

## THE CHALLENGE

HNECC PHNs Priority Allied Health Services (PAHS) program provides access to a range of primary and allied health services and activities in targeted rural Hunter and New England communities. The program was designed to address three key inequalities impacting people in rural areas:

- poorer health behaviours and outcomes
- inequitable allied health workforce distribution, and
- lack of integration and coordination of services across the broader health system.

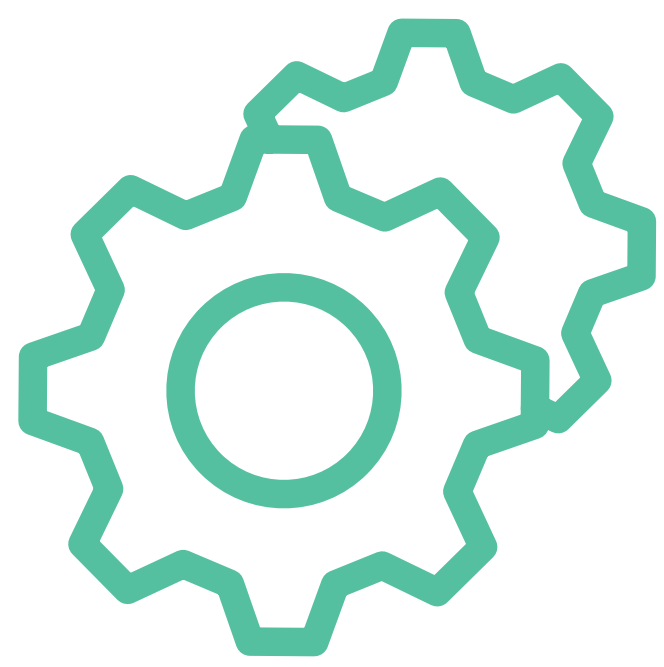
The program was inherited by the PHN in 2015, with the two existing service providers retained through a competitive tender in 2016. Since then, minor amendments have been made to the program operating guidelines to provide flexibility to respond to changes in regional service demands, however the program proper has not undergone significant evaluation or review to ensure the program meets the needs of the population it serves.



## THE APPROACH

Prior to engaging in contracts for 2022-2023, the PHN sought to complete

1. a rapid review
2. a program logic model and
3. a targeted service model co-design.



### Rapid Review

The rapid review investigated program outputs to date, learnings from comparable programs reported in the literature, and consultation with a sample of PAHS program stakeholders including managers, clinicians, referring GPs and clients.

### Program logic model

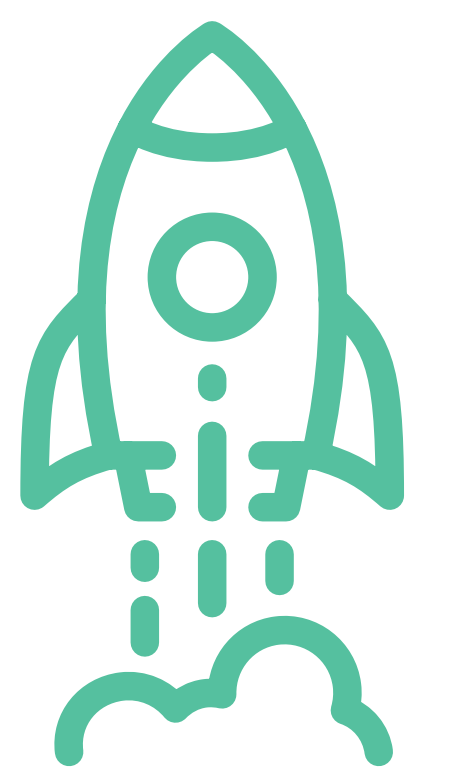
A logic model is a tool that graphically represents the program, including the needs of the target population, the activities that will take place and the expected outputs and outcomes of the program. A logic model is useful for program planning, implementation, re-design and provides a framework for evaluation. Seven stakeholders participated in the development of the logic model including PAHS program managers, rural and metropolitan provider organisations and representatives from the PHN's Allied Health Reference Group who are not involved in program delivery. The workshops were held virtually, with further opportunities to refine the draft until consensus was achieved on the final model.

### Targeted service model co-design.

Once the logic model was developed, individual co-design sessions were held with service provider organisations. Discussions focussed on approaches to achieve the agreed activities, outputs and outcomes within the unique health service environments across the two regions while taking on recommendations from the rapid review and stakeholder consultation.

## THE IMPACT

As a result of undertaking this work for the PAHS program we have achieved consensus on a logic model that provides a clear and achievable direction for the program and a guide for future evaluation. The logic model is a dynamic document that is expected to evolve over the life of the program as learning continues to occur. A copy of the logic model is included in program contracts to guide ongoing service delivery.



Co-design sessions resulted in small, but meaningful changes to program operating guidelines tailored to the needs of the Hunter (rural) and New England regions. The changes reinforce the importance of communication between the service provider and client's referring or regular primary health care provider and improve the suitability of quarterly data collection and reporting. Changes to the model have been formalised in service agreements for 2022-23 and beyond.

An additional outcome of the activity was establishing valuable links between PHN commissioned allied health services and the allied health reference group.

## THE LEARNINGS

✓ Through this service model review we have learnt that the PAHS program is a valuable program that provides access to allied health services in rural communities where health inequalities exist.



✓ Logic models are a useful tool to enhance existing programs and provide a framework for program evaluation.

✓ Minor amendments to the service model resulting from the co-design sessions indicates the program generally operates well and is accepted by stakeholders in the regions. Feedback from program stakeholders and participants is overwhelmingly positive, reinforcing this.

✓ Even for successful programs, opportunities to review/re-design the models are useful to drive innovation and efficiencies.