

Centre for
Primary Health Care
and Equity

Strategic Plan 2022-2026

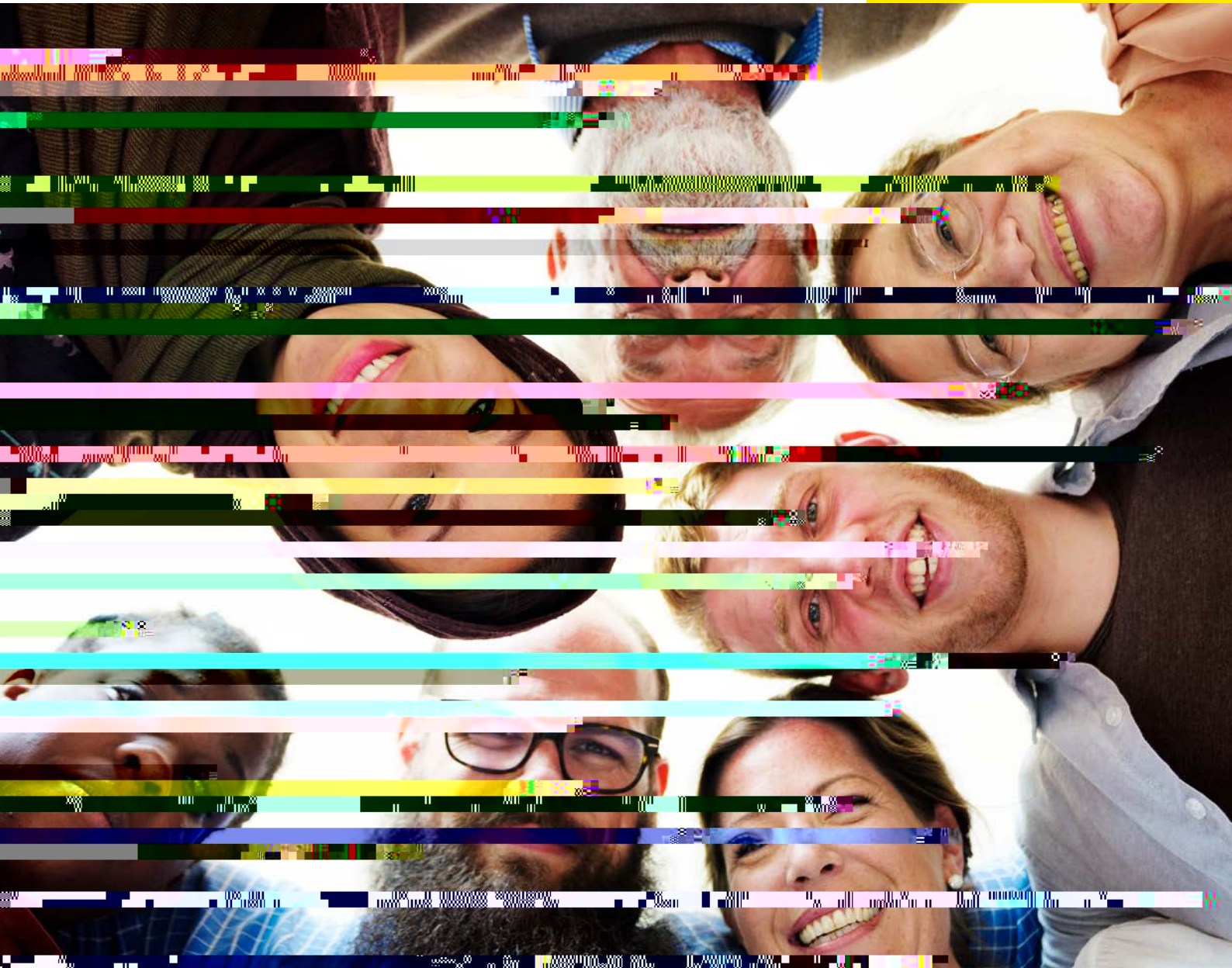


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Introduction

CPHCE is a research centre of the University of NSW within the School of Population Health, Faculty of Medicine and Health.¹ It is managed by a team of Directors and led by an Executive Director. A university steering committee provides oversight and review of the Centre's performance. A Centre Advisory Group comprises representatives of the University, three Local Health Districts, Primary Health Networks and key partner, stakeholder organisations, student representatives and consumers. It provides advice on key issues in the sector and future direction for the research program. Membership is reviewed every three years.

