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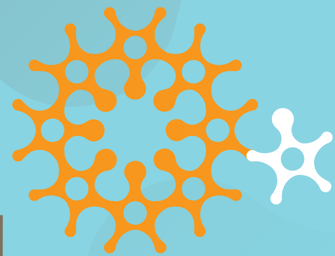

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ISSUES PAPER

2009

Multi-purpose Services

AUSTRALIAN COLLEGE OF HEALTH SERVICE EXECUTIVES

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1. Executive Summary

The joint Australian College of Health Service Executives (ACHSE) and Australian Healthcare and Hospitals Association (AHHA) National Multi-purpose Services working group supports the recommendation of the National Health and Hospitals Reform Commission (Reform Commission) to expand the Multi-purpose Services program nationally, as a delivery strategy for integrated rural health services.

Over the last 15 years, Multi-purpose Services have been able to survive the multiple challenges thrown at them by extraordinary economic, social, technological, educational and political change. They are a sustainable model of integrated health service delivery based on basic population health planning and primary health care service delivery models. They have enabled smaller rural and remote communities to retain basic services and expand those that are relevant to local communities.

The most obvious feature of Multi-purpose Services across Australia is their diversity in terms of the range of services they provide and the structural, funding and legal mechanisms that have been established to secure local services in accordance with community expectations. Diversity has led to inconsistencies across the Multi-purpose Service program nationally in key areas of service planning, governance and accountability, funding, and accreditation. Notwithstanding this, innovation in service design and delivery has been possible and is attributable to the ability to pool funds, design and deliver flexible services, and forge strong local relationships.

Over this period there have been changes to the context in which health services are delivered to rural areas. Staff shortages are managed through a greater reliance on locum medical and nursing services in smaller rural areas. There is a much greater focus on safety and quality (clinical governance) with central support and resourcing for serious incident monitoring and investigation. There are improved telecommunications linkages with major hospitals and urban based services, development of statewide clinical networks and pathways for particular disease groups, and funding and coordination has been increased for community transport to support access to these services. These changes have had and will continue to impact on the ways in which Multi-purpose Services operate.

Though we know all these features of Multi-purpose Services, to date there has been no national evaluation of the program.

The major recommendation coming from our support of the Reform Commission's approach is that the Multi-purpose Service program should be expanded as part of a rejuvenation plan based on a national evaluation of the program in relation to identified critical success factors. Our understanding of these critical success factors falls out of the policy and program design of the Multi-purpose Service model, and an evaluation carried out almost a decade ago in Victoria. These present a good starting point for enquiry into the possibilities for rejuvenating the Multi-purpose Service program nationally. These critical success factors are:

- *Service planning* based on population health planning principles taking into account local health needs as defined by local communities including Indigenous people;
- *Strong local relationships* and, in particular, structures and processes for engaging local communities in planning and health decision-making (governance), health services (delivery and management) and evaluation (governance);
- *Strong local governance, management and leadership* – in effect creating a strong local health service entity with which the community can identify and therefore the establishment of single health service entities protected by legislation with corporate and health governance responsibilities;
- *Commitment* from the Commonwealth, states and territories to continued funding of a range of basic acute, aged care, community care and community health services under the single entity; and
- *Accountability mechanisms* that include prescribed and streamlined reporting of financial, service and quality outcomes as well as accreditation.
- Additionally, Multi-purpose Services are not immune to the health workforce shortages experienced across Australia and face particular challenges around recruitment and retention and flexible use of staff across roles. The evaluation will need to look at innovative staff employment and development practices for wider adoption across the program.
- We believe that the findings from a national evaluation of the Multi-purpose Service program will provide valuable lessons for the future direction of the Multi-purpose Service program as well as for programs seeking to address current and future integrated primary health service delivery challenges in an environment that is very similar to the one that saw the emergence of the Multi-purpose Service model.

2. Introduction

This paper has been prepared partly in response to the recommendation by the National Health and Hospitals Reform Commission's interim report, *A Healthier Future for All Australians*, to expand Multi-purpose Services in remote and rural areas. It is one of several key recommendations aimed at tackling the causes and impacts of health inequities. We support the expansion of the Multi-purpose Service program and the opportunity this presents to develop and rejuvenate the Multi-purpose Service program as an effective and sustainable approach to providing integrated health care and aged care services for people in remote and rural areas. This paper:

- outlines the key design elements of the Multi-purpose Service model;
- highlights some of the variations and anomalies in the implementation of the Multi-purpose Service program across the states and some of the impacts of these on the success of the model; and
- recommends a process for reviewing the key elements of the Multi-purpose Service program in more depth to identify the critical success factors for taking the program forward and if there is scope for their adoption nationally across the Multi-purpose Service program.

The joint Multi-purpose Service working group was chaired by **Mr Lyndon Seys**, Chief Executive Officer of Alpine Health (Victoria). Lyndon was supported by:

- Ms Tatiana Utkin, The Regional Development Company; and
- Ms Sue Thomson, National Professional Development Manager, ACHSE.

A full list of contributors to this paper can be found at appendix 2.

3. Concept and original key elements

The Multi-purpose Service program is a joint Commonwealth and state/territory government initiative. It was developed in the early 1990s to make health and aged care services sustainable in regional communities where hospitals were closing, health and aged care services were limited, often dispersed and disconnected, funding structures were rigid, there were shortages in the health workforce and populations were small (around 1,000-4,000)[1] and ageing.

The Multi-purpose Service program offers a lifeline to regional communities to work in new ways – principally to expand community care and integrated settings to support individual well being in the community, away from a predominantly hospital services based model. This is reflected in the emphasis on creating normalised environments for consumers of health services.

The Multi-purpose Service program is based on the assumption that it would offer greater opportunities to deliver:

- improved quality of care by virtue of its patient focus and integrated care;
- better access to health care by enabling it to be localised even if it is not in the same setting; and
- cost-effective services with potential savings from lower overhead costs of community based care.

Multi-purpose Service program funds are pooled from the Commonwealth's aged care and Home and Community Care (HACC) programs and state contributions including hospital, community health and their own Home and Community Care funds. Local government funds/resources are negotiated locally and vary significantly. Funds are to be used to deliver an expanded range of patient centred services in areas such as, but not limited to, health education and promotion, community care, community health, basic acute care, residential care, mental health, high dependency community care and child health. Multi-purpose Services are encouraged to form networks with other health service

1 Final MPS Model Statement Oct 2002
The Multi-purpose Service (MPS) Model has been endorsed by the Commonwealth, all States and Territories through AHMAC's National Rural Health Policy Subcommittee. This document is intended to provide guidance to communities interested in the development of MPS http://www.health.qld.gov.au/hssb/hou/integration/rural/17645.pdf (accessed 23/09/2009)

providers (for example, general practices, diagnostic and other specialist services and ambulance services) in the region to build referral networks resulting in coordinated care.

The Multi-purpose Service Program operating framework is defined by the following core elements:

1. **Health service needs** – determined by the local community and contained in an integrated health services plan, taking into account regional demography, epidemiology, socio economic status, culture, environment, health service infrastructure and availability of service providers
2. **Governance** – a single management structure to oversee the Multi-purpose Service program with members drawn from its geographic catchment area - replacing multiple Boards of Management
3. **Funds –** Commonwealth, state and local government funds pooled and directed to purchasing health and aged care services according to the agreed health services plan
4. **Flexible use of funds** – health and aged care service types and levels adjusted or redirected according to changing needs rather than specific program funding targets with flexible and responsive working arrangements for staff
5. **Reporting arrangements** – streamlined reporting against services plan replacing reporting against multiple programs
6. **Accreditation** – a single accreditation process replacing multiple processes
7. **Evaluation** – a single evaluation framework.

The Multi-purpose Service program is designed to be a national health rural services delivery strategy – a carefully thought out, clearly stated policy intent, supported by a framework for implementation. Within this framework, health needs, health services plans, health and aged care service delivery arrangements, governance, and funding are locally (rather than centrally) defined and managed.

The value of various Multi-purpose Service program elements is recognisable in a number of the National Health and Hospitals Reform Commission's recommendations. For example, Comprehensive Primary Health Care Centres and enrolment of families with young children and people with complex and chronic diseases with a single primary health care service to improve continuity and coordination of care and access to multidisciplinary services.

In the following section, we examine each of the Multi-purpose Service program elements to see if they are still relevant and as part of understanding this to see if there are any additional elements that are critical to the success of establishing and maintaining sustainable Multi-purpose Services.

4. A model supporting diversity and innovation

As of publication of this paper, there are 126 Multi-purpose Services operating across Australia:

- New South Wales – 49
- Western Australia – 30
- Queensland – 22
- South Australia – 14
- Victoria – 7
- Tasmania – 3
- Northern Territory – 1

There are no Multi-purpose Services in the Australian Capital Territory. The services differ on many dimensions as set out in appendix 1, reflecting the history and culture of towns covered by each Multi-purpose Service and their commitment to service planning based on local needs assessment, including those of Indigenous people. In this paper, Indigenous specific issues and services are not separated out from the general principles for planning, development and management of Multi-purpose Services to meet the needs of their communities in culturally sensitive ways. Where Multi-purpose Services co-exist with Indigenous specific services, care is taken to collaborate on mutually negotiated grounds.

The diversity arising from these factors contributes to the uniqueness of Multi-purpose Services and should be respected and maintained to ensure locally responsive services. Importantly, rural, regional and remote local communities want the capacity to advocate on their behalf for a range of health and aged care services that they determine are needed.

