

180 Part S – Health Service Planning Guidelines

1 Planning Process

Healthcare providers aim to make their communities healthier by providing safe, effective and sustainable health services. It is essential that health services are well planned and organized based on a community's and its healthcare provider's needs. Services must evolve in line with cultural expectations, changing practice and technological advancement.

The planning process aims to ensure that health services align and adapt to changing patterns of health needs while making the most effective use of available resources. Health service plans address the following questions:

- Who is the health service for and where is it located?
- Where is the health service going – what are its objectives?
- How is the health service currently being delivered and how should it be delivered in the future?
- What resources does the health service currently use and require in the future?
- When will the health service be delivered?

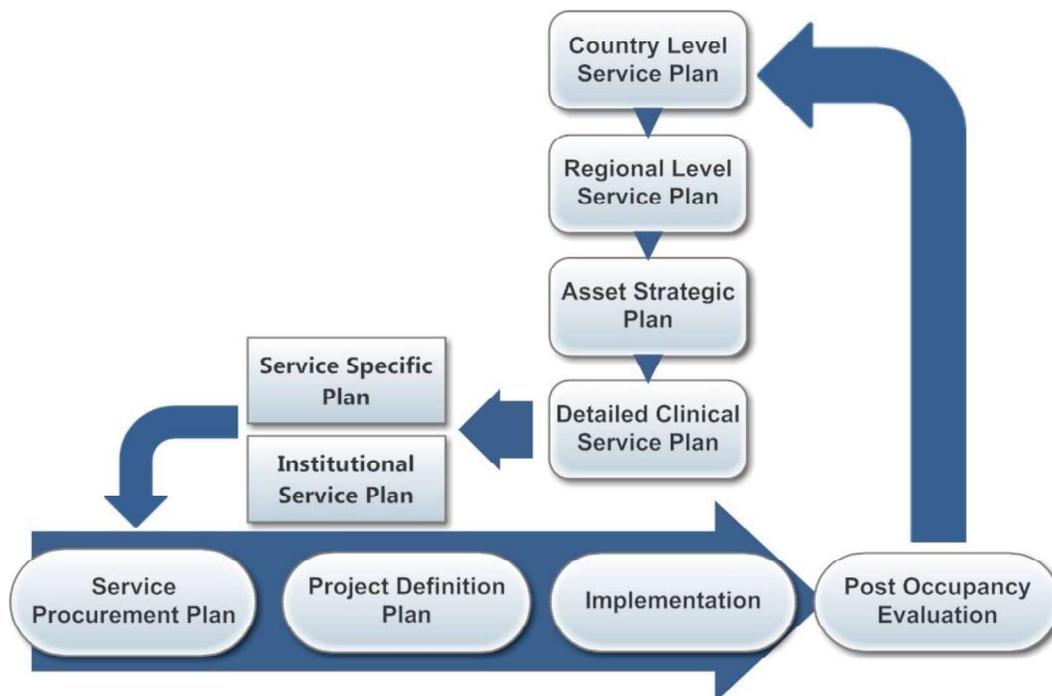


Figure 1 Overview of the various levels of planning

Purpose

The purpose of any service planning exercise is to move from an existing position to a desired future service delivery state, using a systematic and ordered approach. Planning engenders coordination between various organisations within a system (both public and private) or between subunits of an organisation. Service planning requires that issues of resource scarcity and investment choice be considered in recognition that demand always outweighs the resources available (Thomas, 2003). An effective service plan considers the availability of resources to achieve the improved structure, function and outcomes of the proposed services.

The context of service planning can be for an individual service, multiple services, a single organisation, network of organisations or a complete health system. It is modifiable to the different requirements of each, and may include:

- New services
- Existing services requiring improvement
- Services being considered for recurrent or one-off investment
- Services being impacted by a capital investment exercise

No matter what the purpose of planning is, the exercise addresses the following factors:

- The need for services
- Resources and capacity to deliver services
- Suitability and functionality of existing services
- Resource gaps and requirements
- Facilities and equipment to support service delivery
- Organizational arrangements and management
- Capital and recurrent resources and costs of the service
- Benefits expected from the delivery of services
- New or additional investment requirements

The process of service planning encompasses:

- Identification of the need and drivers for the service planning exercise
- Identification and confirmation of the scope and range of existing services within a population catchment
- Confirmation for the need, demand and supply of interventions, technologies and systems necessary to support service delivery
- The best and most efficient model/framework for service delivery following the examination and evaluation for a range of options
- The resources and investment required to develop and deliver the preferred service model

Process

Definition

Service planning describes the steps taken by health planners to move the service(s) of an entity, network or organisation into its desired future state.

