



# STRATEGIC PLAN 2022-2025

**'SES HealthPathways are there for you, supporting care 24/7'**

*- Local GP*



**SES HealthPathways Supporting Care 24/7**





## Table of Contents

|   |         |
|---|---------|
| Background                                    | page 3  |
| Vision, mission and values                    | page 5  |
| Strategic priorities                          | page 5  |
| Action plan                                   | page 7  |
| Governance, monitoring, reporting & reviewing | page 10 |
| Terminology and acronyms                      | page 12 |
| Acknowledgements                              | page 12 |
| Appendices:                                   |         |
| -Appendix A. SESHP governance structure       | page 13 |
| -Appendix B. Strategic alignment              | page 14 |
| -Appendix C. SWOT analysis                    | page 15 |
| -Appendix D. Force field analysis             | page 16 |

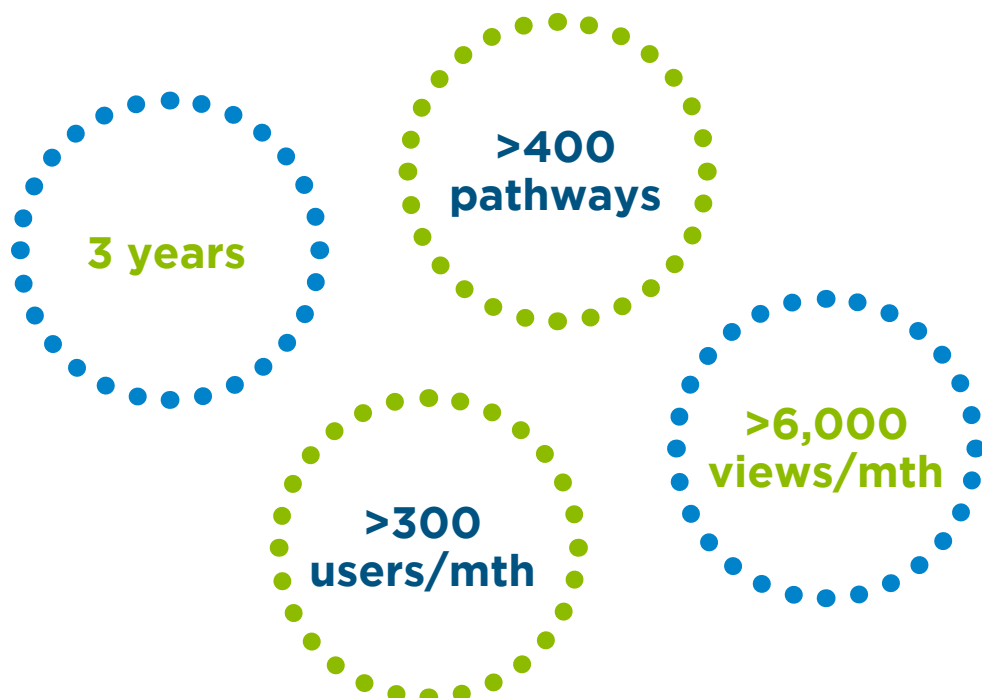
# Background

South Eastern Sydney HealthPathways (SESHP) is a partnership between South Eastern Sydney Local Health District (SESLHD), Central and Eastern Sydney Primary Health Network (CESPHN) and St Vincent's Hospital Network Sydney (SVHNS) (the partners). The program went live in September 2018. All partners actively contribute to the direction and decision making of the program through Advisory and Governance Committees. Sydney Children's Hospital Network (SCHN) continue to work closely with the program and are part of its Advisory Committee with other stakeholders.

HealthPathways programs have had success across Australia and New Zealand. They support General Practitioners (GPs) to work to the extent of their scope of practice, which has potential to reduce pressure on the healthcare system and save hospital services for those who truly need them. The pathways facilitate the right care, at the right place, at the right time. Pathway development can also initiate clinical redesign and pathways can be developed to support redesign initiatives that need to link in with Primary Care. In NSW there are 13 HealthPathways teams, which cover the whole state.

At the start of 2022, SESHP was just over three years old and had over 400 live pathways, over 300 users per month and over 6,000 page views per month. The main page views are of COVID-19, Mental Health, Drug & Alcohol and Antenatal pathways.

