

Strengthening prevention in integrated care systems

CONSULTATION INSIGHTS

Health and Wellbeing Queensland led the development of a framework designed to support chronic disease prevention efforts across and beyond the health system in Queensland.

The Strengthening Prevention in Integrated Care Systems Framework

(the Framework) provides direction for a collaborative, cohesive and consistent approach to effective prevention, timely identification, and early intervention of chronic conditions to improve the health outcomes of Queenslanders.



A comprehensive statewide consultation process to inform the Framework was undertaken between September 2023 and May 2024. The consultation aimed to develop a clear and agreed definition for the term 'clinical prevention', and to shape a realistic and functional framework to guide implementation.

To ensure the Framework reflected the voice of Queenslanders, Health and Wellbeing Queensland engaged extensively over a period of nine months with two distinct groups:

- > Individuals and organisations working within and beyond the health care system across metropolitan, regional, and rural Queensland (including government, non-government, universities, and industry stakeholders).
- > Adults living across Queensland.

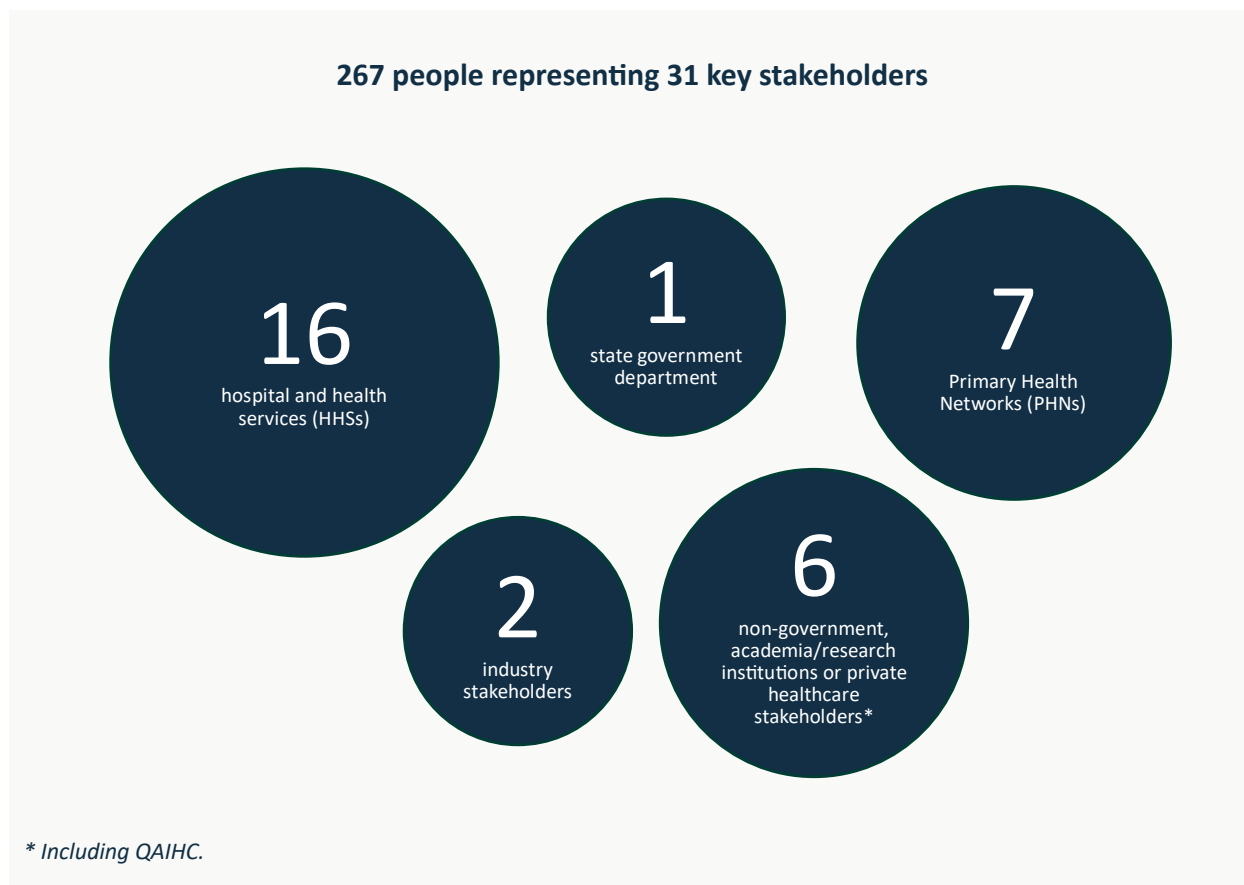
The Framework was also informed by:

- > A review of current cross-government policies and practices that make up Queensland and Australia's prevention ecosystem, alongside progressive international policies and practices.
- > An evidence review regarding the history and use of the term 'clinical prevention'.

Consultation with individuals and organisations working with and within the health care system in Queensland

Health and Wellbeing Queensland engaged a wide range of stakeholders working with and within the health care system to understand their views, perspectives, and opinions regarding a proposed definition of 'clinical prevention' and the draft Framework. A variety of recruitment processes were used to achieve statewide representation from individuals working in all levels of healthcare across all Hospital and Health Service (HHS) regions, state government, Primary Health Networks (PHNs), non-government healthcare stakeholders (such as private healthcare providers and not-for-profit health organisations), state or national peak/representative bodies (such as Queensland Aboriginal and Islander Health Council (QAIHC), industry, and academic/research institutions within Queensland.

A variety of methods were used to collect data from participants to enable accommodations for personal and group preference, location and timing. The Health and Wellbeing Queensland project team travelled around Queensland to engage participants face-to-face where possible. From September 2023 to May 2024, we directly engaged with:



Data was collected across **11 face-to-face workshops**, **nine mixed workshops**, **three online workshops**, **one online survey portal** (open for the entire nine months, resulting in 77 responses), **three document submissions from organisations**, and **one document submission from an individual**.

What was said about the proposed definition of ‘clinical prevention’

An online survey gave participants the opportunity to provide feedback and could be completed in under 10 minutes. The following proposed definition was provided to participants:

“The definition of Clinical Prevention describes an individual, service and system approach to the prevention and early intervention of chronic disease.”

We discovered that:

78%

either **strongly agreed** or **agreed** with the proposed definition

10%

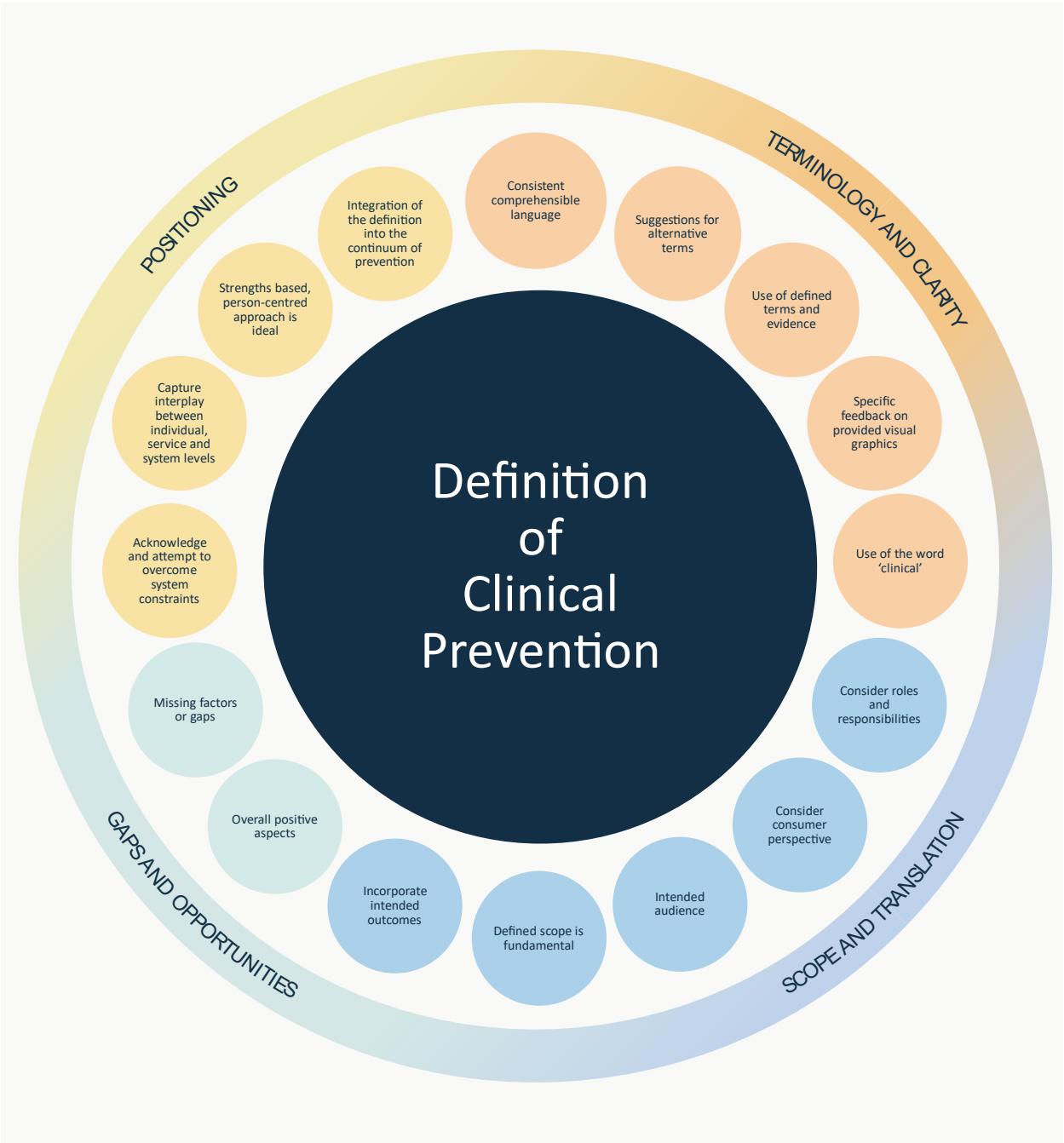
either **strongly disagreed** or **disagreed** with the definition

Those that answered strongly disagree or disagree and provided additional open-ended responses were concerned about:

- the overlap with already defined terms in the prevention ecosystem;
- the use of the word clinical being too medicalised, placing onus of responsibility on clinical services alone; and
- the definition being difficult to interpret and/or confusing.

This question asked participants to rate their level of agreement with the proposed definition. It did not ask about introducing a new term to Queensland’s context, particularly the word ‘clinical’. Some participants reflected on this in their open-ended response. Further feedback relating to terminology was evident from the workshop findings presented below.

Workshops provided a forum of comprehensive discussion of the below proposed full definition, and feedback was grouped into 16 codes under four categories as shown in the image below:



About the draft framework

The following draft vision and purpose of the proposed framework was provided to participants completing the online survey:

Vision:

A health and community ecosystem that enables health and wellbeing.

Purpose:

To provide direction for a consolidated and coordinated approach to effective prevention, timely identification and early intervention of chronic conditions to improve the health outcomes of Queenslanders.

We discovered that:

78%

either **strongly agreed** or **agreed** with the vision and purpose.

6%

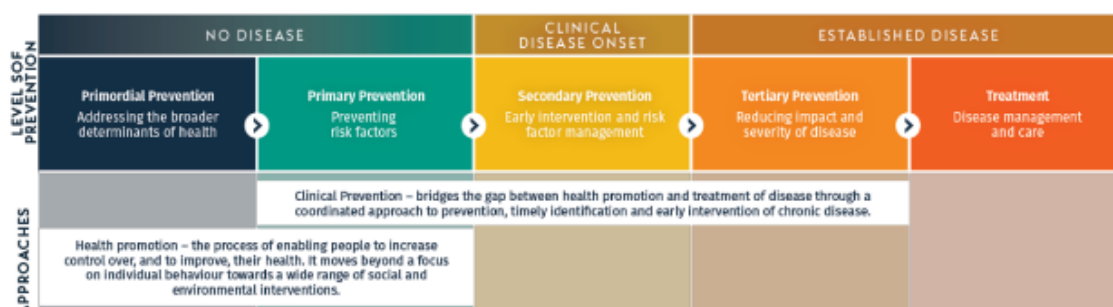
either **strongly disagreed** or **disagreed** with the vision and purpose.

