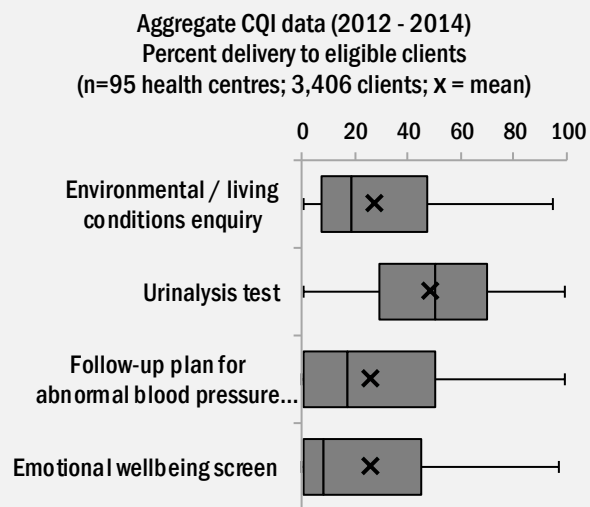


Preventive Health (based on feedback from 75+ stakeholders)

1. Priority Evidence - Practice Gaps



Delivery & recording of key aspects of care:

- risk factor enquiry, in particular substance use, environmental living conditions & family relationships
- absolute cardiovascular risk assessments
- biomedical investigations, in particular urinalysis & lipid profile
- advice on physical activity & nutrition

Follow-up planning & action:

- for abnormal findings, in particular blood pressure, blood glucose levels & lipid profile

Emotional wellbeing screening & support

Develop health centre systems:

- appropriate delivery system design with a focus on right skill mix within PHC teams & processes that promote client continuity of care

Other specific priorities:

- health promotion activities

2. Barriers & Enablers

Staff recruitment & retention:

- lack of adequate staff numbers, particularly A&TSIHPs & lack of access to medical specialists

Staff capability (training & development):

- insufficient systems to support inter-/ intra- organisational learning
- priority competency areas include patient centred care, teamwork, principles of client self-management (an area where good resources are required), principles of population health & knowledge of service populations

Community capacity/engagement/mobilisation:

- insufficient systems to enhance community health literacy

Embedding CQI systems:

- lack of management support for staff to use CQI tools

Finance & resources:

- insufficient financial resources to support best practice preventive health care

3. Strategies

Workforce:

- more A&TSIHP positions
- improve knowledge & systems to support teamwork, self-management support & patient centred care
- develop skills & knowledge about emotional wellbeing & mental illness

Health systems:

- develop systems to ensure clients receive relevant follow-up services, including referral or specialised assessment in remote areas
- make effective use of available funding for preventive health assessments & follow-up
- have one clinical information system, rather than multiple systems across providers
- better use of clinical information systems for recall, calculating cardiovascular risk, timely uploading of test results & recording of follow-up actions
- develop systems to enable team based approaches & to promote continuity of care
- adequate & flexible funding to enable resource use according to service priorities