The program is staffed by a project team of four full-time staff (Program Manager, Reviews Manager, Project Officer and Administration Officer), eight GP Clinical Editors (including a GP Lead Clinical Editor) and supported by three Clinical Leads (SESLHD, SVHNS and SCHN).



Pathways are developed to meet the needs of the local hospital system and local GPs, of which there are estimated to be approximately 1,100 in the SES area. To achieve this in a strategic way the Streams, Advisory and Governance Committee members nominate pathways for prioritisation annually. The Advisory and Governance Committee review all nominations and confirm a list of priority pathways for the following year.

SESHP is looking to further improve current processes to provide:

- more strategic pathway development.
- improved escalation processes to decrease time taken for pathway development.
- increased use of the program through awareness and education campaigns.
- thorough monitoring and evaluation, with regular updates on program KPIs.

The SESHP strategic plan was developed collaboratively with key stakeholders including representation from General Practice, SESLHD, CESPHE, SVHNS and SCHN. It aligns with other key strategic plans across partner organisations and, more widely, in NSW (see Appendix A).

All collaboration was conducted remotely due to COVID-19 restrictions and disruptions. A SWOT analysis (Appendix B) and Force Field Analysis (Appendix C) were undertaken as a starting point. Strategic priorities were refined through collaboration including surveys and feedback on draft versions.

The strategic plan has approval from both the SESHP Advisory and Governance Committees.



# Vision, mission & values

## Vision

To have local health care workers (across Primary Care, Community and Hospitals) engaged and using SES HealthPathways in order to support delivery of the right care, at the right place, at the right time.

## Mission

We strive to deliver high quality pathways in areas of local need. These pathways are always developed in collaboration with local GPs, health professionals and Subject Matter Experts (SMEs) to help our community and health care consumers receive integrated care.

## Values

Collaboration | Strategic Pathway Development | Efficiency | Hospital Avoidance | Referral Optimisation | Integrated Care | Quality Care |

# Strategic Priorities

### Strategic Priority 1

Pathway development



### Strategic Priority 2

Engagement with clinicians



### Strategic Priority 3

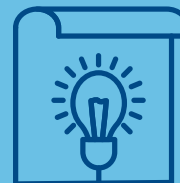
Data and technology use





### Strategic priority 1 - Pathway development

- Strategic development of pathways (agreed upon annually) to meet system needs and expand upon previous work, whilst maintaining capacity to develop pathways for emerging issues
- working groups conducted for at least 70% of all pathways developed
- Improving feedback mechanisms from the wider health care community
- Improve processes to gain more timely responses from SMEs



### Strategic priority 2 - Engagement with clinicians

- Work with CESP HN to increase General Practice users and promote use within Allied Health
- Work with LHDs and Specialty Networks to increase Hospital staff usage
- Improve SME participation in pathway development
- Implement joint marketing plan with Sydney HealthPathways and CESP HN
- Collaborate with Redesign teams across partner organisations



### Strategic priority 3 - Data and technology use

- Provide ongoing and timely updates to stakeholders
- Progress tracked against pre-set KPIs
- Pathway usage data available to services
- Use of data to assist with prioritisation of pathways for development
- Use of data to assist with marketing
- Include e-Referrals when available



# Action Plan

| STRATEGIC PRIORITY         | GOALS   | OBJECTIVES   | RESPONSIBILITY   |
|----------------------------|---|--|--|
| <b>Pathway Development</b> | 1. Strategic development of pathways (agreed upon annually) to meet system needs and expand upon past work, whilst maintaining capacity to develop pathways for emerging issues | 1.1 Key stakeholders to nominate and agree on pathways to be prioritised for the following year<br>1.2 Program Team to focus efforts on pathways prioritised for the year<br>1.3 Program Team to facilitate timely completion of any pathways identified and prioritised as an emerging need | Program Manager to facilitate stakeholders<br>Program Team<br><br>Program Team |
|                            | 2. Working groups conducted for at least 70% of all pathways developed  | 2.1 Working groups to be conducted for all new suites of pathways developed<br>2.2 Working groups to be conducted for all reviews of pathway suites  | Program Team<br><br>Program Team   |
|                            | 3. Improving feedback mechanisms from the wider health care community   | 3.1 Promote use of the feedback function at all CPD events<br>3.2 Encourage SMEs to use the feedback function when services or clinical guidance change<br>3.3 Promote GP feedback on pathway quality and usability prior to undergoing review   | Program Team and Lead GP Editor<br>Program Team<br><br>Reviews Manager         |
|                            | 4. Improve processes to gain more timely responses from SMEs  | 4.1 During working groups set ground rules for timely SME responses and emphasise importance<br>4.2 Further refine and follow escalation processes when SMEs don't respond within set timeframes<br>4.3 Explore innovative, more effective/efficient ways of GP and Specialist collaboration | Program Team<br><br>Program Team and relevant Directors<br><br>Program Team    |



