Department of Healthcare Management & Public Health

HEALTH SERVICES PLANNING REPORT

POPULATION NEEDS ASSESSMENT AND REGIONAL HEALTH SERVICE PLANNING: OPTION 1 REGIONAL STRATEGY

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Module:	Health Planning (M03)
Submission Date:	19 / 10 / 2026
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Table of Contents

1. Abstract Page 2

2. Introduction Page 3

3. Literature Review & Planning Models Page 3

4. Methodology & Situational Analysis Page 4

5. Findings & Epidemiological Evaluation Page 5

6. Regional Strategy & Resource Allocation Page 6

7. Conclusion & Implementation Benchmarks Page 7

8. References Page 8

9. Appendices Page 8

1. Abstract

This report presents a comprehensive regional health services plan for the North-West District, developed through a detailed population needs assessment and epidemiological evaluation. Effective health planning requires balancing limited financial and human resources with the genuine healthcare demands of local communities.

By contrasting normative, strategic, and needs-based planning models, this paper adopts a hybrid needs-based framework to address rising chronic disease burdens and emergency department congestion. A 3-year regional strategy is formulated, detailing priority outpatient services, workforce allocation, and explicit benchmark indicators to track implementation success and ensure equitable healthcare delivery.

2. Introduction

Health planning is a fundamental function of health systems administration, ensuring that services are organized logically to meet population health needs while maintaining cost efficiency (Green & Thorogood, 2014). In many regional districts, traditional healthcare services have grown reactively rather than through structured planning, resulting in fragmented care, long waiting times, and overburdened acute hospitals.

The purpose of this assignment is to conduct a thorough population needs assessment for the North-West District and design an evidence-based regional health plan. By evaluating demographic trends and epidemiological data, this report establishes a structured roadmap to improve chronic disease management and optimize resource utilization across local health facilities.

3. Literature Review & Planning Models

Academic literature highlights several core planning models used in health administration (Hall, 2018). The *normative planning model* relies on expert-determined standards and ratios (e.g., hospital beds per 1,000 population). While straightforward, it often ignores local contextual needs and community preferences.

In contrast, the *strategic planning model* focuses on organizational positioning, long-term goals, and competitive advantages, which is more common in private healthcare settings. Meanwhile, the *needs-based planning model* prioritizes health outcomes and epidemiological burdens, allocating resources directly to where health deficits are greatest (Wright et al., 1998). For regional public health authorities, a needs-based model combined with strategic operational goal-setting offers the most equitable and sustainable approach.

4. Methodology & Situational Analysis

This study utilizes secondary demographic data, regional hospital discharge records, and public health surveillance reports from the North-West District. The situational analysis examines population aging, socioeconomic deprivation indices, and disease prevalence to identify primary service delivery gaps.

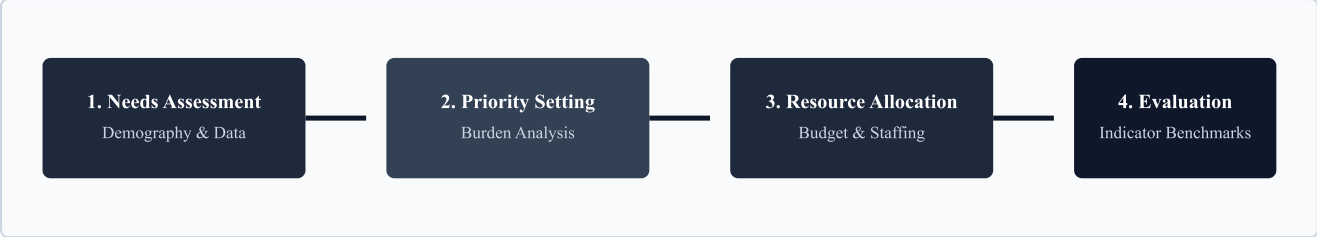
The district has a total population of 280,000 residents, with 24% aged 65 and older—significantly higher than the national average of 18%. Epidemiological reviews indicate rising rates of Type 2 diabetes, hypertension, and chronic obstructive pulmonary disease (COPD).

