Western Queensland Primary Health Network

Core Funding

2023/24 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: C-COVVVP-1 (22-DEC23) VULNERABLE PEOPLES VACCINATION PROGRAM

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

To expedite the vaccination of vulnerable populations.

DESCRIPTION OF ACTIVITY

To commission primary care vaccination providers to support and coordinate targeted and short-term local solutions that enable the delivery of vaccinations to vulnerable populations including:

- those who are experiencing homelessness
- people with disability or are frail and cannot leave home
- people in rural and remote areas with limited healthcare options
- culturally, ethnically and linguistically diverse people
- those who are not eligible for Medicare and/or live in an area without access to a state, territory or Commonwealth Vaccination Clinic
- aged care and disability workers

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 05 – Local approaches to deliver coordinated care	79

Activity Demographics

TARGET POPULATION COHORT

Vulnerable Populations.

Activity Consultation and Collaboration

CONSULTATION

- General Practice, AICCHS

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

31/12/2023

ACTIVITY: C-LWCPCCP-1 (22-23) POSITIVE COMMUNITY CARE PATHWAYS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to support and strengthen the health system to manage the anticipated increase in COVID-19 positive cases as Australia progresses into phases B and C of the National Plan to transition Australia's National COVID Response.

DESCRIPTION OF ACTIVITY

WQPHN will work in partnership with our Hospital and Health Services (HHS), GPs and other stakeholders (e.g. the Aboriginal community-controlled health sector) to develop or update COVID-positive community care pathways for our region.

The pathways must:

- provide clear treatment and escalation pathways through the local health system which supports both primary care and hospitals so that they are not overwhelmed or treating patients in clinically inappropriate settings
- be consistent with the overall national scheme for COVID-positive community care pathways, with relevant State/Territory guidance, and with the RACGP guidelines for care of COVID positive patients
- be responsive to the needs of at-risk populations, including people in residential aged care facilities, older Australians, Aboriginal and Torres Strait Islander Australians, people with disability, culturally and linguistically diverse groups, and people in socioeconomically disadvantaged circumstances
- support efficient testing arrangements including after-hours access to assessment and care
- clearly delineate between formal hospital in the home arrangements (where the patient is admitted by a doctor to receive care delivered by a hospital) and – where the patient does not require admission – GP-led care in the community

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Whole population.

Activity Consultation and Collaboration

CONSULTATION

- Hospital and Health Services
- Queensland Health
- General Practice Peaks
- General Practice
- AICCHS
- Healthdirect

COLLABORATION

- Health Consumers Queensland

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2023

ACTIVITY: C-LWCSNMS-2 (22-23) SUPPORT FOR PRIMARY CARE FROM THE NMS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to support and strengthen the health system to manage the anticipated increase in COVID-19 positive cases as Australia progresses into phases B and C of the National Plan to transition Australia's National COVID Response.

DESCRIPTION OF ACTIVITY

This activity supports the management of COVID-positive cases in the community through access, compliance arrangements, and distribution of Personal Protective Equipment (PPE) and pulse oximeters from the National Medical Stockpile (NMS) to individual primary care practices within the region which includes to general practices, General Practice Respiratory Clinics (GPRCs), Aboriginal Community Controlled Health Services (ACCHSs).

This is in addition to existing obligations on PHNs for facilitating access to PPE as described under Tranche 42 and 53, or where there is a major outbreak or a hotspot has been declared by the Commonwealth Chief Medical Officer. PHNs are to provide access to PPE to health practitioners with demonstrated need, including where:

- there is no local supply available commercially
- where practices are in a location where there may be community transmission of COVID
- where practices have an unusual number of patients presenting with respiratory symptoms

Under the new arrangements, WQPHN will also develop and implement processes to facilitate access to one initial PPE bundle per clinician for general practices willing to see COVID positive patients face to face. This will include:

- development and provision of PPE request forms to general practices
- processing of completed PPE request forms
- ordering PPE via the National Medical Stockpile
- transitioning and maintaining the program when a national distributor is appointed

