



An Australian Government Initiative



# **OUR PEOPLE OUR PARTNERSHIPS OUR HEALTH**

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## **2018–2019 Annual Report**

Western Queensland Primary Health Network



## THE HANDSHAKE

He thrust his hand out boldly, with a smile upon his face,  
Then glancing down he pulled it back, in shame and half disgrace.  
'Sorry love my hand is way too dirty, to shake the likes of yours,  
'There's grease and dirt and God knows what, on my rough old paws.'  
His smile just briefly faded, as he wiped them on his shirt,  
'Mate won't bother me' I quickly said, 'it's just a bit of dirt'.

I wonder did he even see, the story in his hand,  
All the blisters, cuts and bruises, from him working on the land.  
The bent and broken finger, from when the micky hit the gate,  
The cracked and blackened fingernail, when he held a chisel for a mate.  
He may have seen those battle scars, but did he see the rest?  
The story of his life laid there, a toiler of the best.

Those hands have cut the mulga, put out the licks and block,  
And from a muddy dam, they have pulled the dying stock.  
They guide the header through the crop, over hectares ripe and gold,  
Then into church on Sunday, his partners' hand they hold.  
Embedded with black diesel grease, and burrs from woolly sheep,  
They brush the frost off windscreens, as he starts while others sleep.

His hands have tied the truckie knots, to hold the precious load,  
Then they steer the massive road train, as it rumbles down the road.  
They proudly taught his son just how, to hold that cricket bat,  
They clean the trough, shoe the horse, and help a lady change a flat.  
Leather they have polished, then tightened up the girth,  
They gentle break the yearling colt, and draw mud maps in the dirt.

These hands have bled so many times; he scarcely feels the pain,  
They pass the footy, turn the snags, and check the gauge for rain.  
That hand has locked in contracts; with this hand, he gives his word,  
They have shovelled mud around the wheels, and have saved a baby bird.  
Hands that wave his hat about, pushing weaners up the race,  
They've held a tiny tea-set cup, to see the smile upon her face.

Hands that relocate a brown snake, when it somehow gets inside,  
They have evacuated green frogs, and buried Fluffy when she died.  
Those hands have cracked a stock whip, and dressed a fly blown sheep,  
They rub his aching back, as he dreams about some sleep.  
Tough hands that dug the postholes, and welded up the gate,  
They've rolled a fleece, cheered his team, and passed a cold one to a mate.

They've wiped the sweat, chased the flies, and even broken up a fight,  
They tap the calculator buttons, in his office late at night.  
Milking cows, digging grids, and carrying bags of grain,  
He has pressed those hands together, as he muttered prayers for rain.  
They fix the pump, start the siphons, and scratch his troubled head,  
And then they rub his weary eyes, as he finally heads to bed.

These hands untangle Christmas lights; kids and tinsel all around,  
They check the crop has sprouted, as they scratch into the ground.  
They tend the vines, they pick the fruit, they crush the sweetest cane,  
Then they hold a tiny pushbike seat, and cradle children in their pain.  
Hands that lay a wreath for grandad, as the haunting Last Post plays,  
They wrap around his family, as he waits for better days.

With these hands he fought the bushfire, to save his neighbours' crop,  
They have tied his daughter's laces, and thrown hay bales up on top.  
Those hands have fixed the windmill, and split the ironbark log,  
They've shorn the rams, checked the crops, and cupped water for his dog.  
To safety, they have pulled him, up the stockyard rail,  
And they wiped away his silent tears, when the crop got smashed with hail.

He looked a little ill at ease, as he stood there in the yard,  
Especially when I grabbed his hand, and shook it long and hard.  
I hope he understood, that I saw much more than grime,  
'Mate, it's just a bit of dirt', I uttered one more time.  
Looking past the grease and dirt; I see his joy, his pain, his tears,  
If you're watching with your heart, you see the story of his years.

**Mary O'Brien** – January 2019  
[www.areyouboggedmate.com](http://www.areyouboggedmate.com)

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## FRONT COVER:

Congratulations to Amy Woodhouse from Boulia, who is the winner of the WQPHN Annual Report Front Cover Photo Competition, with her winning photo of the dust storm in Central West Queensland.

# WHAT DRIVES US?

## OUR VISION

Western Queenslanders experiencing better health

## PURPOSE STATEMENT

To support a comprehensive and integrated primary health care system that delivers better health outcomes for the people of Western Queensland

## OUR GOALS

- Improve the health of our population and reduce inequalities
- Enhance patients' and families' access and experience of care
- Strengthen the capacity and capability of primary care
- Foster efficient and effective primary care

## OUR VALUES









## CHAIR'S REPORT

It is with great pleasure that I provide the Chair's report for the 2018-19 Western Queensland Primary Health Network (WQPHN) Annual Report. Having only come on to the Board in December 2018, this is my first contribution as Chair and I certainly recognise that it has been a busy year with some significant achievements.

This year we farewelled Dr Sheilagh Cronin, Matthew Cooke and Dr Stephen Buckland from the Board and I would like to thank and acknowledge their contributions to the organisation. Sheilagh is the founding Chair and her skills and experience in clinical practice throughout Western Queensland played a critical role in setting the strategic agenda for the organisation. I would also like to welcome our new Directors, Professor Sabina Knight, Sheryl Lawton, Dr Anna Cunningham and Jason Warnock.

Throughout 2018-19, the Health Care Home model has continued to be adopted across the region with a number of practices reporting improvements in their systematic approach to care, including complex chronic diseases. This has also facilitated the growth and capture of health intelligence, which will be critical to supporting the primary care sector into the future.

I am proud to acknowledge the work done to support and enhance services for Aboriginal and Torres Strait Islander people. The Nukal Murra Alliance and Lower Gulf Strategy provide innovative and strategic platforms to work with our Aboriginal and Torres Strait Islander Community Controlled

Health and State Health partners, to deliver services to a population group that continues to suffer inequity in access and health outcomes. Improving the health and wellbeing of Aboriginal and Torres Strait people in Western Queensland will continue to be a strategic priority for the WQPHN.

Western Queensland continues to be affected by a prolonged drought. However, February 2019 saw a major flood event that devastated several communities in the North and Central West. The unprecedented floods saw significant property damage and loss that will be felt for many years to come. These are some of the harsh realities of doing business in the bush but the WQPHN will continue to work with our communities, stakeholders, State and Federal counterparts to support the revival and resilience of these great communities.

Finally, I would like to thank my fellow Directors, our Chief Executive Officer (Stuart Gordon), the Clinical Chapter members, Clinical and Consumer Council members, Executive Management and all staff for their hard work and commitment over the past year. Collectively, the team continues to strive towards the delivery of a comprehensive and integrated primary health care system across Western Queensland.



**Dallas Leon**  
Chair



Dallas Leon (Board Chair) Stuart Gordon (CEO)

## CEO'S REPORT

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Our year has been defined by the extreme climatic events which continue to impact significantly on our Western Queensland populations. An uncompromising and brutal drought was broken only by an extraordinary one in one-hundred-year severe flooding event that devastated grazing communities in the North West. These events have dominated our focus throughout the year and fostered an urgency to remove barriers to enable collaboration, partnership and innovation.

I would like to acknowledge the incredible spirit of the people of Western Queensland, their strength and tenacity continues to inspire us. It has been a privilege to work alongside community, service providers, Mayors and partner organisations throughout the year. Despite the many things we cannot change about the weather, we have learnt important lessons about what can be achieved when we work together as a team.

The year has also been another of progress as our organisation expanded the volume and scope of primary care activities, introduced new commissioned providers and built on improvement opportunities with general practice and Aboriginal Community Controlled Networks. Partnerships are important, and they have been reinforced throughout the year including new collaboration with local Government, a flood response Alliance developed with the RFDS, partnering with the Sisters of the North campaign,

commissioning our own locally designed Weathering Well e-Mental Health tool and joint planning and commissioning with our Hospital and Health Service partner organisations.

I acknowledge and thank those early adopter general practice networks who have helped develop the Health Care Home Model of Care collateral; this program has seen direct benefits to patients and their clinical leadership has contributed to a comprehensive quality improvement framework built for our terrain.

Our work together with the Nukal Murra Alliance has delivered innovation and greater cultural integrity within a joint commissioning landscape. The important role our Aboriginal and Islander Community Controlled Health Services (AICCHS) contribute to build better access to planned and structured care is immense.

All this of course is largely impossible without our amazing and hardworking staff, our Clinical Chapters and Clinical and Consumer Councils. They are true believers scattered halfway across Queensland yet connected and universally motivated. Thank you for your effort, passion and dedication throughout a tough year, a year that has seen quality engagement, service transformation and increasing confidence in our partnerships. Correspondingly, the Board has overseen important governance changes and provided adept stewardship of the Company. I thank them for their support, in particular our Chairperson, Mr Dallas Leon, and look forward to working together in the year ahead.

**Stuart Gordon**  
Chief Executive Officer

# BOARD OF DIRECTORS

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**Mr Dallas Leon**  
(Chair)

Dallas is a Kalkadoon and Waanyi man that has worked in the Aboriginal and Torres Strait Islander field for over 20 years, holding a number of roles across Government and non-Government. Dallas previously held the role of CEO for Gidgee Healing, the Aboriginal Community Controlled Health Service in Mount Isa, where he was instrumental in leading the reform of primary health care services for Aboriginal and Torres Strait Islander people across North West Queensland and the Lower Gulf. He is currently employed by the Townsville Hospital and Health Service as the Executive Director, Aboriginal and Torres Strait Islander Health.



**Dr Christopher Appleby**  
(Director)

Chris has a Bachelor of Science (Honours), Masters of Business Administration and a Doctor of Philosophy. He is a Senior Lecturer and Practice Support Advisor at James Cook University and a Graduate of the Australian Institute of Company Directors. Chris serves as a Director on the Board of the North West Hospital and Health Service (NWHHS) and is Chair of the NWHHS Financial, Audit and Risk Management Committee. Chris has previously been an owner/Practice Manager of a remote General Practice in rural and remote Queensland for over 20 years.



**Dr Anna Cunningham**  
(Director)

Anna is a Fellow of the Royal Australian College of General Practitioners. She graduated from the University of Sydney Medical School in 2007, and has worked in Sydney, rural NSW and Melbourne before moving to Mount Isa in 2014. Her major interests are mental health, women's health, child and adolescent health and skin cancer medicine. She is currently completing a Masters of Psychiatry through the University of Melbourne and a Diploma of Skin Cancer Medicine through the University of Queensland. She is an Associate Lecturer at James Cook University and involved in teaching and supervising medical students who come to Mount Isa for rural rotations.



**Professor Sabina Knight**  
(Director)

Sabina is the Director of the Mount Isa Centre for Rural and Remote Health (MICRRH) at James Cook University. She comes from an extensive background in remote and Indigenous primary health care, public health education and workforce. Originally a Remote Area Nurse (RAN), she gained her Masters of Tropical Health from the University of Queensland and has held various clinical and leadership roles in remote health and education.



**Ms Sheryl Lawton**  
(Director)

Sheryl has been the CEO of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited (CWAATSICH) for the past 20 years. Prior to her becoming CEO, she was employed in many positions of influence within Aboriginal affairs and Aboriginal Community Controlled Services, spanning legal services, social housing, land council and childcare. Sheryl has been an avid representative of Aboriginal Affairs at regional, state and national levels and through her ongoing dedication, commitment and hard work, has seen CWAATSICH expand service delivery and become the lead service provider of comprehensive primary health care within the Far South West region.





**Mr James McGowan AM**  
(Director)

James (Jim) is a former Director-General for the Department of Community Safety, Department of Emergency Services and Justice and Attorney-General and led the Taskforce on Occupational Violence for Queensland's Hospital and Health Services. He is currently the Chair of the South West Hospital and Health Service and Adjunct Professor, School of Government and International Relations at Griffith University. Jim holds a Bachelor of Economics and a Diploma of Education, both from the University of Queensland.



**Mrs Vicki Murphy**  
(Director)

Vicki has a degree in Applied Science (Occupational Therapy) and post graduate qualifications in Health Economics. She has over 35 years' experience in the Health, Rehabilitation, Aged Care and Disability Services sectors within the private, state and federal arenas. Her recent positions include, Assistant Secretary, Primary and Ambulatory Care Branch, for the then Department of Health and Ageing and as a Senior Policy Advisor, Healthdirect Australia Ltd.



**Dr David Rimmer**  
(Director)

David is a Fellow of the Royal Australian College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine, is an Associate Fellow of the Royal Australian College of Medical Administrators and holds a Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. He has over 35 years' experience in General Practice and Emergency Medicine, with a lifetime interest in teaching and workforce development. He has recently stepped down as Executive Director of Medical Services for Central West Hospital and Health Service and continues a part time role as a Senior Medical Officer at Longreach, mentoring the next generation of rural doctors.



**Mr Jason Warnock**  
(Director)

Jason is currently the Director of Podiatry for the Metro North Hospital and Health Service in Brisbane. For more than 30 years he worked in his private podiatry practice in Townsville, which included regular visits to rural townships. He was the first podiatrist to deliver services to the Gulf of Carpentaria communities and for 20 years attended a monthly clinic on Palm Island. Jason was the inaugural Chair of the Podiatry Board of Australia from 2009 – 2012 and was awarded a Churchill Fellowship in 2008 to investigate diabetic foot care services in the Indigenous communities of USA and Canada.



**Ms Rachel Portelli**  
(Company Secretary)

Rachel is a graduate and Fellow of the Governance Institute of Australia, Fellow of the Institute of Chartered Secretaries and Administrators (United Kingdom) and a Graduate of the Australian Institute of Company Directors. For over 10 years she has specialised in providing corporate governance advice to not for profit entities.





# MEMBERS

During 2018-2019, the Western Queensland Primary Care Collaborative Ltd had 15 Members. No new membership applications were received during the year.

All Members contribute to WQPHN's overall purpose to support a comprehensive and integrated primary health system that delivers better health outcomes for the people of Western Queensland.