Diversity also arises from the way each jurisdiction governs Multi-purpose Services – determined by the policy frameworks that have been adopted by each jurisdiction. This creates tensions where the governance and operating arrangements are not closely aligned with the intent of the Multi-purpose Service program philosophy and objectives, or with what is understood about the critical success factors. An example of this is the potential for disparity between local and central needs and requirements. Another arises from the independence of Multi-purpose Services (pooled funding, locally determined needs and service plans, local governance, flexibility of services) and states' rural health policies.

With states and territories administering the Multi-purpose Service program, each jurisdiction has its own basis for rural service delivery strategy and consequently, the way that Multi-purpose Services are implemented. There are also tensions between the different jurisdictions and with the Commonwealth about the adequacy of funding levels and responsibilities, and level of commitment to the Multi-purpose Service model.

With a commitment to community engagement, these tensions are played out in Multi-purpose Services where needs-based service planning results in diverse service profiles and often innovative service delivery. Examples are included below.

Upper Murray Health and Community Services Multi-purpose Service

Located in Corryong in North East Victoria 130 km from Wodonga in Victoria

Established in 1995
Population catchment: about 3,500

Community determined priorities
Demographic and epidemiological profiles
Evidence based case studies
Community led consultations to plan, develop, implement and review service quality

Services offered
General Practitioner bulkbilled services
Accident and Emergency Service
Acute beds
Aged care
Home support
District nursing
Allied health
Coordinated care
Day activity
Health promotion
Prevention programs
Retirement village
Gymnasium
Learning facility

Governance
Local Board of Management

Key relationships with others - various formal and informal arrangements
Hume Health Services – a collaboration with hospitals, Bush Nursing Hospitals, community health services, Primary Care Partnerships, Division of General Practice residential aged care services and Department of Human Services for a regional health services planning platform
Memorandum of Understanding with local secondary college and primary schools for counselling and welfare services
Memorandum of Understanding with Towong Shire to undertake shire wide health planning
Service Agreement with Walwa Bush Nursing Centre for primary health and Home and Aged Care Community services in Walwa/Jingellic area
Service Agreement with Wodonga Regional Health Service for allied health services

Upper Murray Health and Community Services Multi-purpose Service includes consumers in a range of strategies to plan, develop and implement services as well as in reviewing service quality. It has a Community Liaison Group that links the Multi-purpose Service and the community by providing information about services to the community, recruiting consumers to quality teams, providing feedback, and participating in agency corporate planning and service development. A consumer health advocate complements the community participatory strategies.

Gilgandra Multi-purpose Service

Located 68 km north of Dubbo within Greater Western Area Health Service in New South Wales

Established in 2002

Population catchment: 4,523

Accommodation

31 bed facility – 12 acute and 19 residential aged care beds

Resident accommodation consists of single rooms with ensuites, ample storage, light and ventilation. A laundry, sitting room, dining room and quiet room amenities

A Diversional Therapy program runs 20hrs/week with group/individual resident programs. Pleasant gardens and grounds surround the Multi-purpose Service

Multi-purpose Service has an active residents' committee comprising residents, family members, nurse manager and health services manager

Integrated multidisciplinary model of care providing

Emergency services - 3 General Practitioners with Visiting Medical Officer admitting rights offer 24/7 on call service

Acute medical care

Mental health services

Drug and alcohol

Palliative care

Day care

Dental health

Optometry services

Primary/community health care

Key relationships with other services in area

Gilgandra community pharmacy

Outreach services from Dubbo

Aged Care Assessment Teams provided from Lourdes Private Hospital, plus inpatient rehabilitation services contracted from Greater Western Area Health Service

Ambulance Service and Meals on Wheels operate from Multi-purpose Service site

Key contributors to success

Strong relationship with community, Gilgandra Shire Council and adjacent health services

Barriers to success

Recruitment and retention of trained and skilled staff

Gilgandra Multi-purpose Service has its services collocated on its site. It has a Multi-purpose Service Advisory Committee that links the Health Council to the community. The Multi-purpose Service has a committed group of volunteers and has strong partnerships with the local council and other community groups that make work possible on specific service improvement projects. The Multi-purpose Service attributes the high use of its integrated primary health care services to its community partnerships.

Dirranbandi Multi Purpose Health Service

Located 641 kms from Brisbane within the South West Health Service District in Queensland

Established in 1999
Population catchment: 706 (2006 census data)

Accommodation
11 bed facility – provision for acute care as well as 2 flexible high and 4 flexible low residential care places
Residential aged care area is due to be upgraded in 2009/2010 to improve quality of accommodation
Planning is guided by input from community groups / Health Advisory Group / Community Needs Analysis / Satisfaction Surveys / Accreditation Process
Ongoing satisfaction surveys are conducted with feedback being directed towards improving service.
Currently accredited for 3 years as part of the South West Health Service District accreditation process.

Services based locally
Emergency services – 1 Doctor who is Medical Superintendent with Right to Private Practice.
Acute medical care
Palliative care
Community Health Nurse
Home and Community Care
Indigenous Health Worker
Meals On Wheels
Child and Family Health Nurse

Visiting services
Adult and child and youth mental health services
Alcohol, tobacco and other drugs service

- *Physiotherapy*
- *Women's Health Nurse*
- *Speech Pathology*
- *Social Work*
- *Dietetics*
- *Occupational Therapy*
- *Podiatry*
- *Dental*
- *Aged Care Assessment Team*

Visiting services are provided from St George and Roma

Key relationships with other services in area
Ambulance Service is collocated with the Multi Purpose Health Service
Strong working relationship with education and police departments
Strong working relationship with visiting service providers

Barriers to success
Recruitment and retention of trained and skilled staff

Dirranbandi provides an integrated primary health and aged care service, including Indigenous specific services, and supplementing local shortages with visiting health professionals.

Campbell Town Health and Community Care

Located 130 kms from Hobart and 70 kms from Launceston in Tasmania

Established in 1992
Population catchment over 2300

Service model
Capital redevelopment resulting in a facility bringing together
Residential aged care
Hospital
Outpatient
Community services

Governance
Operated by Department of Health and Human Services
Community Advisory Board known as Community Services Board supports operation of Multi-purpose Service

Key relationships with other organisations
Shared service delivery programs with local government – youth and early childhood
Involved with local district high school eg social worker/clients healthy morning teas with community nurses, joint activities between students and aged people
Involved with community groups – supporting community development, local newsletter, Community Services Board providing information, opinion and feedback

Critical success factors
Strong philosophy of community development and capacity building
Leadership promoting community engagement at all levels of Multi-purpose Service
Integration of all services with proactive client review and planning
Building relationships between Multi-purpose Service workers and community members/groups – listening and responding, transparency and accountability to community

Barriers to success
Challenges to changing service delivery and achieving flexibility – bureaucratic, award structures, industrial issues, community expectations
Difficulty growing funding base
Burden of clinical governance processes in small rural sites with limited staff
Inadequate support for new models of care; chronic disease management, telehealth, therapy assistants, after hours dementia care

Many of the Multi-purpose Services offer services that appear modest if viewed from a large program perspective but given that the Multi-purpose Service program is about delivering local responses to local needs, they make a real difference to the quality of life of people living in the small communities. More importantly, the services are the outcome of communities working together.

For instance, the Multi-purpose Service within Greater Southern Area Health Service in New South Wales has developed strong partnerships with its local communities that have resulted in many innovations. A few additional NSW examples are listed below.

Henty Multi-purpose Service

'Myoora' Hostel is joined to the Henty Multi-purpose Service and managed by United Protestant Association. The Multi-purpose Service residents have been invited to participate in gentle exercises each morning which includes social contact and morning tea. Riverina Division of General Practice also provides a Heart Moves Programme twice a week. Two of the Multi-purpose Service residents participate in these activities most weekday mornings. Its staff members ensure residents are clean and dressed and willing to participate, and then it is a short walk down the corridor to 'Myoora'. 'Myoora' staff escort them back after the activities. The Multi-purpose Service and hostel share key pad access to both buildings.

Technology

In one case, Henty Multi-purpose Service used a digital camera and established a link with the Concord Repatriation General Hospital Burns Unit to manage a radiator burn sustained by a Henty resident who did not want to be treated outside of Henty if she could avoid it. The service received excellent support from the unit and was able to be guided through an assessment and dressing regime that provided an excellent outcome for the resident.

The team based approach has been adopted on four occasions whereby the General Practitioner has provided a referral to the outpatient clinic of the burns unit. The patient has been able to travel to Sydney for review via the Isolated Patients Transport and Accommodation Scheme [2] where they are assessed, treated and provided with dressing materials as appropriate. One of these patients had initial management of the burn at the Multi-purpose Service and travelled to Concord Repatriation General Hospital Burns Unit where he received a graft and was discharged back to a neighbouring small town. He had been previously managed at a large base hospital and discharged after two days with a referral to the community nurse for follow-up.

2 *Isolated Patients Transport and Accommodation Scheme* assists people in isolated and rural communities to gain access to specialist medical treatment not available in their own area.

Boorowa Multi-purpose Service

A beautiful 'serenity garden' has been developed by the town for the Boorowa Multi-purpose Service as it did not have any safe outside access for its residents. The second stage of this garden is about to be developed.

A town group wishing to set up a sustainable native garden for people to view and copy, will set up the garden with paths and other facilities in the grounds of the Multi-purpose Service to allow residents to enjoy the garden as well as have contact with the people who come to view the garden.

Boorowa Multi-purpose Service has been working with the Council and transport department and has recently commenced a weekly bus run to take people to Young for appointments, as the town has very limited public transport.

