



Strategic Plan

2017-2020

Building healthier lives together



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Message from the Chair and the Chief Executive Officer

Access Health and Community (AccessHC) is a new organisation with a long and notable pedigree in community health from its predecessor organisations: Inner East Community Health Service and Manningham Community Health Service. We aim to be the excellent primary health service in 2020.

AccessHC has framed its strategic plan around the National Primary Health Care Strategic Framework and the Victorian Government Health and Wellbeing Plan. We aspire to deliver excellent health services for our communities in the inner east of Melbourne and be seen as an innovator in primary health care.

Primary health care is the frontline of Australia's health care system with health professionals working together to provide comprehensive, continuous and person-centred care. The AccessHC strategy is framed so that services and activities are built around patients and clients in a connected and informed way.

AccessHC is committed to innovation and improvement. An important improvement focus is to better link our activities with other parts of the health and social support system to ensure that patients and clients find it easy to access the care they need. This not only requires systems but also needs effective partnerships with other organisations such as hospitals and other social services.

AccessHC will continue to outreach to disadvantaged groups including older persons, maternity and child health, youth health, Aboriginal and Torres Strait Islander people, refugees, and people from culturally and linguistically diverse and low socio-economic backgrounds.

The strategic and operational priorities have been developed through consultation and engagement with consumers, our staff, our members and the wider community. We thank you for your contribution and look forward to ongoing collaboration.

On behalf of the Board and the Executive Team we commend the plan to you and commit to working to see its objectives become a reality.

Peter Turner Chair

Harry Majewski Chief Executive Officer



Our strategic planning framework

AccessHC is a small organisation delivering a diverse range of clinical services. Our strategic planning framework was designed to identify and develop strategic priorities that take into account the particular needs of our community. This includes the challenges of an ageing population, increased burden of chronic disease and significant and uncertain government reform in many of its service delivery areas. The framework also identified the factors which underpin the organisations ability to meet its service expectations in relation to the provision of sustainable, efficient and quality services. This is actioned through coordinated business plans, workplans and individual plans.

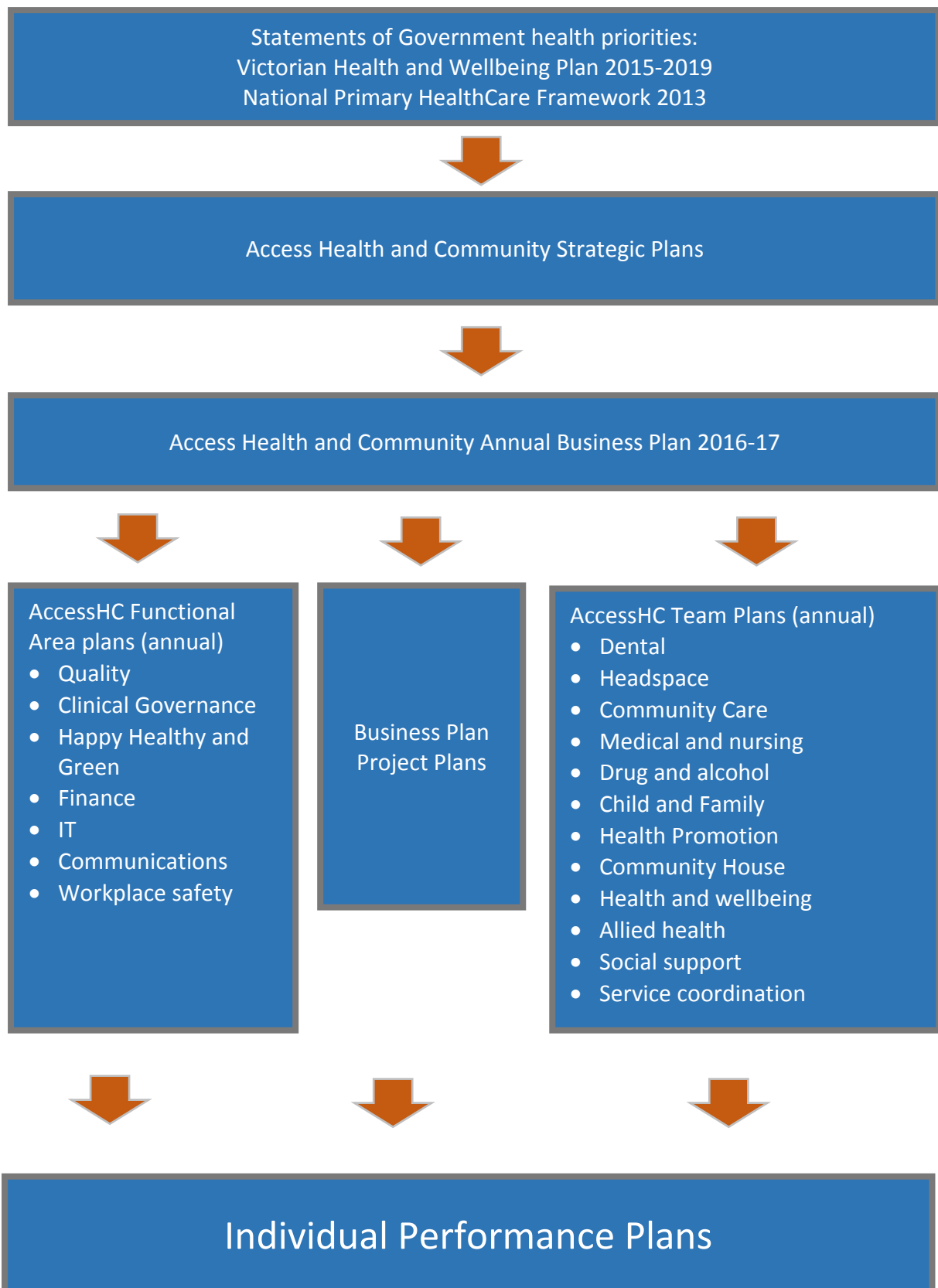
The Strategic Plan was guided by the strategic directions outlined in Victorian Health and Wellbeing Plan 2015-2019 and the National Primary HealthCare Framework 2013.