## FOUNDING MEMBERS

Central West Hospital and Health Service (CWHHS)
North West Hospital and Health Service (NWHHS)
South West Hospital and Health Service (SWHHS)

## MEMBERS

Australian College of Rural & Remote Medicine (ACRRM)
Carers Australia
CheckUp
Diabetes Queensland (DQ)
Health Workforce Queensland (HWQ)
Mount Isa Centre for Rural and Remote Health (MICRRH)
Pharmaceutical Society of Australia (PSA) (Queensland Branch)
Queensland Aboriginal and Islander Health Council (QAIHC)
Queensland Alliance for Mental Health (QAMH)
Queensland Network of Alcohol and Other Drug Agencies (QNADA)
Royal Flying Doctors Service (RFDS) Queensland
Services for Australian Rural and Remote Allied Health (SARRAH)

# CLINICAL COUNCIL AND CONSUMER ADVISORY COUNCIL

The WQPHN Clinical Council and Consumer Advisory Councils have continued their work in 2018-19 providing guidance and support in co-design and review of local strategies relevant to primary health care commissioning in Western Queensland.

Since the WQPHN was established in May 2015 there has been a consistent group of dedicated Council members on both Committees, with some seamless changes throughout the year as some of our long serving members moved on to new horizons.

St George GP Dr Tom Gleeson resigned as Chairperson during the year as a result of a planned family / professional 'sea change' interstate and has been instrumental in leading the WQPHN Clinical Council since 2016. CEO Stuart Gordon expressed his thanks to Dr Gleeson,

*"Dr Gleeson has always been a great advocate for the PHN and people of Western Queensland more broadly. He generously made time to support the South West Clinical Chapter group as Chair, and also has been an active and motivated member and Chairperson of our Clinical Council. Tom's leadership and enthusiasm has created momentum, maturity and a great collegiate culture of our Chapter and Councils."*

Dr Rosie Geraghty, an experienced Roma based GP and member of the Clinical Council since its establishment, has recently been appointed as the new Chairperson and is ideally placed to provide leadership to the WQPHN Clinical Council.

WQPHN Board Chairman, Dallas Leon, welcomed Dr Geraghty to the role,

*"Dr Geraghty brings the right balance of clinical and on-the-ground experience in rural and remote medicine understanding where the gaps are in the health system and how best to match that need. Rosie has been an engaged and active member of the Council since its inception and as such has contributed to our strategic commissioning approaches, including guidance and support for the Western Queensland Health Care Home Early Adoption Program."*

In 2018-19 WQPHN also welcomed some new members to our Clinical Council:

**Dr Abby Harwood**

Chief Medical Officer RFDS Queensland Section

**Dr David Rimmer**

General Practitioner and former EDMS CWHHS

**Ms Margaret Windsor**

Clinical Nurse Consultant and Senior Practice Nurse

**Ms Renee Blackman**

Chief Executive Officer, Gidgee Healing and Registered Nurse

**Ms Selena Gomersall**

Chief Executive Officer, Outback Futures and Clinical Psychologist

**Dr Sheilagh Cronin**

GP Flinders Medical Practice



"It's been another great year working with the WQPHN and continuing to develop the role, function and contribution of the Councils. Once again all Consumer Council members have expressed their desire to continue to work jointly with the Clinical Council and I think this is

where the magic is happening – as the clinical and non-clinical parts of the system come together and share ideas, experiences and help the WQPHN commissioning process."

John Palmer, Chair, Consumer Advisory Council



"Having been supportive of the Clinical Council since its commencement, I was very happy to accept the appointment as Chairperson and I acknowledge the great work and leadership of Tom during his term. Our Clinical Council is bringing a range of very experienced people together, people with great knowledge of our catchment populations. Importantly we feel we are contributing to solutions that are challenging the way primary care is being designed and delivered on the ground and looking back over the last four years there have been some real changes for the better."

Rosie Geraghty, Chair, Clinical Council



The two Councils have indicated their preference to meet collectively, and while time is taken for independent discussions, most of the clinical redesign and engagement is undertaken together and jointly chaired. During 2018-19 there were two face-to-face combined Council workshops with a wide range of topics and engagement opportunities including:

- Roll-Out of the WQ Health Care Home Model of Care (MOC) – Progress and Implementation
- Guidance on review of the Mental Health, Suicide Prevention, Alcohol & Drugs Regional Plan 2017 – 2020
- Contributing through key updates on commissioning activities including
  - Empowering our Communities funding and projects – Weathering Well Initiative e-Health Tool and Commissioning approach
  - Western Alliance for Mental Health – Flood response collaborative – Emerging issues and long-term plans
  - Nukal Murra Alliance – Update on health support services and Social and Emotional Wellbeing (SEWB)
- Strategic review of Place Based Commissioning (PBC) approaches under the Commissioning for Better Health – A Bushman’s Guide to Commissioning in Western Queensland
- Review of the Western Queensland Population Health and Workforce Needs Assessments
- Review and input into the WQ Diabetes Framework and the joint project work being done in collaboration with Diabetes Queensland on early intervention.



### CONSUMER ADVISORY COUNCIL MEMBERS 2019:

Ms Vanessa Ballard	Grazier – InnisCraig, Surat (SW)
Ms Rebecca Britton	Boulia Council (NW)
Mr Lane Brookes	South West Hospital and Health Service (SW)
Ms Donna Hobbs	Bulloo Council – Thargomindah (SW)
Ms Sheryl Lawton	CWAATSICH – Charleville (SW)
Mr John Palmer	Palmer BP Longreach (CW)
Mrs Maggie Wade	Charleville (SW)
Mrs Margie Webb	Muttaburra (CW)
Ms Margaret Woodhouse	North West Hospital and Health Service (NW)

### CLINICAL COUNCIL MEMBERS 2019:

Dr Don Bowley	RFDS, Qld Section (NW)
Ms Jen Williams	Central West HHS (CW)
Ms Jean Benham	Vital Health (SW)
Ms Ellaine Wingate	CWAATSICH (SW)
Dr Rosie Geraghty	Maranoa Medical (SW)
Dr Abby Harwood	RFDS Queensland Section (NW)
Dr Sheilagh Cronin	Flinders Medical (NW)
Dr David Rimmer	Central West HHS (CW)
Ms Margaret Windsor	Central West HHS (CW)
Ms Renee Blackman	Gidgee Healing (NW)
Ms Selena Gomersall	Outback Futures CEO (CW)

# WQPHN COMMITMENT TO QUALITY

WQPHN recognises quality improvement as a dynamic and critical aspect of being a fit for purpose organisation, particularly as it aims to 'practice what is preached' within its role as a Commissioner of primary health services. In 2019 the Company maintained Quality Management System Accreditation against the ISO 9001:2015 Standards as certified by SCI QUAL International. Ongoing independent certification against the ISO standard ensures the WQPHN is keeping pace with contemporary issues impacting on the operating environment including internal and external proficiencies and compliance.

The scope of the ISO9001:2015 Quality Management System (QMS) covers:

- The commissioning of Primary Health Care service providers;
- Monitoring the performance of contracted Primary Health Care providers; and
- Reporting to the funding body.

## EXTERNAL AUDITOR'S REPORT:

WQPHN achieved Certification in August 2016 when there were only 5 full time employees. Since then the organisation has grown to 23 full time employees and the business processes and management system have become more sophisticated. The management system has kept pace with the business growth and the QMS continues to be well utilised.

WQPHN have continued to be well prepared for audits and have demonstrated a very good understanding of the requirements and evidence required.

Brian De Cambra, SCI QUAL International



Internal audits were also undertaken by QAS International Director, Brad Bishop, who confirmed the WQPHN commitment to quality:

In May 2016, as a new/start-up organisation, WQPHN embarked on implementing a Quality Management System to meet Australian and International Quality Standard ISO 9001:2015. WQPHN was one of the first, if not the first, PHN in Australia to become Quality Certified.

## INTERNAL AUDITOR'S REPORT

I have been working with WQPHN since 2016 and have seen it grow and mature under the excellent stewardship of Stuart Gordon, CEO and his professional team of senior managers.

In the last few years WQPHN's Quality Management Systems for service delivery have further matured and continued to improve, with beneficial outcomes for end users/consumers of the health care system and services that WQPHN commissions and oversees.

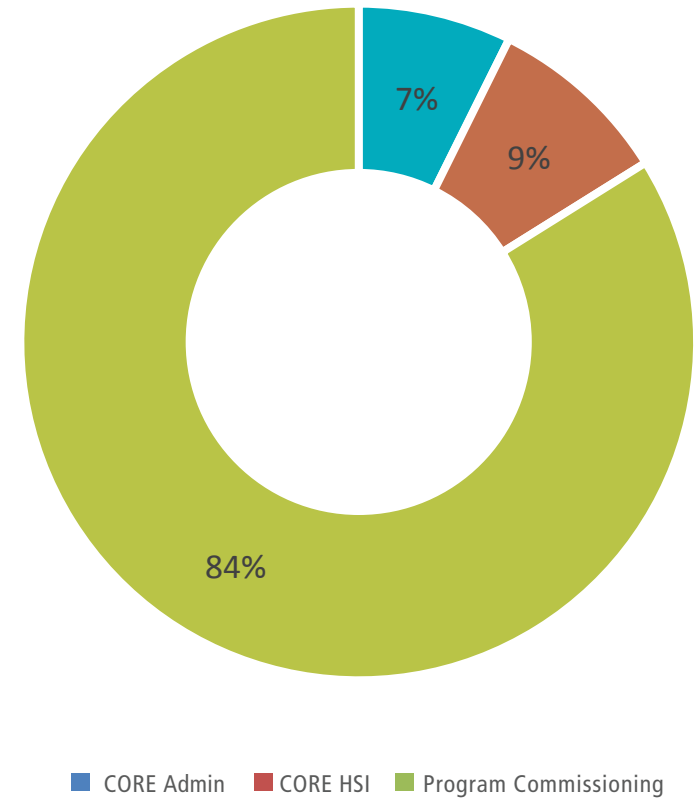
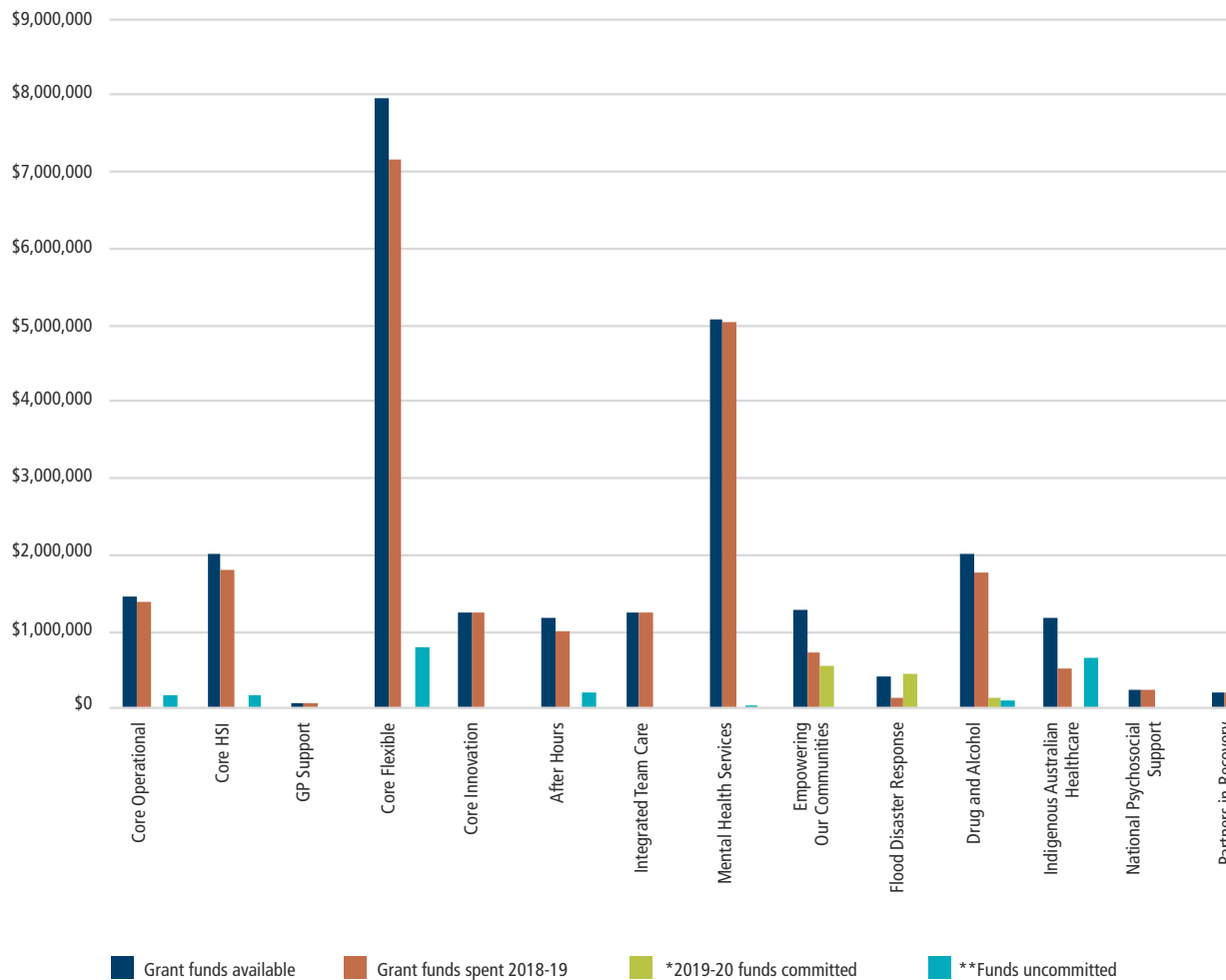
2019 saw further refinement and restructure of WQPHN's Quality Management System to comply with the Department of Health's PHN Program Performance and Quality Framework requirements, driving further accountability in terms of performance and Quality outcome measures. WQPHN enthusiastically embraced this as part of their continual Quality improvement process.

