Remote Health Project – Guidelines for planning health services in remote communities

2012-2013

This document has been prepared as a guide to assist Hospital and Health Services in partnership with communities, Medicare Locals and other service providers to undertake rigorous and transparent needs based health service planning. Each community is unique and therefore planning should be tailored to community requirements.

The Department of Health would like to acknowledge the assistance of the Remote Health Project - Health Service Planning Guidelines Working Group and other valued stakeholders in preparing this document.

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Remote Health Project – Guidelines for planning health services in remote communities

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An electronic version of this document is available at www.health.qld.gov.au

Contents

Glossary of terms

Key Term	Description
Basic life support	Basic life support is the preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care. Source: Australian Resuscitation Council Guidelines for basic life support (2010).
Criteria for success	Criteria for success are used to demonstrate the achievement of outcomes of a planning activity in terms of accomplishing service directions or meeting the intent of the planning. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Emergency retrieval	Emergency retrieval is the time-critical transportation of patients from one location to another due to a patient requiring a higher level of care than can be provided by the referring member of the public, health practitioner or health facility. Source: Queensland Clinical Coordination Centre IHT choice of transport guidelines (2008).
Health service need	Health service need refers to the gap between what services are currently provided to a given population, and what will be required in the future to improve the health status of a community (and avoid a decline). Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Health service planning	Health service planning aims to improve health service delivery and/or system performance to better meet the health need of a population. It encompasses the process of aligning existing health service delivery arrangements with changing patterns of need. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Model of care	A model of care outlines best practice patient care delivery through the application of a set of service principles across identified clinical streams and patient flow continuums. An overarching design or description of how care is managed, organised and delivered within the system. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Primary health care	Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation. Source: Australian Primary Health Care Research Institute Primary health care position statement (2005).
Remote community	Remote communities are defined in this paper as those communities with an Australian Standard Geographical Classification (ASGC) Remoteness Area of RA4—remote or RA5—very remote. Source: Australian Bureau of Statistics Australian standard geographical classification (2011).
Service delivery model	Service delivery models are an adaptation of an organisation's model of care and describe 'where' and 'how' work is carried out. Service delivery models suit the local environment and resources to best meet the overarching organisational requirements. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Service directions	Service directions describe the direction/s for the organisation to address the identified issues/needs. Service directions assist stakeholders to be clear about the intent for the future, and support strategy development targeted to meeting prioritised needs and resolving health service issues. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Service options	Service options describe the most appropriate service arrangements, configurations or models of care proposed to sustainably address future health service needs. Source: Queensland Department of Health Guide to Health Service Planning version 2 (2012).
Universal service obligation	A universal service obligation for health services specifies a basic package of goods that all communities and individuals could expect to receive from the health system. Source: James Cook University Faculty of Medicine, Health and Molecular Sciences Universal service obligation for health services in Australia (2012).

1. Introduction

1.1 Background

Remote communities in Australia are small, geographically isolated populations often described by residents as cohesive and supportive communities—but they also present many challenges for the delivery of health services.

Remote communities are characterised by low population numbers and low population density. As at June 2011, 2.2 per cent of Australians lived in remote or very remote areas. Of the states and territories, Northern Territory had the highest proportion of its population living in remote or very remote areas (44 per cent), while the other states and territories had relatively smaller populations in these areas (ranging from six per cent in Western Australia to nil in the Australian Capital Territory). The remote and very remote areas of Australia have experienced population growth of 3.8 per cent (remote areas) and 12.7 per cent (very remote areas) over the past decade.

Remote communities are also characterised by socioeconomic disadvantage. Socioeconomic disadvantage is associated with poor health outcomes and increased burden of disease—especially for Aboriginal and Torres Strait Islander Australians.

With increasing remoteness and diminishing population size and density, health service capability, capacity and sustainability are significantly constrained. As a result, small communities are more likely to have fewer services, with less sustainable services and at lower capability levels.

Primary health care is a key health service in remote communities—although in the context of providing health care in remote communities it too can suffer the same constraints in capacity and sustainability as other health services. Primary health care consists of a broad array of services delivered by a variety of providers and funded from several sources including the Australian Government, state governments and non-government organisations. As a consequence, effective planning, coordination and integration of services across agencies is a critical factor in sustaining services that meet the needs of remote populations.