Braidwood Multi-purpose Service

Braidwood Multi-purpose Service has started a joint training program with the ambulance service on its premises. The training is based on practising clinical skills around presentation scenarios that may or may not have actually occurred at the site. The sessions provide an opportunity to debrief informally and identify potential areas for improving care or equipment.

The sessions are conducted by the ambulance trainer and are attended by Visiting Medical Officers, nurses, physiotherapist, and the local ambulance officers while the residential care assistants, pharmacist and welfare officer can also attend if they are available on the day, especially if they were involved in an incident. It helps to build not only clinical skills but the sense of being part of team for the whole group.

Each of these Multi-purpose Services offers a story of success and a realistic understanding of and adaptation to the constraints and challenges arising from its specific location and geography, small population, isolation, limited funding, and limited range of on-the-ground health service providers. Each relies on strong local and collaborative public and community relationships to deliver its own integrated primary health and aged care service and links in with other specialist services available in larger regional and metropolitan areas.

5. Health service needs: whose health needs and who decides?

The Multi-purpose Service program places community engagement at the centre of identifying and prioritising regional health and ageing issues. This is seen as being critical to community ownership and support for the Multi-purpose Service - activities that need to be planned and managed over a period of time to build community confidence in the proposed service, and beyond.

Upper Murray Health and Community Services Multi-purpose Service is in Victoria, and is an example of where community engagement has been central to the process of assessing the need for a Multi-purpose Service, and establishing and operating it (see the box in Section 4 above). Two community consultations (in 2002 and 2008) have been undertaken using the following three steps:

1. Developing demographic and epidemiological profiles for the catchment population
2. Developing evidence-based case studies relating to priority areas identified in step one
3. Developing and implementing a community led consultation process – to provide information and increase capacity to understand health and well being issues.

This process forms the basis for involving the community in the next stages of planning, implementing and reviewing service quality. Upper Murray Health and Community Services reports high levels of community participation on both occasions. At an operational level, a consumer health advocate and a consumer liaison group ensure strong community participation in planning and service development of the Multi-purpose Service. From an external perspective, Quality Improvement and Community Services Accreditation Inc (QICSA) commended the Multi-purpose Service for its highly effective and participatory community engagement model as part of its re-accreditation in 2008.

In New South Wales, the approach is different. The needs analysis and service planning framework is determined by NSW Department of Health. Its *Guidelines for NSW Multi-purpose Services* (Circular 98/4515, June1998) state that "*the MPS is operated and managed by the Health Services in which they are located. Each Health Service's Board is to establish a MPS Committee for each MPS site in accordance with the Health Service MPS by laws to provide advice and make recommendations to the Board in relation to*

the operation and management of the Board". The Board is not required to accept the recommendations.

NSW Area Health Services are to identify through their Area Asset Strategic Plan and Area Healthcare Service Plan and/or Clinical Service Plan a potential Multi-purpose Service, its range of services and site. Health Services consult the community after in-principle approval for capital planning funds has been received to commence the development of a potential Multi-purpose Service. Some communities have established Multi-purpose Service committees, although if a capital investment is required and to manage community expectations, a formal committee is established once funding is identified and announced.

Planning takes place in the broader context taking into account any key strategic directions informed by the Commonwealth, the NSW State Health Plan, the Performance Agreement between the Health Service and NSW Health and local issues.

Gilgandra Multi-purpose Service falls under the jurisdiction of the Greater Western Area Health Service (or Health Service). Gilgandra indicates strong community participation through the Gilgandra Health Council/Multi-purpose Service Advisory Committee. This committee provides advice/feedback to the Health Service on local health needs and issues, takes part in planning, delivery and evaluation of health services and works with others to improve the health and well being of the community. There is a strong volunteer network and strong relationships between Gilgandra and the Shire Council and other health service providers in the region.

In Queensland, a new planning and targeting approach for the development of new Multi Purpose Health Services sites was introduced in 2007. Queensland Health developed the process in cooperation with the Commonwealth Department of Health and Ageing. The approach consists of three phases each of which uses a common template and is oversighted by a Joint Officers Group from the two levels of government. To date, seven sites have become operational using this approach and another six are in the process of completing their investigation phase.

The phases are:

1. **Self Assessment Phase** where the site uses simple criteria to see if it meets basic program requirements. Sites that meet basic criteria are assessed by the Joint Officers Group using the **Site Selection Tool** and explanatory notes. The Joint Officers Group is responsible for agreeing which sites will be investigated next.

2. **The Investigation Phase,** resulting in a **Feasibility Study,** develops a broad funding application that provides evidence that the site meets program funding criteria, demonstrates the site's potential and proposes the number of flexible aged care places needed. This phase involves documentation, community engagement and the election of a community based steering committee representing consumers and local service providers to assist with the study.

   A full day Rapid Needs Appraisal workshop open to the entire community is a critical component of this phase. During the workshop participants map the economy, environment and the community of the proposed Multi Purpose Health Service catchment area. Having done this, they address the health needs across the lifespan, an age cohort at a time, and finally identify priority needs by age group.

   The results of the Study are assessed by forwarded to the Department of Health and Ageing seeking formal agreement to proceed to the next phase and a provisional allocation of flexible aged care places. Once the Department of Health and Ageing provides advice on a provisional allocation of flexible aged care places a more detailed service planning for the site can commence.

3. During the **Planning Phase,** leading to a site specific **Planning Study**, a service model and a detailed three year operational plan is developed. The planning phase involves input from the local steering committee and local stakeholders. Once completed the Planning Study is forwarded to the Department of Health and Ageing for approval. Once approval is received, an agreement is signed by the relevant interdepartmental delegates and funding to the site begins to flow.

South Australia has recently developed nine new Multi-purpose Service sites across the state. Each of these sites undertook extensive community engagement to garner the support of the community as well as meet any concerns that were raised.

The five longer term Multi-purpose Service sites in SA are also undertaking a new service delivery planning process. For example, the Mid West Health site has used a number of community engagement strategies to assist in identifying needs across the catchment. In 2008, it undertook a householder survey in each of its three main catchments of Elliston, Streaky Bay and Wudinna. A total of 255 surveys were returned. The questions focused on access, utilisation, capacity of the health service to meet local needs, quality, health promoting and risk taking behaviours. Ongoing community engagement across each of the three main towns is maintained via Health Support Groups that meet regularly to provide information from and to the Mid West Health Service.

The integration of health services needs to focus on the local level of need. As Multi-purpose Service sites come under wider regional structures of *one approved provider*, as is the case in South Australia, there is a risk that the services provided by the Multi-purpose Service site may be disadvantaged and thus not able to achieve the flexibility required to meet the needs of its communities.

These are four examples of the diversity of approaches to community participation in the design, establishment and management of Multi-purpose Services – three of which place the *community at the centre* of planning, decision making and management and one that places the *state health department at the centre* of planning, decision making and management. The expansion of Multi-purpose Services to meet the primary health and aged care needs in rural and remote Australia into the future provides an opportunity for the Commonwealth and states to recommit to community participation and control in planning and managing local health service delivery.

Recommendations

4. **Commonwealth and states/territories recommit to the principles of community participation and engagement in planning and managing Multi-purpose Services.**
5. **Commonwealth and states/territories support principles for quality for assessing community needs, and services planning and implementation, to which the standards of various quality frameworks should be mapped (for example, QICSA).**

6. Governance arrangements for Multi-purpose Services

Does it really matter what the governance arrangements are?

The Multi-purpose Service program promotes a single management structure made up of representatives of health services that form part of the Multi-purpose Service, and other relevant stakeholder and community members. The single management structure replaces all other governance arrangements and has sole authority and accountability for all aspects of the Multi-purpose Service's operations[3]. This single management structure has taken various forms for various reasons.

There is a powerful rationale behind having a single management structure and Victoria would argue that this works most effectively when it is vested in a single Board of Management whose purpose is to create a shared vision of the Multi-purpose Service as a single entity, share common goals under one service plan and funding pool. The strength of this approach is that authority to make decisions and accountabilities for these lie with a single entity of local appointees, such as a Board of Management. There is no opportunity for shifting blame for failing to deliver on promises. It presents opportunities to take risks and test innovative approaches to growing the Multi-purpose Service.

In reality, only Victoria has embraced local governance like this for its Multi-purpose Services, supported by legislation and guidelines on establishing single Boards of Management. Where the Multi-purpose Service covers a number of towns, the single management structure is constituted to include members from the obsolete boards and in some cases complemented by additional community advisory committee arrangements. In all the other states, the single management structure is via state government health departments, apart from two that are managed by the non-government sector.

A snapshot of the governance arrangements by state follows[4].

Queensland has 22 Multi-purpose Services of which 21 are managed by Queensland Health and one by a non-government organisation. Six further sites are currently under investigation with more to be identified during the course of 2009.

Tasmania has three Multi-purpose Services of which two are managed under the auspices of the Area Health Service and one is managed by the non-government sector.

3 Final MPS Model Statement Oct 2002.doc page 5

4 Information on numbers of Multi-purpose Services and their governance arrangements provided by the states

Victoria has 7 Multi-purpose Services operated by independent Boards of Management established under clear guidelines.

Western Australia has 30 Multi-purpose Services with the Minister for Health holding the authority as the Board with management under the auspices of the WA Country Health Service (state government).

South Australia has 14 Multi-purpose Services located across 26 communities overseen by the state government unit Country Health SA Hospital Inc. It is the approved provider of all rural and regional health units for South Australia. Further Multi-purpose Services are planned.

New South Wales has 49 Multi-purpose Services managed within the Area Health Services management framework.

Northern Territory has one Multi-purpose Service managed by the Government.

Braidwood Multi-purpose Service in New South Wales

"The MPS is an example of a truly flexible model of services that provides the flexibility to respond to changing needs of the community.