Those that answered strongly disagree or disagree and provided additional open-ended responses were concerned with:

- missing elements (e.g. regulatory change and the social determinants of health);
- the risk of shifting focus and investment away from primary prevention; and
- that the wording used is not clear.

Workshops again provided a forum for comprehensive discussion of the draft Framework. Participants were provided with several key graphics which gave a visual representation of ideas, helped to kickstart constructive conversations and enabled focused feedback. These graphics are displayed below.

Clinical Prevention



Discussion: defining clinical prevention

Clinical prevention bridges the gap between health promotion and treatment of disease through a coordinated approach to prevention, timely identification and early intervention of chronic disease.

At a system level, clinical prevention is a consolidated and coordinated approach across health and community services through policy, shared leadership and investment.

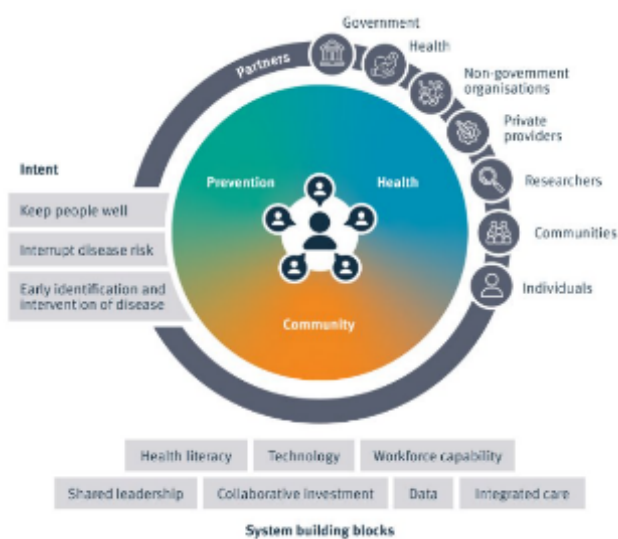
At a service level, clinical prevention is collaborative service planning that is responsive to local need to deliver integrated models of care that seamlessly connect health and social service providers.

At an individual level, clinical prevention provides a holistic approach to proactively support a person's health and social care needs to maintain and optimise their health and wellbeing within the community.

The Clinical Prevention Framework at a glance

Vision		Purpose	
A health and community ecosystem that enables health and wellbeing.		To provide direction for a consolidated and coordinated approach to effective prevention, timely identification and early intervention of chronic conditions to improve the health outcomes of Queenslanders.	
Principles of Clinical Prevention			
<ul style="list-style-type: none">• Equity enabling• Partnerships for prevention		<ul style="list-style-type: none">• Person-centred• Life-course approach	
System Building Blocks			
<ul style="list-style-type: none">• Integrated Care• Shared Leadership• Collaborative investment• Data		<ul style="list-style-type: none">• Workforce Capability• Health Literacy• Technology	

Clinical prevention bridges the gap between health promotion and treatment of disease through prevention, timely identification and early intervention of chronic disease.



Valuable insights were evident when examining feedback from all workshop participants. This feedback was grouped into 17 broad categories and further aligned to three concepts pertaining to the framework. These are detailed below in alphabetical order with no weighting or preference applied.

