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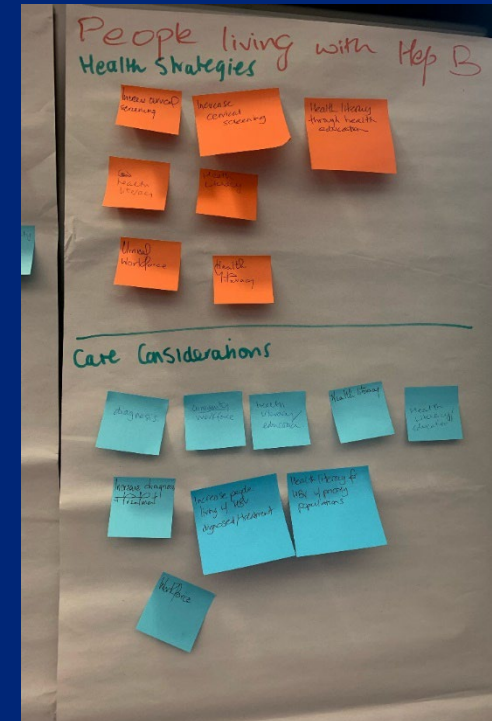
ACT Health

Community Commissioning – Collaborative Design

Workshop #4 Draft Outputs

8 September 9:30am – 12:30pm

Sexually Transmissible Infections and Blood Borne Viruses
Public Health Regulation and Projects
Health Protection Service ACT Health Directorate



STIBBV Commissioning Collaborative Design

No	Time	Agenda item and content	Facilitator
	9.00am	Tea and Coffee available	
1	9.30am	Welcome and introduction <ul style="list-style-type: none"> Acknowledgement of country 	Sean Lowry
2	9.40am	Brief recap <ul style="list-style-type: none"> Where are we up to in the commissioning process 	Fellon Gaida
3	9.45am	Context and aims of the workshop <ul style="list-style-type: none"> Amalgamation of information Outline of prioritisation/prioritisation considerations Prioritisation to inform future procurement of STIBBV services (balanced against available funding) 	Sean Lowry
4	9.50am	Introduction to group activity and facilitated discussion <ul style="list-style-type: none"> Prioritisation activity- highlighting key health goals and the strategies and care considerations identified to date (see Excel Spreadsheet) 	Sean Lowry
	10.00am	Working morning tea	
5	10.00am	Round 1: Prioritising strategies for action (individual activity and large group discussion)	All
	11.00am	Round 2: Prioritising care considerations/initiatives/interventions to address strategies and achieve health goals (individual activity and large group discussion)	
	12.00pm	Round 3: Identifying potential outcomes and metrics to determine success (small and large group discussion)	
6	1.00pm	Summing up key findings and closing comments	Sean Lowry
7	1.15pm	Light lunch	




#1 Prioritising Strategies by Disease Group

Strategies to achieve health goals to be considered through commissioning

Participants were invited to choose their top three priority Strategies per Disease category (STI, HBV, HCV, HIV) on the designated Post It notes (using the colour that relates to the disease group) and place it on their chosen Population Target Group or in the Universal category. Once all participants have had a chance to record and place their priority Strategies, a robust feedback and discussion on several of the most popular target groups and strategies took place.

STI

- Improve health literacy related to STIs, with a particular focus on young people, CALD communities, women of reproductive health age, gay, bisexual and other men who have sex with men and First Nations people
- Increase screening for chlamydia, gonorrhoea and infectious syphilis
- Invest in a highly skilled, competent and diverse clinical, support and peer workforce
- Reduce stigma and discrimination related to STIs



HBV

- Invest in a highly skilled, competent and diverse clinical, support and peer workforce (including increasing s100 prescribers for HBV) - consider upskilling existing workforce, other GPs and community options
- Workforce strategy to consider existing capacity and capability, headcount, planning, education and sustainability
- Increase the number of individuals living with HBV who have been diagnosed and who are receiving treatment
- Increase health literacy related to HBV (with a particular focus on people from countries of high prevalence and First Nations people)

HCV

- Increase the number of individuals living with HCV who have been tested, diagnosed and who have completed treatment – esp. multi-modal testing
- Increase health literacy related to HCV (with a particular focus on people who inject drugs and individuals residing/or who have resided in a correctional setting)
- Increase access to and use of clean injecting equipment for every injecting episode (NSP in correctional settings)
- Invest in a highly skilled, competent and diverse clinical, support and peer workforce
- AOD sector have made enormous inroads from which we can learn from

HIV

- Provide choice in testing options for people living with HIV who are undiagnosed
- Increase health literacy related to HIV (with a particular focus on gay, bisexual and other men who have sex with men, women and the LGBTIQ+ community)
- Optimise quality of life for people living with HIV
- Increase awareness, uptake and use of prevention, including PrEP, PEP, treatment as prevention and needle and syringe programs
- Expand reach of peer-led support programs for sex workers and Asian born gay men
- Invest in a highly skilled, competent and diverse clinical, support and peer workforce (including increasing s100 prescribers for HIV)



#2 Prioritising care considerations to address Strategies and achieve health goals

Participants were then invited to choose their top three Care Considerations per Strategy on the designated coloured Post It notes and place it on their chosen Population target group or on the Universal butchers paper. Once all participants have had a chance to record and place their Care Considerations, robust feedback and discussion on several of the most popular target groups and strategies took place.