| STRATEGIC PRIORITY                | GOALS  | OBJECTIVES   | RESPONSIBILITY   |
|-----------------------------------|--|--|--|
| <b>Engagement with Clinicians</b> | 5. Work with CESP HN to increase General Practice users and promote use within Allied Health | 5.1 Continue to present HealthPathways at all relevant CPD events<br>5.2 Develop at least 2 newsletter articles each year that can be shared for use by all partners<br>5.3 Develop a draft Marketing and Communications strategy by 30 June 2022<br>5.4 Implement the Marketing and Communications strategy by 1 December 2022  | Program Team and Lead GP Editor<br>Program Team<br><br>Program Manager<br><br>Program Team |
|                                   | 6. Work with the LHD and Speciality Networks to increase Hospital staff usage                | 6.1 Undertake an awareness and education campaign targeting hospital staff by 1 December 2022<br>6.2 At every working group encourage Specialists to use HealthPathways links in: <ul style="list-style-type: none"> <li>• discharge letters.</li> <li>• communication regarding inappropriate referrals.</li> <li>• correspondence on shared care and ongoing patient management.</li> </ul>  | Program Team<br><br>Program Team   |
|                                   | 7. Improve SME participation in pathway development  | 7.1 Set clear response timeframes for SME participation at each working group<br>7.2 Program team to provide timely reminders to all SMEs that don't provide feedback within agreed timeframes<br>7.3 Program team to use escalation process within set timeframes for all SME participation issues<br>7.4 Reach an engagement saturation point/culture change by December 2024 where services and clinicians advise of changes to services and clinical practices | Program Team<br><br>Program Team<br><br>Program Team<br><br>Program Team                   |
|                                   | 8. Implement joint marketing plan with Sydney HealthPathways and CESP HN                     | As per 5.3 and 5.4:<br>5.3 Develop a draft Marketing and Communications strategy by 30 June 2022<br>5.4 Implement the Marketing and Communications strategy by 1 December 2022   | Program Manager<br><br>Program Team  |
|                                   | 9. Collaborate with Redesign teams across partner organisations                              | 9.1 Meet regularly with SESLHD and SVHNS Redesign managers to discuss opportunities<br>9.2 Consider practicality of jointly undertaking a redesign project collaboratively with Sydney HealthPathways to optimise pathway review processes and look for opportunities to share workloads   | Program Manager<br><br>Program Manager   |

| STRATEGIC PRIORITY             | GOALS   | OBJECTIVES  | RESPONSIBILITY                         |
|--------------------------------|---|---|--|
| <b>Data and Technology use</b> | 10. Provide ongoing and timely updates to stakeholders                    | 10.1 Continue to provide monthly program updates to key stakeholders<br>10.2 Assess if program updates should be sent to any other recipients/ stakeholders and implement if required, annually                                   | Program Team<br><br>Advisory Committee |
|                                | 11. Progress tracked against pre-set KPIs                                 | 11.1 Report on progress against pre-set KPIs to the Governance Committee at least annually  | Program Manager                        |
|                                | 12. Pathway usage data available to services                              | 12.1 Advise SMEs and streams at working groups and any relevant meetings of the team's ability to provide pathway usage data<br>12.2 Provide Google Analytics data to any hospital or CESP HN service requesting this information | Program Team<br><br>Program Team       |
|                                | 13. Use of data to assist with prioritisation of pathways for development | 13.1 Seek relevant data to assist with prioritising all pathways for development<br>13.2 Seek annual input from Hospital streams to develop priority pathways for the following year  | Program Team<br><br>Program Manager    |
|                                | 14. Use of data to assist with marketing                                  | 14.1 Analyse trends in pathway usage following marketing initiatives to ensure they are of value<br>14.2 Concentrate marketing towards initiatives that show value and/or improvements in pathway usage.                          | Program Team<br><br>Program Team       |
|                                | 15. Include e-Referrals when available                                    | 15.1 Incorporate e-Referral with HealthPathways (and other relevant IT solutions) once available  | Program Team and partners              |