The Strategic Plan enables each individual within our organisation to link their performance to the objectives and strategies of the AccessHC. For consumers, the community and other stakeholders it allows them to understand and identify with our journey.

Accountability for implementing this Strategic Plan lies with the Chief Executive Officer support by the Executive Team. Monitoring and reviewing progress and the achievement of objectives will be carried out by the Board of AccessHC. The regular review process will enable the plan to be updated if needed.

2017 is the first year of the plan.

AccessHC Strategic Planning Framework



About us

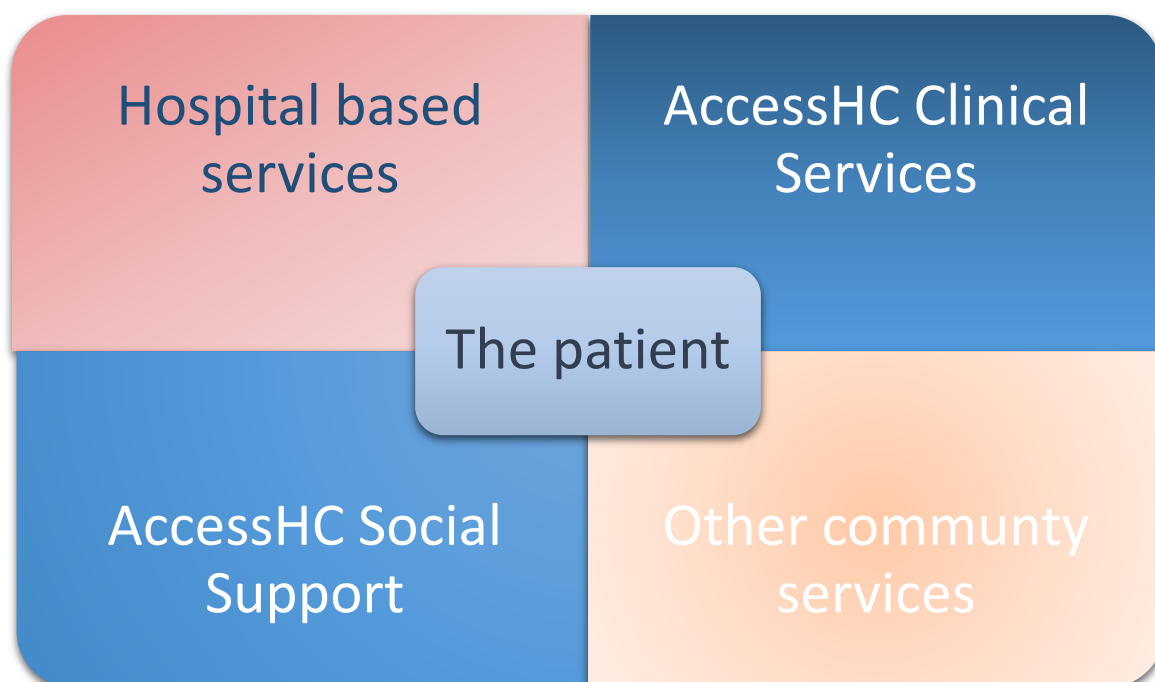
	Updates
Access Health and Community (AccessHC) services a core population in primary health in the cities of Boroondara, Manningham and Yarra with additional Inner East Melbourne catchment services in drug and alcohol, youth mental health, early childhood intervention and carer support. The potential service population is 320,229 (Boroondara 174,787; Manningham 119,442 and Yarra suburb Richmond 26,000). It is experiencing only minor population growth.	No significant change
Compared to Victoria the AccessHC catchment has:	
<ul style="list-style-type: none"> Relatively high average Socio-economic Indexes for areas (SEIFA) 	No significant change
<ul style="list-style-type: none"> Higher percentages of > 65 years 	No significant change
<ul style="list-style-type: none"> Lower percentages of aboriginal and Torres Strait Islander people 	No significant change
<ul style="list-style-type: none"> Greater percentages of people born in Asia 	No significant change
<ul style="list-style-type: none"> Lower percentages of under 24's 	No significant change
<ul style="list-style-type: none"> Generally better health status with less smoking, obesity and alcohol consumption 	No significant change
The areas for concern are pockets of disadvantage in affluent areas which are often overlooked, the ageing population, social isolation, the disabled population and an increasing Culturally and Linguistically Diverse (CALD) community.	No significant change
AccessHC provides comprehensive primary health services at Richmond, Hawthorn and Ashburton, allied health services only at Doncaster East, child and family services and	New services include: Greythorn Hub: clinical and community services, July 2018;

