

COLLABORATIVE COMMISSIONING

The Western Sydney Local Health District (WSLHD) and Western Sydney Primary Health Network's (WSPHN) **Collaborative Commissioning** model, the **Western Sydney Care Collective**, aims to deliver patient-centred, value-driven solutions to alleviate the pressure on ED.

Governance	Local solutions	Outcome reporting	Financial model
<ul style="list-style-type: none"> - Formal partnership model between LHDs, PHN and local organisations - Local accountability 	<ul style="list-style-type: none"> - Locally defined areas of need - Co-designed care pathways - Realigned local services with a focus on community 	<ul style="list-style-type: none"> - Outcome measurement across the quadruple aim - Data collection and reporting across primary, community and acute care 	<ul style="list-style-type: none"> - Funding and payment mechanism - Supported timeline for implementation - Local partners realise benefits achieved



CHALLENGE

The primary reason for non-emergency presentations to Emergency Departments (ED) is a lack of timely alternative treatment options in the community.

There was a **14.7% increase in ED admissions** over a two-year period in Western Sydney. In 2018-19, **43% of ED admissions were triage category 4-5³**.

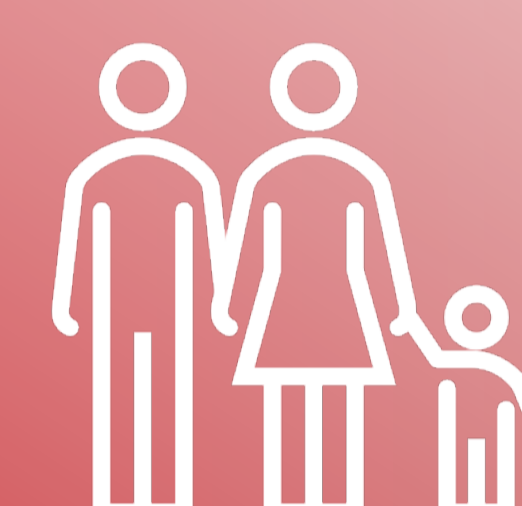
The RACGP estimates that well-coordinated general practices could manage nearly one-third of ED presentations⁴.



APPROACH

The **Western Sydney Care Collective**, focuses on alleviating the siloed, fragmented nature of care in pursuit of a shared vision of 'one Western Sydney health system'.

Value Based Urgent Care (VBUC) is one of the Collaborative Commissioning pathways. VBUC aims to reduce the number of category 4 and 5 patients presenting to Western Sydney EDs by establishing local, patient-centred **Urgent Care Service (UCS)** centres.



IMPACT

People, Families & Carers

- People access care out of hospital setting to manage their health
- Improved patient experience

Service Providers & Clinicians

- Reduction in ED presentations due to coordinated patient management
- Improved provider experience

Population Health

- Reducing need for emergency care
- Reduction in patients who wait for care in ED and are later admitted

Health System

- Reduction in category 4 and 5 ED presentations through referral to VBUC
- Reduction in hospital admissions for people with low acuity conditions

LEARNINGS

Sustainability

Cost-benefit analysis, dynamic simulation modelling and feasibility and cost mapping exercises to ensure that the program is sustainable and uses MBS billing where possible.

Resourcing

Commission out services to support the UCS centres (e.g. Mobile diagnostic services), especially when the UCS centre does not have in house services available.

Communication and Pathways

Robust communication systems and escalation pathways to allow for streamlined referral processes between UCS centres and hospital services.

Stakeholder Engagement

Shift consumer behaviours and educating about the benefits of VBUC. Increase clinician awareness of alternative treatment options. Comprehensive Communications Plan to design appropriate content.

¹NSW Health (2019), *Value based healthcare*, available online: <https://www.health.nsw.gov.au/Value/Pages/default.aspx>

²WSPHN & WSLHD (2019), *Western Sydney Proposal for Collaborative Commissioning*, Internal Document

³NSW Health (2020), *Lumos Progress Report Year 1: Integrating health data to enable better care*, available online: <https://www.health.nsw.gov.au/lumos/Publications/lumos-progress-report-year-1.pdf>

⁴RACGP (2019), *Vision for General Practice and a sustainable healthcare system*, available online:

<https://www.racgp.org.au/getattachment/e8ad4284-34d3-48ca-825e-45d58b2d49da/The-Vision-for-general-practice.aspx>