



2021-2022 Annual Report

Western Queensland Primary Health Network

**OUR PEOPLE
OUR PARTNERSHIPS
OUR HEALTH**

phn
WESTERN QUEENSLAND

An Australian Government Initiative



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WHO WE ARE

Our region covers

956,438km²

(55% of total land area of Queensland)

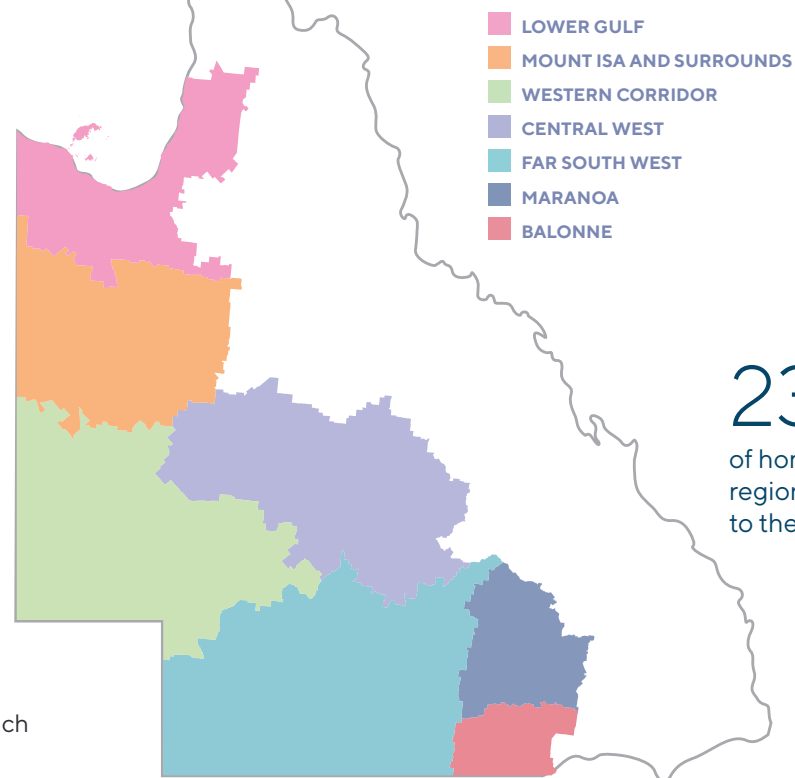
61,541 residents


10,671 who are Aboriginal and Torres Strait Islander
(17.2%, compared with Queensland average of 4%)

34 Aboriginal language groups

The population of the PHN has mixed health status with pockets of high advantage which are in direct contrast to large areas of extreme disadvantage.

The region consists of seven (7) Commissioning Localities (CLs) and 20 local Government areas (LGAs).



23% 
of homes in WQPHN
region have no access
to the internet

88%

of the population live in
remote and very remote
areas.

4CL

have people living mostly
in very remote areas.

2CL

have people living mostly
in remote areas.

1CL

has half people living in
outer regional areas, with the
other half in remote and very
remote areas.

CONTRACTS AND FUNDING



84%

invested in service provision
for better health



118

Contracts



51

Commissioned Service Providers

OUR IMPACT

Last year our service providers delivered **52,526** occasions of service, including:

27,656 occasions of mental health
service to 2,626 participants.

1,142 occasions of alcohol and other
drug service.

7,993 occasions of Indigenous health
service to **839** participants.

4,878 occasions of aged care service
to **197** participants.

16,390 occasions of allied health
services.

Of these participants, **750** identified as
Aboriginal and/or Torres Strait Islander.

STRATEGIC PLAN 2020-2025

OUR VISION

Western Queenslanders experiencing better health

OUR PURPOSE

To empower our people through partnerships in an integrated primary health care system that delivers better health outcomes for the people of Western Queensland

OUR VALUES



OUR STRATEGIES

INTEGRATING CARE

Supporting collaboration with primary health care partners and lead co-design to enable integrated service frameworks on key health priorities.

WQ HEALTH CARE HOME (WQ HCH)

Strengthening General Practice and service provider capability and innovation building a contemporary patient centred primary health care strategy.

CLOSING THE GAP

Supporting authentic collaboration and partnership with Western Queensland's Aboriginal and Islander Community Controlled Health Services (AICCHS) under the Nukal Murra Alliance to strengthen engagement, cultural safety and primary care capacity.

CHRONIC DISEASE

Improve management and prevention of chronic disease through planned proactive approaches within the WQ HCH model of care, enhancing coordination, patient self-management and independence.

CHILD & FAMILY HEALTH

Support clinically integrated and culturally safe care across the first 3,000 days of life and improve coordination of services supporting health and wellbeing of children and their families.

MENTAL HEALTH, WELLBEING & RESILIENCE

Implement a strengths-based approach for those living with Mental Health or Alcohol & Drug issues and enable stepped care with a recovery focus, better coordination and integration across care domains.

GOOD GOVERNANCE

Provide accountable quality assured corporate, program and clinical governance to support a responsive efficient organisation, focused on improving patient and population outcomes.

WQPHN ENABLERS

- Enterprising and respectful partnerships
- Quality data and evidence informed approaches
- Confident, mature and sustainable provider and General Practice Networks
- Value based care through Commissioning excellence
- Workforce capability and innovation
- Clinical leadership and engagement
- Organisational excellence and good governance
- Cultural respect and strong AICCHS networks
- Authentic consumer engagement
- Adoption of digital technologies

CHAIR'S REPORT

REVIEW 2021-22

As a collective, we continue to provide a range of critical primary health care services across a remote and diverse landscape.