ECIS services only at Templestowe Lower and Biala Box Hill, Dental services Ashburton, community services at Hawthorn Community House and Manningham Men's Shed, youth mental health at headspace Hawthorn as well as a range of activity programs, carer support and drug and alcohol services across the inner east catchment.	<p>Camcare community services Camberwell 2018</p> <p>Camcare integrated family services Ashburton 2018</p> <p>Headspace outreach Monash; Manningham 2018</p> <p>Expanded drug and alcohol service 2017/18</p>
Over the next 5 years AccessHC will experience significant growth in both service range and capacity with major developments in its comprehensive primary health centres including the development of a new comprehensive facility in Doncaster.	<p>2016/17 income \$16.7 million</p> <p>2018/19 income \$20.3 million</p> <p>Doncaster initial proposal not proceeded with and other opportunities underway</p> <p>Comprehensive centres at Hawthorn and Richmond not further developed</p>
We employ over 280 staff across our services seeing in excess of 30,000 patients and clients annually with over 80,000 appointments.	<p>2018/19 more than 310 staff</p>



Our place in the health system

	Updates
<p>Access Health and Community is a Primary Health Service and often the first contact with a community member who requires health care. The patient centred approach informs the model of care and services are built around the patient/client. In addition to clinical services</p> <p>AccessHC has a range of social programs which are enjoyable promote social contact and have health benefits. Patients requiring more complex care are referred to specialist services and hospitals including other community services.</p>	<p>Myaged care and NDIS have disrupted AccessHC ability to build services around patient/client.</p> <p>AccessHC is still often first point of contact and is in some cases using non funded activities to help clients access services</p> <p>This has been expanded</p>



Our sites

Main clinics	Update
AccessHC Richmond	
AccessHC Hawthorn	
AccessHC Ashburton	
AccessHC Doncaster East	Greythorn Hub
Other sites	
Biala-Stride Box Hill	Camcare Camberwell
Biala-Stride Templestowe Lower	Camcare Ashburton
Headspace:Hawthorn	
Hawthorn community House	
Hawthorn Occasional Childcare	
Hawthorn Community House at Glenferrie	
Manningham Men's Shed	
MC2 activities	

