



STRATEGY  
2020-25  
DISCUSSION PAPER



**Barwon  
Health**

17 FEBRUARY 2020



We, Barwon Health, acknowledge the Traditional Owners of the land, the Wadawurrung people of the Kulin Nation.

We pay our respects to the Elders both past and present.

We thank the Traditional Owners for custodianship of the land, and celebrate the continuing culture of the Wadawurrung people acknowledging the memory of honourable ancestors. We also welcome all Aboriginal and Torres Strait Islander people present today.

# LETTER FROM CHIEF EXECUTIVE

Every five years Barwon Health produces a new strategy to guide its decisions over the next five years.

Strategy is about choices: it is about deciding which opportunities Barwon Health will focus on, and also which opportunities it will leave to others to pursue. This time, we have decided to stretch our thinking to 2050, so that we can tailor our new five year strategy to meet the long term opportunities and challenges. We want to be 'future-ready' as well as focusing on the more immediate opportunities and challenges over the next five years. Over the past few months we have been having great conversations at Barwon Health about 2050 and these have informed this discussion paper. As the futurist Michael McAllum said: we recognise we need to think differently; unless we do, nothing will change for the better.

While our focus is healthcare, we are also interested in what life in the Barwon community will be like in 2050. The Barwon community is defined by the five municipalities of Greater Geelong, Colac Otway, Golden Plains, Queenscliffe and Surf Coast. This is the community where most of the people who use our services live, where many of our staff and volunteers live, and where our supporters are mostly based.

Thirty years is a long time. Healthcare has changed considerably between 1990 and today. We start this discussion paper by considering how different healthcare was in 1990 compared with today, to set the frame for thinking about how different healthcare will be in 2050.

We are releasing this discussion paper to seek your feedback. We would like to hear from members of the community, staff and any individual, group or organisation who is interested in what Barwon Health will do over the next five years. What do you think will be the big future challenges and opportunities in health care, for the Barwon community and for Barwon Health? What should we do over the next five years, to get ready for these challenges and opportunities? We have posed



a number of questions in this paper in boxes headed Tell us what you think! We welcome any ideas you have in response to one or more of these questions.

We welcome responses and new ideas from our community, our staff and anyone who has an interest in the health and wellbeing of the Barwon community.

You can email me by sending your comments to [BarwonHealth2050@barwonhealth.org.au](mailto:BarwonHealth2050@barwonhealth.org.au), or write to me:

Chief Executive, Barwon Health  
PO Box 281, Geelong Vic 3220

All feedback that we receive by Wednesday 18 March will be considered as we develop our draft strategy. Comments received after this date, and before Monday 1 June 2020, will be considered in the finalisation of our strategy.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Frances Diver', written over a light blue horizontal line.

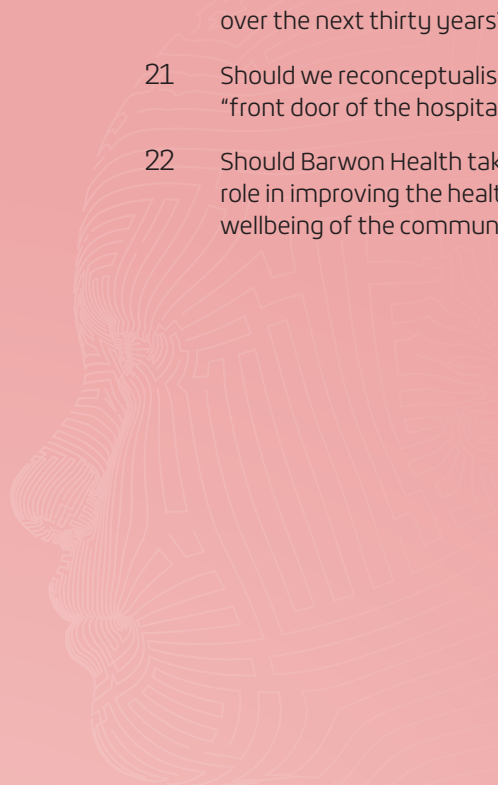
**Frances Diver**  
Chief Executive



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# ABOUT BARWON HEALTH

Barwon Health is the regional health service for the Barwon South West Region and part of the Victorian public health service system. We provide services from the Gateway City of Geelong through to the South Australian border.

Formed in 1998, Barwon Health is one of the largest and most comprehensive regional health services in Australia, providing care at all stages and circumstance. With more than 7100 staff, we are one of Australia's largest regional employers and the largest employer in Geelong. Barwon Health is a universal service provider; we will treat every patient who turns up regardless of their financial status or the location of their usual residence.

We provide services from the University Hospital Geelong in central Geelong, the McKellar Centre in North Geelong and other locations. In January 2020 we opened our newest site, Barwon Health North. We provide community health services from Anglesea, Belmont, Corio, Newcomb, and Torquay. We provide community dental services from Belmont, Corio and Newcomb. We provide mental health and alcohol and other drug services from Swanston Centre at University Hospital Geelong; Prevention & Recovery Care (PARC) at Belmont, Community Rehabilitation Facility at Belmont, Blakiston Lodge Psychogeriatric Unit at the McKellar Centre and 10 community based locations including Belmont, central Geelong, Colac, Corio and Newcomb. We have 363 residential aged care beds across two sites: Alan David Lodge in Charlemont and Percy Baxter Lodge, Wallace Lodge and Blakiston Lodge on the McKellar Centre campus in North Geelong.

We provide a comprehensive range of health services including acute care (medicine, surgery, women's health, paediatrics, emergency and specialist clinics), mental health and alcohol and other drug services, primary care, community health, rehabilitation, geriatric medicine, palliative care and hospital in the home. We have a public private partnership with Epworth to deliver day surgery, renal dialysis and day oncology services at Epworth Geelong. We also provide health promotion programs.

Barwon Health is a major teaching hospital with relationships with Deakin University, the University of Melbourne, Monash University, the Gordon and other tertiary education providers. We provide teaching and training for all health professionals across all disciplines and undertake research.

The Victorian Government has announced two new facilities for Barwon Health, both of which are currently in planning: the new Women's and Children's Hospital for Geelong and Barwon Health Surf Coast (the Torquay Community Hospital).



**OUR VISION (FROM THE 2015-20 STRATEGY):**

Together with our community, we build healthier lives, inspired by world-class standards.

**OUR MISSION (FROM THE 2015-20 STRATEGY):**

With our consumers at the forefront, we excel in delivering efficient integrated care, education and research to advance health and wellbeing for all.

**OUR VALUES**

**Respect**

We respect the people we connect with.

**Compassion**

We show compassion for the people we care for and work with.

**Commitment**

We are committed to quality and excellence in everything we do.

**Accountability**

We take accountability for what we do.