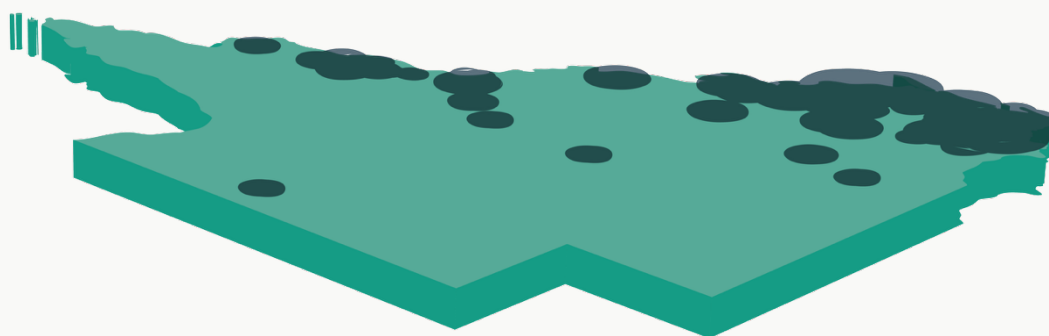
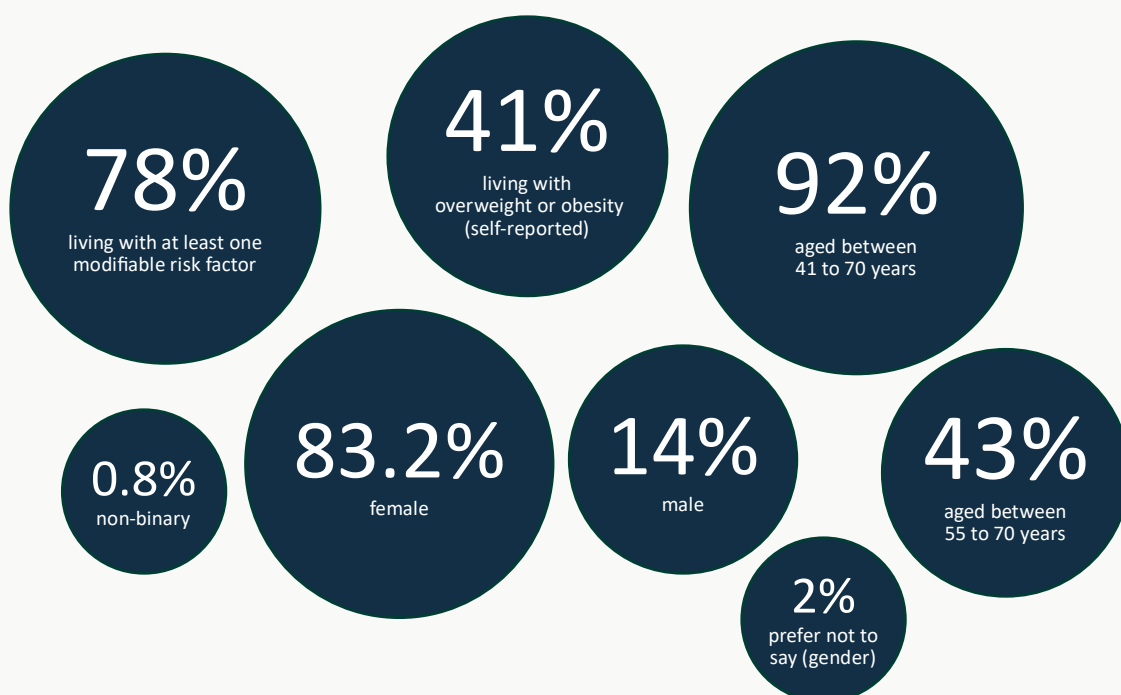
Core elements	Application	Language and visuals
<ul style="list-style-type: none"> • Alignment • Complexity • Consumer engagement and co-design • Coordination and collaboration • Cultural considerations • Empowering the workforce • Funding and investment • Partners and relationships • People and communities 	<ul style="list-style-type: none"> • Audience • Evaluation • Health and Wellbeing Queensland's role • Implementation • Working within current systems and structures 	<ul style="list-style-type: none"> • Infographic • Language • Pre-defined elements of the Framework

Supporting the framework's vision and purpose, two other pre-defined elements were considered essential – the principles and building blocks. Both elements were well-accepted, with constructive feedback helping to strengthen and refine them in the final framework. The principles have evolved into five 'Guiding Principles' that underpin the framework approach. The six 'Building Blocks' can be applied at the people and community, service and system perspective and are foundational to advancing sustainable chronic disease prevention. The Building Blocks have been refined through stakeholder feedback and align with state, national and international recommendations.