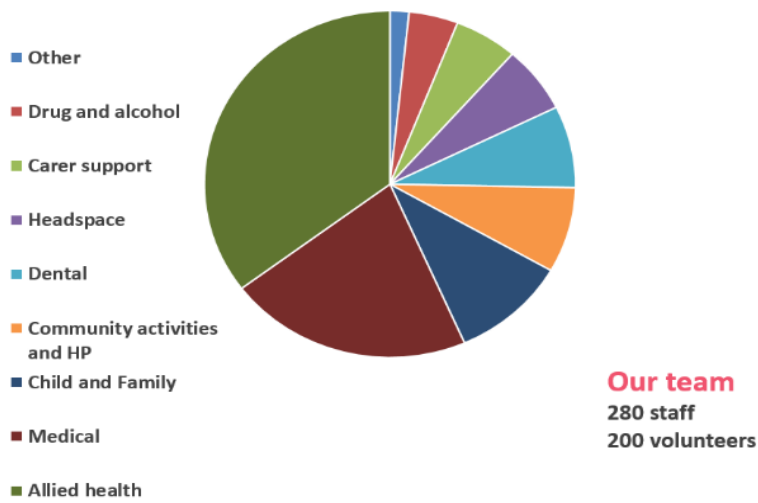


Our funding and accreditation

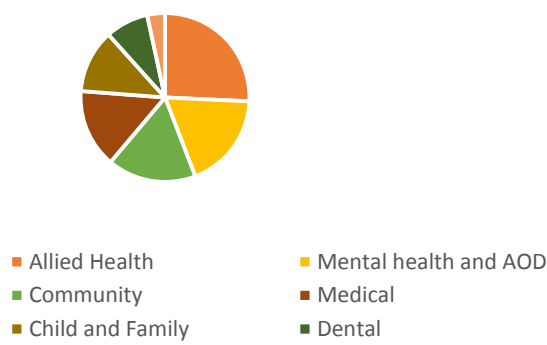
AccessHC Service summary:	Update
<ul style="list-style-type: none"> GPs and nurses 	New services include community support; integrated family services
<ul style="list-style-type: none"> Dental service 	
<ul style="list-style-type: none"> Allied Health services 	
<ul style="list-style-type: none"> Complex Care coordination 	
<ul style="list-style-type: none"> Mental health services 	
<ul style="list-style-type: none"> Drug and alcohol services 	
<ul style="list-style-type: none"> Child and family services including Early Childhood Intervention 	
<ul style="list-style-type: none"> Carer support Services 	
<ul style="list-style-type: none"> Health promotion disease prevention activities 	
<ul style="list-style-type: none"> Social support inclusion activities 	
AccessHC accreditations:	
<ul style="list-style-type: none"> Registered Community Health Service 	Headspace national mental health standards
<ul style="list-style-type: none"> Registered Early Childhood Intervention Service 	Integrated family services standards
<ul style="list-style-type: none"> QIC accreditation 	
<ul style="list-style-type: none"> GPplus GP practice accreditation 	
<ul style="list-style-type: none"> Aged Care Assessment Service Accreditation (Allied Health; Carer support) 	
<ul style="list-style-type: none"> National Safety and Quality Health Service accreditation(Dental) 	
AccessHC Funding:	
<ul style="list-style-type: none"> Medicare 	City of Boroondara wellbeing funding
<ul style="list-style-type: none"> Commonwealth Home Support program 	State integrated family services fund

	Declining State Home and community Care
• NDIS	Declining State Early Childhood Intervention
• State and Commonwealth Drug and Alcohol funding	
• Headspace youth mental health funding (PHN)	
• State Community Dental Funding	
• State Community Health Funding	
• State Home and Community Care Funding	
• State Early Childhood Intervention Funding	
• Private fees and co-payments	

Service breakdown 2016



Breakdown of services 2018

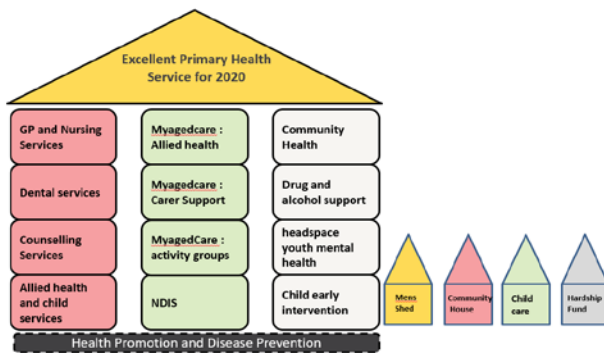


Trends:

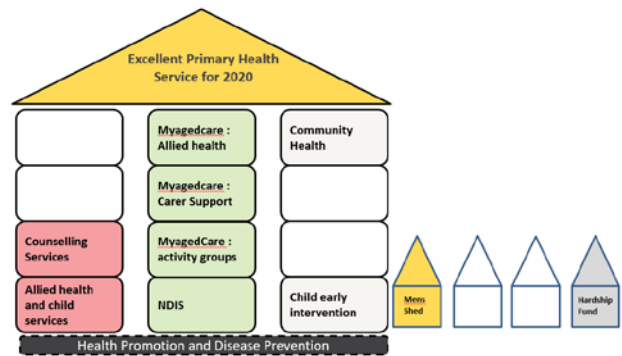
Mental health and AOD ↑
Community ↑
Child and Family ↑
Dental ↔
Allied health ↔
Medical ↔

Our current services and aspirations in each community

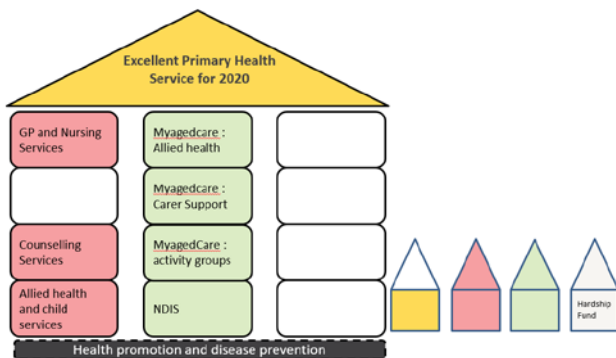
Our services: aspiration 2020



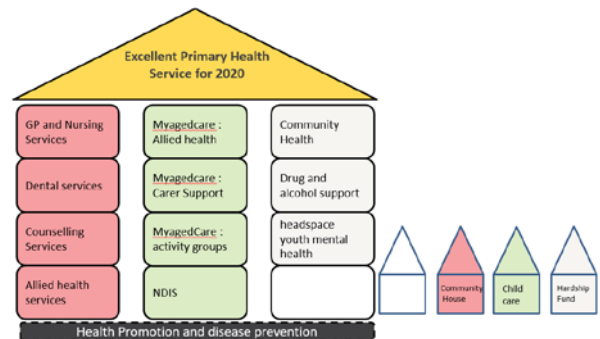
Our services: Manningham 2016



Our services: Yarra 2016



Our services: Boroondara 2016



New services 2018:

