

**Supplementary 3: Delphi statements and structure**

Concept	Strategy	Action
1. Health promotion to increase assessment and treatment of sore throat and skin sores	↳ 1.1 General public education on germs causing disease	↳ <b>1.1a</b> Develop mass media campaigns about germs causing disease ↳ <b>1.1b</b> Teach people about the cause and risks of skin sores through social media campaigns
	↳ 1.2 General public education about skin sores, sore throat, ARF and RHD	↳ <b>1.2a</b> Raise awareness about skin sores, sore throat, ARF and RHD at community events and activities
	↳ 1.3 General public education to 'denormalise' skin sores	↳ <b>1.3a</b> Develop positive media campaigns about normal healthy skin
	↳ 1.4 Targeted public education on the specific risks of skin sores and sore throat	↳ <b>1.4a</b> Teach children about the cause and risks of skin sores and sore throat at school ↳ <b>1.4b</b> Teach parents and families about the cause and risks of skin sores and sore throat through community events ↳ <b>1.4c</b> Train health care workers to educate children and families about the risk of skin sores and sore throat
2. Engage communities at risk of ARF in preventing the disease	↳ 2.1 Engage communities at risk of ARF and RHD in responding to the disease	↳ <b>2.1a</b> Support community leaders to develop and facilitate key messages about sore throat and skin sores ↳ <b>2.1b</b> Share positive local stories about good news examples of treating skin sores / sore throat
3. Empower people to seek health services	↳ 3.1 Encourage people to actively seek assessment / treatment of skins sores and sore throat	

4. Provide practical or physical support to assist people to access health services

↳ 4.1 Improve transport for people to attend clinic for skin sores and sore throat

↳ 4.2 Extend clinic opening hours so that people can attend for assessment / treatment for more of the day

5. Reduce the costs for people seeking assessment / treatment of skin sores / sore throat

↳ 5.1 Reduce out-of-pocket costs for treating skin sores and sore throat

↳ 5.2 Increase income for people at risk of skin sores and sore throat

6. Support people at risk of ARF / RHD to be engaged in their own health care and self-management

↳ 3.1a Train or support children on how to ask for their sore throat / skin sore to be assessed / treated

↳ 3.1b Train parents and caregivers to ask for recommended assessment of skin sores / sore throat

↳ 3.1c Develop the idea of a 'skin check' visit that people can ask for when they attend clinic

↳ 4.1a Fund primary care clinics to provide transport for people who need assessment and treatment

↳ 4.2b Provide education for temporary care providers (boarding schools, out-of-home carers) on the need for assessment and treatment of skin sores and sore throat.

↳ 5.1a Make antibiotics for skin sores and sore throat free for all high-risk people at point of care

↳ 5.1b Fund clinics to provide free dressings for keeping skin sores covered.

↳ 5.1c Promote availability of free or low cost treatment for skin sores and sore throat

↳ 5.2a Develop a system for families with sore throat and skin sores to be referred to service providers or Centrelink to review benefits and entitlements

- ↳ 6.1 Ensure health staff support and encourage people engaging in their own health care
  - ↳ **6.1a** Train health staff to validate or congratulate people who present for care
  - ↳ **6.1b** Train clinic drivers, receptionists and other staff about the importance of skin sores and sore throat so these conditions are never minimised or dismissed
  - ↳ **6.1c** Train health staff to provide clear information about why skin sores / sore throat need treatment
- ↳ 6.2 Support people seeking care to engage with assessment and treatment of skin sores and sore throat
  - ↳ **6.2a** Employ care navigators or support people to attend appointments
  - ↳ **6.2b** Provide training or support for people in communities with a high burden of ARF or RHD to be empowered health care consumers
- ↳ 6.3 Support engagement by involving community in delivery of health care
  - ↳ **6.3a** Ensure community control of health care services in communities with a high burden of ARF or RHD
- 7. Improve treatment of scabies which can cause skin damage which contributes to skin sores
  - ↳ 7.1 Improve treatment of scabies
    - ↳ **7.1a** Ensure everyone attending the clinic gets treatment for scabies and any skin sores present
    - ↳ **7.1b** Develop systems for household outreach for assessment and treatment when someone from the household is diagnosed with scabies
- 8. Actively look for children with skin sores
  - ↳ 8.1 Identify people with skin sores outside the clinic
    - ↳ **8.1a** Develop programs for all children to have a healthy skin check at school or home
    - ↳ **8.1b** Develop a program so that children at highest risk (household contacts, siblings with ARF) have regular skin checks
  - ↳ 8.2 Identify people with skin sores inside the clinic