The COVID-19 pandemic continued to be a priority, however it is pleasing to see significant efforts focused around maintaining business as usual, whilst also balancing an intensive and complex COVID response. As we move into a new phase of the pandemic, WQPHN will continue to work collaboratively with our communities and stakeholders to support the people of western Queensland.

In December 2021, WQPHN officially launched its inaugural Reconciliation Action Plan (RAP). The development of the RAP was led by our Reconciliation Working Group, which included several stakeholders from across the region. Alongside our Nukal Murra Alliance and the respective Hospital and Health Service health equity strategies, the RAP outlines our commitment to improve our internal mechanisms and external approaches to continue to support improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

Good governance continues to be priority for the Board, and this year we established a new sub-committee to the Board. The People, Engagement and Culture Committee (PECC) replaces the previous Governance and Nominations Committee and provides a more contemporary approach to support the implementation of the Strategic Plan.

This year we farewelled two retiring directors, Dr. Christopher Appleby and Dr. David Rimmer. Both Christopher and David were founding Directors with WQPHN and made significant contributions to the establishment and development of the WQPHN. With their departure, we welcomed Dr. Clare Walker and Elisabeth Fraser to the Board. I'd like to thank my fellow Board directors for their ongoing efforts and support. I would also like to acknowledge WQPHN CEO, Sandy Gillies, the executive team and all staff for their continued commitment over the past twelve months.

I look forward to the future and am confident the organization is well placed to continue to work with our communities, providers and stakeholders towards an integrated and high quality primary care system across western Queensland.



Dallas Leon
Chair



I am pleased to provide this report as Chair of the Western Queensland Primary Health Network (WQPHN). This past year has been another busy period and I would like to recognise and thank all our commissioned service providers and stakeholders for their continued efforts in supporting the people of western Queensland.



I am proud of our achievements over the past year. We continued to progress our core mandate across the region through our place-based commissioning approaches and ongoing advocacy work on behalf of our communities, commissioned service providers, health professionals and General Practices.

CEO'S REPORT

PAVING OUR WAY TO 2025

In our ever-changing environment, we focused on strengthening our people and partnerships. We responded swiftly to our region's first COVID-19 cases in December 2021, thanks to our strong community relationships and local knowledge.

We came together with our stakeholders to ensure the timely, coordinated roll out of vaccinations and resources, as well as intense, place-based support to meet the diverse needs of our communities.

I am particularly proud of several key activities and initiatives during the COVID rollout including the successful Jibber Jabber Campaign, a joint initiative between WQPHN and members of the Nukal Murra Alliance. Other achievements included our high COVID vaccination rates and preparedness activities across our residential aged care facilities, and effective collaboration between the Hospital and Health Services in relation to place-based vaccination clinics.

Addressing health and medical workforce shortages remained a key challenge for our region in FY22, placing continued pressure on our fragile General Practice networks and other health service providers. Unlike other parts of Australia, I am very pleased to report no health service closures to date. This is a credit to the strength and resilience of our Western Queensland network of health professionals, who have kept their doors open for the people and families they serve.

Thank you to all of our partners and providers for your dedication to our communities and your ongoing support and collaboration throughout the year.

I also acknowledge the support of our WQPHN team in embracing the outcomes of our independent functional review in late 2021. A critical step in our 'Paving our Way to 2025' journey, the review introduced several improvements to our team structure, capabilities and culture to prepare our organisation for the future.

As we work towards our vision of Western Queenslanders experiencing better health, our team looks forward to building on our strong relationships with our community and primary health care sector to address the opportunities and challenges that lie ahead.

Together, we're paving the way to better health.

Sandy Gillies
Chief Executive Officer

OUR BOARD



Dallas Leon
Chair

The WQPHN Board consists of highly qualified and diverse Directors who provide Strategic framework for Western Queensland PHN. Led by our Chair, Dallas Leon who joined in December 2018, all Directors have a strong understanding of primary care, particularly in rural and remote Australia. Their experience and knowledge range from Hospital and Health Services, Indigenous Health, Allied Health, General Practice and health education.

Our Board leads the direction of the organisation to support the vision of better health for Western Queenslanders.

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 sectors.

Dallas previously held the role of CEO at 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 the First Nations Health Advisor for the North Queensland PHN.



Dr Christopher Appleby
Member (until 2 Oct 2021)

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 served as a Director on the Board of the North West Hospital and Health Service (NWHHS) for eight years, where he also Chaired the NWHHS Financial, Audit and Risk Management Committee. Chris owned and operated remote and regional General Practices in Queensland for over 20 years and continues to provide consultancy services in the Aboriginal Community Controlled Health Sector.



Elizabeth Fraser
Member (from 2 Oct 2021)

Liz is currently Chair of the CWHHS Board's Safety and Quality Committee and draws on her wealth of experience including as Queensland Commissioner for Children and Young People social worker in child and family welfare; hospital and outreach mental health, emergency and rehabilitation services, which have enhanced her capabilities to provide strategic oversight and development.

Liz has a Bachelor of Arts/ Social Studies, Graduate Diploma in Multicultural Studies, a Royal Society of Arts Certificate in Teaching English as a Second Language and is an Executive Fellow of the Australian New Zealand School of Government



Professor Sabina Knight
Member

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 Master of Tropical Health from the University of Queensland and has held various clinical and leadership roles in remote health and education.



