

Western Queensland Primary Health Network

# Core Funding

2019-20 – 2023-24 Activity Summary View



# CF1 (21-22) COMMISSION CLINICAL, PREVENTATIVE AND HEALTH PROMOTION SERVICES IN RURAL AND REMOTE AREAS

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

Counter market limitations and other determinants and provide essential support necessary to assist more equitable management and prevention of chronic conditions and support child and family health in rural and remote populations of Western Queensland.

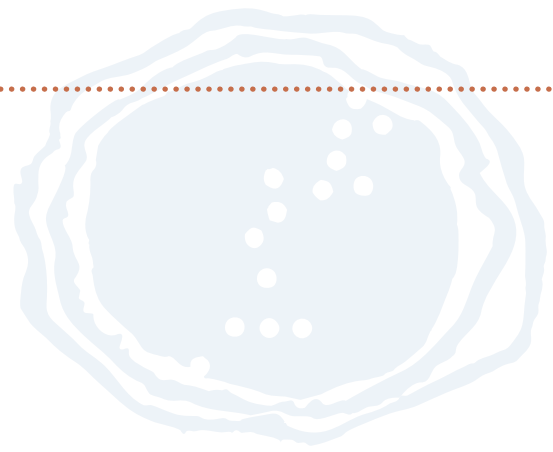
### DESCRIPTION OF ACTIVITY

Ensure place-based commissioned service providers are supported to:

- Ensure alignment with the WQ Health Care Home (WQ HCH) Model of Care (MoC) and Commissioning for Better Health capability
- Support a process of capability self-assessment and maturity to identify and drive quality improvement
- Undertake a whole of practice population approach to guide and target strategies to optimise management and prevention of chronic conditions in Western Queensland populations
- Promote and enable GP referral pathways, aligned with the WQ HCH MoC
- Identify and implement strategies to respond to market failure, workforce shortages, and other social determinants impacting on health and lifestyle behaviours
- Promote digital enablement of care methodologies and systems and expand the use of telehealth care.
- Support integrated care that is customised to meet the unique rural, remote and hard to reach populations in Western Queensland to provide culturally competent services
- Provide universal access to care and integrate allied health and nursing services, paediatric specialist interventions, and early childhood support
- Increase access to diabetes education and self-management support for people living with diabetes in regional and remote communities.

WQPHN will:

- Build local capacity of commissioned primary health providers to improve access to care through more integrated approaches, uptake and adoption of WQ HCH MoC enablers and greater collaboration within the place-based commissioning approaches to service design and implementation
- Facilitate joint planning for workforce development and service provider alignment with CheckUP, Health Workforce Queensland and Nukal Murra Alliance.



## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Work with partners to integrate both organisationally and financially the health system in Western Queensland	54
Implementation of the WQ HCH MoC	59
Improve access to culturally competent PHC for Indigenous People	63
Implement strategies to prevent and provide better care for chronic conditions, lifestyle diseases and their risk factors (cardio)	68

## Activity consultation and collaboration

### CONSULTATION

- CheckUP
- Health Workforce Queensland
- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- Diabetes Queensland
- Children’s Health Queensland
- Education Queensland
- Schools
- RFDS
- NWRH
- Heart Foundation
- APNA
- AAPM
- HHSs – SW, CW, NW
- Commissioned Allied Health Service Providers
- Nukal Murra Alliance – partners (Goondir Health Services, Gidgee Healing, Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH), Cunnamulla Aboriginal Corporation for Health (CACH))
- Heart Foundation (lifestyle modification program)

### COLLABORATION

- CheckUP
- Diabetes Queensland
- Commissioned Allied Health Service Providers
- Bush Kids
- Education Queensland
- Pre and primary schools
- Health Workforce Queensland
- General Practices
- HHSs – SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- Mornington Island Health Council
- Local Government

# CF2 (21-22) PRACTICE-BASED COMMISSIONING – WQ HEALTH CARE HOME MODEL OF CARE

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

Supporting Practice capability and proficiency of General Practices through the uptake and adoption of evidence-based contemporary quality improvement collateral within the WQ Health Care Home (WQ HCH) Model of Care (MoC).

