Guide to health service planning

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Guide to health service planning (version 3)

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Contents

1.   Introduction

1.1   Purpose of this guide

Planning health services is complex. It requires a rigorous, evidence based approach to improving services to meet the future health needs of the population.

The *Guide to health service planning* (the guide) details the theoretical framework for health service planning in Queensland. It provides an understanding of what health service planning is; the core components of the process; and what factors need to be considered when undertaking this type of planning.

The guide is primarily intended as a resource for the Queensland Department of Health and the Hospital and Health Services (HHS) in the context of planning for public sector health services in Queensland. While the focus of the guide is on public sector health services, planning should always consider the broader health system context.

The guide is not intended to provide a step-by-step manual for planning. For more detailed guidance and support, there are several resources available on the health service planning page of the Queensland Health Electronic Publishing Service (QHEPS). Among these resources are two supplements to the guide:

- *Health information supplement*
- *Implementation supplement.*

1.2   What is health service planning?

Planning can be defined as …

> … where one wants to go, how to get there and the timetable for the journey … Complete planning sets out indicators for tracking progress and ways to measure if the trip was worth the investment.[1]

Central to most definitions of planning is the concept of making decisions that reflect and address future needs.[2] Therefore, planning involves specifying future goals and then setting courses of action to achieve these.[3]

In the context of public sector health service delivery, planning is primarily concerned with developing and supporting a health system that delivers high quality services to the community.[4]

Health service planning specifically aims to improve …

> … the health status of a given population while safeguarding equity and fairness of access as well as responsiveness of the health system to the perceived needs of the community. [Health service planning] should achieve this goal through the provision of efficient and effective health services, taking into account available resources and the available means and methods of health care.[3]

Thus, health service planning involves the process of aligning existing health service delivery arrangements with changing patterns of need, to make the most effective use of available and future resources.[5]

Central to most definitions of health service planning is the concept of extending the policy and strategic directions of a healthcare organisation into meaningful service provision. This is achieved through a comprehensive and transparent process of defining service objectives and strategies to meet the objectives.[2,6]

Health service planning is one of several types of planning that health organisations undertake. Other types include strategic, operational, budgetary, service enabler (including assets, clinical support services, funding, information and communication technology and workforce) and individual performance planning.[4]

Health service planning is future oriented. Compared with many of the other types of planning (noted above), it usually adopts a longer term (10 years) perspective. This approach supports organisations to be better prepared to address emerging health trends and other factors that are central to contemporary healthcare. Some of these factors are detailed in Section 1.3.

1.3   Importance of health service planning

Delivery of health services occurs in an increasingly dynamic environment with ever changing community expectations, government priorities and technological advances. Health budgets are constrained, yet there are ever-increasing pressures and demands on the public sector health system.[1] Much of the pressure on future health systems will result from the ageing of the population and the increasing prevalence of chronic diseases.[7]

In this context, it is essential that services are well planned and have the capability to respond to evolving changes in order to meet community needs.

Changing populations and population needs

Assessing population characteristics (e.g. growth, age groupings, cultural diversity and socioeconomic status) and anticipated changes in these will guide the most appropriate service response. Similarly, by identifying population risk factors (e.g. obesity, smoking and excessive alcohol consumption) that contribute to various health issues, services can be designed to reduce these risks for targeted population groups.

Emerging clinical evidence and technologies

Understanding and assessing the potential impacts of advances in clinical evidence and technologies helps inform the way future services need to be organised and delivered. This includes being aware of changes in the knowledge and understanding of diseases and disease trends, treatment techniques and service delivery models.

Projecting future service need

Understanding future demand for services—influenced by changes in populations, disease patterns and treatment technologies (all noted above)—is an important element of health service planning. By assessing how demand may grow or decline, decisions about future service developments are better informed.

Prioritising allocation of resources

The resources available to invest in health services are limited. Health service planning can identify health service resources required to meet health needs. The prioritisation of health needs and service issues identified through a rigorous health service planning process will support resources being directed towards the areas of greatest need.

Improving service efficiency

Health service planning explores alternative service options that can optimise service delivery arrangements to manage increasing demand. Advances in treatment options and in the delivery of services in a range of settings (e.g. hospital in the home) allow for substantial flexibility in health service delivery in the future.

Providing safe and sustainable services

Health services must be capable of sustaining the provision of high quality care that continues to meet (or exceed) required minimum standards. Health service planning considers issues of service viability when planning future services.

How planning is important to safe and sustainable service delivery

In Queensland, health services are delivered in line with the *Clinical services capability framework for public and licensed private health facilities*.[8]

The framework provides minimum requirements for health services, support services, staffing and safety standards to ensure the provision of safe and appropriately supported services.

The framework is also an important tool for health service planners to use in planning future services that are safe and sustainable. It:

- provides a standard set of capability requirements for most acute and sub-acute services
- provides a consistent language for health service providers and planners to use
- encourages explicit clinical risk management procedures where services do not meet minimum patient safety requirements
- articulates credentialing, privileging, qualification and training requirements
- identifies the relationships and interdependencies between health services.

Health service planning can help services respond to many of these changing elements of the healthcare landscape. As such, one of the strengths of planning is in its application as a **change agent**.

Planning can explore and challenge the status quo of service delivery. It provides a platform for examining the evidence for services being delivered in a particular way or to meet a particular need. Therefore, it can help to assess and challenge models of care or service delivery models that are inconsistent with the evidence. It can also challenge service delivery that, on the available evidence, does not meet current or anticipated health needs.

2. Queensland context

2.1 Health policy

Australian and Queensland Government policy directions and priority areas provide the framework for delivering health services in Queensland. In Queensland, the legislation that governs public sector health services is the *Hospital and Health Boards Act 2011*.[9] The Act exists:

> … to establish a public sector health system that delivers high quality hospital and other health services to persons in Queensland having regard to the principles and objectives of the national health system.[9]

The Act states this aim will be achieved primarily through three processes:

- strengthening local decision-making and accountability, local consumer and community engagement and local clinician engagement
- providing for statewide health system management including health system planning, coordination and standard setting
- balancing the benefits of the local and system-wide approaches.[9]

Health service planning has an important relationship to legislation, policy, and to other types of planning. All health service planning activities (regardless of context) should align with relevant Australian and Queensland Government policy as well as strategic planning associated with these policy directions and priorities.

Similarly, the recommendations that stem from a health service planning activity may be translated into subsequent planning that has a more operational focus. These can include operational planning, service enabler planning and individual performance planning.

Relationship between policy and planning

Policy and planning are closely linked but not interchangeable.

A 'policy' is a statement of intent in relation to providing a service, managing an operational or governance issue or addressing a problem.[10]

Health service planning focuses on what should be done to achieve the direction specified by a relevant policy or strategic plan.[1]

Through a process of analysis, health service planning identifies the changes required in a particular area and develops strategies to achieve these changes.

Because policy can cover matters ranging from high-order strategy to administrative detail, specifying the link between policy and planning is important.

2.2 Health need

'Health need' refers to a deficiency in health that requires health care. Health need can be subjectively determined (as perceived by an individual) or objectively determined (as defined by a health professional or through scientific confirmation).

For the purposes of this guide, health needs of the Queensland population are represented as categories on a continuum extending from the well population to those at the end of life, as illustrated in Figure 1.

Continuum					
Well population	At-risk population	Early identification & intervention	Acute consequences & conditions	Chronic consequences & conditions	End of life
Description					
People who are generally healthy and able to live independent lives	People with a probability of developing a health condition or an adverse health outcome, or a factor that raises this probability	People experiencing early effects of ill health and who, without intervention, may progress to acute or chronic consequences	People that require treatment	People with conditions that are persistent and long lasting and/or leave residual disability	People with fatal conditions and those who are dying

Figure 1   Health need continuum

The value of identifying categories of health need in a population along a continuum lies in promoting the principle of continuity of care. The continuum is not representative of a linear process; it is intended to represent stages of health need for people which may arise over time and at various stages of life and disability.

Healthcare requirements at any point along the continuum may involve a wide range of services, providers and settings. Effective health service planning provides clear direction for service development and resource investment across all areas of the health system.

Regardless of the scope of the planning, the entirety of this continuum should be considered. Doing this ensures the complexity of managing a health condition across different service settings and providers are considered. However, depending on the type of planning being undertaken, the focus may be on a specific area of the continuum (refer Section 3 for types of health service planning).