In addition, the Centre co-manages and jointly funds research, training and development collaborations in Local Health Districts.

- Centre for Health Equity Training and Research Evaluation (CHETRE) with South Western Sydney Local Health District
- Health Equity Research Development Unit (HERDU) with Sydney Local Health District
- South Eastern Sydney Research Collaboration Hub (SEaRCH- till December 2021)
- Central and Eastern Sydney Primary and Community Health Cohort (CES-P&CH)

Each of the local collaborations has its own steering/advisory committee reflecting the partnership between the University and the Local health Districts. Each has its

Vision and Mission

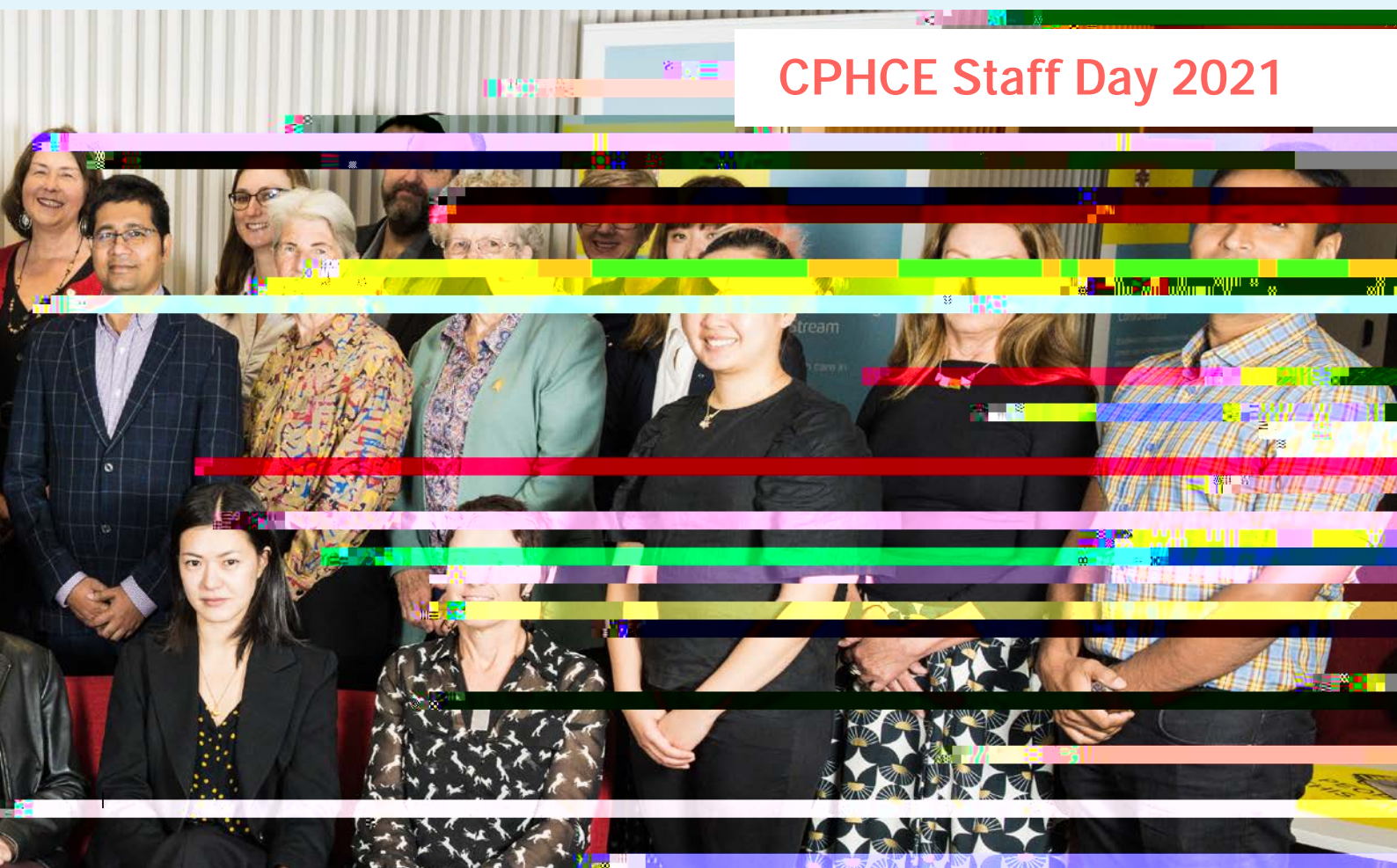
2022 Members of CPHCE Steering Committee