Since their initial Quality Certification in 2016, WQPHN has consistently passed their annual external Quality audits with flying colours, having never received a non-conformity or non-compliance from external Certifying auditors. This is a remarkable and exceptional achievement for any organisation and can be largely attributed to the quality and professionalism of WQPHN staff. Well done WQPHN, keep up the great work!

Brad Bishop, Director – QAS International



# PROFILE OF FINANCIAL EXPENDITURE



\*Funds have been committed as carry forward in multi-year funding. \*\*Funds uncommitted subject to DOH approval for carry forward 2019-20.

# ENABLING OUR PLACE-BASED COMMISSIONING (PBC) APPROACH

Our WQPHN Place-based commissioning approach aims to strengthen visibility, and integration across service providers commissioned to deliver primary care services across the seven (7) localities of the WQPHN catchment.

We know people and places are inter-related and equally contribute to structural and service delivery issues. Ultimately our PBC approach is an important ideological and functional paradigm through which we aim to respond to the significant health disadvantage experienced by people living in our catchment, and encourage organisations and communities to collectively develop solutions in the 'place' where these occur.



Our *Bushman's Guide to Better Health* and its eight (8) Commissioning Principles are central to this; ensuring providers have a common understanding of why these are important to improve system capability and improve outcomes at a whole of population

level. Our approach targets catchments that are geographically important and we continue to customise intelligence to inform our commissioning approaches, including recognition of broader determinants that contribute to social isolation, fragmented service provision that lead to gaps or duplication.

We have a strengths-based approach that recognises team-based tactics and we are benefiting from quality health intelligence about our general practice populations to ensure families and communities are at the heart of commissioning. Our outcome measures are closely aligned with general practice networks and include the engagement, experience, access to care and confidence in self-management of more complex patients.

We have also been able to track the maturity progress of providers over the two-year period providing valuable insight to both providers and WQPHN around areas for improvement and performance management. Provider Capability Maturity Assessment of their service delivery capability against the 8 Commissioning Principles is helping to shape how we better support services provided or funded through the WQPHN. The assessment process helps the WQPHN harness provider strengths to achieve a more universal value-based approach, with greater clinical leadership and system integration.

As our PBC approach gains momentum we hope to see greater alignment across commissioned providers working together to address unmet need and creating greater patient centredness. There has been progress, as evidenced through the increase in service offerings across a number of our priority areas including Aboriginal and Torres Strait Islander services, child and family health, mental health, and chronic disease. Our Health Intelligence portal will continue to be important for our partner organisations to gain a deeper understanding of the health and social care environment within Commissioning Localities, contributing to more responsive and tailored solutions across WQPHN.

## THE WQPHN COMMISSIONING PRINCIPLES ARE:

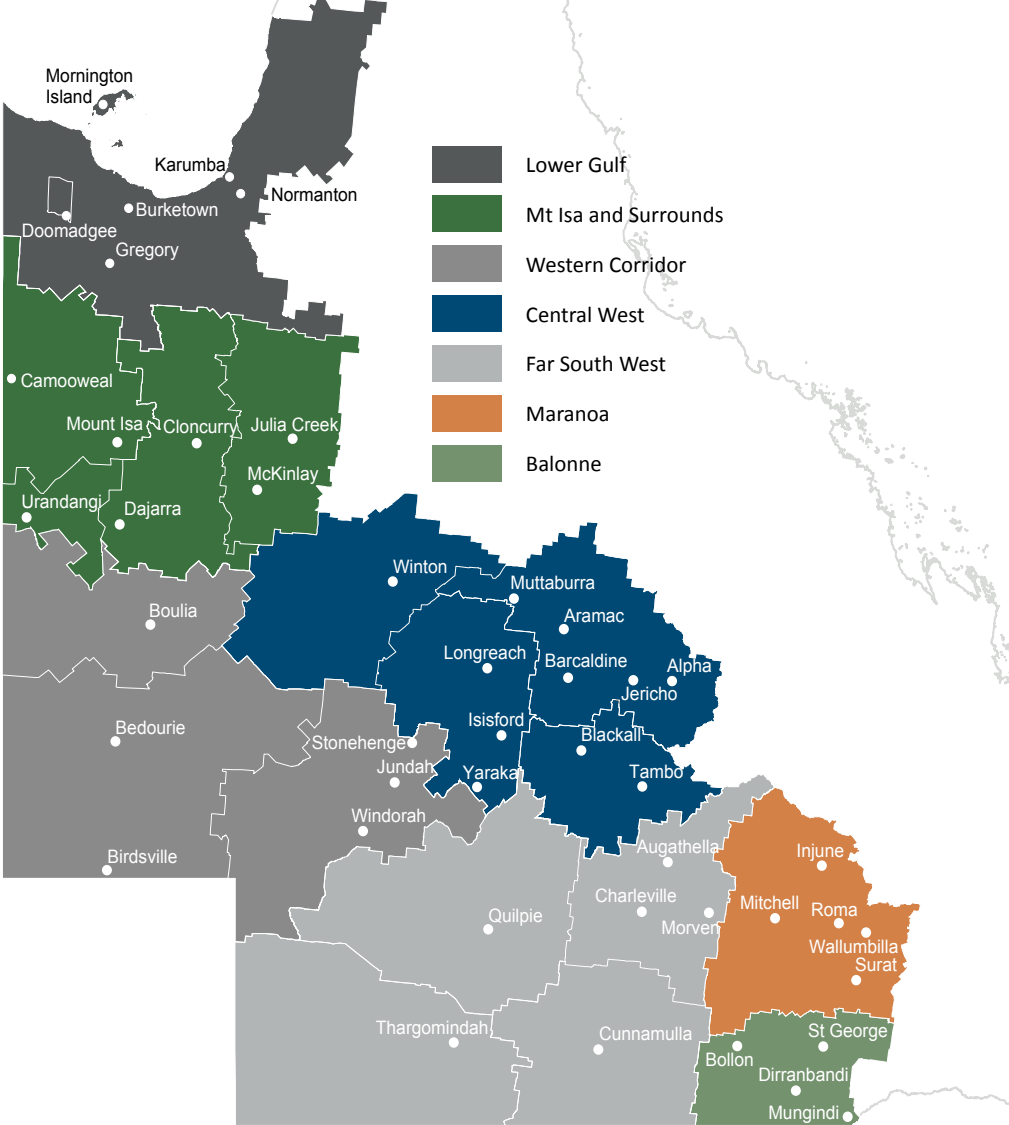
- 1 **Support the WQ Health Care Home Model of Care**
- 2 **Applied health intelligence to support evidence informed approaches**
- 3 **Deliver culturally appropriate services to Aboriginal and Torres Strait Islander Peoples**
- 4 **Active stakeholder collaboration in planning and evaluation**
- 5 **Optimise self-management and consumer engagement**
- 6 **Promote clinical leadership**
- 7 **Support innovation, partnerships and value**
- 8 **Place-based approaches**





# COMMISSIONING LOCALITIES

## OUR REGION



# FUNDING PROGRAMS – COMMISSIONED SERVICES

## CORE FLEXIBLE

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
Core Flexible	Allied Health Promotion & Community Development Program	Blackall -Tambo Regional Council	Health Promotion, Allied Health & Community Development	Central West
Core Flexible	Healthy Ageing Program	Bulloo Shire Council	Plan, deliver and coordinate Healthy Ageing activities and services for the Thargomindah Community	Far South West
Core Flexible	Western Corridor Integrated Care Project	Central West Hospital and Health Service	Western Corridor Integrated Care Project for the Western Corridor area including Birdsville and Bedourie Community Clinics	Western Corridor
Core Flexible	South West Dietetic Support Program	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	South West Dietetic Support Program – Charleville and Outreach	Far South West
Core Flexible	Child and Family Health Framework – Healthy Outback Kids	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	Delivering Child and Family Health Framework – Healthy Outback Kids program	Far South West
Core Flexible	Eye Health Coordinator	CheckUp	Eye Health Coordinator	Mount Isa & Surrounds, Lower Gulf and Central West
Core Flexible	Child and Family Health Framework – Healthy Outback Kids	Cunnamulla Aboriginal Corporation for Health	Delivering Child and Family Health Framework – Healthy Outback Kids program	Far South West
Core Flexible	Integrated Diabetes Strategy	Diabetes Queensland	Provision of credentialled diabetic educators	Mount Isa & Surrounds, Lower Gulf, Far South West, Balonne and Maranoa
Core Flexible	Big Buddy Program	Goondir Aboriginal Health Service	Support for the Big Buddy Program in Balonne area	Balonne
Core Flexible	South West Podiatry Support Program	Matthew Edwards Podiatry	South West Podiatry Support Program	Maranoa & Balonne
Core Flexible	Physiotherapy	Mount Isa Physiotherapy	Physiotherapy services for Mount Isa	Mount Isa
Core Flexible	Regional Allied Health Primary Care Program and Outreach	North West Remote Health	Plan and deliver visiting Allied Health Services to the communities within the areas of the North West and Central West Hospital and Health Services	Mount Isa & surrounds, Central West and Lower Gulf
Core Flexible	Ambulatory Blood Pressure and Sleep Study (AMBP & SS)	North West Remote Health	Plan and deliver Ambulatory Blood Pressure and Sleep Study services to the communities within the areas of the Central West	Central West



## CORE FLEXIBLE

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
Core Flexible	Integrated Diabetes Strategy	North West Remote Health	Provision of credentialled diabetic educators	Mount Isa & Surrounds, Central West and Western Corridor
Core Flexible	Health Promotion and Healthy Ageing Program	South West Hospital and Health Service	Plan, deliver and coordinate Healthy Ageing activities and services for the Charleville Community	Far South West
Core Flexible	Physiotherapy Support Program	South West Hospital and Health Service	Plan and deliver visiting Physiotherapy services to the communities of Cunnamulla, Wallumbilla, Thargomindah and Morven	Far South West & Maranoa
Core Flexible	Cultural Capacity Framework	St George Medical Centre	Delivering Cultural Capacity Framework	Balonne
Core Flexible	Physiotherapy	Total Physio Group	Physiotherapy services for Mount Isa	Mount Isa
Core Flexible	South West Regional Allied Health Support Program	Vital Health	Plan and deliver visiting Allied Health Services to the communities of Augathella, Mitchell, Injune, Roma and St George	Far South West, Maranoa & Balonne

## INTEGRATED TEAM CARE (ITC)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
Integrated Team Care	ITC Care Coordination Program Charleville District	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the areas of the Murweh and Quilpie Shires	Far South West, Central West & Western Corridor
Integrated Team Care	ITC Care Coordination Program Cunnamulla District	Cunnamulla Aboriginal Corporation for Health	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors of the Paroo and Bulloo Shires	Far South West
Integrated Team Care	ITC Care Coordination Program North West and Central West HHS regions	Gidgee Healing	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the North West HHS and Central West HHS regions	Mount Isa & Surrounds, Lower Gulf
Integrated Team Care	ITC Care Coordination Program St George District	Goondir Aboriginal Health Service	Plan, deliver and coordinate ITC services to the Aboriginal Community Controlled and mainstream primary health care sectors in the Balonne	Balonne
Integrated Team Care	ITC Supplementary Services – WQPHN	Nukal Murra Alliance – managed through Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	Review, approve and coordinate ITC supplementary services to the Aboriginal Community Controlled and mainstream primary health care sectors in WQPHN through Nukal Murra alliance members participating in the ITC program	All WQPHN regions

## MENTAL HEALTH AND SUICIDE PREVENTION (MH/SP)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
MH/SP	South West Mental Health Services – Stepped Care	Alex Donoghue Clinical Consulting	Plan and deliver psychological support and clinical counselling services to individual patients to communities of St George, Bollon and Dirranbandi	Balonne
MH/SP	New Access PMHC	Centacare North Queensland	Plan and deliver Priority 1 low intensity services – New access to the communities within the boundaries of the North West HHS	Mount Isa & Surrounds
MH/SP	North West Mental Health Services – Gidgee Healing	Gidgee Healing	Plan and deliver primary mental health services for the existing services established in Headspace Mount Isa	Mount Isa & Surrounds
MH/SP	South West Mental Health Services – Stepped Care	Goolburi	Plan and deliver psychological support and clinical counselling to individual patients in communities of Charleville, Injune and Roma	Maranoa
MH/SP	New Access PMHC	Lifeline Darling Downs	Plan and deliver Priority 1 low intensity services – New access to the communities within the boundaries of the South West HHS	Maranoa
MH/SP	South West Mental Health Services – Roma district Children Support Program	M Powered Psychology	Plan and deliver psychological support and clinical counselling services to children up to year 10 in the community of Roma	Far South West
MH/SP	South West Mental Health Services – Stepped Care	Marguerite Lumsden	Plan and deliver psychological support and clinical counselling services to individual patients to communities of Balonne and Far South West	Balonne and Far South West
MH/SP	North West Mental Health Services – Stepped Care	North and West Remote Health	Plan and deliver psychological support and clinical counselling services to individual patients to communities within the area of North West HHS	Mount Isa & Surrounds
MH/SP	Mental Health Clinical Care Coordination	Outback Medical Services – Longreach	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of the Central West HHS	Central West
MH/SP	Mental Health Clinical Care Coordination	Roma Clinic	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Maranoa	Maranoa
MH/SP	Remote Mental Health Services Support Program	Royal Flying Doctor Service	Plan and deliver psychological support and clinical counselling services to individual patients to the communities of Longreach and surrounding areas in CW Queensland	Central West
MH/SP	New Access PMHC	Royal Flying Doctor Service	Plan and deliver low intensity services – New access to the communities within the boundaries of the Central West HHS	Central West
MH/SP	Mental Health Clinical Care Coordination	Rural Health Management Services – Flinders Medical	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Mount Isa and surrounds	Mount Isa & Surrounds
MH/SP	Mental Health Clinical Care Coordination	St George Medical Centre	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting	Balonne