2.3   Health services

Health services aimed at meeting the health needs of the Queensland population are arranged in a complex configuration. Healthcare provision occurs across several levels of government as well as the non-government sector (including for-profit and not-for-profit agencies). The responsibility for policy, funding and service provision varies across providers and the relationships between providers can also be complex.

The current (2012) National Healthcare Agreement affirms the commitment made of all governments (Australian, state and territory) that services delivered through Australia's health system should:

- be shaped around the health needs of individual patients, their families and communities
- focus on the prevention of disease and injury and the maintenance of health, not simply the treatment of illness
- support an integrated approach to the promotion of healthy lifestyles, prevention of illness and injury, and diagnosis and treatment of illness across the continuum of care
- provide all Australians with timely access to quality health services based on their needs, not ability to pay, regardless of where they live in the country.[11]

The agreement also contains seven expected outcomes of health services and systems:

1.   Australians are born and remain healthy.
2.   Australians receive appropriate high quality and affordable primary and community health services.
3.   Australians receive appropriate high quality and affordable hospital and hospital related care.
4.   Older Australians receive appropriate high quality and affordable health and aged care services.
5.   Australians have positive health and aged care experiences which take account of individual circumstances and care needs.
6.   Australians have a health system that promotes social inclusion and reduces disadvantage, especially for Indigenous Australians.
7.   Australians have a sustainable health system.[11]

In Queensland, the *Hospital and Health Boards Act 2011* re-affirms the principles and expected outcomes of the health system as set out in the National Healthcare Agreement.[9]

2.4   Health service planning responsibilities

The *Hospital and Health Boards Act 2011* and the associated *Hospital and Health Boards Regulation 2012* articulate the responsibilities for health service planning in Queensland.[9,12]

The Department of Health is responsible for statewide planning for the public sector health system, and for the monitoring of system performance. As principal providers of public sector health services, HHS planning responsibilities are to:

- 'contribute to, and implement, statewide service plans that apply to the service'
- 'undertake further service planning that aligns with the statewide plans'.[9]

The Act does not prescribe a minimum standard for planning. However, in addition to the points noted above it does require HHS to consult with service providers, service users and members of the community 'about the provision of health services'.[9]

Statewide planning does not replace the need for local planning. Local planning assists HHS to meet local needs, and establish a platform for negotiation with the Department of Health on issues not addressed in statewide planning.

Figure 2 illustrates the relationships between government priorities, planning and accountability at different levels of the health system.[9,13]

Further detail on the way health service planning (including planning responsibilities) is organised and conducted within Queensland Health can be found in the Appendices.

Strategic level	Priorities, plans, instruments	Performance/ accountability pathway
National	Intergovernmental agreements on financial relations National healthcare agreements National partnership agreements	**Parliament and Cabinet**

⇕

Strategic level	Priorities, plans, instruments	Performance/ accountability pathway
State	Government health priorities Election commitments *Hospital and Health Boards Act 2011*	**Parliament and Cabinet**

⇕

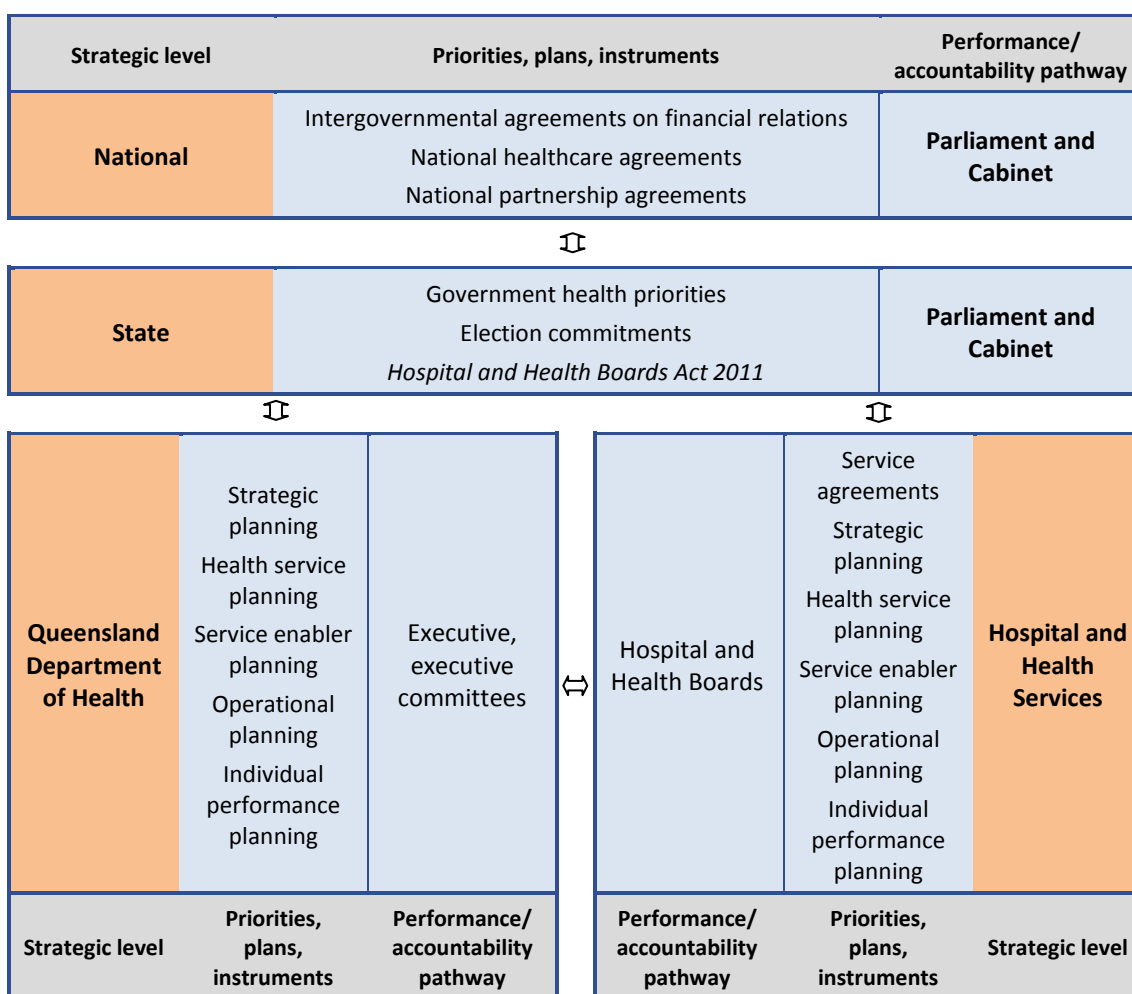| **Queensland Department of Health**	Strategic planning Health service planning Service enabler planning Operational planning Individual performance planning	Executive, executive committees	⇔	Hospital and Health Boards	Service agreements Strategic planning Health service planning Service enabler planning Operational planning Individual performance planning	**Hospital and Health Services**
Strategic level	**Priorities, plans, instruments**	**Performance/ accountability pathway**		**Performance/ accountability pathway**	**Priorities, plans, instruments**	**Strategic level**

Figure 2   Planning relationships within the health system

2.5 Health service planning principles

A set of health service planning principles exist which underpin all planning activity for Queensland public sector health services. The principles are:

- **Planning to improve population health outcomes**—improving the health and wellbeing of target populations, particularly those of special needs groups, such as Aboriginal and Torres Strait Islander people.
- **Planning that is person focused**—integrating services across the health sector (including within and across the public, private, non-government sectors) to facilitate continuity of care.
- **Planning for quality services**—promoting clinical practice and models of service delivery consistent with good clinical practice and contemporary policy directions.
- **Planning for safe services**—providing consistently safe and appropriately supported health services across Queensland.
- **Planning for sustainable services**—developing, linking and delivering services in a way that is sustainable and makes efficient and effective use of limited resources.
- **Planning for accessible services**—delivering safe services as close as possible to where people live (as clinically appropriate).
- **Planning for culturally appropriate services**—considering cultural diversity in communities and the health needs of specific groups, undertaking consultation processes that are sensitive to cultural differences.

In addition to these principles, business rules for health service planning conducted in the Department of Health and in HHS can be found in the Appendices to this guide.

Themes that emerge from policy, needs, services and planning principles

Future health services in Queensland must:

- be of high quality
- be safe and sustainable
- be affordable and accessible
- be flexible enough to meet changing needs
- address health inequalities and inequities that exist between population groups
- address the health need continuum.

