



Health
Limestone Coast
Local Health Network

Naracoorte Health Service

Service Plan 2024-2029

December 2023



Acknowledgements

Limestone Coast Local Health Network (LCLHN) acknowledges the Traditional Custodians of Country throughout the region and Australia. We acknowledge their connections to land, sea, waters and community and acknowledge this land was never ceded and the ongoing impacts of colonisation. We recognise the history of First Nation Peoples vast knowledge in traditional holistic healing ways. They were our first health care workers. We pay our respects to Elders past, present and emerging, and extend that respect to all First Nation peoples today.

The LCLHN and the Naracoorte Health Service Planning Advisory Group would also like to thank the many clinicians, partner organisations and consumers who gave their time, expertise, and views to work with us to develop this service plan.

Disclaimer:

This document has been prepared by the Rural Support Service (RSS) Planning and Population Health Team to support planning within LCLHN. The data may not be published, or released to any other party, without appropriate authority from the Limestone Coast Local Health Network.

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Foreword

On behalf of the Limestone Coast Local Health Network (LCLHN), I am pleased to present the 2024-2029 Service Plan for the Naracoorte Health Service.

This plan covers the Naracoorte Health Service and its surrounding areas and is the third Service Plan developed for the LCLHN health service sites, supplementing the Millicent and Mount Gambier Service Plans which have already been developed in collaboration with clinicians, key partners and local communities.

Building on this service plan, a master planning process will be undertaken for the Naracoorte Health Service site following the State Government's investment of \$8million for Stage 1 upgrades for the service, and further State budget investment of \$1million to undertake a planning study, including an infrastructure plan for the site. This will be further informed by regional clinical services and infrastructure planning, the objectives and recommendations of which may supersede recommendations contained within this Service Plan.

I would like to thank the Advisory Group for their energy, enthusiasm and guidance in overseeing this important work and the many clinicians, consumers, community members and local health network partners for their valued contribution in the development of this Service Plan.

Angela Miller

Interim Chief Executive Officer

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1. Executive summary

Naracoorte Health Service (NHS) is part of the Limestone Coast Local Health Network (LCLHN). NHS is the second largest hospital in the LCLHN with 39 multi-day beds and 6 day only beds. The health service provides emergency, acute inpatient care, surgical services, maternity services, chemotherapy as well as co-located residential aged care, community health and mental health services. With its location close to the Victorian border, NHS serves an extended catchment community including cross-border residents.

The development of this service plan has considered a range of information and data from a variety of sources, which highlight recent patterns of service delivery and consumer experience of health care. The service plan will assist in alignment with the SA Department for Health and Wellbeing's (DHW) desire to deliver a commissioning program which is strategic, collaborative and focused on population health outcomes. Implementation of initiatives within the service plan will require an ongoing collaborative approach with other key service providers to shape future services to meet the needs of the catchment population in the medium to long term.

This service plan identifies and recommends a range of service improvement initiatives which will support the provision of safe, quality services closer to home and is underpinned by several key strategic drivers, including the SA Health and Wellbeing Strategy 2020-2025, SA Health Planning Framework 2021, and Limestone Coast Local Health Network Strategic Plan 2021-2025.

The planning process was led by the Naracoorte Health Service Planning Advisory Group (the Advisory Group) supported by the Rural Support Service (RSS) Planning and Population Health Team, with input from clinicians, consumers and other stakeholders who were engaged through workshops, surveys, interviews, and other methods across mid-2023. Advisory Group members were committed to listening and learning from health consumers and the local community and ensuring both quantitative and qualitative evidence informed the development of the service plan.

Key drivers for improvement and change emerged during the data analysis and community dialogues. These included:

- Projected increased demand (*from catchment residents*) across specific service domains including GIT endoscopy, respiratory medicine, general medicine, haematology, medical oncology, adult surgical activity, chemotherapy, dialysis and palliative care.
- Historic trends of potentially preventable hospital admissions for chronic obstructive pulmonary disease (COPD), asthma and congestive heart failure.
- An increasing cultural diversity of the population.
- An ageing population.
- Infrastructure needs – to enhance capacity and capability of the site and to be fit for purpose.
- Optimising the role of Naracoorte Health Service within the integrated LHN service system.

The analysis of quantitative along with qualitative data from consumer, community, clinician, and stakeholder engagement has resulted in the development of service improvement recommendations across nine priority areas for NHS. These priority areas are:

- emergency
- inpatient medical
- surgical
- renal services
- cancer services
- maternity and neonatal
- mental health

- aged care
- community-based services.

A high-level summary of the improvement recommendations for these areas is provided below.

In addition to these priority areas, opportunities to strengthen workforce and infrastructure are recognised as key enablers for this plan. Recommendations for these enabling areas include:

- Creating a training, learning and collaboration hub on site.
- Implementing workforce recruitment and retention initiatives across all areas including:
 - i. Promoting cultural diversity of the workforce
 - ii. Increasing housing accessibility for health workforce.

The LCLHN Board will have governing oversight of the plan and the LCLHN regional leadership group will all have an operational oversight role in the implementation and monitoring of this plan.

1.1 Summary of service improvement recommendations

Please note detailed recommendations are outlined from page 22.

Emergency	ED1	Establish an effective and viable medical workforce model
	ED2	Partner with consumers and clinicians to improve the physical environment
	ED3	Leverage digital emergency and urgent care services to improve consumer experience and further support our clinical workforce
	ED4	Improve the consumer experience for culturally and linguistically diverse consumers
Inpatient (medical)	IP1	Upgrade hospital infrastructure to enable provision of contemporary health care and improve the consumer experience
	IP2	Bolster our workforce to enable care closer to home
	IP3	Address barriers to equitable access to health care to enable better health outcomes
	IP4	Integrate care across the health journey through improved information sharing and teamwork
Surgical	SG1	Secure the surgical and associated workforce to sustain services into the future
Renal services	RS1	Establish a renal dialysis service at Naracoorte Health Service
Cancer services	CS1	Increase access to on-site medical oncology to assist in expansion of local chemotherapy services up to site capacity.
	CS2	Increase local access to haematology via telehealth

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Maternity and neonatal	MN1	Sustain the maternity and neonatal workforce
Mental Health	MH1	Work collaboratively across agencies, and with consumers, to strengthen mental health services in Naracoorte
	MH2	Expand access to community mental health services through increased workforce and improved infrastructure
Aged care	AC1	Invest in the development of contemporary aged care infrastructure
	AC2	Recruit and nurture a strong future aged care workforce
	AC3	Promote aged care services to help to inform consumer choice and assist care navigation
	AC4	Work together with other agencies and networks to provide exceptional aged care
Community-based services	CH1	Increase community awareness of community health services accessible through NHS and in the broader community
	CH2	Work together to connect health care across the health journey
	CH3	Create space for community health services to expand locally

2. Planning background and context

Service planning is the process of developing a strategic approach to improving health service delivery as part of the broader system to meet the current and emerging health needs of populations, catchments, or specific clinical stream cohorts.

In plain language, service planning is working out our best ‘informed hunch’ about what is going to happen next (using data and listening to stakeholders) and what we should do about it.

Service planning doesn't occur in isolation but within an integrated planning environment. Several strategies, frameworks and plans have informed and provided overarching strategic direction for the Naracoorte Health Service (NHS) Service Plan. Integrated planning means planning with awareness of the system we are part of, and alignment with other elements of that system such as digital, financial, workforce, and capital infrastructure planning.

2.1 Strategic enablers

2.1.1 SA Health and Wellbeing Strategy 2020-2025

For SA Health, the SA Health and Wellbeing Strategy 2020-2025 sets the scene for health system planning, providing the overarching vision for the next level of more localised and connected LHN service planning. The aim and goals of this strategy provide focus for the improvement efforts across the system.

Aim: to improve the health and wellbeing of all South Australians

The goals of the Health and Wellbeing Strategy are to:

- Improve community trust and experience of the health system.
- Reduce the incidence of preventable illness, injury, and disability.
- Improve the management of acute and chronic conditions and injuries.
- Improve the management of recovery, rehabilitation, and end of life care.
- Improve individual and community capability to enhance health and wellbeing.
- Improve the health workforce to embrace a participatory approach to health care.
- Improve patient experience with the health system by positioning ourselves to be able to adopt cost effective emerging technologies and contemporary practice.
- Improve the value and equity of health outcomes of the population by reducing inefficiencies and commissioning for health needs.