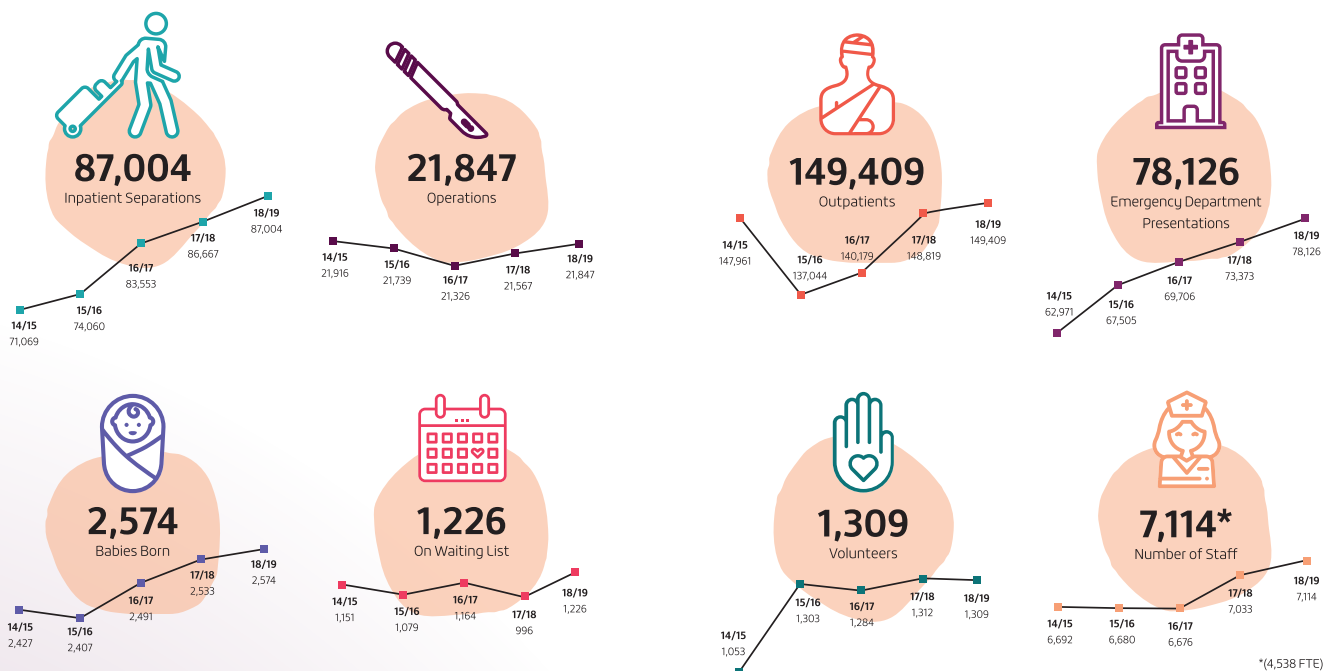
**Innovation**

We drive innovation for better care.

**VITAL SIGNS**

**2014 - 2019**

An overview of the past five years:



\*(4,538 FTE)

Figure 1

A man in a blue patterned shirt is playing a didgeridoo outdoors. In the foreground, there is a large pile of green leaves and a fire pit with smoke rising from it. The background shows green foliage and a paved area. Two large purple circles are overlaid on the image, containing the text.

# RECONCILIATION AND SELF-DETERMINATION



Barwon Health is committed to providing culturally responsive care for Aboriginal and Torres Strait Islander people accessing our services.

Barwon Health’s services are mostly located in Wadawurrung Country, bordering Bun Wurrung, Djadja Wurrung, Djab Wurrung, Girai Wurrung, Djargurd Wurrung, Gulidjan and Gadubanud Countries.

We have been working hard over the past few years to strengthen services for the Aboriginal and Torres Strait Islander community in our local area and to promote acknowledgement, understanding and respect of Aboriginal culture.

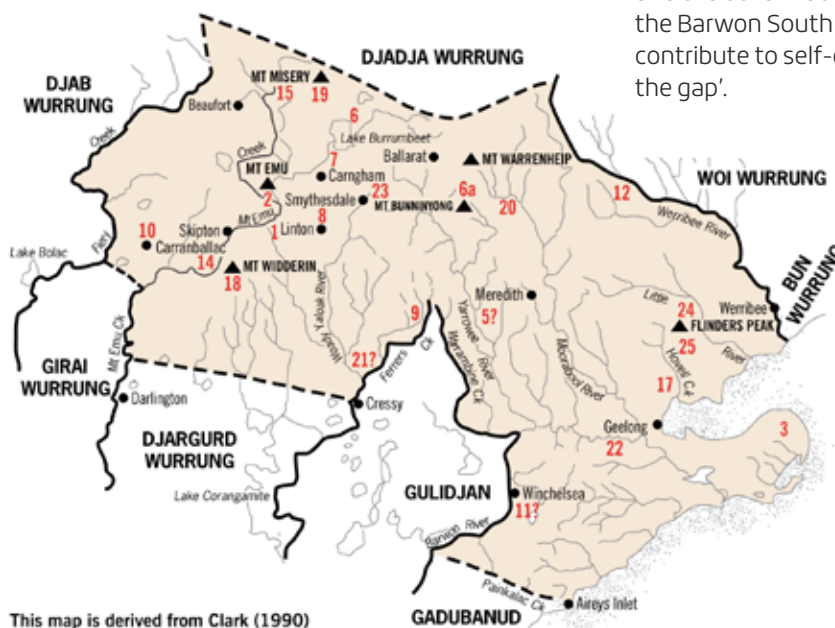
Our vision for reconciliation is to close the unacceptable and ongoing health gap that still exists between Aboriginal and Torres Strait Islander Australians and non-indigenous Australians. We will collaborate with the local Aboriginal and Torres Strait Islander community to achieve this.

We will continue to strengthen relationships with the Wathaurong Aboriginal community and the other Aboriginal communities across the Barwon South West Region and to build mechanisms for healthy and resilient communities necessary to *Close the Gap*.

Barwon Health seeks to create and embed a culture of respect through listening and learning that supports reconciliation and cultural responsiveness across our health service. The importance of connections with place and people to the wellbeing of Aboriginal and Torres Strait Islander communities will be demonstrated through promotion and celebration of our shared histories and cultures.

We aim to be an employer of choice for Aboriginal and Torres Strait Islander Australians in the Greater Geelong area and beyond. We are committed to increasing and retaining our Aboriginal and Torres Strait Islander workforce across all areas within Barwon Health.

Barwon Health acknowledges the particular application of ‘self-determination’ to Aboriginal and Torres Strait Islander people. Self-determination is an ‘on going process of choice’ to ensure that Indigenous communities are able to meet their social, cultural and economic needs. We welcome advice from the Wathaurong Aboriginal community and the other Aboriginal communities across the Barwon South West Region on how we can contribute to self-determination as part of ‘closing the gap’.



This map is derived from Clark (1990)

--- Language Boundary

Figure 2

# THIRTY YEARS AGO: BARWON HEALTH AND THE BARWON COMMUNITY IN 1990

Barwon Health did not exist in 1990. Barwon Health was formed from the amalgamation of Geelong Hospital, McKellar Centre, Surf Coast Community Health Centre, Geelong Community Health Centre and Corio Community Health Centre in 1998.

## THE HOSPITAL'S OBJECTIVES



The hospital has the following formal, registered Objectives:

- To provide general hospital services for Geelong and specialist hospital services for the Region.
- To provide equal access to hospital services for all persons.
- To provide teaching and clinical experience to undergraduate and postgraduate students in medicine, nursing and other appropriate professions and trades.
- To serve as a full clinical teaching hospital associated with a medical school.
- To exercise leadership in the organisation and provision of health services to the Region.

These objectives were translated into priority key goals for 1989/90 which were consistent with the State Government's health objectives. Programs and strategies undertaken during the year have enabled a large number of the key targets to be achieved. These are reported throughout this report.

## THE YEAR'S HIGHLIGHTS

Progress, achievement and laying the foundations for the future dominated the hospital's activities during the year, notwithstanding a need to achieve more with less in a very difficult financial environment.

### PATIENT SERVICES

For the third year in succession access to acute hospital services was increased, with record inpatient admissions, theatre procedures and emergency attendances, despite a reduction in inpatient bed capacity.

Admissions increased by 8% to 26,470 maintaining our position as one of Victoria's largest hospitals in terms of throughput. Operating room procedures increased by 3.8% to 12,119; the average length of an inpatient stay fell from 5.4 to 5 days. Admissions exceeded levels targeted in our Health Services Agreement by 1,329.