Manningham: headspace; Drug and alcohol

Boroondara: New drug and alcohol; new Counselling; new community

Yarra: New Counselling

Purpose and values	Update
In 2016 Access Health and Community became the successor to Manningham Community Health Service and Inner East Community Health Service. This is its first strategic plan.	
Purpose statement	
Building healthier lives together with our communities and delivering excellent health services for everyone.	
To achieve our purpose	
Our strategy is all about patients and clients. We want to place ourselves in their shoes to see what we need to do to become an excellent primary health service. We have many great examples across our organisation, but a more work needs to be done to be truly excellent. Our strategy is to be creative to deliver better health care and community services.	No change
The strategy is to be made real through business plans which address viability through demand for services in a fee for service environment; quality in the level of care and health outcomes and finally access to services for everyone with a focus on people who are disadvantaged.	No change
Values	
Equity We believe everyone is entitled to good health.	The staff would like to add “respect”
Collaboration We work together to achieve our goals.	
Integrity We act honestly and ethically at all times.	
Accountability We take ownership of our actions to achieve our goals.	
Innovation We drive innovation for better care.	
Excellence We strive to be the best at what we do.	



Our strategic challenges, risks and opportunities

Challenges

	Update
The major funding systems for primary health care are changing. Block funded programs are transforming to fee for service and a competitive marketplace. This includes the NDIS clients and HACC (now CHSP/MyagedCare). There is a move to funding being linked to patient choice which then makes health care a competitive retail environment.	
Chronic and complex conditions are increasing at a rapid rate due to population ageing and changing lifestyles. Prevention strategies and treatment often require coordinated care from a range of different professionals. This requires new delivery models where information sharing between health professionals leads to better health outcomes. At present the primary care system has little coordination. The two challenges are the cooperation between GPs and allied health and the interface between the hospital system and the primary care.	
The demographics of Richmond, Manningham and Boroondara place themselves at the higher end of income and health outcomes. Access HC will be bypassed for significant new government investment. People who are disadvantaged in affluent areas are often hidden and are different to the stark poverty seen in some demographics and require AccessHC to have innovative solutions.	

Risks

The following are the key strategic risks that may impact over the next 5 years

	Update
Financial: ability to thrive in the new competitive fee for service environment which will replace substantial portions of previously secure block funding.	We have not faced significant competition as yet except in GP practice. The major challenge is the transition to new models by government which are neither clear nor smooth with income being at risk simply because of system failure.
Clinical: ability to redesign of services to foster integrated care and linkages with other parts of the health sector.	NDIS and Myagedcare make integrated care difficult. We have to reorientate to empower patients and clients to help us help them navigate. We should make the GP practice an exemplar as medicare gives good scope for this.
Reputation: ability to continue to serve the vulnerable communities whilst at the same time offer services in the fee for service marketplace for everyone.	Camcare and Health promotion team gives us expanded opportunities. New marketing increases broad appeal. There is still a community health stigma.
Organisational: ability to develop of facilities and internal systems to service and manage the changing market place whilst maintaining business continuity.	The facilities have not changed except in a minor way and the systems change are in progress in a stepped way
Workforce: ability to ensure that the capacity and capability of the workforce is sufficient to meet new service and skill demands	The workforce changes have seen new business support roles at all levels; new manager capability; senior clinician roles
Consumers: ability to successfully adopt a retail face to the health service in marketing engagement and service in a move away from a block funded model	Service culture is in its infancy but there are substantial changes underway with client facing staff

Opportunities

	Update
AccessHC has a number of opportunities over the next 5 years:	We are 18 months into the 5 years
<ul style="list-style-type: none"> To enable patients to actively participate and have informed choice in their care options by creating a software platform to support integrated care in a patient centred framework. 	
<ul style="list-style-type: none"> To offer all of its communities access to its entire portfolio of clinical and community services which were previously delivered in discrete localities. 	
<ul style="list-style-type: none"> To utilise its strategic relationship with Swinburne University of Technology to design and develop innovative models of care and business processes particularly through the better use of information systems. 	
<ul style="list-style-type: none"> To utilise its strong balance sheet to develop new facilities across its catchment such as the Doncaster Primary Care Centre. 	
<ul style="list-style-type: none"> To enhance consumer and community engagement in service planning and evaluation. 	
<ul style="list-style-type: none"> To optimise expenditure and revenue activities to improve efficiency and effectiveness. 	