Our successful model hinges around:

- *a single assessment process*
- *multi-skilled staff able to work anywhere in the service*
- *skilled professional staff committed to the multidisciplinary case management team*
- *community consultation and input into the direction of current services*

Recent changes within NSW Health to streamline support services have had some unintended consequences for a small site like ours, for example removing our ability to move staff between roles or control costs in maintenance or hotel services locally. This challenges our cost effectiveness and viability.

There have been many valuable gains from being part of a large Area Health Service, such as access to a large pool of expertise not available locally. However, the loss of local governance has also challenged our service. The larger organisation's energy and focus is directed to the Base and District Hospital sites where the bulk of acute activity occurs. The resulting 'one size fits all' approach does not sit easily with the MPS framework which requires flexibility to succeed.

Flexing funds to needed services has always been a strength of the MPS with staff rotating through services. It is now necessary to have multiple specific cost centres.

Another example of the impact of the change is the inability to pursue the planned transfer of funds for Home Care services to the MPS. Previously the Braidwood MPS was recognised as a suitable entity to receive funding to deliver Home Care services locally and had been doing so since the inception of the MPS in 1994. However the larger Area Health Service was not recognised as an approved provider and therefore the plan to progress the cashing out of funds did not proceed.

As a result, Home Care tried to manage and deliver the services directly from Goulburn/ Queanbeyan, but was unable to maintain a viable workforce and the service to the Braidwood community has been severely compromised.

Excerpt from Braidwood MPS, Greater Southern Area Health Service, 2009

The key difference between governance arrangements that fall under state government health departments and those that fall under single Boards of Management is that the former do not offer the community the opportunity to realise the potential of operating as a community-driven health service provider in similar ways to those that have local governance arrangements, or are managed by the non-government sector. Examples of the various arrangements are provided below.

In NSW, Multi-purpose Services are governed by the local area health services, changing significantly the role of the community in planning and managing health and aged care services. As a pilot site in NSW, Braidwood Multi-purpose Service was set up as originally intended, with a single Board of Management established in1992 to guide the process of integrating all services. It appeared to work, generating a lot of enthusiasm within its community[5]. Local governance of Braidwood has since been brought under the Area Health Service within which it is located. The Multi-purpose Service has indicated that this change in governance led to a reduction in its funding and services.

All Queensland Health Multi-purpose Services are required to have a Community Advisory Network to advise the service. These networks meet regularly and act as a link between the Multi-purpose Service and the rest of the community.

Campbell Town Health and Community Service in Tasmania is operated by the Department of Health and Human Services and combines a number of departmental programs and Home and Community Care services which were previously auspiced by the Northern Midlands Council. A community advisory body known as a Community Service Board supports the operation of the Multi-purpose Service (excerpt from case study, 2009).

In South Australia, Multi-purpose Services were governed by individual Boards of Management prior to July 2008, when they were brought under a state government administration via a single approved provider, Country Health SA Hospital Inc. Each site has a nominated Health Advisory Council comprising a cross section of the community.

MPSs governed by state health departments have community advisory boards or committees but they have no decision-making powers[6], or limited influence depending on the approach of the Chief Executive Officer or local manager to sharing authority,

5 Multi-purpose Services: The Braidwood Experience, Anthony J Bailey, Manager Braidwood Multi-purpose Services, Mount Beauty 3-5 February 1995

6 Greater Western Area Health Advisory Council Charter, Greater Western Area Health Service , NSW Health *"The Area Health Advisory Council does not have an operational or management role" quote from page 3*. Version 3 March 2006

effectively limiting local responsibility and control. Nevertheless, community advisory committees have an important role in the governance of Multi-purpose Services because of their public participatory nature and contribution in the areas of planning and relationship management between the service and community.

For Multi-purpose Services set up with a Board of Management, the experience has not always been easy. There have been instances where regional service delivery problems have been the catalyst for creating a Multi-purpose Service, and the new Board of Management has had to go it alone from the first day of its appointment.

In others, there have been unrealistic expectations about the timeframe needed to establish a well functioning Multi-purpose Service. This has contributed to tensions within and between communities, stakeholders and government departments, particularly around funding and expanding the Multi-purpose Service. However, where Boards of Management have been set up with the authority to govern Multi-purpose Services within realistic timeframes, and have had appropriate appointments and support in fulfilling their role, the story is different.

As part of rejuvenating the Multi-purpose Service program, there is an opportunity for the Commonwealth and states to recommit to strong local governance, management and leadership. In effect, this will create a strong local health service entity with which the community can identify. A prerequisite will be the establishment of single health service entities protected by legislation with corporate and health governance responsibilities. Also, commitment from states to continued funding of a range of basic acute, aged care, community and community health services under the single entity; accountability mechanisms that include prescribed reporting of financial, service and quality outcomes that also includes accreditation.

Recommendations

1. **Review governance arrangements for Multi-purpose Services in the context of identifying the most effective approach to achieving the outcomes sought from the Multi-purpose Service program.**

2. **Review Multi-purpose Service Boards of Management/governance structures to identify successful behaviours and compile these into a resource to assist new Boards to fulfil their roles.**

3. **The Commonwealth supports the establishment of education and training in management for existing and new Boards of Management of Multi-purpose Services.**

4. **Assess the viability of introducing a mentoring program within and between states for newly established Boards by experienced Boards.**

7. Funding

Is the pooling of funding meeting the objective of supporting sustainable health and aged care services to communities?

The uptake of the Multi-purpose Service program across rural and remote regions would indicate that the pooled funding model is successful in keeping health and aged care services viable in those areas. The table below summarises the funding sources and services provided by Multi-purpose Services across the states[7]. More detailed information is in appendix 1.

7 Provided by state and territory members of the working group, 2009

NSW	Victoria	Queensland	SA	WA	Tasmania	NT
Federal funding for aged care State funding for acute care & community & primary health care Some Home and Community Care funding for community care Previously accessed small amount of federal project funding through Regional Development Grants	Dept of Human Services main funding sources include acute, subsidised residential aged care and primary health Opportunities to apply for other Dept of Human Services funding depending on community need eg child care, maternal child health, disability, drug/ alcohol. HACC (joint state/ federal) Dept of Human Services funding sources for both flexible and mainstream residential and community aged care Various federal rural health opportunities eg dental Victoria's Multi-purpose Services have a strong capacity (and confidence) to seek varied funding opportunities Range s from 8-47 services in each Multi-purpose Service	Federal funding for aged care State funding for acute care; primary health care, including children's, youth, women's, and men's health; mental health; Aboriginal health; palliative care. The range and mix of services varies from site to site. Some services receive Home and Community Care funding but this is rarely pooled Some Multi-purpose Services provide in-kind support to visiting services provided private and by non-government providers There is limited capacity to access other funding Some receive Home and Community Care funding but this is rarely pooled Primarily hospital based services with a small number of community based services	Federal funding for aged care State funding for acute care Home and Community Care funding for community care Small Dept of Veterans' Affairs programs and other grants Multi-purpose Services may seek other funding but lack of skill in writing grant proposals is a barrier	Funding sources include federal Multi-purpose Service payments (including Respite), Home and Community Care and State Government contribution (via WA Country Health Service Additional funding usually not available as ineligible for funding through sources such as National Rural Primary Health program as a state government organisation	Federal, state and Home and Community Care funding Capacity to obtain additional funding through any grants program	No information

In Western Australia, all funds are pooled centrally and then allocated to regions, where the WA Country Health Service's regional management teams determine specific Multi-purpose Service sites. In South Australia, there are diverse funding models within the state – with Multi-purpose Services co-located with regional Health Services having separate funding and reporting arrangements. Within South Australia, the *"emphasis remains on funding streams and programs to allow services to be planned and delivered to*

meet needs as they change'[8]. In South Australia's Eastern Eyre region covering the main towns of Cleve, Cowell and Kimba, there has been a significant increase in primary health care and community oriented services. This has been achieved even though all funding is not pooled, by the ability of staff to attract additional funding and with the local leadership team of the Multi-purpose Service able to monitor and respond promptly to changing health needs of the community.

The experience from Braidwood demonstrates the fragile nature of standalone services such as Multi-purpose Services competing against state plans, particularly where they are part of the state bureaucracy. It also demonstrates the interplay of governance, funding and flexibility issues faced by Multi-purpose Services and their impact on service providers and clients, and the difficulty that exists in disentangling the contribution of each element to the success of the Multi-purpose Service.

7.1 Funding cycle

The funding period for Multi-purpose Services is three years, but in reality many Multi-purpose Services regularly experience long delays in renewal of funding agreements and have had to rely on rolling extensions of funding. The uncertainty inherent in delays in re-funding poses challenges for Multi-purpose Services. For example, presently in NSW funding for Multi-purpose Services is being approved for 12 months only pending a review of the Multi-purpose Service program and decisions about its longer term future.

The nature of the Multi-purpose Service program lends itself to longer term funding cycles and Multi-purpose Services are supportive of extending their service plans to five years. This is in recognition that three year service plans are too short to demonstrate gains in primary health care. A number of Multi-purpose Services have developed five year service plans.

7.2 Aged care

A number of Multi-purpose Services in Victoria, New South Wales, Queensland and South Australia have raised specific concerns related to aged care service delivery under the pooled funding arrangements. The concerns about aged care services fall into a number of areas. Many Multi-purpose Services have a mix of fixed cashed-out funding and mainstream fee for service arrangements regulated under the Aged Care Act which places restrictions on how agencies can use funds. The funds cannot be pooled.

