

Editorial Issue 3 2009

Primary health care systems are needed to address complex health issues and function in the context of composite governance systems that are not always supportive of this purpose. In Australia, as in many other parts of the world, sophisticated partnerships between organisations, professions and jurisdictions have been developed to create more coordinated and integrated systems of primary health care that are better equipped to address the problems requiring attention.

Robust partnerships with demonstrable outcomes are likely to be a central characteristic of future policy direction at both Commonwealth and State levels, yet caution must be heeded when identifying the perceived benefits of partnering and the establishment of a mutual collaborative space.

In this edition, Lewis discusses the issues around partnership approaches in the development of health policy and Kalucy investigates how partnerships might feature in the regional governance structures proposed in primary health care reform. Wallace looks at how we maximise what is learnt and achieved through the partnership experience specifically in Ireland, with the view that local partnerships strive to contribute to both service delivery and policy development. With this increased responsibility come increased scrutiny and the need for the broadening of the evidence base surrounding the efficacy of partnerships in improving policy, governance, service provision and indeed patient outcomes (Bush *et al.* 2008).

The process of developing a national partnership among peak professional bodies involved in the delivery of primary health care, to provide advocacy, professional development and better service coordination, is covered in a letter from

Hewat, while Fletcher *et al.* look at the influence of Federally subsidised programs on collaborative approaches to mental health care provision.

Case studies give us an indication of collaborative approaches well progressed across Australia including the Victorian Primary Care Partnerships (Delaney) and Connecting Healthcare In Communities Partnership Councils in Queensland (Carrodus and Dwonczyk). Disease and site specific case study examples include partnerships in addressing early childhood interventions (Kelaher *et al.*), case conferencing in residential aged care (Halcomb), networked nurse practitioner roles (Bail *et al.*) and the benefits of collocation of legal and community health services (Noone).

Publication of this journal occurs at a time of great opportunity for partnership approaches in the reform of the primary health care sector. This journal attempts to provide a balanced illustration of the key issues in developing and sustaining partnerships across the primary health care sector.

I would like to take this opportunity to thank all contributors to the journal, the members of the Review Panel and of course Editor-in-Chief Professor Rae Walker and her helpful staff, for the support and privilege of being able to share these articles with you the readers.

Sean Lowry
Guest Co-editor

Reference

- Bush R, Donald M, Orlandi A (2008) Partnerships – do they produce outcomes Presentation at Qld Health Conference March 2008. Available at <http://www.uq.edu.au/health/docs/2009/QueenslandHealthMarch2008.pdf> [Verified 2 September 2009]