



UNSW Research Centre for Primary Health Care and Equity

Strategic Plan 2016-20

Never Stand Still

UNSW Medicine

Centre for Primary Health Care and Equity



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The Centre for Primary Health Care and Equity acknowledges that their offices are built on the traditional lands of the people of the Darug Nation and the Eora Nation, and pays their respect to Elders past and present.

CPHCE VISION

Our vision is for

Better, fairer health and wellbeing in the community

This will be achieved through our mission of

Primary Health Care and Equity research, development, evaluation and education

With the overarching goals of

- Promoting inclusion and equity for all groups within society especially the most disadvantaged or vulnerable
- Reform of local, national, and international systems to promote access, equity, prevention, integration and intersectoral action

UNSW 2025 VISION

UNSW will work with people from disadvantaged and marginalised communities, in support of improved social, health and economic wellbeing as part of our global commitment to more equitable and just societies.

UNSW will be recognised as an international exemplar in equity, diversion and inclusion.

UNSW will be recognised globally as a leading university for knowledge exchange. Our engagement with government, industry and the community will enable the translation of our work to advance social progress and economic prosperity.

INTRODUCTION

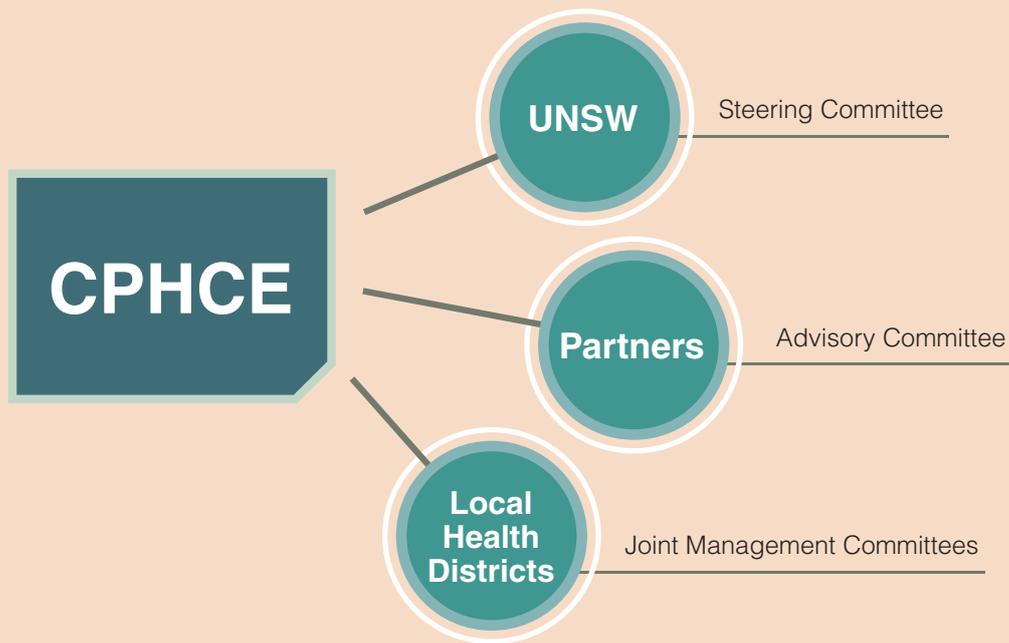
CPHCE is a research centre of the University of NSW within the School of Public Health and Community Medicine, Faculty of Medicine. It is managed by a team of Directors and led by an Executive Director. A university steering committee provides oversight and review of the Centre's performance.

In addition the Centre co-manages and jointly funds four research, training and development hubs in three Local Health Districts;

- Centre for Health Equity Training and Research Evaluation (CHETRE) with South Western Sydney Local Health District
- Fairfield GP Academic Unit with South Western Sydney Local Health District
- South Eastern Research Collaboration Hub (SEaRCH)with South Eastern Sydney Local Health District
- Health Equity Research Development Unit (HERDU) with Sydney Local Health District

Each of the local hubs has its own steering/advisory committee reflecting the partnership between the University and the Local Health Districts. Each has its own strategic plans that reflect the context and priorities of the Local Health District and incorporates the contribution of the Centre as a whole.