8 Quote from comments provided by South Australia, 2009

Funds that are cashed-out remain fixed and do not take into account the changing needs of aged care recipients over time - from low to high and end-of-life care. As the trend is towards higher acuity of care, Multi-purpose Services are experiencing a funding shortfall. This is a consequence of funding levels and daily aged care subsidy rates not being adjusted to reflect the increased level of frailty of clients entering services. However, this has been addressed to some extent in mainstream aged care funding with the introduction of the Aged Care Funding instrument.

Service providers are responding in different ways to this – some are carrying the costs by cross subsidising from other services, others are refusing to accept aged persons with high dependency needs, or keeping beds vacant, as Commonwealth funding is guaranteed. In other cases, Multi-purpose Services indicate that pooled aged care funding is redirected to other services administered by the jurisdiction – a policy of sharing total resources among regions.

Overall, these practices result in some aged people not receiving the appropriate care when they need it. This is an area that would benefit from review to allow pooling of aged care funds, as part of addressing the inequities of funding to rural and remote communities, and as recommended by the National Health and Hospitals Reform Commission.

Some Multi-purpose Services (only 6 in Queensland) also receive regional health services funding which requires separate reporting and accountability and limits flexible use of the funds by Multi-purpose Services. If these services are to operate more effectively as principal providers of primary health care services into the future, all funding sources should be consolidated into the flexible funding pool arrangements including those for basic acute care.

It is important, however, that primary health care is prioritised as pooling this money can introduce the risk that once it is absorbed, acute or aged care needs take precedent. The Regional Health Services Program has onerous administrative requirements for the amount of money each site receives. Streamlining the reporting and having more flexibility within that program would benefit both Regional Health Services attached to Multi-purpose Services and standalone services.

The absence of uniform requirements for staff caring for aged persons in Multi-purpose Services to have specific aged care training or qualifications diminishes the intent of the program to improve access and quality of care for its population, particularly aged persons.

7.3 General practitioner services

A number of Multi-purpose Services include General Practitioners who provide a range of primary health care services under a fee for service arrangement funded by Medicare in the form of rebates to consumers. Limited access to non General Practitioner provided primary health care services such as nursing, allied health and dental services is available on referral from a General Practitioner in order to attract Medicare rebates.

The issue of pooling Medicare funds for primary health and aged care into the Multi-purpose Service program been raised by Multi-purpose Services and is one way of integrating general practices into Multi-purpose Services and strengthening the community based model of primary health care. The work underway on an expansion of the role of health professionals and role substitution in geographic areas where there will always be a shortage of General Practitioners may increase the effectiveness of Multi-purpose Services.

The Reform Commission recommended pooling funds through capitation payments to primary health centres to provide care for young families and people with complex and chronic illnesses. It supports the expansion of Multi-purpose Services as a model of integrated health care services in rural and regional areas with population catchments of up to 12,000 where some GP services are likely to be available. This will offer Multi-purpose Services the opportunity to continue to look at innovative ways to ensure General Practitioners have an active role in their service.

7.4 Capital and infrastructure

Many Multi-purpose Services were provided with capital and infrastructure funds to set up integrated services following their establishment and through the mid 1990's to the mid 2000's. However, no capital funds are attached to the program and funded by the Commonwealth. The joint Commonwealth/state agreement on Multi-purpose Services is that the Commonwealth has no responsibility for capital for Multi-purpose Services and the Commonwealth has stood by this agreement. The difficulties arising from this arrangement are evident in aged care where for example, Multi-purpose Services have been excluded from capital funding measures provided to mainstream funded aged care providers, such as the $1000 per place under the capital program for Information Technology.

At the state level, Multi-purpose Services face different challenges in a bid for capital funds where they have to compete for funds alongside requests for hospital

refurbishments or developments in metropolitan areas. The Multi-purpose Services miss out because states accord metropolitan bids higher priority. Many rural facilities are so poor that they would need replacement rather than refurbishment and provide massive challenges for the local communities to deliver safe services.

Consequently, the issue of access to capital is a real one for Multi-purpose Services. If Multi-purpose Services are to be expanded, and as part of this, re-invigorated as principal primary service agencies, capital and infrastructure funding has to be considered an essential part of maintaining Multi-purpose Services viable and ensuring continuing support both from the community and service providers. In this context, the issue of capital funding should be a fundamental aspect of an evaluation of the program.

There are additional opportunities for Multi-purpose Service funding arrangements in the future that arise out of the wider recommendations of the National Health and Hospitals Reform Commission. These include the need for public health services to be not only maintained but improved, with funding for rural and remote communities adjusted and based on average per-capita funding. This provides some assurance for communities and services concerned about future funding from state governments seeking to rationalise services, such as basic emergency and acute care services provided by small rural hospitals to larger regional centres, that the range of services in place now should not be degraded.

Commonwealth and state/territory governments could strengthen Multi-purpose Services by cashing out funding of any existing and new programs that lend themselves to being delivered by Multi-purpose Services.

Other opportunities lie in Comprehensive Primary Health Care Centres, voluntary enrolment in a primary care centre for young families and people with complex and chronic conditions, and the proposed GP Super Clinics, all of which share a common aim - to improve access to and equity of, cost effective health and ageing services. All of these initiatives cut across the scope of services that already do, or with imagination could, potentially come under Multi-purpose Services.

Multi-purpose Services are well placed to take advantage of information and communications technologies as part of broadening and delivering their scope of services more effectively, particularly in larger population and geographic catchment areas. This is likely to become more accessible as funding becomes available for widely available for teleconferencing, remote consultations and staying in touch with patients who commit to greater self management, but need support.

Recommendations

1. **Funding for Multi-purpose Services is directed to meet the priorities identified by the community in its health service plan.**
2. **Funding for Multi-purpose Services is based on a five year service plan adjusted for real growth.**
3. **Funding for capital and infrastructure works for Multi-purpose Services is reviewed to inform future directions for supporting integration of services and ensuring facilities are adequate.**
4. **Commonwealth review the model of funding for different services, especially aged care subsidies and regional health services, and the states/territories their range of services, for consolidation into the funds pooling arrangement.**
5. **The levels of pooled aged care funds be reviewed to take into account the demography of Multi-purpose Services and projected increases in the levels of frailty of their aged populations and provide for adjustments to meet higher costs.**

Woorabinda Multi Purpose Health Service

Located approx 674 km North West of Brisbane and 150km from Rockhampton in Queensland

Established in 1999

Population catchment: 960 (predominantly Aboriginal)

Accommodation

10 bed facility – 6 acute care beds and 4 flexible high care places

Residential Aged Facility –15 flexible low care places

2 chair Satellite Renal Unit – to recommence limited service June 2009

Planning is guided by input from community groups Council/ Community Needs Analysis / Satisfaction Surveys / Accreditation Process

Ongoing satisfaction surveys are attended with feedback being directed towards improving service.

Services based locally

Emergency services – 1 Doctor who is Medical Superintendent with Right to Private Practice.

- *Acute medical care*
- *Community Health Nurse*
- *Indigenous Health Workers*
- *Child and Family Health Nurse*
- *Alcohol, tobacco and other drugs services*
- *Palliative care*
- *Home and Community Care*
- *Meals On Wheels*

Visiting services

- *Adult, child and youth mental health services*
- *Physiotherapy*
- *Women's Health Nurse*
- *Speech Pathology*
- *Social Work*
- *Dietetics*
- *Paediatrics*
- *Gynaecology*
- *Occupational Therapy*
- *Podiatry*
- *Dental*
- *Aged Care Assessment Team*
- *Ophthalmology*
- *Cardiology*
- *General Surgery*

Ear, nose and throat specialist services

Visiting services are provided from Rockhampton

Key relationships with other services in area

QLD Ambulance Service is collocated with the Multi Purpose Health Service

Strong working relationship with education and police departments and Local Council

Strong working relationship with visiting service providers

Barriers to success:

Recruitment and retention of trained and skilled staff and accommodation for staff (couples)

8. Flexible use of funds

Does flexibility in itself enable innovation in service organisation and delivery among Multi-purpose Services?

There is no all encompassing definition of *flexibility* in the context of Multi-purpose Services, and the best we can say is that it will be interpreted according to individuals' experiences and world views. However, there is sufficient documentation and broad understanding among Multi-purpose Services that the program was designed to remove barriers to innovation inherent in specific funding streams and programs to allow services to be planned and delivered to meet needs as they change – be this in terms of consumers, location, setting, service provider, service type or cost. In exploring *if flexible use of funds in itself encourages innovation* there are four key factors that create or inhibit the ability to provide responsive health and aged care services in the Multi-purpose Services context. These are:

1. **Funding** – the adequacy or otherwise of the total level of funding available, the range of funding sources, whether all funding is pooled or not, the ability/skill to attract additional funding to grow and broaden services in response to changing needs;

2. **Local control** – the extent to which decision making is local, for example, to shift funds between services and if can this be made quickly on the basis of evidence and lines of accountability;

3. **Leadership** – the professional qualities and business management skills of the chief executive and their understanding of the health sector, level of experience and capability in high level strategic and business planning, financing and management, service delivery models, strong networking ability, a population and community health focus, and capacity to build partnerships within the community, across sectors and providers; capacity to advocate on behalf of the community and lead the organisation; and

4. **Workforce** – the ability to recruit, train, develop and retain the workforce required to deliver the service plan.

Apart from workforce, issues arising from 1 to 3 above are discussed throughout the paper.