### DESCRIPTION OF ACTIVITY

Undertake a 'practice-based commissioning' approach that integrates a Quadruple Aim approach and evidence informed milestone measures to support and measure uptake of the WQ Health Care Home Model of Care.

Ensure commissioned General Practices:

- support a communities of practice methodology, share data, utilise the WQ HCH Data Portal and contribute to population-level place-based commissioning
- improve access, responsiveness and support for patients through activated clinical triage, increased virtual consults, improved and proactive care planning for high need patients
- undertake prescribed deliverables and outcome measures
- address the 3 domains for change: access to care, preventative care, chronic and complex care, and the associated 10 foundations: engaged leadership, embedding CQI, infrastructure, digital health infrastructure, patient centred cultural competency, primary care governance, performance, quality data
- enable greater business sustainability through tailored health and financial intelligence and informatics
- strengthen GP led multidisciplinary team based care pathways to Hospital and Health Services, allied health, nursing specialists, clinical pharmacists, social workers and mental health workers
- reduce avoidable demand (including after hours and hospital services) and optimise preventative and chronic and complex care.
- support patients with more complex conditions with a tailored program designed to improve self-care by providing them with direct access to their own health information, a dedicated health practitioner and digital technologies to support self-management and independence
- maximise use of technology to support and connect care across inter-disciplinary and multi-sector domains
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care, through a maturity measure assessment to measure the following: business and health intelligence; change management; workforce innovation; primary care partnerships; service frameworks; connecting care
- work with partner organisations to identify and implement evidenced-based systematic support, to improve General Practice performance, sustainability and responsiveness

- promote and improve the uptake of practice accreditation and PiP incentives
- support provision of data licences through practice data management agreements to support the data sharing capabilities for General Practices/AICCHOs through the Primary Health Insights data governance structures
- provide eConsultant program in partnership with UQMRI, Queensland Health and Mater Hospital to support Primary Health Care organisations to manage their chronic and complex patient cohorts through a secure messaging service.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Implementation of the WQ HCH MoC	59
Broad endorsement and uptake of the WQ HCH	79

## Activity Consultation and collaboration

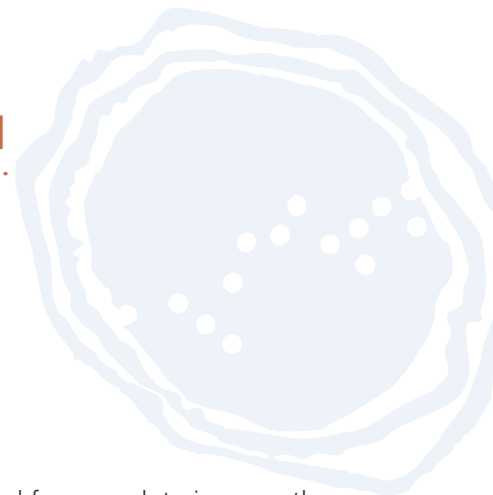
### CONSULTATION

- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- Queensland PHN practice support network
- WQHSIC (Maranoa Accord)
- WQ HCH MoC Expert Advisory Group
- WQPHN General Practice Network
- Health Workforce Queensland
- James Cook University (Mount Isa CRRH)
- University of Queensland Mater Research Institute
- HHSs – SW, CW, NW
- CheckUP
- Nukal Murra Alliance – partners (Goondir Health Services, Gidgee Healing, Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH), Cunnamulla Aboriginal Corporation for Health (CACH))

### COLLABORATION

- Education Providers
- General Practices
- The University of Queensland – Mater Research Institute
- WQ HCH Working Group
- Partner NGOs
- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- Health Workforce Queensland

# CF3 (21-22) CHILD AND FAMILY HEALTH



## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To improve the health and well-being of children and families using an evidence-based framework to increase the percentage of children receiving universal child health services and better coordinated care in their first 3000 days of life.

### DESCRIPTION OF ACTIVITY

A place-based commissioning approach within high priority localities of the WQPHN designed to support universal access to care and integrate allied health and nursing services, paediatric specialist interventions, and early childhood support in the Far South West and the Lower Gulf commissioning localities.

