Innovative Models of Care (IMOC)

Health workforce strategy

# Innovative models of care case study

The IMOC Program helps organisations trial new ways of providing primary care in rural and remote communities. Funding is for governance, community engagement and program management activities to support innovative health services delivery.

The desired outcomes of the Program are to:

* learn from funded trials and share learnings that will allow other communities to apply place based innovative models; and
* evaluate whether they improve rural practice and lead to better health outcomes.

## Summary of the Lachlan Valley health workforce strategy

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| Map with pin with solid fill | Location: | Condobolin, Parkes and Forbes, New South Wales |
| Question Mark with solid fill | Problem: | * Health workforce shortages across three towns
* A gap in healthcare and long wait times to see a GP
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| Lights On with solid fill | Solution: | Co-design of a shared health workforce model of care across the region |
| Fence with solid fill | Barriers: | * Not enough GPs who can supervise which limits use of international medical graduates and registrars
* Time required to establish cooperation between towns
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| Meeting with solid fill | Enablers: | * Regional GP recruitment campaign
* Collaborative governance and improved communication
* Engagement and advice from National Rural Health Commissioner
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| Dollar with solid fill | Funding and resources: | * Medicare Benefits Schedule billing.
* Recruitment support from Rural Doctors Network and partners.
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## About the model

The Lachlan Valley project was managed by:

* the Western NSW Local Health District
* the Western NSW Primary Health Network, and
* Rural Doctors Network in partnership with local governments and primary health service providers.

The Lachlan Valley is a subregion of central western New South Wales and includes the towns of Condobolin (MM5), Forbes (MM4), and Parkes (MM4).

Lachlan Valley’s Collaborative Care program focused on developing the health workforce in the region and how best to manage services.

The project brought together stakeholders from Condobolin, Parkes and Forbes, who worked together to determine the primary health care needs of their communities.

At the time of the grant application, no model of care had been identified as the preferred model to be trialled in the Lachlan Valley as the various communities and stakeholders had different views about primary care priorities.

The goals of this project were to develop and trial a model of care, and to address mutually agreed upon health issues in the region. All stakeholders agreed they needed to work together to address primary care needs, and to help the region to recruit and retain health workers.

The communities were supported by a project officer, subject matter experts, community surveys and engagement, asset mapping and consultancy services. In addition, the National Rural Health Commissioner hosted a workshop in April 2023.

While these experts, surveys and workshops were beneficial, the project did not progress to the point of identifying and trialling a model of care within the timeframe the IMOC Program allowed. However, by using a co-design process the communities identified solutions to improve access to primary health care.

## Findings

The Lachlan Valley trial aimed to test and evaluate unique models of delivering primary health care to meet the health needs of the community. This resulted in a campaign to recruit more GPs to support these models of care.

The project’s success depended on the communities coming together to identify common health needs and innovative ways to improve access to health services.

Even though the project did not reach the stage of trialling a new model of care, several themes emerged that will inform future health strategies for the region, including:

* ways to address immediate, medium, and long-term workforce challenges
* designing better models of care with appropriate funding and delivery methods
* improving multidisciplinary support for managing chronic disease, and
* a greater focus on First Nations health and wellbeing.

## Main challenges

The project identified some challenges to successfully implementing a co-designed model, including:

* not identifying a model of care before starting the project
* significant differences in the needs of each town
* stakeholders disagreeing on the focus of the project
* coordinating meetings and activities across a large region
* ensuring the model met the needs of local First Nations people, and
* health and weather events including COVID-19 and the western New South Wales flood crisis affecting the ability of local partners to engage with the project.

## Current status

The three communities have agreed that a regional approach was the best strategy to attract the doctors they need. They are now deciding how they continue to work together now that the Collaborative Care program’s administrative support has ended.

**More INFORMATION**

For more information about the Innovative Models of Care Program visit [health.gov.au/our-work/imoc-program](https://www.health.gov.au/our-work/imoc-program).