Service planning is focussed on improving the delivery of healthcare and begins with the identification of health service(s) of concern. Following a series of steps outlined in this guideline, health planners and managers can systematically achieve a well-informed and relevant service plan for implementation, and subsequent monitoring and evaluation. This monitoring and evaluation performed for the plan, in turn, serves as a valuable source of information for later plans, illustrating the cyclical nature of planning.

Description

The service planning process commences with identification of the service(s) under consideration; this is supported by identification of issues of concern or needs to be met for a selected population

(Eagar et al., 2001). The timeframe for the plan is prescribed and related to the complexity and size of the proposal.

The end of the prescribed timeframe is referred to as the planning time horizon. How far into the future a plan should be developed is dependent on the stability of the conditions associated with the service. Whilst the range is often between five to twenty years, appropriate for the realistic implementation and assessment of a plan, it must also be balanced with the plan's ability to adapt to shifts in the environment, which become more difficult in longer-range planning (Thomas,2003).

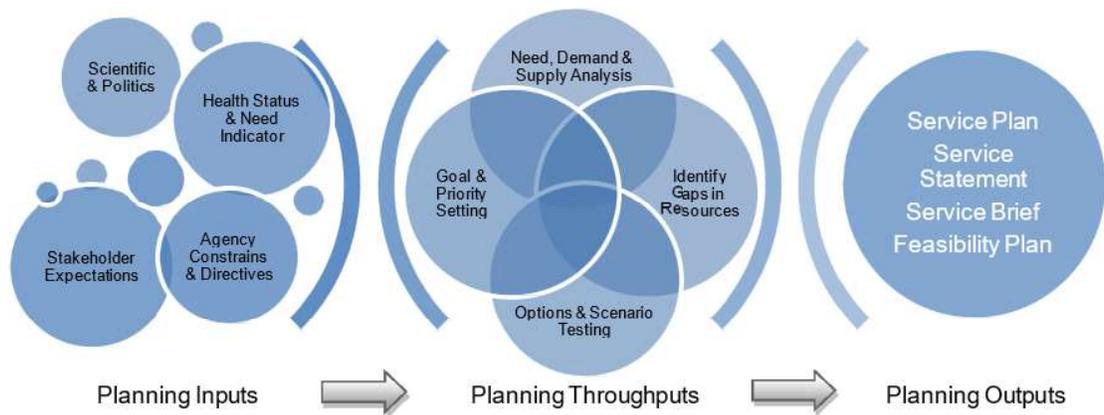


Figure 2 Approaches to planning inputs, throughputs and outputs

Figure 2 describes a systematized approach to the inputs, process and outputs of service planning. Planning inputs include information and data about the service catchment, its population, their socioeconomic and health status and health needs. Information is gathered by population surveys, actively engaging stakeholder groups, holding community forums and public meetings. Planning throughputs include the analysis of health needs, demand and supply, identification of gaps in services, goal and priority setting and resource assessment. Planning outputs are formulated into a document that serves to guide the subsequent investment, design and implementation process. Good service planning is iterative, seeking to adapt the existing and proposed services to the ever-changing environment of healthcare.

The service planning process is undertaken the direction of a principal agency which can be government or private health service providers, investment bodies, benevolent agencies or large health corporations.

Project management principles are widely applied to health service planning and confers many benefits, including increased efficiency in reaching the goals of the project, better coordination of team efforts, improved communication, and the maintenance of motivation in achieving a completed plan and its implementation and evaluation (Kerzner, 2013). An expert planner will manage and coordinate most project aspects with a planning team and a balanced governance team will provide oversight and resources. Appropriate membership from key stakeholder groups will ensure a vast representation of interests in the service planning area (Eagar et al., 2001).

Governance

Good governance is essential to the success of any service planning exercise and its implementation. A solid and well-defined governance structure, proportionate to the project's scale and complexity, provides the structure necessary to guide planning, improve its efficiency and ensure accountability.

The governance team differs from the planning team in that it provides oversight and commands executive responsibilities, ranging from ensuring the process and outputs are consistent with policies to reviewing and endorsing the works associated with the planning process. It is also responsible for approving submissions to overarching authorities or funding agencies. In comparison, the planning team plays a fully operational role in the planning process, to ensure the tasks are completed and the process advances.

