Statewide PCPs

Primary Care Partnership Outcome Matrix

Primary Care Partnerships have worked at a local level across Victoria for 13 years bringing health and human service organisations together to find new ways of collaborating, to plan for the health needs of their communities and to create robust partnerships that deliver better health outcomes.

There are 30 Primary Care Partnerships (PCPs), incorporating 1,100 organisations across many different sectors – hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health services, sports groups, schools, police and many more. Each of the PCPs has a core budget of on average \$400,000 and employs on average 3.5 EFT staff to run the partnership and work with partner organisations to achieve their objectives.

In the context of an ageing population, increasing chronic disease and everincreasing costs of healthcare PCPs are contributing at a local level to the challenge of creating a health system that is more efficient and better coordinated in order to help people stay health and stay out of hospital.

PCPs are an integral and invaluable part of the Victorian healthcare system, delivering real results for better health and social outcomes for their local communities.

As with any set of organisations actions are not always consistent, the PCP Outcome Matrix provides an overview of the collective capacity of PCPs and is based on the actions of many, if not all PCPs. The outcomes stated are incremental in nature, and their local application reflective of a range of local level factors including history, personnel, local capacity and participation.

PCP Outcome Matrix

	Guiding Principle Value Proposition					
Cross Sector Partnerships	PCPs use their knowledge and expertise in partnership work to lead the development of dynamic, multisectoral partnerships. This facilitates collaborative and collective action to drive sustainable system change that maximises the outcomes for the community. PCPs have embedded within them the skills and knowledge associated with true partnership work, that requires long-term commitment and retention of knowledge over a period of time.					
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Wellness Focus	Local PCPs provide a strategic helicopter view of the prevention, early intervention and wellness needs of their local communities, and how the service system relates to these needs. Providing a broad view to member agencies and a forum for collaborative action to address these needs.					
Sustainability of Change	PCPs drive a focus on service redesign and sustainable system change, bringing together a range of stakeholders, with a diverse set of skills and experience, to investigate options for solving the complex systemic issues faced by member agencies. This provides greater capacity for sharing of ideas, innovation and strategic thinking, while recognising that cross sector partnerships are pivotal to addressing these complex problems.					
Tackling health inequities	PCPs are a lever to direct collaborative local action by service providers and partners supporting more directed, coordinated and cost effective services for those in the community who need it most. This supports improved outcomes for marginalised communities including those on low incomes due to the unemployment and underemployed, those isolated by geography, those who do not speak English, Aboriginal and Torres Strait Islander peoples, people who are homeless or at risk of homelessness, people with specific vulnerabilities due to mental illness or other issues. The key factors impacting this success includes collaborative effort, focused programs, reduced duplication, clarity of role and combining of resources. This has particularly been the case for indigenous communities, where, joined up approaches to 'Closing the Health Gap' projects is enabling greater effectiveness in project outcomes and efficiency in the use of resources, which are improving health outcomes for individuals.					
Person and family centred approaches	The collective action of PCP policy alongside individual PCP effort allows for concurrent collective action towards multiple aspects of system reform. This includes service coordination, integrated health promotion and chronic disease management. PCPs maintain a focus on the overarching policy goals of maximising health and wellbeing outcomes, promoting health equity and reducing avoidable hospital presentations and admissions.					
Evidence based action	PCPs create and maintain partnerships and deliver projects that influence and inform how services use evidence to plan and deliver their services, using their significant knowledge and capacity in evidence informed change management. PCP has facilitated a systemic change in the way in which services use information to make evidence informed decisions in the areas of service coordination and service planning and continue to drive collaborative planned action across catchments to respond to gaps in the service system in a co-ordinated way.					
Governance	The PCP governance model provides an independent and autonomous platform for system reform and capacity building, that encourages all stakeholders have an equal voice through fair and equitable decision making. Through their focus on facilitation, not service provision, they support collaborative action towards an integrated health system to promote better health outcomes for local communities.					