During the 5 year period 1985/6 to 1989/90 inpatient admissions have increased by 32%. The most significant achievement in terms of achieving an improvement to the



Dr. M. Creali and Sr. R. Elvidge admitting a patient from Ambulance.

quality of the service has been in our Critical Care Departments, Accident and Emergency and Intensive Care. Funds released by the State for the specific purpose of improving critical services around

Victoria have enabled us to enhance the staffing in Accident and Emergency and Intensive Care both in terms of the number of staff on duty on each shift and the seniority and experience of those staff. We now have the Intensive Care Unit staffed for 6 beds.

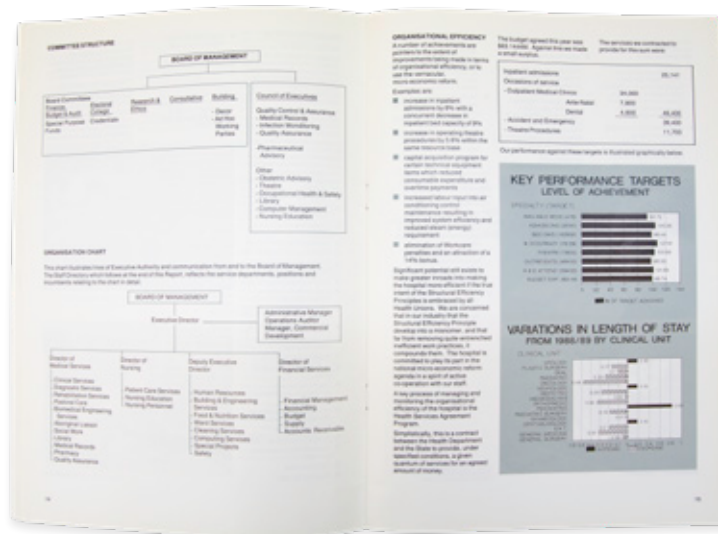
Improvement of these services have been our very highest priority. This injection of resources has seen this priority met.

Other achievements which have improved either the range of or access to services included:

- the commissioning of an on-site Computerised Axial Tomography Scanner in the Medical Imaging Department. This has significantly improved access to this vital diagnostic tool.
- Access to ophthalmology (eye) treatments has been enhanced with the full year effects of Yag Laser treatments. Patients with serious eye disorders have had their sight vastly improved by this Laser technology since the establishment of this outpatient



Hospital staff preparing patient for imaging by computerised Tomography Scanner.



In 1990, the Barwon community had 234,000 people. In 2020, the area has about 332,000, which means that the population has increased by 42%. The population of Victoria has grown by even more during this time, from 4.3 million people to about 6.6 million today.

Geelong West and Newtown were separate cities to the City of Geelong - this was before the City of Greater Geelong was formed (1993).

The Patricia Heath wing was newly opened (1986) on the Geelong Hospital site.

Patients admitted to the Geelong Hospital stayed on average around 5.2 days in 1990 (including admitted same day patients). Now the average stay is around 2.6 days. We have many more patients who are discharged the same day that they arrive, without needing to spend a night in hospital recovering. We also have better diagnostics and treatments.

There were no 'hospital in the home services' in 1990 in Victoria; these didn't start until 1994.

Mental health patients were treated in separate psychiatric hospitals in 1990. The major mental health reforms in Victoria last century, which included the transfer of mental health beds to general public hospitals, the closing of the old asylums, and the development of community based care, started in 1993. The Royal Commission into Victoria's Mental Health system released its interim report late last year; it is clear that mental health care will be very different in 2050 to what it is today.

In 1990, there were no smart phones (only a few early mobile phones); email was not widely used; access to the internet had just arrived. Fax was the main form of urgent written communication between offices, and ordinary people still sent telegrams. Of course, while faxes have largely disappeared elsewhere, they are still in daily use in the health care system.

*Tell us what you think!*

How is life today in the Barwon community different from life in 1990?

How different do you think life in the Barwon community will be in 2050?

What do you think have been the most important changes to health care over the past 30 years?

What lessons can we learn from the changes over the past 30 years, to help us prepare for the next 30 years?

# THE BARWON COMMUNITY

Geelong Region Alliance (G21) - is the formal alliance of government, business and community organisations working together to improve the lives of people across five municipalities – Colac Otway, Golden Plains, Greater Geelong, Queenscliffe and Surf Coast.

Barwon Health’s core catchment area (i.e. the area where the resident community are more likely to use Barwon Health than any other public health service) overlaps reasonably well with the G21 area. More than 90% of the hospital admissions from residents of this area come to Barwon Health. More than 90% of Barwon Health’s hospital admissions come from residents of this area.

We recognise that from the northern part of the Shire of Golden Plains, it is a much shorter travel time to Ballarat Health Services than Barwon Health, and residents from this area are more likely to seek healthcare from Ballarat Health Services than from Barwon Health.

There is no geographic restriction to Barwon Health services: we provide universal access.

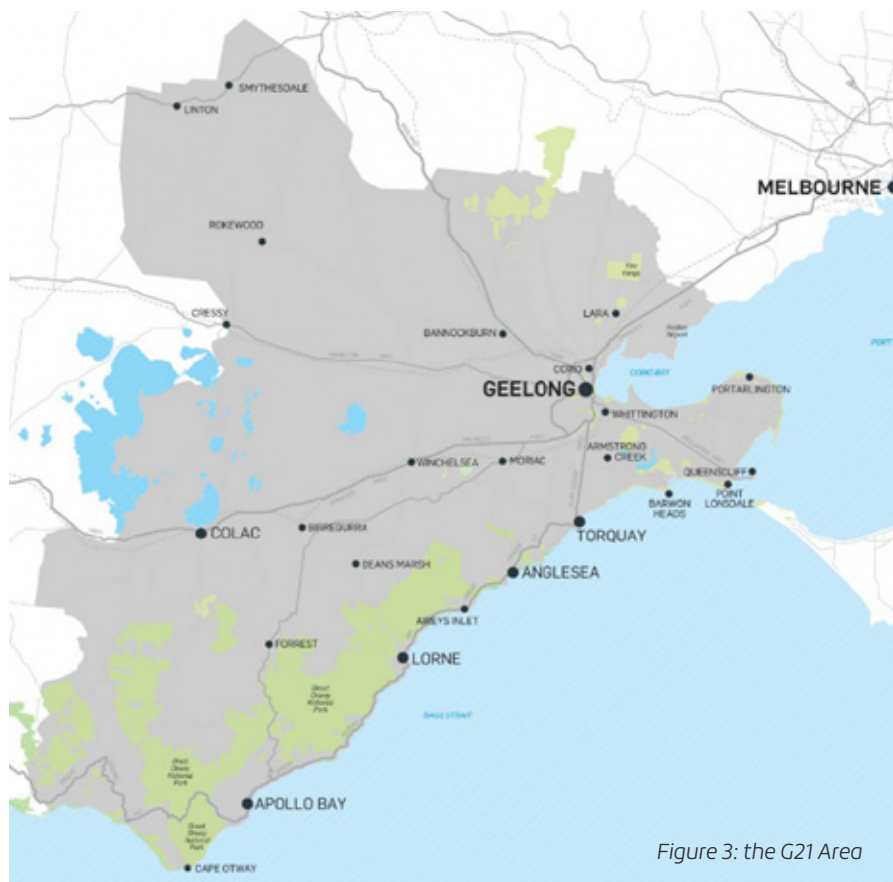


Figure 3: the G21 Area





WHAT DO YOU EXPECT  
OF HEALTH CARE  
IN 2050?



