existing services being used or enhanced should be investigated before a Health Precinct model is considered.	Go to question 5.
5. Is the management and operation of co-located community-based health and human services viable at this site?	Go to question 6.	The site does not appear to be within the scope of the Health Precinct model.
6. Is recruiting and maintaining the level and mix of staff required to provide co-located community-based health and human services a reasonable prospect in this area?	Go to question 7.	The site does not appear to be within the scope of the Health Precinct model.
7. Would an integrated model of community-based services be sustainable in the long term in this area?	Go to question 8.	The site does not appear to be within the scope of the Health Precinct model.
8. Is development of a Health Precinct consistent with longer-term Queensland Health plans in this area?	Go to question 9.	The site does not appear to be within the scope of the Health Precinct model.
9. Is there evidence that the local community and key organisational stakeholders would support development of a Health Precinct?	MIGHT conform to basic requirements for a Health Precinct. Further investigation indicated.	The site does not appear to be within the scope of the Health Precinct model.