PCP Outcome Matrix

Outcomes Value Propositions								
Community Outcomes	Through their local partnerships and members PCPs facilitate collective local action to address the needs of local communities. This includes gaps in service delivery and needs of local marginalised and disadvantaged groups. PCPs use innovative and systematic processes to engage the collective action of members that reduce duplication and create sustainable outcomes for local communities.							
Client Outcomes	PCPs are a driver of and platform for system change that supports services to more effectivel enable people to improve their self management.							
System Outcomes	The PCP model generates and drives significant system and service reform through a relat small resource investment, with small staffing requirements. PCP use and harness the reso of member agencies to leverage outcomes, in this way PCPs are cost effective - and occasionally cost neutral. They generate outcomes with member agencies that benefit b member agencies and the community. This PCP model is adaptive, flexible and innovative doing more with less.							
Agency Outcomes	Coordinated PCP action across Victoria generates system wide changes through local action, which improves the efficiency and sustainability of local services. The coordinated and collaborative action to investigate and improve how the service system operates at a system and service level has led to many improvements, including improved intake, service coordination, clearer care and referral pathways for clients. This leads to an improved patient journey through the health system, maximising returns on investment and increasing service sustainability through greater effectiveness and efficiency.							
Practitioner Outcomes	The activities of PCPs provide a framework for practitioner engagement in, and contribution to, service system reform projects enabling practice to inform evidence based change and practice innovation from the bottom up. The benefits of this include improved planning, service mapping, patient pathways and referral processes, with the outcome of improved practitioner ownership. This leads to engagement with change. The activities of PCP support increased knowledge at the practitioner level, of the importance of coordinated care spanning the care continuum.							