18th November, 2016



An overall Centre Advisory Committee comprises representatives of the University, three Local Health Districts, Primary Health Networks and key partner and stakeholder organisation. It provides advice on key issues in the sector and future direction for the research program.

Members of Steering Committee

Prof Terry Campbell
 Prof Mark Harris
 Prof Raina MacIntyre
 Prof Bill Randolph
 Prof Ilan Katz

Dr Teresa Anderson
 Ms Amanda Larkin
 Dr Greg Stewart
 Mr Terry Findlay

Members of Advisory Committee

Emeritus Prof Ian Webster AO
 Prof Bill Bellew
 Ms Tish Bruce
 Ms Kathy Clinch
 Ms Natalie Cook
 Ms Rhiannon Cook
 Mr Terry Findlay
 Prof Mark Harris
 A/Prof Elizabeth Harris

Prof Evelyne de Leeuw
 Prof Siaw-teng Liaw
 Prof Raina MacIntyre
 Dr Julie McDonald
 Dr Chris Shipway
 Ms Miranda Shaw
 A/Prof Virginia Schmied
 Dr Christine Walker
 Ms Vicki Wade

Directors

Prof Mark Harris
 Prof Evelyne de Leeuw
 Prof Siaw-teng Liaw

Dr Julie McDonald
 A/Prof Elizabeth Harris
 Mr Terry Findlay

WHERE WE ARE NOW

Current Research Program

The CPHCE research program is directly relevant to the problems facing health services in Australia. We work with policy makers and practitioners to find new ways of providing primary health care that will improve the health and wellbeing of Australians. Our established partnerships 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.

Our major areas of research and expertise are:

- **Primary health care system development** including quality improvement, commissioning, performance monitoring and management, integration of care and the patient centred health neighbourhood model.
- **Prevention and management of chronic disease** including prevention and management of diabetes and cardiovascular disease, obesity and other risk factors, multi-morbidity, and cancer
- **Action for Equity** including Aboriginal and refugee health, health impact assessment
- **Informatics and eHealth** including linked data

Equity

Equity in health is about ensuring equal access to health services for people with equal need, regardless of age, gender, cultural background or place of residence.

Equity in health includes equity of access, but it is ultimately about improving equity in health outcomes for those people with the poorest health.

Health equity is concerned with creating opportunities for health and bringing avoidable differences in health outcomes down to the lowest levels possible. This approach recognises that not everyone has the same capacity to deal with their health problems and different people's needs have to be addressed in different ways.

Adapted from Whitehead M. The Concepts and Principles of Equity and Health, World Health Organisation: Copenhagen, 1990.

In order 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 service and research organisations and with government, and work with them to put our findings into practice.

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

To support this activity we provide education and training services and aim to build research capacity in primary health care through education, post graduate research student supervision, capacity building and mentoring.

Current Staff Profile

Level/classification	Number	Tenure	Av Age
Junior researchers - Level 4 - Level 6	12	Fixed Term	41
Researchers - Level 8 to Level B	8	Fixed Term	46
Senior Researchers - Level C	6	Fixed Term	56
Senior Academic and Managerial Staff - Level 10, Level D and E	8	2 x Continuing & 6 Fixed Term	65

The key features are;

- The reliance almost entirely on short fixed term contracts based on grant funding. Although these are often managed to create longer term engagement of staff it is by definition unpredictable and insecure
- Primary health care researchers are more likely than in other fields to be in second or third careers. This brings strengths of industry experience and credibility to an applied research centre
- The age profile makes it essential to have succession planning and career development well-articulated and linked to strategic directions over the next five years



Current Funding Sources

The Centre has deliberately pursued a funding strategy to maximise diversity and maintain a balance between the different sources. This is important to minimise the risk when the priorities, available funds or success rates alter of different funders. The balance is also important as there is a relationship between success in one category that may be dependent on securing funds in another. The different types of funding also bring with it opportunities and constraints. For example some categories may limit publishing opportunities due to the need for confidentiality.

The following table shows the proportion of funds by category for the last two years and projected in 2016.