CSIRO published a comprehensive report on the *Future of Health* in September 2018. This paper sets a vision for the Australian health system by 2035: Value will be rewarded over volume, consumers will be empowered and viewed as a valuable health resource, humanity and relationships will be essential elements of care, and technology will be used to decrease costs and increase access to care.

The CSIRO report predicts that the health system will shift:

- From treating patient illness to managing consumer health and wellbeing
- From accepting one-size-fits-all to precision health solutions
- From a reactive system to a holistic and predictive approach
- From extending life to improving quality of life over a lifetime.

There have long been warnings that Australia's health care system is financially unsustainable. The 2010 Intergenerational Report of the Australian Territory estimated that spending on health care as a percentage of GDP will nearly double by 2050. Similar warnings have been a feature of all advanced health care systems over the past fifty years, and as yet all have survived. However, there is some evidence now that the Age of Progress, of each new generation experiencing better health and wealth than the preceding, is now over, creating more strain than previously. On the other hand, if the predictions of a fitter, happier, more productive community in Australia are true, potentially the 2050 health system will cost less than today. While there will still be a role for major hospitals in 2050, most health interventions could be carried out in community-based day procedure facilities, with recovery and rehabilitation taking place routinely at home, consistent with reduced system costs.

Some foresee a world in 2050 of personalised preventive care, tailored to the individual specific characteristics of an individual's genome, tracking their metabolomic data (which provides details on functioning at the cellular level) and microbiome data as well as data from wearable and implantable devices. Artificial intelligence provides ongoing analysis of results and motivates the individual to make early changes to thwart the advent of chronic disease such as type 2 diabetes.

Other predictions for 2050 are: Organs and joints can be replaced when needed by 3D printed devices grown from the patient's own cells, avoiding many of the complications currently associated with transplants and implants. Increasing antimicrobial resistance means that infectious disease such as influenza is treated through strict isolation measures, with most people quarantined at home.

The widespread use of automated transport systems will significantly reduce road trauma. New treatments such as CAR-T and better early diagnostics mean that early deaths from cancer rarely occur.


Mental health services have been transformed through genetic discoveries leading to specific disease-modifying therapeutics, fundamental discoveries of how to reverse neuroplastic changes in the brain, and individualised therapy delivered using avatars, virtual reality and apps.

### *Tell us what you think!*

What do you expect of health care in 2050?

What are the implications of these changes for Barwon Health?

What should we prioritise over the next 5 years to prepare Barwon Health for these changes?

A woman with blonde hair, wearing teal scrubs, stands in a brightly lit hospital hallway. She is holding a white clipboard and looking directly at the camera with a slight smile. The background shows a blurred hallway with doors and overhead lights.

WHAT WILL THE BARWON  
HEALTH WORKFORCE OF 2050  
EXPECT?



We expect that the Barwon Health workforce in 2050 will be different from today. External factors including demographic upheaval, globalization, digital technology, and changing social values and worker expectations, are expected to radically change the workplace over the next thirty years.

Wearable technology, robot-assisted surgery and artificial intelligence-aided diagnoses are here to stay as a complement to human experience and judgement. Knowledge of disease and health is likely to keep accumulating at a rapid pace, so that much of the technology of health care will be unrecognisable in 2050. Our future workforce will need to constantly reskill and upskill throughout their working lives, so education and career models will adapt to foster life-long learning.

However, respect for the human element, to help our patients and clients navigate the many dimensions of illness with genuine care and compassion, must continue to be a central focus. One of the most important discoveries in healthcare over the past thirty years has been that patient safety is linked to organisational culture; that a culture of collaboration and respect for each other helps reduce errors. The concept of 'intelligent kindness' has been shown to be linked to effectiveness and positive outcomes, with kindness promoting wellbeing, reducing stress and increasing satisfaction for patients and staff.

### *Tell us what you think!*

What do we need to do over the next five years to build the capability and capacity so that our workforce can adapt to changing requirements?

How might we nurture the cultural characteristics that we want to foster?

Do the Barwon Health values need to be updated or modernised in some way?

Barwon Health has five values that have characterised our culture for at least the past ten years: respect, compassion, commitment, accountability and innovation. These are enduring statements of value and we expect that these will still be important features of the Barwon Health culture in 2050, even if the specific have been modernised.

During the 2019 cyber-attack and the prolonged recovery, Barwon Health staff told us that:

- they were focused on ensuring the safety of patients and clients
- they relied on good humour to ease daily frustrations
- they welcomed more personal forms of communication in place of emails
- they relied more on each other and on team work than usual
- they valued staff outside their immediate workplace reaching out to assist, and
- they enjoyed devising and implementing innovations to cope without the usual IT

We must maintain and foster these behaviours over the next five years, to ensure that Barwon Health has the resilience to always deliver safe and effective care.

While some of our 2050 workforce may already be working in Barwon Health, we expect that most will join over the next thirty years. Hence, we must pay attention to the features that will attract and retain competent capable staff who have the right cultural fit. We need to think about Innovative work practices that foster long term satisfaction, family friendly rostering, partnering with universities and other tertiary education organisations for life-long learning. We need to grow our future leaders from within the organisation as well as attracting the best from outside.

# HOW WILL HEALTH PROFESSIONAL ROLES CHANGE OVER THE NEXT THIRTY YEARS?

The recently opened Barwon Health North has a nurse practitioner model in the urgent care clinic. This is part of a broader wave of change that is redefining professional roles in healthcare.

Thirty years ago, nurse endoscopists and physiotherapist-led fracture clinics were unheard of in Australia, and now they are considered usual practice. In the United States, nurse anaesthetists and physician assistants have been part of a trend for many years towards redesigning clinical roles to improve staff satisfaction and reduce cost'

Currently Barwon Health has few senior full-time medical staff, with many specialists spending half or more of their time outside Barwon Health focused on private practice. Medical care inside Barwon Health is predominantly provided by junior medical staff with access to on-call consultant supervision, particularly at nights and over the weekends. Elsewhere, some acute hospitals have moved towards 24/7 workforce models with greater on-site senior supervision with the dual aims of improving safety and quality of care and improving efficiency.

Training of medical staff has still kept some of the characteristics of the apprentice learning from the master. More recently, simulation facilities and programs have taken up some of the training requirements with the aim of better preparing medical and other staff before they practice on a patient.

In some areas, such as mental health, workers from a range of different specialties form part of the treating team. In other areas, the medical, nursing and allied health staff work in parallel streams connected only by formal rituals of ward rounds and medical orders.

In the future, is it possible that we will see much more radical change that erases the difference between the various professional disciplines in health care, i.e. a move towards a universal health workforce, applying their skills at the top of their currently credentialed skills and capability?

## *Tell us what you think!*

How will professional roles change over the next thirty years?

What do we need to do over the next five years to lead this change and not just respond to it?

Will there be a blending of the various professional disciplines resulting in a more universal health workforce by 2050?



# HOW WILL THE HEALTH NEEDS OF THE BARWON COMMUNITY CHANGE BETWEEN NOW AND 2050?

It is estimated that the population of the G21 area will increase from around 330,000 people currently to over 500,000 by 2050.

Currently, about 1 in 4 people living in the G21 Area is aged 60 or more. We expect this will gradually increase, possibly to as many as 1 in 3 people.

But we still expect to welcome many new babies at Barwon Health in 2050. There were 2574 babies born at University Hospital Geelong in 2018-19. By 2036-37, we expect each year that there will be about 4000 babies born at the new Women's and Children's Hospital that the Victorian Government has committed to build.

The increase in the size of the population, the ageing of the population, and the increase in the number of births each year, are all expected to increase demand from the Barwon community for health care services in 2050.

