

Summary

Regionally-based needs assessment in Australian primary health care

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Executive summary

Needs assessments in primary health care provide information to plan and change services, with the ultimate goal of improving the health of a population.³ It is the first step in health care services planning, and involves identifying and analysing a region's health problems and potential target group.⁴ For the purposes of this report, need was defined as "the population's ability to benefit"³ as this lends itself most usefully to health services planning. This report also reflects on International and Australian models that may inform approaches to needs assessments in Australia.

A number of models were identified in the literature reviewed. The best method for regionally-based needs assessments in Australia depends on a number of factors, including the scope and purpose of the needs assessment and the time and financial resources available to the organisation. A summary of the different approaches to needs assessments is shown in Table 1.

Table 1 Summary of approaches to regional needs assessments in primary health care

Approach type	Premise	Pros	Cons
Global	Focuses on available health services and identifying 'gaps' using epidemiological data. Priorities & cost-utility trade-off determines commissioning decisions.	Comprehensive, well-rounded. Considers financial implications.	Likely to be time and resource intensive. Does not include community perspectives.
Epidemiology	Focuses on disease incidence & mapping service availability.	Effectively identifies areas of need in great detail.	Time consuming. No focus on community/national priorities.
Community	Based on community perspectives of need, using a community development type approach.	Garners local support and perspectives effectively.	Ignores national priorities, quantitative data. Time consuming.
Comparative	Reviews services in one area compared to services in another area.	Useful in the absence of relevant data.	Unreliable method of determining need.
Corporate	Based on 'expert' perspectives.	Good for understanding local circumstances.	Ignores consumers and data-informed priorities.
Life course	Looks at the stages and risks of the development of chronic disease.	Only method with a developed approach to tackling chronic disease.	Views disease development as a linear process, which is not always accurate.

The degree of comparability across regions depends on the types of data that are used for the needs assessments rather than the approach used to assess need. Data that are collected systematically under consistent conditions (such as data collected by the Australian Bureau of Statistics) will be more comparable than data that are less well defined and collected from other sources at irregular time points.

Numerous examples of regional needs assessments were examined for this report. While the overarching reason for undertaking needs assessments was to improve the health status of their populations, in all countries reviewed, the main purpose of needs assessments in primary health care was to reallocate limited health care funds in a more equitable and efficient manner. The countries with comparable health systems are shown in Table 2, where the key aspects of their needs assessments are compared.

Table 2 Comparison of approaches to regional needs assessments internationally

	England	Scotland	Ontario, Canada	New Zealand
Organisation	Primary Care Trusts	National Health Service Boards	Local Health Integration Networks	District Health Boards
Purpose of NA	Identify local needs and priorities.	Engage in collaborative decision-making on service provision and integration.	Community and provider consultation.	Assessment of population's capacity to benefit from health services prioritised within cost constraints.
Utilisation of NA	Informs the regional strategic planning (including non-health areas) and commissioning decisions.	Community consultation informs a Local Delivery Plan, which is a performance agreement that is consistent with the government focus.	Informs an Integrated Health Service Plan and an Annual Service Plan.	Feeds into a prioritisation process and into strategic and annual plans.
Local vs. national priorities	Both nationally and locally informed. Locally informed need is translated into performance targets.	Mostly nationally focused. Is linked to performance targets.	Mostly nationally focused. Resultant service plan must be aligned with the Ministry's vision.	Mostly nationally focused, derived from the NZ Health Strategy Health Targets.
Procedure	Conducted jointly with local government and health services into a Local Area Agreement.	Conducted by a sub-committee of the National Health Service Board comprised of health service organisations, professionals and consumers.	Led by Local Health Integration Networks though there is collaboration with health providers and community members.	Led by District Health Board, though public and providers are included.
Frequency	At least three yearly to inform Local Area Agreement planning cycles.	Ongoing committee work feeds into annual planning processes.	Evolving three year plan with annual updates.	Three years to inform a 5-10 year planning cycle
Data source	Centralised data repository managed by the national government. Access facilitated and analytical tools are provided.	Datapak from Scottish government provides data.	Centralised data repository managed by the Canadian government. Online analytical tools which produce customised reports are provided.	Centralised data repository managed by the government. Access is facilitated and advice on additional data and analysis is provided.
Community consultation method	Public/local organisations can join the Local Involvement Networks, which provides information on needs and perceptions.	Facilitated by an intermediary body (Public Partnership Forum).	Multiple strategies are used as appropriate to their communities but must involve French speakers and First Nations.	Within minimum standards District Health Boards use methods appropriate to the community.
Consultation standards	National Health Service Constitution mandates consultation.	National Health Service Boards must follow a Participation Standard.	Local Health Integration Networks consult using a common assessment tool.	Minimum guidelines are provided by the government.
IT infrastructure	National IT infrastructure for National Health Service, managed by Department of Health.	National Health Service administrative infrastructure.	Ministry collates many sources of administrative data but this is poorly integrated. Work on a single IT infrastructure has stalled.	District Health Boards collate information on services in their region. This is not aggregated upwards.