2.1.2 SA Health Planning Framework 2021

The SA Health Planning Framework was developed as a resource to strengthen health system and health service planning, align the process of planning across the system and to define governance, roles and responsibilities in planning. The Framework supports the SA Health and Wellbeing Strategy 2020-2025.

Purpose of the Planning Framework

- To support planning concepts to align with identified key focus areas of population health need.
- To provide the SA Health system with a high-level understanding of our approach to planning.
- To provide the SA Health system with an understanding of how planning activities are prioritised.
- To support the increase of efficiencies through improved decision making and appropriate planning.

- To provide a high-level explanation of the connection between planning, commissioning, and infrastructure planning.
- To support a collaborative and integrated approach to planning, to aid in the provision of safe, high-quality services.

“...localised plans or strategies must all be consistent with the SA Health and Wellbeing Strategy 2020–2025 ...to ensure that planning directly targets prioritised areas of identified population health need.” (SA Health Planning Framework)

2.1.3 Limestone Coast Local Health Network Strategic Plan 2021-2025

At a strategic level, the purpose, vision, and key priorities of the [Limestone Coast Local Health Network Strategic Plan](#) provide a framework for alignment of the service recommendations within this service plan. In summary the strategic plan outlines:

Our purpose:

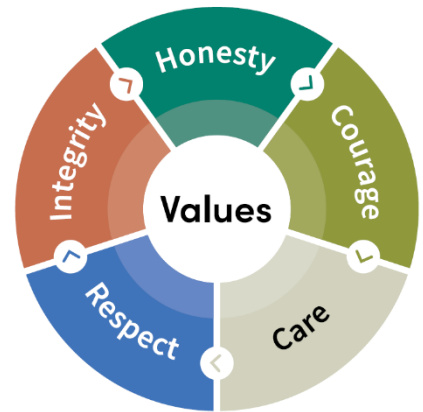
Partnering with our community in delivering best practice care and services that contribute to improving the health and wellbeing of our communities and region.

Our vision:

A trusted leader and partner in the provision of safe, high-quality, progressive, consumer-directed care and services.

Our key priorities:

- Growing services
- Dynamic workforce
- Thriving culture
- Strong Partnerships
- Contemporary infrastructure



2.1.4 Other strategic enablers that informed the Service Plan

Several other frameworks, plans and reports have been considered, as part of the development of the Naracoorte Health Service - Service Plan.

- [South Australia's Rural Aboriginal Health Workforce Plan 2021–26](#)
- [SA Rural Nursing and Midwifery Workforce Plan 2021–26](#)
- [SA Rural Allied and Scientific Health Workforce Plan 2021–26](#)
- [The South Australian Department for Health and Wellbeing Mental Health Services Plan 2020-2025](#)
- [Wellbeing SA Strategic Plan 2020-2025](#)
- [South Australian Areas to Act Report.](#)

2.2 About the Naracoorte catchment

The Naracoorte Health Service (NHS) catchment is located in the Limestone Coast region in the south-east of South Australia sharing its eastern border with Victoria.

The Naracoorte catchment area includes the townships of Naracoorte, Avenue Range, Binnam, Bool Lagoon, Cadgee, Coles, Conmurra, Fox, Frances, Hynam, Joanna, Keppoch, Koppamurra, Kybybolite, Laurie Park, Lochaber, Lucindale, Mount Light, Moyhall, Naracoorte, Spence, Stewart Range, Struan, The Gap, Wild Dog Valley, Woolumbool, Wrattobully and surrounding communities. The Naracoorte catchment is the geographical catchment area for the Naracoorte Health Service.

The geographical catchment area for the Naracoorte Health Service is the combination of both the Naracoorte Statistical Area Level 2 (SA2) and Naracoorte Surrounds SA2 (previously named 'Naracoorte Region'). Catchment data within this plan refers to these statistical areas unless otherwise stated.

The Naracoorte catchment is part of the [Limestone Coast Local Health Network \(LCLHN\)](#) which manages the delivery of public hospital services and other community-based health services (including Country Health Connect) as determined by the state government for the Limestone Coast region.

Located on the Riddoch Highway about 333km from Adelaide and 102km north of the regional city of Mount Gambier, Naracoorte is a rural centre surrounded by farmland and famous for its World Heritage listed fossil sites and caves.

The Naracoorte catchment is defined as 'Outer Regional' according to the Australian Bureau of Statistics Australian Statistical Geography Standard. Under the remoteness measures outlined by the [Modified Monash Model \(MMM\)](#), the Naracoorte township is currently classified as MM4 (medium rural town), and the Naracoorte surrounds classified as MM5 (small rural town). *(The MMM is used to determine eligibility for a range of health workforce programs, such as rural Bulk Billing Incentives, Workforce Incentive Program, Bonded Medical Program).*

The Naracoorte catchment has a population of 8,896, with 19.0% aged 14 years and under, and 20.0% aged 65 years and over. The Naracoorte catchment has a slightly higher proportion of persons aged 14 years and under compared to the South Australian (SA) population.

In total, 1.6% of residents in the Naracoorte catchment identify as Aboriginal and Torres Strait Islander. This is lower than the LCLHN proportion.

In total, 10.5% of the Naracoorte catchment speak a language other than English at home, and 3.1% of the total population have low English fluency. The Naracoorte catchment has a lower proportion of people from a culturally and linguistically diverse (CALD) background compared to the SA population, but higher than the LCLHN proportion.

The top five languages spoken (other than English) in the Naracoorte SA2 are:

- Hazaraghi
- Mandarin
- Malay
- Filipino
- Lao.

The resident population of Naracoorte catchment is projected to grow slightly by 2036.

In the 2021 Census, people residing in the Naracoorte catchment reported lower rates of arthritis, asthma, cancer, diabetes, heart disease, kidney disease, lung conditions, stroke and mental health conditions compared to the LCLHN and SA populations. Arthritis, dementia, and heart disease were reported at slightly higher rates when compared to Australia in the Naracoorte SA2 only.

The Naracoorte Health Service provides:

- 24 hour a day, seven day a week (24/7) accident and emergency service
- acute inpatient care
- palliative care
- surgical services
- maternity services.
- low complexity chemotherapy
- residential aged care
- community aged care/home care
- allied health
- specialty nursing
- early childhood development services
- mental health services (ages 16+).

The Naracoorte Hospital has 39 multiday acute beds available. In 2021-22 a daily average of 17.9 beds were occupied overnight (where patient length of stay was greater than 24 hours in total).

The hospital also has six day-only beds, specialist consulting rooms and a four-chair low complexity chemotherapy unit.


Naracoorte Health Service also has a total of 41 aged care beds; 30 commonwealth-funded beds and 11 state-funded nursing home type beds within Moreton Bay House.

Due to the nature of its location and proximity to the Victorian border, Naracoorte Health Service sees an inflow of health consumers from various areas including interstate, and across the LCLHN. Naracoorte catchment residents also seek health services across the border in Victoria (public and private). This has been considered as part of the development of this Service Plan.


Population
8,896
 Naracoorte SA2 and Naracoorte Surrounds SA2




19%
 are aged 14 years and under
 (SA = 17.3%)



20%
 are aged 65 years and over
 (SA = 19.5%)




The resident population of Naracoorte catchment is projected to **grow slightly** by 2036.