## *Tell us what you think!*

What do you think Barwon Health needs to do differently to accommodate the health needs of this larger and older population?

What else do you think will be different about healthcare needs in the Barwon community by 2050, from what it is today?

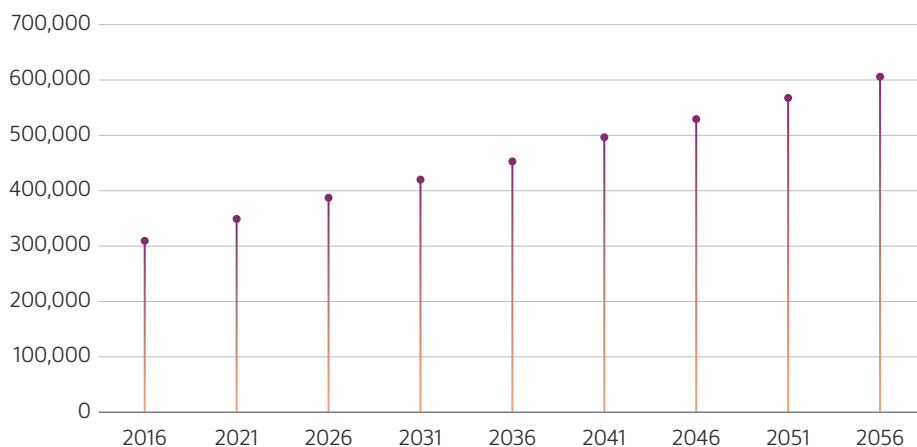


Figure 4: Expected population change 2016-2056 in the G21 Area, based on Victoria in Future 2019

A healthcare professional, likely a nurse or doctor, is shown on a tablet screen. She is wearing blue scrubs and has a stethoscope around her neck. She is gesturing with her hands as if in the middle of a conversation or presentation. The background behind her on the screen shows a clinical setting with a desk, a laptop, and some office equipment. The overall image is a composite with a blurred background of a person's face and glasses on the left, and a pink circular graphic at the bottom containing text.

SHOULD WE  
CHANGE THE WAY  
SERVICES ARE  
DELIVERED,  
INCREASING HOME BASED CARE  
AND CARE DELIVERED LOCALLY?

Currently Barwon Health provides about 10% of inpatient care to patients via home-based programs, including hospital in the home. There is the opportunity to build on this base, using remote monitoring, telehealth and other interventions to increase the number of people who can be safely cared for at home through staff operating from a “virtual care centre”.

In 2018-19 the telehealth service at Barwon Health supported 940 specialist appointments, saving members of the community 2300 hours of travel (187,000 km). The feedback from patients and carers to the option of telehealth has been very positive: “No physical examination was necessary so it was easier to speak via telehealth than drive a seven hour round trip to Geelong (and cheaper)”. What if “virtual care” becomes the standard model for outpatient care, meaning that only those patients who need to attend outpatient appointments in person, travel to University Hospital Geelong or one of Barwon Health’s local facilities?

In January 2020 Barwon Health opened its new facility at Barwon Health North, providing local specialist, imaging and urgent care services. The State Government has committed to fund a new “community hospital” at Torquay, Barwon Health Surf Coast (expected that construction will start in 2022 and that Barwon Health Surf Coast will commence operating in 2024).

The mental health, alcohol and other drugs program at Barwon Health has developed a model to consolidate non-bed based services at four community hubs in central Geelong, Corio, Colac and Torquay. These new facilities may reduce unnecessary travel by the community to access services on the University Hospital Geelong site.

Barwon Health could drive these opportunities faster. This could provide capacity for more patients to access Barwon Health services without the need for a commensurate increase in beds, outpatient facilities, traffic and car parking at the University Hospital Geelong site.

Health literacy – ie understanding how your actions affect your current and future health – is often mentioned as a key opportunity to improve health outcomes. ‘Activated patients’ are motivated to take action to prevent deteriorations in their health.

### *Tell us what you think!*

What does care look like if it is ‘anywhere’?

Could virtual care become the standard model for outpatient care?

Should Barwon Health focus on developing models and plans for providing more care at home? What are the key opportunities and challenges in this? What should be the priorities over the next five years?

What are the opportunities to expand telehealth?

How might Barwon Health be more successful at activating patients to take a greater role in self-management?

Should we put our efforts into improving health literacy?



# HOW WILL MODELS OF CARE CHANGE OVER THE NEXT THIRTY YEARS?

Despite the moves to home based and locally based care, there will always be care conducted within the walls of the hospital.

More effective means to prevent and delay the impacts of ageing may mean that inpatient care in the future is focused on critically ill patients who are cared for in the environment and with the intensity that we currently see in critical care areas. Single rooms with the ability to convert to negative pressure facilities may become the standard.

There is a debate between trends of 'specialism' and 'generalism' in medical workforce. With the potential future ability to bring in a specialist virtually at any time, eg through the use of holograms to simulate the specialist being in the same room as the patient, will the focus of care within the hospital shift away from specialists to generalists?

An improved community understanding of the costs and benefits of intervention, together with a greater focus on supporting the decisions and wishes of the individual patient, may have the largest impact on end of life care. Keeping patients comfortable at home with improved control of distressing symptoms may become a major focus of the clinical workforce.

In 2020, each delay in care transition is managed separately on an individual basis. Some hospitals in the US have built command operation centres to monitor patient flow and intervene before bottlenecks and delays occur. Potentially this could be associated with more fine-grained matching of supply and demand of workforce, similar to what we see today with Uber. This could lead to more staff working under more flexible arrangements than the current model of regular shifts.

Potentially the clinicians in 2050 could move much more flexibly between care delivered in the hospital and care delivered in the community, providing greater continuity of care for their patients.

Currently we expect patients to wait for access to treatment, with the focus on ensuring the efficient use of costly specialist resources. It is possible to contemplate that this could flip in the face of growing emphasis on consumerism, that treatment will be provided as demanded by the consumer: "doctor, the patient will see you now".

## *Tell us what you think!*

How do you expect future models of care to change over the next thirty years?

What should Barwon Health do over the next five years to become future-ready for these changes?

Will the future workforce lean more towards specialists or generalists?

What would be required for clinicians to move flexibly between care delivered in the hospital and care delivered in the community?

Could the current paradigm of patients waiting for availability of costly specialist resources flip to the alternative, in response to a growing emphasis on consumerism?

# SHOULD WE RECONCEPTUALISE THE “FRONT DOOR” OF THE HOSPITAL?

The Emergency Department is often thought of as the entry point to services at Barwon Health, ie the “front door” of the hospital. Over 200 patients arrive at the Emergency Department at University Hospital Geelong every day.

In 2018-19, there were 78,126 presentations. Emergency Department presentations have been growing at a faster rate than population growth for some time. On the current rate of growth, by 2025 the Emergency Department will see more than 300 people each day and over 100,000 people each year.

However, many more people use outpatient services in Barwon Health (149,409 in 2018-19, the equivalent of more than 600 each week day. This does not include presentations at community health centres or, community contacts in the mental health, alcohol and other drugs program. If we counted all the outpatient type services, there could be as many as 1000 patients each day using the various outpatient/community based services of Barwon Health.

## *Tell us what you think!*

What if we reconceptualise the “front door of the health service” as our outpatient and community based services? How might this change the way Barwon Health is organised?

Should we provide urgent clinics that can provide a same day/next day service to referred patients? Could this reduce emergency demand and provide the opportunity for earlier intervention?

Are there service gaps in the outpatient/ community based services at Barwon Health? How might these gaps be closed?

Are there access barriers to the outpatient/ community based services at Barwon Health? How might these barriers be overcome?