While evaluating the effectiveness of needs assessments in terms of health and/or health care outcomes is not feasible, several elements of needs assessments have been identified that may contribute to better planning and more successful implementation of strategies.

These include:⁵

- ⇒ Educational strategies to improve health professionals' understanding and skills in assessing health needs
- ⇒ Involving local public health teams for support and guidance
- ⇒ Starting with a simple, well-defined health topic to develop experience and confidence
- ⇒ Ensuring sufficient time, resources and commitment are available. Sharing time and resources among health professionals reduces each individual's commitment and strengthens the team
- ⇒ Encouraging inter-agency collaboration (eg. social services, local authorities, volunteer groups)
- ⇒ Integrating results of needs assessments with planning and purchasing to ensure changes are implemented.

Overall, the literature suggests that the optimal approach to conducting needs assessments in primary health care is to gather the best available information; involve clinicians in the process; and ensure needs assessment is closely connected to the planning process.

The models reviewed in this report identified a number of discussion and consideration points relevant to possible approaches to regional needs assessment in Australia. These include:

- ⇒ *The policy and strategic environment in which needs assessments take place.* Some countries had well-defined strategic and policy environments (including performance frameworks), which complement and support the development of needs assessments. However, due to broader system factors and political considerations, some overseas models failed to provide efficient service delivery reorganisation in line with the findings of needs assessments.
- ⇒ *Source and comparability of data across regions.* Data collection was generally undertaken by national governments. Some service availability data were collected at the local level. Community perspectives were gathered by the regional organisations.
- ⇒ *Usefulness and availability of data.* Relevant research and health economic data and/or geographically segregated data were often difficult to obtain.
- ⇒ *National vs. regional.* Where there are variations between nationally and regionally identified need, significant tensions can arise; and the degree to which local voices will be considered through needs assessments should be made as explicit as possible.
- ⇒ *Community engagement.* Challenges were encountered in community consultation for needs assessments. Community engagement was undertaken in a number of different ways by regional organisations. Although some established consultation groups or forums, most also sought public feedback on need. Managing community expectations is challenging and this can be exacerbated by an inappropriate approach to consultation.
- ⇒ *Prioritisation of needs.* While the collection of data for needs assessments is not controversial, the prioritisation of needs is often debated and can result in community-driven conflict.
- ⇒ *Costs.* Needs assessments are resource intensive and the frequency with which they are conducted should be limited. Organisations must also be given sufficient time to act on the findings of the needs assessments.
- ⇒ *Resources and skills.* Skills and capacity deficits may affect organisations' ability to undertake needs assessments. These deficits may affect their ability to undertake the relevant analyses as well as their ability to communicate effectively between the needs assessment and planning sections of organisations.



- ⇒ *Mechanism to inform policy.* No clear or systematic method for feeding information upwards to inform policy was identified in the countries reviewed. Although it is the intention of the new English reforms to amend this, the mechanism by which this will occur could not be identified.