All states identify staff recruitment and retention as a key issue that will continue. In Queensland and Tasmania, Multi-purpose Service employees are under the district/ area health service (excluding the service operated by an NGO) with locum agency staff used regularly to meet shortages in medical, nursing and allied health staff. In Victoria, recruitment and retention of General Practitioners poses challenges, however, the use of agency staff is prohibited in legislation. In Western Australia, staff are employed by the local health service with a few Multi-purpose Services using volunteers. In South Australia, staff shortages are linked to higher costs and restricting the capacity to develop services due to the remoteness of many Multi-purpose Services sites.

All states offer some staff training and development but there is no standard approach. Elsewhere, concerns exist about the adequacy of training for staff in the aged care area. Victoria places a strong emphasis on staff training and ongoing development, and funding from the Department of Human Services for service and workforce initiatives, for example, maternity. Similarly, Queensland places a big emphasis on training in aged care delivery and this figures prominently in services' operational plans, and particularly so during the first years of new services.

Funding regimes and the implications for delivering quality palliative care nursing within residential aged care units in Australia.

The funding of residential aged care beds in MPSs by the Australian government has impacted on the level and quality of care that is provided. It is argued that RACFs are able to provide higher quality care because funding is proportional to individual resident's health status throughout the trajectory of residency.

Conversely, MPSs funding is provided on an agreed bed allocation that does not alter, irrespective of resident health status changes. This inflexibility creates a tension for MPSs who must meet the nursing care needs of deteriorating residents without additional fiscal resources. However they are also expected by government to adopt practices to support end-of-life and palliative care using an advocated contemporary approach.

Supporting nursing staff to develop the skills necessary for compliance with the recommended guidelines is restricted by this funding inconsistency. These anomalies require further research and subsequent policy development that addresses rural inequities.

Allen S, O'Connor M, Chapman Y, Francis K. Rural and Remote Health 8 (online), 2008: 903. Available from: http://www.rrh.org.au

Multi-purpose Services such as Campbelltown Health and Community Care (Tasmania), Gilgandra and Braidwood (both in NSW) identify a range of structural issues that inhibit service flexibility, including the use of staff. In some of the newer sites in South Australia, the transition to embracing concepts of role sharing and role expansion are still limited.

In successful Multi-purpose Services, staffing policies encourage more role sharing, and role expansion across all aspects of their operations. Some of this is through formal learning; for example, a physiotherapist undertaking up-skilling to have a basic set of competencies in occupational therapy or podiatry, or training non-clinical staff to be able to provide a range of flexible hotel and domestic services.

In this way, staff can fill gaps in services across settings and make them more viable in small communities but this is likely to happen only if there is a strong culture of valuing staff, training and development and career development planning and opportunity. This approach is consistent with the Productivity Commission's 2006 report on Australia's health workforce and responding to the shortages, and its support for promoting innovative models of delivering care and funding that can be adopted nationally.

Key contributors to success:
The Victorian Department of Human Services governance model whereby local Boards of Management are responsible for governance is a success factor. This enables the MPS to provide services that are responsive and effective to community needs.
Upper Murray Health and Community Services MPS, 2009

The Multi-purpose Service program was created to work around the rigidities inherent in separate Commonwealth and state run programs and cannot achieve its original objectives when Multi-purpose Services remain in all but name a part of a state bureaucracy. To change this would be a challenge, but not impossible.

From the working group's observations, the different approaches to governance and management arrangements of Multi-purpose Services are directly related to the degree of flexibility of service design, development and implementation of Multi-purpose Services.

Upper Murray Health and Community Service (Victoria) is an example where the traditional model of health care service delivery has been challenged, where the range and number of services offered to the community increased considerably, and the service achieved growth in its funding base. Alpine Health (Victoria) is another example – it achieved significant growth and expansion in service delivery in response to community needs, and made possible from pooled funding that could be used flexibly and flexible use of its workforce. Under the Multi-purpose Service model, Alpine Health was able to turn around from the edge of financial insolvency to a strong financial base.

Both of these Multi-purpose Services have governance bodies prepared to take risks and operate outside of traditional models of health care delivery – part of the original

thinking behind a community based single Board of Management. They also have strong management and flexible staffing arrangements that build competence, commitment, multi skilling, mobility, address career development pathways and provide a supportive environment to guide and manage change.

Recommendations

1. **Examine governance and management structures and staffing arrangements, including critical competencies and training and development requirements, to identify those that promote sound management, flexibility and innovation in Multi-purpose Services design and service delivery for adoption nationally.**
2. **Develop a resource package and training for Multi-purpose Service managers that articulates the relationship between needs assessment, service planning, prioritising, budget allocation and evaluation.**

9. Reporting arrangements

To what extent do mandated reports inform the funders about the achievements of the Multi-purpose Service program in the areas of improved quality, better access to health care services and savings (from lower overhead costs of community care)?

All agencies in receipt of or administering government funding have to account for how the funds have been spent and the extent to which the program delivered what was intended (eg more services, more health professionals) and policy objectives achieved (increased access and equity, better health outcomes, viable local health services). For the Multi Purposes Service program, each jurisdiction determines its own reporting requirements, and this is a feature of the program. However, reporting requirements have increased in volume and complexity since the program's establishment and the reporting relationship between Multi-purpose Services and the states and Commonwealth exhibits the silo approach that the Multi-purpose Service program was intended to overcome.

In South Australia, there is now an overarching framework to implement consistent reporting arrangements while allowing for individual sites to tell their story.

There are national reporting requirements which enable the Commonwealth to maintain an overview of developments. The national process includes six-monthly financial reports and an annual activity report. Each Multi-purpose Service is also required to provide a major review in the context of a forward service plan at the end of each three year funding period. The latter determines to a large extent the continuation of funding for another three year period.

A National Quality Improvement Framework (NQIF) was developed for Multi-purpose Services under the auspices of the Australian Health Ministers Advisory Council to guide reporting only for Multi-purpose Services receiving Commonwealth funds for flexible aged care places. The National Quality Improvement Framework was optional for small, integrated, rural health models (offering integrated services similar to Multi-purpose Services). It was intended to assure the Commonwealth that flexible aged care services were provided in a way that met community standards around quality and were consistent with aged care standards. The framework was based on the principles of continuous quality improvement (that is, plan, do, act, check), with states responsible for ensuring its implementation[9].

An array of reporting requirements feed into the accreditation of Multi-purpose Services and they find them onerous. From what the working group can ascertain, these individual reporting arrangements do not answer questions about the effectiveness of the Multi-purpose Service nationally in terms of people's access to the health and aged care services they need. This is not unique to the Multi-purpose Service program and is common to many government funded health programs where the evaluation framework (which defines the quantitative and qualitative data to be collected) is not developed concurrently with the program design.

While the individuality of Multi-purpose Services poses challenges for adopting a single national reporting framework and reporting cycle, a common set of measures based on the program elements within a quality improvement cycle could be developed, while allowing for individual arrangements. Such an approach would use the Multi-purpose Service program as the basis for establishing a data set, both quantitative and qualitative, for reporting and evaluation purposes, and their accreditation. The report could go to all funding bodies providing them with a view of the entire program and its value rather than simply view their own program.

9 Department of Health and Ageing website, National Quality Improvement Framework for Multipurpose Services, page 1, undated

If Multi-purpose Services are to be established and managed as local entities, reporting and accountability arrangements should be simplified to align with local arrangements.

Recommendations

1. **Assess the value of developing a national reporting framework and reporting cycle based on Multi-purpose Service program elements within a quality improvement cycle framework.**
2. **Review the reporting arrangements for the Multi-purpose Service program with a view to aligning them to support local governance.**

Mid West Health Service

Located across the sites of Wudinna (central Eyre Peninsula), Elliston and Streaky Bay (West Coast Eyre Peninsula) in South Australia

Established in 1993
Population catchment: about 4500

Integrated services offered
Acute – 24 hr Emergency service
General Practice
Aged Care – Residential, respite, day care programs, falls prevention strategy and specialist unit focusing on dementia care at the Elliston site, visiting gerontology service.
Primary Health Care
Physiotherapy
Occupational Therapy
Speech Pathology
Podiatry
Health Promotion programs
Nutrition programs
Community Health Nursing
Chronic disease self management programs

Key contributors to success
Ability to share resources across the 3 sites as well as each site having the opportunity to develop a special focus which then provides services across the MPS
Attracting staff because of innovation and flexible approaches to workforce

Key relationships
Adjacent health services at Port Lincoln, Ceduna, Whyalla and Eastern Eyre Health Services.

Linkages with community based services
District Councils, local schools, Youth Advisory Councils and networks with the Ceduna-Koonibba Aboriginal health Service

10. Accreditation

Is it feasible to have one approach to accreditation of Multi-purpose Services?

All Multi-purpose Services are required to undergo accreditation and all facilities accept that this is necessary for the reasons that accreditation establishes a common standard, increases transparency, public accountability and the pursuit of best practice.

State and territory governments have primary responsibility for the quality of care in Multi-purpose Services. In this context, the Rural Health Policy Sub-Committee of the Australian Health Ministers Advisory Council agreed on the need for a broad framework for quality improvement in Multi-purpose Services nationally that addresses the diverse nature of these services. The framework aims to assist Multi-purpose Services by:

- Providing a broad national structure for promoting continuous quality improvement;
- Facilitating more appropriate standards and accreditation approaches to Multi-purpose Services and
- Encouraging quality processes that meet the needs of individual Multi-purpose Services providers[10].

The framework sets out principles for Multi-purpose Services to evaluate their performance using an assessment approach that incorporates:

- Corporate governance
- Management, leadership and staffing policies (including staff participation)
- Clinical governance
- Continuous quality improvement
- Integration and continuity of care
- Statutory compliance and administration
- Risk management /safety
- Complaints management
- Consumer participation

10 Department of Health and Ageing website, National Quality Improvement Framework for Multipurpose Services, page 1, undated

- Specific standards covering provision of a range of key health and aged care services appropriate to the service mix[11].