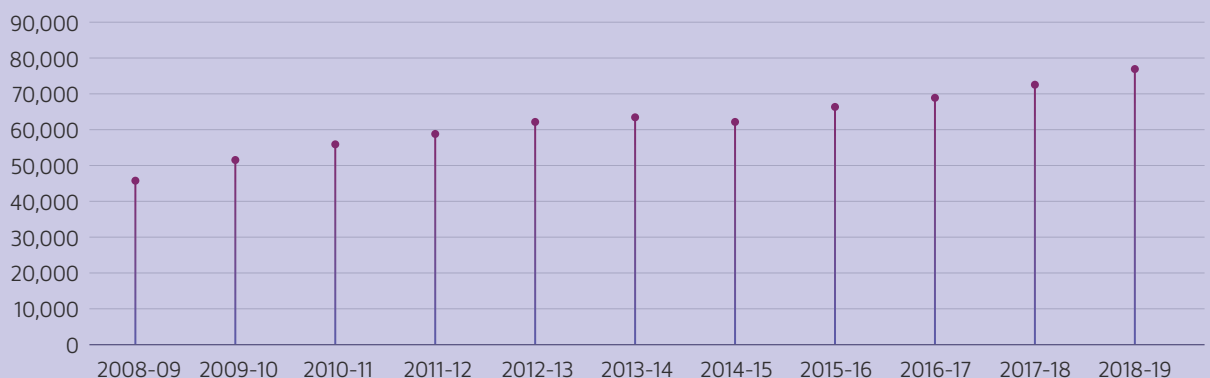


Figure 4: Emergency Department presentations at Barwon Health over the past decade.

A photograph of a pregnant woman lying in a hospital bed, smiling warmly at a male doctor who is leaning over her. The woman has dark hair and is wearing a light blue hospital gown. The doctor has a beard and is wearing a white lab coat. The background is a soft-focus hospital room.

SHOULD BARWON HEALTH  
TAKE A STRONGER ROLE IN

IMPROVING THE  
HEALTH AND  
WELLBEING

OF THE COMMUNITY?



Over the last fifty years, there has been a significant shift in the burden of disease, with the impact of living with chronic disease now having a greater impact on the community burden than premature death.

While chronic diseases are responsible for nine out of every ten deaths in Australia, many chronic diseases wield their most enduring impact through reducing quality of life and functional abilities. More than one-third of the burden of disease is due to modifiable risk factors including tobacco use, overweight and obesity and dietary conditions.

Mental health conditions, respiratory diseases (such as asthma) and musculoskeletal conditions (such as arthritis) can result in poor quality life experiences and lost opportunities for many people. Increasingly, cancer and kidney disease are chronic 'treatable' diseases that diminish the quality of life for some people over many decades.

Of course, all these impacts extend well beyond individuals living and dying with chronic diseases, to their families, friends and carers.

Chronic diseases are also the major driver of health system utilisation and costs.

We know that the health status of the Barwon community varies according to postcode of residence. A recent paper by Jeanette Pope prepared for Infrastructure Victoria defined disadvantage as "people experiencing a low standard of living due to a lack of economic, human or social capital resources, or a lack of access to the opportunities to generate those resources". While disadvantage can be found throughout regional Victoria, it is more concentrated in some areas than others, and time series data shows that this disadvantage is persistent, with few signs of improvement over time. This leads to disparities in health outcomes between advantaged and disadvantaged areas ("postcodes"). A recent study of health inequality in Australia assessed that the gap in life expectancy between the most advantaged and the most disadvantaged postcodes was ten years.

Barwon Health data shows that residents from the nine most disadvantaged Geelong suburbs came to the Emergency Department at University Hospital Geelong 19,384 times in 2018-19. This equates to a presentation rate of 392.5 presentations per 1000 residents per year, more than twice the rate of other residents who had 184.4 presentations per 1000 residents per year.

The recently updated Social Health Atlas of Australia identified that residents in the suburbs which experience greater disadvantage, have shorter life expectancies, higher rates of psychiatric distress and mental or behavioural problems, greater reliance on income support and higher rates of lung cancer when compared with the region's most advantaged postcodes. Babies born to families in these areas face greater health risks, with almost twice the likelihood of being born underweight when compared with those born to parents from more advantaged areas.

The current funding provided by the Victorian government is mostly required to be spent on health care services, rather than on prevention. However, each year Barwon Health receives some funding for health promotion and other activities aimed at improving health and wellbeing. A 'stronger role' might mean that Barwon Health puts its efforts into leadership, leverage and/or advocacy, rather than necessarily doing more health promotion and related activities.

### *Tell us what you think!*

Should Barwon Health take a leadership role in improving the health and wellbeing of the residents of the Barwon community? What should be the priorities for action over the next 5 years?

# SHOULD BARWON HEALTH USE “VALUE” TO DRIVE IMPROVEMENTS IN ITS HEALTHCARE SERVICES?

How might we measure the “value” of services that we deliver? Are some services more valuable than others? The outcome as seen from the patient’s perspective, and the experience of the patient, are central to “value”.

The leading US economist Michael Porter is often credited with the idea of “value” in health care. He wrote several books and many papers on the idea that the intrinsic value of health care interventions should not be measured only by clinical outcomes, but should focus on what the patient perceived as the outcome and the experience of the patient.

This concept of “value” complements the concept of “public value” developed by Mark Moore; both concepts provide a central role for the consumer in determining value.

Value in healthcare is a way of bringing together patient experience, patient reported outcome, clinical outcome, and access to healthcare. Safety, both patient safety and worker safety, are integral components. Reliability is a key driver of safety and quality, and hence of value. The available resources are finite, and so we also need to include cost as part of the “value” equation.

Value = [(Patient experience + patient reported outcome + clinical outcome) \* Access / Cost] \* [patient safety + worker safety + reliability]

Conceptualising value in this way leads to the proposal that we should be measuring value regularly to guide us towards maximising value, potentially every clinical episode or every year for continuing patients.

The concept of value also provides a useful framework for considering how we can improve care by improving:

- Access
- Patient experience
- Patient reported outcome
- Clinical outcome
- Safety for patients, clients and staff
- Reliability of the services we deliver
- Efficiency (technical<sup>1</sup>, allocative<sup>2</sup>, dynamic<sup>3</sup>)

## *Tell us what you think!*

Do you support Barwon Health adopting and using “value” to drive improvement in care?

How might Barwon Health move towards routinely measuring the “value”?

What else do you think Barwon Health should do to improve the value of its health care services?

<sup>1</sup> Technical efficiency is about achieving the most output for a given amount of funding

<sup>2</sup> Allocative efficiency is about allocating funding in the most effective way

<sup>3</sup> Dynamic efficiency is about achieving the most effective operations over time, taking account of changes to technologies and models of care





WHAT WILL BE THE IMPACT OF

# CLIMATE CHANGE

ON HEALTH CARE BY 2050? WHAT  
OPPORTUNITIES ARE THERE TO MAKE  
HEALTH CARE MORE SUSTAINABLE?

*The Lancet* has issued a call to action for the health sector, stating that climate change is the most pressing threat to public health in the 21st century, and climate risk mitigation is the greatest public health opportunity of the 21st century. The Medical Journal of Australia has concluded that Australia currently remains at significant risk of declines in health due to climate change.

Arup has documented four scenarios for 2050, reflecting potential trajectories for the environmental and social trends we have today. The scenarios encompass: the current trajectory where societal conditions advance at the cost of planetary health; an improvement in planetary health enabled by severe restrictions on human living conditions; declining planetary health and social conditions; and societal advancement and planetary health co-existing in a harmonious relationship. The purpose of these scenarios is to help explore the challenges and potential compromises of our current situation.