1.6%
 of people in the catchment area identify as Aboriginal and/or Torres Strait Islander
 (SA = 2.4%)



10.5%
 of people in the catchment area speak a language other than English at home
 (SA = 18%)

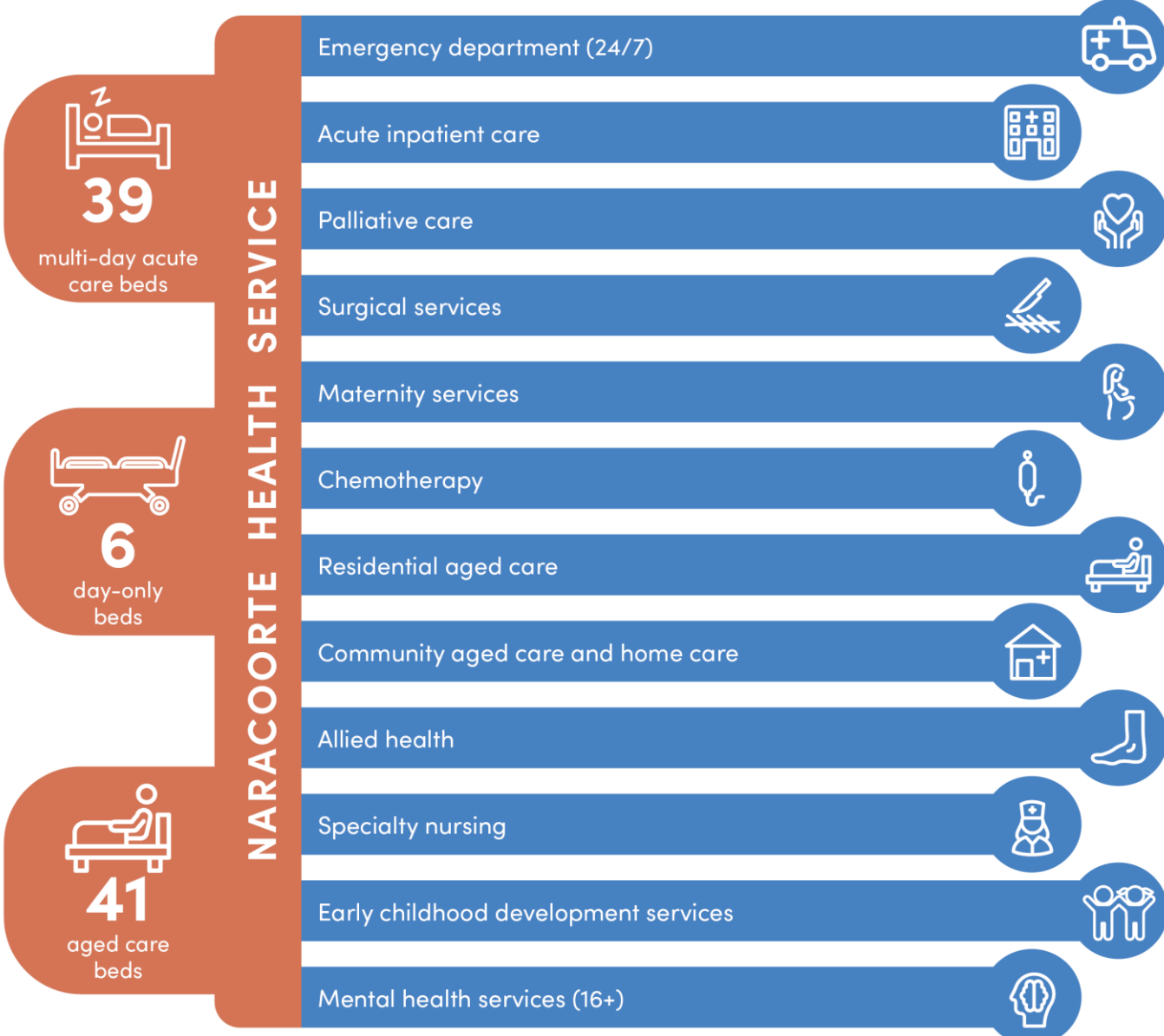


3.1%
 of people in the catchment area have low English fluency



TOP 5 LANGUAGES

- Hazaraghi
- Mandarin
- Malay
- Filipino
- Lao



2.3 Service planning process

2.3.1 Overview

The service planning process was led by the Naracoorte Health Service Planning Advisory Group (membership listed on page 3), established in April 2023. The Advisory Group met regularly and were supported by the Rural Support Service (RSS) Planning and Population Health Team to facilitate a collaborative service planning framework. A range of clinicians, consumers, community members and stakeholders contributed to the development of the service plan via participation in workshops, surveys, focus groups and interviews.

The role of the Advisory Group was:

- Providing advice in identifying health service strengths, weaknesses, and opportunities for NHS.
- Assisting in analysis of health utilisation data to inform future service demand and need.
- Advising on any existing plans for Naracoorte and surrounding catchment areas that may impact on future implications for the Health Service.
- Identifying and assisting in engaging other stakeholders (including clinical leaders) as required.
- Considering local service integration with the system at-large.
- Seeking to understand experiences, challenges and pain points from a consumer perspective.
- Receiving ideas, advice and recommendations from any engagement processes and ensuring consideration of this input in the development of the Service Plan.
- Assisting in the iteration of recommendations and priorities as they are developed.
- Ensuring that a draft Service Plan balances feasibility, desirability and viability.
- Providing advice to the LHN Executive and the Board in the form of a Service Plan which outlines a range of service improvement recommendations for the future.

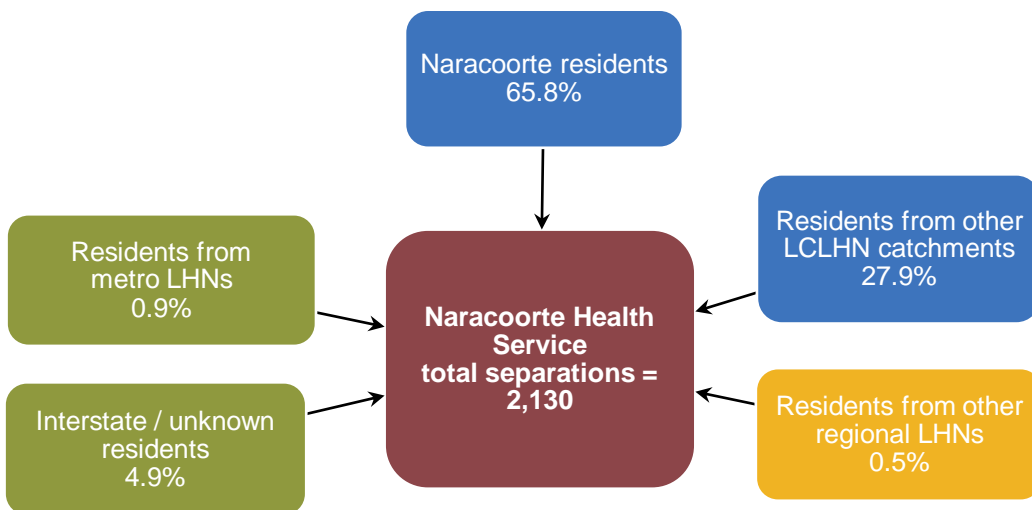
Throughout the planning process, the Advisory Group analysed a range of:

- Health utilisation data.
- Population and demographic data.
- Patient journey trends and consumer engagement insights.
- Clinician, stakeholder, and community engagement findings and advice.

2.3.2 Data snapshot: patient flow, hospital activity and population health need

- There were 2,130 separations at the Naracoorte Health Service in 2021-22
- The Naracoorte Hospital reported 83.7% self-sufficiency in 2021-22, with more than four-fifths of inpatient hospital services for Naracoorte catchment residents provided at the Naracoorte Hospital or other LCLHN hospitals (26% at Mount Gambier and Districts Health Service). A total of 16.3% of inpatient separations for residents flowed out of the LHN to metropolitan or other regional LHN hospitals.
(Self-sufficiency measures the proportion of hospital services provided at the LHN hospitals for residents who live in the local catchment. It shows where people from the local catchment are accessing public hospital services; the LHN, or elsewhere within SA).
- Of the hospital activity flowing to Mount Gambier for Naracoorte catchments residents, the top three service-related groups (SRG) were; dialysis (37%), orthopaedics (12%) and ophthalmology (10%).
- A total of 127 separations for Naracoorte catchment residents flowed to Victorian public and private hospitals in the three years between 2019-20 and 2021-22 (an average of 42 separations per year). The bulk of these were for ophthalmology.
- In total, 27.9% of separations at NHS were for people from other LCLHN catchments in 2021-22.

Figure: Separations (%) at Naracoorte Health Service by patient residence, 2021-22



(Note: A 'separation' in the context of admitted patient care refers to the administrative process by which a hospital records the end of an episode of care for a patient within the one hospital stay. This is used as a measure of hospital utilisation).

