Blueprint objective	**1. A nationally unified and regionally controlled health system that puts patients at the centre**
Case example	**The Lower Gulf Strategy: Integrating care, improving health outcomes**
What is the community need or problem being addressed?	Health outcomes for Aboriginal communities of the Lower Gulf in North West Queensland are the poorest in the country with high rates of diabetes, renal disease and cardiovascular disease. People in these communities have one of the lowest median ages of death nationally, dying 20 to 30 years younger than people of south east Queensland. Historically, the majority of health services have been provided through the North West Hospital and Health Service (NWHHS), with very limited Commonwealth funded primary care services available. This has meant those health services have historically been acute care focused, with people accessing services as late presentations, with limited availability of health promotion, health prevention and early intervention in chronic disease. Following the development of the case for change, a Tripartite Agreement was signed between the Boards of North West HHS, Gidgee Healing (a local Aboriginal Community Controlled Health Organisation) and Western Queensland Primary Health Network. Our aim is to work together in partnership to develop comprehensive primary care services that are integrated and put the person and the community at the center. We aim to work together to use the shared resources of the state and the Commonwealth to greatest effect to improve health outcomes and provide best value to the communities of the Lower Gulf.
What is the approach being implemented?	The three partners are working together to redesign and build comprehensive primary care services in the Lower Gulf communities. We are shifting the focus of services from acute care to primary prevention care by developing primary care services where there have previously been none available. Gidgee Healing now have a presence in all three larger communities, co-locating with the Hospital and Health Service in 2 of the 3 communities and supporting a shift of the combined workforce's focus to prevention, early intervention and chronic disease management. We continue to identify key measures that will indicate our success in improving health outcomes. We are still early in our journey of transition. The next step will be to define models of care and work with communities to agree the service configuration for individual communities.

What is the context in which implementation is occurring?	The Lower Gulf is a very remote area of Northern Queensland, being over 2000km from Brisbane and over 1000km from the tertiary referral centre in Townsville. The communities experience very high levels of socioeconomic disadvantage. Recruitment and retention of the health workforce is an ongoing challenge due to the remoteness of the communities. Housing is limited and food choice is limited and expensive.
What have been some of the challenges to the success of this approach?	The biggest barrier has been the difficulty in sharing of information between care providers (Gidgee Healing and NWHHS). As these two organisations share providing care to the community, it is essential that there is access to each organisation's health records to ensure clinical decisions are based on timely and accurate information. Gidgee Healing and NWHHS use different electronic patient records and the hospitals also have paper records for acute episodes of care. This makes accessing information very complex and time consuming for clinicians and adds risk. The other major risk is workforce where both service providers face a high turnover of clinical staff. This can make services fragile as organisational memory is lost and the transition between clinical staff is challenging for patients. The collaboration between the three partners has been remarkable and has helped us to overcome many obstacles, through sharing staff and problem solving together.
What is needed to scale-up the successes?	There is significant opportunity to scale up this initiative system wide. Discussions are underway with the Queensland Health Aboriginal and Torres Strait Islander Branch to explore the possibility of developing a transition framework that provides the governance and support service providers need on this collaborative journey. North West Hospital and Health Service has discussed the concept of defining levels of service autonomy for Aboriginal health services, as is the case for health and hospital services through the clinical services capability framework.
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