## MENTAL HEALTH AND SUICIDE PREVENTION (MH/SP)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
MH/SP	South West Mental Health Services – Stepped Care	TASC – Psychology Services	Plan and deliver psychological support and clinical counselling to individual patients in communities of Charleville, Injune and Roma	Maranoa
MH/SP	Empowering our Communities	Ballonne Shire Council	Empowering Our Communities – Drought and Flood community grants	Ballonne
MH/SP	Empowering our Communities	Bulloo Shire Council	Empowering Our Communities – Drought and Flood community grants	Far South West
MH/SP	National Psychosocial Support Measures	CatholicCare	National Psychosocial Service (NPS) measure	South West
MH/SP	National Psychosocial Support Measures	Centacare NQ	National Psychosocial Support (NPS) measures	Mount Isa & Surrounds
MH/SP	Social and Emotional Well-Being	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, which is accessible, affordable, culturally responsive to Aboriginal and Torres Strait Islander people	Far South West
MH/SP	Empowering our Communities	Cloncurry Shire Council	Empowering Our Communities – Drought and Flood community grants	Mount Isa & Surrounds
MH/SP	Mental Health Clinical Care Coordination	Cunnamulla Aboriginal Corporation for Health	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting For the area within the boundaries of WQPHN commissioning locality of Far South West	Far South West
MH/SP	Social and Emotional Well-Being	Cunnamulla Aboriginal Corporation for Health	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people	Far South West
MH/SP	Mental Health Clinical Care Coordination	Gidgee Healing	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Mount Isa and surrounds and the Lower Gulf	Mount Isa & Surrounds
MH/SP	Social and Emotional Well-Being	Gidgee Healing	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people	Mount Isa & Surrounds
MH/SP	Social and Emotional Well-Being	Goondir Aboriginal Health Service	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people	Balonne
MH/SP	Mental Health Clinical Care Coordination	Maranoa Medical Centre	Employ a Mental Health Care Coordinator to manage Clinical Care Coordination for people living with severe mental illness in the GP Setting for the area within the boundaries of WQPHN commissioning locality of Maranoa	Maranoa
MH/SP	Empowering our Communities	Maranoa Regional Council	Empowering Our Communities – Drought and Flood community grants	Maranoa
MH/SP	Empowering our Communities	McKinlay Shire Council	Empowering Our Communities – Drought and Flood community grants	Mount Isa & Surrounds



## MENTAL HEALTH AND SUICIDE PREVENTION (MH/SP)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
MH/SP	Empowering our Communities	Murweh Shire Council	Empowering Our Communities – Drought and Flood community grants	Far South West
MH/SP	Suicide Prevention	Outback Futures	P5 Suicide Prevention – health promotion, referrals and clinical support	Central West
MH/SP	Empowering our Communities	Outback Futures	Empowering Our Communities – Drought and Flood community grants	Central West
MH/SP	Empowering our Communities	Paroo Shire Council	Empowering Our Communities – Drought and Flood community grants	Far South West
MH/SP	Empowering our Communities	Quilpie Shire Council	Empowering Our Communities – Drought and Flood community grants	Far South West
MH/SP	Empowering our Communities	RAPAD – Remote Area Planning & Development	Empowering Our Communities – Drought and Flood community grants	Central West

## AFTER HOURS

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
After Hours	ED Primary Care Improvement Project	North West Hospital & Health Service	Mount Isa Emergency Department integrated primary care re-engagement and redesign program	Mount Isa & surrounds
After Hours	RFDS After Hours	Royal Flying Doctors Service (Queensland)	General practice enhancement in remote communities Western Corridor Health Care Home (ED & Hospital avoidance) strategy	Catchment of the RFDS Charleville Base
After Hours	Warrawee Aged Care – After Hours	St George Medical Centre	Enhancing access to After Hours service to Warrawee Residential Aged Care Facilities.	Balonne
After Hours	After Hours Funding – GP Project	The Laura Johnson Residential Aged Care Facility	To support primary health care providers and organisations to deliver safe, high quality services to residents, Implementation of new technology to support GP after-hours and Hospital discharge planning	Mount Isa & surrounds

## DRUG AND ALCOHOL TREATMENT SERVICES (DATS)

FUND	SERVICE	SERVICE PROVIDER	ACTIVITIES DELIVERED	LOCALITY
DATS	Social and Emotional Well-Being	Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Ltd	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions.	Far South West
DATS	Social and Emotional Well-Being	Cunnamulla Aboriginal Corporation for Health	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions.	Far South West
DATS	Drug and Alcohol Treatment Services (DATS)	Drug Arm Australasia	To provide specialist services for alcohol and other drug prevention, early intervention and treatment services to the area within the boundaries of WQPHN commissioning areas of Maranoa and Bolonne	Balonne
DATS	Social and Emotional Well-Being	Gidgee Healing	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach, and culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions.	Mount Isa & Surrounds
DATS	Social and Emotional Well-Being	Goondir Aboriginal Health Service	To provide culturally and clinically integrated social and emotional well-being service, within a person-centred stepped care approach and culturally responsive to Aboriginal and Torres Strait Islander people in Western Queensland who experience co-morbid mental health and chronic disease conditions.	Balonne
DATS	Drug and Alcohol Treatment Services (DATS)	Lives Lived Well	To provide specialist services for alcohol and other drug prevention, intervention and treatment services to the area within the boundaries of the Central West HHS	Central West
DATS	Drug and Alcohol Treatment Services (DATS)	North and West Remote Health	To transition into a provider of specialist services for alcohol and other drug prevention, intervention and recovery services to the area within the boundaries of the WQPHN commissioning locality of lower gulf	Lower Gulf
DATS	Drug and Alcohol Treatment Services (DATS)	The Salvation Army	To provide specialist services for alcohol and other drug prevention, intervention and recovery services to the area within the boundaries of the North West HHS	Mount Isa & Surrounds

# OUR STRATEGIES

<b>1. Integrating Care</b>	A comprehensive shared health intelligence to plan and evaluate primary health care services	Support the Maranoa Accord and enable strong advocacy with shared governance and leadership	Enable local leadership through Councils and ensure Consumer Engagement strategies and structures are implemented
<b>2. WQ Health Care Home (WQ HCH)</b>	Support and adoption of the Health Care Home Model of Care (MOC), customised for Western Queensland	Development and implement a quality improvement framework to commission and enable a WQ HCH capabilities and whole of population approach	Support a dynamic, skilled and sustainable WQ HCH workforce
<b>3. Closing the Gap</b>	Support an integrated Closing The Gap strategy customised to the unique needs of Aboriginal & Torres Strait Islander people of Western Queensland	Implement an appropriate cultural integrity framework to guide primary care commissioning	Promote the Nukal Murra Alliance joint commissioning framework to improve cultural competency, better access and performance
<b>4. Preventing Chronic Disease and Improving Complex Care</b>	Design and implement evidence-informed frameworks for early intervention and prevention in partnership with stakeholders	Implement WQ HCH MOC to enable patient enrolment and care coordination for people with high risk factors or presence of chronic disease	Align allied health commissioning with disease prevention and better self management to strengthen WQ HCH outcomes
<b>5. Child and Family Health</b>	Implement the WQ child and Family Health service framework	Promote place-based commissioning and WQ HCH to support Child and Family Health capability	Promote integrated clinical and health promotion activities to support the implementation of the framework
<b>6. Maintaining Mental Health, Wellbeing and Resilience</b>	Population based approaches with applied health intelligence to optimise management and prevention within a stepped care approach	Strengthen WQ HCH MOC patient enrolment to enable care coordination for people with mild, moderate and more severe mental illness	Stigma reduction through community engagement and tailored nonclinical low intensity eMental Health (eMH) services and strength-based approaches
<b>7. Good Governance</b>	Provide accountable quality assured corporate, program and clinical governance	Support a responsive and inclusive corporate culture	Maintain high quality financial performance, controls and fidelity



Ensure joint planning to inform integrated service frameworks on key health priorities	Comprehensive health needs assessment supporting place-based commissioning approaches	Build strategic alignment across Commonwealth State and Local Government primary care framework	Actively support partnership development and alliance with peak health organisations
Leverage from the WQ HCH to support better coordination, uptake and adoption of integrated care	Support general practice and service provider capability within primary health care quality improvement and business domains	Establish academic partnerships to build evaluation capability and monitor WQ HCH sites	Ensure alignment and positioning of WQHC MOC with contemporary National practice innovation and accreditation / standards
Promote and augment increased indigenous workforce participation and training solutions in Western Queensland	Provide advocacy and support to build Aboriginal and Torres Strait Islander clinical leadership within WQ AICCHS	Ensure participation and engagement of Aboriginal and Torres Strait Islanders in the planning and evaluation of PHN commissioned services	Ensure appropriate differentiation of Aboriginal and Torres Strait Islander population health and program performance data
Ensure people with a mental illness have timely access to support for chronic disease management and prevention	Technology enabled options to enhance care efficacy, coordination and self-management support	Workforce development, integration and innovation through commissioned provider capability	Universal adoption of local clinical pathways that optimise patient outcomes for key chronic disease conditions
Build partnerships with non-health child services and stakeholders aligned with childhood development and families	Support uptake of digital technologies to enhance Child and Family Health outcomes, surveillance and coordination	Support local clinical pathways including specialist or tertiary services	Ensure the implementation of an evaluation framework for measurement
An integrated suicide prevention approach in collaboration with clinical and community stakeholders	Local Alcohol and Drug services supporting tailored solutions including dual diagnosis and stepped care approaches	Implement a recovery focused model of care that builds individual capacity and access to multidisciplinary team-based primary and social care	Patient centred commissioning through an integrated regional mental health and suicide prevention plan
Support an efficient organisational structure and highly skilled and motivated workforce	Maintain ISO 9001-2015 Certified Quality Management Systems and effective performance monitoring and surveillance	Build and maintain effective stakeholder engagement and industry confidence.	Deliver sustainable accountable care focused on patient and population outcomes

## STRATEGY 1: INTEGRATED CARE

The past 12 months have seen a strong commitment from all partners to build capacity for service redesign linked to new opportunities for improved care coordination and integrated care. We have continued to strengthen our partnerships through the Nukal Murra Alliance, Hospital and Health services, workforce agencies, academic and primary care Organisations.

The universal adoption of the Western Queensland Health Care Home (WQ HCH) Model of Care is transforming the way in which we approach primary health care improvement. The Maranoa Accord and collaborative MOUs are focused on aligning partnership with place-based commissioning approaches and contributing to better coordination and innovation.



Nukal Murra Alliance CEOs Meeting



L to R: Renee Blackman CEO Gidgee Healing, Shaun Solomon Chair Gidgee Healing, Lisa Davies-Jones CEO NWHHS, Stuart Gordon CEO WQPHN, Dallas Leon Chair WQPHN, Paul Woodhouse Chair NWHHS

Strong partnerships with general practice networks are supported by data exchange opportunities and informing a deeper understanding of the health of our Western Queensland populations. We have also trialled the expansion of remote digital care models, such as video consultations and digital patient education tools with good success.

Our capacity to better understand the impacts of health continue to mature through better Health Intelligence enabling better decision making, planning and engagement with primary care providers and communities. The Maranoa Accord Western Queensland Health System Integration Committee (WQHSIC) has also endorsed the introduction of the Health Pathways across the whole catchment with plans to go live in 2020.

## NW TRIPARTITE AGREEMENT

This landmark Agreement between WQPHN, Gidgee Healing and North West Hospital and Health Service continues to pave the way for the Indigenous communities to have a stronger influence in health service delivery in the North West and Lower Gulf region.

Latest data from the region shows that gains are being made in establishing the General Practice as the preferred destination for primary care.

*"There is still plenty of work to do but we have collectively established an important new direction of travel toward better health outcomes, community engagement and culturally responsive primary care approaches for the communities of the Gulf."*

Renee Blackman, CEO Gidgee Healing



Tripartite Gulf Trip L to R: Stuart Gordon, Shaun Solomon Chair Gidgee, Renee Blackman CEO Gidgee, Dallas Leon Chair WQPHN



## MEMORANDUMS OF UNDERSTANDING

In addition to the CheckUp and HWQ Agreements, the WQPHN has developed additional Memorandums of Understanding (MoUs) with the RFDS and RHealth.

*“Since the signing of the MoU, we are already realising the value of our joint planning activities and the sharing of initiatives, creating positive change for community. The collaborative response to the recent floods in North/West Queensland is an example of how our collective efforts truly made a difference in a time of great need.”*

Meredith Staib – CEO Royal Flying Doctor Service (Qld Section)

*“We have welcomed the opportunity to collaborate with WQPHN. As a Prime Contractor, we aim to secure better mental health service capability in alignment with stepped care and our mutual ambitions to see people’s experience of care more customised around their needs.”*

Simone Xouris, General Manager RHealth

## CENTRAL WEST BETTER HEALTH PARTNERSHIP

The integrated Care Innovation Fund project in the Central West has provided a joint partnership to redesign care pathways, integration and patient engagement and activation in the Western Corridor Locality.



L to R: Stuart Gordon WQPHN, Jane Hancock CWHHS, Ruth Bullen RFDS, Evelyn Edwards NWRH, Mayor Bruce Scott Barcoo Shire, Ann Maree Liddy CheckUP, Cr Don Rayment Diamantina Shire



L to R back: Stuart Gordon CEO WQPHN, Linda Patat CEO SWHHS, Kerry Crumblin CEO CACH, Sheryl Lawton CEO CWAATSICH. Front: Dallas Leon Chair WQPHN, Jim McGowan Chair SWHHS, Norman Burns Chair CWAATSICH

## FAR SOUTH WEST ALLIANCE

This Alliance in the Far South West locality builds on strong partnerships and collaboration between the WQPHN, South West Hospital and Health Service (SWHHS), Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health (CWAATSICH) and Cunnamulla Aboriginal Corporation for Health (CACH). The Alliance recognises Aboriginal and Torres Strait Islander community participation is a key element of sustainable, quality primary health care services and has already commenced to identify gaps and commission local solutions, particularly for shared population health priorities, child and family health and building clinical leadership capability.