- Professor Rebecca Ivers, Chair (Head of School, School of Population Health, UNSW)
- Scientia Professor Mark Harris, (Executive Director, CPHCE)
- A/Professor Freddy Sitas (Director, CPHCE)
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2022 Members of CPHCE Advisory Group

- Chair: Dr Greg Stewart (Chair)
- Scientia Professor Mark Harris (Executive Director, CPHCE)
- A/Professor Freddy Sitas (Director, CPHCE)
- A/Professor Fiona Haigh (Director, HERDU)
- A/Professor Ben Harris Roxas (UNSW School of Population Health)
- Professor Evelyne de Leeuw (Director, CHETRE)
- Ms Christine Walker (Consumer)
- Mr Paul Blyton (Community representative)
- Ms Miranda Shaw (General Manager, RPA Virtual Hospital, SLHD)
- Dr Stephen Conaty (Director, Population Health SWSLHD)
- Dr Michael Moore (CEO, Central and Eastern Sydney PHN)
- Ms Tish Bruce (Executive Director, Health and Social Policy, NSW Ministry of Health)
- Mr Tony Jackson (Deputy Director, Primary, Integrated and Community Health SESLHD)
- Dr Brett Biles (Director of Indigenous Health Education, Office of Medical Education, UNSW)
- Professor Bill Bellew (The Australian Prevention Partnership Centre, University of Sydney)
- Ms Louise Riley (Director, Primary Care, Dental and Palliative Care, DoH, Canberra)
- Ms Kathryn Thorburn (CPHCE PhD student representative)
- Dr Hester Wilson (School of Public Health PhD Student Representative)



Equity

Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right.

Health equity is achieved when everyone can attain their full potential for health and well-being. Access to primary health care is one of determinants of health equity.

WHO https://www.who.int/health-topics/health-equity#tab=tab_1

Primary health care is essential to a well-functioning health care system

As the first point of contact for management of health problems, primary health care providers are pivotal in improving patient experiences and outcomes, especially for people with chronic illness. Good primary health care can play an important role in implementing public health initiatives. It can coordinate access to and from secondary and acute care. It can also reduce costs elsewhere in the health system by minimising unnecessary hospitalisations and increasing screening and prevention.

Primary Health Networks were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