Source	% of 2014	% of 2015	Est % 2016
Category 1 Research Funding	37.63%	30.11%	20.32%
Category 2 & 3 Research Funding	18.56%	23.05%	24.58%
Funding from Local Health Districts	11.02%	13.28%	15.08%
UNSW	13.15%	14.22%	17.05%
Infrastructure Funding from NSW Ministry	8.15%	10.97%	11.67%
Commercial Activities	7.00%	1.23%	0.55%
Reserve Funds	3.52%	4.69%	5.14%
Funding from Teaching & Educational Activities	0.97%	1.16%	2.99%
Donations	0.00%	1.29%	2.63%
Total Funds	\$6.4m	\$5.9m	\$6.1m

The key features are;

- The critical importance of the infrastructure funding provided by the University and NSW Ministry of Health
- The reduction in Category 1 Funding and its implication on eligibility for other sources
- The small contribution from teaching and educational activities
- The increasing importance of funding by LHDs

Operating Context

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

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

Health System Reform and Sustainability

The sustainability of the health system in its current form is in serious doubt. The Centre needs to inform and critique proposed reforms and identify unintended consequences or the results of inaction.

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

Primary Health Care Policy and Reform

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
- 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 fewer resources, particularly Cat 1
- Emphasis on translation, value for money and evidence of impact
- PHC as cross cutting clinical setting relevant to the Medical School key research themes; Neuroscience, Mental Health & Addiction; Infectious Disease, Immunity & Inflammation; Cancer; Non-Communicable Diseases

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

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

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.

Leading Change in Primary Care: Boards of Primary Health Networks can help improve the Australian health care system 2015.

Research Capacity Building and Training

In an increasingly financially constrained environment and competition by educational providers the Centre will need to adapt to different modes of education and clearly understand the needs of the primary health care workforce and employers.

- Workforce planning, internal and primary care workforce
- Aligning modes of education with needs of sector e.g. online

Key Partner Priorities

The Centre is dependent on being aligned with the priorities of key partners to remain relevant to the current agendas.

- LHD focus on acute sector utilisation; length of stay, preventable admissions, ED presentations and enhancing patient experience
- PHN Key priorities; mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.
- Local community partners such as Tharawal AMS and Liverpool City Council
- Organisations focused on quality improvement and performance such as ACI, CEC, BHI, Sax Institute, RACGP and GP Synergy
- Emerging partners e.g. Health Insurers, private sector providers

The Importance of Partnerships

Partnerships are critical to the success of the Centre in a number of ways;

- As a principle for delivering improved primary health care
- As a strategy for developing responses to address health issues
- As the foundation of effective translation of research through co-design

Partnership in action

South Eastern Sydney PHC Partnership

This partnership was established in 2014 with the support of CPHCE and represents a formal commitment by the partner organisations to work together to improve the health and well-being of the people of Central and South East Sydney.

These organisations are: South Eastern Sydney Local Health District, St Vincent's Hospital Sydney, Sydney Children's Hospital, Randwick, Central and Eastern Sydney PHN and Sydney Local Health District. CPHCE is a 'special' partner in this context being supportive of the other partners in PHC development including addressing equity, integration and prevention, early detection and management of long term conditions through research and translation of findings.

A Partnership Committee develops strategic priorities and develops the organisational relationships required for the partnership to operate and ensure effective action.

- As a way of ensuring relevancy of research themes and topics
- As a way of improving the quality of research outputs through academic collaboration

Establishing, maintaining and improving partnerships is a strategic objective of the Centre in its own right and not solely a way of working.

This approach is reflected in our governance through advisory structures; 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.

Strengths and Opportunities

In the context of the environment described in the previous section we have identified the following strengths and opportunities for the Centre;

Strengths

- Strategic relationships with key partners
- Reputation in specific areas and unique equity focus
- Longevity, history and track record of successful achievements including translation into policy and practice
- Part of UNSW a leading academic institution
- Key capacities in research methodology including conducting health services trials in PHC, analysis of administrative and linked data, systematic reviews, mixed method evaluation,
- Ability to attract research students
- Passion of staff, multi-disciplinary, industry experience

Opportunities

- Recognition of importance of PHC and equity considerations with key partners
- Relevance of research themes to priorities of the health system and community
- Market for education, training and capacity building activities
- Funding from non- traditional sources
- Social Media as a means of communication, form of intervention and enabler for participation
- Enhance involvement of consumers at a number of levels; empowerment, literacy, determining priorities, service redesign and research
- Attract committed staff