STI

- Youth-focused initiatives
- Health promotion/education campaigns that specifically address stigma and increase health literacy
- Outreach, flexible and mobile screening activities
- Workforce development activities to increase opportunistic screening

HBV

- Invest in multidisciplinary workforce (both community/peer based and clinicians)
- Activities which increase diagnosis and treatment uptake
- Observe and possibly emulate NT's model of care as it is the only successful program (Underway)
- Focus on cohorts from high prevalence countries noting patterns of transmission
- Develop programs which address liver disease prevention in the primary care setting
- Nurse/NP led programs (between the hospital, NGOs, other community settings and homes)
- Improve GP education (to increase opportunistic vaccination, diagnosis, treatment and care)

HCV

- Increase focus on people from high prevalence countries (particularly health messaging related to overseas transmission following medical procedures/ tattoos)
- Continued focus on people who inject drugs (a key route of transmission in Australia)
- Range of testing options including point of care testing, clinic based, outreach, dried blood spot testing
- Activities to engage marginalised and hard-to-reach groups in testing, treatment and care
- Incentivised participation in models of care and activities
- Peer / clinician team models

HIV

- Health education/promotion interventions which normalise and address PrEP and PEP use
- Targeted interventions for trans/non-binary people living with HIV
- Peer support models of care
- Multi-option testing including clinic based, outreach and via vending machines (as in other jurisdictions)

Workforce

- A specific sector workforce strategy
- Capacity building activities
- Workforce planning

