

Primary Health Care Demonstration Site Project

Memorandum of Understanding between the
Shire of Cunderdin, WA Country Health
Service

UPDATED 26 APRIL 2018

1. BACKGROUND

- a) The West Australian Government has committed to an investment of \$565 million over five years to improve health services in the southern inland area of WA. This program is known as the WA Country Health Service (WACHS), Southern Inland Health Initiative (SIHI)
- b) A key focus of SIHI is to provide resources to enable health services in selected small communities to reform their health service model from a small acute hospital to a primary health care centre with services designed specifically to meet the needs of local communities. This is known as the Primary Health Care Demonstration Site program (PHCDS).
- c) In July 2012, SIHI called for Expressions of Interest from local communities interested in adopting the PHCDS model. The Shire of Cunderdin submitted an EOI and was subsequently selected by SIHI as being a suitable site for the PHCDS program.
- d) In June 2013, following a comprehensive community engagement process and the development of a Transition Plan which describes the future services model and the key commitments from the WA Country Health Service to implement the PHCDS model, the Shire agreed to support the implementation of the PHCDS model in Cunderdin.
- e) This Memorandum of Understanding broadly describes the arrangements under which the Parties will collaborate to ensure the implementation of the PHCDS model in Cunderdin is successful.

2. PARTIES

- a) Parties to this MOU are the:
 - Shire of Cunderdin, which represents the communities of Cunderdin, Meckering and Tammin in respect to health service delivery. It is acknowledged that the Shire of Tammin is a separate local government authority;
 - WACHS, Wheatbelt inclusive of the Southern Inland Health Initiative.

3. DEFINITIONS

- a) 'Community' means the populations of the Cunderdin and Tammin Shires.
- b) 'SIHI' means the WACHS Southern Inland Health Initiative.
- c) 'Shire' means the Shire of Cunderdin.
- d) 'PHCDS' means Primary Health Care Demonstration Site.
- e) 'WACHS Wheatbelt' means the WA Country Health Service, Wheatbelt.
- f) 'WACHS' means the WA Country Health Service.

4. ROLES OF EACH PARTY

The Parties to this MOU agree that it is essential that ongoing community engagement, clinical services planning, change management and implementation of the PHCDS model be undertaken in a highly collaborative manner.

A Project User Group (PUG) consisting of WACHS staff and community representatives will be formed. The PUG will be the principle group for consultation and engagement on service development and planning. The PUG will be formed in consultation between WACHS and the Shire and consist of a majority of community membership. Recommendations from the PUG will be referred to WACHS and the Shire for consideration and action as deemed appropriate and in line with WACHS capital governance framework and approval processes.

The major roles of each of the Parties in this process are broadly described below:

- a) Shire – Responsible for ensuring the community of Cunderdin is engaged and informed about the PHCDS model and the progress of the reform throughout. Provide advice and support on the PHCDS model and support WACHS Wheatbelt and SIHI with their considerations regarding an appropriate site for the future primary health care centre.
- b) WACHS Wheatbelt – Responsible for leading and managing the service reform from the current model of service delivery to the PHCDS model. This includes clinical services planning, facility planning, staff engagement and HR management and engagement with community members regarding the change. Support will be provided via SIHI including resources, logistical support and Shire specific communication and engagement throughout the transition process.

5. COMMITMENT TO COMMUNICATION BETWEEN PARTIES

The Parties agree that consistent, reliable and frequent communications between them is essential during the transition process and commit to ensuring this occurs.

The officers identified below have the major communications responsibilities:

ISSUE TYPE	WACHS WHEATBELT	SIHI	CUNDERDIN SHIRE
Program Governance	Regional Director Regional Nursing and Midwifery Director	Project Director	President and CEO
Project Management	Senior Project Manager Project Officer	Regional Project Manager Local Government Community engagement Consultant	CEO
Day to day operations	Regional Coordinator Nursing and Midwifery		

6. SERVICE DEVELOPMENT COMMITMENTS IN TRANSITION PLAN

During the development of the Transition Plan for the Cunderdin PHCDS, WACHS identified the following minimum commitments required to ensure the community of the Cunderdin and Tammin Shires have access to health services which meet their needs:

1. EMERGENCY SERVICES	
<i>Where the length of time taken for the patient to receive care can affect their wellbeing. Emergency services include immediate care, assessment, treatment, stabilisation and transport to nearest appropriate hospital.</i>	
1.1	Work with General Practitioners (GP) and Emergency Telehealth Service to ensure patients receive safe emergency care within best practice timeframes.
1.2	Ensure facilities are built to enable close observation of patients in ED (e.g. observation bay) prior to management decision to transfer or discharge.
1.3	Work with St John Ambulance (SJA) and other stakeholders to improve both urgent and non-urgent patient transport.
1.4	Provision of emergency care and stabilization 24 hours a day, seven days a week with on-call registered nurse out of hours.

2. PRIMARY HEALTH CARE SERVICES	
<i>Primary health care services include services that are provided outside the hospital setting by a general practitioner, pharmacist, allied health professionals, community and child health nurses, Home and Community Care and mental health workers.</i>	
<i>Primary health care services aim to:</i>	
<ul style="list-style-type: none"> ➤ <i>Keep people well rather than fix them when they are sick</i> ➤ <i>Empower the consumer to safeguard their own health through promoting the philosophy of self-responsibility and self-management</i> ➤ <i>Deliver culturally sensitive care</i> 	
2.1	Design new Primary Health Care Centre in line with Building Codes of Australia guidelines and hospital and health standards in consultation with WA Health and private service providers and non-government organisations to ensure it meets their needs.
2.2	Ensure primary health care services meet the community's needs.
2.3	Commence discussion with GP and Shire to explore co-location in new Primary Health Care Centre.
2.4	Ongoing evaluation and enhancement of services where required.