*Health Care Without Harm* is an international non-government organisation that seeks to transform the health sector worldwide so that it becomes ecologically sustainable. In a paper released in September 2019 they documented key conclusions about health care's global climate footprint including that:

- Health care is a major contributor to the climate crisis
- More than half of health care's footprint comes from energy use
- Decarbonizing health care's supply chain is critical
- Fossil fuel combustion is at the heart of health care's climate footprint

In the responses received from staff to the #BarwonHealth2050 initiative launched in November 2019, the most frequently raised issue was climate change. The responses collectively urged stronger action on climate change and related sustainability issues such as energy, water and waste. Waste is a complex issue in healthcare, as demonstrated by the trade-off between single use items to reduce infection and multiple use items to reduce waste. Many of the responses cited the *Global Green and Healthy Hospital Framework* which has ten key action areas: leadership; chemicals; waste; energy; water; transportation; food; pharmaceuticals; buildings; and purchasing.

In his second government report in 2011 on the response to climate change, the Australian economist Ross Garnaut noted that the cost of moving to renewable energy would reduce the rate of economic growth for many years before it was outweighed by the benefits of avoiding further climate change. More recently he has reassessed the outlook and concluded that the move to renewable energy is no longer expensive, due to reductions in the cost of solar panels, wind turbines and batteries. The fall of global interest rates to near zero means further reductions in the cost of suitable infrastructure. Zero net admissions may become possible even for intensive energy users such as hospitals.

### *Tell us what you think!*

Do you support Barwon Health taking action on sustainability?

What do you think Barwon Health should do to address the health impact of climate change?

What does Barwon Health need to prepare for, given current climate warming trends?

What should Barwon Health commit to doing in its next five year strategy?



# HOW SHOULD BARWON HEALTH RELATE TO OTHER HEALTH AND SOCIAL CARE SERVICE PROVIDERS IN THE BARWON SOUTH WEST REGION?

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Barwon Health is the regional health service for the Barwon South West Region. About 2% of Barwon Health's patients come from the Great South Coast Region, ie the part of Barwon South West Region outside the G21 area.



The public health services in the Barwon South West Region collaborate in a number of ways, including through the South West Alliance of Rural Health (SWARH). SWARH was formed in late 1997 to focus on the development of information technology infrastructure and systems for the acute public hospitals in the Region of Victoria.

The public health services in the G21 Area – which includes Colac Area Health, Hesse Rural Health Service, Great Ocean Road Health and Bellarine Community Health – have recently agreed to partner in developing a shared view of the health needs of this area now and over the next 15 years. This will provide the basis on which the individual health services can develop and align their clinical service and facility planning, as partners in a local system of healthcare and members of a wider statewide service network. The plan will be jointly produced by the partners and the Department of Health and Human Services. It will be one of the first locality health plans developed under the *Statewide design, service and infrastructure plan for Victoria's health system 2017-37*. Locality plans are intended to ensure that planning addresses the needs of local communities, while ensuring the system as a whole is sustainable into the future.

There are other health and social care services providers in the Barwon community that Barwon Health could choose to partner with more closely, including GPs, private hospitals, other private providers (including medical specialists and allied health providers), and social care services providers such as Barwon Child, Youth and Family.

We recognise the significant barriers that exist today between primary and acute care, which make it challenging to provide integrated care. Do you think that Barwon Health should put its efforts into reducing these systemic barriers?

### *Tell us what you think!*

What role should Barwon Health have in supporting the public hospitals in the Great South Coast Region?

Should all public patients resident in the Barwon South Western Region requiring tertiary care be referred to Barwon Health, where the capability exists to provide the needed treatment or diagnosis, to reduce the number of patients requiring to travel to Melbourne?

What could Barwon Health do to 'join up' services more effectively with the other public health services in the Barwon South West region?

How should Barwon Health link with other local health and social care service providers?

What could Barwon Health do over the next five years to facilitate better integration of primary and acute care?

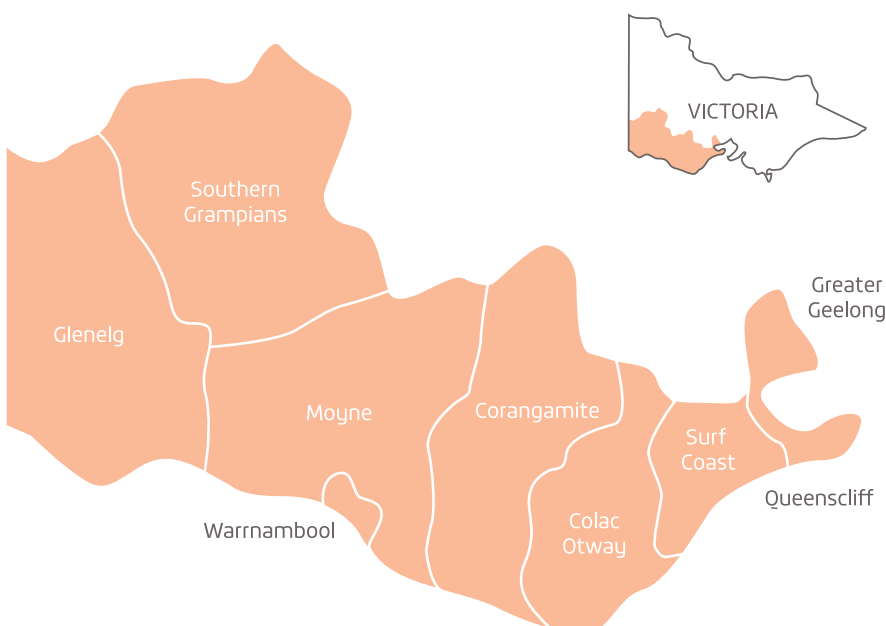


Figure 5: Barwon South West Region





# HOW COULD BARWON HEALTH WORK DIFFERENTLY WITH DEAKIN UNIVERSITY? WHAT ABOUT OTHER TRAINING PROVIDERS, RESEARCH INSTITUTES AND CENTRES?

While Barwon Health has had a long standing relationship with Deakin University, we are yet to collaborate systematically to tackle the major challenges in health and healthcare.

If Barwon Health was to harness the talent and resources of our largest academic partner systematically to achieve this, how might this change the way we deliver healthcare services?

How could non-health care disciplines such as artificial intelligence and frontier materials, make a difference to services at Barwon Health?

Health economics is a recognised strength at Deakin University; how could Barwon Health partner with Deakin University to optimise the value of all care delivered at Barwon Health?

Recent discussions with Deakin University have identified mental health, clinical trials, access to the rich data sources that would be possible from moving to a fully digital hospital, and biobanking as opportunities to explore how a closer relationship could work in practice. What else might be useful to explore?

What about other training providers such as Gordon TAFE and other research organisations such as CSIRO and GCEID?

## *Tell us what you think!*

If Barwon Health was to collaborate systematically with Deakin University, how might this change the way we deliver services?

If research was embedded in everyday clinical practice, would this result in more rapid translation of new knowledge into clinical practice?

Could consumer co-design be more effectively integrated into everyday research and patient care?

How could non-clinical disciplines such as artificial intelligence and health economics contribute to better patient care?

What else could Barwon Health and Deakin University do explore together?

Are there other training providers or research organisations that Barwon Health should build a closer relationship with?



SHOULD BARWON HEALTH  
AIM TO BECOME A FULLY

DIGITAL  
HEALTH  
SERVICE?