Our strategic objectives:

In determining our strategic objectives for 2017-2020 we recognized that we are entering a time of massive restructuring in primary health care. We understand that to remain vibrant and relevant we need to focus on what we have called the 3 pillars of the organisation, namely viability through demand for services in a fee for service environment; Quality in the level of care and health outcomes and access to services for everyone with a focus on people who are disadvantaged.

Within this broad framework we have identified 7 strategic objectives as set out below:

1. Deliver high quality comprehensive services to all whilst ensuring that people who are disadvantaged have equitable access.
2. Build business systems to operate in a consumer driven environment.
3. Develop and promote an integrated model of care as a point of difference from other providers across all our communities.
4. Build strong relationships and collaborations to drive quality of service and growth
5. Reduce dependence on block funding and increase capacity to deliver fee for service programs for both government supported and private services.
6. Create differentiation, relevance and influence through innovation in the delivery of primary health services.
7. Establish facilities across all our communities as a platform to deliver comprehensive integrated care.

Our strategic objectives, strategies and performance indicators

Objective 1

Deliver high quality comprehensive services to all whilst ensuring that people who are disadvantaged have equitable access.

How we plan to do it	The actions that make it happen	How we will know it's working	Plan to date
1.1 Increase the quality and safety of care	Ensuring that all service areas are externally accredited and meet all relevant external accreditation standards Creation of consumer feedback mechanisms to drive service improvements Development of a patient portal for self-monitoring of care.	Accreditation success in all areas; 100%. Patient/client surveys record annual improvements at least 5% in quality of care in every year. The operational portal is accessed by at least 30% of patients.	
1.2 Development of comprehensive services	Improve access to services through better information, transport linkages and delivery sites. Expansion of the existing portfolio of services and activities	Web, multimedia and the patient portal become key sites for patients to access information. Traffic volumes increase 10% p.a. All services in all catchments are linked to a volunteer transport system. The four existing clinics are transformed into comprehensive Primary Care Centres by adding key services. New fee based programs and activities. Income growth to exceed 6% p.a.	

How we plan to do it	The actions that make it happen	How we will know it's working	Plan to date
		<p>New partnerships which increase access of patients and clients to new services. At least one formal new partnership p.a.</p> <p>Success in funding rounds to increase service provision.</p>	
Objective 1 continued			
1.3 Equitable access to services for people who are disadvantaged	<p>Creation and implementation of a disadvantaged access plan linked to a diversity plan and government planning</p> <p>Outreach into disadvantaged community to increase level of awareness about AccessHC</p>	<p>Increased numbers of health care card and pension recipients accessing services of 5% p.a...</p> <p>Partnerships with community groups that are first connectors with disadvantaged. All relevant groups will have an MOU.</p> <p>Delivery of special programs for disadvantaged through community house infrastructure. At least 4 programs p.a.</p>	
1.4 Have an engaged workforce with the capacity and capabilities to deliver quality integrated services	<p>Creation and implementation of a workforce development plan</p> <p>Creation of a training and professional development framework for staff</p> <p>Create an engaged workforce</p>	<p>Workforce plan outcomes include increased student and junior staff members; succession plans; remuneration benchmarking and a flexible workplace.</p> <p>Framework to be assessed by reporting staff training and development through Moodle. Mandatory training levels at 100% compliance</p>	

How we plan to do it	The actions that make it happen	How we will know it's working	Plan to date
	committed to innovation and better health care	Staff People Matters surveys conducted every 2 years	

Objective 2

Build business systems to operate in a consumer driven environment

How we plan to do it	The actions that make it happen	How we will know it's working
2.1 Invest in health, medical information and communication technologies that support strategic and operational goals	Implement Information, communication and Technology (ICT) Plan	<p>Creation of a high capacity network capability to connect and support all activities of comprehensive clinics and mobile functions. 99.9% up time for business hours</p> <p>A single phone number/call centre for all services with internal transfer capability across organisation. 99.9% up time.</p> <p>Implementation of software system AccessDB to allow sharing of information across patient management systems and with patients. All patients and clients registered by 2018</p> <p>All relevant staff and service and planning partners will have appropriate access to information systems, data software, dashboards and reports for enhanced advisory planning and decision making activities</p>

How we plan to do it	The actions that make it happen	How we will know it's working
Objective 2 continued		
2.2 Increase the prominence of the Access Health and Community Brand	Implementation of brand launch plan and communications plan.	AccessHC marketing material present in all community organisations
		Design and delivery of health awareness programs. One major program, p.a.
		Increased traffic in social media and news stories by 10% p.a.
	Stronger linkages with other parts of the health system by adopting a new referral pathway communication	Increased referrals from external GP's. 10% p.a. Increased referrals from hospitals 10% p.a
2.3 Develop corporate systems to support service expansion and fee for service activities	Improve HR efficiencies	Implementation of an electronic HR/timesheet/payroll portal for all staff by end 2017
	Improve costings of programs and tenders	Implementation of activity based costing to inform work practices and costs of business by end 2017
	Streamline accounting processes	Electronically linked billing systems with accounting packages and reporting requirements for all funding schemes by end 2017
	Create models of employment to support staff working across fee for service and block funded services	Staff employed on contracts which incentivise fee for service opportunities by end 2017