We need to capitalise on these strengths while addressing a number of key issues;

- Ensuring equity remains a principle consideration of policy makers, service providers and research funders
- Staff development and retention in the context of short term funding and succession planning for senior staff positions.
- Developing partnerships with faculties/centres in UNSW and aligning with the research themes of UNSW Medicine
- Balancing funding sources for applied research that may make a limited contribution to academic metrics
- Reduced dedicated research funding for primary health care and increased competition

WHERE WE ARE GOING

Vision, Mission & Goals

We have reviewed the Centre's mission within the context of our overall vision and reaffirmed core values and principles.

Our vision is for

Better, fairer health and wellbeing in the community

This will be achieved through our mission of

Primary Health Care and Equity research, development, evaluation and education

With the overarching goals of

- Promoting inclusion and equity for all groups within society especially the most disadvantaged or vulnerable
- Reform of local, national, and international systems to promote access, equity, prevention, integration and intersectoral action

These reflect our commitment to an overall improvement in health and health services, particularly for marginalised groups. This firmly places research, both its conduct and findings, in the context of an overall vision and not an end in itself. It is our aim to continue to be over the next 5 years a leading PHC research centre influencing policy and practice that will contribute to achieving this vision.

It also reflects a fundamental belief (supported by evidence) that strengthening the role and effectiveness of primary health care is an effective way to improve health and the health system. The Centre is therefore

Mission

CPHCE's mission is to conduct research, development, evaluation and education that strengthens primary healthcare and addresses health inequities

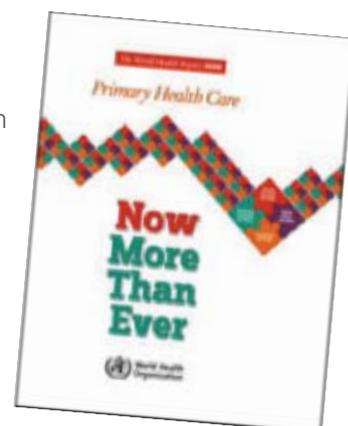
This supports UNSW priorities of:

- Academic excellence
- Social engagement
- Global impact

"Sharing our capability in research and education in the highest quality partnerships and through working with disadvantaged and marginalised communities worldwide. We regard the interplay of academic excellence, social engagement and global impact as the hallmarks of a great forward-looking 21st century university."

Prof Ian Jacobs, President and Vice-Chancellor, UNSW Australia

part of a longstanding international tradition and actions described by the World Health Organisation as PHC reforms necessary to refocus health systems.



Alignment with Partners

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

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

- to work collaboratively, innovatively and equitably for better health care (SWLHD)
- to ensure the community has equitable access to high quality patient centred care (SLHD)
- working together to improve the health and well-being of our community (SELHD)
- increase the efficiency and effectiveness of medical services and preventative programs for patients, particularly those at risk of poor health outcomes (PHNs)

Objectives

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

- I. Improve the capacity of consumers, communities and primary health providers 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

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.

Partnership and co-design is a central feature of how we work and is reflected in a number of 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.

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

New Directions and Priorities

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

- Embed research translation through partnerships
- Support service capacity through education and training
- Refocus existing research programs and establish new themes to meet emerging priorities

These are supported by a series of enabling actions to support the Centre to achieve its goals

Directions/Priorities	Actions
Embed research translation through partnerships	<ul style="list-style-type: none">■ Agree the strategic direction, research outputs, structure and funding for HERDU with Sydney LHD for the period 2017-2022■ Complete the establishment phase of SEaRCH and agree the strategic direction, research outputs, structure and funding with South East Sydney LHD for the period 2017-2022■ Embed and expand the role of CHETRE in SW LHD to support population and health service development and increase engagement in integrated care with the District and SWPHN■ Work with LHDs and PHNs to develop primary health care centres based on the Health One model and health home principles■ Explore the potential for establishing a joint centre and research program with and focused on PHN development
Support service capacity through education and training	<ul style="list-style-type: none">■ 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■ Focus capacity building activity on supporting translation of evidence based interventions■ Assess the feasibility and market for post graduate certificate, diploma and masters level courses in Primary Health Care■ Develop and integrate GP Academic research and teaching into the program of the Centre