## STRATEGY 2: HEALTH CARE HOME

### WESTERN QUEENSLAND HEALTH CARE HOME (WQ HCH)

During the year the WQPHN has worked hard to build a Model of Care through its adaptation of the Health Care Home, leveraging from general practice to support a more comprehensive system of primary care and inform better coordination of health improvement on the ground.

Seven Early Adopter Practices helped to co-design collateral designed for the Western Queensland terrain; with the assistance of the WQ HCH Working Group. A Maturity Matrix measures the practice readiness and adoption of key foundations proven to improve capability, along with Practice Performance Analysis and Progress Action Plans.

A website, data dashboard, handbooks, tool kits and a patient enrolment and activation process are being customised around health priority areas of child and family, chronic disease prevention and mental health. A key focus is teamwork and linkage between practices and the wider primary and social care providers. The WQPHN HCH Model of Care is providing a quality improvement framework to build practice capability and keeping patients at the heart of the conversation.

Here are some quotes from WQ HCH Early Adopter Practices (EAP) about the program:

*"Never before have people in Western Queensland had access to this type of service. One that provides continuity of care and where patient health care needs are met."*

Dr Zoe Bailey, CWAATSICH

*"The practice is happy to be involved in the EAP Program to test collateral and co-design with the WQ HCH. We are working hard to identify and remove barriers to transformation and the whole team from reception staff through to our medical teams are more focused to ensure the patient experience is positive and our patient health needs are met."*

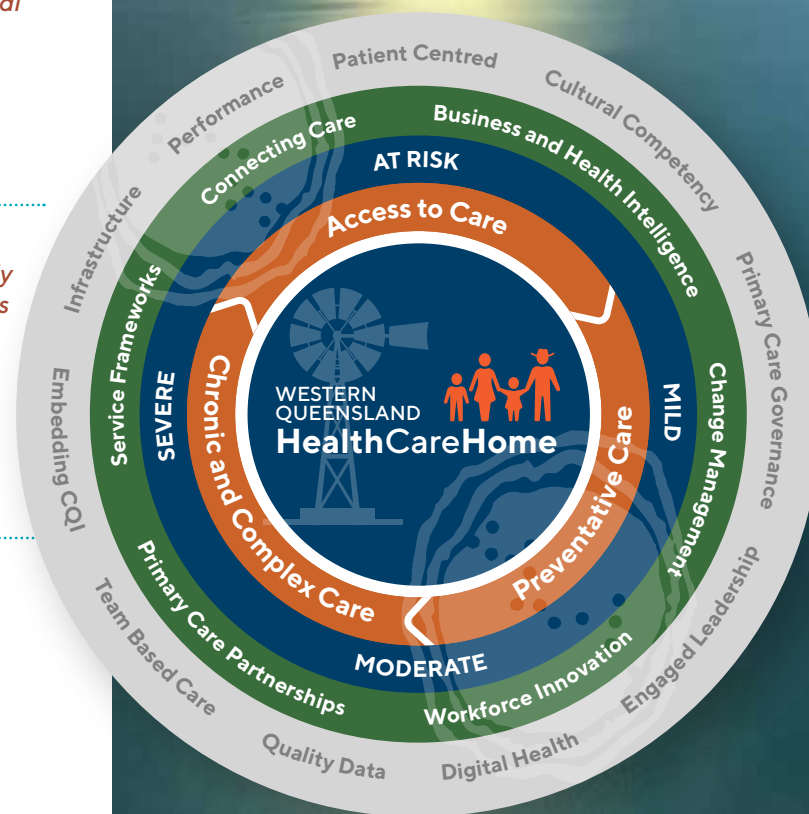
Alex Benn, St George Medical Centre

*"The WQ HCH Maturity Matrix provided a really good starting point to understand our readiness as well as explanations for each of the four levels, which provided a good indicator of the progress we need to make in order to move towards being an aspirational HCH."*

Dr Rosie Geraghty, Maranoa Medical Centre

*"The new HCH model provides the foundation pillars that will help us make the necessary changes needed to improve the quality of care we provide."*

Dr Michael Mbaogu, Mount Isa Medical





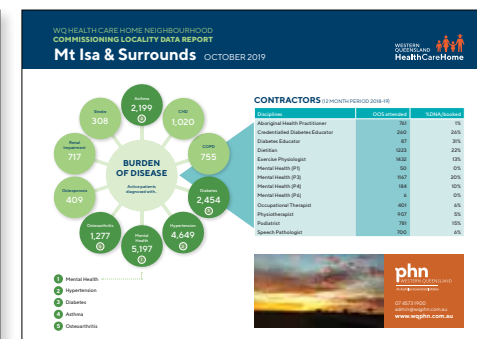
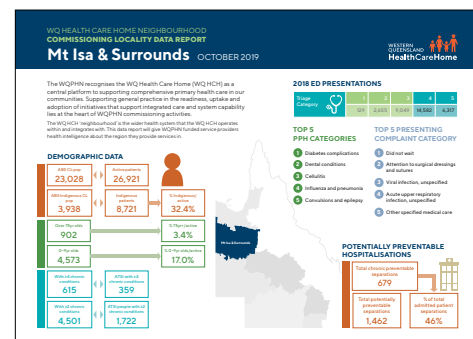
NW HCH Practice networks & PHN staff at Mt Isa workshop



HCH Practice networks & PHN staff at St George workshop

## THE WQ HCH ACTS AS A GATEWAY TO MORE SPECIALISED PARTS OF THE HEALTH SYSTEM

The WQ HCH 'neighbourhood' is the geographic locality, inclusive of the wider health system, in which it operates. As a WQ HCH practice, a key role is to facilitate improved coordination and communication between the practice team and external supports that can assist patients navigate the care system. This also means that patients and their family also form a partnership with the practice, where other services 'wrap around' this partnership as required. Ultimately, creating a team of people to support and coordinate care for a patient is at the heart of the WQ HCH model.



## SOME OF THE RESULTS FROM THE PAST 18 MONTHS INCLUDE:

- **30% decrease** in GP type presentations to ED or Emergency, with Normanton showing a 48% decrease
- **More than double** the amount of GP Management Plans and Team Care Arrangements
- **Almost double** the amount of Indigenous Health Checks across all age categories
- **Double** the amount of over 75-year-old Health Assessments
- **2.5 times** the amount of Mental Health Treatment Plans
- **Double** the amount of Diabetes Annual Cycles of Care.



## STRATEGY 3: CLOSING THE GAP



### NUKAL MURRA (PLENTY HANDS) WORKING TO CLOSE THE GAP IN WESTERN QUEENSLAND

The WQPHN recognises the Aboriginal Community Controlled Sector as a critical component of the Western Queensland primary care system and best positioned to inform whole of population approaches to improve Indigenous Health. The Nukal Murra Alliance (NMA) is an important co-design framework through which WQPHN is jointly commissioning the Integrated Team Care and Social and Emotional Wellbeing programs, but more importantly the Alliance is creating change through cultural intelligence informing primary care. Working together with the regions Aboriginal and Islander Community Controlled Health Services (AICCHS) under the Alliance, has built trust and enabled innovation through a more collective impact approach to difficult population health challenges. Its translation in terms of better access to care and value has been significant.

### SOCIAL AND EMOTIONAL WELLBEING (SEWB) IN OUR COMMUNITIES

The Alliance is supporting uptake of the strengths-based Stay Strong e-Mental Health tool, increasing the number of local trainers providing SEWB support and linking with mainstream Mental Health, Alcohol and Drug services. Guided by the Gayaa Dhuwi (Proud Spirit) declaration, our SEWB framework recognises the universal importance of Social and Emotional Wellbeing within primary care, building on cultural and personal strengths.

*"The Stay Strong tool is tailored for our people, it is helping us start conversations and assist people to reflect on how they are feeling and what they can do to protect themselves. When delivered by trained local Aboriginal staff it can be integrated into routine screening and encourage people to reach out and make those important connections that can keep people strong."*

Pat Fraser, Senior AHMW CWAATSICH



Gidgee CEO Renee Blackman and her team in Doomadgee with Stuart Gordon



NAIDOC celebrations in Charleville



## CREATING BETTER ACCESS TO INTEGRATED TEAM CARE

Nukal Murra Health Support Service is aiming at more people gaining access to planned and structured care and has continued to grow with 1,138 registered clients receiving 7,588 services in 2018-19. Supported through the CWAATSICH brokerage service, the region's AICCHS have led the review and performance of KPI targets, as well as designing a data portal to streamline processing and improve efficiency.

*"There are a significant number of Aboriginal and Torres Strait Islander people who have a chronic condition and need to access better care. The Alliance approach under Nukal Murra has created a consistent and efficient service to patients and general practices across our large catchment and we are working to increase registrations with the program."*

Maleeta Richards, Care Access Manager, NMHSS

Responding to the significant burden of illness experienced by Aboriginal and Torres Strait Islander people of Western Queensland is everyone's business and drastically impacted by social determinants. The power of partnerships and collaboration to bring new approaches, create a willingness to change current practice, and explore authentic redesign of how services are configured is essential. WQPHN recognises cultural competency as a foundation in primary care commissioning. Ensuring Aboriginal people are actively part of decision-making and strengthening the capacity and function of AICCHS underpins our strategic emphasis.



*"I am writing this letter to let Nukal Murra know how much I appreciate all the help I have been given to control my health issues. I have been given assistance with specialist consults, imaging, and travel and accommodation fees. I am now mobile with the assistance of a wheelie walker and my pain is being controlled with tablets and injections. My Care Link Coordinator checks on me regularly to make sure all is going well, and I look forward to these visits as I am pretty isolated and don't get out much. Thanking you sincerely."*

Lee-Ann Hughes



"This document will become our Bible for the next five years, to guide our community in the right direction to improving our health status. This journey will require all in the health space to be committed to our Mornington Island Health Strategy, to be open minded to all options; to hear what the community is saying; and be prepared to do the hard yards."

Susan Sewter, CEO, Mornington Island Health Council

## SOME KEY ACTIVITIES OF THE ALLIANCE OVER THE PAST YEAR ARE:

- **Far South West Alliance** – Supporting integrated care
- **Tripartite Agreement** – Building better access to AICCHS
- **Mornington Island Health Strategy** – Enabling self-determination and capacity building
- **Big Buddy Collaborative** – Strengthening health infrastructure and youth engagement
- **Better access to Aboriginal Health workers in general practice** – Supporting better access in mainstream services.



# STRATEGY 4: CHRONIC AND COMPLEX CARE

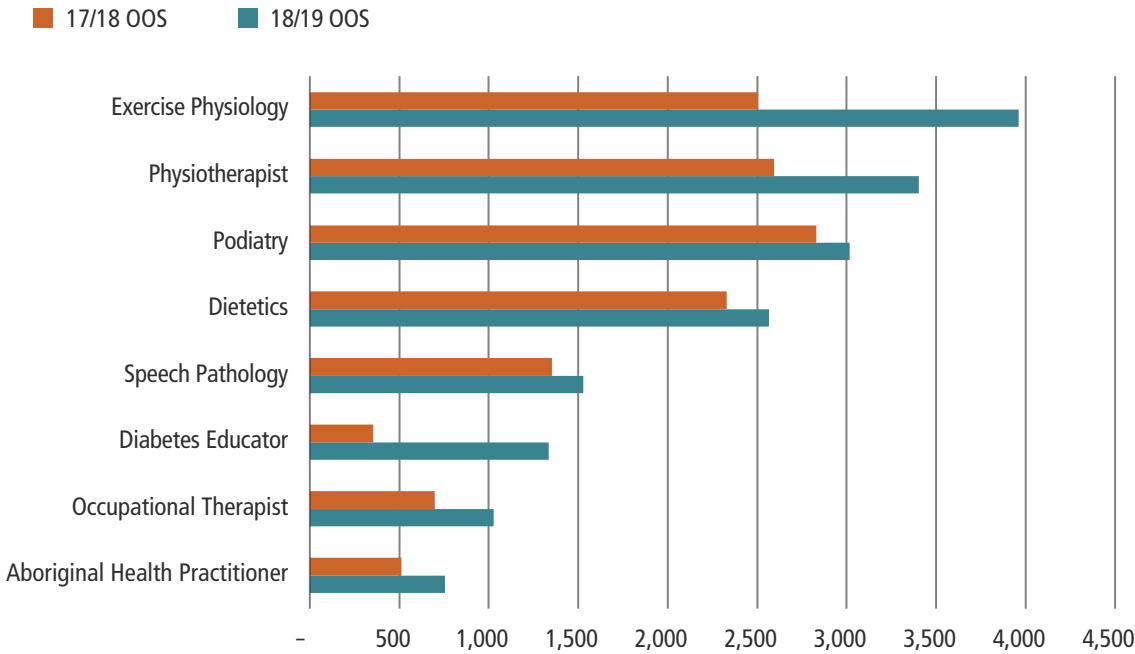
Like other remote areas of Australia, Western Queenslanders experience higher risk factors that contribute to greater burdens of illness linked to chronic cardiovascular, respiratory and other conditions. One in five have two or more conditions and this reality, combined with reported mental wellbeing concerns creates a significant commissioning challenge across the one million square kilometres that represents the catchment.

The place-based commissioning (PBC) approach across the 7 localities, combined with the WQ Health Care Home (WQ HCH) Model of Care is providing a powerful framework to access often hard to reach, stoic population segments who need more proactive, planned and structured care.

Year on year there has been a 32% increase in demand in commissioned allied health services supporting general practice management and prevention of chronic conditions (13,846 up to 18,354).