WQPHN will employ a staff member to manage PPE supplies, ordering and associated educational needs for clinical staff e.g. Fit testing, use of Oximeters and Infection Control.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76

Activity Demographics

TARGET POPULATION COHORT

General Practice, AICCHs, GPRCs and Pharmacies.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- QPHN practice support network
- General Practice Peaks

COLLABORATION

- Clinical Chapters
- Primary Care Queensland SHECC
- Health Consumers Queensland

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2023

ACTIVITY: C-LWCCHV-3 (22-23) COMMISSIONED HOME VISITS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to support and strengthen the health system to manage the anticipated increase in COVID-19 cases as Australia progresses into phases B and C of the National Plan to transition Australia's National COVID Response.

DESCRIPTION OF ACTIVITY

WQPHN will engage clinical service providers to undertake home visits to provide care to COVID-19 positive patients, where their GP does not have capacity. The service will integrate with a person's regular care team. Participating clinical service providers will access or be provided with guidance on communication and clinical and governance protocols, escalation pathways, national assessment and risk stratification guidelines, PPE guidelines and home visiting protocols.

WQPHN will collect quantitative data on the program for reporting to Department of Health.

Access to these home visits will align with other aspects of the Living with COVID measures.

WQPHN will employ a staff member with clinical skills to support this program.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Whole population.

Activity Consultation and Collaboration

CONSULTATION

- General Practice
- AICCHS

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2023

ACTIVITY: CF - 1 (23-24) COMMISSION CLINICAL, PREVENTATIVE & HEALTH PROMOTION SERVICES IN RURAL & REMOTE AREAS

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 current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy, 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 to GP referral pathways, aligned with the current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy
- 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 use of telehealth care
- support integrated care that is customised to meet the unique rural, remote and hard to reach populations in WQ
- 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
- increase access to consistent, available and targeted preventative health promotion and behaviour change programs that aim to meet the needs of vulnerable and disadvantages populations
- access a localised HealthPathways platform to provide a single online assessment and management portal to assist clinical prioritisation, navigation of primary, secondary and tertiary referral pathways for improved patient experience

WQPHN will:

- build local capacity of commissioned primary health providers to improve access to care through more integrated approaches, uptake and adoption of the current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy 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, HWQ and Nukal Murra Alliance
- support commissioned primary health providers to explore alternative clinical, preventative health methods and health promotion better suited to support and increase rural and remote community engagement and access such as Allied Health Assistants and telehealth
- collaborate with My Community Directory to increase localised awareness of clinical, preventative and Health promotion services in rural and remote communities

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 11 – Allied health workforce	86
Recommendation 13 – Broader primary health care	86
Recommendation 09 – Leadership	85
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 06 – Empowering individuals, families, carers and communities	76
Recommendation 07 – Comprehensive preventive care	76
Recommendation 16 – Care innovation	76
Recommendation 03 – Funding reform	75
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

People at risk of developing or living with a chronic condition.

Activity Consultation and Collaboration

CONSULTATION

- CheckUP
- HWQ
- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- Diabetes Queensland
- Children's Health Qld
- Education Qld
- Schools
- RFDS
- NWRH
- Heart Foundation
- North Qld Sports Foundation
- APNA
- AAPM
- HHSs - SW, CW, NW
- Commissioned Allied Health Service Providers
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Heart Foundation (lifestyle modification program)

COLLABORATION

- CheckUP
- Diabetes Queensland
- Commissioned Allied Health Service Providers
- North Qld Sports Foundation (Move it Program)
- Bush Kids
- Education Qld
- Pre and primary schools
- HWQ
- General Practices
- HHSs - SW, CW, NW
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Mornington Island Health Council
- Local Government
- My Community Directory

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: CF - 2 - C-CF-2 (23-24) PRACTICE-BASED COMMISSIONING - WQPHN MODEL OF CARE & LOCALITY STRATEGY

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 current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy.

DESCRIPTION OF ACTIVITY

Undertake a 'practice-based commissioning' approach that integrates a Quintuple Aim approach and evidence informed milestone measures to support and measure uptake of the current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy.