The framework acknowledges the role of accreditation agencies and their processes and encourages cooperation between them and Multi-purpose Services to develop/modify assessment tools to their operating environment, taking into account their small size, diverse services, and integrated approach. It also provides for *cooperative recognition* that allows an agreement between regulating/accrediting bodies that allows for a total assessment of a facility's performance to take place in a single process[12].

In practise, Multi-purpose Services operate under different accreditation arrangements, some of which are determined by jurisdictions. For example, Multi-purpose Services in New South Wales are accredited as part of the Australian Council of Healthcare Standards program. Each area health service and NSW Department of Health has an internal complaints management system which incorporates the Multi-purpose Service program. These operational elements of the Multi-purpose Service program are different from that incorporated into the Aged Care Act (1997) for mainstream residential aged care services.

In Queensland, Multi-purpose Services are accredited through whatever arrangements are chosen by their Health Service District. The systems used complement the principles and approach set out in the National Quality Improvement Framework for Multi-purpose Services. In addition to these processes, a number of Multi-purpose Services are beginning to participate in a national benchmarking exercise used by Queensland Health mainstream aged care services.

Until recently, South Australia used a number of different accreditation service providers, but this is changing with a transition underway to one state wide accreditation body to achieve uniform standards and quality improvement.

In Victoria, Multi-purpose Services may choose from one of three accreditation providers - Quality Improvement and Community Services Accreditation (QICSA) is an incorporated association based in Victoria that conducts an accreditation and quality improvement program under license from the Quality Improvement Council (QIC). The latter is a national organisation responsible for publishing national standards and ensuring consistency in accreditation approaches used for Primary Care Services.

11 Department of Health and Ageing website, National Quality Improvement Framework for Multipurpose Services, pages 2- 3, undated

12 Department of Health and Ageing website, National Quality Improvement Framework for Multipurpose Services, page 3, undated

The Australian Council of Healthcare Standards (ACHS) is another accreditation service provider that is used principally to review the performance of hospitals in Victoria. Until now, its hospital orientation has led Multi-purpose Service providers to question its relevance to them, given the basic level of hospital services they are able to offer in rural and remote areas. The Australian Council of Healthcare Standards is able to provide an assessment against the Home and Community Care standards in Victoria. International Standards Organisation (ISO) is the third accreditation agency.

Some Multi-purpose Services are required to undergo more than one accreditation process to satisfy the conditions of various funding programs, and occurs where one provider cannot accredit all funded programs. Multiple accreditation requirements are expensive and demanding of staff, particularly in settings where resources are limited. One Multi-purpose Service, Alpine Health (Victoria), has overcome this and negotiated one accreditation process that includes aged care services funded under Home and Community Care, and adopted a single quality improvement management system. This is an example of a service operating within the parameters of the National Quality Improvement Framework for Multi-purpose Services.

Multi-purpose Services have the potential to be exemplars of integrated primary health agencies (including basic acute care and aged care services) and therefore need to have an accreditation system that recognises the complexity of the integrated model. A defined standard for quality and one accreditation process for Multi-purpose Services would be useful - raising a number of questions including which accreditation standards agency would be able to fulfil this role.

For this to be realised, there would need to be a stronger commitment by the Commonwealth, states and Multi-purpose Services to one accreditation process, competent management and a single quality improvement program. The National Quality Improvement Framework for Multi-purpose Services provides a basis from which to examine the fundamental question of how important it is to stakeholders to address the issues around accreditation and standardise the model.

Recommendations

1. **Explore the question of how important it is for stakeholders to develop a defined standard for quality and one accreditation process for Multi-purpose Services.**

11. Evaluation

What can evaluation tell us about the effectiveness of the Multi-purpose Services program and its potential to be the primary and aged care services care model for rural and remote areas into the future?

Although there has been no evaluation of the Multi-purpose Service program at the national level, there has been some evaluation of the Multi-purpose Service program at the state level. In the early 1990s, several pilot Multi-purpose Services were evaluated and the findings confirmed the value of establishing the Multi-purpose Service program as an ongoing program.

Every three years, each Multi Purposes Service has to submit a three year service plan which is considered by Commonwealth and state health officials in terms of performance and financial position and forms the basis of the next triennial funding cycle.

In 2000, DHS Victoria commissioned an evaluation of four Multi-purpose Services: Otway Health and Community Services, Mallee Track Health and Community Service, Alpine Health, and Upper Murray Health and Community Services. The evaluation found that the Multi-purpose Service program had delivered significant benefits to small rural communities in Victoria with the following key findings[13] – improved governance, management and service delivery structures; service integration occurred; services expanded and services viability improved. Evidence-based analysis found that a high prevention, high support based model of service delivery has the highest utility for small rural communities.

The evaluation identified the following critical success factors for effective of the participant Multi-purpose Services:

- Service planning based on population health planning principles (taking into account local health needs as defined by local communities) that has led to service diversity;
- Strong local relationships and in particular, structures and processes for engaging local communities in planning and health decision-making (governance), health services (delivery and management) and evaluation (governance) – in Victoria this has been translated into local Boards of Directors reporting under legislation to

13 Multi-purpose Service Evaluation (Victoria); Prepared by Sach and Associates in Association with the Centre for Applied Gerontology, 2000

the State Minister for Health and commitments to development and training for governance and management;

- Strong local governance, management and leadership – and in effect creating a strong local health service entity with which the community can identify and therefore the establishment of single health service entities protected by legislation with corporate and health governance responsibilities; and
- Commitment from state governments to continue funding of a range of basic acute, aged care, community and community health services under the single entity;
- Accountability mechanisms that include prescribe reporting of financial, service and quality outcomes – that also includes accreditation.

The Victorian evaluation reinforces the significance of ongoing evaluation in testing the original intent of programs (in this case the Multi-purpose Service program) and to confirm or otherwise the program logic (relationships or causal links between program elements). Evaluations also inform the bigger questions about whether there are better ways of delivering the policy objectives, for example, through new programs; if the program should continue, be expanded, or terminated; if current resource levels should be maintained, decreased or increased. They can be used to establish the evidence for the critical success factors of a program and build these into the program for greater consistency. For these reasons, we believe the time is right to evaluate the Multi-purpose Service program nationally.

In addition, a number of programs are emerging that have very similar objectives and elements to the Multi-purpose Service program but are rebadged under a different name, for example, GP Super Clinics aimed at integrating primary health care services in one location and in which significant capital and infrastructure investments are being made. There is value in the GP Super Clinic program learning from the experience of the Multi-purpose Services program and taking on the elements that are known to increase the likely success of such a facility - such as early and continuing community engagement and strong local governance arrangements.

An evaluation framework would be a useful development for the Multi-purpose Service program, particularly in the context of an expansion of the program into the future – for reporting purposes, and to learn from and inform subsequent innovations to the model. It would also provide valuable information in the broader context of rural health policy and the evaluation of other service delivery models.

Recommendations

1. **Explore the feasibility of developing a national evaluation framework for the Multi Purpose Service program into the future.**
2. **Evaluate the Multi-purpose Service program nationally and use the findings to inform the rejuvenation of integrated primary health service facilities in rural and remote areas, and the applicability of the model more generally.**

12. National governance

Can national governance be a lever to maintain focus, engagement, encourage innovation and share knowledge?

Multi-purpose Services were established as a rural health service delivery model under the Rural Health Strategy. The Multi-purpose Service program has been in place since the early 1990s and many of its champions have moved on.

At a national level, there has been no development of the Multi-purpose Service program since 1996. There has been no national forum involving Multi-purpose Services since 1999 when the Commonwealth withdrew from the forum and placed the implementation of the program in the hands of the states. Although Multi-purpose Services are networked within their localities by virtue of their governance arrangements, the lack of a national network works against more uniformity across the program.

The focus on developing new policies and designing and implementing new programs overshadows long running programs like the Multi-purpose Service program. However, we believe the Multi-purpose Service program is poised for rejuvenation. In particular, we need to foster the understanding that the Multi-purpose Service program encompasses services from pre-natal to palliative, including care for the aged, the actual mix being driven by the demography and health status of each community. The recommendations of the National Health and Hospitals Reform Commission support Multi-purpose Services as effective models for delivering integrated health and ageing services in rural Australia. There is also the prospect of expanding their population catchment areas from anywhere between 1,000 and 12,000. New Multi-purpose Services are planned to be established within South Australia, and Queensland is currently investigating six sites with more to be identified during the course of 2009.

There are also the issues canvassed in this paper that need to be considered in the future development of the Multi-purpose Service model. Together these developments present an opportunity to establish a national group of Commonwealth, state and territory officials and stakeholders to lead the rejuvenation process.

We believe there needs to be a stronger connection between the policy and program managers and stakeholders to create a forum that maintains continuity and stimulates growth, and to share successful as well as unsuccessful responses to common problems. This forum could contribute to the development of solutions, for example, reporting. In this way, we may see a greater willingness to test new ideas about how Multi-purpose Services might evolve.

Recommendations

1. **Explore the possibility of setting up a national forum of Multi-purpose Services policy and program managers and stakeholders to support rejuvenation and innovation in the Multi-purpose Service program.**

13. Summary of Recommendations

Assessing Health Service Needs

1. Commonwealth and states/territories support the development of standards for assessing community needs, and services planning and implementation.

Community Engagement

2. Commonwealth and states recommit to the principle of community participation and engagement in planning and managing Multi-purpose Services.