WQPHN Board visits Health Ageing Program in Charleville with Mayor Annie Liston (Murweh Shire)





*“Healthy ageing programs are essential in our outback communities. These programs provide an important contact point for service providers, and not only do they support the physical and emotional wellbeing of participants, but also keep people socially engaged, independent, and an active part of local community activities.”*

Annie Liston, Healthy Ageing Coordinator and Mayor Murweh Shire

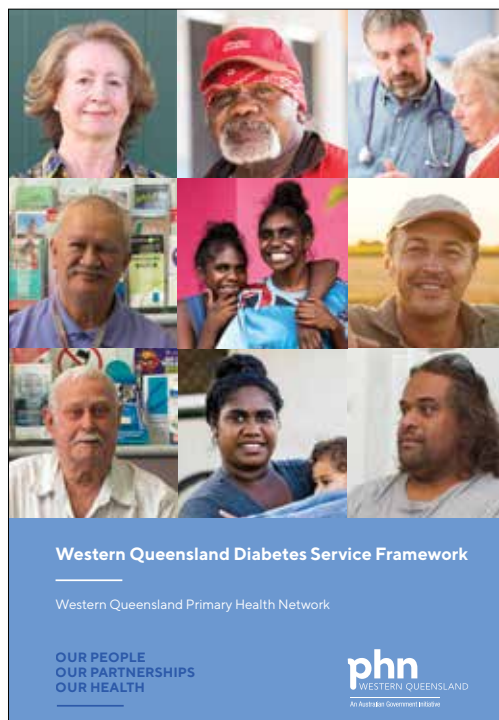
WQPHN is continuing to promote innovation and expanded networks to combat significant challenges and build capacity within Primary Health Care sectors. During the year the collaboration with Diabetes Queensland and the introduction of highly skilled credentialed Diabetic Educators, combined with more focused commissioning, has doubled the number of people accessing completed cycles of care for their diabetes, but there is still a lot of work to be done.

According to current practice reports, less than half of patients with two or more conditions have received planned care. This is not an unusual feature of remote areas however practices enrolled in the WQ HCH, and those participating in practice improvement activities, are working hard to continue the year on year improvements and current trends overall have been very positive.

Five (5) remote Local Government authorities collaborated with the WQPHN and its HHS partners in the South West and Central West to deliver healthy ageing programs customised around the unique needs of these vulnerable communities, with almost 1,500 group events, a 12% increase against the previous year.

## WESTERN QUEENSLAND DIABETES SERVICE FRAMEWORK

With diabetes contributing to a significant burden of illness and preventable hospitalisation in our region, WQPHN and Diabetes Queensland collaborated to develop a simple evidence-based framework to guide commissioning and support provider networks on the ground. The Framework presents practical steps to optimise care for people living with a diagnosis of type 2 diabetes.



*“The new framework is excellent and sets out a very simple and clear approach to ensuring people with a diagnosis of diabetes can access the range of supports that will maximise their knowledge and confidence to self-manage, this is especially important to help us prevent the escalation and complexity. It is important to be aware of patient needs and this helps us to do what we can to ensure these services and supports are available locally.”*

Sheryl Lawton, CEO Charleville & Western Areas Aboriginal & Torres Strait Islander Community Health (CWAATSICH)

### THE FRAMEWORK SETS OUT A STRATIFIED APPROACH THAT PLACES A FOCUS ON:

- **Prevention** – supporting people to stay healthy
- **Detection** – to screen and provide early diagnosis of diabetes, and
- **Chronic disease management** – providing structured GP led condition management.



## STRATEGY 5: CHILD AND FAMILY HEALTH

Western Queensland continues to be a place where 8,650 families call home. Across the region in 2018 there were 942 babies born and a total of 13,705 children living in the area aged 0 to 14 years which is 22% of the population. This is nearly a quarter of the total population of WQPHN and nearly two thirds of them (8,772) are aged 0-8 years. There are also 3,767 Aboriginal and Torres Strait Islander children who are 14 years or less, representing almost a third of this population segment.



Our Western Queensland Health Needs Assessment identified the need to prioritise maternal, child health and youth services and the *WQPHN Child and Family Health Framework* launched last year has been used to guide universal and targeted maternal and child health services and priorities. This is important as there is an urgent need for universal coverage that provides more proactive,

systematic approaches across the first 3,000 days of life, to ensure critical milestones are being met and families are empowered to take an active role in the wellbeing for children.

In 2018 the Australian Early Development Census (AEDC) found that most LGAs (those with data) were above the state rates for children being developmentally vulnerable across one (35.6% WQPHN vs 25.9% QLD) or two domains (19.5% WQPHN vs 13.9% QLD). Paroo LGA had the highest rate with 34.5% of children being developmentally vulnerable across two domains, followed by Mornington LGA (33.3%) which are both more than double the state average of 13.9%.

WQPHN is working to target these localities and in partnership with the Regions HHS and AICCHS, supporting improvements in early childhood development by investing in the Healthy Outback Kids program and a number of early intervention services such as speech pathology.



### SUPPORTING REMOTE CHILDREN AND FAMILIES

Young children and families have been a particular focus for a well-being program commissioned in the Central West. Outback Futures has a unique multidisciplinary team approach assisting schools and parents, through education and counselling, to manage the impact of trauma on a child's development and capacity to function. This Program has provided support for both the Winton community and Mount Isa School of the Air.

The ongoing drought is undeniably having a big impact on the wellbeing of our Central West families and communities as a whole. Significant work with children and schools also emerged for Outback Futures following the catastrophic flood event earlier in 2019. This support is ongoing as the real impact of this event continues to play out.

*"It has been a privilege to get to know families, hear their stories, and witness their sense of shared strength, courage, and hope in rebuilding and identifying their "new normal", and pathways for the future. Amongst the quiet fortitude, there are stories of incredible loss and grief, and an awareness that these new beginnings are the first steps on a long tough journey to recovery."*

Selena Gomersall, CEO Outback Futures



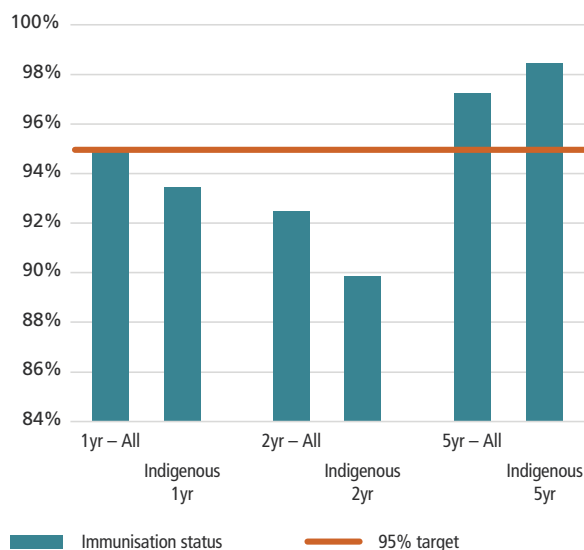
## HEALTHY OUTBACK KIDS (HOK)

Immunisation rates across the catchment indicates more work needs to be done, especially for Aboriginal children and this is a focus of the Healthy Outback Kids program that is underway in the Far South West Commissioning Locality. A combined initiative of Cunnamulla Aboriginal Corporation for Health (CACH), CWAATSICH and South West HHS, the HOK program is aiming to leverage from the general practice system of enrolment and surveillance. The aim is to ensure families are engaged, key health milestones like immunisations or growth assessments are targeted and tracked as children transition through infancy, to early childhood care, and then into school. The program is using the Framework to streamline universal antenatal and early childhood care and also customise health promotion and support for families with children who require additional support.

*“On Tuesday morning there is a ‘yarning session’ where families can join activities in a playroom close to the general practice clinic in a relaxed environment that is suited to babies and young children. We use this time to share knowledge and experiences, work through things together and helping identify if there are any issues with their little kids, then we can put those interventions in place at an early stage.”*

Ellaine Wingate, Practice Manager CWAATSICH

## WQPHN Fully Immunised Rates (June 2019)



The HOK Program is now being expanded into the Lower Gulf region starting on Mornington Island where the Health Council has identified Child and Family Health as a core priority of their recently released Mornington Island Health Plan. Working with Gidgee Healing clinic, the program will again use culturally informed clinical practice across provider networks and new health promotion activities to ensure families are confident and engaged during these important early years.



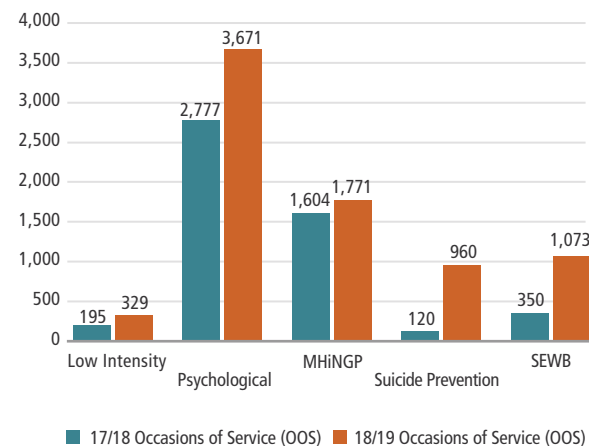


## STRATEGY 6: MENTAL HEALTH

Although it doesn't feel that isolated to those living in the region, Western Queensland is very remote and data from general practice and Aboriginal and Islander Community Controlled Health Services (AICCHS) indicate at least 20% of the population have needed support with a mental health condition.

It is clear from the WQ Health Intelligence that general practice is managing most of the mental health demand, which indicates people are reaching out and accessing care. Our challenge is to continue to ensure people have the right support necessary to recover and maintain their well-being.

**WQPHN commissioned community mental health services year on year**



### MENTAL HEALTH COLLABORATIVE

The WQPHN implemented a mental health collaborative with 7 general practices and established a clinical working group to assist in the implementation. With a combined practice population of more than 20% of the catchment, the collaborative contributed to increased practice capability, linkage to commissioned providers and increasing numbers of patients accessing planned and structured care for their mental illness.

### MENTAL HEALTH CARE COORDINATORS

Helping build the capacity of general practice with staff who can assist with the coordination of therapeutic support is a key function of the MHCC. WQPHN is working with 7 general practices (including two AICCHSs) to build capacity and support a stepped care approach for clients in general practice. With almost one third of WQ practice patients reporting mental health impacting on their well-being, additional support is essential to link patients with a range of options including clinical, non-clinical and complimentary early intervention services.

*"Our practices are time poor, experience staff turn-over and are managing a range of complex issues on a daily basis. More staffing resources has a direct impact on service continuity and allows more time with patients to connect them to the right support as part of a stepped care approach."*

Rhonda Fleming, Executive Manager Practice Capability and Innovation

### MANAGING IMPACTS OF CLIMATE

With Western Queensland experiencing severe drought conditions and parts of the catchment experiencing an historic flood event, the need to further customise commissioning approaches to people impacted by these events is paramount for WQPHN. New partnerships have been forged to create innovative redesign of how mental health services are delivered. Community engagement is essential in shifting the agenda from treatment to focus on prevention and recovery.





*“The need for a collaborative, region-wide approach to the delivery of mental health services is absolutely critical for the well-being of not only the clients of Rural Financial Counselling Service North Qld, but the wider community in general, as the effects of the drought continue to bite.”*

David Arnold, Remote Area Planning and Development Board (RAPAD) CEO

### A RANGE OF INITIATIVES HAVE BEEN LAUNCHED THROUGHOUT THE YEAR INCLUDING:

- Mental Health Roundtable Forums – Roma, Charleville, Longreach,
- Community Grant Programs,
- new e-Mental health tool “Weathering Well”,
- expanded community engagement and early intervention services,
- collaboration with Sisters of the North, and
- new Mental Health Alliance established, in collaboration with RFDS.

## EXPANDING ACCESS TO LOW INTENSITY MENTAL HEALTH SERVICES

WQPHN, Beyond Blue and the CBT Institute continue to work together to improve efficiencies around the NewAccess program, commissioning Lives Lived Well as the sole service provider.

The WQPHN also works with other service providers Royal Flying Doctor Service (RFDS), Lifeline Darling Downs and Outback Futures to offer alternative Mental Health services, providing further options to community members.

## YOUTH MENTAL HEALTH

Increasing the range and scope of services to better support young people was a commissioning focus throughout the year. Some of the successes included:

- Headspace Mt Isa has increased access to GP services and achieved headspace National integrity status,
- Well Being in Schools, Early Intervention Program launched, targeting better assessment and brief intervention services to young people aged 5-18 years in schools, and
- Outback Futures expanded visiting and virtual services throughout Central west.



L to R: Ali Deane and Grace Thomson, Lives Lived Well

## DRUGS AND ALCOHOL TREATMENT

WQPHN has had a strong focus over the past year on linkages between drug and alcohol service providers and other key health and community services to ensure we are improving early intervention and post-treatment care.

*“We’ve made great progress over the last 12 months, consolidating some really key relationships in the community such as GPs, hospital staff and other partners.*

*“Our clinicians have been able to build strong connections within Longreach and more broadly in places such as Blackall, Barcaldine, Winton and Boulia. These relationships are resulting in residents accessing our drug and alcohol and mental health services.*

*“It’s great to be able to offer high quality services across the region, especially reaching out to rural and remote communities that can’t always access these types of programs so close to home. Lives Lived Well is honoured to be part of the team delivering services in the West and helping people to make positive changes in their lives, often in the face of significant obstacles.”*

James Curtain, Manager Clinical Integrity, Lives Lived Well

## STRATEGY 7: GOOD GOVERNANCE

In 2019 there were a number of Corporate milestones traversed, which indicated a maturing of the Company's Corporate capability, including a transition of Chairperson and the addition of Board Directors, bringing wider skills and experience to the Company and its Finance and Governance Sub-Committees.