3. Types of health service planning

Health service planning is based on the health needs of users (or potential users) of services and may take place in many different contexts.

3.1 Three main types of planning

Planning for a particular geographical catchment relates to heath service planning for a defined population. Geographical catchments can vary substantially and may include one as large as the entire state (as would be the case for a statewide health service planning activity), a particular HHS or the area surrounding a particular health facility.

Planning for a particular population group relates to planning for a health issue (or issues) for a specific population cohort (e.g. Aboriginal and Torres Strait Islanders). This type of planning may also target a particular geographical catchment (e.g. planning of services for Aboriginal and Torres Strait Islander residents of the North West HHS).

Planning for a clinical service or stream/s relates to planning for a specific service (e.g. cardiac, renal) or stream (e.g. medical, surgical) to provide evidence based, safe, high quality and appropriate clinical services. This type of planning could also target a population or geographical catchment as part of planning for the clinical service (e.g. cancer care services for children across Queensland). Planning of this type may also be conducted at various levels within a service/stream (e.g. interventional cardiology).

For each of these types, a particular planning activity may focus on one or more (or all) of the following key service areas that make up the health system in Queensland (detail on each is provided in the Glossary):

- prevention, promotion and protection
- primary healthcare
- ambulatory care
- acute care
- sub-acute care
- mental health.

Health service planning may also be applied as part of broader efforts to address any macro, system-level challenges. For example, it may form part of efforts to re-design services/systems to reduce variations in clinical practice and in patient outcomes.

3.2 'Integrating' planning in the health system

As noted in Section 2.3, the health system in Queensland is complex, multidimensional and dynamic. Health services are interconnected and involve a wide range of providers and service delivery settings. Changes made to one part of the system are likely to have an impact on others.

By extension, planning health services is also complex. Recognising this complexity and giving consideration to the impacts of any service changes is an important part of developing a considered, well-rounded plan for future health service delivery.

Integrated planning is …

> … a process which links independent planning activities and other key organisational functions, such as policy and purchasing, to achieve alignment and congruence with strategic goals and improve organisational performance. Integrated planning … supports the execution of strategy and the mechanism to deliver change.[4]

'Integrating' planning in the health system involves two dimensions:

- vertical alignment—where the strategic directions of an organisation are translated into the activity required to achieve the directions (this is done for each level in the organisation)[14]
  - in this respect, health service planning should demonstrate how it supports the strategic directions by showing how the planning recommendations contribute to achievement of the directions.
- horizontal alignment—where integration occurs across organisational functions (such as policy and planning) and there is alignment between various planning activities[14]
  - in this respect, health service planning should strive for congruence with other functions in the organisation (and the broader health system) to ensure future directions are aligned.

One of the most critical areas for health service planning to 'horizontally align' is in the area of service enabler planning; this is considered next.

3.3 Considering service enablers in planning

Health service planning typically results in a set of recommendations for future service delivery. Some recommendations will be able to be implemented using existing resources; some will require additional resources to allow for full implementation.

Given this, there is a strong likelihood that changes to service delivery recommended through health service planning will impact on the **service enablers** in healthcare. The enablers include assets (e.g. capital infrastructure), clinical support services, funding, information and communication technology and workforce.

Consideration of the resources required from each of these areas is critical to ensuring planning recommendations can be implemented successfully.

The process of considering service enablers in health service planning is presented conceptually in Figure 3. The centre of the diagram represents all health service planning (regardless of the type or level of planning). The light blue sections represent the interface of the service enabler functions with health service planning. The orange represents the interconnectivity between the service enablers.
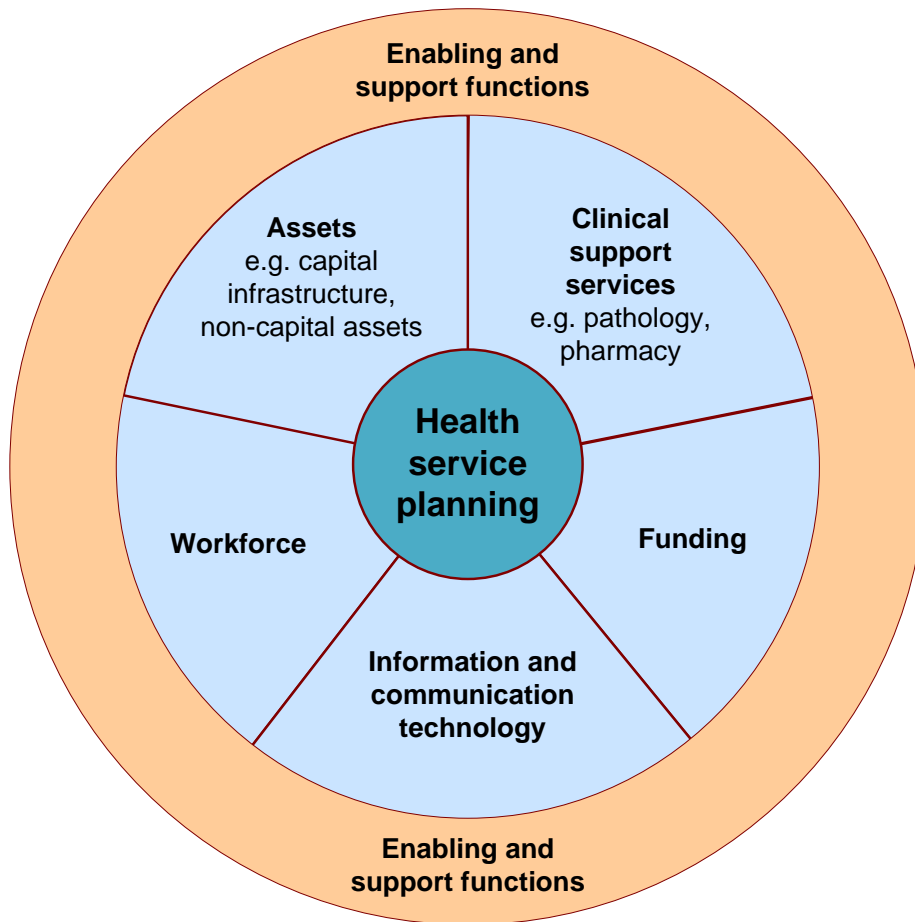
Figure 3   **Consideration of service enablers in health service planning**

At a minimum, health service planning must consider the impact of any planning recommendations on service enablers. In doing so it must articulate what the likely service enabler requirements for future service delivery may be.

However, the health service planning process does not necessarily involve detailed planning for service enablers. Depending on the nature of the planning activity, the detailed service enabler planning may occur concurrently with or subsequent to the health service planning.

During a health service planning process, it may also be necessary to reconsider proposed planning recommendations if it becomes clear that the service enabler resources required to implement the recommendations are unlikely to be secured.

The critical points where service enablers must be considered in the process are identified in Section 5.

4. Health service planning process

The health service planning process can be conceptualised as a 'planning and implementation cycle' or wheel. It consists of a planning phase; an implementation and review phase; and processes that span the full planning and implementation cycle.

4.1 Planning and implementation cycle

Figure 4 shows the health service planning process and indicates the cyclical nature of planning. The top half of the diagram shows the 'planning' phase (orange area) and the seven components of this phase (blue circles within the orange area).

The bottom half shows the 'implementation and review' phase (blue area). It shows that planning does not end with a set of recommendations, but it requires ownership to support recommendations being implemented, monitored, evaluated and reviewed.

The central rings of the diagram show the ongoing processes that are necessary parts of the entire planning and implementation cycle.

Figure 4   Health service planning process

4.2   Planning phase

The seven components of this phase are presented in Table 1:

Table 1   Components of the planning phase

Component	Tasks involved
Scope the planning activity	• Define the planning parameters • Manage changes to the scope
Understand the population and service environment	• Scan the policy and service environment • Profile the population and current service delivery
Identify the health service needs	• Identify the health needs and service needs/issues • Develop an approach to categorise needs/issues
Prioritise the health service needs	• Determine the criteria for prioritisation of needs • Apply the criteria for prioritisation
Identify the health service directions	• Develop the service directions • Measure the success of planning
Develop/analyse service options	• Develop the service options and analyse feasibility • Identify the indicative resource implications
Develop objectives and strategies	• Develop the objectives and strategies • Understand the impact of service changes

Each component builds on the previous one to ensure the process is based on needs as well as evidence. The planning process is seldom linear; some components occur concurrently or the output from one component may require the review of another. Section 5 includes additional information on the components of this phase.