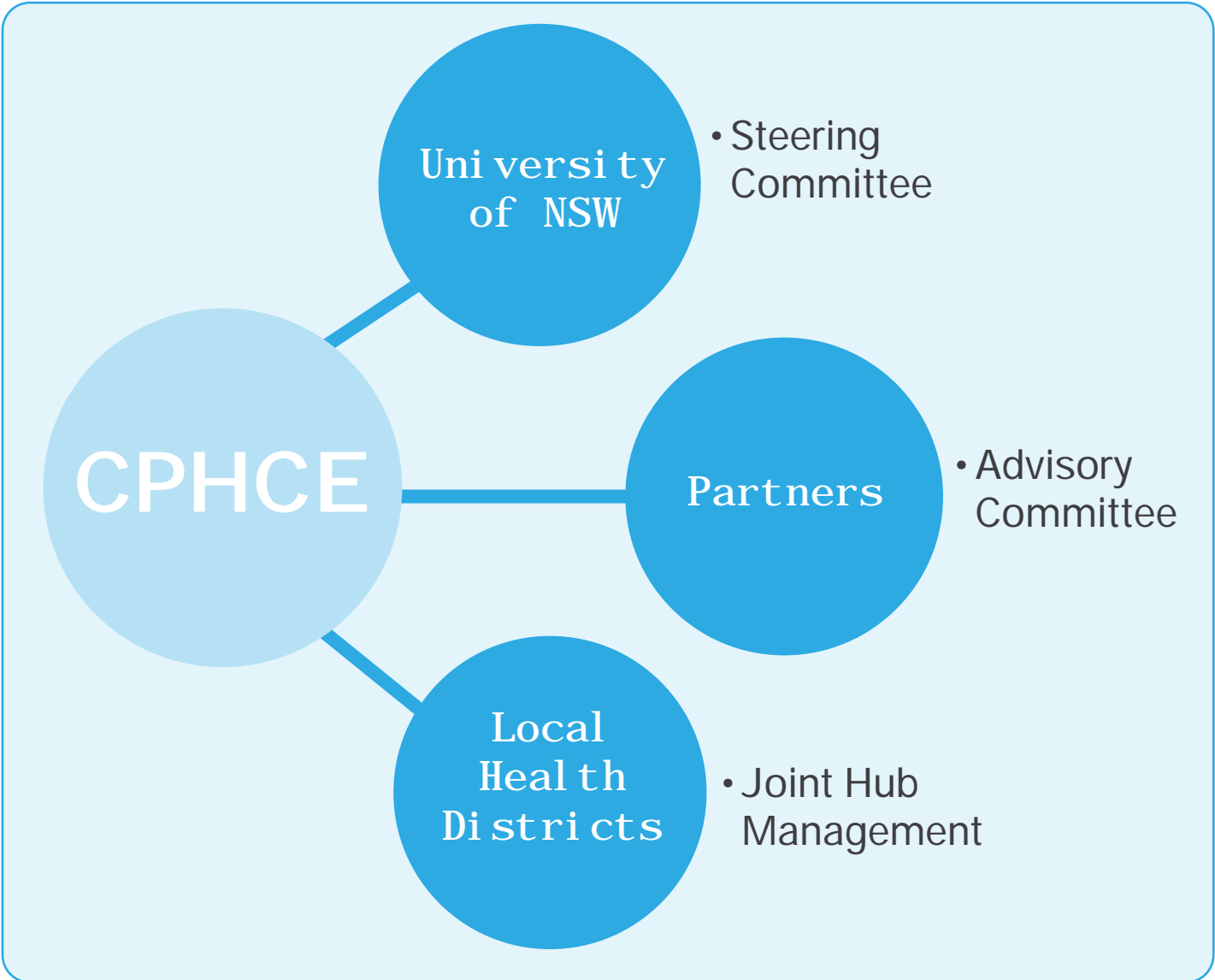
Principles

The way in which the Centre operates strongly reflects primary health care principles and values, particularly those associated with partnership, empowerment, equity, social determinants and inter sectoral actions.

Co development partnerships and co-design are a central feature of how we work and is reflected in several ways:

- With the community, specific groups and consumers of health services
- With policymakers, public agencies and organisations across sectors
- With other research groups within UNSW and universities in Australia and overseas

These principles are combined with a commitment to maintaining high quality academic standards and rigour.



Part 1 | Where we are now

Current Research Program

The CPHCE research program is directly relevant to the problems facing health services in Australia. While overall health is improving, there are significant groups, populations and places which fall behind. We work with policy makers, practitioners and communities to find new ways of providing primary health care that will improve the health and wellbeing of especially marginalised Australians. Our established partnerships, with the focus on equity include the Commonwealth and NSW Departments of Health, Local Health Districts, Primary Health Networks, NGOs, academic institutions, and related sectors such as education, housing and planning.

Competitive Advantage

Our major areas of research and expertise over the last 25 years are:

Health Care System Integration and Primary Health Care Development

Research on primary health care reform and innovation, focusing on the role of primary health care in improving health and social care integration, with the ultimate objectives of improving health and wellbeing, service user experience and system efficiency/effectiveness.

Prevention and Management of Chronic Disease

Research on prevention and management of long-term conditions including diabetes, cardiovascular disease, chronic respiratory disease, cancer, mental illness and multimorbidity. This includes the management of their risk factors including obesity, insufficient physical activity, nutrition, alcohol and smoking.

Action for Equity

Research and Health Impact Assessments in Aboriginal and refugee health, child health and the health of marginalized and disadvantaged communities. Research on how to address the social determinants of health and health inequities at the policy, provider and service levels in Australia and in Lower- and Middle-Income Countries.

Health Environments

Evaluation of the health and equity impacts of, e.g., urban sprawl, infrastructure development (Healthy Airports) and research into how the environment can improve health through walkable access, greenspace, active transport, and healthcare facility and precinct design.