Service commissioning will be undertaken to achieve better orientation and coordination across maternal health and child health 0-8 years (0-3yrs, 3-5yrs and 5-8yr domains) services.

Ensure commissioned services:

- provide GP-led multidisciplinary team-based care
- leveraged from the Western Queensland Health Care Home model to support the uptake and adoption of practice-based enrolment of children and their families or carers
- participate in data sharing and surveillance measures
- consider innovative workforce models
- utilise e-referral tools and telehealth care
- collaborate with health, education and other social services
- take a culturally sensitive approach to address disparities between Aboriginal and Torres Strait Islander and other Australian children and their families.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019-20 – 2021-22

### PRIORITIES

Needs Assessment Priority	Page Reference



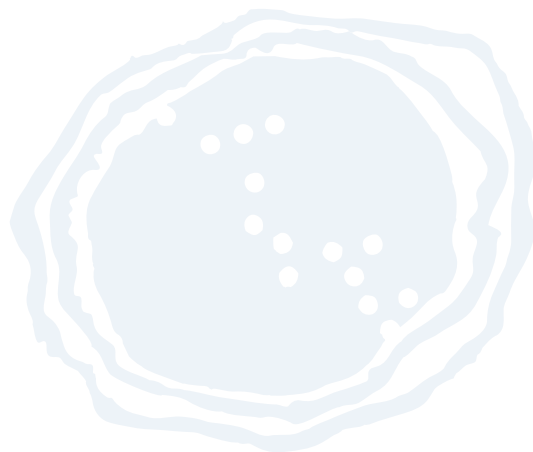
## Activity consultation and Collaboration

### **CONSULTATION**

- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- HHSs – SW, NW
- Children’s Health Queensland
- Education Queensland
- Schools
- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council

### **COLLABORATION**

- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- Bush Kids
- HHSs – SW, NW
- Education Queensland
- Pre and primary schools
- Mornington Island Health Council
- Commissioned Allied Health services (Child health clinical providers)



# CF4 (21-22) DIABETES STRATEGY

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To implement the WQPHN Diabetes Strategy and increase access to credentialed diabetes educator services and lifestyle management programs for people with Type 2 Diabetes Mellitus (T2DM) and people at risk of developing T2DM.

### DESCRIPTION OF ACTIVITY

Ensure commissioned service providers – Credentialed Diabetes Educators:

- will deliver education and upskilling workforce support to other locally based primary health care providers primarily in a General Practice setting using a quality improvement approach
- will utilise Hub & Spoke and FIFO models of service delivery (individual or group), to increase access for people living with diabetes in regional and remote communities and promote improved self-management.

WQPHN in collaboration with Diabetes Queensland, will provide a Coordinator to:

- promote local service provider engagement
- increase health professional awareness and participation through referral to the evidence-based lifestyle modification program; My Health for Life.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Work with partners to integrate both organisationally and financially the health system in Western Queensland	54
Implement strategies to prevent and provide better care for chronic conditions: lifestyle diseases and their risk factors (cario)	68

## Activity Consultation and collaboration

### CONSULTATION

- Diabetes Queensland
- RFDS
- NWRH
- CheckUP
- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- Heart Foundation (lifestyle modification program)

### COLLABORATION

- Diabetes Queensland
- Commissioned Allied Health Service Providers
- General Practices
- HHSs – SW, CW, NW



# HSI1 (21–22) WQ HEALTH CARE HOME SUPPORT

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To support the capacity of General Practice networks across Western Queensland to provide quality assured contemporary model of care (WQ Health Care Home Model of Care) and support GP leadership in securing a comprehensive Primary Health Care capability in rural and remote regions.