Sheryl Lawton
Member

Sheryl has been the CEO of Charleville 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.



Vicki Murphy
Member

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. She has worked at the Assistant Secretary level for the Federal Department of Health and as a Senior Policy Advisor, Healthdirect Australia Ltd,



Karen Riethmuller Tully
Member

Karen lives in Charleville in South West Queensland and has lived experience in understanding the wonderful liveability and unique lifestyle which rural communities offer. She currently serves as Board Chair of the South West Hospital and Health Board and is Chair of the Rural Financial Counselling Service Southern Queensland. She is also a Director with Southern Queensland landscapes as well as serving as an Ambassador for the Queensland Plan Ambassadors Council. Karen holds a Master of Education, Bachelor of Education, Graduate Diploma of Financial Markets and is a Justice of the Peace. She is a graduate of the Queensland Leadership Program and has completed governance courses with the Australian Institute of Company Directors.



Dr David Rimmer
Member

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. He has over 35 years' experience in General Practice and Emergency Medicine, with a lifetime interest in teaching and workforce development. He works as a Senior Medical Officer at Longreach, with a particular interest in mentoring the next generation of rural doctors. David is a Senior Fellow with the James Cook University GP Training Program, a member of the Queensland Health Clinical Senate Executive, and sits on the Rural and Remote Health Advisory Committee.



Dr Clare Walker
Member

Dr Clare Walker is a medical practitioner in Longreach providing both private General Practice and as Senior Medical Officer at the local hospital. Having lived and worked in the Central West Region for over ten years Clare has developed an in-depth understanding of needs of rural and remote Queenslanders. Clare has a dual fellowship in General Practice with Australian College of Rural and Remote Medicine (FACRRM 2009) and the Royal Australian College of General Practice (FRACGP 2009), an Advanced Diploma of Obstetrics (2009), and qualifications in Anaesthesia through the Joint Consultative Committee (2010). Clare is registered with the Medical Board of Queensland, is a member of the RACGP, ACRRM, the Royal Australian College of Obstetrics and Gynaecology, and committee member of the Rural Doctors Association of Queensland.



Jason Warnock
Member

Jason was elected to the WQPHN Board in November 2018. For more than 30 years he worked in his private podiatry practice in Townsville, including 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. During 2003-2005 he developed the Indigenous Diabetic Foot Program, resources of which are still utilised today. Jason was Chair of the Podiatry Board of Australia from 2009 – 2012 and was awarded a Churchill Fellowship in 2008. In 2015, Jason moved to Brisbane to take on the role of Director of Podiatry for Metro North Health and in August 2019 joined the Emergency Operations Centre to support the COVID-19 pandemic response.



Rachel Portelli
Secretary

Rachel is a graduate and Fellow of the Governance Institute of Australia, Fellow of 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.

CLINICAL AND CONSUMER ADVISORY COUNCIL

For the first time in two years members of the Clinical and Consumer Advisory Council came together in Brisbane in early November. While COVID-19 has allowed the Councils to meet via Video conference, face-to-face meetings are still invaluable.

The meeting content was co-developed by the Councils, who have matured as a group to both contribute issues of importance to their regions and contribute to the decision-making process alongside the WQPHN.



Dr Rosie Geraghty,
Chair of the WQPHN Clinical Council
& owner of Maranoa Medical Centre, Roma:

"The 2021-2022 year has seen the Clinical and Consumer Advisory Councils meet both face-to-face in November 2021 and via Zoom videoconference in 2022. Important updates regarding the COVID-19 response, WQ Health Care Home, data management programs, diabetes management and HealthPathways to name a few were discussed. We were excited to see the new headspace centre open in Roma with the aim to improve mental health outcomes for our youth. The face-to-face meeting enabled a review of membership and Terms of Reference for the Clinical Council.

I wish all members the best as they continue their good work for the consumers in Western Queensland"



John Palmer OAM,
Chair of the WQPHN Consumer Advisory Council:

"I am again pleased to be part of the Consumer Advisory Council for 2021-2022, despite COVID-19 disrupting our attempts to meet in person for another year.

This year saw members from the Clinical and Consumer Advisory Council participating in the interview process for two new Board Directors, where we were invited to attend. I am looking forward to representing the WQPHN Councils at the upcoming Health Consumers Queensland (HCQ) Annual Forum in October 2022.

As always it is a pleasure to work with a proactive and passionate team, led by CEO Sandy Gillies and we look forward to the next year."

COMMUNICATIONS

Engagement via our online Communication channels has continued to grow in 2021-2022, led in part by the ongoing presence of COVID-19, and our continued focus towards producing local content of our people in our regions and the use of video format.

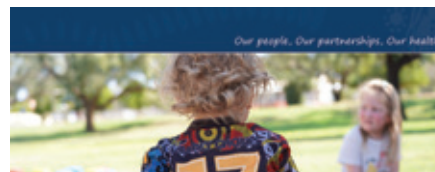
ELECTRONIC DIRECT MAIL (EDM)

Regular direct email communications such as the quarterly “WQPHN Bush Telegraph” newsletter and Fortnightly “Message Stick” were the best performers, followed by the weekly COVID-19 update for primary health care clinicians. The average open rate (how many recipients opened emails) and click rate (those who clicked on links within emails) have increased from the previous year.