The Centre has specific expertise and reputation in several research methods including:

Health and health equity impact assessments

Local and international training and evaluation of the impacts of developments, policies and programs in Australia and overseas.

Codesign

Work with consumers, communities and those working at the “coal face” of health and human services to develop more appropriate models of care with, rather than for vulnerable and disadvantaged groups across our streams.

Learning by doing

Training and supervision of health and community members in research methods through hands on support for planning and conduct of research relevant to local needs.

Informatics and eHealth

Track record of research using large routinely collected data linked longitudinally to assess trends in health care utilisation. We also have an emerging track record in implementing e- and m-health tools to enhance care for people with limited health literacy.

Community based trials

Health and human service trials of innovations based in the community in general practice, community health services and community managed organisations.

We have a highly skilled research team. Details are available on our website www.cphce.unsw.edu.au.

Partnership in Action

The Central and Eastern Sydney Primary and Community Health (CES-PaCH) Research Consortium commenced in 2016 bringing together Sydney and South Eastern Sydney LHDs and the local PHN (Central and Eastern Sydney) in one partnership to establish the CES Primary and Community Health Cohort/Resource (CES-PaCH) to inform primary and community services joint planning, program development and evaluation. Its aims are to maintain a de-identified linked dataset to support health services research and evaluation allowing decision makers to better understand their community's health care needs. CES-PaCH includes 10 linked datasets based on the 45 and Up Study cohort, including 30,645 participants resident in the CES area. The project management group oversees the project work with representatives from all funding partners.



Guiding Principles

Social justice, sustainability, equity and diversity

Collaborative co-design is an important feature of our work. To address current issues in policy and practice it is essential to work with citizens, consumers, health services and policy makers to implement our findings. This means we conduct our research in collaboration with communities, with health services and research organisations and with government. We work with them to put our findings into practice.

By virtue of our co-design and highly collaborative work practice, many of our projects are directly translatable and have high impact among the communities we work with.

This approach is also illustrated by the joint research/teaching and development hubs with Local Health Districts, each with its own research priorities.

To support this activity, we build research capacity in equity focussed and practice through collaboration, education, post graduate research student supervision and mentoring.





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Current Funding Sources

The Centre has deliberately pursued a funding strategy to maximise diversity and maintain a balance between the various sources.

The following table shows the proportion of revenue by category for the last four years to 2021.

	% of 2018	% of 2019	% of 2020	% of 2021
Category 1 Research Funding	10	8	4	15
Category 2 & 3 Rsearch Funding (excluding Payment on Behalf POB - income)	8	9	18	16
Funding from Local Health Districts including POBs	44	42	35	26
UNSW	24	30	27	29
Infrastructure Funding from NSW Ministry	7	8	7	7
Non-research funding including in 2020 and 2021 COVID salary payments for staff working at Local Health Districts	7	3	5	7
	100%	100%	100%	100%
TOTAL FUNDS	\$3,519,595	\$3,078,441	\$3,167,966	\$3,451,139

Key features are:

- The critical importance of the infrastructure funding provided by the University and NSW Ministry of Health
- The importance of Category 1 Funding and its implication on eligibility for other sources
- The importance of funding by LHD and PHNs as funding partners and in leveraging other funding sources

Operating Context

This section highlights the areas that may have the highest impact upon the Centre in terms of determining strategic directions and on the achievement of its mission.

Population/Environment

The priorities and issues facing individuals, communities and systems alter in response to wider social change. The Centre needs to reflect or predict these changes in its research priorities.

- Adapting to the effect of COVID-19 and future pandemics
- Adapting to climate change
- Burden of chronic disease/comorbidities and population ageing
- Changing consumer expectation/demand
- Increasing inequity/access barriers
- Maintaining a prevention focus
- Interventions in disadvantaged communities
- Urban planning and the built environment

Health System Reform and Sustainability

The health system is in constant reform. The Centre needs to inform, and critique proposed reforms and identify unintended consequences or the results of inaction.

This includes:

- Financial sustainability of the current system
- Drive for service integration and improved efficiency
- Role of information technology
- Need for inter sectoral solutions
- Rapid evolution of telehealth

Policy changes are imminent in primary health care to address questions of sustainability and improve quality and capacity. The Centre needs to keep well informed of these developments and support evidenced based creation of policy.