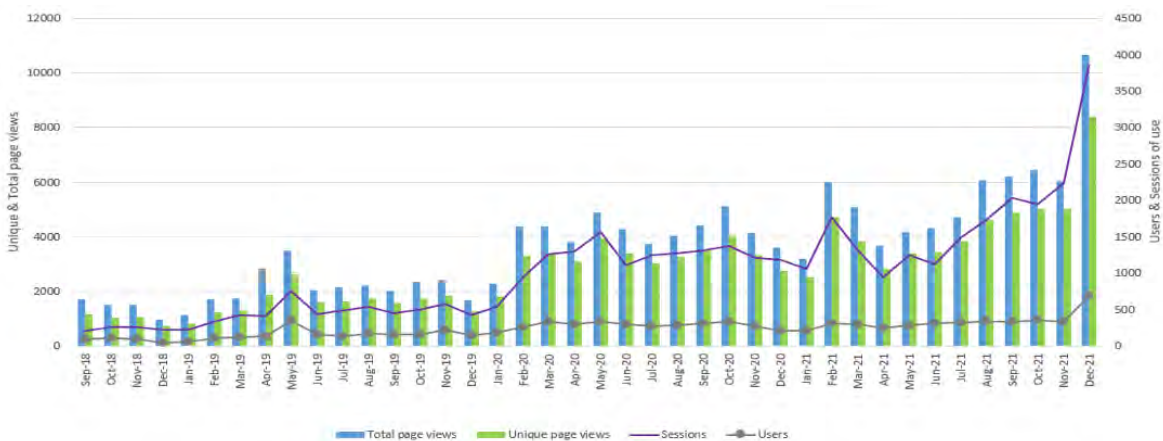
# Governance, monitoring, reporting & reviewing

SESHP has robust governance processes in place. Pathways are developed as a result of strategic direction provided by key stakeholders and through prioritised user requests for pathway development.

All pathways have governance processes supporting their development and approval to ensure local information provided on the pathways reflects the correct management and referral processes in SES. At least every three years pathways are reviewed to ensure the information and services are current. This timeframe can be shortened if required.

The program governance includes Advisory and Governance Committees as key decision makers. A diagram of the governance and committee structure is provided in Appendix D.

Through strong governance and program management the program has grown to over 400 pathways and usage of the pathways also continues to increase (image 1).



**Image 1. Usage of SESH since go-live**

The SESH Agreement is between SESLHD, CESP HN and SVHNS. It spans 1 July 2021 to 30 June 2024.

Summary of Key Performance Indicators (KPIs)

- 100 new pathways per year
- 80% of pathway reviews commence when due
- Working groups conducted for >70% of new pathways
- Increase GP and hospital staff usage as a result of promotional activity
- Report against the monitoring and evaluation framework annually
- Gather feedback from GPs on pathway quality and usability to inform processes
- Use SESH as an enabler for redesign