### DESCRIPTION OF ACTIVITY

WQPHN will support General Practice to:

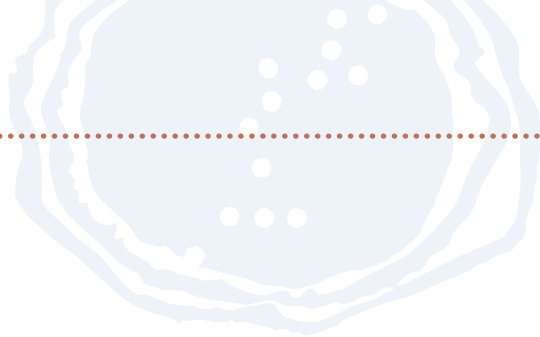
- improve systems to deliver quality care through enrolment in the WQ HCH MoC
- address the 3 domains for change: access to care; preventative care; chronic and complex care; and the associated 10 foundations: engaged leadership; embedding CQI; infrastructure; digital health infrastructure; patient centred cultural competency; primary care governance; performance; quality data
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care, through a maturity matrix assessment to measure the following: business and health intelligence; change management; workforce innovation; primary care partnerships; service frameworks; connecting care
- promote and improve the uptake of practice accreditation and PIP incentives including PIP QI
- support practices in the meaningful use of digital health systems to streamline the flow of patient information
- develop health information management systems to inform quality improvement in health care, specifically, the collection and use of clinical data within practices
- support practices to implement innovative modalities of service delivery including telehealth care and provision of patient education and information
- work with partner organisations to identify and implement evidenced-based systematic support, to improve General Practice performance, sustainability and responsiveness
- support General Practice workforce development, capacity and sustainability.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Implementation of the WQ HCH MoC	59
Broad endorsement and uptake of the WQ HCH MoC	79



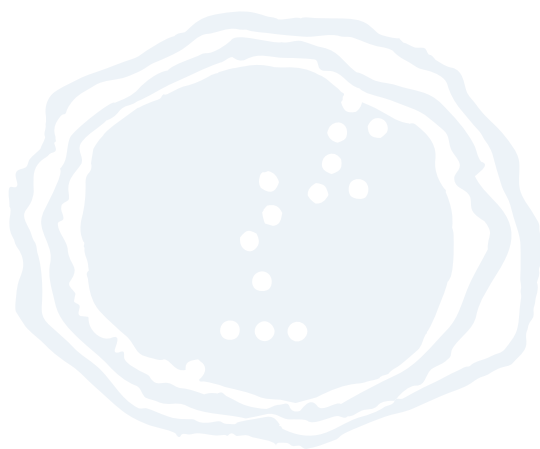
## Activity Consultation and Collaboration

### **CONSULTATION**

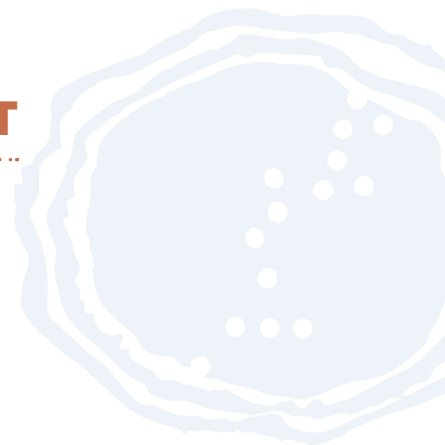
- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- Queensland PHN practice support network
- WQHSIC (Maranoa Accord)
- WQ HCH MoC Expert Advisory Group
- WQPHN General Practice Network
- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)

### **COLLABORATION**

- General Practices
- The University of Queensland – Mater Research Institute
- WQ HCH Working Group
- Partner NGOs (RFDS, HWQ, CheckUp)
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)



# HSI2 (21–22) HEALTHPATHWAYS SUPPORT



## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Digital Health

### AIM OF ACTIVITY

To develop and localise HealthPathways platform to ensure WQ primary health care clinicians and their patients have access to a single online assessment and management portal at the point-of-care, to assist clinical prioritisation, navigation of primary, secondary and tertiary referral pathways, for improved patient experience.