Ensure commissioned general practices:

- support a communities of practice methodology, share data, utilise the WQPHN 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: ready access to care; proactive preventative care; managing chronic and complex care; and the associated 10 foundations: 1. engaged leadership; 2. embedding CQI; 3. infrastructure; 4. digital health; 5. patient centred; 6. cultural competency; 7. team-based care; 8. primary care governance; 9. performance; 10. quality data
- enable greater business sustainability through tailored health and financial intelligence and informatics
- strengthen GP lead 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 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 change within the 3 domains and 10 foundations
- 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 Practice Incentive Payments (PIP)
- support provision of data licences through practice data management agreements to support the data sharing capabilities for General Practices/AICCH's/HHS/RFDS through the Primary Health Insights data governance structures

- provide eConsultant program in partnership with UQMRI, Qld Health and Mater Hospital to support Primary Healthcare organisations to manage their chronic and complex patient cohorts through a secure messaging service
- work with partners e.g. workforce agencies, universities, HHSs, RFDS to develop innovative solutions to remove identified barriers for the current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy
- provide Patient Activation Measure (PAM) licences and train the trainer support to pilot the program with WQ HCHs

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76

Activity Demographics

TARGET POPULATION COHORT

Primary healthcare practices across the 7 commissioning localities of the WQPHN, who have an enrolled practice population.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- QPHN practice support network
- WQHSIC (Maranoa Accord)
- WQPHN General Practice Network
- Health Workforce Queensland
- James Cook University (Mt Isa CRRH)
- University of Queensland Mater Research Institute
- HHSs - SW, CW, NW
- CheckUp
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

COLLABORATION

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

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

30/06/2023

ACTIVITY: CF - 1 - C-CRP-1 (23-24:V2) PHN CLINICAL REFERRAL PATHWAYS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Digital Health

AIM OF ACTIVITY

The aim of the PHN Clinical Referral Pathway is to continue to support the creation, review, enhancement and promotion of service information and referral pathways on the HealthPathways platform.

DESCRIPTION OF ACTIVITY

The activity will ensure that there are a variety of Clinical Health Pathways that are localised and meet the needs of the WQPHN region including supporting local health professional to provide advice and referrals that are focused on the region.

The WQPHN will continue to engage with various stakeholders to ensure that there are adequate and appropriate Clinical Health Pathways including:

- clinical editors with local knowledge and experience to ensure that local health pathways are current and operate within the constraints of access
- ensuring that through Clinical Chapter Meetings and other Clinical forums that Clinical Health Pathways are socialised and used as a continuous improvement opportunity and ensure Pathways are current with information
- ensuring that orientation of new staff within the area includes the HealthPathways program and that this is updated regularly so that all health professionals continue to be aware of health pathways and provide constant feedback if there are changes locally

WQPHN will undertake regular evaluative review of HeathPathways usage to inform ongoing enhancements of their content and promotion. This will be undertaken as part of our Health Pathways processes including:

- clinical editors review
- two weekly community clinical reviews with stakeholders and then publishing onto the Health Pathways site
- ongoing communication in all forms in relation to ongoing updating of the pathways as and when it is necessary

Work will be undertaken to gather the existing Health Pathways in line with the newly developing Ageing in the Outback Strategy with an end to end process in the Ageing Continuum of Care in WQ. This Pathways will develop in the Healthy Ageing and Early Intervention space through to General Practice and Care Planning through to referral pathways to Allied Health and ultimately Care Finders and Packaged Care where services in aged care will be funded from.

These pathways will ensure that there is access to the right care at the right time in the right place and that clinicians are aware of the processes and how to link as do consumers.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Anyone needing to access health and support services.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Clinical Chapters - SW, CW, NW
- Clinical Council
- HHSs - SW, CW, NW
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks

COLLABORATION

- General Practices
- Other primary care providers
- Clinical Chapters - SW, CW, NW
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: CF - 1 - C-DCPR-1 (23-24) DEMENTIA CONSUMER PATHWAY RESOURCE

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

The activity aims to develop consumer-focused dementia support pathway resources detailing the support available for people living with dementia, their carers and families.