4.3   Implementation and review phase

The three components of this phase are presented in Table 2:

Table 2   Components of the implementation and review phase

Component	Tasks involved
Conclude the planning phase	• Document and communicate the recommendations • Transition to implementation and review phase
Conduct additional planning to support implementation	• Conduct additional planning to support the full implementation of the recommendations • Particular focus on detailed service enabler planning
Monitor, evaluate and review	• Collect data to evaluate against service directions • Review ongoing relevance of recommendations

Again, each component builds on the previous one to ensure the planning is evidence based. The component 'conduct additional planning to support implementation' is only necessary if the planning phase identified the need for significant additional resources (such as service enablers) to fully implement the planning recommendations.

The outcomes of this phase of the health service planning process are used to inform future planning activity. Section 6 includes additional information on the components of this phase.

4.4   Processes across the cycle

In addition to the two phases noted above, there are processes that should be considered throughout a planning activity to make it successful.

Governance and leadership

All health service planning activity should have a well-defined and documented governance structure commensurate with the scale and complexity of the activity. Where a planning activity is likely to involve a high level of government commitment to expenditure, it is critical that appropriate authority and probity is exercised in the interests of public sector accountability.

Project management

Health service planning can be resource intensive and undertaking the process should be carefully considered. A fully developed health service plan may take a substantial period of time to complete. It will involve collaboration with stakeholders; knowledge and expertise across the service delivery context; and written, analytical, project and change management expertise.

Project managing a health service planning activity involves effectively organising, monitoring and controlling all aspects of the process.

Communication and consultation

Effective communication and consultation throughout a planning activity is critical to producing planning recommendations that are comprehensive, well informed and capable of implementation.

A successful planning activity is most likely to be achieved if key decision makers and those responsible for implementing planning recommendations are actively engaged throughout the process and positioned to take ownership in the implementation and review phase.

Section 7 includes additional information on each of these processes.

5.   Planning phase explored

In this section, the seven components that make up the planning phase of the planning and implementation cycle are described in further detail.

5.1   Scope the planning activity

The purpose of this component is to identify the scale of and the parameters for the planning activity. This assists in the identification of service needs, their prioritisation and the development of service directions, service options, objectives and strategies.

Define the planning parameters

Each health service planning activity will have a different focus. Planning may be for a specific service; a particular geographical area; an identified population; the services provided at a particular facility; or the services for a specific part of the health need continuum. These are not mutually exclusive and many planning activities are likely to focus on more than one planning parameter.

Due to the complexity of the health service setting, the importance of clearly defining the scope of the work is critical. This should extend to detailing how the planning could impact upon other health services, and what is not being included in the scope.

Manage changes to the scope

Changes to the scope of a planning activity may sometimes be needed (and therefore considered desirable) in response to changing circumstances. However, there may be instances where undesirable scope change takes place.

'Scope creep' refers to uncontrolled or unexpected changes in the scope of a planning activity. It poses a significant threat to the successful completion of planning. Ways to prevent and address scope creep include ensuring:

- the scope is carefully considered, defined and documented (including obtaining stakeholder agreement on the parameters early in the planning process)
- any proposals for change in the scope are managed through a formal process that allows for careful consideration of the costs and benefits of scope revision
- communication between stakeholders remains clear and effective.

In developing the scope of planning activity, the following should be articulated:

- reason/s for undertaking the planning activity
- parameters of the planning activity (e.g. geographical boundaries, population cohorts, scope of health services and time horizon)
- government policy and strategic directions that may impact on the planning activity
- key deliverables (e.g. report, health service plan) and outcomes
- potential risks/threats to the scope and mitigation strategies to address these.

5.2 Understand the population and service environment

The purpose of this component is to understand the population, their health status and the services they access. It is important to understand the population and the adequacy of existing services (public sector, private sector and other) in supporting health needs.

Undertaking a comprehensive data gathering and analysis process ensures that all relevant information informs the development of strategies to address the issues for which the planning activity is being undertaken.

Scan the environment

Environmental scanning is the gathering, analysing and dispensing of information for strategic purposes. It aims to consider all the factors that may influence the design of service directions, objectives and strategies and their implementation.

The environment in which planning is undertaken is affected by multiple factors and will be different for all discrete pieces of planning. Reasons and factors that triggered the need for the work should be understood.

Examples of scanning information:

- existing policies, strategies, plans, commitments to which the planning should align
- strategic directions or goals related to the provision of particular services
- known issues that may impact the delivery of the health services in scope
- the status of implementation of previous plans (including lessons learned)
- general service trends in the literature (e.g. latest clinical evidence, guidelines).

Profile the population

A population profile is one of the main elements for informing the identification of health needs. It is necessary to draw a clear picture of the population characteristics within scope. There are a number of sources of population profiling information. A key Queensland resource for demographic, economic and social data is the Queensland Government Statistician's Office within the Queensland Department of Treasury.

Examples of population profiling information:

- estimated current and projected population, including identification of Aboriginal and Torres Strait Islander residents and culturally and linguistically diverse residents
- significant trends for the planning catchment or population in scope
- socio-economic status and social disadvantage of the community (health determinants)
- transient/itinerant population (non-resident workers, visitors)
- implications of population characteristics on health needs.

Profile the geographical context

An analysis of the geographical catchment will highlight challenges and opportunities the physical area presents in delivering health services. In addition to the Queensland Government Statistician's Office, the Australian Bureau of Statistics is a key source of information to support profiling the geographical context.

> **Examples of geographical profiling information:**
>
> - size, boundaries and major centres of the planning area
> - key economic, environmental and social factors that impact health of the population
> - areas within the catchment that may have difficulties accessing services
> - geographic conditions or infrastructure that present difficulties for service delivery
> - remoteness of the region.

Profile the health status

Analysis of health status and health indicators informs identification of health need, which is essential to any planning process. Epidemiological data—used to describe the distribution of disease—is available at national and state levels, but not necessarily for discrete smaller catchments. Epidemiological information may help to identify causes of health burden (significant diseases and health conditions); causes of illness and death; health risk factors and potentially preventable factors; and comparative health status of those in the focus population.

> **Examples of health status profile information:**
>
> - self-reported health status
> - population at risk identification (e.g. incidence and prevalence)
> - mortality data (e.g. rates and causes of death, life expectancy)
> - morbidity data (e.g. rates of illnesses, hospitalisations)
> - burden of disease and injury (e.g. disability adjusted life years).

Profile the current service arrangements

The purpose of describing current service arrangements is to gain a picture of the type and magnitude of service provision in the planning area. Profiling may look at services currently provided (public sector, private sector and other) and the planned future services of a range of service providers.

The scope of the planning activity will determine the breadth and detail of service profiling required. A broad scope may suggest a general description of services is appropriate. In other cases, a particular focus may require detailed and comprehensive description of service arrangements (e.g. service delivery models and models of care).

> **Examples of service profile information:**
>
> - information on service types, capability levels and modes and models of delivery
> - information on how services work together (e.g. service and referral networks, visiting services, transfer and retrieval arrangements)
> - for each service, consider information on:
>   - hours of service, location, target population
>   - service delivery models (and effectiveness of these)
>   - clinical support and service enabler requirements.

Profile the service activity

A description of historical service patterns will contribute to understanding the service environment. To be of the most value, a profile of service activity over the most recent five years is recommended to support a robust statistical analysis.

There are several data indicators commonly used to illustrate patterns of service activity. The two broad categories of indicator are **health service demand** (service utilisation by permanent residents of the catchment of interest) and **health service supply** (how health services have responded to the needs of all people accessing services, regardless of their place of residence).

> **Examples of health service demand information include:**
>
> - volumes of activity between public sector, private sector and other services
> - rates of service utilisation compared to other regions (known as 'relative utilisation')
> - levels of 'self-sufficiency' (an indicator of how local services meet local needs).
>
> **Examples of health service supply information include:**
>
> - volumes of procedures, hospital separations, beddays and occasions of service
> - volumes of same day and overnight admissions and average lengths of stay
> - transfers and referral patterns for particular services.

Project future service demand (base case)

Depending on the type of planning activity, another element of profiling may involve estimating future service activity. There are a number of different ways of projecting activity to estimate future demand. Queensland Health has established a range of endorsed projection methodologies that can be used for estimating future hospital activity (and bed and treatment spaces) and activity for selected clinical services.

