



Blueprint objective **1. A nationally unified and regionally controlled health system that puts patients at the centre**

Case example **The Collaborative: improving access to community based allied health services**

What is the community need or problem being addressed?

Melbourne Health, a busy tertiary hospital, receives a vast number of referrals for community therapies, allied health services. Subsequently low priority referrals routinely wait extended lengths of time to commence services (1–2 years) at the tertiary hospital.

The nature of these low priority referrals indicate they could be appropriately managed and seen in a timely manner of receiving a referral in a community health setting (within two to six weeks).

What is the approach being implemented?

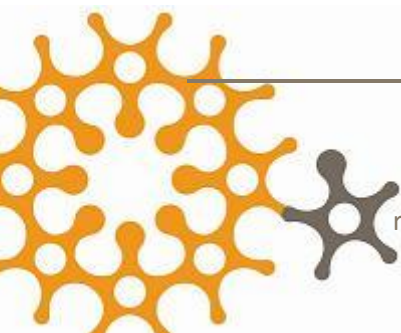
Since November 2017 Melbourne Health and Merri Health have been working closely together to try and divert appropriate allied health referrals from the tertiary to community setting. This is part of the Collaborative arrangement between Melbourne Health, North Western Primary Health Network, Merri Health and cohealth.

The Direct Access Unit (DAU) at Melbourne Health is responsible for prioritising referrals that they receive for community therapy services (CTS). When the DAU clinically prioritises the referral as a low priority they then reassess the referral to see if it could be appropriately managed within a community health service.

The DAU contacts the individual who has been referred and discusses services and wait times with them. The person is then offered an opportunity to have their referral redirected to a community health service provider who can see them within two to six weeks of receiving their referral. This provides the individual with more timely access to services and also the ability to be seen within their local community.

Specific simple referral processes have been put in place at Merri Health for referrals from the DAU (within an acceptable catchment area) so that individuals are seen within 2–4 weeks of Merri Health receiving the referral. Currently this is being undertaken for the referrals for patients 64 years of age and under. Within the short 2 month time frame that this approach has been implemented, it is estimated that up to 40 referrals have been redirected from Melbourne Health to Merri Health.

Further work is being undertaken at cohealth to institute a similar arrangement. Having the Primary Health Network involved paves the way for future GP engagement and raising awareness for more timely and appropriate referral options.





What have been the key enablers to the success of this approach? The Collaborative partnership between Melbourne Health and Merri Health has been critical to enabling this approach of improving timely access to community health allied services. Successes with previous collaborative projects and established relationships have created an environment of cooperation which has enabled the organisations to gain a better understanding of each other's challenges and where they can better support each other. Existing relationships have also been used to provide introductions to personnel in other areas for potential collective projects or services.

The ultimate aim is to better meet the needs of our shared communities and allocate health resources more appropriately.

What have been some of the challenges to the success of this approach? Despite having an existing relationship it was still fundamental to spend time establishing connections with different areas within each organisation. This included developing a strong working relationship with the DAU and CTS to increase their awareness of the diversity of evidence based services available to patients within a community health service.

Another one of the challenges has been the change across the sector requiring referrers of patients 65 and over to refer through My Age Care rather than directly to the service provider.

What is needed to scale-up the successes? There is a need for increased awareness of the diversity of services available within the community setting by general practitioners, practice nurses and hospital clinicians who primarily refer to tertiary community health services for services that can be appropriately managed in a community health setting.

As referrals from the tertiary sector are diverted to the more appropriate community based services, it will be vital to adequately resource community health to respond to the increased demand in a timely manner and free up more costly hospital based resources.

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