### DESCRIPTION OF ACTIVITY

WQPHN will work in collaboration with the three HHSs to develop and maintain HealthPathways through;

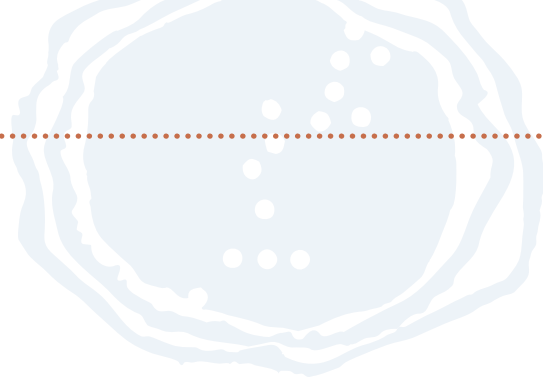
- providing program management and overarching governance
- recruiting clinical editors from across the three HHS regions
- continuing to develop pathways as prioritised by local clinicians that link to external referring hospitals and specialists
- incorporating advice and feedback from Clinical Chapters and Clinical Council as appropriate
- utilising HealthPathways to improve the patient experience within the health system including Aboriginal and Torres Strait Islander and other vulnerable population cohorts
- systematising workflows, governance and communication structures that enable contribution
- accessing local and region-wide training in the utilisation of HealthPathways
- promoting the suite of the developed pathways as they become available on the HealthPathways platform
- use existing consortia, working groups and others to commence co-design/re-design of pathways e.g. Mental Health, Suicide Prevention, Alcohol and Other Drugs Plan and domains to inform Mental Health Pathways
- working with Aboriginal and Torres Strait Islander agencies and advocates to ensure relevant pathways have content and advise appropriate for this cohort. Lead state-based health pathways development in this area
- working closely with three (3) HHSs to explore and find solutions to system and pathway shortfalls through codesign and redesign workshops.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Work with partners to integrate both organisationally and financially the health system in Western Queensland	54
Implement strategies to prevent and provide better care for chronic conditions: lifestyle diseases and their risk factors (cario)	68



## Activity Consultation and Collaboration

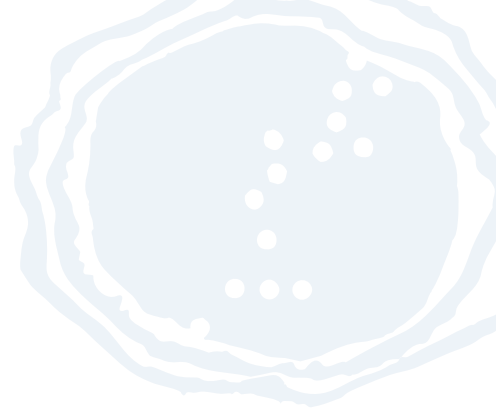
### **CONSULTATION**

- General Practices
- Clinical Chapters – SW, CW, NW
- Clinical Council
- HHSs – SW, CW, NW
- WQHSIC (Maranoa Accord)
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- Queensland Health
- Queensland PHN HP working collaboration

### **COLLABORATION**

- WQ HP Working Group
- General Practices
- Clinical Chapters – SW, CW, NW
- Nominated Clinical Editors
- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)

# HSI3 (21–22) HEALTH INTELLIGENCE



## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To expand health and business intelligence infrastructure and capability in support of Commissioning excellence and engagement, and apply evidence to achieve value-based delivery models.

### DESCRIPTION OF ACTIVITY

WQPHN's Health Intelligence Unit will support Commissioning excellence through:

- **Health Planning:** identify prioritised health and service needs through population health planning, policy and place-based approaches within the 7 localities of the WQPHN catchment
- **Data Enablement:** building data enablement capacity of WQPHN and stakeholders through engagement, developing competency, expanding footprint to support people, places and partnerships
- **Data Governance:** build data governance capability through overall management of usability, availability, integrity and security of data
- **Data Storage, Collection and Use:** consolidate infrastructure to improve the collection and usability of data for driving population health insights
- **Data Quality:** to provide timely and accurate information to manage accountability of commissioning, reporting and evaluations
- **Annual Health Assessments:** ensure currency of qualitative and quantitative population level data within the Health Needs Assessment and provide validation against contemporary population level outcome measures.