Further information is provided in the *Health information supplement* associated with this guide that is available on the health service planning page of QHEPS.

5.3   Identify the health service needs

This component of the health service planning process builds on the findings from the previous two components. **Health service need** refers to the gap between what services are currently provided to a given population, and what will be required in the future to improve the health status of a community (and avoid a decline). Health service needs are identified through the analysis of the information collected from earlier stages of the planning process.

There is no single, consistent approach to identifying needs which may emerge in the early stages of the planning process. No single indicator of need can be considered a definitive measure; however single issues or themes emerging across multiple indicators will support a higher level of confidence in validity.

The following indicators of need have been identified in the literature:

- **felt need**—refers to what people say is needed
- **expressed need**—refers to need inferred by service utilisation patterns (data)
- **normative need**—refers to 'expert opinion' (e.g. a decision by a surgeon that a patient requires an operation for a condition, based on available evidence)
- **comparative need**—refers to need identified by comparing services or resources or similar communities.[1]

An assessment of need may require a process of reviewing information from a range of data sources, both qualitative and quantitative. This will assist in identifying patterns of converging evidence—where similar issues/needs are supported by multiple indicators or from multiple sources.

In this process, it is important to consider what evidence there is to substantiate unmet needs of the population. For example, expressed need may be influenced by several factors such as health literacy levels and local resource constraints. Substantiation of need can be difficult and opinions may vary. Consultation with stakeholders is a critical method used in this component of planning and good stakeholder management critical to achieving success (refer to Section 7 for further details on this).

Once needs are identified, it can be useful to group similar service needs or issues that may require similar service responses. This can assist in providing some structure for the prioritisation process that follows this component of planning.

Health service needs can be grouped into various categories or themes such as those associated with:

- population growth (e.g. emerging communities or groups within the community)
- particular clinical health issues (e.g. chronic disease, communicable disease)
- service organisation and relationships (e.g. service networks and partnerships).

5.4   Prioritise the health service needs

The purpose of this component is to guide the development of future health service solutions. The delivery of health services occurs within a resource constrained system and so service needs and their solutions require prioritisation. Prioritising service needs and issues relies on the analysis of research and information collected during previous components to determine the nature and extent of the specific needs.

Determine criteria for prioritisation

Prioritisation of health service needs requires the development of criteria against which the identified needs will be assessed. Involving key stakeholders in the selection of the criteria should ensure the process is clear, transparent and has local relevance. Table 3 is provided as an example of possible need prioritisation criteria.

Table 3   Examples of health service need prioritisation criteria

Element	Questions
Validation of need	Has the need been identified using more than one method (e.g. consultation, community profile, literature review, data analysis)?
Magnitude of need	How widespread is/what is the extent of the need? Is it associated with the greatest historical growth?
Risk of unmet need	What are the potential consequences if the need is not addressed? For example, will existing health inequalities/ inequities persist or exacerbate over time if not addressed?
Planning principles	Does the potential solution for this need align with the health service planning principles detailed in Section 2.5?
Government direction	Does the potential solution for this need align with government strategic directions, targets, election promises or other commitments or formal obligations?
Corporate consistency	Does the potential solution for this need align with the identified organisational strategic directions or targets?
Urgency	Does the potential solution for this need have to be put in place immediately, or are longer term solutions possible?
Feasibility	Can the potential solution for this need be implemented within available resources? Can it be implemented within the particular geographical, political, social and financial conditions?
Sensitivity	Is the potential solution for this need likely to be accepted by stakeholders? If not, why not?
Innovation	Can the potential solution for this need be implemented via a new service delivery model?

Apply the criteria for prioritisation

The priority setting process can now be undertaken. The most common technique used for priority setting is a scoring system based on weighted criteria (from least important to most important). Scores are applied to each need to determine order of importance. Again, the rating is most effectively done by a representative group of stakeholders.

5.5   Identify the health service directions

The purpose of this component is to form an agreed strategic approach to the future in order to address need. Activities focus on developing future service directions from the prioritised health service needs. Identifying service directions will guide development of service options (the following component in the process).

Service directions should describe clearly and succinctly the directions for the organisation to take to address the issues/needs that the planning is seeking to address. The benefit of having clearly defined service directions is that it assists stakeholders to be clear about the intent for the future (i.e. a common focus on what needs to be achieved). It will also support development of service strategies that are targeted to meeting prioritised needs.

The prioritised health service needs (identified in the previous component) will provide the platform for determining the service directions. This process will be simplified if the needs have been grouped into emerging themes. Using the prioritised health service needs as the foundation for development of service directions should facilitate creation of meaningful directions (generally three or four directions suffice) that accomplish the ultimate aim of planning: to improve the health status of a population by aligning service delivery arrangements with changing patterns of need.

Well written service directions should provide:

- a vision for the future

- a clear picture of intent

- realistic aspirations

- explicit and transparent goals

- an achievement horizon

- alignment with government, Department of Health and HHS strategies and objectives.

Measure the success of planning

An important element of this component is developing criteria for the evaluation of the recommendations from the planning activity. Measures of success are used to determine achievement of the planning recommendations in the implementation and review phase. These should be identified prior to developing the service options (the next component of planning).

Measures of success should be quantifiable, evidenced by the delivery of a specific outcome and related to higher level strategic directions. It may be useful to develop criteria against the established planning principles (presented in Section 2.5).

The chosen criteria should also be developed based on the SMART principle (Specific, Measurable, Achievable, Realistic and Time-limited). They should also align with the Queensland Government's agency planning requirements and performance management frameworks.[15]

5.6   Develop/analyse service options

This is the point at which a range of potential service solutions are developed. All work in this component should be directly informed by the prioritised needs, identified service directions and criteria developed in the previous components.

Service options describe the most appropriate service arrangements and configurations proposed to sustainably address future health service needs. This may include system redesign or changes to current models of care. Service enabler requirements must also be considered within this component.

The development and analysis of service options has a dual purpose:

- to provide clear identification of the implications, benefits, limitations and risks of each possible service option (including service enabler requirements)
- to provide decision makers with evidence to make an informed decision on the option to progress to implementation.

The scale of this component will be determined by the size and scope of the planning activity. In many cases, there will be a range of possibilities to consider. In some, there may be only one viable option for service delivery and this component of planning can be curtailed.[a]

Where a range of possibilities can be considered, an analysis of at least three service options should be developed. One of the three options should represent a base case (or status quo). Service options should be based on feasibility and effectiveness to avoid wasting time, resources and effort on options that are unlikely to be achievable.

In developing service options, the following should be considered:

- ability of the option to provide a solution to the health service needs
- sustainability of the option in the long term
- extent to which the option can be implemented within existing resources
- need for additional resources for the option, and where the resources could be sourced
- need for approvals from government for the option (e.g. proposal to divest services)
- impact of proposed changes in the option on service enablers
- implementation challenges and risks for the option.

In this component, the interrelationships between proposed service changes (including how each service change and all changes combined will meet identified needs) should be articulated. An indication of the future resource implications of service changes will also be required at this point in order to determine the preferred service option.

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[a] Examples include planning for services in a remote community, where there are limited providers, workforce and constraints on service viability; or a planning activity with a narrowly defined scope.

Key stakeholders should select a preferred service option before the planning activity proceeds to the next component.

5.7   Develop objectives and strategies

This is the point at which the steps to achieving the preferred service option are fully developed. The purpose of developing service objectives and strategies is to provide the basis for operationalising the desired outcomes for services.

Effective health service planning requires both objectives and strategies—developed using the prioritised health service needs, the service directions and the preferred service option.

This component also includes the identification of more detailed resource implications (based on the strategies selected).

Objectives are statements of achievement or specific statements about what services and the service system need to work towards to realise the future state as identified in the service directions.

Objectives should narrow the focus of the service directions and describe the desired future service changes. It may be appropriate to develop a suite of objectives which dissect the service directions into a series of statements of achievement. Therefore, there may be several objectives associated with one service direction.

Strategies are statements of action or 'how' services may work toward meeting the statements of achievement set out in the objectives. Strategies need to provide sufficient information for all stakeholders to successfully implement them.

The selection of strategies should be carefully considered to ensure they contribute to achieving the related objective, and for how feasible they are within current and future resource constraints.