Directions/Priorities	Actions
<p>Refocus existing research programs and establish new themes to meet emerging priorities</p>	<p>Prevention and management of long term conditions</p> <ul style="list-style-type: none"> ■ Strengthen the research program on the prevention and management of long term conditions to include multi-morbidity and cancer in addition to other conditions. ■ Continue the focus on prevention and management of obesity in primary health care across the life cycle including innovative research on nutrition and physical activity promotion in general practice ■ Develop a PHC population prevention research agenda in collaboration with PHNs and LHDs ■ Incorporate long term condition prevention and management into the development of new Health Homes and Health Neighborhoods models of care ■ Develop a research program on the prevention and management of chronic physical and mental health conditions ■ Develop research on health literacy for prevention and management of long term conditions in primary health care settings ■ Develop tools and capacity to assess consumer reported experience and activation in the prevention and management of long term conditions <p>Health care system integration and primary health care development</p> <ul style="list-style-type: none"> ■ Strengthen the research theme in the area of integration at system, service and individual level ■ Lead a partnership to establish a Clinical Academic Stream focused on system integration ■ Develop the capacity of Primary Health Networks to achieve their objectives based on capability assessment and evaluation of the program, including commissioning, performance monitoring and management, quality improvement and partnerships ■ Support the implementation and evaluation of integrated care strategies in LHDs and PHNs including health home/neighborhood and health one models. ■ Support the implementation of the principles of the Patient Centred Medical/Health Care Home in the Australian context through capability assessment, development support and evaluation <p>Action for Equity</p> <ul style="list-style-type: none"> ■ 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 disadvantaged communities and populations eg indigenous and refugee health

Directions/Priorities

Actions

Refocus existing research programs and establish new themes to meet emerging priorities

Informatics and eHealth

- Expand the ePBRN supported health neighborhood models in SW Sydney to other health neighborhood in Sydney starting with Central, Eastern and South Eastern Sydney. Linking the models to the development of Health One/Health Home sites and GP Clusters
- Demonstrate shared information between General Practice and acute care and describe how it supports clinical pathway implementation and co-ordinated care
- Document and monitor clinical risk factors data in EHRs to support prevention, early detection, care processes and outcomes of chronic disease and multi-morbidity

Health environment

- Establish a new research theme focused on planning of new residential developments through research about the relationship between the built environment and its impact on health
- Participate in the planning and development in significant urban development locations particularly in Central, South East and South West Sydney LHD areas
- Participate as a key partner in the HABEMAS built environment academic health stream proposal

Enabling Actions – support the Centre to achieve its goals

Staff Development & Resources	Communication & Profile	Funding Opportunities	Networks/ Partnerships
<ul style="list-style-type: none"> ■ Develop succession plans for senior staff to lead key centres and themes ■ Increase the length of staff appointments ■ Align staff development funding to key priorities and directions ■ Identify and recruit appropriate staff to undertake our research program ■ Improve physical and IT infrastructure for staff 	<ul style="list-style-type: none"> ■ Develop website ■ Utilise education and training program to build relationships and profile in the sector ■ Maintain a program of forums/ workshops on topical issues involving national/ international experts ■ Continue participation and input into key national and state policy and service development groups 	<ul style="list-style-type: none"> ■ Secure medium term funding agreements with key partners ■ Apply for at least two Cat 1 Grants in 2017 ■ Application to be made for PHHRSP infrastructure grant for period 2017-2022 ■ Assess potential for Medical Futures Fund applications (implementation/ priority driven) ■ Develop income from education and training courses ■ Focus grant and funding applications in to areas that strategically support the Centre's goals and areas of expertise 	<ul style="list-style-type: none"> ■ Lead the development of a UNSW cross faculty MOU and program of work with Tharawal AMS ■ Establish formal relationships with Health Consumers NSW and assess the potential for a joint research program focused on consumer engagement. ■ Participate in a new health/ built environment network ■ Develop relationships and joint initiatives with NCOSS and ACOSS ■ Establish a network based on the integration clinical academic stream ■ Develop joint projects within the School, Faculty and UNSW more widely including ADFA