SOCIAL MEDIA

The WQPHN Facebook page as WQPHN’s primary social media platform has again experienced exponential growth over the past year, with a 79% increase in engagement (people who “like”, comment on or share posts) and a 118% increase in reach (people who see our posts). WQPHN Facebook page has seen an increase of 15% of people who ‘follow’ the page compared to the previous year. This equates to an additional 1,613 people.



Top 3 Facebook videos 2021-2022



#1

Psyches on Bikes Wrap-up



#2

Message Stick 29 October 2021



#3

Jibber Jabber rolls on

OUR PEOPLE

HEALTH SNAPSHOT

PRACTICES

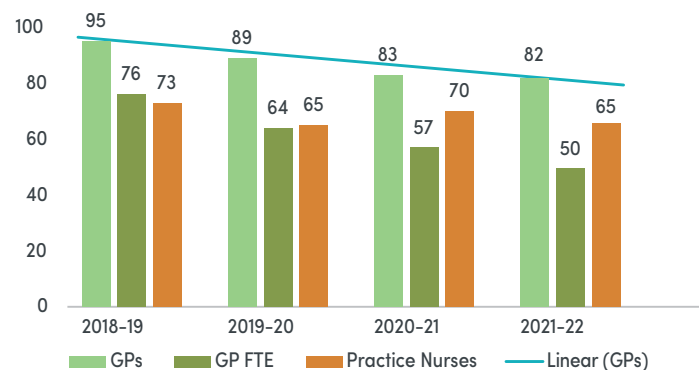


* Breakdown of Private Practices (3 x Mount Isa, 1 x Cloncurry, 1 x Barcaldine, 1 x Longreach, 2 x Roma, 1 x St George)

** Breakdown of RFDS bases: South West, Charleville (1) North West, Mount Isa (1)

GP AND NURSE PROFESSIONALS

Total GP and Nurse professionals in General Practice Networks trending Year on Year



ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

Indigenous Health Assessment 2021-22

22% of children up to 15 years of age in WQPHN region received Indigenous Health Assessments

36% of people over 55 years of age in WQPHN region received Indigenous Health Assessments



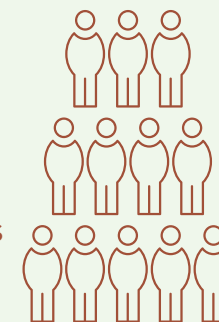
7,993

First Nations Health Occasions of Service (OOS)



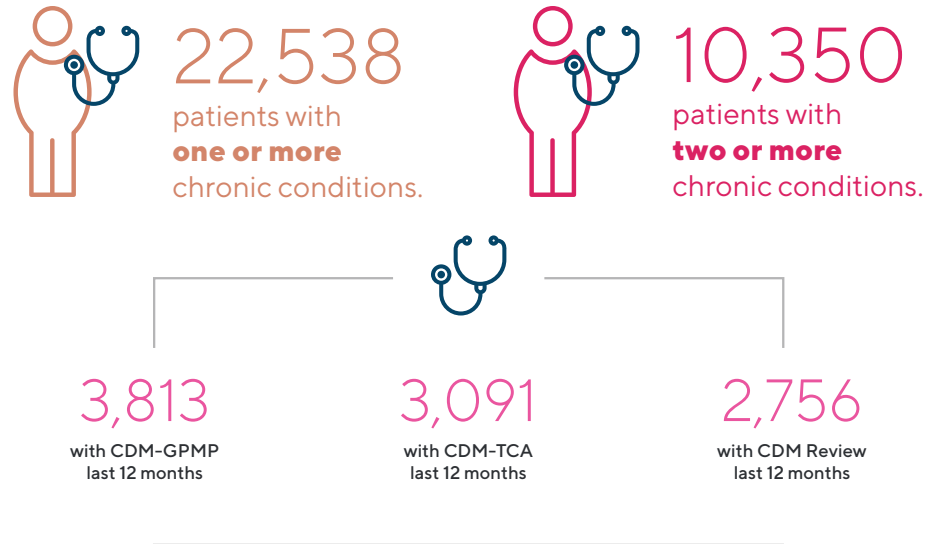
839

participants



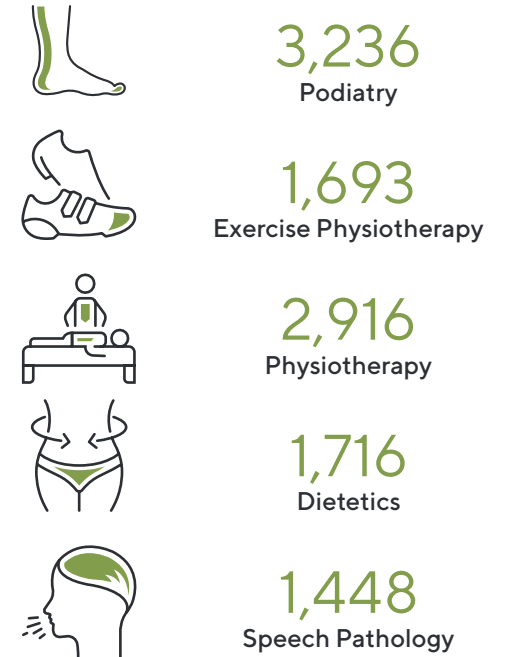
CHRONIC DISEASE

Active patients within General Practices with chronic conditions and access to planned and structured care.