- Emerging roles of Primary Health Networks, particularly as commissioners of services
- New models of organising and funding primary health care
- Identifying new ways of working with Local Health Districts and opportunities for scaling up
- Developing and sustaining partnerships in the social care sector
- Quality and consistency of care

Research Funding and Priorities

The increased competition for research funding generally and for PHC specifically will put greater pressure on the Centre to identify new sources and be able to clearly align with priorities of funders.

- Greater competition for Category 1 funds
- Emphasis on translation, value for money and evidence of impact
- PHC as cross cutting clinical setting relevant to the Medicine and Health key research areas, and in developing innovative approaches to generate change e.g., in behaviour, technology and access to health and models of health delivery.
- Research Capacity Building in NSW Health and Primary Health Networks

In an increasingly financially constrained environment and competition by educational providers, the Centre will need to continually adapt to different modes of education and understand the needs of our stakeholders. All our courses have been transitioned online. Commensurate with our increased call for a health political science, from 2021 CPHCE is teaching the Policy Studies (PHCM9381) course. Strategically we aim to align all policy content across Faculty of Medicine and Health curricula with a coherent body of scholarly development. In keeping with UNSW strategy, we are exploring micro-credentialing and emphasising teaching as a method of knowledge translation.

Key Partner Priorities

The Centre is dependent on being aligned with the priorities of key partners to remain relevant to the current agendas. Key partners include LHDs, PHNs, local community partners, City Councils, HNSW Health and its Pillars, Sax Institute, RACGP and GP Synergy, and emerging partners e.g. Health Insurers, and private sector providers.

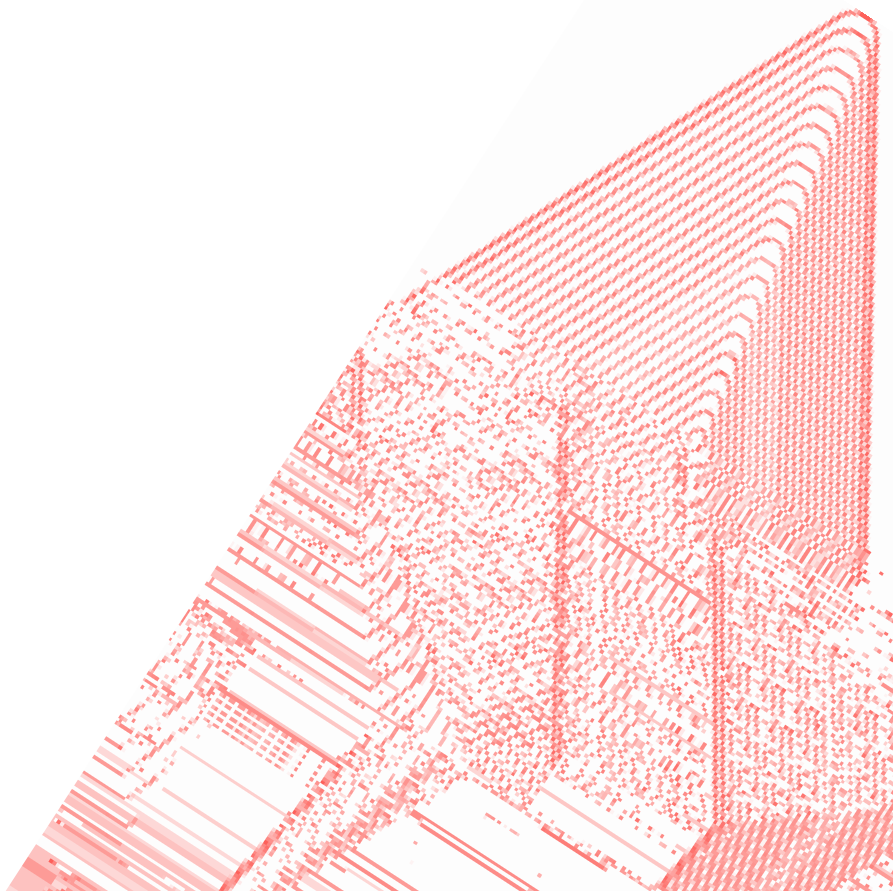
Partnerships are critical to the success of the Centre. **Establishing, maintaining and improving partnerships is a strategic objective of the Centre and not solely a way of working.**

This approach is reflected in our governance through advisory structures; supporting joint training research and development hubs; supporting community development to address inequities; membership of multi-institutional research centres and projects; and relationships with key government institutions.