It can be helpful to assign each objective a time frame for successful achievement. It can also be helpful to assign each strategy a time frame and to also confirm the person/office that will be responsible for strategy implementation.

Well written service objectives should provide:

- a clear statement of achievement
- a logical connection to at least one service direction.

Well written service strategies should provide:

- a clear statement of action—'how' a service will be provided in the future
- a logical connection to at least one objective and one service direction
- sufficient detail for stakeholders to fully understand and implement the action.

Understand the impact of service changes

At this stage of the planning process, a much more comprehensive understanding of the nature of future service changes is required. This means being clear about what services are expected to be provided in future, who is expected to access them and what activity is anticipated/being planned.

Depending on the scale of the planning activity, it may be necessary to 'model' possible future service scenarios in order to understand the implications of the proposed future changes. This can help guide final decisions regarding the objectives and strategies to implement.

Identify the resource implications

Consideration of resources is important throughout the entire planning process. As the planning phase reaches its conclusion, resource implications of the selected strategies and the associated costs is required. Resource implications of planning activities may include:

* assets: such as new or re-developed buildings, equipment for the provision of clinical services and non-clinical infrastructure
* clinical support services: such as imaging, pathology and pharmacy
* funding: including levels of funding required and potential sources
* information and communication technology
* workforce: including clinical and non-clinical staff.

Strategies for implementation will have two basic types of resource implications:

* strategies that can be implemented within current resources (i.e. no additional resources are required to implement changes in service delivery) or via resource re-allocation
* strategies that will require additional resources.

The extent to which strategies can be implemented within existing resources should be assessed before determining the need for additional resources. The possibility of using existing resources differently should be fully explored. This could include re-orienting existing services and/or changes in service investment, where appropriate.

Depending on the scale of the resource implications, it may be necessary to adhere to particular government processes as a part of sound project management. For example, the Queensland Government project assurance framework details a common approach to assessment and management of the processes for any substantial public sector infrastructure project.[16]

6. Implementation and review phase explored

In this section, the components that make up the implementation and review phase of the planning and implementation cycle are described in further detail.

6.1 Conclude the planning phase

Document the planning recommendations

The planning phase concludes with key stakeholders and governing authority providing formal endorsement of the final planning recommendations. Recommendations require clear documentation to support those accountable to lead and drive service changes.

Health service planning documents may include organisational accountabilities and time frames for meeting objectives and delivering strategies (noted in Section 5.7). Documents may also describe how implementation of the recommendations will be progressed, monitored, evaluated and reviewed.

Planners should consider the best format for presenting planning recommendations to stakeholders. Traditionally, a written 'health service plan' has been the preferred format in Queensland Health. However, there is no single pre-determined format to use. Some options may include a plan, a report or a recommendations paper. The key is to ensure the planning recommendations (including service directions, objectives and strategies) are clearly documented and communicated.

> **A final planning product (such as a health service plan) that is well designed will:**
>
> - communicate clear service directions to stakeholders
> - provide feasible, cost effective solutions to meet the identified need
> - clearly articulate objectives and strategies to guide service provision
> - prioritise strategies that best accommodate changing health needs of the population
> - guide changes in service delivery models in line with existing and emerging best practice
> - articulate links between services and service providers to coordinate care
> - identify partnerships and collaborative approaches between service providers.

Transition to the implementation and review phase

At the point of transition from planning to implementation, a transfer of the responsibility for planning occurs. This usually involves a transfer from the planner/s to the custodian. The custodian is the individual or office accountable for implementation and review of the planning recommendations. Ideally the custodian will be a stakeholder with close links to the planning phase. The first steps for the custodian to progress are to:

- widely communicate the outcomes of the planning activity (i.e. share with all stakeholders the planning recommendations and next steps in the process):
  - consider the use of various 'media' to support effective communication of the planning recommendations. For example, a written plan or report could be augmented with visual presentations, posters or charts to maximise the reach and effectiveness of the key messages from planning
- consider the need for detailed implementation planning to operationalise and monitor application of the recommendations (note the same outcome could be achieved through completing operational or business planning)
- consider the need for any other additional planning (e.g. service enabler planning) that may be required to fully support the implementation of the planning recommendations (this consideration is presented in the next section).

6.2 Conduct additional planning to support implementation

If the planning phase identified substantial resource (service enabler) implications to fully implement the planning recommendations, then steps should be taken to conduct planning for each resource before proceeding to full implementation. If the planning phase identified no significant additional resource implications, then this component of planning can be bypassed.

Planning in this context should extend on the resources already identified during the planning phase and consider specific planning activities for the service enablers.

Specific service enabler planning activities to consider include:

- assets—including capital infrastructure and non-capital assets
- clinical support services—including imaging, pathology, pharmacy, central sterilising
- funding—including funding for new or expanded services
- information and communication technology—including technology to facilitate communication between service providers and service users
- workforce—including clinical and non-clinical staff.

The outcomes of service enabler planning will determine the extent of the resources required and the options for sourcing these. For example, if the costs associated with obtaining the resources are substantial, then the custodian may need to consider the ways and means of procuring the resources. These may include funding submissions, contract negotiations with the Department of Health or re-orienting existing resources to align with planning.

Health service planning plays a key role in informing the service delivery purchasing intentions of the Department of Health. For statewide planning, the existing service agreements between the Department of Health and each HHS support alignment of HHS services with statewide service directions. For HHS planning, an examination of how planning recommendations affect service delivery will establish the platform for negotiating purchasing of services in line with planning.

One of the greatest challenges in any planning activity involves the decisions to reduce or re-align funding for existing services to enable the implementation of new, improved services. This may be another viable option to resource planning recommendations, especially if the costs of implementation are estimated to be modest. An example of this is where recommendations lead to more efficient delivery of already-existing services, thus freeing up resources to invest in new service delivery initiatives.

Prior to proceeding to full implementation, the availability of the required resources should be confirmed.

6.3   Monitor, evaluate and review

Monitoring, evaluating and reviewing completes the planning and implementation cycle. These processes enable changes in direction during the implementation of planning recommendations and provide information upon which future planning may be based.

Monitor

Monitoring the implementation of planning recommendations may range from simple documentation of strategies implemented, to collecting and analysing detailed data sets before, during and after implementation.

It usually involves collection of both qualitative and quantitative information to provide a record of what was done and the measurement of success of planning (discussed in Section 5.5). The amount and type of information to be collected depends on the scale of planning and should be identified when measures of success are being established.

Evaluate

Evaluation involves comparison and interpretation of the information collected on the implementation of planning recommendations. It converts the data collected through monitoring into meaningful information to inform future implementation and planning.

Evaluation processes are ideally developed in the planning phase so that information is collected before (and continued throughout) the implementation and review phase. Any evaluation should include the two sub-types: **process** (measuring the implementation process through indicators such as reach, satisfaction and quality) and **impact** (measuring the immediate effect of implementation on services).

Review

The success of implementation should be reviewed at regular intervals to ensure the critical elements from planning (service directions, objectives and strategies):

- remain relevant
- continue to provide for the identified needs
- achieve the desired effect.

If this is not the case, further analysis and review of the planning recommendations will be required.

Benefits of regular monitoring, evaluating and reviewing of planning

Planning recommendations are the result of analyses at a point in time. It is sometimes necessary to adjust recommendations to reflect changes in assumptions or the environment as a result of changes over time. Strategies for implementation should be flexible enough to respond to changing circumstances.

Further information is provided in the *Implementation supplement* associated with this guide that is available on the health service planning page of QHEPS.

7. Processes across the cycle explored

It is important to carefully consider and apply each of the following three processes during the planning and implementation and review phases of a planning activity.

7.1 Governance and leadership

Good governance and leadership is essential to successful health service planning. It is the building block that the other processes in this section are reliant on. Therefore, achieving clarity in the governance arrangements for a planning activity is a critical task.

This clarity is required in the roles, responsibilities, decision making and reporting relationships of all parties. Particular attention should be given to clarifying the project owner, steering committee, director and custodian roles and those of any reference or advisory groups assembled.

Certain circumstances may lead to the use of external consultants to deliver a health service planning activity (e.g. if the necessary skills and expertise are not available to the organisation requiring the work). In this case, governance arrangements should consider a range of factors pertaining to contract management for an external party.