Depending on the context and scope of the plan, governance team members may include:

- Key decision makers
- Opinion leaders
- Clinicians
- Human resource personnel
- Private and public sector health agency representatives
- Representatives of health services involved or affected by the plan
- Representatives of key community groups

Figure 3 illustrates some groups with an interest in the governance of planning, adapted from Green, 2007.

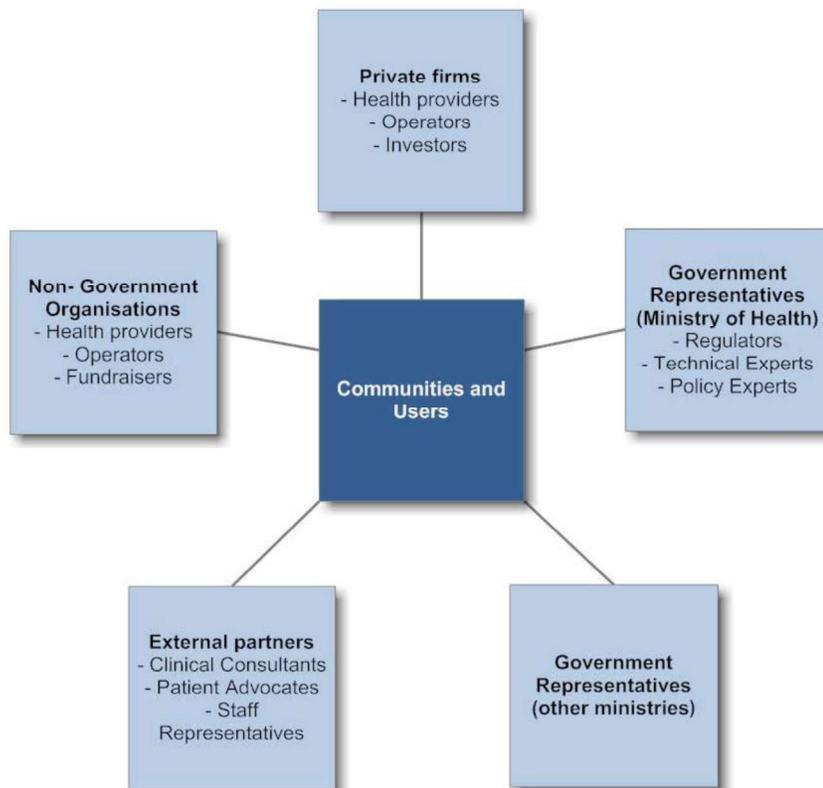


Figure 3 Groups with an interest in the health service planning governance process

Members of a governance team can be selected based on their authority to impact on the following factors necessary for planning and its success:

- Coordination, both for the formulation and implementation of the plan as well as between the two phases if those responsible are different
- Communication, between the planning team to the staff and people impacted by the plan
- Controls and incentives to manage the planning process and the change which ensues
- Personnel numbers, training or skills, or staff changes
- Negotiation and resolution of resistance or issues at an operational level
- Resource allocation.

Sound governance should carry through the entire planning process, implementation and monitoring of the plan through to the planning time horizon and beyond, for evaluation of the

plan's success. Well-assigned responsibility for strategies and performance indicators of the plan enables successful implementation. Effective leaders are imperative to the planning process to create and sustain momentum and impetus for change (Eagar et al., 2001).

Stating Assumptions

Planning for health services is inevitably a complex and dynamic task, due to its reliance on comprehensive evidence, which is often incomplete and progressive, the improvements in models of care in clinical practice, and rapid advancements in medical technology. The service planning process can be systemized and described in a stepwise manner to facilitate a plan's development; though it cannot substitute the role an expert planner plays in facilitating and negotiating between the various stages and intricacies involved in planning (Spiegel and Hyman, 1998).

Population and health service data informing plans should be analysed using evidence-based and coherent methodology which can be validated. The data should be comprehensive, up-to-date and well-referenced. Where gaps exist in data availability, recent health service research studies and the judgement of expert practitioners can be reasonably employed to supplement missing information. This contributes to assumptions which should be stated clearly and endorsed early in the process to avoid misunderstandings (Thomas, 2003).

Assumptions are unavoidable due to evidence, resource and time constraints. They are necessary to ensure steady and reasonable progression within an agreed timeframe. They can be made for the macro or micro-environment, demographic trends, reimbursement structures, resource availability and many other aspects of the healthcare system (Thomas, 2003). They should be confirmed by the most qualified people available relating to the plan's particular focus and agreed upon by the planning and governance teams to prevent additional conflicting notions arising.