1.2 Purpose and scope

The purpose of this paper is to provide a set of guidelines for jurisdictions across Australia to use in planning health services in remote communities. In particular, the paper aims to assist planners in developing a single health service plan per remote community; therefore the planning will require significant collaboration among all providers of healthcare for that remote community.

The paper includes documentation of a planning process for planners of health services in remote communities and outlines issues to consider in planning health services in remote communities.

This paper addresses one of the health service planning initiatives from the Remote Health Project, a collaborative venture between four Australian jurisdictions—Northern Territory, Queensland, South Australia and Western Australia (Western Australia

provides overall project management). One of the aims of the Remote Health Project is to enable improved coordinated service planning in remote communities. The guidelines contained in this paper adhere to the project principles established in the Remote Health Project, including building on existing work at a jurisdictional and national level, cultural respect, decisions in the interests of improved patient services, collaboration and integration, and use of and access to technology.

2. Overview of the health of remote communities

For the purposes of this paper, remote communities are defined as those communities with an Australian Standard Geographical Classification (ASGC) Remoteness Area (RA) of RA4—remote or RA5—very remote.

2.1 Health needs in remote communities

In Australia, large differentials in disease and injury burden exist between population groups, exacerbated by factors such as remoteness, socioeconomic disadvantage and Aboriginal and Torres Strait Islander status.

Health disadvantage in remote areas of Australia is seen in higher rates of all-cause deaths, avoidable deaths, and deaths due to smoking related conditions and other causes including coronary heart disease, premature stroke deaths, diabetes death rates and suicide rates. The ageing of the population in remote communities contributes significantly to the observed health differentials and increased demand for health services in these communities.

While all-cause death rates in remote areas are approximately double the rates in major cities, this difference is not due solely to remoteness and the ageing population in these communities—it also reflects the health disadvantage associated with a higher proportion of Aboriginal and Torres Strait Islander Australians living in remote communities. In 2006, 10 per cent of Aboriginal and Torres Strait Islander people lived in remote areas and 16 per cent in very remote areas of Australia. As remoteness increases so does the proportion of Aboriginal and Torres Strait Islanders living in very remote areas.

Hospitalisation rates are also approximately 20 per cent higher for people living in remote areas compared to those living in major cities. Potentially preventable hospitalisation rates are up to double those seen in major cities, and hospitalisation rates for smoking related conditions are up to 50 per cent higher.

2.2 Challenges facing health services in remote communities

Various issues impact provision of health services in remote communities including community characteristics, workforce availability, and accessibility and sustainability of health services.

Remote communities vary significantly in size, density, geographical isolation, demographics and representation of Aboriginal and Torres Strait Islander Australians. In some instances, the size of small communities is insufficient to sustain a viable general practice and the difficulties in recruiting and retaining staff mean small communities are generally unable to support a 'stand-alone' health service. The lack of health providers and infrastructure in some remote communities means access to health services is heavily dependent on transport.

The ageing population in remote communities presents additional challenges in providing and maintaining access to health services. There are a higher proportion of Aboriginal and Torres Strait Islander Australians in some remote communities, which places a different burden on the health system due to well-recognised health disadvantages. Seasonal work patterns, growth in the natural resources sector, and tourism also affect the population numbers and demand for services in some remote locations.

Declining numbers and throughput of patients in some small health facilities limit their capacity to maintain both the number and skill level of the health workforce, compromising their ability to provide safe and sustainable services. The worldwide shortage of doctors and other health professionals such as nurses and allied health providers has impacted heavily on remote areas. The range of service providers in remote areas can also lead to inconsistency and inflexibility in service delivery, increasing the need for enhanced communication and formal and/or informal arrangements between service providers.

3. Overview of health service planning

Health service planning aims to improve health service delivery and/or system performance to better meet the health need of a population. It encompasses the process of aligning existing health service delivery arrangements with changing patterns of need, making the most effective use of available and future resources.

Health service planning is future orientated and usually adopts a medium-to-long term (10–15 years) perspective supporting organisations to respond to targeted population health improvement; increasing or changing service demand, improved service delivery models, emerging trends in service delivery and new policy initiatives and directions.

Health service planning is based on the health needs of users (or potential users) of services and may take place in different contexts. As a result, there are many types of health service plans that can be produced.

Planning for a particular geographical catchment—the most relevant type of plan for the purpose of this paper—relates to heath service planning for a defined population. Catchments are designated geographic areas with a relationship to a service or subject of interest. The size of the catchment can be variable dependant on the service, population size and density and the measure used to determine the catchment. Health service catchments in remote areas cover vast distances and communities within a catchment do not always have equal access to services. Access to health services is limited and complicated by distance and lack of transport.