Principles for sound project governance in planning include:

- accountability—being answerable for decisions and having meaningful mechanisms in place to ensure the project adheres to all applicable standards
- transparency/openness—having clear roles and responsibilities and clear procedures for making decisions and exercising authority
- integrity—acting impartially, ethically and in the interests of the department, and not misusing information acquired through a position of trust
- stewardship—using every opportunity to enhance the value of the public sector assets and resources that have been entrusted to care
- efficiency—ensuring the best use of resources to further the aims of the organisation, with a commitment to evidence-based strategies for improvement
- leadership—achieving commitment to good governance through leadership.

7.2 Project management

Managing a health service planning activity involves effectively organising, monitoring and controlling all aspects of the process. Sound project management methodologies should be used and the approach selected should reflect the size and scope of the activity.

Ultimately, the quality of the planning recommendations will be a reflection of the way in which the work was managed. The success of the implementation and review phase will also be a reflection of this.

Establishing a project management process should begin with clear project governance (refer to Section 7.1 above) coupled with carefully considered project planning. These, together with good communication and consultation (discussed in Section 7.3 below), will provide a strong base for planning success.

Project planning should occur early in the process and identify the following elements:

- purpose, benefits and expected outcomes
- scope (inclusions and exclusions)
- assumptions and constraints
- governance arrangements
- stakeholder engagement
- schedule (including critical milestones)
- risk analysis and management
- information management and reporting requirements
- resources required
- performance measures and evaluation.

7.3   Communication and consultation

Communication and consultation is integral to every component of health service planning. It refers to a range of processes that (a) seek the input of stakeholders on major decisions relating to planning issues, needs and priorities; and (b) keep stakeholders informed of the progress and outcomes of planning.

'Stakeholders' include those groups, people or institutions that are likely to be affected by planning outcomes. They may include those in governance roles, service providers (public sector, private sector and other services), service users, governments, non-government agencies and communities.

When engaging stakeholders in planning, consultation is designed to cultivate a genuine exchange of information. It is not necessarily designed to bring agreement or consensus. It is focused on drawing together the most accurate, current information on a particular topic or aspect of planning to inform decisions on future service delivery.

As noted earlier, consultation presents opportunities to engage stakeholders at every point in the planning cycle. The specific purpose of consultation will vary depending on the phase of planning and the purpose of that phase.

For this reason, it is essential that planning for communication and consultation occurs alongside the aforementioned project planning. This will determine when consultation

should occur, the reasons for it and the expected benefits from it. Planning for effective stakeholder consultation can begin by considering the following questions in Table 4:

Table 4   Considerations for effective consultation

Question	What to consider
Purpose of consultation	The purpose consultation will serve in the planning activity and how it will inform the outcomes of planning.
	The benefits to the planning activity and/or the planning outcomes that could be realised through consultation.
When to consult	There are several points where consultation could be used to inform planning. Consideration should be given to which components of the planning cycle require stakeholder input.
	Planners should consider the information requirement for each component in the cycle and whether consultation is the best method for capturing or obtaining it.
Who to consult	This will be determined by the purpose of consultation (see above).
	Consideration of the relevant stakeholders to engage (who) at each stage (when) will be required in order to maximise effectiveness of the consultation activities.
How to consult	Consultation processes are varied and may include public meetings, focus groups, one-on-one meetings and surveys.
	Robust consultation processes ensure the 'how' of consultation is made as accessible as possible to all interested stakeholders.

Examples of the types of consultation activities that could be undertaken for each of the seven components of the planning phase are provided in the Appendices.

There are several benefits to undertaking consultation as part of planning:

- it assists in producing planning recommendations that are comprehensive, well informed, evidence-based and innovative

- it can add new information, confirm the accuracy of existing information, assist in interpreting information and inform decisions around services and priorities

- it can broaden the perspective of planners and present them with new ideas or options that would not be available through quantitative data analysis alone

- it facilitates engagement of consumers, who can bring a unique perspective to the development of services through their experiences with the health system

- it facilitates communication with all stakeholders and provides opportunity to build trust, confidence and a clear understanding of the issues and priorities

- it can increase stakeholder satisfaction with—and eventual uptake of—the planning recommendations.

Appendices

Appendix A: Business rules for health service planning in Queensland Health

1. Health service planning will be sufficiently rigorous, strategic and timely to ensure Queensland Health can effectively respond to the key issues for the health of Queenslanders over the medium to long term.

2. While contextualising for local variance, health service planning will take a more innovative approach than may have previously been taken. This will include, where appropriate, being future-focused, introducing new service models, providing options for meeting service needs, partnering with and utilising private sector services, and improving efficiencies of service delivery.

3. Health service planning will lead and drive all other service enabler planning which occurs across Queensland Health. All planning occurring across Queensland Health will be appropriately integrated, consistent, coordinated and mutually reinforcing.

4. Health service planning functions will be cognisant of, and responsive to, the interrelationships between the various components of the business of health, and cross-HHS, cross-government agency, and cross-jurisdictional relationships.

5. All health service planning will be based on, and consistent with, Department of Health endorsed statewide policies and directives, service delivery objectives, strategies and models.

6. All service planning functions will utilise Department of Health endorsed service planning standards, guidelines, frameworks, benchmarks, tools and data sourcing, analysis and interpretation systems and tools.

7. Health service planning will actively and positively engage the community, clinicians, other HHS staff, and other key stakeholders, to ensure they inform, and are informed about, major decisions in health.

8. The Department of Health executive will establish the priorities in respect of, and planning processes for, all statewide health service planning activities. The HHS executive and board will establish the priorities in respect of, and planning process for, HHS health service planning activities.

9. Queensland Health health service planning functions can be outsourced when there is clear evidence that:

   - the Department of Health and/or HHS do not have time and/or the staff skills to undertake the required health service planning activity and/or

   - an external provider can provide better functional outcomes than the Department of Health/HHS health service planners.

   - Those responsible for providing outsourced service planning functions to the Department of Health/HHS must comply with these business rules.

Appendix B: Organisation of health service planning in Queensland Health

In 2014, Queensland Health established 'a set of principles underpinning system and functional planning recognising the devolved health system and the Department of Health's role therein'. This summary (and the diagram that appears on the following page) illustrates how service planning functions and responsibilities are organised across the public sector health system in Queensland.

Hospital and Health Service responsibilities

In the devolved health system, HHS are responsible for planning services for their local communities. HHS planning is undertaken to inform local service development for the short and medium term to ensure services and resource requirements meet the health needs of the population. This planning should align with national and state priorities.

In instances where required services are not provided by or available within the HHS, collaborative working arrangements are required to ensure patients receive the care they need regardless of where they live. In these instances, two or more HHS may plan shared services together (or with other non-government providers).

Department of Health responsibilities

The Department of Health undertakes statewide health service planning to inform highly specialised and designated statewide services, and for identified priority areas across the state. Statewide health service planning informs and guides cross-HHS planning and provides direction for particular clinical services and population groups.

The Department of Health also undertakes statewide analysis of burden of disease, activity patterns, utilisation rates, capacity and activity projections to understand the statewide picture of supply, demand and capacity.

Inputs

Ministry

National priorities

- State government health priorities
- Minister's letter of expectations
- Statewide strategic directions
- Whole of government priorities

HHS

- Demographic data
- Health profile data
- Service data
- Workforce and service delivery models
- Available funding
- Capacity of workforce and infrastructure
- Research and evidence

Commissioning

- Develop and maintain service planning guidelines, templates, tools, staff training and make available to HHSs
- Provide advice on statewide service directions and system changes treatment trends and modalities
- At the request of the HHS
- advice on planning process, data analytics, technical application, activity modelling

- Lead, facilitate or mediate service planning processes as required
- Provide project support as required
- At the request of HHS
- provide expert planning input as above
- validation of output

- Identify priorities for statewide service planning
- Lead development and facilitation of service planning process and provide project support in collaboration with clinical networks, specialty groups and HHSs (may include a State Health Plan)
- Statewide analysis of burden of disease, activity patterns, utilisation rates, capacity, activity projections

- Facilitation and project support for service planning processes in collaboration with specialty service and HHSs
- Expert planning input

Local
Accountability - HHS
e.g. HHS, facility, clinical service, population group

- Health need assessment
- Clinical and workforce redesign options
- Service developments with 5-10 year horizon
- Service priorities (annual activity plan)
- Impact assessment patient flows
- Investment priorities (annual investment plan)
- Strategies to address gaps (e.g. partnerships, outsourcing)

Regional
Accountability – HHS/DoH
e.g. North Queensland
Impacts on more than 1 HHS