Governance

3. Review governance arrangements for Multi-purpose Services in the context of identifying the most effective approach to achieving the outcomes sought from the Multi-purpose Service program.

4. Review Multi-purpose Service Boards of Management/governance structures to identify successful behaviours and compile these into a resource to assist new Boards to fulfil their roles.

5. The Commonwealth supports the establishment of education and training in management for existing and new Boards of Management of Multi-purpose Services.

6. Assess the viability of introducing a mentoring program within and between states for newly established Boards by experienced Boards.

Funding

7. Funding for Multi-purpose Services is directed to meet the priorities identified by the community in its health service plan.

8. Funding for Multi-purpose Services be based on a five year service plan adjusted for real growth.

9. Funding for capital and infrastructure works for Multi-purpose Services is reviewed to inform future directions for supporting integration of services and ensuring facilities are adequate.

10. Commonwealth review the model of funding for different services, especially aged care subsidies and regional health services, for consolidation into the funds pooling arrangement.

11. The levels of pooled aged care funds and daily aged care subsidies be reviewed to take into account the demography of Multi-purpose Services and projected increases in the levels of frailty of their aged populations and provide for adjustments to meet higher costs.

Flexible service delivery

12. Examine governance and management structures and staffing arrangements, including critical competencies and training and development requirements, to identify those that promote sound management, flexibility and innovation in Multi-purpose Services design and service delivery for adoption nationally.

13. Develop a resource package and training for Multi-purpose Service managers that articulates the relationship between needs assessment, service planning, prioritising, budget allocation and evaluation.

Reporting

14. Assess the value of developing a national reporting framework and reporting cycle based on Multi-purpose Services program elements within a quality improvement cycle framework.

15. Review the reporting arrangements for the Multi-purpose Services program with a view to aligning them to support local governance.

Accreditation

16. Explore the question of how important it is for stakeholders to develop a defined standard for quality and one accreditation process for Multi-purpose Services.

Evaluation

17. Explore the feasibility of developing a national evaluation framework for the Multi-purpose Service program into the future.

18. Evaluate the Multi-purpose Service program nationally and use the findings to inform the rejuvenation of integrated primary health service facilities in rural and remote areas, and the applicability of the model more generally.

National Governance

19. Explore the possibility of setting up a national forum of Multi-purpose Services policy and program managers and stakeholders to support rejuvenation and innovation in the Multi-purpose Service program.

Appendix 1

Operating Characteristics of Multi-purpose Services in Australia, 2009

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory
Number of Multi-purpose Services	49	7	22 (1 not for profit)	14 (increasing to 56)	30	3	1
Governance State administration -> independent operation Hospital-based or community-based	Statewide prioritisation of Multi-purpose Service program defined centrally by NSW Health via 2 processes – service planning and capital planning Operational Multi-purpose Services managed within the Area Health Services (AHS) management framework	'Rural directions for a better state of health' provides policy overview Key themes: Promote the health and well being of all Victorians Foster a contemporary health system and models of care for rural Victoria Strengthen and sustain rural health services Statewide coordination by Rural Health Branch, Dept of Human Services. Central financial, service planning and program activity liaison supported by regional office infrastructure, Independent governance of each Multi-purpose Service(Boards)	21 of the 22 Multi-purpose Services are auspiced by Queensland Health. Sites are identified through a Commonwealth &State planning process. Sites are developed and operated with significant community and stakeholder input. The management of hospital, aged care and community based services is integrated One Multi-purpose Service is auspiced by a non-government agency	A single regional administration covering rural South Australia Focal point for the service is the hospital but often the aged care component (residential and community) is the largest component of the service	All under auspices of WA Country Health Service (State Government) Includes hospital, residential care, and community based services	Two under the auspices of Area Health Services 1 auspiced by a non-government organisation (formerly auspiced by local government) Integrated management of hospital, aged care and community based services	

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory
Programs Identify funding sources Capacity to seek additional funding from other sources	Commonwealth funding for aged care State funding for acute care and community/primary health care Some Home and Community Care funding for community care Previously accessed small amount of Commonwealth project funding through Regional Development Grants	Dept of Human Services main funding sources include acute, residential aged care and primary health. Opportunities to apply for other Dept of Human Services funding depending on community need eg child care, maternal child health, disability, drug/alcohol. Home and Community Care (joint state/federal). Various federal rural health opportunities eg dental. Victoria's Multi-purpose Services have a strong capacity (and confidence) to seek varied funding opportunities. Each Multi-purpose Service delivers from 8-47 programs	Commonwealth funding for aged care State funding for acute care, community, and primary health care Some receive Home and Community Care funding but this is rarely pooled	Commonwealth funding for aged care State funding for acute care Home and Community Care funding for community care Small Dept of Veterans' Affairs programs and other grants Multi-purpose Services may seek other funding but lack of skills in writing grant proposals is probably a restriction	Funding sources include Commonwealth Multi-purpose Service program payments (including Respite), Home and Community Care and State Government contribution (via WA Country Health Service). Additional funding usually not available as not eligible for funding through sources such as National Rural Primary Health program as a State Government organisation	Australian Government, State Government and Home and Community Care funding Capacity to obtain additional funding through any grants program.	

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory
Coverage population-base, geographical only include numbers and how the coverage is determined	Service networks and catchments are developed within rural Area Health Service boundaries. Developed on the traditional hospital catchment. Could be SLA or could be an Urban or State Suburb (as defined by ABS) of an SLA. Populations usually between 1,500 and 4,000. Although can be up to 5,000	Population base and area based planning process.	Service catchments are geographically based usually utilising service delivery catchments of the hospital previously at the Multi-purpose Service site	Geographical base. The traditional hospital catchment area identifies the coverage	Coverage based on SLA's and population numbers eg although only 30 Multi-purpose Services most cover more than one SLA. Populations usually between 1000 and4000.	Population based on geographical boundaries and inclusive of townships – generally around 2 200.-2 500	
Partnerships / links other organisations	No standard Partnership arrangement exists. Most are informal or may operate under a Memorandum of Understanding. Can exist between the Multi-purpose Service and local health service providers such as General Practitioners and non-government aged care providers. NSW has introduced a HealthOne integrated primary care model with more formal partnership arrangements these may also be a component of the Multi-purpose Service.	Strong partnerships with local community and service providers. Formal and informal arrangements with different stakeholders ranging from formal Memoranda of Understanding with other service providers to regular use of multipurpose rooms for local community. Strong presence at Primary Care Partnership infrastructure. Engagement with a range of local, regional and central initiatives eg local govt, TAFE, Divisions of General Practice.	Multi-purpose Services develop strong informal partnership arrangements with other service providers in the catchment area. This is particularly evident in relation to aged care services and General Practices. There is ongoing engagement with a range of local, regional and central initiatives eg local government, local schools, TAFE, Divisions of General Practice. Six services are co-located with Rural Health Services.	Through the single rural region,(Country Health SA), the Multi-purpose Services are linked to each other and also to other rural hospitals. Links to other organisations are developed at a local level	All managed by Health Service. Partnerships are usually informal and include Aboriginal Controlled Health Organisations, Local government , other non-government organisations such as residential and community care providers, General Practitioners etc.	Formal and informal partnership arrangements in place with education, non-government organisations and other service providers	

	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Northern Territory
Workforce characteristics staffing, training	Access to staffing is an emerging issue. The extent to this is problematic can be related to experience, skill and knowledge of residential aged care and currency of training. There is no known standard approach to training although there are programs available throughout NSW Health with staff supported through training entitlements.	Multi-purpose Services experience the same rural workforce issues as other rural services, in particular recruitment and retention of General Practitioners, after hours work versus lifestyle. Strong emphasis on staff training and ongoing development. Dept of Human Services funding for service and workforce initiatives eg maternity.	Multi-purpose Services experience the same rural workforce issues as other rural services, in particular GP, nurse and allied health professionals recruitment and retention,. There is a strong emphasis on staff training and ongoing development – “growing your own”.	Staff turnover and vacancies have an impact on the cost of delivering services and restricts the capacity to develop services	All staff employed by local Health Service. Several Multi-purpose Services use volunteers. Mandatory training undertaken, other training sporadic and idiosyncratic to region or driven by other organisations mandate eg, Alzheimer’s Association, Blind Association. Unregulated staff supported to do Certificate 111 in Aged care through TAFE	All staff employed by Area Health Service (except for non government organisation) Significant workforce shortages in medical, nursing and allied health – agency, locum staff routinely used (including non government organisation) Limited clinical training and support provided by Safety and Quality Unit	
Other areas	Quality Assurance issues and evaluation Multi-purpose Services are accredited (as part of the Australian Council of HealthCare Standards program). Each Area Health Service and NSW Department of Health has an internal complaints management system which incorporates the Multi-purpose Services program. These operational elements of the Multi-purpose Services program are different from those incorporated in the Aged Care Act (1997) from mainstream residential aged care services.	Quality assurance via Australian Council of Healthcare Standards, Evaluation and Quality Improvement Program (EQuIP) , Quality Improvement Council, or International Standards Organisation. Inconsistent activity data reporting.	Multi-purpose Services are accredited as part of the accreditation process in each Health Service District. Using the provider chosen by the District. – e.g. Australian Council of Healthcare Standards, Evaluation and Quality Improvement Program (EQuIP) , or International Standards Organisation 900 Queensland Health has an internal complaints management system to which Multi-purpose Services adhere.	Need for consistent accreditation across all Multi-purpose Services		Need for a sustainable integrated accreditation process for Multi-purpose Services and other small integrated rural health services – inclusive of residential aged care	

Appendix 2

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