We intend to maintain and strengthen the links we already have with

Strengths and Opportunities

- Strategic relationships with key translational partners
- Reputation in specific areas and unique equity / translation focus
- Longevity, history, and track record of successful achievements including translation into policy and practice
- Part of UNSW, a leading institution
- Key capacities in research methodology, including conducting health services trials in PHC analysis of administrative and linked data, systematic reviews, mixed method evaluation, and co-design.
- Ability to attract research students.
- Passion of staff, multi-disciplinary, industry experience
- Recognition of importance PHC and equity considerations with key partners
- Maintaining relevance with current and new LHDs under current uncertainties e.g. COVID-19 preparedness
- Relevance of UNSW research themes to priorities of the health system and community
- Market for education, training, and



Part 2 | Where we are going

Alignment with Partners

The Mission of the centre supports and is aligned to the mission of UNSW Medicine and Health. Our key focus is on high impact evidence-based research translation leading to world class research and teaching delivered in collaboration with key health service partners. Primary Health Care has been identified as one of UNSW Medicine's special populations and clinical settings that operate across all its research themes.

It is critical that the Centre's overall direction is consistent with that of our key partners. It is significant that the focus on improving overall health, health services and equity is shared across LHDs and PHNs:



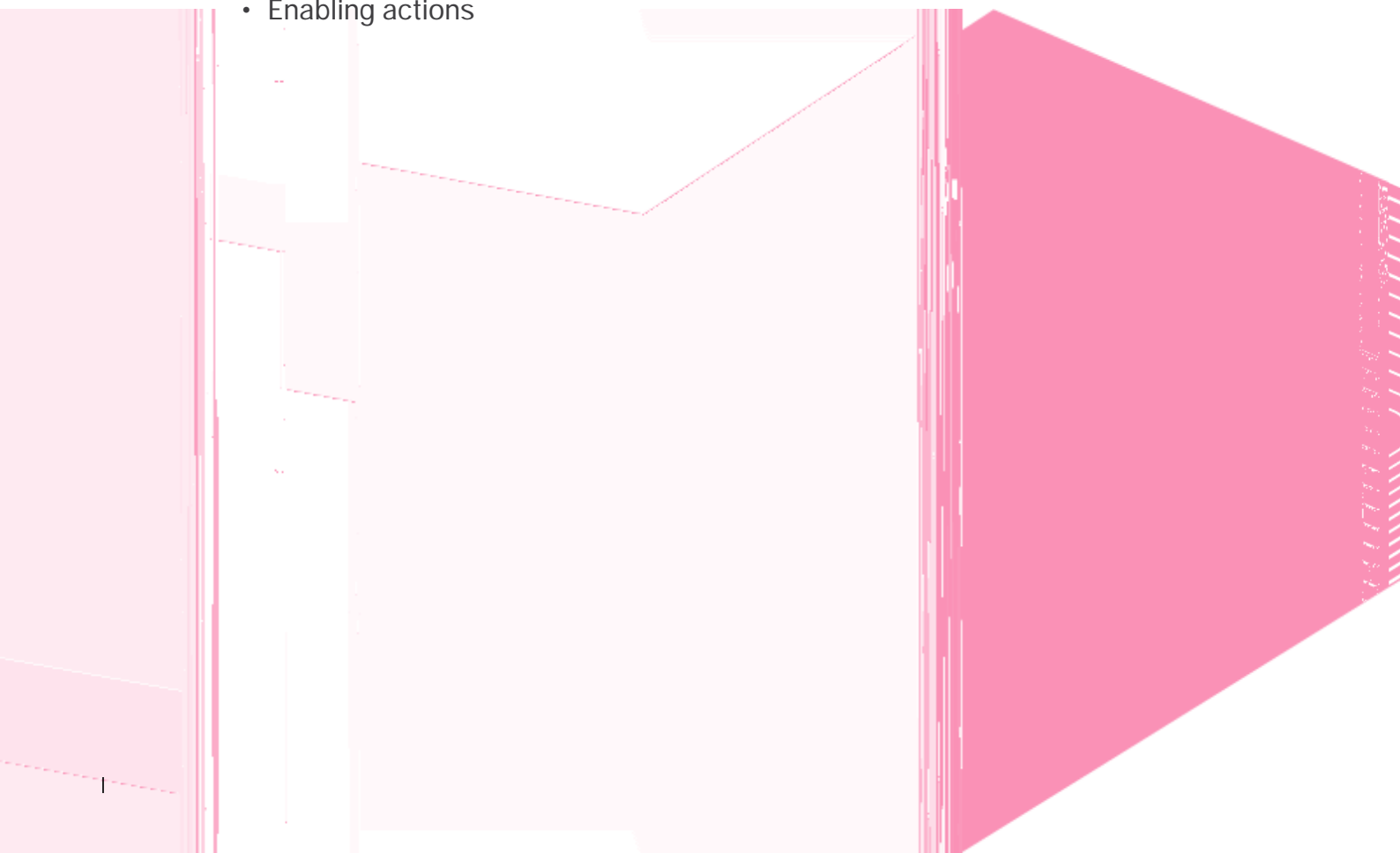
Objectives

The specific objectives of our research, development, evaluation, and education activities will be to:

- I. Improve the capacity of consumers, communities, local governments and health services to identify needs and challenges in access, equity, integration, and prevention.
- II. Support the health system and its partners to improve and adapt to meet current and future challenges.
- III. Identify and influence the determinants of health and inequitable distribution of health.
- IV. Promote partnerships within the health system and across sectors as an effective way of addressing issues and ensuring relevance of research.

An annual plan will be developed to detail the specific short-term actions to achieve these objectives.

New direction and broad priorities have been identified over the medium term in the following areas:

- Research and Development Centres
 - Education and Training
 - Research Themes
 - Enabling actions
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Directions / Priorities

Actions

Support service capacity through education and training

Develop and deliver ongoing education and training programs to meet the needs of our partners, based on the strengths of the Centres' research program and utilising new technologies.
Recruit research students especially from staff and partners and seek scholarship and other support for them.