Objective 3

Develop and promote an integrated model of care as a point of difference from other providers across all our communities

How we plan to do it	The actions that make it happen	How we will know it's working
3.1 Develop a model of care based on multidisciplinary engagement	Design and adopt a common care coordination system across the organisation	<p>A single common care coordination system in place by end 2018</p> <p>Increased numbers of patients formally assessed for care coordination. 100% compliance with accreditation standards</p>
3.2 Empower and assist consumer to manage their own health	Design and provide access to a range of static and interactive health resources and advice	<p>Increased availability of health resources through web and social media</p> <p>Increased use of health resources by patients increased annually by 10%</p> <p>Annual improvements in patient satisfaction survey related to decision making and empowerment</p>

Objective 4

Build strong relationships and collaborations to drive quality of service and growth

How we plan to do it	The actions that make it happen	How we will know it's working
4.1 Interfacing with other parts of health and social system	<p>Take the lead in Connect4health initiatives such as AOD services and other linked services</p> <p>Develop a Primary Care Centre Concept to interface with hospitals</p> <p>Links with social support organisations</p>	<p>Connect4Health consortium creates a stronger presence through external consortium representation on regional bodies; external joint funding and delivery of joint programs. At least one new program per annum</p> <p>Strategic partnerships with hospitals in operation to jointly deliver community based care. At least 1 partnership in each community</p> <p>MOU's with social support organisations to collaborate in integrated care: housing, employment, community legal, mental health, youth services. MOUs in every catchment with demonstrated joint activity.</p>
4.2 Developing an Inner East Melbourne catchment wide service offering	Establish viable catchment wide delivery of the following services: carer support, drug and alcohol, early childhood intervention and youth mental health.	AccessHC services in defined areas will continue to develop across the catchment and remain viable.
4.3 Partners in Innovation	Create partners in innovation to share costs and risks and help in disseminating new ideas.	At least one new innovation partnership p.a.

Objective 5

Reduce dependence on block funding and increase capacity to deliver fee for service programs for both government supported and private services

How we plan to do it	The actions that make it happen	How we will know it is working
5.1 Build staff capability and opportunity to deliver services in a consumer led environment	Implementation of a professional development program for consumer focus for all staff	Positive consumer evaluations with improvements in every year
	Creation of new staff roles such as Access consultants and customer relations	Positive staff evaluations with improvements in every year
	Creation of work contracts that reward initiative in fee for service activities	Recruitment success
5.2 Use consumer data to inform planning and expansion of services	Collect and analyse consumer information to inform service expansion.	Business and development plans will include consumer analytics to support planning
5.3 Create and manage facilities that are consumer focussed	Redesign/refurbishment of facilities to be of high industry standard.	All consumer connected facilities upgraded by 2019
	Remodel activities in clinics for better consumer experience	Positive consumer evaluations with improvements in every year
	Restructure administrative processes	No waiting lists, simple online appointments online payments
5.4 Create competitive price points for tenders, brokered services and individual fee for service	Revise operations to enhance efficiencies.	Be successful in tenders and brokering arrangements and have fee for service activities with surpluses
5.5 Create and promote services that fill market gaps	Active innovation processes to create and deliver new services or existing services in new ways	At least one new delivered opportunity per annum

Objective 6

Create differentiation, relevance and influence through innovation in the delivery of primary health services

How we plan to do it	The actions that make it happen	How we will know it's working
6.1 Collaborate with Universities and other partners to transfer knowledge into improve health outcomes	Establish a framework for a major collaboration with Swinburne University to facilitate improvements in clinical practice and workforce development	Collaborative Framework established Increase the number of collaborative research and evaluation projects with Universities and partners 10% p.a.
6.2 Partner with consumers and the community in service planning, design, measurement and evaluation	Establishment of formal consumer consultation processes for innovation projects	Evaluations showing consumer feedback informs design of all service delivery and innovation projects
6.3 Establish an innovation process based around staff engagement in innovation	Create an innovation inventory to store and disseminate innovations Bi-annual Staff input into Kickstart innovation projects Introduce innovation as a key selection criterion for senior staff appointments. Targeted professional development program for staff to introduce new service ideas and experiences	A minimum of 30 staff initiated innovation ideas p.a. Increased number of innovation ideas progressing to innovation projects every year.
6.4 Establish a data analysis capability to drive service improvements	Create Data Coordinator role	Creation of informatics-driven service improvements. A minimum of 5 projects p.a.

Objective 7

Establish facilities across all our communities as a platform to deliver comprehensive integrated care.