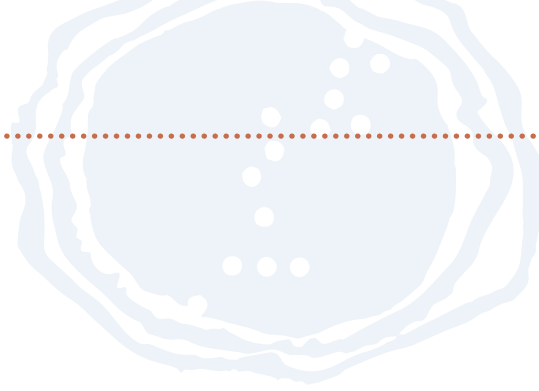
## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Improve Aboriginal and Torres Strait Islander Peoples' access to high quality, culturally appropriate health care, including primary care and care coordination services.	n/a
Implement strategies to prevent and provide better care for chronic conditions: lifestyle diseases and their risk factors (cario)	68
Implement strategies to prevent and provide better care for chronic conditions: mental health and substance misuse	68
Implement strategies to improve maternal, child and adolescent health and wellbeing	76





## Activity Consultation and Collaboration

### CONSULTATION

- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- General Practice Networks
- RFDS Queensland
- Health Workforce Queensland
- CheckUP
- Office of Rural and Remote Health
- e-Health Rural and Remote Committee
- QAIHC
- Consumer and Clinical Councils
- Local Government Organisations
- Other Queensland PHNs
- Queensland Health
- Centre for Rural and Remote Health – James Cook University
- The University of Queensland Mater Research Institute
- The University of Queensland, Substance Use and Mental Health Unit
- Central Queensland University
- Roses in the Ocean
- Australian Digital Health Agency
- Western Australia Primary Health Alliance (WAHPA) – custodians of Primary Health Insights
- Gold Coast PHN (Primary Sense)
- Primary Health Insights Data Community of Practice
- RHealth
- Aginic
- AIHW
- Consumers, carers and people with lived experience of health services

### COLLABORATION

- WQHSIC (Maranoa Accord membership)
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)
- General Practice Networks
- Queensland Health

# HSI4 (21-22) BUSINESS, COMMISSIONING AND SUPPORT

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Other (please provide details)

### OTHER PROGRAM KEY PRIORITY AREA DESCRIPTION

Commissioning

### AIM OF ACTIVITY

To implement a commissioning system informed by appropriate health intelligence, that enables corporate governance, financial accountability, performance monitoring, quality management and clinical governance, to ensure a values-based-care approach.

### DESCRIPTION OF ACTIVITY

The Business, Commissioning and Support Unit will ensure:

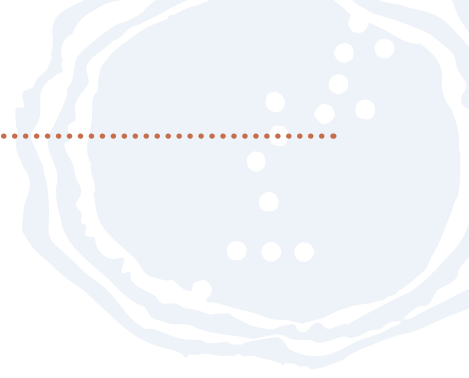
- data aligns with commissioning decision making in collaboration with the Health Intelligence Unit
- that strategies and systems are in place to monitor and manage the performance of commissioned services
- the CEO and Executive Management Team are supported for planning, reporting and compliance activity
- a system is implemented for measuring organisational capability and compliance
- that decisions are informed by risk assessment and mitigation strategies
- standards of financial accountability and practice are supported by relevant policy and procedure
- that quality management systems are maintained for re-certification (ISO 9000:2015)
- continuous business system improvement within a quality framework, inclusive of human and infrastructure resourcing.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference



## Activity Consultation and Collaboration

### **CONSULTATION**

- PHN Network and Professional linkages
- PHN Deliverables and Commissioning subgroup
- Queensland PHN Network (including commissioning and CFO subgroups)

### **COLLABORATION**

- Commissioned Service Providers
- Queensland and National PHN



# GPS1 (20–21) GENERAL PRACTICE SUPPORT



## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To support General Practice networks and GP leadership across Western Queensland to provide a quality assured contemporary model of care in rural and remote regions.