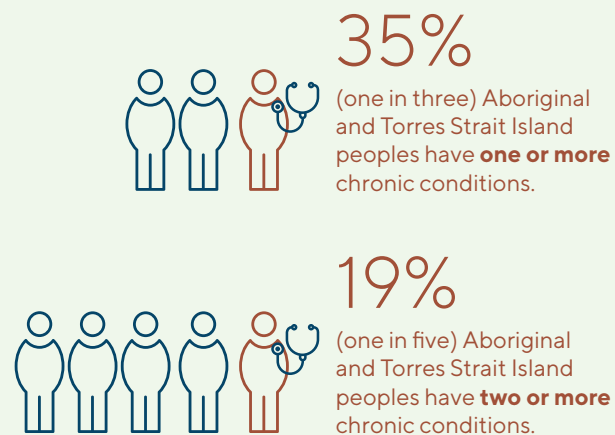


CDM-GPMP: Chronic Disease Management—GP Management Plan, CDM-TCA: Chronic Disease Management—Team Care Arrangement

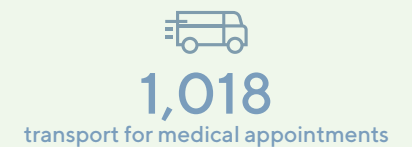
Commissioned allied health provider client sessions



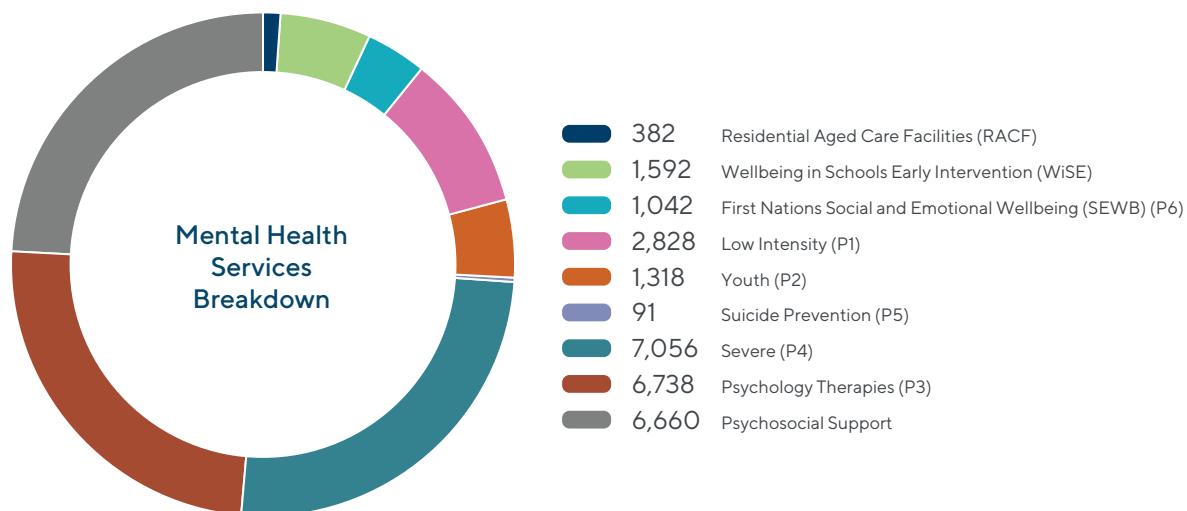
WQPHN commissioned allied health provider client sessions (total) 2021-22 and top five allied health providers by number of sessions.



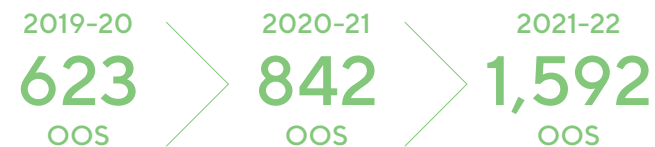
Nukal Murra Alliance provides:



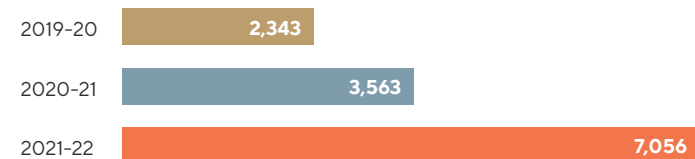
MENTAL HEALTH SERVICES



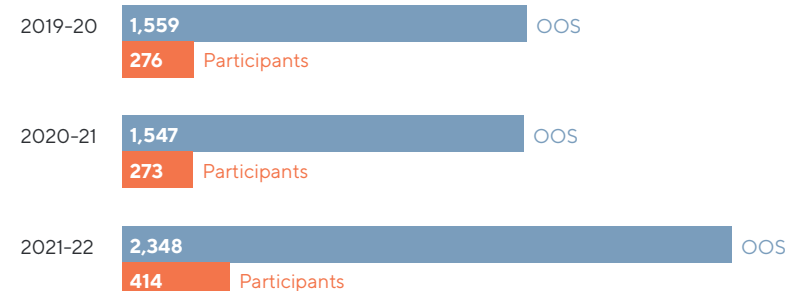
WiSE – Wellbeing in Schools Early Intervention Program



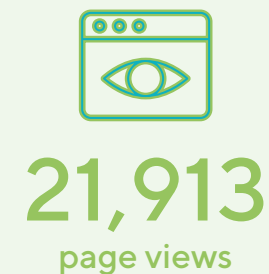
Primary Mental Health Care for people with severe mental illness



headspace Occasions of Service (OOS)



HEALTHPATHWAYS





2022-2025 HEALTH NEEDS ASSESSMENT

The WQPHN Needs Assessment is a population health-based analysis of the health needs of our communities.