9. Make assessment and treatment of skin sores / sore throat available in more places

↳ 9.1 Provide assessment / treatment for skin sores and sore throat in schools

- ↳ **8.2a** Develop systems for children with skin sores to be referred for assessment / treatment a wider range of different services (dentists, schools)
- ↳ **8.2b** Train health staff to opportunistically offer health skin checks for all children attending clinic for any reason
- ↳ **8.2c** Train reception and other staff to invite / offer sore throat and skin checks
- ↳ **8.2d** Include healthy skin checks as a mandated part of childhood health care (alongside child health checks or scheduled vaccination)

- ↳ **9.1a** Provide staff trained to assess and treat skin sores / sore throat in schools
- ↳ **9.1b** Ensure that guidelines on treating children at school (with and without parental consent) are clearer so health staff know what can be done
- ↳ **9.1c** Employ care navigators who can help children in school access assessment / treatment of skin sores and sore throat

↳ 9.2 Provide assessment / treatment for skin sores and sore throat in other places

- ↳ **9.2a** Change guidelines and regulations so that qualified staff can give assessment and treatment outside of the clinic
- ↳ **9.2b** Facilitate assessment and / or treatment of skin sores / sore throat at pharmacies
- ↳ **9.2c** Facilitate assessment and / or treatment of skin sores / sore throat at Centrelink offices
- ↳ **9.2d** Facilitate assessment and / or treatment of skin sores / sore throat via dentists
- ↳ **9.2e** Facilitate assessment and treatment of skin sores / sore throat via Emergency Departments and After Hours Services

10. Make health care delivery more acceptable

↳ 10.1 Provide culturally acceptable care

- ↳ **10.1a** Provide health staff training on how to deliver culturally appropriate care
- ↳ **10.1b** Routinely ask patients / consumers whether care experience is culturally appropriate
- ↳ **10.1c** Teach health staff Indigenous languages

- ↳ 10.2 Increase the amount of care delivered by Aboriginal and Torres Strait Islander people
- ↳ **10.1d** Use or develop new terms for skin sores and sore throat in Indigenous languages
- ↳ **10.1a** Amend legislation to allow Aboriginal and Torres Strait Islander Health Practitioners to give medications for sore throat / skin sores in all jurisdictions
- ↳ **10.1b** Develop workforce strategies to recruit, train and retain Aboriginal and Torres Strait Islander people in primary health care
11. Make it easier for people to access assessment and treatment of skin sores / sore throat
- 11.1 Provide more flexible clinical services
- ↳ **11.1a** Develop policy of 'no wrong door' so that people can access standardised sore throat and skin sore assessment / treatment at any facility they present to
- ↳ **11.1b** Offer assessment and treatment to all children who attend clinic with a family, not just those with a booked appointment
12. Improve service delivery by reducing costs to clinics
- ↳ 12.1 Reduce costs for primary care providers to assess and treat skin sores and sore throat
- ↳ **12.1a** Provide skin sore / sore throat treatment free at point of care in all settings
- ↳ **12.1b** Provide specific funding for waterproof dressings to be provided free of cost from the clinic to be used / replaced at home
13. Improve clinical guidelines on the assessment and management of skin sores and sore throat
- ↳ 13.1 Make clinical guidelines clearer and easier to use
- ↳ **13.1a** Develop easy-to-use algorithms for skin sore and sore throat management in high risk population
- ↳ **13.1b** Ensure sore throat and skin sore management is part of HealthPathways
- ↳ **13.1c** Review all clinical guidelines to ensure they align on management of skins sores and sore throat

14. Train or educate health care staff
- ↳ 14.1 Provide local data about rates of ARF and RHD
    - ↳ **14.1a** Provide all health staff with local data on the risk of ARF and RHD in the population they work with
  - ↳ 14.2 Train health generally on skin sores and sore throat
    - ↳ **14.2a** Provide general training for all staff about skin sores and sore throat
  - ↳ 14.3 Train staff specifically on assessment and treatment of skin sores and sore throat
    - ↳ **14.3a** Train health care staff specifically about how to use clinical guidelines for skin sores and sore throat
  - ↳ 14.4 Provide specific training for specific types of health care staff
    - ↳ **14.4a** Provide specific training for Emergency Department Staff
    - ↳ **14.4b** Provide specific training for staff who start working in high risk regions
15. Support quality of care delivery
- ↳ 15.1 Undertake continuous quality care improvement
    - ↳ **15.1a** Identify quality of care measures for sore throat and skin sores
    - ↳ **15.1b** Undertake audits of sore throat / skin sore management based on clinical records
    - ↳ **15.1c** Undertake case reviews of people diagnosed with acute rheumatic fever to identify any missed opportunities for primary prevention