- Separations for people who identified as Aboriginal and/or Torres Strait Islander accounted for 1.3% of all separations at NHS in 2021-22. This rate is lower than the proportion of Aboriginal and Torres Strait Islander residents of the Naracoorte catchment area (1.6%).
- There were 2,793 emergency presentations at NHS in 2021-22. This is broken down by 129 triage 1 or 2 presentations, 498 triage 3 presentations, and 2,166 triage 4 or 5 presentations.
- The abdomen/gastrointestinal presenting problem had the highest number of presentations to the emergency department (ED) at NHS in 2021-22. This was followed by the number of presentations for respiratory, laceration - single trauma, head - neurology/neurological and cardiovascular/chest presenting problems.
- In 2021-22, there were 148 deliveries (births) at NHS (for catchment residents as well as outside of the catchment)

- In 2021-22, there were 104 births at NHS for women from the **Naracoorte catchment**. Of this number, 9% were at public hospitals outside of the LCLHN.
- Mental health separations accounted for 3.1% of all separations, and drug and alcohol separations accounted for 1.1% of all separations at NHS in 2021-22.
- Arthritis, asthma and mental health conditions were the top three long term health conditions reported by people in the Naracoorte catchment although they were all reported at lower rates compared to all of LCLHN and SA.
- The 2020 SA Health Areas to Act Report identified Naracoorte SA2 as a potentially preventable admission “hotspot” for chronic obstructive pulmonary disease (COPD), asthma and congestive cardiac failure indicating a need for targeted community-based and primary care intervention for these long-term health problems.
- By 2036-37 (from 2020/21 levels), increases in demand are projected for adult medical 48% (most notably GIT-endoscopy, respiratory medicine, general medicine, haematology and medical oncology), adult surgical 17%, chemotherapy 69%, dialysis 18%, maintenance 66% and palliative care services 52% for Naracoorte catchment residents (according to Harges and Associates modelling).
- There are currently 90 aged care beds in the Naracoorte catchment area (including other providers). In 2023 the Commonwealth Government advised a provision ratio of 60 beds per 1,000 population aged 70 years and over. By 2036, the Naracoorte catchment area has a projected population (70+) of 1,143. Using this ratio, by 2036, it is projected that 88 aged care beds will meet this demand with additional services to be provided at home and in the community.

2.3.3 Clinician, consumer, and stakeholder engagement

The health service planning process for NHS has been grounded in a multi-faceted approach to community and clinician engagement.

Learning from stakeholders, including service users, enables future service planning to be informed by real world experiences, pain points and opportunities from a range of perspectives. Running from April to July 2023, the combined engagement approach amassed around 90 direct in-person or written contacts across various audiences and many more via indirect qualitative data gathering and analysis. The approach to this local “experience data” gathering included:

- Focus group with Naracoorte Hospital Auxiliary.
- Face to face discussion with members of the Naracoorte HAC.
- Examination of Consumer Feedback qualitative data via the Safety Learning System (SLS).
- Social media scan for relevant content about local health services.
- Conversation with the Migrant Resource Centre, Naracoorte.
- Conversation with AC Care, who provide services to Naracoorte.
- Conversation with the Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS), Naracoorte.
- Community submissions (online platform, email and phone).
- Targeted staff/stakeholder interviews.
- Two face-to-face engagement workshops for clinicians and partner organisations in Naracoorte.

The insights generated by this engagement have comprehensively informed the development of the Service Plan recommendations.

Examples of some of the engagement materials



Summary of broad community and consumer engagement insights

- Signage and wayfinding to relevant access points at the hospital needs attention. This can cause unnecessary stress when trying to access the service.
- Administration staff have an important role in the consumer experience and are a vital part of making people feel heard, understood and are a reflection of an efficient and effective service. Friendly first interactions can set up a better overall consumer experience.
- Consumers from different backgrounds may have different needs and triggers which can impact on a person's experience. There are opportunities to build ways to connect with the migrant and refugee communities to help to design better health experiences.
- Consumers would like to see an expanded range of services available at Naracoorte Health Service.
- Integration of care, including appropriate communication with other providers and appropriate supports following hospital discharge are vital parts of the consumer experience and journey.
- Respectful and thoughtful communication around time-delays and pre-surgical preparation is essential.
- Systemic and workforce issues can cause greater burden for consumers (i.e., additional travel).
- Lack of workforce, or workforce sustainability is a concern for the community as they know it will impact on service availability.
- Taking the time to understand the individual patients' particular needs (particularly around surgery and around disability) and putting things in place to support those needs is essential.
- The relationship between the hospital and doctors is vital to the consumer experience.
- Consumers sometimes feel they have no choice but to attend the emergency department when they have been unable to get an appointment with their general practitioner (GP).
- Where transitions to and from hospital are thought of and supported - this is highly valued.
- Aged care is a priority – people who are ageing themselves or have family who are ageing want to be assured that they will have adequate access to both high quality home and community care as well as quality and contemporary residential aged care (including modern, fit-for-purpose infrastructure).
- Consumers would like to see Naracoorte recognised as somewhat of a surgery hub in the upper South East. This extends to further development and promotion of clear consumer choices for wrap-around services following joint replacement surgery.

Clinician engagement

Two *Clinician and Partner Organisation Workshops* were held in May and July 2023 respectively; one focused on relevant data, the second focused on the strengths, challenges and opportunities for NHS.

Service area discussions included

- Aged care
- Emergency
- In-hospital services (medical, maternity, surgical, renal and cancer)
- Mental health
- Workforce
- Community based services (allied health, outpatients, community aged care).

The results of these engagement discussions were synthesised and shared with the service planning advisory group in July 2023, informing the development of recommendations for the draft plan. Ongoing advice was sought from key clinical leads for specific service priority areas in the development of this plan.

A list of workshop attendees can be found in appendix B.



2.4 Model of care

As outlined in the LCLHN Strategic Plan, the health units within the LCLHN operate as a regionally connected, integrated health service. Mount Gambier and Districts Health Service is the largest health service in this model providing more specialised and intensive therapies. Naracoorte Health Service is the second largest health unit within the LCLHN and is funded under an activity-based funding framework.

As with any integrated health environment, a single health unit will be connected to, and work in collaboration with, other LHN health units, tertiary metropolitan health facilities, and will operate under both state and relevant commonwealth health policy.

3. Service Plan

3.1 Current service description

Naracoorte Health Service includes 39 overnight/multi-day beds, six day surgery beds, two operating theatres, specialist consulting rooms, and a four-chair low-complexity chemo unit, plus a residential aged care unit in Moreton Bay House that accommodates 11 State-funded aged care beds and 30 Commonwealth aged care beds.

Naracoorte Health Service provides a 24 hour a day, seven day a week (24/7) accident and emergency service, acute inpatient care, aged care, palliative care, surgical and maternity services along with day procedures including infusions and chemotherapy.

Community-based services include adult mental health in addition to Limestone Coast Country Health Connect (CHC) services including specialty nursing, home and community aged care, allied health, and early childhood development services.

Accident and emergency medical and inpatient medical are provided by locum GPs at the time of development of this service plan.

SA Virtual Emergency Service (SAVES) provides medical coverage in emergency from 7pm – 7am.

Benson Radiology provide plain x-ray 24/7, ultrasound (one week out of two) and computerised tomography (CT) within business hours Monday to Friday.

3.2 SA Health Clinical Services Capability Framework

The [SA Health Clinical Services Capability Framework \(CSCF\)](#) has been designed to guide an integrated approach to health service planning and delivery in South Australia. The CSCF is a set of 30 service modules for clinical service areas. The modules detail the minimum service and workforce requirements, risk considerations and support services to provide safe and quality care at South Australian hospitals. It is an important tool for state-wide planning, defining the criteria and capabilities required for health services to achieve safe and supported clinical service delivery. It also provides planners and clinicians with a consistent approach to the way clinical services are described and identifies interdependencies that exist between clinical areas. For regional LHNs it helps to plan what services can safely and reasonably be provided close to home, within the LHN, or will involve travel to, and partnership with, a metropolitan-based tertiary health service.

The information in the service improvement priority tables below relates to the CSCF level criteria *currently* assigned to Naracoorte Health Service for each clinical area (last reviewed in 2021). These levels are subject to change according to future reviews of the CSCF modules and of LHN-wide assigned levels for clinical services.

3.3 Service improvement recommendations

The tables below outline the priority service improvement recommendations for Naracoorte Health Service for the next five to 10 years.