Key service areas for consideration within this type of planning include prevention, promotion and protection, primary healthcare, ambulatory care, acute care, sub-acute care, maternity, neonatal and children's services, mental health and aged care.

3.1 Planning principles

The Queensland Department of Health *Guide to Health Service Planning version 2* identifies seven planning principles underpinning all public sector health service planning. As the concepts behind these principles are universal in nature, they may apply equally well to planning activities undertaken in other jurisdictions. The seven planning principles are outlined below.

- **Planning to improve population health outcomes**—improving the health and wellbeing of target populations, particularly those of special needs groups.
- **Planning that is person focused**—integrating services across the health sector including within and across public, private and non-government systems to facilitate continuity of care.
- **Planning for quality services**—promoting clinical practice and models of service delivery consistent with good clinical practice and contemporary policy directions.
- **Planning for safe services**—providing consistently safe and appropriately supported health services.
- **Planning for sustainable services**—developing, linking and delivering services in a sustainable way, making efficient and effective use of limited resources.
- **Planning for accessible services**—delivering safe services as close as possible to where people live.
- **Planning for culturally appropriate services**—considering cultural diversity and health needs of specific groups, undertaking planning processes sensitive to cultural differences.

3.2 Components of the planning process

Components of the health service planning process (undertaken in the following sequence) are:

Planning component	Tasks involved
Scope the planning activity	Define planning parameters, identify stakeholders, identify desired outputs.
Understand the population and service environment	Scan policy environment, profile population demographics, health status and the geographical context, profile current service arrangements and service utilisation.
Identify health service needs	Identify health issues, identify health service issues, develop an approach to categorise and analyse needs.
Prioritise health service needs	Determine prioritisation criteria, apply prioritisation process.
Identify service direction	Research service models, develop possible service directions, establish the preferred service direction, determine criteria for success.
Identify service options	Develop service options, consider opportunities for innovations, analyse feasibility, identify indicative resource implications including enabling functions.

Develop objectives and strategies	Develop objectives, develop strategies, identify performance indicators and accountabilities, confirm final resource implications.

3.3 Application of the planning process across jurisdictions

While the planning principles and planning process provide the scaffolding for the planning of any health service, it is important to consider how these may be applied to planning efforts in remote communities and to the distinctive characteristics of a given jurisdiction. Section 4 is devoted to exploring the application of the planning process to remote communities and presents five matters for jurisdictions to first consider before commencing any planning activity:

- **Establishing timeframes for planning milestones**—it is important for planners to carefully consider the timeframes for planning activities and implementation of the recommendations in the plan. Typically, planning activities can take 3–6 months (for a small community or a single health service) through to 6–12 months (for a statewide health service plan). Implementation of recommendations in a plan often requires a staged approach over several years.
- **Developing standardised tools for planning**—it can be immensely useful to have a set of tools and templates in place that structure planning activities while still allowing for local flexibility and creativity. Some examples of planning tools and templates can be found in the links to the Queensland Department of Health service planning resources in Section 7 of this paper.
- **Building on existing relationships and activities**—service planning activities should not be conducted in isolation from or with little regard to the existing local relationships and partnership activities between agencies, service providers and the community, as these may prove to be an excellent planning resource and can expedite consultation activities. Further detail on relationship building and partnerships is provided in Section 4 of this paper.
- **Ensuring cultural appropriateness of planning**—planning processes and planning outcomes must be culturally appropriate and there are several ways of achieving this. SA Health in South Australia uses Aboriginal Health Impact Statements to ensure stakeholder consultation and engagement in planning is appropriate; and the Queensland Department of Health uses the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010–2033* to better meet the needs of the Aboriginal and Torres Strait Islander community.
- **Developing an evaluation strategy for each plan—**essential to robust planning is the evaluation of planning outcomes and measurement of the success of a plan against pre-determined criteria. It is important jurisdictions consider this as part of any planning activity. Further detail on methods for evaluating plans can be found in the links to the Queensland Department of Health service planning resources in Section 7 of this paper.

4. Developing a health service plan in a remote community

4.1 Important considerations in the planning process

This section presents factors for consideration in the process of developing a successful health service plan in a remote community including:

- ensuring robust governance for the planning process
- maximising cooperation and collaboration between all stakeholders in developing the health service plan
- engaging in open and transparent consultative processes with the local community.