DESCRIPTION OF ACTIVITY

WQPHN will work in collaboration with HHSs, Dementia Australia and other stakeholders to:

- in association with the HealthPathways dementia pathways work, consult broadly across the aged care and dementia sectors, including but not limited to local primary care clinicians, allied health, aged care providers, other health providers, peak bodies and consumers about gaps in consumer information about dementia
- develop high quality resources for consumer use outlining services and options in the prevention and management of dementia in Western Qld
- consider the roles of local, state and federal government, private and community-driven services and support

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 15 – Digital infrastructure	91
Recommendation 06 – Empowering individuals, families, carers and communities	76
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

WQPHN population cohort requiring dementia prevention and management services and support.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- WQPHN Consumer Council and HHS Consumer Advisory Networks
- Clinical Chapters - SW, CW, NW
- Clinical Council
- HHSs - SW, CW, NW
- Maranoa Accord (WQHSIC)
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks
- Aged Care and Dementia peak bodies (e.g. Dementia Australia)

COLLABORATION

- WQ HP Steering Group
- General Practices
- WQPHN and HHS Consumer Advisory Networks
- Other primary care providers
- Clinical Chapters - SW, CW, NW
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks
- Dementia Australia

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: CF - 2 - C-CRP-2 (23-24) AGED CARE CLINICAL REFERRAL PATHWAYS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Digital Health

AIM OF ACTIVITY

The aim of the Aged Care Clinical Referral Pathway is to continue to support the creation, review, enhancement and promotion of aged care related information and referral pathways on the HealthPathways platform.

DESCRIPTION OF ACTIVITY

The activity will ensure that there are a variety of Aged Care Health Pathways that are localised and meet the needs of the WQPHN region including supporting local health and aged care professionals to provide advice and referrals that are focused on the region.

The WQPHN will:

- ensure that there are comprehensive Aged Care Clinical Referral Pathways available for health professionals to provide advice referral and connections for older Australians into local health, support and aged care services
- continue to work with all health professionals, Aged Care groups and providers to ensure that there is clear visibility to embed Aged Care pathways in relation to how people navigate through the aged care and health systems and that this is clearly articulated to clinicians and other health professionals within the region
- promote and seek feedback of pathways via Clinical Chapters, Consumer/Provider Forums and other relevant opportunities where applicable

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Anyone needing to access aged care related health and support services.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Clinical Chapters - SW, CW, NW
- Clinical & Consumer Councils
- HHSs - SW, CW, NW
- Aged Care services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks

COLLABORATION

- General Practices
- Other primary care providers
- Clinical Chapters - SW, CW, NW
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Aged Care Services
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: CF - 3 - C-CRP-3 (23-24) DEMENTIA SUPPORT PATHWAYS

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Digital Health

AIM OF ACTIVITY

The aim of the Dementia Support Pathways is to continue to support the creation, review, enhancement and promotion of dementia related information and referral pathways on the HealthPathways platform.

DESCRIPTION OF ACTIVITY

The activity will ensure that there are Dementia Support Pathways that are localised and meet the needs of the WQPHN region including supporting local health professionals to provide optimal dementia related service support advice and referrals that are focused on the region.

The WQPHN will continue to engage with various stakeholders to ensure that there are adequate and appropriate Dementia Support Pathways including:

- seeking the ongoing input and support of Dementia Australian to ensure national consistency of pathways as appropriate to the WQPHN region
- engaging Clinical Editors to ensure pathway content supports improved timeliness of dementia diagnosis
- reducing barriers to accessing dementia specific post-diagnostic services and supports through improved availability of current and accurate service information
- promoting the availability of pathways via relevant and targeted networks, forums and meetings
- regular evaluative review of pathway content from the perspective of health professionals and consumers