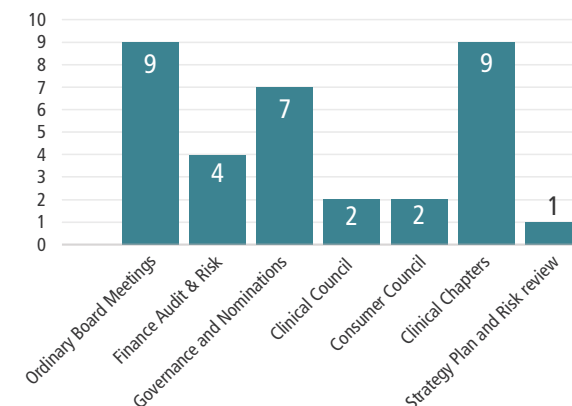
The appointment of an Indigenous Chairperson demonstrates a deep commitment to keep Aboriginal Health improvement front of mind for the Board and organisation. Approaching its fifth anniversary this term has included further adoption of contemporary financial and governance operating policies, execution of new Agreements with RFDS, Health Workforce Queensland and

RHealth, and a continued commitment to support joint Commissioning approaches under the Western Queensland Health Services Integration Committee (WQHSIC).



WQPHN Board Strategic Planning meeting

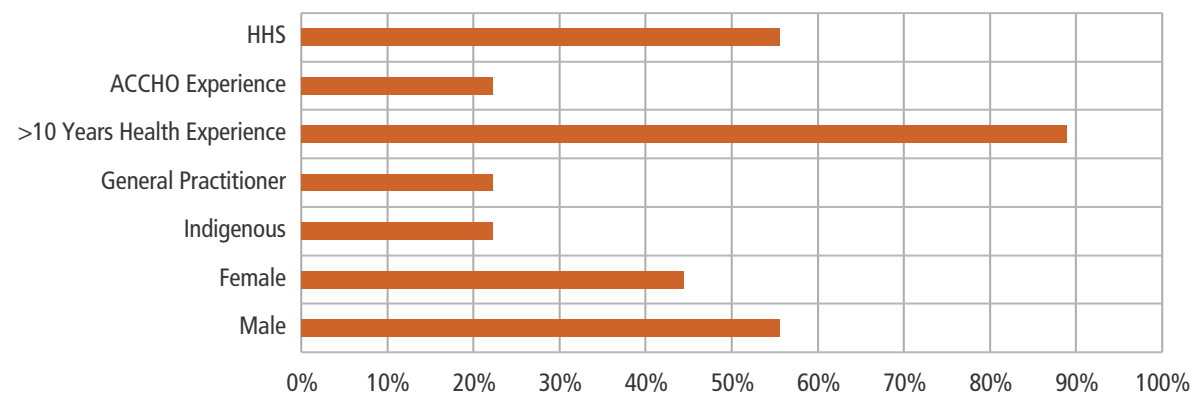
### Board and Governance Meetings



### STRATEGIC PLANNING WORKSHOP

In February 2019 the WQPHN Board gathered for two days in Brisbane for a series of workshops including the Strategic Planning review and the Risk Management review. It was the first strategic planning workshop for new Directors and over the two days the Board discussed the strategic direction of the organisation, emerging trends in primary health care and challenges for the future. A number of adjustments were made including the addition of a seventh strategy, reflecting the important focus on mental health and an aspiration to progress better coordinated commissioning approaches with an emphasis on team-based approaches.

### Board Skill and Experience





## MATURING ORGANISATIONAL CAPABILITY

During the year, the new functional domains of the organisational structure were bedded in with the addition of a formal Health Intelligence Unit bringing a renewed focus on Commissioning performance to support the placed based approach central to the work of the WQPHN. With a significant year on year expansion in Schedules and new providers, the increasingly complex business of the WQPHN is being accommodated within the new functional leads and retained staff now working to full scope, as well as more sophistication in business intelligence systems.



WQPHN staff workshop 2019

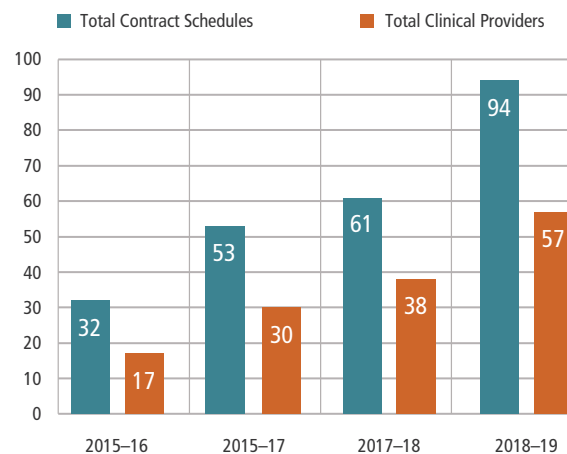


WQPHN staff at the annual staff conference

## COMMISSIONING ACTIVITY

There has been another significant increase in both the number of commissioned providers and the total Schedules for approved activities across the year, demonstrating further maturity of the commissioning collateral of WQPHN. The mounting concerns regarding the impact of drought and the flood event in the NW Queensland has resulted in new and expanded activities, including new partnerships with Local Government who are at the forefront of finding solutions to support rural and remote communities during these tough times.

Provider and Schedule Growth year on year

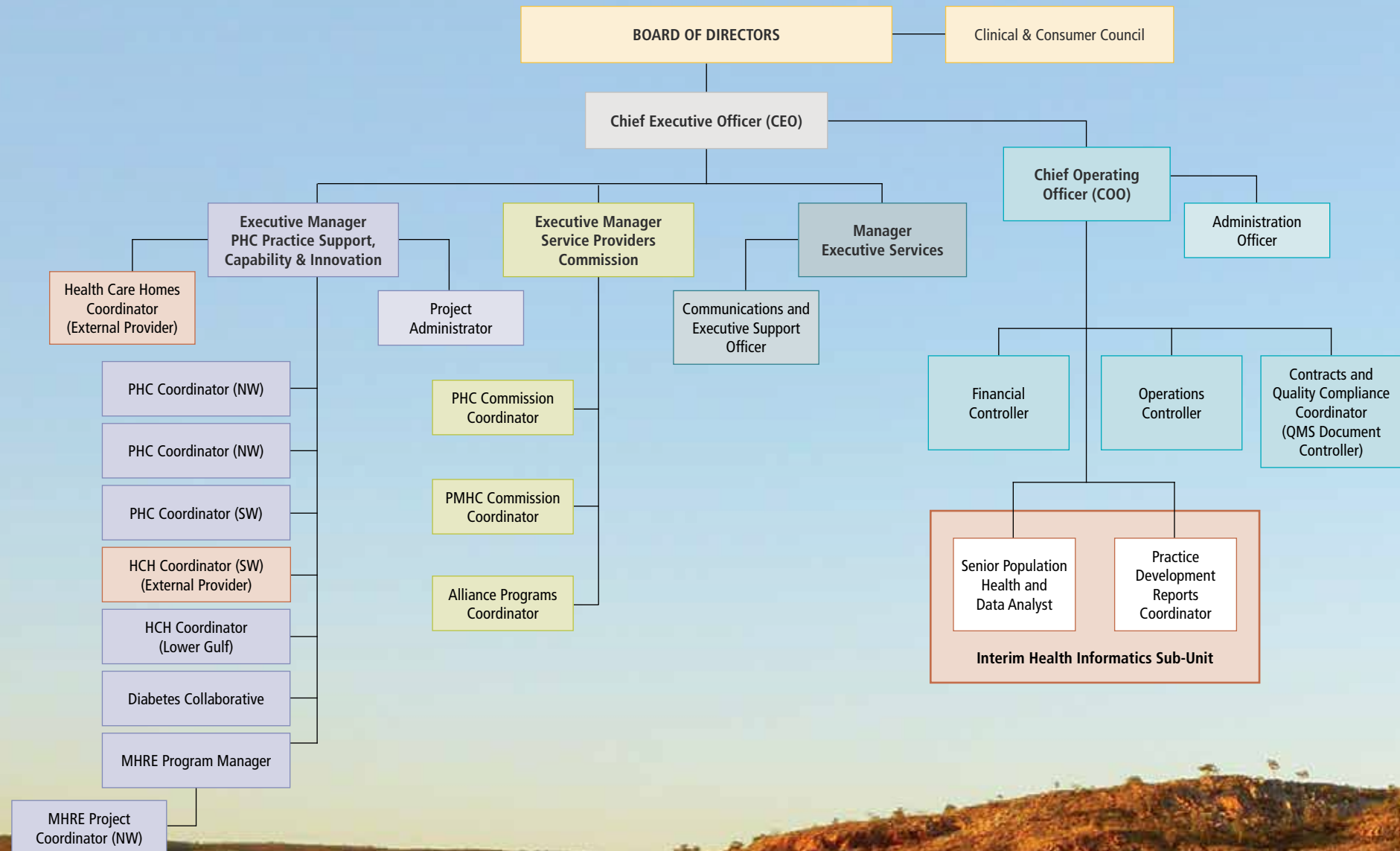


## STRATEGIC PLAN REFRESH

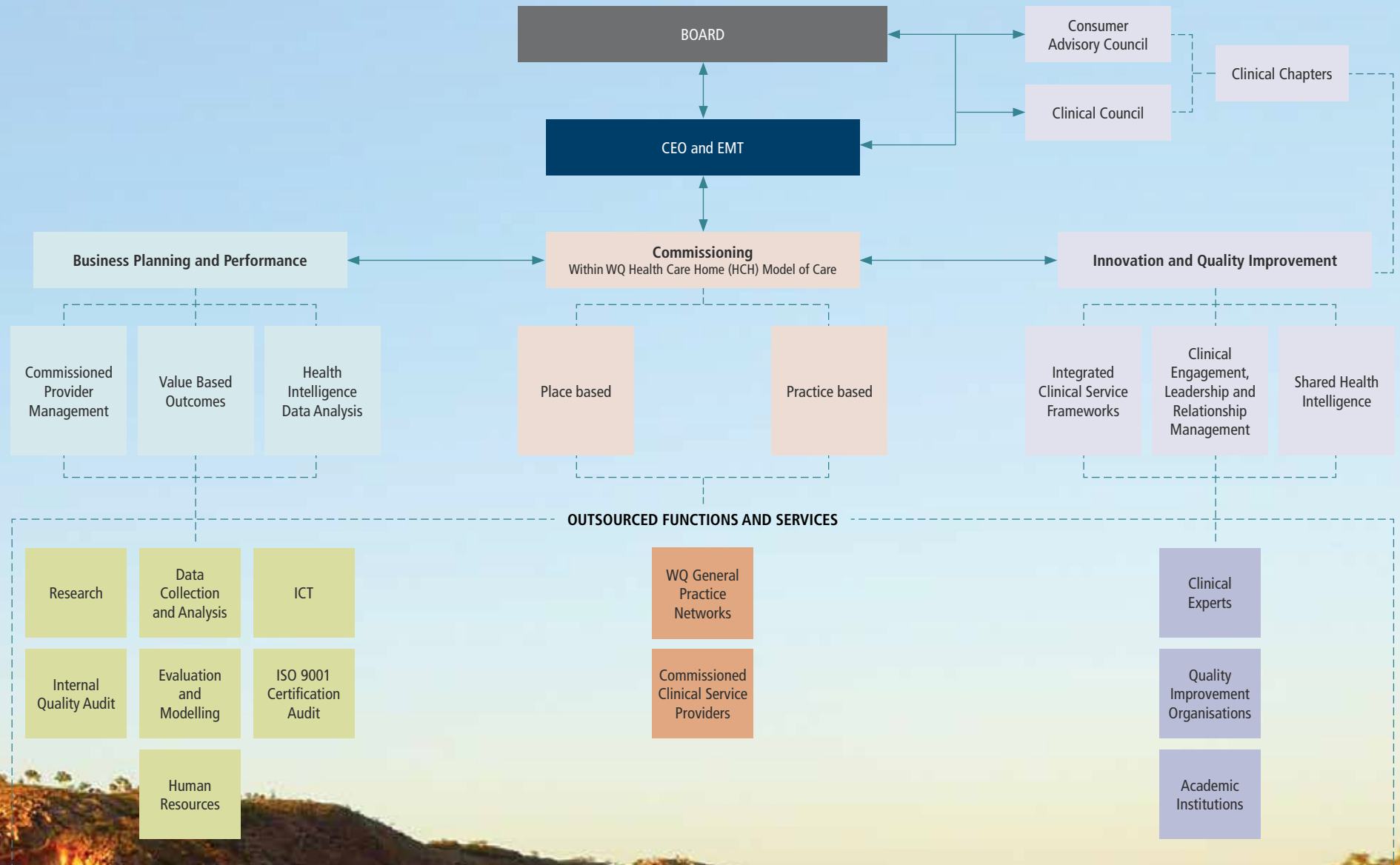
Acknowledging next year marks the final year of the current 5-year Strategic Plan, the Board have also adopted a framework to refresh the Strategic Plan including consultation with key stakeholders to ensure this provides a contemporary roadmap for the Company and its primary care partners.



# WQPHN ORGANISATIONAL STRUCTURE



# WQPHN FUNCTIONAL DESIGN AND PERFORMANCE MANAGEMENT







## OUR PEOPLE

## OUR PARTNERSHIPS

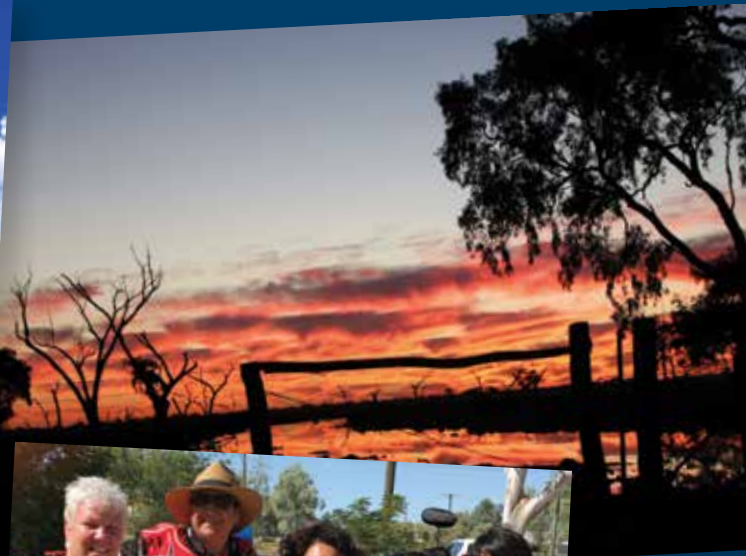






## OUR HEALTH

## OUR PATCH









## **2018-19 ANNUAL FINANCIAL STATEMENTS**

### SUMMARY

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# DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2019

## WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD

ABN: 86 604 686 660

Your directors present this report together with the financial report on Western Queensland Primary Care Collaborative Ltd ("WQPHN" or "the Company") for the financial year ended 30 June 2019.