Given the shift to digital over last couple of decades that the community has experienced via their interactions with banks, airlines, government services and so on, many people expect their interactions with the public health service sector to work in similar ways. They expect to easily book or rebook appointments through apps on their phones, or look up their personal medical history. Increasingly the future clinician workforce expects public health services to have electronic health records, and those that do not will struggle to attract and retain staff.

Many public hospitals are further advanced on the journey to transform into digitally enabled health services, compared to Barwon Health.

Investing in the transformation to a fully digital health service could: enable opportunities for patients to have greater engagement and participation in their health care (eg patient portals to the electronic health record); improve care outcomes through timely access to results and information; reduce medication errors; facilitate the use of new artificial intelligence tools to support clinician decision making; enable more seamless care as patients move between different providers; and provide a rich data source to inform research opportunities.

It should also be recognised that not everyone supports the move towards fully digital. An article by the respected surgeon and writer Atul Gawande, on the implementation of electronic medical records at his hospital was published last year in the New York Times. Gawande writes “The story of modern medicine is the story of our human struggle with complexity. Technology will, without question, continually increase our ability to make diagnoses, to peer more deeply inside the body and the brain, to offer more treatments. It will help us document it all—but not necessarily to make sense of it all. Technology inevitably produces more noise and new uncertainties”.

During the period at the end of 2018 when access to computer systems at Barwon Health was reduced following the cyber attack, staff said that they appreciate the greater face to face contact with each other.

### *Tell us what you think!*

What benefits would result from Barwon Health moving to electronic health records?

What might be the downsides of Barwon Health moving to electronic health records?

Should Barwon Health commit to transforming into a digital health service?

What else is required to transform Barwon Health into a “digital health service”?

How could technology help deal with the “more noise and new uncertainties”?



A woman with blonde hair, wearing a grey blazer, is shown in profile, gesturing with her hands as if speaking to a group of people. In the background, another woman with dark curly hair is visible, looking towards the speaker. The setting appears to be a modern meeting room with large windows.

HOW COULD BARWON HEALTH

# PARTNER BETTER

WITH OTHER ORGANISATIONS  
AND INITIATIVES BASED IN  
THE GEELONG REGION?

Barwon Health is a long-standing institution in Geelong, with the Geelong Infirmary and Benevolent Asylum first established in 1852. As the largest employer, Barwon Health is a major contributor to the social and economic structures beyond its contribution to the health and wellbeing of the community.

While Barwon Health has the strong support of its community, it often does not take up a significant role in the various local and regional initiatives sponsored by others, which can have a more widespread impact.

The recent Barwon Regional Partnership report on the desired social and economic outcomes for the Barwon Region (updated May 2019) makes no mention of health, focusing instead on priorities such as transport connectivity, liveability, climate change, business and innovation, equity and wellbeing, education and tourism.

While the City of Greater Geelong has a declared health precinct around University Hospital Geelong and the private St John of God Hospital for town planning purposes, there is little recognition of the economic innovation driver facilitated by the presence of a critical mass of professionals engaged in clinical care and research. While the City of Greater Geelong does have a designated innovation precinct, this is focused on the community and business tech hub Pivot City established on the former Federal Woollen Mills site.

If Barwon Health was to commit to partnering more effectively with other organisations and initiatives based in the Geelong Region, what benefits could result?

For example, the City of Greater Geelong has recognised design as an essential driver for sustainable urban renewal and development. The UNESCO Creative Cities Network has 180 cities from 73 countries, working together towards common objectives of placing creativity and cultural industries at the core of development plans at the local level; and actively cooperating through inter-city partnerships.

Potential benefits for Barwon Health from actively embracing this initiative could be:

- contributing to better design of new facilities, such as the Women's and Children's Hospital;
- inspiring a greater focus on innovation in health and medical technologies to improve patient care;
- linked to the opportunity of a greater focus on population health and wellbeing for Barwon Health, advocating for better design of community neighbourhoods to support safe opportunities for exercise outdoors (walking etc); and
- building on this partnership opportunity to identify new opportunities to build coalitions of interest across the Geelong region.

### *Tell us what you think!*

Should Barwon Health be a more active participant in local initiatives such as the UNESCO Creative Cities initiative?

Are there other local organisations or initiatives that Barwon Health should partner with?

What should be the priorities for the next five years?



WHAT ELSE SHOULD  
BARWON HEALTH CONSIDER  
IN DEVELOPING ITS  
NEXT  
FIVE YEAR  
STRATEGY?

The issues listed in this discussion paper have been identified through discussions with staff and with the Barwon Health Board as key issues to be considered in the development of the next five year strategy.

Under the Health Services Act 1988, public health services in Victoria are required to develop a three-five year strategic plan and submit this for approval by the Minister for Health based on the following guidelines:

- Describe the health service's context, purpose, vision, objectives and longer term strategies to deliver on their vision in line with Government policy and system and statewide plans.
- Provide a framing for the development of detailed service plans by health services, and in turn the longer term requirements for the infrastructure to support these service plans.
- Articulates the strategic issues it needs to address in making choices about the direction for the health service, noting that strategic choices must accord with their legal and regulatory responsibilities and align with government policies and priorities.

The strategic plan must include:

- Statements of vision, mission and values that are meaningful to, and supported by, the health service's key stakeholder groups including: patients and the broader community; staff members, members of the Board, other health services, and external partners and collaborations.
- Documented outcomes of external environmental analysis, including healthcare system trends and challenges, population planning outcomes and market analysis.
- Description of the health service capacity, capability and performance.
- Health service strategic goals (describing the outcome that the health service intends to achieve that will address one or more strategic issues) and objectives (describing the measurable result of actions that need to be taken to achieve the goals) that contribute to system-wide goals.
- The measures that will be used to gauge progress against the strategic goals and objectives and to evaluate success at the end of the period.

### *Tell us what you think!*

What else should Barwon Health consider including in its next five year strategy?

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# FEEDBACK

All input for the next Barwon Health Strategy is welcome. We welcome responses and new ideas from our community, our staff and anyone who has an interest in the health and wellbeing of the Barwon community. We would like to hear from any individual, group or organisation who is interested in what Barwon Health will do over the next five years.

In particular, we are keen to hear from you on the following:

- What do you think will be the big future challenges and opportunities in health care, for the Barwon community and for Barwon Health?
- What should Barwon Health do over the next five years, to get ready for these challenges and opportunities?
- What do you expect of health care in 2050?
- What will the Barwon Health workforce of 2050 expect?
- How will health professional roles change over the next thirty years?
- How will the health needs of the Barwon community change between now and 2050?
- Should we change the way services are delivered, increasing home based care and care delivered locally?
- How will models of care change over the next thirty years?
- Should we reconceptualise the “front door of the hospital”?
- Should Barwon Health take a stronger role in improving the health and wellbeing of the community?
- Should Barwon Health use “value” to drive improvement in its health care services?
- What will be the impact of climate change on health care by 2050? What opportunities are there to make healthcare more sustainable?
- How should Barwon Health relate to other health and social care service providers in the Barwon South West Region?
- How could Barwon Health work differently with Deakin University (and other training providers and research institutes)?
- Should Barwon Health aim to become a fully digital health service?
- How could Barwon Health partner better with other organisations and initiatives based in the Geelong region?
- What else should Barwon Health consider in developing its next five year strategy?

We are keen to get your feedback by **Wednesday 18 March 2020** so that we can consider it as we develop the draft strategy.

Feedback received after Wednesday 18 March 2020 and before Monday 1 June 2020 will be considered in the finalisation of our strategy.

Please email your comments to **BarwonHealth2050@barwonhealth.org.au** or write to:

Chief Executive  
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PO Box 281  
GEELONG VIC 3220.





**Barwon  
Health**

[barwonhealth.org.au](http://barwonhealth.org.au)