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 15 – Digital infrastructure	91
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Anyone needing to access dementia related health and support services.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Clinical Chapters - SW, CW, NW
- Clinical & Consumer Councils
- HHSs - SW, CW, NW
- Dementia support services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks
- Dementia Australia

COLLABORATION

- General Practices
- Other primary care providers
- Clinical Chapters - SW, CW, NW
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Dementia support services
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks
- Dementia Australia

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: HSI - 1 - C-HSI-1 (23-24) WQPHN MODEL OF CARE & LOCALITY STRATEGY 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 and support GP leadership in securing a comprehensive primary healthcare 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 current WQ Health Care Home Model of Care and the imminent Healthy Outback Communities (HoC) model including the Locality Strategy
- address the 3 domains for change: ready access to care; proactive preventative care; managed chronic and complex care; and the associated 10 foundations: 1. engaged leadership; 2. embedding CQI; 3. infrastructure; 4. digital health; 5. patient centred; 6. team-based care; 7. cultural competency; 8. primary care governance; 9. performance; 10. quality data
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care, through a maturity matrix assessment to measure change within the 3 domains and 10 foundations
- promote and improve the uptake of practice accreditation and Practice Incentive Payments (PIP) 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

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76

Activity Demographics

TARGET POPULATION COHORT

Whole of general practice population.

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Clinical Chapters
- Clinical Council
- Consumer Council
- QPHN practice support network
- WQHSIC (Maranoa Accord)
- WQPHN General Practice Network
- HHSs - SW, CW, NW
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

COLLABORATION

- General Practices
- University of Queensland – Mater Research Institute
- James Cook University - CRRH
- Partner NGOs (RFDS, HWQ, CheckUp)
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: HSI - 3 - C-HSI-3 (23-24) 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 location aware 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: evolve data governance capability through overall management of usability, availability, integrity and security of data
- data storage, Collection & 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, monitoring 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

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 08 – mproved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 11 – Allied health workforce	86
Recommendation 09 – Leadership	85
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 06 – Empowering individuals, families, carers and communities	76
Recommendation 07 – Comprehensive preventive care	76
Recommendation 03 – Funding reform	75
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Whole of WQPHN population.

Activity Consultation and Collaboration

CONSULTATION

- HHSs - SW, CW, NW
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- General Practice Networks
- RFDS (Qld)
- 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 QLD PHNs
- Queensland Health
- Centre for Rural and Remote Health – James Cook University
- University of Queensland Mater Research Institute
- 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

- Western Queensland Health System Integration Committee (Maranoa Accord membership)
- Nukal Murra Allliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: HSI - 4 - C-HSI-4 (23-24) BUSINESS, COMMISSIONING AND SUPPORT

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

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 Senior 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

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 10 – Building workforce capability and sustainability	86
Recommendation 13 – Broader primary health care	86
Recommendation 09 – Leadership	85
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

Whole of WQHN.

Activity Consultation and Collaboration

CONSULTATION

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

COLLABORATION

- Commissioned Service Providers
- Queensland and National PHN

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2024

ACTIVITY: CF-COVID-PCS - 1 - C-COVPCS-1 (22-DEC23) COVID PRIMARY CARE SUPPORT

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 (ACCHs) 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 (ACCHs), 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 Health Pathways 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

NEEDS ASSESSMENT

WQPHN Needs Assessment 2021/22-2023/24

PRIORITIES

Priority	Page Reference
Recommendation 04 – Aboriginal and Torres Strait Islander Health	77
Recommendation 08 – Improved access for people with poor access or at risk of poorer health outcomes	81
Recommendation 05 – Local approaches to deliver coordinated care	79
Recommendation 02 – Single primary health care destination	76
Recommendation 01: One system focus	75

Activity Demographics

TARGET POPULATION COHORT

All over 18 years, vulnerable populations for COVID 19.

Activity Consultation and Collaboration

CONSULTATION

- PGPRCs
- General Practice
- RFDS
- ACCHs
- HHSs

COLLABORATION

- General Practice
- AICCHs
- RFDS
- HHSs
- QHealth

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2022

ACTIVITY END DATE

31/12/2023