Care Considerations

CALD, First Nations, YP
Multi lingual workers

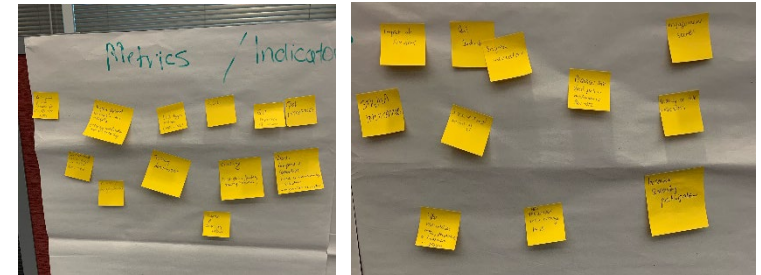


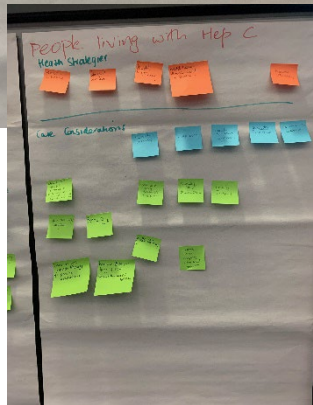
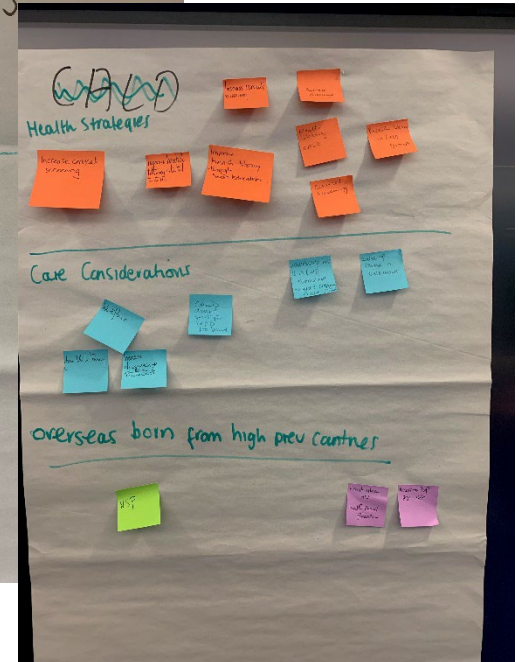
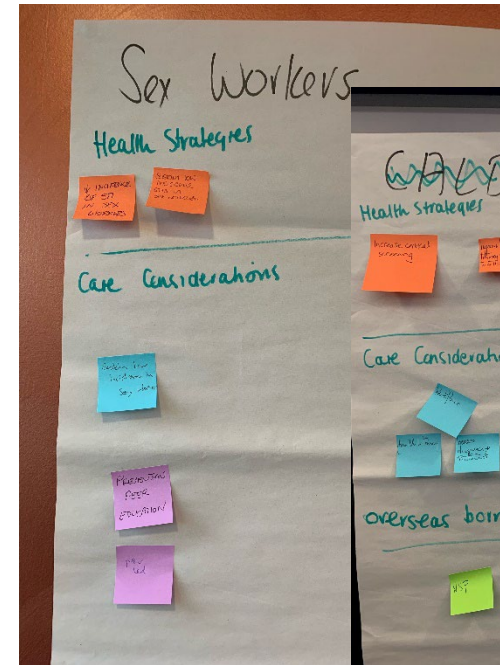
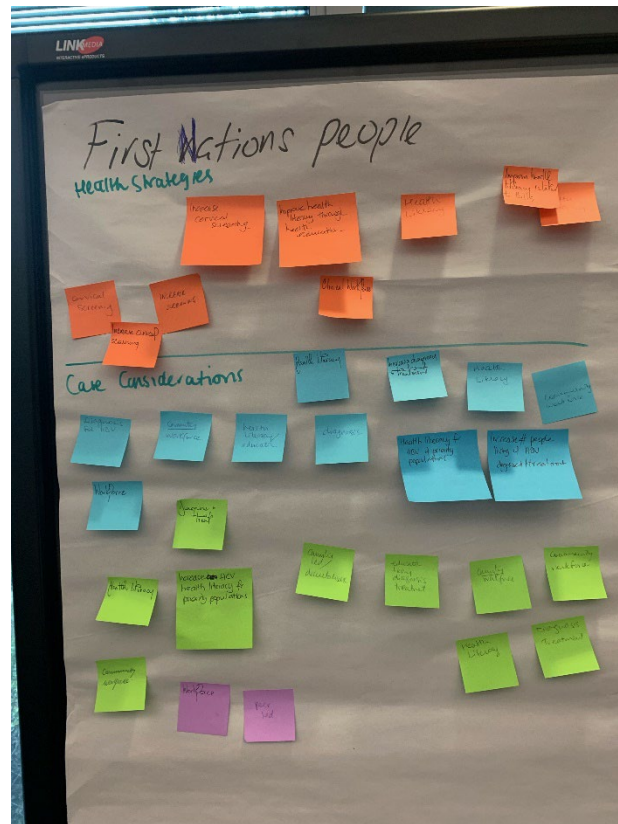
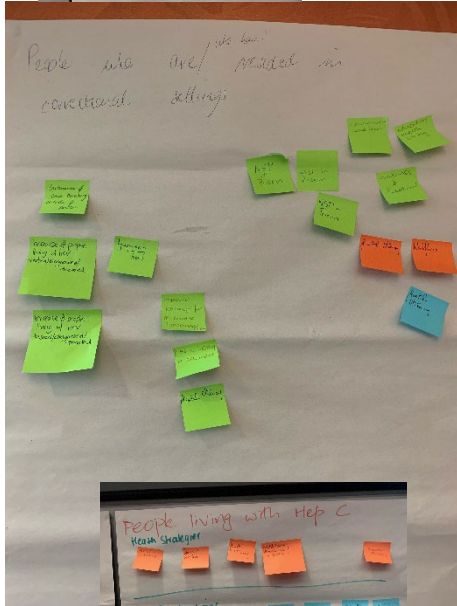
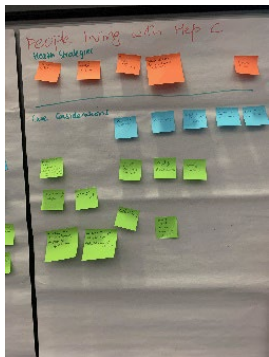
#3 Measures, Indicators and Outcomes

Potential outcomes and metrics – Participants were asked to suggest the Outcomes and Metrics for Population group / strategy /care considerations that they expect will provide the best determination for tracking impact and outcomes. Outcome and metrics discussions will be ongoing when commissioning intentions are finalised.

Facilitator encouraged the tables and individuals to justify their choices and prioritisations and where possible enable consensus.

- Each point of care cascade for HCV, HBV, HIV and STIs.
- Progress against national and ACT targets – eventually reducing notification rates
- Increase in engagement in care behaviours for HBV
- Reach and engagement with a service or provider (2)
- Late diagnosis indicator (HBV and HCV)
- Testing and screening denominators (i.e. total testing volume per month) (3)
- Quality of Life (QoL) indicators (3)
- Clinical practice quality indicators
- Number of community workers
- Expression of or experience of stigma (3)
- Reach – (actual reach compared with estimated reach) – including in community collectively and by program, by service and by activity.
- Impact of services
- HBV vaccination rates, prevalence and treatment in prisons and among PWID
- Practices which do not currently push out notifications of BBV-STIs





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