Emergency

Current Clinical Services Capability (CSCF) :

Naracoorte Health Service provides **level 2** emergency services based on the CSCF. This is described in the CSCF as:

- On-site, 24-hour access to nursing staff and triage of all presentations.
- Capable of providing treatment for minor injuries and illnesses and limited treatment of acute illnesses and injuries.
- Provides basic resuscitation and limited stabilisation, prior to transfer to higher level service.
- Workforce requirements include:
 - Medical
 - medical practitioner available on-site, as required.
 - Nursing
 - staffing levels in accordance with relevant industrial instruments.
 - Allied health
 - access to pharmacist (or approved registered nurse) for medication services.

Current Service Summary

- 24/7 service.
- Current locum medical model (0700 – 1900hrs - available for triage 1-2 emergency presentations outside of these hours)
- SA Virtual Emergency Services (SAVES) telehealth available 1900 -0700hrs
- Nursing staff are rostered across acute and emergency services.

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- Access to Medstar for retrievals
- NHS is a stroke site for thrombolysis under SA Stroke Model of Care in the hours of Monday to Friday (business hours – as determined by access to CT services)
- Higher acuity patients are stabilized prior to transfer.
- Access to additional services via telehealth. E.g., paediatrics, trauma, neurologist.
- Emergency GP Anaesthetist on call 24hrs to support locum with trauma presentations and other emergencies where anaesthetics are required.)

Future Service Proposal:

Optimise service capacity at CSCF level 2 with improvement to the design of the physical environment, and establishment of sustainable workforce models.

SERVICE IMPROVEMENT RECOMMENDATIONS:

ED 1. Establish an effective and viable medical workforce model

ED1.1	Develop a sustainable emergency department workforce model that enables medical coverage 24 hours/7 days a week.
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ED 2. Partner with consumers and clinicians to improve the physical environment

ED2.1	Involve emergency department consumers and clinicians in the future refurbishment and redevelopment of the emergency department space with a view to improving consumer experience as well as improving workflow.
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ED 3. Leverage digital emergency and urgent care services to improve consumer experience and further support our clinical workforce

ED3.1	Promote and increase community awareness of the Child and Adolescent Virtual Urgent Care Service (CAVUCS), as part of broader promotion across LCLHN.
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ED3.2	Establish a process for, and educate staff about, the ability to make direct contact with the CAVUCS consultant - providing additional clinical support for child and adolescent emergency department presentations at NHS.
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	ED3.3	Optimise interaction with the SA Virtual Care Service (SAVCS) and South Australian Virtual Emergency Service (SAVES) as a means of strengthening the clinical supports available to the Naracoorte workforce in providing emergency and urgent care response to consumers.
ED 4. Improve the consumer experience for culturally and linguistically diverse consumers		
	ED4.1	Improve appropriate and timely access to interpreter and translation services in the emergency department by: <ul style="list-style-type: none">• Clarifying the approved interpreter service.• Educating NHS staff and promoting the correct process for appropriate and timely engagement of interpreters.• Developing a suite of translated health information in the most used languages for the Naracoorte catchment area.• Exploring online and virtual options for interpreter services.• Interacting with the migrant and refugee reference group (once developed – see recommendation IP3.1) to continually evaluate and improve the consumer experience of using interpreters.• Linking with this work at the LCLHN level to ensure consistency.

Inpatient (medical)

Current Clinical Services Capability:

Naracoorte Health Services provides level 2 medical services (adult and children) based on the CSCF. This is described in the CSCF as:

ADULT

- May be provided as either ambulatory service or inpatient service providing overnight nursing care.
- Patients under care of medical practitioner.
- Inpatient services usually provided for low to medium-acuity, single-system medical conditions with significant but stable comorbidities.
- Patients with pre-existing significant comorbidities typically not admitted at this service level except in palliative care situations.
- May host outreach services (including outreach and hospital services in residential aged care facilities).

CHILDREN

- Primarily provides planned ambulatory care for healthy children, usually in rural and remote locations.
- Provides limited inpatient service with short-term coverage, which can provide low-risk acute care and treatment to a child.
- Capable of providing basic life support for children and provides limited stabilisation of children who require transfer to higher level of service within relevant children's service network.
- Documented consultation and referral links with higher level services within relevant children's service network, and particularly with retrieval and outreach services such as Royal Flying Doctor Service and visiting Level 4 services.

Current Service Summary

- Naracoorte Health Service includes 39 overnight/multi-day beds.
- Current locum medical model.
- Acute inpatient medical care.
- Inpatient palliative care with support from palliative care team.
- Inpatient physiotherapy services provided by on-site private provider.
- Inpatient mental health admissions with support from LCLHN Mental Health Team.

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- Manage inpatient short-term care for patients of higher acuity waiting for transfer to relevant service.
- Liaise with Mount Gambier or metropolitan services to coordinate care prior to transfer.
- Refer to older persons mental health where needed.

Future Service Proposal:

Maintain CSCF level 2 and address infrastructure needs

SERVICE IMPROVEMENT RECOMMENDATIONS:

IP1. Upgrade hospital infrastructure to enable provision of contemporary health care and improve the consumer experience

	IP1.1	Upgrade and revise the layout and design of rooms in the west wing of NHS to enable optimal care of people with a disability, including permanent hoists, accessible bathrooms and adequate space for patient transfers.
	IP1.2	Establish a short-term consumer working group to improve signage and wayfinding to all hospital / health service entrances within the Naracoorte site e.g., with colour-blocking and/or mural artwork (external). Include consumers of different ages and cultural backgrounds in this work.
	IP1.3	Re-configure the interior of the main hospital entrance to provide a more welcoming and clear access point to information and direction.
	IP1.4	Improve carpark access to the front entrance of the hospital.

IP2. Bolster our workforce to enable care closer to home

	IP2.1	Establish a paediatrician service at Naracoorte Health Service (inpatient and ambulatory).
	IP2.2	Assist Benson Radiology, in any way possible, in their recruitment of increased sonographer workforce to service Naracoorte, including the potential for Mount Gambier-based staff to visit Naracoorte.

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	IP2.3	Explore increasing access to Aboriginal health practitioners, when required, to support culturally appropriate care locally.
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IP3. Address barriers to equitable access to health care to enable better health outcomes		
	IP3.1	Work with local community services e.g., Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS) and Migrant Resource Centre (MRC), to establish a quarterly refugee and migrant reference group to provide advice and diverse consumer expertise to NHS and to advise on specific needs and improvements.
	IP3.2	<p>Improve the ability to meet the needs of Aboriginal and Torres Strait Islander people through:</p> <ul style="list-style-type: none"> • Working in partnership with Aboriginal stakeholders to better understand health needs and implement targeted strategies to improve health and wellbeing. • Improving our cultural competency, and ensuring we offer a safe and welcoming environment that supports people to identify as Aboriginal and/or Torres Strait Islander. • Implementation of LCLHN Aboriginal Chronic Disease Pathways. • Implement 'Identification Training' to improve identification of Aboriginal and Torres Strait Islander peoples.
IP4. Integrate care across the health journey through improved information sharing and teamwork		
	IP4.1	Expand discharge referral options for chronic conditions management including the option of 24/7 remote monitoring and referral to programs under Better Care in the Community (once developed locally).
	IP4.2	Work with the pharmacist for regional LCLHN sites to strengthen the input of clinical pharmacy in acute inpatient care.
	IP4.3	Stay abreast of the work of Digital Health SA, and across LCLHN, regarding integration of community health records into the electronic medical record (EMR).
	IP4.4	<p>Improve care coordination by ensuring the following consumers, when admitted to hospital, have an alert in their medical record which lists the case manager details to enable informed and supported discharge (including discharge summaries and the 'You are leaving hospital' passport):</p> <ul style="list-style-type: none"> • Clients of Pangula Mannamurna. • Aboriginal consumers with a chronic disease (involve the Continuity of Care Administrator – Chronic Disease).

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	<ul style="list-style-type: none">• Mothers of Aboriginal babies and Aboriginal children aged 0-5 years (involve Continuity of Care Administrator - Child and Maternal Health).• Consumers with a Home Care Package.• National Disability Insurance Scheme (NDIS) consumers.• Consumers who require an interpreter service.• Consumers who are under the care of the public guardian.
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Surgical

Current Clinical Services Capability:

Naracoorte Health Service currently provides level 3 medical services based on the CSCF. This is described in the CSCF as:

- Provided mainly in hospital setting with designated but limited surgical, anaesthetic and sterilising services.
- Manages:
 - surgical complexity I procedures with low to high anaesthetic risk
 - surgical complexity II procedures with low to high anaesthetic risk
 - surgical complexity III procedures with low to medium anaesthetic risk
 - surgical complexity IV procedures with low to medium anaesthetic risk.
- May be offered 24 hours a day and may include day surgery.
- May also provide emergency surgical services.