4.1.1 Good governance and leadership

Preparing a health service plan can be resource intensive and requires organising, monitoring and controlling all aspects of the process. Careful consideration needs to be given to how the planning process will be governed.

Governance arrangements for health service planning require inclusion of a clear description of the roles, responsibilities, decision making and reporting relationships including project ownership, project director, steering committee membership and any sub groups assembled.

Adherence to sound project management principles is also an important part of governance for the planning process, incorporating the principles of:

- accountability—being answerable for decisions and ensuring adherence to standards
- transparency—having clear roles, responsibilities and procedures for making decisions
- integrity—acting impartially and ethically
- stewardship—enhancing the value of assets and resources used
- efficiency—ensuring best use of resources to advance services
- leadership—commitment to good governance through leadership.

As not all remote communities will have access to local health personnel with the range of skills and knowledge required to develop a health service plan, other considerations include:

- Who will lead the project and will this person come from within or outside the community?
- Which stakeholders should be involved in developing the plan? Which should be represented by local people and which by representatives from a different level of the organisation?

All service providers, relevant stakeholders and consumer representatives (reflecting the cultural diversity of the community) identified in a preliminary scan of the service provision environment should be invited to participate in the development of the plan. It

is advisable to ensure all participants understand each has a voice of equal value while participating in the planning process and informing the plan.

It is also important to use the commencement of the planning process as an opportunity to engage in capacity building activities—in particular, ensuring all participants have a shared understanding of the task ahead and requirements of their role. This phase also provides an opportunity to build relationships—a critical factor in developing workable, sustainable partnerships.

4.1.2 Collaboration and partnerships in planning

Developing a single health service plan per remote community requires significant relationship building and collaboration among all providers of health care for each community. Planning needs to be undertaken in partnership with all public sector, private sector, not-for-profit and community controlled service providers involved in the community as well as consumer representatives.

The planning process should address whether the collaborations and/or partnerships are best placed in a formal arrangement (such as a service agreement or memorandum of understanding) or can be more informal. The issue to consider is what type of arrangement will ensure continued participation and commitment to the planning process and—in particular—to the implementation of the plan and ongoing effectiveness of health services in meeting health need. Some elements of effective partnerships include:

- determining a clear purpose for the partnership
- using an inclusive process to establish the partnership
- clarifying roles and responsibilities for the partners
- establishing key positions (e.g. chair)
- developing inclusive and transparent decision-making processes
- ensuring open and transparent administration processes
- developing a formal agreement signed by all members
- developing a project plan that is regularly reviewed
- determining strategies for evaluating the partnership
- implementing processes for capturing the successes of the partnership
- developing mechanisms for effective communication
- developing a community engagement strategy.

4.1.3 Consultation to inform planning outcomes

The Queensland Health Guide to Health Service Planning: Consultation Supplement states that:

> *Consultation in health service planning refers to a range of processes that seek the input of stakeholders on major decisions relating to health service planning issues, needs and priorities. Consultation is designed to cultivate a genuine exchange of information; it is not necessarily designed to bring agreement or consensus. It is ultimately focused on drawing together the most accurate, current information on a particular topic or aspect of a health service plan to inform service options and decisions on future service delivery.*

Effective consultation needs to include careful consideration of:

- **Purpose of consultation**—what purpose will consultation serve the planning activity and how will it inform the outcomes of planning?
- **When to consult**—there are several components of the planning process where consultation can be used to inform planning. Consideration needs to be given to which components require input from stakeholders for a given planning project.
- **Who to consult**—this will be determined by the purpose of consultation. Consideration of the relevant stakeholders to engage at each stage will be required in order to maximise effectiveness of the consultation activities.
- **How to consult**—consultative processes in remote communities can include focus groups, surveys and/or public meetings. The more robust processes ensure the process selected is as accessible as possible to all interested individuals and organisations.

4.2 Important considerations in planning outcomes

This section presents factors for consideration in developing the outcomes of planning—the health needs and health services prioritised for action through the planning process. In particular, this section examines what core health services in remote communities may look like (and the services that may need to be accessed external to communities) and the importance of partnerships and collaborative action in translating the plan into practice.

4.2.1 Planning services within and external to the community

A critical consideration when planning health services in remote communities is the distinction between the services to be provided within the local community (i.e. the service has a presence and service provision occurs in the community itself) and the services to be accessed outside the community.