	Guiding Principle									
	Cross Sector Partnerships	Wellness Focus	Sustainability of Change	Tackling Health Inequities	Person and Family Centred Approaches	Evidence Based Action	Governance			
Community	The knowledge and evidence PCP builds through partnerships provides targeted local information about the issues that impact on the health and well being outcomes of local communities. PCPs are able to mobilise action across multiple sectors, creating outcomes that address the social determinants of health for local communities.	health promotion based on the Ottawa Charter, includes primary, secondary and tertiary	sustained action on priority health issues maximising the opportunity to improve	priority disadvantaged and marginalised communities, tackling issues such as employment, education, housing and transport, which leads to greater	PCPs actively advocate for improved outcomes for consumers and communities, based on their local knowledge and strategic helicopter view of the prevention, early intervention and wellness needs of communities, and how the service system relates to these needs. PCP use their collective influence to ensure communities are heard by government and service providers so that the service system is sensitive to the values, preferences and expressed needs of individuals and families.	PCPs use the knowledge, research and evidence of partner agencies to collaboratively improve the understanding of how to respond to community need and effectively mobilise the disparate parts of the health and human service system to provide coordinated and effective services to communities.	PCPs create opportunities and processes that support effective community engagement strategies, enabling communities to have a voice in how services are planned and delivered across their local communities.			
Client	PCPs diverse localised partnerships enable them to mobile service providers and government to develop local plans that meet the needs of priority groups.	generated through the coordinated actions of PCPs on priority policy initiatives, strategies and enablers and their translation at the local service delivery level	PCPs enable local action that is coordinated and consistently focused on service system reform that will improve the consumer journey across the service system. PCP's lead improved referral processes through ereferral systems, with a focus on continuous improvement and a 'no wrong door' approach to ensure greater access for clients.	PCP provides the platform for coordinated and connected service delivery to disadvantaged and marginalised communities, leading to increased access to key preventative health initiatives, improved coordination of care for those with chronic and complex needs and improved health outcomes for individuals	PCP leads activities, such as service coordination and integrated chronic disease management projects, that inform how the services system can optimally meet the health needs of individuals, improving a person's journey through the health and human service system.	PCP harnesses the collective capacity of member agencies to facilitate research that informs evidence based interventions available to improve patient care. PCP facilitates and increases the capacity of agencies to undertake research, particularly in rural locations.	PCP partnerships generate improved understanding by service providers (large and small) of the effectiveness that is achieved in managing complex care needs through strategic and accountable joint action that maximise health outcomes.			
System	Local barriers to effective service delivery are overcome through the flexible and inclusive PCP structures that support expansion of partnerships into new sectors, with a focus on coordination of service, reduction of duplication and a client centred approach.	Shared priorities and reduced duplication of planning effort is facilitated by the coordination role that PCP plays across its catchment. PCP works collaboratively with all partner agencies, particularly local government and health services, to align Municipal Public Health and Wellbeing Plans, with PCP and agency planning.	of shared processes and protocols across the service delivery system.	PCP coordination of Integrated Health Promotion planning, leads to a greater service efficiency and sustainability, through a clearer understanding of local priorities, more effective targeting of resources, decreased service duplication and increased funds pooling.	PCPs partnerships enable collaborative action from members that holistically views the service delivery system, identifying system reforms that will enable coordinated care that supports and treats the 'whole person'.	PCPs provision of localised health data improves the efficiency and effectiveness of local planning by facilitating the consistent use of evidence based data, enabling the development of a shared understanding of local community need and priorities.	The credibility, reach and skills of PCPs enables them to contribute at a local level to the challenge of creating a health and human service system that is more efficient and better coordinated, providing an statewide platform for the structured and effective delivery of broader state government responses.			
	PCPs create opportunities for sub-regional and region wide tendering and submissions via their diverse partnerships and governance model that supports fair and equitable decision making. PCP's augment and support agencies to create 'critical mass' to improve funding opportunities and service sustainability, while also effectively delineating roles, ameliorating competitive tension and reducing service duplication and costs.	PCP continue to influence member agencies to increase awareness and focus on strengthening prevention activities, early intervention and wellness	and effective chronic disease management are	PCPs enable members to more effectively manage their services by providing a clear understanding of local priorities in relation to disadvantaged and marginalised groups. The information PCP provides enables effective management of waiting lists and also provides guidance for service development and planning.	PCP enables system reform initiatives that lead to better coordinated and integrated care for the individual, by facilitating collaborative action that improves individual services processes for screening, intake models, care planning practice and protocols. PCP's focus on improving the way services interact through a 'best practice' approach to referral pathways and information exchange.	PCPs contribute to the evidence base that underpins effective and efficient service delivery by supporting a culture of ongoing review, quality improvement and evaluation across agencies. Services are supported to undertake joint program planning, service evaluation and research focussing on the use of appropriate consumer engagement and research ethics processes.	PCPs have the capability to facilitate change at a local level as an inclusive, flexible and independent platform that encourages fair and equitable decision making that ensures all stakeholders have an equal voice.			
Practitioner	PCP cross sector partnerships facilitates service mapping projects that collaboratively create resources and knowledge about the service delivery system, enabling practitioners to more effectively support a seamless consumer journey across the service delivery system.	workforce capacity, through focused professional and resource development. Practitioners are building the skills required to support a wellness and self	Change in local practice is facilitated through the effective and coordinated workforce capacity building role of PCP enabling policy to be translated into practice to create sustained change. Resources are also used more efficiently through centralised procurement of training and resource development and the creation of sub-regional networks of knowledge to embed learning.	PCP creates a platform for evidence informed decision making focusing on local priorities in regards to disadvantaged and marginalised groups. This informs the actions and decisions of practitioners at the local level.	PCPs collaboratively create and disseminate resources that enable practitioners to increase their knowledge and skill-base, including cultural awareness, to better appreciate the unique needs of complex community groups to provide better health outcomes.	PCP increases the capability of practitioners to deliver evidence based services that maximise health and wellbeing outcomes. PCP achieves this through collaborative activities that developed shared resources and protocols, particularly in the area of chronic disease management and care coordination.	The PCP model of facilitating change enables participation of staff from across member organisations in service system reform projects. The innovation that PCP supports is therefore led by practitioners and embedded within practice.			