Current Service Summary

- Anaesthetic support is provided by GP anaesthetists 24/7.
- Dedicated theatre nursing team.
- Theatre operating five days per week.
- Elective surgery provided within contractual arrangements for visiting specialists and resident Mount Gambier surgeons.
- Surgeons provide consultations locally when visiting (visiting specialists and Mt Gambier surgeons).
- Surgical services for orthopaedics, ear nose and throat (ENT), urology, plastics, gastroenterology, general surgery, colorectal.
- Access to breast care nurse and prostate cancer support nurse.

Future Service Proposal:

Maintain CSCF level 3 surgical services and take action for future viability and sustainability.

SERVICE IMPROVEMENT RECOMMENDATIONS:

SG1. Secure the surgical and associated workforce to sustain services into the future

	SG1.1	<p>Ensure a sustainable workforce and service model for GIT-endoscopy (e.g., hybrid fee-for-service and LHN-employed surgeon), to address the projected increase in service demand.</p> <p><i>Note: GIT-endoscopy services are projected to increase by 64% for Naracoorte catchment residents by 2036-37 (from 2019-20 levels) according to healthcare modelling by Hardes and Associates.</i></p>
	SG1.2	<p>Proactively create a succession plan and training partnerships for maintaining current surgical (GP anaesthetists) and obstetrics (GP obstetricians), looking to successful models already in place. e.g., Port Lincoln Hospital. <i>(Linked to MN1.1)</i></p>
	SG1.3	<p>Increase access to allied health and specialist nursing input pre- and post-surgery.</p>

Renal services

Current Clinical Services Capability:

Naracoorte Health Service does not currently provide renal services.

Current Service Summary

Naracoorte catchment residents requiring (and electing to have) renal dialysis currently travel to receive renal medicine care and dialysis at Mount Gambier Hospital (approximately one hour drive) which is a level 3 under the CSCF:

- Provides care to patients on maintenance dialysis.
- May not offer full spectrum of dialysis modalities, such as home renal replacement therapies.
- Dialysis provided in designated dialysis area for patients with end stage kidney disease who require assistance of registered nurse.

Future Service Proposal:

Proposed increase of clinical services capability at Naracoorte Health Service to Renal Service level 1- 2

SERVICE IMPROVEMENT RECOMMENDATIONS:

RS1. Establish a renal dialysis service at Naracoorte Health Service

	RS1.1	Work with the Director of Country Dialysis Services and the Renal and Transplantation Service to establish an appropriate renal dialysis service at NHS, exploring the most viable model, workforce requirements, sustainability, safety, and space requirements. <i>(Note a projected increase of 18% for dialysis from 2020/21 – 2036/37 for Naracoorte catchment residents projected by Harges and Associates modelling)</i>
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Cancer services (medical oncology and haematology - adult)

Current Clinical Services Capability:

Naracoorte Health Services currently provides level 3 medical oncology based on the CSCF. This is described in the CSCF as:

- Provides low-risk ambulatory and/or inpatient diagnostic, consultation and treatment service with access to limited support services.
- Provides chemotherapy under supervision of a registered medical oncologist who reviews patients locally or at a higher-level service.
- Services delivered predominantly by medical practitioners, registered nurses and visiting day-only/telehealth specialist medical services.
- Administers conventional doses of relatively low-risk systemic therapy under protocols not normally expected to produce severe acute reactions or prolonged neutropenia.
- Provides support before, during and after medical oncology treatment provision.

Naracoorte Health Service does not currently provide haematological malignancy services based on the CSCF.

Current Service Summary

- Naracoorte catchment residents may currently receive low complexity chemotherapy at NHS.
- Under care of medical oncologist based at Mount Gambier.
- There is current capacity to expand the chemotherapy service.
- Chemotherapeutics governance in place.
- Specialist pharmacy on-call for regional advice.
- iQemo in place for safe practice ordering chemotherapy drugs.
- Residents requiring Haematologist consultation currently travel to receive this service either in Mt Gambier or Adelaide (average 42 PATS claims per year from 2019/20 – 2022/23).
- Haematology infusions can be delivered in chemo unit.

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Future Service Proposal:

Maintain current CSCF level 3 medical oncology service with increased local (on-site) access to medical oncologist and providing access to haematology via telehealth.

SERVICE IMPROVEMENT RECOMMENDATIONS:

CS1. Increase access to on-site medical oncology to assist in expansion of local chemotherapy services up to site capacity.

CS1.1	Establish a weekly in-person oncologist clinic at NHS to support and expand local chemotherapy services, including identification of necessary consulting space close-to the chemotherapy suite.
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CS2. Increase local access to haematology via telehealth

CS2.1	Establish a regular haematology clinic via telehealth at NHS.
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Maternity and Neonatal

Current Clinical Services Capability:

Naracoorte Health Service provides level 3 maternity and neonatal services based on the Clinical Services Capability Framework (CSCF). This is described in the CSCF as:

Maternal

- Capacity to provide safe care for the woman with a singleton pregnancy with identified as 'low risk' at a gestation ≥ 37 weeks.
- Will provide a range of models of maternity care that complement the demographics and needs of the local community: these may include the South Australian GP Obstetric Shared Care Program and midwifery led models of care.
- Will have formal policy/protocols to guide staff, in the safe, appropriate, local management of the obstetric woman. Will have access to a community midwifery service.
- Will have access to a breastfeeding support.

Neonatal

- Capacity to provide safe care for the singleton neonate that weighs $\geq 2500g$ at birth and the neonate requiring convalescent care ≥ 36 weeks (corrected gestation), who weighs $>2000g$ when supported by neonatologist/paediatrician consultant advice from a Level 4, 5 or 6 service,
- Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight $\geq 2500g$, and the neonate requiring convalescent care ≥ 36 weeks (corrected gestation), who weighs $>2000g$ when supported by neonatologist/paediatrician consultant advice from a Level 4, 5 or 6 service.
- Will have formal policy/ protocols to guide staff, in the safe, appropriate, local management of the neonate with a birth weight $<2500g$, and/or any neonate with risk factors or complications, until transfer of care or retrieval service is available.
- Local registered medical practitioner(s) available in the area for the management of the healthy newborn baby who has no identified risk factors.
- In some instances, the healthy newborn may be supported by a community midwifery service.

Current Service Summary

- GP model of care
- GP obstetricians and anaesthetists on call 24/7
- 156 births at NHS in 2022/23
- Two birthing rooms
- Access to community midwife and lactation consultant

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- Transfer to Mt Gambier for neonatal assessment.
- Midwives rostered on 24/7

Future Service Proposal:

Maintain CSCF level 3 services and take action to sustain the necessary workforce

SERVICE IMPROVEMENT RECOMMENDATIONS:

MN1. Sustain workforce

MN1.1	(As per SG 1.2) Proactively create a succession plan and training partnerships for maintaining current surgical (GP anaesthetists) and obstetrics (GP obstetricians), looking to successful models already in place. e.g., Port Lincoln Hospital.
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Mental health

Current Clinical Services Capability:

Naracoorte Health Service provides **level 2 adult and youth (ages 16+) ambulatory** services based on the CSCF. This is described in the CSCF as:

- Capable of providing short to medium-term or intermittent non-admitted mental health care to low-risk/complexity voluntary adult mental health consumers.
- Accessible during business hours and may be delivered via hospital-based outpatient clinic, community clinic or homebased care.
- Delivered predominantly by team of general health clinicians or visiting mental health professionals who provide a local community healthcare service (general health clinicians providing mental health service have qualifications and/ or experience in mental health care).
- Some mental health specific services/programs provided at this level.
- Service provision typically includes: assessment; interventions, including counselling; consumer and carer education and information; documented case review; primary prevention programs; consultation-liaison with higher level mental health services; and referral, where appropriate.