Consultation with Queenslanders consumers

Health and Wellbeing Queensland engaged Queenslanders from across the state to understand their views, perspectives, and opinions regarding preventive health, including barriers to participation, access or uptake in services, and reflections on their experiences. This data was collected via an online survey.

Over a period of 5 weeks from April to May 2024, we received 360 responses



What Queenslanders said

‘Prevention’ was seen as a proactive approach to maintain good physical and mental health, lower the risk of chronic disease, and avoid progression of current conditions. Prevention was viewed as a personal responsibility in terms of being aware, engaged and taking action. The importance of an accessible, responsive, supportive and cohesive healthcare system was highlighted, particularly to ensure that resources and services reach all who need it.

‘Clinical prevention’ was viewed as an intervention by a health professional or specialist to prevent poor health or progression of current conditions. Interventions could include medication, particular treatment (such as counselling, physiotherapy, prescribed exercise or surgery), screening measures, vaccinations, and diagnostic measures (for example, x-rays, ultrasounds). 14% of Queenslanders said that they were unsure or that the term didn’t mean anything to them.

Queenslanders told us that general practitioners (GPs) and allied health practitioners are their preferred service providers for preventive health education and care. They report that their healthcare providers are making great strides in preventive screening, and with the right support service providers can support the community on their healthcare journey by providing increased education and timely referrals as routine practice.

Opportunity for change

66% report that their healthcare provider has completed preventive health screening, however:

- Only 23% received education on the importance of preventive health.
- Only 32% were referred to a preventive health provider.
- Only 42% were provided with information on preventive health services available and appropriate to them.

Key quotes:

“

I sort of grew up with a ‘grin and bear it’ mentality, so a condition has to go past a certain point for me to do something about it.

“

I didn’t understand the full implications of my diet / lifestyle. The cost to see health professionals and use gyms are too expensive.

“

I didn’t understand how great an impact (preventive services) could have.

Queenslanders currently living with a chronic health condition – what they said

55% of survey respondents report they have at least one chronic health condition. Of these people:

- 60% currently attend a health service or participate in preventive activity.
- 32% were only prompted to engage in the preventive health service or activity when they were diagnosed with a chronic health condition or had complex progression or acute complication of an existing chronic health condition.
- 83% would have engaged with a preventive health service if it was offered earlier to them in their healthcare journey.

Environmental context

It must be acknowledged that during the consultation process and refinement of the framework, a state election occurred, resulting in a change in government. The final framework was reviewed to ensure alignment with the new government’s strategic direction and priorities.

Summary

The Framework	The terminology	The implementation
<p>There was clear feedback that consumers and stakeholders working with and within the health system in Queensland value prevention.</p> <p>Participants agreed with the concept of a Framework to support coordinated efforts for preventive care in Queensland.</p>	<p>The word ‘clinical’ medicalises the concept and infers responsibility on clinical services, narrowing the scope and focus of prevention efforts. It does not reflect a strengths-based approach, nor does it represent the breadth of those involved in prevention efforts across Queensland. Moving forward, the term ‘clinical prevention’ will not be used in reference to the Framework, and the definition of the term ‘clinical prevention’ will not be socialised; instead adopting universally accepted prevention definitions.</p>	<p>Feedback highlighted the importance of comprehensive, well-planned, and adequately supported implementation. Evaluation suggestions and efforts should determine impact and be evidence-generating, with careful consideration of the outcomes and measures to be included.</p>



We are Queensland's dedicated prevention agency established to drive change, so all Queenslanders have the best chance to live a healthier life, no matter who they are, or where they live. For more information visit:

hw.qld.gov.au