The latest WQPHN Health Needs Assessment (HNA) identifies key statistics and data that help shape health services in our regions to ensure the effective distribution of funding to our service providers and address gaps in primary health care. The resulting goal is to create a better experience for people, encourage better use of health resources, and eliminate service duplication.

WQPHN's health priorities and opportunities are guided by our Health Needs Assessment and the aims and objectives of the Australian Government's Primary Health Care 10 Year Plan 2022-32.

Our experiences and the outcomes of the Health Needs Assessment have provided a roadmap for setting our strategic priorities over the coming years. The alignment of these priorities ensures WQPHN will play a critical and pivotal role in transforming the way primary health care services are delivered in rural and remote Australia.

COMMISSIONING LOCALITIES

The seven place-based geographic Commissioning Localities (CL) are important in considering the primary care flows, funding, demographic and cultural considerations. Within the network of CLs are 20 unique Local Government Areas (LGAs).

The CLs provide a place-based regional framework to plan and provide a way for WQPHN and its partners to work together to tackle health inequality.



LOWER GULF

- Home to 5,089 people
- 66.9% of the population are Aboriginal and Torres Strait Islander
- 4 LGAs covering a land mass of 107,591 km²

MOUNT ISA AND SURROUNDS

- Home to 22,613 people
- 17.4% of the population are Aboriginal and Torres Strait Islander
- 4 LGAs (Boulia LGA split) covering a land mass of 119,107 km²

WESTERN CORRIDOR

- Home to 757 people
- 19.4% of the population are Aboriginal and Torres Strait Islander
- 3 LGAs (Boulia LGA split) covering a land mass of 200,624 km²

CENTRAL WEST

- Home to 9,201 people
- 6% of the population are Aboriginal and Torres Strait Islander
- 4 LGAs covering a land mass of 186,748 km²

FAR SOUTH WEST

- Home to 6,872 people
- 16.6% of the population are Aboriginal and Torres Strait Islander
- 4 LGAs covering a land mass of 188,751 km²

MARANOA

- Home to 12,688 people
- 7.2% of the population are Aboriginal and Torres Strait Islander
- 1 LGA covering a land mass of 58,830 km²

BALONNE

- Home to 4,321 people
- 15.9% of the population are Aboriginal and Torres Strait Islander
- 1 LGA covering a land mass of 31,150 km²

OUR PARTNERSHIPS

CREATING MEANINGFUL PARTNERSHIPS

We recognise that it is only through strong, collaborative partnerships across the health, community and First Nations sectors that we will achieve productive reform of the health system and ensure it meets the needs of our residents.

WQPHN has formalised a number of strategic partnerships that help us deliver a cohesive and culturally respectful health system in our region. This includes Memorandums of Understanding with CheckUP, Royal Flying Doctor Service (Queensland), Health Workforce Queensland and RHealth.

Together with the Nukal Murra Alliance, the Maranoa Health Accord and The North West Queensland Tripartite Agreement to work collaboratively with the Hospital and Health Services and Aboriginal and Torres Strait Islander Community Controlled Health Services in Western Queensland.

MEMBERS

During 2021-2022, 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



ADMITTED MEMBERS



MEMORANDUMS OF UNDERSTANDING (MOU) PARTNERS

Collaboration with our MoU partners again continued to strengthen over 2021-22. Working together to improve integration of services, manage coordinated COVID-19 activities and build workforce capabilities. Our partners reflected on the past 12 months and the value of our partnerships.



"Throughout FY 21-22, the WQPHN and CheckUP collaboration has strengthened and matured across all levels of our organisations. We are actively working together to develop sustainable, local workforce and health care solutions that will enhance access to safe, affordable care across all communities of Western Queensland, particularly Aboriginal and Torres Strait Islander families and communities."

Ann Maree Liddy, CheckUP, CEO



"It has been another tough year for remote and rural communities in Western Queensland. The situation has been improved by the collaborations and contributions of WQPHN and its many stakeholders and commissioned service providers. Health Workforce Queensland continues to collaborate with WQPHN to strive to improve access to much needed health workforce and service delivery improvements."

Chris Mitchell, Health Workforce Queensland, CEO



"The RFDS (Queensland Section) has continued over the last 12 months to further foster and grow our relationship with the WQPHN through our shared commitment to enhancing the health outcomes of communities in Western Queensland. Together, we have continued to navigate the impact of the COVID pandemic to some of the most remote communities in Queensland, and drive key initiatives to improve primary health care and mental health services."

Meredith Staib, Royal Flying Doctor Service (Queensland Section), CEO



"RHealth's partnership with WQPHN has continued to strengthen over the last 12 months as we worked collaboratively to deliver much needed services into the Western Qld region. WQPHN demonstrates a strong commitment to ensuring equitable access to services into communities across their vast region through understanding the needs of communities, strong leadership, and the delivery of innovative services when funding opportunities arise. RHealth looks forward to continuing to collaborate with WQPHN into the future."

Simone Xouris, RHealth Limited, CEO





OUR ALLIANCES

NUKAL MURRA ALLIANCE

The Nukal Murra Alliance is committed to improving health, social and emotional wellbeing and mental health outcomes of our communities for Aboriginal and Torres Strait Islander people.