# Terminology and acronyms

**CESPHN** – Central and Eastern Sydney Primary Health Network

**GP** – General Practitioner

**KPI** – Key Performance Indicator

**SCHN** – Sydney Children’s Hospital Network

**SESHP** – South Eastern Sydney HealthPathways

**SESLHD** – South Eastern Sydney Local Health District

**SME** – Subject Matter Expert

**SVHNS** – St Vincent’s Hospital Network Sydney

## Acknowledgements

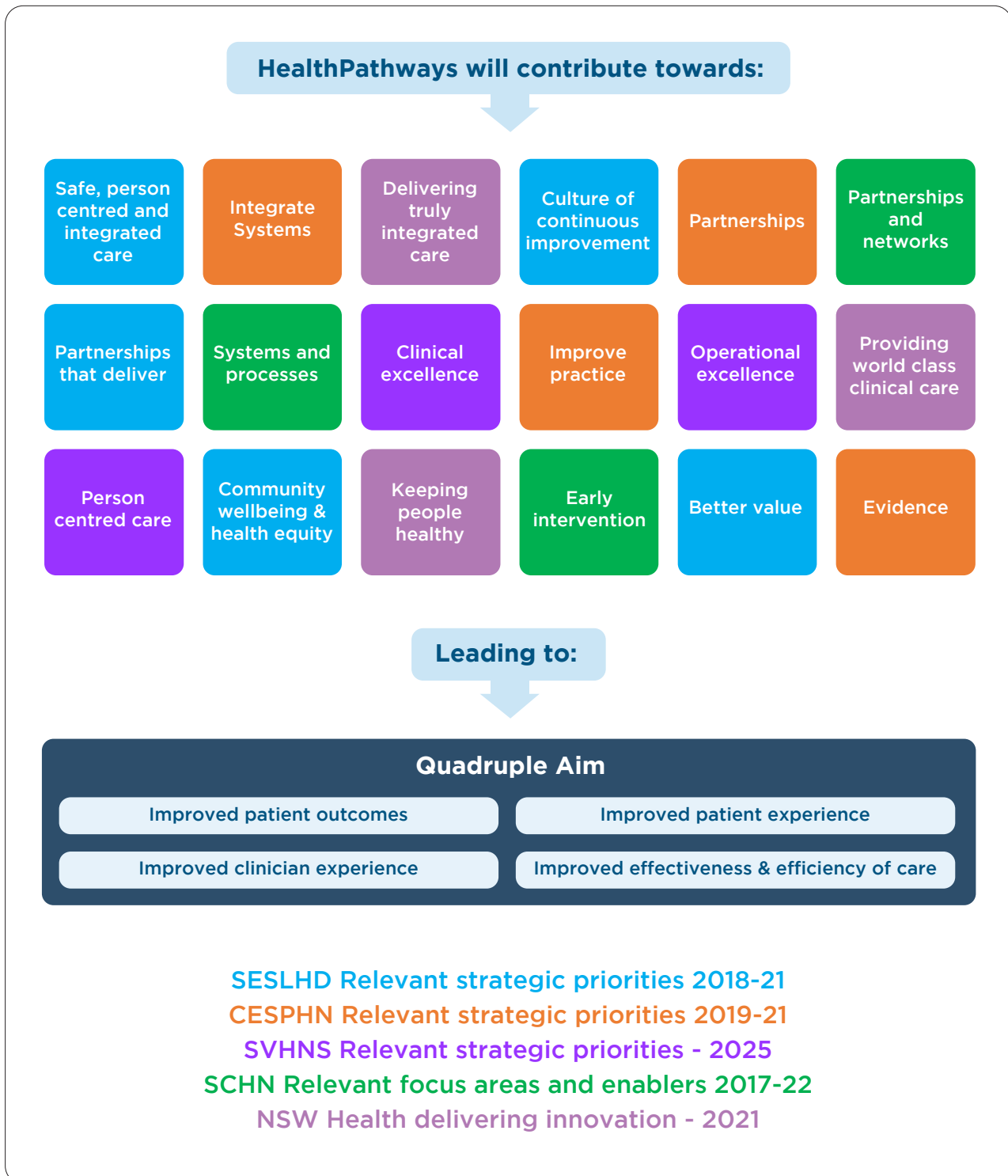
SESHP would like to acknowledge the support of the program partners, Advisory Committee and Governance Committee. Additionally, we would like to acknowledge the GPs and SMEs for their dedication to writing high quality pathways that support their colleagues in Primary Care.

Through the ongoing support of these key stakeholders the program has grown exponentially over the last three years in terms of the number of pathways and usage of the pathways.

# Appendices

## Appendix A – Strategic alignment

adapted from the SES HealthPathways evaluation (McDonald 2020)



## Appendix B – SWOT analysis

### Strengths

- Close to 400 pathways live
- Strategic pathway prioritisation and development
- Fully staffed
- Great team of GP Clinical Editors
- Multiple partners
- Collaborative PHN
- Program success across NSW, QLD, NZ etc
- Executive support
- Streamliners support

### Weaknesses

- Disengagement when GPs search for a pathway and it is not yet localised
- SME (Subject Matter Experts) turn-around time
- Referral pathway development
- Usage of HealthPathways
- Ongoing costs in the financial climate
- Limitations to monitoring work done on HealthPathways versus time charged