Arrange secondment of staff from LHDs, NSW Health and PHNs to work with CPHCE on research and evaluation.
Continue to offer Masters courses and explore short courses.

Expected outcomes Year 1

Training and capacity building plans developed for each Hub with its LHD partners.

Expected outcomes Year 5

Training and capacity building plans implemented and reviewed.
Students and secondments from each LHD or PHN.

Scorecard Year 1

Baseline information on LHD staff attending course offers, students or secondments.

Scorecard Year 5

50% increase in LHD staff attending courses.
3 LHD or PHN staff seconded.
3 LHD or PHN staff research students.

Embed research translation through partnerships

Prevention and management of long-term conditions

Strengthen the research program in long term conditions including prevention and management of diabetes and cardiovascular disease, obesity, smoking and other risk factors.

Continue to develop the research program on the prevention and management of cancer.

Continue to develop research on the role of primary care in the care of patients with severe mental illness.

Develop a research program with partners in mental health with a focus on the role of primary health care and the interaction between physical and mental health problems.

Develop our research into effective strategies for improving health literacy and the implications for preventing and managing long term conditions in primary health care settings.

Action for Equity

Maintain and develop an internationally leading role in equity focused HIA methods, application, and research.

Developing decision support tools to enhance the effectiveness and equity of policies, interventions and strategies at system and service levels.

Focus on organisational development within the health system to address access and equity issues.

Maintain and develop a research program focused on Indigenous health.

Strengthen a specific stream of research on refugee health including use of interpreters, asylum seeker health, and inequities within migrant populations.

Health care system integration and primary health care development

Support the implementation and evaluation of integrated care strategies in LHDs and PHNs including health home/ neighborhood and health one models.

Support the development and evaluation of new models of care involving Community Health Workers in the Australian health system.

Explore research in the needs of and role of carers in supporting patients with long term conditions in the community especially in aged care.

Develop research in social isolation and loneliness using routinely collected data.

Informatics and eHealth

Staff Development & Resources

Develop succession plans for senior staff to lead key centres and themes

Increase the length of staff appointments

Align staff development to key priorities and directions

Profile and information on opportunities for staff and students in Centre

Transition to new location as part of precinct development



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SYDN