Nukal Murra Health Support Service (NMHSS) is an alliance of six bodies:

- Western Queensland Primary Health Network (WQPHN);
- Queensland Aboriginal and Islander Health Council (QAIHC);
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health (CWAATSICH);
- Cunnamulla Aboriginal Corporation for Health (CACH);
- Goondir Health Services (Goondir) and
- Gidgee Healing Aboriginal Medical Services (Gidgee).

Recent highlights of this collaboration include the review and finalisation of partnerships, including the:

- Nukal Murra Alliance Strategic Plan
- Nukal Murra Health Support Services (ITC Program) and;
- Development of a Western Queensland First Nations Health Workforce Development Strategy.
- The Alliance partners continue to meet on a regular basis to monitor the progress of the Alliance structure, review new and emerging health policies and funding models to identify opportunities for improvement at a strategic level.



Nukal meaning 'plenty or many' in the language of the lower gulf, and Murra meaning 'hand or hands' in the language of Central West and South West.

MARANOA ACCORD

Partners in the Maranoa Accord: WQPHN, NWHHS, CWHHS, SWHHS, CACH, CWAATSICH, Goondir Health Services and Gidgee Healing continue to work together and lead whole of population improvements in Western Queensland.

In 2021-22, the Maranoa Accord Members witnessed a number of significant leadership changes across the region in each of the Hospital and Health Services. Due to these changes, WQPHN worked closely with each of the three regions building on our collective knowledge and established relationships to respond to emerging local and regional priorities rather than more broadly across the Western Queensland footprint. The collective efforts at the regional level facilitated focussed and more responsive actions specifically around our response to COVID outbreaks in various communities.

The CEOs of The Maranoa Health Accord plan to work further on the shared key priorities from the health strategic plans to inform local and responsive Primary Health Care Strategies for Western Queensland communities.

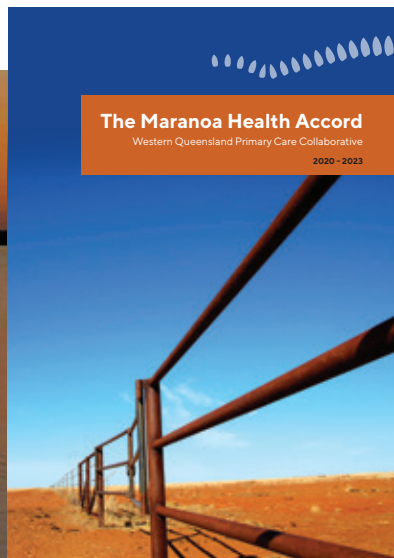
NORTH WEST TRIPARTITE AGREEMENT

The North West Tripartite Agreement is a partnership between the Aboriginal and Torres Strait Islander health service Gidgee Healing, the North West Hospital and Health Service and the WQPHN.

The University of Queensland Centre for Health Services Research was commissioned to review how the Agreement had been progressing and to highlight opportunities for improvement.

Some key strengths included:

- Strong leadership and commitment to the shared vision
- Increased capacity and capability of Community-Controlled Health Services
- Improved integration of services and subsequent service efficiencies.
A recalibration workshop between the partners is planned for early 2023 to further develop the partnership with a key focus on operationalising a number of both the Agreement and communities key priorities.



OUR HEALTH

RESPONDING TO COVID-19

COVID COMMUNICATIONS

Throughout the year communications played a vital role in keeping communities, staff and health professionals up to date with the latest news, data reports and changes to COVID health advice.

WQPHN continued to inform our communities on a regular basis across a range of communication platforms including Facebook, newsletters, emails, website updates and publications.

Targeted campaigns were aimed at reducing the spread of COVID-19 across our vulnerable communities, including the *COVID SAFE TRAVELS OUT WEST* Campaign. The campaign included postcards and posters distributed across Western Queensland with key health messages and travelling tips targeting the “Grey nomads”, linking directly to a dedicated COVID Safe Travels page on the WQPHN Website.



VACCINATION

WQPHN continued the successful roll-out of targeted vaccination clinics (pop-ups) across the region in 2021-22. A strong focus was on hard-to-reach populations, particularly First Nations peoples and remote communities with limited access to vaccinations.

Working in close collaboration with our health partners WQPHN coordinated schedules, vaccination locations and administration sites, and utilised the services of vaccination teams, directly funded by the Department of Health.

COMMUNITY CARE PATHWAYS

The COVID-19 Response team worked with Queensland Health clinical leads, Healthdirect, our ACCHS, GPs and other stakeholders to develop and update community care pathways. These pathways provided clear plans for where and how patients were managed in the primary and community care system, depending on their clinical risk and severity of illness. Pathways also identified escalation arrangements for people who needed to be admitted to a virtual ward (hospital in the home) for more intense observation or admitted to hospital.