How we plan to do it	The actions that make it happen	How we will know it's working
7.1 Comprehensive clinics in each major community	Investigate development opportunities and develop business plans and	New Richmond Primary Care Clinic established New Doncaster Primary Care Clinic established Upgraded Hawthorn Primary Care Clinic
7.2 Social and community services	Creation of a dynamic portfolio of social and community services with flexibility to be delivered to all communities through a network of social spaces	Each community will have access to broad range of community services led or managed by AccessHC
7.3 Pilot the concept of a Primary Care Centre which includes hospital interfaces	Lead a steering group for the development of Primary Care Centre Concept	One pilot centre in operation with at least two hospital partners



Appendix 1-Strategy for Consumers

AccessHC Strategy for Consumers 2017-2020

Access Health and Community will not be familiar to many. In 2016 it became the successor to Manningham Community Health Service and Inner East Community Health Service. This is its first strategic plan.

Purpose statement

Building healthier lives together with our communities and delivering excellent health services for everyone.

Values

Equity	We believe everyone is entitled to good health.
Collaboration	We work together to achieve our goals.
Integrity	We act honestly and ethically at all times.
Accountability	We take ownership of our actions to achieve our goals.
Innovation	We drive innovation for better care.
Excellence	We strive to be the best at what we do.

Our Strategic Plan

Our strategy is all about you. We want to place ourselves in your shoes to see what we need to do to become an excellent primary health service. We have many great examples across our organisation, but a more work needs to be done to be truly excellent. Our strategy is to be agile and creative to deliver better health care and community services.

The strategy is to be made real through business plans which address the three pillars of the organisation: viability through demand for services in a fee for service environment; quality in the level of care and health outcomes and finally access to services for everyone with a focus on people who are disadvantaged.

We will measure our progress by collecting data on the effectiveness of our various projects and ensuring that our business metrics indicate that we are achieving our goals of financial sustainability.

Can we make it easier for you to access our services?

Sometimes patients and clients are concerned about how much things may cost. Sometimes it's just being able to travel to services. Sometimes it's just that we are not sure if you want help.

Our strategy is:

- To reach out to vulnerable people and connect them to our service.
- To provide subsidized services to ensure everyone receives health care regardless of ability to pay.
- To advocate and develop new services in areas of service need.
- To explore and develop new ways of delivering services that connect with you more easily and more timely.
- To provide you information and assistance to help you make choices.

Can we help you find the right service for you?

We are here to help you find your way to the services which are right for you. Our strategy is:

- To support and guide you through the system
- To provide easy access to all our services through an information system which links you and your clinicians.
- To offer information and education to help you
- To create a single health care plan to help you measure your progress
- To create activities which support your health and personal goals.
- To link you with other parts of the health system such as hospitals so that you don't fall between the gaps

We will create new ways of working with you for better health

Many of our strategies require changes from how we currently work. Our strategy is:

- To adopt a patient and client centred approach to caring for you.
- To embed an innovation culture in our organisation and harness the ideas of staff and yourself in becoming an excellent primary health service.
- To support staff to improve services through education, partnership and opportunities.

We know your health is more than clinical care

Medical treatments are only a small part of health care. We believe in providing opportunities for a healthy lifestyle in addition to clinical care. Our strategy is:

- To create opportunities for you to participate in community activities regardless of your age or ability.
- To provide you with accessible health information and advice.
- To deliver health promotion and disease prevention programs.
- To become a health promoting organisation in the way we work with you and our staff.

Can we make visiting a health service more pleasant?

Walking through the door into a busy waiting room, queues, questions and waiting can be stressful. We want to make that experience as useful and pleasant as possible. Our strategy to do this is:

- To ensure that we have modern clinics located across our communities.
- To use innovative technologies to manage and coordinate appointments and get the most out of your consultations.
- To create an environment that is friendly and approachable for everyone.
- To continue to value personal contact for those that need extra help.
- To ensure that we design our processes for all cultures and languages.

We want to maximise the benefits Government funding for your healthcare needs

We believe that need for health services will be greater than government funding in the future. Our strategy is:

- To become more effective by having a common platform of care and coordination across the organisation.
- To ensure that we use new ways of funding our services, such as Medicare and NDIS and My Aged Care.
- To be efficient in delivering services and grow into a leading primary health service.
- To engage with you to help you look after yourself

We will develop new services for you where needed

We want to grow where possible so that you can access all of the health services you need. Whilst we want to offer comprehensive services, sometimes that means we need to link with other services. . Our strategy is:

- To grow our services and ensure that the entire community has access.
- To form partnerships with external services where that provides you with better care.
- To collaborate with other health providers to increase services for our communities.

We want to become better known

Name changes are never easy. We understand that you may not recognise our new name or know what we can offer you. Our strategy is:

- To promote our service across the community
- To produce easy to use health information for everyone
- To connect with organisations you are involved with
- To have simple ways of accessing our services



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