Like their counterparts in urbanised areas of Australia, residents living in remote areas need (and want) access to high quality healthcare across the care continuum. Previous planning activities have identified some health services that remote communities need, including:

- health information—to assist communities in looking after their own health
- primary healthcare services—accessible in the community
- emergency and evacuation services—available in a timely and responsive manner
- acute care services—as close as possible without compromising safety and quality
- specialist health and allied health services
- aged care services.

While the planning process for each remote community will generate a list of health needs relevant to that community—which in turn will inform service directions and options for service delivery—for the reasons described above many remote communities cannot safely and sustainably provide the specialised elements of

healthcare. Therefore, planners of health services in remote communities need to consider:

- The common health needs present in many remote communities (refer Section 2.1 of this paper)—what are the health services required in these communities?
- The common challenges to health service delivery in remote communities (refer Section 2.2 of this paper)—which of the identified services could be provided safely and sustainably in the community? As a visiting service? As a service to be accessed remotely (in another town/city or via telehealth)?

For services prioritised for provision within the community, planning will need to consider the objectives of these services (i.e. what are the desired outcomes) and strategies to work towards achieving these objectives. This will require considering the 'how to' of service delivery such as models of care, service delivery models and collaborative efforts to effect change. Some of the factors relevant to planning service provision within remote communities are explored in the remainder of Section 4.

For services unable to be provided in the community—such as specialist care, acute care and post-acute care—the planning process will still require consideration of objectives for these services and specific strategies to work towards achieving the objectives. However, strategies will need to focus on addressing timely access to services. This may require concerted efforts to better procure and coordinate services across providers and sectors—especially emergency services, retrieval and transport services and other service outreach and/or referral strategies.

4.2.2 The role of primary health care services

A scan of the policy and planning environment for remote and smaller non-remote communities in Australia reveals a focus on primary healthcare service delivery. For the purposes of this paper, primary healthcare is defined by the Australian Primary Health Care Research Institute as:

> *Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems … Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.*

As such, these services may be provided by any number of service providers and agencies and is not limited to—or to be confused with—general practice care.

Historically, health services in remote communities have not been well placed to respond to new patterns of health need, such as the emerging chronic diseases that have their origins in lifestyle- and environment-related factors. Primary health care services are well positioned to address these health needs and their underlying contributing factors, and therefore investment in these types of services is increasingly common—and viewed as beneficial—for many remote communities.

Two examples of the prioritisation of primary health care services in remote communities are provided below for illustrative purposes.

Example 1: Core functions of Aboriginal primary health care (Northern Territory)

In 2011, the Northern Territory Aboriginal Health Forum developed a framework for primary health care services for Aboriginal and Torres Strait Islander peoples. Central to the framework are five service 'domains' with related sub-domains, functions and key performance indicators:

- **Clinical services**—services delivered to individual clients and/or families, in clinic and home/community settings, including treatment, prevention and early detection, rehabilitation and recovery, and clinical support systems.
- **Health promotion**—non-clinical measures aimed to improve the health of the community as a whole. Health promotion includes a range of activities from building healthy public policy to providing appropriate health information and education, and encourages community development approaches that emphasise community agency and ownership.
- **Corporate services and infrastructure**—functions to support the provision of health services, including the availability and support of well trained staff, financial management, infrastructure, information technology, administration, management and leadership, and systems for quality improvement across the organisation.
- **Advocacy, knowledge and research, policy and planning**—includes health advocacy on behalf of individual clients, on local or regional issues, or for system-wide change, the use of research to inform health service delivery as well as participation in research projects, and participation in policy and planning processes.
- **Community engagement, control and cultural safety**—processes to ensure cultural safety throughout the organisation, engagement of individual clients and families with their own health and care, participation of communities in priority setting, program design and delivery, and structures of community control and governance.

Example 2: Universal service obligation in small communities (Queensland)

In 2008, the Queensland Department of Health examined three services for potential inclusion in a universal service obligation (USO) for communities containing a population between 200 and 2000 people. While these communities are small, many do not meet the ASGC remoteness classifications used in this paper and caution needs to be exercised in applying the findings to the current context.

The three potential services considered for the USO were primary health care, basic life support, and emergency retrieval.

After completing service mapping exercises, the Queensland Department of Health recommended two of the three services form part of the USO—primary health care and emergency retrieval. These two services were recommended on the basis the health system (particularly the public health sector) had capacity to provide these services across most identified small communities (and in communities where local access was not possible, the service was available within a short travel time).