### DESCRIPTION OF ACTIVITY

WQPHN will:

- support General Practice workforce development
- support practices to implement innovative modalities of service delivery including telehealth care
- support practices in the meaningful use of digital health systems to streamline the flow of patient information
- improve systems to deliver quality care through enrolment in the WQ Health Care Home Model of Care (WQ HCH MoC)
- address the 3 domains for change: access to care; preventative care; chronic and complex care; and the associated 10 foundations: engaged leadership; embedding CQI; infrastructure; digital health infrastructure; patient centred cultural competency; primary care governance; performance; quality data
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care, through a maturity matrix assessment to measure the following: business and health intelligence; change management; workforce innovation; primary care partnerships; service frameworks; connecting care
- promote and improve the uptake of practice accreditation and PIP incentives
- develop health information management systems to inform quality improvement in health care, specifically, the collection and use of clinical data within practices
- work with partner organisations to identify and implement evidenced-based systematic support, to improve General Practice performance, sustainability and responsiveness.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Implementation of the WQ HCH MoC	59
Broad endorsement and uptake of the WQ HCH	79

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- QPHN practice support network
- WQHSIC (Maranoa Accord)
- WQ HCH MoC Expert Advisory Group
- WQPHN General Practice Network
- HHSs – SW, CW, NW
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)

### COLLABORATION

- General Practices
- University of Queensland – Mater Research Institute
- WQ HCH Working Group
- Partner NGOs (RFDS, HWQ, CheckUp)
- Nukal Murra Alliance – partners (CWAATSICH, CACH, Goondir and Gidgee Healing)

# CF-COVID-PCS – 1 – CORE-COV-PCS1 (21-22)

## COVID PRIMARY CARE SUPPORT

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### Activity Priorities and Description

#### PROGRAM KEY PRIORITY AREA

Population Health

#### AIM OF ACTIVITY

To provide support for Australia's COVID-19 Vaccine and Treatment Strategy to primary, aged care and disability sectors.

#### DESCRIPTION OF ACTIVITY

Provide support to GPRC, General Practices, Aboriginal Community Controlled Health Services (AICCHS) to identify vulnerable groups for COVID-19 to provide necessary checks and information to ensure safety and continuity of regular care for these patients as required including in their homes or by telehealth care;

- provide guidance and expert advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (AICCHS), Royal Flying Doctors Service (RFDS), residential aged care facilities (RACF), disability accommodation facilities and governments on local needs and issues particularly for rural and remote region;
- coordinate vaccine rollout within RACFs and disability accommodation facilities for phase 1a of the Strategy as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting;
- coordinate the delivery of vaccination services to RACFs and Multi-purpose Health Service (MPHSs) in the WQPHN area including particularly needs of rural and remote services;
- conduct a needs assessment in the WQPHN region followed by a rapid expression of interest process to identify suitable General Practices and GPRCs to participate from Phase 1b of the Strategy and provide advice to the Department on the selection of those sites;
- support vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support;
- support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities
- develop and provide access to COVID-19 health pathways sites in collaboration with the HealthPathways community and Clinical Excellence division
- assign designated WQPHN employees to develop a COVID Taskforce with membership across WQPHN teams and a COVID-19 Response Team with develop, plan and execute the above activities
- support a collaboration of rural and remote partners to ensure a fit for purpose COVID-19 Vaccine Rollout across the WQPHN region including all of community rollout in towns with >5000 populations
- develop patient education material through GoShare platform to support GPRCs to inform patient of COVID safe practices including aboriginal and Torres strait islanders and CALD populations
- develop resources, and communication channels including MailChimp, regular updates and social media
- develop a designated website and Information packs to supply one source of truth for COVID-19 information, useful links and resources to support the GPRC program including links to the eligibility checker and Health Pathways.

# Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

## PRIORITIES

Needs Assessment Priority	Page Reference
Work with partners to integrate both organisationally and financially the health system in Western Queensland	54
Improve access to culturally competent PHC for Indigenous People	63
Implement strategies to prevent and provide better care for chronic conditions: lifestyle diseases and their risk factors (cario)	68

## Activity Consultation and Collaboration

### CONSULTATION

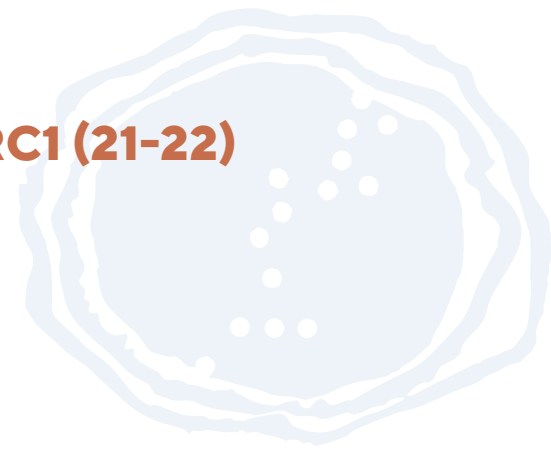
- GPRCs
- General Practice
- RFDS Queensland
- AICCHS
- HHSs, NW, CW, SW

### COLLABORATION

- General Practice
- AICCHS
- RFDS Queensland
- HHSs, NW, CW, SW
- Queensland Health

# COVID-GPLRC – 1 – CORE-COV-GPLRC1 (21-22) GP-LED RESPIRATORY CLINICS

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

The aim of the GP Respiratory Clinic Program is to provide ongoing support in relation to the Australian Government's COVID-19 response including:

- Identifying potential GP-led Respiratory Clinic (GPRC) sites; and
- Support the ongoing distribution of personal protective equipment (PPE) to primary care services as directed by the Australian Government Department of Health and Ageing (DoH).

### DESCRIPTION OF ACTIVITY

- Design, Plan and Implement a process through Expression of Interest to identify GP Respiratory Clinics (GPRC) in the WQPHN region
- Liaise with DoH, Aspen and identified GPRC to support the contracting, setup, infection control, PPE supply and final infection control and process assessment of GPRCs
- Develop a designated website and Information packs to supply one source of truth for COVID-19 information, useful links and resources to support the GPRC program
- Develop resources, and communication channels including Mailchimp, regular updates and social media
- Develop and disseminate GPRC and General Practice resources to support the readiness and responsiveness for COVID-19 safe practices and guidelines e.g. checklists, receptionist scripts, infection control guidelines etc
- Develop patient education material through GoShare platform to support GPRCs to inform patient of COVID safe practices including Aboriginal and Torres Strait Islanders and CALD populations
- Plan and implement a process for efficient supply and delivery of PPE for rural and remote regions including storage, packing and delivery of PPE within COVID-19 safe guidelines
- Ensure there is clear direction and information of where to access COVID-19 testing clinics within the WQPHN region including when it is necessary to get a test and what to do while waiting for results etc
- Liaise and work with partners in the WQ region including Hospital and Health Services (HHS), Royal Flying Doctors service (RFDS), General Practice, and other providers to ensure there are consistent messages and information disseminated regarding COVID-19 information
- Assist DoH to identify and provide support to GPRC Request for Information process to expand clinics to COVID-19 Vaccination Sites
- Support a collaboration of rural and remote partners to ensure a fit for purpose COVID-19 Vaccine Rollout across the WQPHN region including all of community rollout in towns with >5000 populations
- Assign designated WQPHN employees to develop a COVID Taskforce with membership across WQPHN teams and a COVID-19 Response Team with develop, plan and execute the above activities
- Support the development of specific COVID-19 Health Pathways with the support of the HealthPathways community and the Clinical Excellence Division
- Launch and continue WQPHN Health Pathways program 3 months early to support the dissemination of COVID-19 information and resources.

## Needs Assessment Priorities

WQPHN Needs Assessment 2019–20 – 2021–22

### PRIORITIES

Needs Assessment Priority	Page Reference
Work with partners to integrate both organisationally and financially the health system in Western Queensland	54
Improve access to culturally competent PHC for Indigenous People	63
Implement strategies to prevent and provide better care for chronic conditions: mental health and substance misuse	68

## Activity Consultation and Collaboration

### CONSULTATION

- Department of Health
- General Practice
- RFDS Queensland
- AICCHS
- HHSs, NW, CW, SW

### COLLABORATION

- General Practice
- AICCHS Queensland
- RFDS
- HHSs, NW, CW, SW