- Regional service models (e.g. in reach/outreach)
- Efficient patient flows
- Impact assessment patient flows
- Maximise use of workforce & facility capacity
- Inter-HHS partnerships
- Joint outsourcing

Statewide
Accountability - DoH
e.g. cancer services - Multiple service providers, significant capital requirements, service coordination
e.g. Statewide supply, demand and capacity

- Services networked and coordinated
- Consistent quality
- Increased/improved access
- Maximise use of workforce & facility capacity
- Efficient patient flow
- Impact assessment patient flows
- Statewide view of current and future service environment
- (State Health Plan translating strategic policy directions into commissioning intentions)

Statewide specialised and National services
Accountability - DoH
e.g. organ transplant service
Highly specialised single service provider

- Specialised services accessible to all across the state/nation
- Optimum use of significant or specific technology/infrastructure
- Sustainability of highly specialised and low volume services
- Impact assessment patient flows

Implementation

HHS
Progress within allocated resources

Commissioner
Validate HHS plans

Allocate specific funding initiatives

Monitor performance

Enablers

Planning level

Output/Outcomes

Appendix C: Examples of consultation activities for the seven components of the planning phase

Component	Purpose	Who to consult	How to consult
Scope the planning activity	Inform what should be included/excluded in planning	Members of project governance body Stakeholders with significant knowledge of content area	Targeted meetings, telephone and email contact
Understand the population and service environment	Identify and validate key findings from the research into the population/service environment	Stakeholders with knowledge of the target community Service providers and service users	Data collection via areas that hold key data repositories Data interpretation via meetings that present key findings for discussion
Identify the health service needs	Identify and validate health service needs (including identifying information sources to validate needs)	Service providers and service users	Targeted workshops that present previous findings for discussion Gap analyses to identify needs missed in previous research
Prioritise the health service needs	Develop criteria to prioritise needs Ensure criteria consider local issues Prioritise needs	Members of project governance body Service providers Representatives of service enablers	Meetings to review proposed criteria, and the merits of applying each
Identify the health service directions	Test the suitability and acceptability of draft service directions	Members of project governance body Service providers and service users	Targeted meetings, telephone and email contact
Develop/analyse service options	Review options to inform final selection, and to inform the development of objectives/strategies	Members of project governance body Service providers of services identified in the options Service providers from other sectors (if options are to impact on their practice)	Depending on size and composition of stakeholder group, workshops or small group meetings may be appropriate
Develop objectives and strategies	Develop and validate objectives/strategies using findings from all previous planning components	Members of project governance body Service providers and service users	Any activities that help to validate and refine draft objectives and strategies (e.g. meetings, email and telephone contact)

Glossary

Term	Description
Acute care	A key service area for people experiencing an exacerbation of an existing condition or who may be experiencing the onset of a new illness or injury requiring hospitalisation or specialist services.
Ambulatory care	A key service area that includes emergency medical services, oral health services, public outpatient services including pre-admission, post-acute and other specialist services.
Beddays	Number of full or partial days of stay for patients who were admitted to a hospital for an episode of care and who underwent separation during the reporting period.
Burden of disease and injury	Assesses and compares the relative impact of different diseases and injuries on populations. It quantifies health loss due to disease/injury that remains after treatment, rehabilitation or prevention efforts of the health system and society generally.
Change agent	A person or process (from inside or outside the organisation) that helps an organisation transform itself by focusing on such matters as effectiveness, improvement and development.
Chronic disease	Diseases of long duration and generally slow progression. In this guide, chronic disease refers to all non-communicable disease and excludes injuries.
Clinical services capability framework	Minimum service requirements for health services, support services, staffing and safety standards in public and licensed private health facilities in Queensland.
Diagnostic related group	Part of a data grouping classification scheme that provides a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital.
Disability adjusted life years	A measure of overall burden of disease and injury. It is the sum of the years of life lost and years lost to disability for a disease or condition.
Health inequality	Population-specific differences in the presence of disease, health outcomes or access to services. In other words, there are differences between populations on one or more measures of health.
Health inequity	The presence of systematic health inequalities between groups with different social advantage/disadvantage (e.g. wealth, power or prestige). It essentially refers to the social gradient of health.
Health need	A deficiency in health that requires health care. It can be subjectively determined (by an individual) or objectively determined (by a health professional or through scientific confirmation).
Health service demand	Service activity that a catchment population can generate—that is, the amount of activity that a defined population uses regardless of where it is accessed.
Health service need	The gap between what services are currently provided to a given population and what will be required in the future to improve the health status of a community (and avoid a decline).
Health service supply	Service activity available to a catchment population—for example, the activity supplied by public sector health facilities in a particular HHS.

Term	Description
Health service planning	Aims to improve the health status of a given population. Health service planning should achieve this goal through the provision of efficient and effective health services, taking into account available resources and the available means and methods of health care.
Hospital separation	An episode of care that can be a total hospital stay (from admission to discharge, transfer or death) or a portion of a hospital stay ending in a change of status (e.g. from acute care to rehabilitation).
Hospitalisation	The total numbers of separations in all hospitals (public and private sector) that provide acute care services.
Impact evaluation	In health service planning, impact evaluation measures the immediate effect of the implementation of planning recommendations on services.
Inpatient	A patient who undergoes a formal admission process to receive treatment and/or care from a hospital. Care may occur in a hospital or in the home. Also referred to as an 'admitted patient'.
Integrated planning	A process which links independent planning activities and other key organisational functions to achieve alignment and congruence with strategic goals and improve organisational performance.
Life expectancy	Average number of additional years a person of a given age and sex might expect to live if the age-specific death rates of the given period continue throughout his/her life time.
Mental health services	A key service area that provides alcohol, tobacco and other drug services, mental health promotion and prevention activities, acute services and extended treatment services.
Model of care	Outlines best practice care through the application of a set of service principles across services. It provides an overarching description of how care is managed, organised and delivered within the system.
Objectives	In health service planning, objectives are statements of achievement about what services and the service system need to work towards to realise the future state as identified in the service directions.
Occasion of service	Any examination, consultation, treatment or other service provided to a non-admitted hospital patient in each functional unit of a health service facility on each occasion such service is provided.
Planning	Defining where one wants to go, how to get there and the timetable for the journey. Complete planning sets out indicators for tracking progress and ways to measure if the trip was worth the investment.
Planning recommendations	Health service planning results in a set of recommendations for future service delivery. These include the suite of service directions, objectives and strategies that a planning activity has recommended for implementation.
Prevention, promotion and protection	A key service area that aims to prevent illness and injury, actively promote and protect the good health and wellbeing of people, and reduce the health status gap between the most and least advantaged in the community.
Primary healthcare	A key service area that addresses health problems or established risk factors of individuals and small targeted groups by providing curative, health promotion, preventative and rehabilitative services.
Process evaluation	In health service planning, process evaluation measures the effects of the implementation process through indicators such as reach, satisfaction and quality.

Term	Description
Qualitative information	Information that is not numerical in nature and refers to data about needs, perceptions and preferences.
Quantitative information	Information that can be counted or expressed numerically. Data sets include demographic, epidemiological, service activity, economic and the efficacy of healthcare interventions.
Relative utilisation	An indicator of the rate at which residents of a particular geographic area utilise inpatient services as compared to the state as a whole, standardised for age and sex.
Self-sufficiency	An indicator of the local accessibility of services. It measures the rate at which residents of a particular geographic region access services within that region.
Service catchment	The geographic area for which a service is planned or the area in which most people accessing the service reside.
Service delivery model	An adaptation of an organisation's model of care that describes where and how work is carried out—developed to suit the local environment and to best meet organisational requirements.
Service directions	Describe clearly and succinctly the directions for the organisation to take to address the issues/needs that the health service planning is seeking to address.
Service enabler	In health service delivery, service enablers include assets (such as capital infrastructure), clinical support services, funding, information and communication technology and workforce.
Service provider	An individual or agency that delivers a health service.
Service user	A consumer of a health service.
Strategies	In health service planning, strategies are statements of action or 'how' services may work toward meeting the statements of achievement set out in the objectives.
Sub-acute care	A key service area that includes rehabilitation, palliative care and residential services for young people with physical and intellectual disabilities. It also includes extended care services that focus on maintaining a person's health and current functional status.
Telehealth	Delivery of health services and information via telecommunication technologies including live, audio and/or video interactive links for clinical consultations.

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