4.2.3 Collaboration and partnerships in service delivery

The development of a single health service plan per remote community not only requires significant relationship building and collaboration among health care providers during the planning process, it also requires significant collaboration in the pursuit of the planning outcomes—that is, the delivery of the health services prioritised for action.

Translating a health service plan into practice in a remote community will require a concerted effort across service providers, and within and across agencies. Partnerships and collaboration will be equally important in the delivery of services planned for provision within the community and for those that cannot be safely or sustainably provided within the community—and need to be provided external to it.

In remote communities where resources are scarce, service integration resulting from successful service provision partnerships is even more important in order to eliminate duplication of services.

The elements of effective partnerships detailed in Section 4.1 (regarding the planning process) are equally relevant in establishing long-term, sustainable partnerships in health service provision. Of particular importance are the following:

- capitalising on the partnerships developed through the planning process to build effective service provision relationships—particularly if the health service plan identifies the need for collaboration as a means to achieving the planning outcomes
- entering into formal partnership arrangements (such as memorandums of understanding and service level agreements) to maximise the likelihood of success for a collaborative service delivery venture
- considering the need for modified governance arrangements for the collaborating agencies (such as joint service leadership, accountability and stewardship of resources) to facilitate genuine service partnerships and integration.

5. Implementing a health service plan

Planning outcomes will require clear documentation to support those accountable to lead and drive service delivery changes and implement service enabling actions. For example, a well-designed health service plan will:

- communicate clear service directions to stakeholders
- provide feasible, cost effective solutions to meet the identified need
- prioritise service delivery strategies to best accommodate the changing health care needs of the population
- clearly articulate objectives and strategies to guide service provision for the planning period
- guide changes in service delivery models in line with existing and emerging best practice to enhance patient safety and outcomes
- articulate links between services and service providers to coordinate service provision
- identify partnerships and collaborative approaches between health service providers across the health service continuum.

- identify organisational accountabilities (i.e. who is responsible for progressing which elements of the plan) and time frames for targeted strategies, as well as describing how implementation of the plan will be progressed, monitored and reviewed.

At the point of implementation, a transfer of responsibility from the planner/s to those who have been tasked with, and are accountable for, implementation of the plan occurs. A detailed implementation plan to operationalise and monitor the application of the strategies may be prepared. The same outcome could be achieved through an operational or business plan.

Planning outcomes (or criteria for success) articulated in the health service plan should be reviewed at regular intervals to ensure the outputs and service directions remain current, continue to provide for the identified needs and the strategies being implemented are achieving service objectives. If this is not the case, revised analysis and review of planning outputs (i.e. objectives and strategies) will be required.

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Further Reading

Collaboration and partnerships:

Health Consumers Queensland: Consumer and community engagement framework is part of a broader tool kit for consumer and community engagement and is available at:

http://www.health.qld.gov.au/hcq/publications.asp

Queensland Department of Health *Aboriginal and Torres Strait Islander cultural capability framework 2010–2033* aims to ensure departmental staff are well positioned to meet the needs of Aboriginal and Torres Strait Islander clients, staff and their communities, and is available at:

http://www.health.qld.gov.au/atsihealth/cultural_capability.asp

Queensland Department of Health has also prepared several resources for health professionals to enhance engagement of—and improve health outcomes for—Aboriginal and Torres Strait Islander peoples. These are available at:

http://www.health.qld.gov.au/atsihealth/health_professionals.asp

Health service planning:

Northern Territory Aboriginal Health Forum Core functions of primary health care: A framework for the Northern Territory is available at:

http://www.lowitja.org.au/core-functions-phc-services-nt

Queensland Department of Health Guide to health service planning version 2 and associated supplements (on components of the planning process such as consultation, health information and implementation of endorsed plans) are available at:

http://www.health.qld.gov.au/hsppanel/

South Australia's Strategy for planning country health services in SA sets out some principles for planning services in remote communities and is available at:

http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/strategy+for+country+health

Remote communities:

Australian Government National strategic framework for rural and remote health is available at:

http://www.ruralhealthaustralia.gov.au/internet/rha/publishing.nsf/Content/NSFRRH-homepage

Australian Standard Geographical Classification (ASGC) remoteness classification system is available at:

http://www.abs.gov.au/ausstats/abs@.nsf/mf/1216.0