Health Indicator	North-West District	National Benchmark	Identified Service Gap
Population 65+	24.0%	18.0%	High geriatric care demand
ED Readmission Rate	19.5%	12.0%	Lack of community follow-up
GP-to-Patient Ratio	1 : 1,850	1 : 1,300	Primary care workforce shortage
Chronic Care Clinic Slots	Adequate for 40%	100% coverage	Severe outpatient capacity deficit

5. Findings & Epidemiological Evaluation

The situational analysis reveals that acute hospital emergency departments are heavily congested due to preventable complications from chronic illnesses. Elderly patients frequently visit emergency wards for routine medication adjustments or acute exacerbations because local outpatient clinics lack capacity and flexible appointment slots.

Key Priority Areas Identified:
1. *Chronic Disease Outpatient Access:* Establishing decentralized community nursing hubs.
2. *Preventive Care Integration:* Implementing nurse-led screening programs for diabetes and hypertension.
3. *Digital Triage & Telehealth:* Deploying remote monitoring for high-risk elderly patients to intercept health deterioration early.



PLANNING PRINCIPLE

Equitable health planning requires matching resource allocation directly to epidemiological disease burden rather than historical budget inertia.

6. Regional Strategy & Resource Allocation

Based on the identified gaps, a 3-year regional strategy is proposed for the North-West District. The core strategic objective is to reduce avoidable emergency hospital admissions by 25% through proactive community-based chronic disease management.

Resource Reallocation and Budget Distribution:
To achieve this, regional health authorities will reallocate 15% of acute hospital inpatient budgets toward primary care expansion and digital home-monitoring infrastructure. Four new community nursing hubs will be established in high-density elderly residential zones.

Workforce and Operational Planning:
Addressing the GP shortage requires shifting routine chronic care monitoring to specialized nurse practitioners. This task-shifting model optimizes physician time, allowing doctors to focus on complex multi-morbid cases while ensuring patients receive timely, continuous care close to their homes.

7. Conclusion & Implementation Benchmarks

In conclusion, regional health planning must be rooted in rigorous population needs assessment and transparent priority setting. The proposed strategy for the North-West District provides a practical framework to alleviate hospital congestion and improve chronic care outcomes.

IMPLEMENTATION BENCHMARKS & KPIS

1. Emergency Admission Reduction:
Target a 25% decrease in avoidable elderly chronic readmissions within 24 months of community hub rollout.

2. Outpatient Waiting Time:
Reduce specialist chronic care appointment waiting times from 14 weeks to under 4 weeks.

3. Patient Satisfaction Index:
Achieve a minimum 85% positive satisfaction score regarding decentralized community nursing care.

8. References

Green, J., & Thorogood, N. (2014). *Qualitative Methods for Health Research*. 3rd ed. SAGE Publications, London.

Hall, P. (2018). *Health Services Planning: Principles and Practice*. Oxford University Press, Oxford.

World Health Organization. (2020). *Primary Health Care on the Road to Universal Health Coverage: Monitoring Report*. WHO, Geneva.

Wright, J., Williams, R., & Wilkinson, J. (1998). Development and importance of health needs assessment. *BMJ*, 316(7140), 1310-1313.

9. Appendices

Appendix A: 3-Year Regional Resource Allocation Budget (EUR)

Strategic Initiative	Year 1 Budget	Year 2 Budget	Year 3 Budget
Community Nursing Hubs	€450,000	€520,000	€580,000
Digital Telehealth Monitoring	€200,000	€280,000	€350,000
Workforce Training & Up-skilling	€120,000	€150,000	€180,000
Total Regional Reallocation	**€770,000**	**€950,000**	**€1,110,000**