### Threats

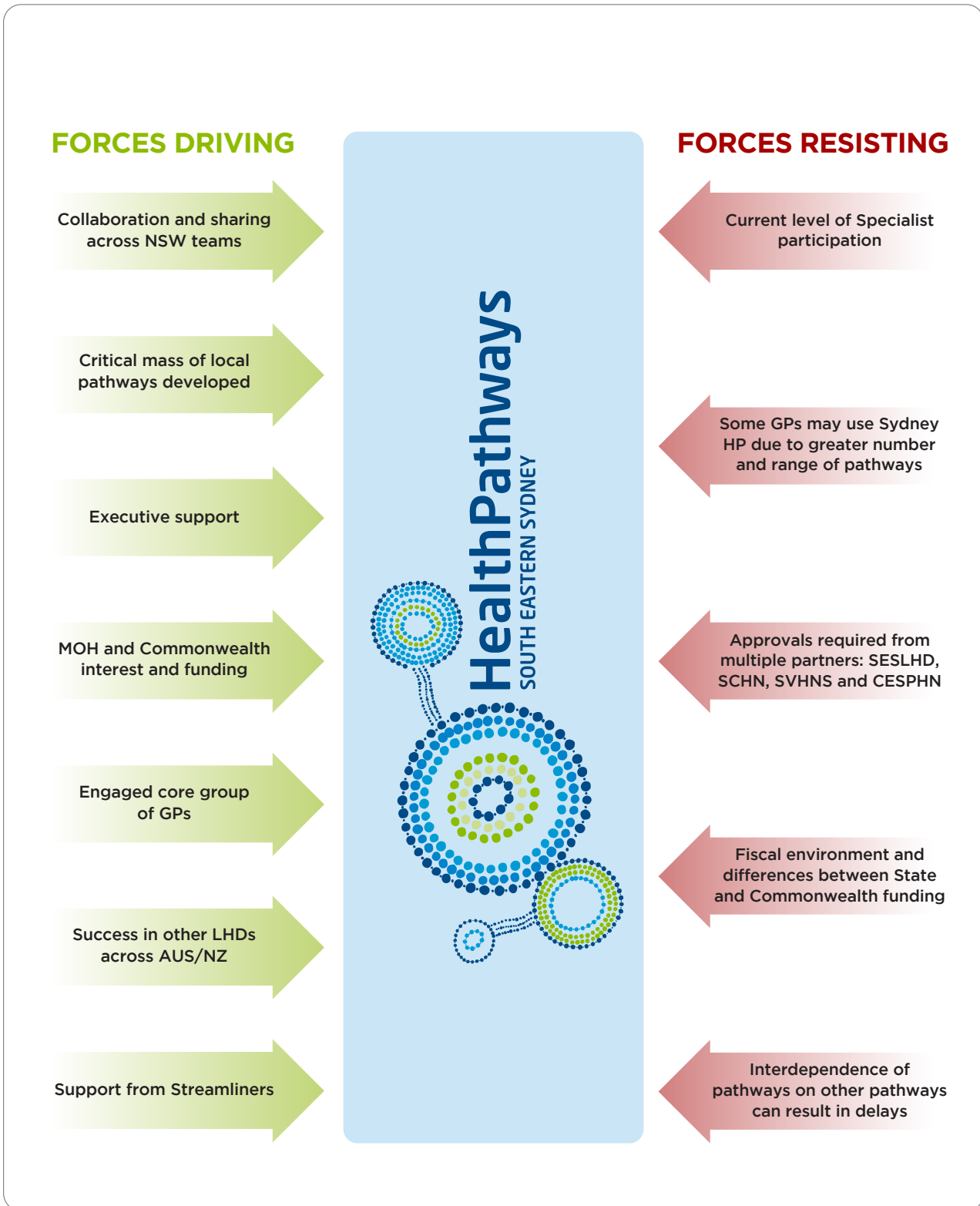
- Multiple partners require multiple sign offs and potential for disagreement
- Length of time taken for SME participation
- GP and SME disengagement from pathways in draft >1yr
- Waste of resources when pathways left in draft and end up out of date
- Short-term contracts - staff loss towards end of contract
- Program complexity

### Opportunities

- Other LHDs have led the way by creating pathways to use and lessons learnt
- Working collaboratively with Sydney HealthPathways to create efficiencies
- NSW MoH and Commonwealth support
- Greater collaboration between GPs and SMEs can improve pathway development and increase use
- Linking with eReferral



## Appendix C – Force field analysis



## Appendix D – SESHP governance structure