Current service summary

Limestone Coast Mental Health Services provides inpatient, intensive community program (ICP), and community-based mental health services to Naracoorte for people aged 16 years and over. The service is targeted for consumers with moderate to severe and enduring mental health conditions, with a strong emphasis on liaison with other health professionals, and linkages with non-government organisations (NGOs) and other agencies commissioned to provide mental health services across the age and service spectrum.

Consumers presenting to the emergency department (ED) are assessed by NHS ED staff who will liaise with the mental health team and plan for management either at home, in hospital at Naracoorte, or transfer to mental health ward at Mount Gambier where appropriate.

The community mental health team may provide in-reach into NHS to support with advice inpatient admissions, especially if the consumer is known to the team.

Community mental health clinicians are currently based at Bordertown providing services to the upper-South East. There is one dedicated triage role and two community mental health clinical roles.

Out of hours, the Emergency Triage Liaison Service (ETLS) telephone service will work with Naracoorte ED staff to arrange transfers to Mount Gambier.

There are two resident psychiatrists in the LCLHN.

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Future Service Proposal:

Maintain current CSCF level 2 ambulatory service and bolster community mental health services.

SERVICE IMPROVEMENT RECOMMENDATIONS:

MH1. Work collaboratively across agencies, and with consumers, to strengthen mental health services in Naracoorte

	MH1.1	<p>Optimise timeframes for handover from SA Police (under care and control) to emergency department staff, with a view to improvement and consistency with memorandum of understanding (MOU), particularly after-hours.</p> <p>Focus on uptake of Office of the Chief Psychiatrist ‘Authorised Officer Training’ for nursing staff and medical officers who work in emergency (<i>LCLHN mental health staff can assist in coordinating this training.</i>)</p>
	MH1.2	<p>Continue to strengthen links between NHS and the LCLHN community mental health team to:</p> <ul style="list-style-type: none"> • Support mental health consumers prior to and following discharge. • Support hospital staff in Naracoorte with in-reach and advice (including via phone). • Increase awareness of appropriate referrals to mental health. • Increase awareness of other services available in the community, including Primary Health Network (PHN) funded services and peer networks.
	MH1.3	<p>Seek involvement from refugee and migrant communities to design more culturally appropriate mental health approaches.</p> <p><i>(Link with other similar work in progress across the LHN including promotion of services in relevant local languages and reference group development as per recommendation IP3.1)</i></p>
	MH1.4	<p>Look for opportunities to work together with organisations such as Headspace and the Country SA PHN to play an active role in mental health community events and to promote services across the lifespan.</p>

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MH 2. Expand access to community mental health services through increased workforce and improved infrastructure		
	MH2.1	Explore options to increase funding for community mental health clinicians to support the NHS catchment area and LCLHN.
	MH2.2	Involve mental health in future master planning for community health infrastructure (<i>CH4.1</i>) to provide safe clinical space for mental health consults at Naracoorte.

Aged care

Current Service Summary

- Medical and nursing care are provided to older persons as part of the NHS adult medical service provision.
- There are 41 residential aged care beds on site within the Moreton Bay House; 30 Commonwealth-funded and 11 State-funded.
- GPs from the Naracoorte General Practice, and a visiting GP, currently provide medical care and services to residents of Moreton Bay House.
- There is one private (not for profit) residential aged care provider in Naracoorte (Longridge Aged Care).
- Residential Transitional Care Packages (TCP) provided via Moreton Bay House and
- Community TCP provided by Country Health Connect (CHC)
- Commonwealth Home Support Program is provided by LCLHN Country Health Connect
- Home Care Packages are delivered by LCLHN Country Health Connect
- NHS liaise with Resthaven and Boandik Community Care who also provide community aged care services.

Future Service Proposal:

Maintain current service capability, enhance infrastructure and grow the aged care workforce

SERVICE IMPROVEMENT RECOMMENDATIONS:

AC1. Invest in the development of contemporary aged care infrastructure

- | | |
|-------|---|
| AC1.1 | <p>Create a master plan for an extended Moreton Bay House facility to enable:</p> <ul style="list-style-type: none"> • Provision of aged care facilities that meet or exceed Commonwealth standards into the future. • Provision of single rooms with ensuites. • Establishment of a co-located memory support unit. • Increased access to safe indoor/outdoor connections. |
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		<ul style="list-style-type: none"> • Increased provision of integrated allied health, optometry, hearing and dental services including dedicated spaces for private and confidential clinical assessment and treatment. • Creation of a gym and exercise space. • Adequate storage. • Creation of a public reception area for aged care.
AC2. Recruit and nurture a strong future aged care workforce		
	AC2.1	Work with other LCLHN staff and relevant Rural Support Service (RSS) teams to actively promote the benefits of working in aged care, and potential career pathways.
	AC2.2	Create a proactive annual professional development program with, and for, the aged care workforce (Moreton Bay House and community aged care) beyond what is already offered. e.g., semi-regular guest speakers on topics of interest.
AC3. Promote aged care services to help to inform consumer choice and assist care navigation		
	AC3.1	Create a campaign promoting aged care services available at NHS using consumer stories, highlighting recent improvements and different care options (community-based, residential short-term restorative, respite, long-term).
	AC3.2	Support the promotion of the local Care Finder role (via Focus One) to assist vulnerable older people in the community to access and navigate aged care.
AC4. Work together with other agencies and networks to provide exceptional aged care		
	AC4.1	Actively monitor and conform to the recommendations of, and information on, the Commonwealth aged care reforms. Work collaboratively with LHN-wide aged care networks and the RSS Aged Care and Disability Reform Team.
	AC4.2	Create an annual program of dementia-friendly activities and outings suitable for rural communities (for residents of Moreton Bay House and home-based aged care consumers).

Community-based services

Current service summary

Community-based services are largely provided by Limestone Coast LHN Country Health Connect (CHC).

Services include:

- Commonwealth Home Support Program (CHSP).
- Home Care Packages (HCP).
- NDIS services.
- Post-acute, inpatient and community allied health services including podiatry, occupational therapy, speech pathology, dietetics, social work and physiotherapy (excluding inpatient physiotherapy, currently provided by on-site private physiotherapy practice).
- Community-based palliative care.
- Diabetes Nurse Educator.
- Community Nursing including wound care, catheter care, home oxygen, and immunisation.
- Community Transitional Care Packages (TCP).
- Aged Care Assessment Team (ACAT).
- Child Health and Development.

All referrals are prioritised according to clinical and service priority.

Aboriginal health services provided to the catchment area by Pangula Mannamurna.

Future Service Proposal:

Expand current services while improving infrastructure, integration of care and promoting services.

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SERVICE IMPROVEMENT RECOMMENDATIONS:		
CH1. Increase community awareness of health services accessible through Country Health Connect and in the broader community		
	CH1.1	Establish relationships with local community groups and services e.g., the Naracoorte Services Network Group to raise awareness of, and provide information about, Country Health Connect services, service delivery options available, and how to access services.
	CH1.2	Assist in the promotion of relevant illness prevention and health-promoting activities run by local organisations.
CH 2. Work together to connect health care across the health journey		
	CH2.1	Improve continuity of care for ante-natal and post-natal midwifery services, with hospital and community midwives working more closely together.
	CH2.2	Embrace innovative and responsive service delivery models, such as multi-disciplinary virtual care, to increase access to services, provide greater consumer choice and enhance continuity of care across acute and community services.
	CH2.3	Improve health and development outcomes for children by <ul style="list-style-type: none"> • providing increased multi-disciplinary early intervention supports • increasing access to paediatrician services.
	CH2.4	Provide greater access to outpatient specialist consultations in Naracoorte (with an initial focus on Endocrinologist and re-establishment of Rheumatologist) both in-person and via telehealth. Establish appropriate confidential telehealth space for this purpose.

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CH 3. Create space for Country Health Connect services to expand locally

CH3.1

Undertake a comprehensive review of infrastructure for Country Health Connect services at the Naracoorte site, and develop a master plan for fit-for-purpose accommodation to enable:

- A greater number of the Country Health Connect workforce to be based at Naracoorte.
- Increased integration of Country Health Connect staff within the acute setting to support discharge and referral to community-based services, connecting care across the patient journey.
- A greater presence of multidisciplinary staff to enable delivery of 7-day services when required e.g., end of life packages.
- Continued growth of NDIS services.
- Expansion of group programs to the Naracoorte community i.e., Better Care in the Community and post-surgical group classes.