## DIRECTORS

The names of each person who has been a director during the year and to the date of this report are:

- Dr Christopher Appleby
- Dr Stephen Buckland (resigned 30 September 2018)
- Mr Matthew Cooke (resigned 12 November 2018)
- Dr Sheilagh Cronin – Chair (resigned 12 November 2018)
- Dr David Rimmer
- Mrs Vicki Murphy
- Mr James McGowan (appointed 30 September 2018)
- Mr Jason Warnock (appointed 12 November 2018)
- Prof Sabina Knight (appointed 12 November 2018)
- Mr Dallas Leon – Chair (appointed 13 December 2018)
- Ms Sheryl Lawton (appointed 30 January 2019)
- Dr Anna Cunningham (appointed 27 March 2019)

Directors have held office during the entire reporting period unless otherwise stated above.

## COMPANY SECRETARY

- Ms Sheridan Cooper (resigned December 2018)
- Dr Christopher Appleby (Acting from December 2018 to March 2019)
- Ms Rachel Portelli (appointed 28 March 2019)

## PRINCIPAL ACTIVITIES

The Company's principal activities during the year were;

- consolidation of the WQPHN corporate, financial and program Governance, systems and services
- accreditation of the Company's management systems to the ISO 9001:2015 AU/NZ Standards
- development of the commissioning capability, health intelligence and population data management systems
- building collaborative partnerships with key government and non government primary care provider networks
- commissioning of services in accordance with the Commonwealth's National PHN program
- comprehensive Assessment of Health Needs, development of plans and general practice support
- supporting local innovation through regional Clinical Chapters, and the WQPHN Clinical Council Advisory Council
- continuous quality improvement activities in primary care and general practice networks
- satisfactory implementation of the PHN Programs within required guidelines and performance measures.

## OPERATING RESULTS

The entity recorded a surplus of \$306,290 (2018: \$775,849).

## SHORT-TERM AND LONG-TERM OBJECTIVES

(a) Short-term Objectives are:

- supporting health professionals to improve the health of local residents through assisting multi-disciplinary team based care outcomes, provision of infrastructure support, health workforce development and clinical leadership

- support the development and adoption of good corporate governance policies & procedures to effectively support the company's establishment and operations
- improving engagement with other key stakeholders
- development of a robust commissioning model to inform future program and primary health care system design and performance
- supporting greater clinical input and leadership in the design and evaluation of primary care services through the WQPHN Clinical Council and related structures
- supporting greater consumer engagement and input in the design and evaluation of primary care services through the WQPHN Consumer Advisory Council and related structures
- building strong primary care partnerships to support joint planning and co-commissioning activities
- integrating effective communication strategies to ensure clear understanding of the role and function of the PHN
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable.

(b) Long-term Objectives are:

- supporting the development and adoption of GP lead multidisciplinary models of primary health care
- supporting greater health intelligence to guide integrated planning and evaluation of primary care services and program performance
- building the capacity and sustainability of general practice and general practice related primary health care systems, workforce and infrastructure

- supporting greater organisational and financial integration of primary health care services provided in the WQPHN catchment
- collaborate with key stakeholders and support innovation and quality improvement activities
- building Strategic Alliances between stakeholders to provide full integrated primary care models as close to the local community as possible
- close the gap in the health and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable.

## STRATEGY FOR ACHIEVING OBJECTIVES

The company's strategies for achieving these objectives are:

- supporting good corporate, program and clinical governance
- supporting general practice as a cornerstone to quality primary health care systems of care
- ensuring continued effective engagement with key stakeholders and organisational partners
- develop a comprehensive health intelligence capability through which to plan, measure and evaluate the effectiveness of WQPHN programs and the wider primary health care system
- maintaining and enhancing operational and financial capacity and compliance
- development and implementation of the WQPHN 5 year strategic plan
- support for partnership development and strategic engagement with key health stakeholder organisations.

## HOW ACTIVITIES ASSIST IN ACHIEVING OBJECTIVES

These activities assisted in achieving the objectives in the following manner:

- identifying, quantifying and prioritising local population health needs
- ensuring a consistent and seamless transition of clinical and program support services within the region
- supporting an evidence-based approach to the commissioning and evaluation of health services
- alignment of programs, resources and stakeholder engagement with identified health priorities and opportunities for system improvement
- assisting the capacity of service provider organisations and individuals to provide better connected and higher quality health services
- support advocacy action to State and Federal Governments
- improving patient health outcomes through developing better health planning and service delivery structures and relationships
- creating a collegiate environment where local GPs and other health professionals work together for better patient outcomes
- supporting dissemination of information regarding health priorities and system improvement priorities for populations of the WQPHN catchment
- creating opportunities for system change, adoption and innovation through joint planning and collaboration with stakeholders, including consumer networks.

## KEY PERFORMANCE MEASURES

Performance is measured and reported on to key stakeholders in the following manner:

(a) in relation to delivery of PHN programmes:

- Commonwealth government funding goals and objectives are reported to funding bodies and compared to benchmarks and National Health Standards
- PHN 6 and 12 monthly reporting mechanisms
- financial acquittal reports are prepared for each Commonwealth government funding program and submitted for review and approval by the funding body
- Commonwealth government funding contracts specify performance standards and other criteria that need to be achieved to secure continued funding and meet compliance

(b) in relation to operations, and financial sustainability:

- compliance with WQPHN Board corporate governance and reporting requirements
- annual operational and financial report to Members and Funding Body
- maintain accreditation against the AS/NZS ISO 9001:2015 Quality Management Standards
- peer group benchmarking
- full compliance under the Corporations Act 2001 and other relevant statutory obligations including the ACNC.

# DIRECTORS' REPORT AND DECLARATIONS

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660  
**DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2019**

## MEETINGS

	Directors' Board Meetings*		Finance Audit & Risk Management Committee		Governance & Nominations Committee**	
Director	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Christopher Appleby	9	9	4	4		
Dr Stephen Buckland	3	1			1	1
Mr Matthew Cooke	4	4	0	1		
Dr Sheilagh Cronin	4	4	1	1	2	2
Dr David Rimmer	9	9			7	7
Mrs Vicki Murphy	9	9			7	7
Mr James McGowan	6	6	3	3		
Mr Jason Warnock	5	4	3	3		
Prof Sabina Knight	5	5			4	4
Mr Dallas Leon	5	5				
Ms Sheryl Lawton	4	2			2	2
Dr Anna Cunningham	2	1				

\*In addition there were 6 Board Circular Resolutions during the Reporting Period

\*In addition there was 1 Governance & Nomination Committee Circular Resolutions during the Reporting Period

## MEMBER CONTRIBUTION ON WINDUP

The amount that each Member or past Member is liable to contribute on winding up is limited to \$10.

## TOTAL CONTRIBUTION ON WINDUP

The total amount that members of the Company are liable to contribute if the Company wound up is \$150 (2018: \$150).

Signed in accordance with a resolution of the Board of Directors.

Director



Dr Christopher Appleby

Dated this 27th day of September 2019

Director



Dr David Rimmer

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660  
**DIRECTORS' DECLARATION FOR THE YEAR ENDED 30 JUNE 2019**

The Directors of the company declare that:-

The financial statements and the notes set out in the attached are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

In the opinion of the Directors:

- The financial statements and notes of the Company are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
  - Giving a true and fair view of its financial position as at 30 June 2019 and of its performance and cash flows for the financial year ended on that date; and
  - Complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013;
- There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable; and
- Commonwealth government funding monies expended by the Company during the financial year have been applied for the purposes specified in the relevant Letter of Offer and the Company has complied with the terms and conditions relating to Commonwealth government funding received.

This declaration is made in accordance with a resolution of the Board of Directors.

Director



Dr Christopher Appleby

Dated this 27th day of September 2019

Director



Dr David Rimmer



# STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 \$	2018 \$
<b>Revenue</b>			
General revenue	2	22,354,148	20,256,188
Other income	2	984,561	482,439
<b>Total Revenue</b>		<b>23,338,709</b>	<b>20,738,627</b>
<b>Expenditure</b>			
Employee benefits expense	3	(3,363,564)	(2,873,028)
Depreciation expenses		(7,962)	(13,817)
Clinical service subcontractors	1(p)	(16,883,286)	(13,881,488)
Consulting expenses		(523,938)	(131,388)
Contractors		(491,590)	(615,625)
Lease expense		(202,159)	(197,229)
Repairs, maintenance & vehicle running expenses		(139,784)	(136,862)
Electricity		(11,391)	(5,834)
Accounting and legal fees	3	(8,791)	(81,259)
Audit fees – audit services		(34,830)	(35,700)
Travel expenses		(615,921)	(486,405)
Other expenses		(749,203)	(1,504,143)
<b>Total Expenditure</b>		<b>(23,032,419)</b>	<b>(19,962,778)</b>
<b>Net Surplus</b>		<b>306,290</b>	<b>775,849</b>
<b>Other Comprehensive Income</b>		<b>-</b>	<b>-</b>
<b>Total Comprehensive Income</b>		<b>306,290</b>	<b>775,849</b>

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2019

	Notes	2019 \$	2018 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	4	8,419,056	10,455,092
Trade and Other Receivables	5	35,644	481,912
Other Assets	6	103,961	266,078
<b>TOTAL CURRENT ASSETS</b>		<b>8,558,661</b>	<b>11,203,082</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	7	9,688	25,160
<b>TOTAL NON-CURRENT ASSETS</b>		<b>9,688</b>	<b>25,160</b>
<b>TOTAL ASSETS</b>		<b>8,568,349</b>	<b>11,228,242</b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	8	1,541,125	2,928,777
Accrued Employee Benefits	9	219,158	159,156
Unearned Revenue	12	5,578,056	7,234,652
<b>TOTAL CURRENT LIABILITIES</b>		<b>7,338,339</b>	<b>10,322,585</b>
<b>NON-CURRENT LIABILITIES</b>			
Accrued Employee Benefits	9	31,004	12,941
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>31,004</b>	<b>12,941</b>
<b>TOTAL LIABILITIES</b>		<b>7,369,343</b>	<b>10,335,526</b>
<b>NET ASSETS</b>		<b>1,199,006</b>	<b>892,716</b>
<b>EQUITY</b>			
Retained Surplus		1,199,006	892,716
<b>TOTAL EQUITY</b>		<b>1,199,006</b>	<b>892,716</b>

# STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	Retained Surplus \$
Balance at 1 July 2018	892,716
Total Comprehensive Income	306,290
<b>Balance at 30 June 2019</b>	<b>1,199,006</b>
	Retained Surplus \$
Balance at 1 July 2017	116,866
Total Comprehensive Income	775,849
<b>Balance at 30 June 2018</b>	<b>892,716</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019

	Notes	2019 \$	2018 \$
<b>Cash Flows from Operating Activities:</b>			
Receipts from Funding Bodies		24,270,108	15,235,175
Payments to Suppliers		(23,094,552)	(18,514,429)
Payments to Employees		(3,300,483)	(2,823,839)
Interest Received		88,891	82,535
<b>Total Cash from Operating Activities</b>	<b>10</b>	<b>(2,036,036)</b>	<b>(6,020,559)</b>
<b>Cash Flows from Investing Activities:</b>			
Payments for Asset Purchases		-	-
<b>Total Cash from Investing Activities</b>		<b>-</b>	<b>-</b>
<b>Net Cash Increase / (Decrease) in Cash and Cash Equivalents</b>			
		<b>(2,036,036)</b>	<b>(6,020,559)</b>
<b>Cash and Cash Equivalents at beginning of period</b>			
		<b>10,455,092</b>	<b>16,475,651</b>
<b>Cash and Cash Equivalents at end of period</b>			
	<b>4</b>	<b>8,419,056</b>	<b>10,455,092</b>





# AUDITOR'S DECLARATIONS



Grant Thornton Audit Pty Ltd  
King George Central  
Level 18  
145 Ann Street  
Brisbane QLD 4000  
GPO Box 1008  
Brisbane QLD 4001  
T +61 7 3222 0200

## Auditor's Independence Declaration

To the Directors of Western Queensland Primary Care Collaborative Ltd

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Western Queensland Primary Care Collaborative Ltd for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

*Grant Thornton*

GRANT THORNTON AUDIT PTY LTD  
Chartered Accountants

*H.E. Hicock*

H E Hicock  
Partner - Audit & Assurance  
Brisbane, 27 September 2019

ACN 130 913 594

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## Independent Auditor's Report

to the Members of Western Queensland Primary Care Collaborative Limited

## Report on the audit of the financial report

### Opinion

We have audited the financial report of Western Queensland Primary Care Collaborative Limited (the "Registered Entity"), which comprises the statement of financial position as at 30 June 2019, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' declaration.

In our opinion, the financial report of Western Queensland Primary Care Collaborative Limited has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- a giving a true and fair view of the Registered Entity's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia.

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We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Other Information

The Directors are responsible for the other information. The other information comprises the information included in the Registered Entity's Directors' report for the year ended 30 June 2019, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibilities of the Directors for the Financial Report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Registered Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Registered Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*Grant Thornton*


Grant Thornton Audit Pty Ltd  
Chartered Accountants

*H.E. Hio wop*

H E Hio wop

Partner – Audit & Assurance  
Brisbane, 27 September 2019





WQPHN would like to thank all those who contributed images used in the WQPHN Annual Report 2018-19:

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Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.