3. ACUTE SERVICES	
3.1	Work with GP, Emergency Telehealth Service and other emergency service providers to establish patient's need for hospitalisation.
3.2	Ensure facilities are designed to enable close observation of patients while the decision to transfer or discharge is being made.
3.3	Work with St Johns Ambulance Australia and other stakeholders on ways to improve capacity to transport patients requiring medical care.
3.4	Enhance chronic disease management services to prevent acute episodes.
3.5	Enhance home care service so patients can be cared for in their home where appropriate.

4. SPECIALIST MEDICAL SERVICES	
<i>Care provided by specialist medical doctors on referral from a GP:</i>	
<ul style="list-style-type: none"> ➤ <i>Patient travels to see doctor</i> ➤ <i>Doctor visits local area</i> ➤ <i>Telehealth and videoconference</i> 	
4.1	Assess community need for visiting specialists and where possible arrange visiting services.
4.2	Increase use of videoconference consultations.
4.3	Enhance community based chronic disease management services.

5. COMMUNITY AND HOME BASED AGED CARE	
<i>Community and home based aged care services make up the majority of services provided to aged people. Aged care services are funded by the Commonwealth Department of Health & Ageing. Specific services include:</i>	
<ul style="list-style-type: none"> ➤ <i>Home and Community Care (HACC)</i> ➤ <i>Community Aged Care Packages (CACP)</i> ➤ <i>Extended Aged Care at Home Packages (EACH)</i> ➤ <i>Extended Aged Care at Home Dementia Packages (EACH-D)</i> ➤ <i>Meals on Wheels</i> 	
<i>From 1 July 2018, these services will be combined within the Commonwealth Community Home Support Program (CHSP) and will be provided by WACHS through the new PHCDS facility</i>	
5.1	Expand Home and Community Care (HACC) services in accordance with need and Commonwealth Department of Health and Ageing guidelines and policies.
5.2	[TS1]deleted
5.3	Explore use of technology to monitor patients remotely.
5.4	Retain provision of Meals on Wheels, kitchen and food preparation space in the PHCDS in accordance with WACHS policies and HACCP (food safety) standards.

6. RESIDENTIAL AGED CARE AND AGED APPROPRIATE HOUSING	
<i>Aged Care Services are funded by the Commonwealth Department of Health and Ageing and subject to changes in policy direction and funding mechanisms. Residential aged care services are provided to approximately 9% of the aged people in Australia. The majority of aged care services are delivered in the community.</i>	
6.1	Work with Shire, Government and aged care agencies to undertake pilot of new Aged Appropriate Accommodation for small rural communities.
6.2	Continue to operate Wandoo Lodge and Ian Roberts Lodge while new services are being developed and alternative arrangements are operational in Cunderdin and elsewhere as appropriate and agreed.
6.3	Expand home and community based care services to reduce the <i>need</i> for residential care.
6.4	Use telehealth to improve access to specialist gerontology and other health services.

7. PALLIATIVE CARE	
<i>Palliative care services can be provided in a hospital or in the home.</i>	
7.1	Continue to operate Palliative Care services while new services are being developed and alternative arrangements are operational in Cunderdin and elsewhere as appropriate and agreed.
7.2	Delivery of and support for consumer-focussed palliative and end of life care as per attached Draft Management Plan for management of the Cunderdin Palliative Care Residential Unit
7.3	Work with GP and other primary health care providers to enhance home based palliative care services through WACHS or an alternate provider.
7.4	Use telehealth to improve access to specialist palliative care and oncology services.

8. CARER RESPITE	
<i>Carer respite is provided in a dedicated facility or more commonly at home.</i>	
8.1	Continue to operate Carer Respite while new services are being developed and alternative arrangements are operational in Cunderdin and elsewhere as appropriate and agreed.
8.2	Future delivery of Respite Care to be in accordance with Commonwealth Carelink Service processes and support will be provided for the Cunderdin Shire to develop operational processes for management of the Cunderdin Respite Care Residential Unit.
8.3	Strengthen home based respite service through WACHS or an alternate provider.

9. PROJECT USER GROUP	
<i>WACHS is committed to ensuring the community of Cunderdin are involved in the planning, design and implementation of the Primary Health Care Demonstration Site model in Cunderdin.</i>	
9.1	A Project User Group (PUG), including Council and community representation, will be formed to help plan and develop the PHCDS project – refer clause 4 page 2 of this document.
9.2	The PUG provides advice to the SIHI Capital Project Working Group.
9.3	The PUG is part of the WA Health capital governance framework and must work within whole of government planning, design and building guidelines and policies

7. DISPUTE RESOLUTION

- a) Disputes between the Parties will be managed in accordance with contemporary dispute resolution policy and processes.

8. TERM OF THIS MOU

- a) Commencement - This MOU will commence on the date of execution and subject to clause 6, will continue until by mutual agreement it is dissolved.
- b) Review - The Parties agree to review the operation of this MOU no less than annually, to ensure its ongoing effectiveness and address any matters of concern.
- c) Variation - Any variation to this MOU must be in writing and signed by all parties.

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