General Infrastructure

SERVICE IMPROVEMENT RECOMMENDATIONS:

GI1. Create a training, learning and collaboration hub

	GI1.1	<p>Build a Naracoorte Training Hub on site; a physical environment that encourages continual learning and develops local health leaders by:</p> <ul style="list-style-type: none"> • Enabling easy access to available staff training. • Creating necessary meeting spaces capitalising on Naracoorte as a natural whole-of-LHN meeting hub. • Providing opportunity for innovative training and learning partnerships that foster workforce sustainability. • Inviting community interaction with the health service.
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Workforce

SERVICE IMPROVEMENT RECOMMENDATIONS:

WF1. Implement workforce recruitment and retention initiatives across all areas

	WF1.1	<p>Promote workforce cultural diversity that is representative of the population across the workforce i.e., 1.6% Aboriginal, 10.5% culturally and linguistically diverse.</p>
	WF1.2	<p>Increase housing accessibility for the health workforce to assist in attraction and retention including, but not limited to:</p> <ul style="list-style-type: none"> • Working alongside the Health Advisory Council on upgrades to the existing nurse’s accommodation. • Investigating options for using the current parcel of land and seeking funding to purpose build contemporary health worker housing; particularly for self-contained short-term accommodation, or temporary accommodation while permanent housing is obtained. • Investigating the feasibility and viability of long-term lease arrangements of existing housing in the community by LCLHN for use/rental by workers moving to the area with families. • Ensuring linkages with similar work at a LHN and state-wide level.

3.4 Clinical support services

3.4.1 Medical Imaging

Current Clinical Services Capability:

Naracoorte Health Service provides level 3 medical imaging based on the CSCF. This is described in the CSCF as:

- Provides a low-risk ambulatory care and inpatient service.
- Predominantly delivered by x-ray operators supported by sole radiographer.
- May be a designated room on-site with a fixed x-ray unit and computed radiography.
- Depending on range of services provided at the facility (e.g., day hospital), a mobile image intensifier may be the only modality available.
- Access to ultrasound for noncomplex conditions or an outreach service may be available.
- May have diagnostic ultrasound services for more complex conditions, which may include obstetric and breast ultrasound.
- Sites may perform examinations involving contrast.
- CT service may also be available off-site and provided under arrangement with another facility.

Current service summary

- Benson Radiology provide on-site medical imaging service.
- 24-hour access to x-ray, ultrasound (one week out of two) and computerised tomography (CT) within business hours Monday -Friday
- The CT scanner is funded in a unique model by the Naracoorte Lucindale CT Trust (via community funding) and operated by Benson Radiology
- Some NHS services would benefit from increased CT (24/7) and Ultrasound (5 days per week).

Future Service Proposal:

Maintain current clinical services capability level 3, increase access to emergency CT 24 hours/day, and support imaging service provider with recruitment of workforce as per recommendation IP2.2.

3.4.2 Pathology

Current Clinical Services Capability:

Naracoorte Health Service provides level 1 pathology services based on the CSCF:

- No on-site laboratory but may have access to point of care testing (PoCT) as well as competent operators to use this equipment.
- No frozen sections performed, and pathology testing services provided remotely by laboratory staff in facility accredited by National Association of Testing Authorities (NATA) and Royal College of Pathologists of Australasia (RCPA).

Current service summary

- SA Pathology collection centre in main street of Naracoorte
- Clinical Labs collection centre attached to Kincaig Medical Centre
- Multiple Point of Care Testing (PoCT) at NHS with staff accredited for use.
- Close liaison with Mount Gambier SA Pathology with provision of emergency blood to NHS.

Future Service Proposal:

Maintain current level 1 service

4. Implementation and monitoring

The aim of this Service Plan is to prioritise and provide direction for continuous improvement of health care services provided through Naracoorte Health Service, and to aid in identifying and evaluating potential future service options for NHS to meet the needs of both the Naracoorte and broader LCLHN catchment over the next five to 10 years and beyond.

The recommendations contained within the service plan will be prioritised in alignment with the LCLHN strategic and operational plans with a view to implementation. Some recommendations are ready for short-term implementation while others are dependent on a range of other factors.

Implementation progress will be monitored via annual reporting to the LCLHN Board and a comprehensive review after four years.

5. Endorsement

RESPONSIBLE PERSON	DATE
<p>Pam Schubert Executive Officer/Director of Nursing and Midwifery Naracoorte Health Service Limestone Coast Local Health Network</p>	<p>20/11/23</p>
<p>Angela Miller Interim Chief Executive Officer Limestone Coast Local Health Network</p>	<p>20/11/23</p>
<p>Grant King Board Chair Limestone Coast Local Health Network</p>	<p>27/11/23</p>

6. Appendix

APPENDIX A: Glossary of Acronyms

CALD	Culturally and linguistically diverse
CAVUCS	Child and Adolescent Virtual Urgent Care Service
CEO	Chief Executive Officer
CHC	Country Health Connect
CSCF	Clinical Services Capability Framework
ED	Emergency department
EODON	Executive Officer Director of Nursing
ETLS	Emergency Triage and Liaison Service
GP	General Practitioner
HAC	Health Advisory Council
LCLHN	Limestone Coast Local Health Network
LHN	Local Health Network
MMM/MM	Modified Monash Model/Modified Monash
NHS	Naracoorte Health Service
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
PATS	Patient Assisted Transport Scheme
PoCT	Point of care testing
PHN	Primary Health Network
RFDS	Royal Flying Doctor Service
RSS	Rural Support Service
SA	South Australia
SA2	Statistical Area Level 2
SAAS	South Australian Ambulance Service
STTARS	Survivors of Torture and Trauma Assistance and Rehabilitation Service

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APPENDIX B: Thank you to the following people for their input at the clinician and partner organisation workshops

	Surname	First Name	Role / Agency
1	Attwood	Allen	HAC member - community rep
2	Bierwirth	Anne	Benson Radiology
3	Bilodeau	Melanie	Director, Naracoorte Physiotherapy Clinic
4	Busuttil	Allison	HAC administration support
5	Brook	Tara	Clinical Senior Occupational Therapist
6	Bryant	Tracey	Prostate nurse
7	Bueti	Sam	Administration Manager
8	Cahir	Karen	Business Support Officer, LCLHN
9	Dewhirst	Deb	Practice Manager, Naracoorte General Practice
10	Diep	Cindy	Podiatrist, LCLHN
11	Fransen	Kable	RSS Planning Team
12	Haebich	Simon	SAPOL Naracoorte
13	Hagarty	Michelle	HAC member - community rep
14	Harris	Karen	Exec Director Community and Allied Health
15	Haynes	Lachlan	HAC member/Local MP rep
16	Hewett	Kim	RSS Planning Team
17	Hinze	Graham	HAC community representative
18	Jefferies	Anne	Nursing and Midwifery Unit Manager
19	Jenkins	Loren	Regional Manager, Community Nursing
20	Lewis	Sharon	RSS Workforce Strategist
21	Lockwood	Katy	Clinical Senior Physiotherapist
22	MacKenzie	Lauren	RSS Planning Team
23	McKinnon	Liz	Cross border commissioner
24	McKinnon	Liz	Child Development Unit Coordinator

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25	McLean	Kate	Allied Health Assistant
26	Milne	Karen	ANUM Community Nursing Naracoorte
27	Moyle	Barrie	HAC Presiding Member
28	Netherton	Bob	HAC member - community rep
29	Noonan	Kate	Clinical Senior OT
30	Paras	Annie	Clinical Senior Physiotherapist
31	Puust	Sarah	A/Regional Manager Allied Health and Rehabilitation
32	Ross	Patrick	Mayor of Naracoorte Lucindale Council (NLC)
33	Rowntree	Julie	Dietitian
34	Scholard	Morgan	Paramedic
35	Schubert	Pam	Executive Officer/Director of Nursing and Midwifery
36	Schutz	Deb	Planning Team
37	Smart	Trevor	CEO Naracoorte Lucindale Council
38	Smith	Ben	SAAS Clinical Team Leader- Naracoorte
39	Stringer	Tracey	Planning Team / Support
40	Taylor	Jeff	GP, HAC member, Principal Medical Officer, NHS
41	Tolson	Rob	Interim Executive Director SAAS
42	Venning	Bronwyn	RSS Planning Team
43	Warwick	Beth	NUM - Moreton Bay House

For more information

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