PPE

As our Health Services continued the challenge of managing COVID-positive patients, WQPHN was able to support General Practices, ACCHSs, and Community Pharmacies across Western Queensland by supplying and distributing Personal Protective Equipment (PPE) to allow practitioners to safely continue their vital work. During this period WQPHN distributed more than:



30,000

surgical masks



9,500

P2/N95 respirators



5,500

gloves



3,000

isolation gowns



700

face shields



500

protective goggles



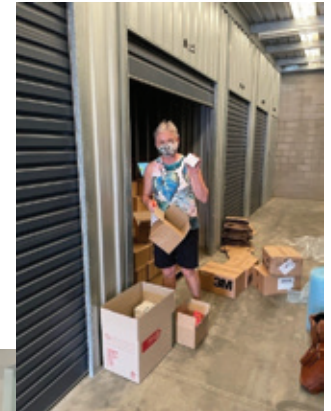
200

pulse oximeters



100

bottles of hand sanitiser



WESTERN QLD AGED CARE LEADS THE WAY IN COVID PREVENTION

The steady achievers in 2021/22 have once again been the committed staff working in residential and community aged care. Throughout the added stress of COVID-19, they persevered through the hugely increased information flow from the sector, supporting their elderly frail residents with multiple vaccinations and the many lock downs that were so difficult for all involved.

In the words of Betty Kiernan, Director, Laura Johnson Home, “we’re still walking, we’re still on this journey” reflecting on her experience keeping the residents in Mount Isa safe.



STRATEGY 1: INTEGRATING CARE

Supporting collaboration with primary health care partners and lead co-design to enable integrated service frameworks on key health priorities.



7,993
First Nations Health
Occasions of Service
(OOS)



839
participants



NUKAL MURRA ALLIANCE

Reshaping the way we deliver health services through the Nukal Murra Health Support Service also has considerable impact on the public health system – saving \$3.48 in avoided hospital costs for every \$1 invested.

Nukal Murra Alliance provides:



1,168

care coordination



131

supplementary services for people
with chronic conditions



1,018

transport for medical appointments



38

medical aids



access to affordable medicines



linkages to community services



HEALTHPATHWAYS

Since GoLive of WQHealthPathways:



210

new localised pages
published



1,329

users



5,082

sessions of use



21,913

page views

Western Queensland (WQ) HealthPathways is an online resource for all health professionals across WQ. It outlines local clinical and referral information to assist health professionals in providing evidence-based care and make the best use of available services and resources.

Throughout 2021-22, pathways have been released in the child health, respiratory, mental health and substance use specialties. Ongoing work for updating of information for COVID-19 management has been important, and the collaboration between all Queensland regions has allowed sharing of pathways that contain information applicable to the whole state.

Pathways are developed through a systematic process with involvement of local GPs, subject matter experts and health providers. During 2021-22 HealthPathways celebrated the release of 200 pages since inception.

9,915

occasions
of service
via telehealth



TELEHEALTH & DIGITAL HEALTH

WQPHN is engaging with all levels of Government and sector stakeholders to improve and accelerate the uptake of telehealth and digital health services in our region, ensuring the needs of remote Australians are considered when policy decisions are made.

Nearly 23 per cent of homes in Western Queensland have no access to the internet – investing in the digital infrastructure to support access to telehealth, online supports, and community, aged care and disability services is a priority.

In 2021-22, 100% of health care organisations were provided support to transition from NASH SHA-1 to SHA-2 certificates, allowing them to continue to access digital health platforms and tools, including My Health Record.

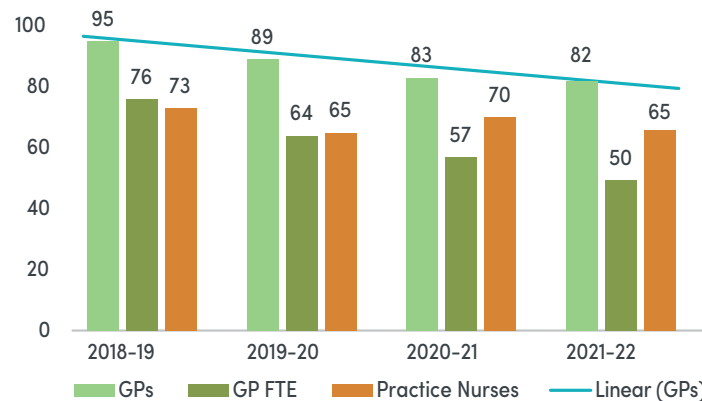
Purposeful engagement with the primary health care workforce on digital health news, updates, priorities and opportunities through The Monthly Megabyte, and our Digital Health and Integration newsletter. Maintaining the Digital Health Help Desk, providing expert advice remotely and in person on key topics and programs such as My Health Record, Secure Messaging, Electronic Prescribing, Telehealth, and the Adaptors to Web Services Program.

This year we began work to improve access to Telehealth and After-Hours health care for people living in Residential Aged Care Facilities with a goal to increase access to the right care in the right place at the right time and reduce potentially preventable hospitalisations.

WORKFORCE CHALLENGES

A key challenge for practices across Western Queensland continues to be the decline in GP and Nursing hours available to support the work required to ensure patients have access to proactive, planned and structured care.

Total GP and Nurse professionals in General Practice Networks trending Year on Year



STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME (WQ HCH)

Strengthening General Practice and service provider capability and innovation building a contemporary patient centred primary health care strategy.

WQ HEALTH CARE HOME

The Western Queensland Health Care Home program is a suite of self-evaluation, education, training, data analysis, and quality improvement tools and resources to help Primary Care Practices operate efficiently and effectively.

During 2021-22, the WQ HCH program has continued to build on the progress of previous years with 18 practices now participating as WQ HCHs.

The South-West region now has 13 WQ HCH practices, the North-West region has 3 practices involved in the program and the Central-West has two practices continuing as WQ HCHs.

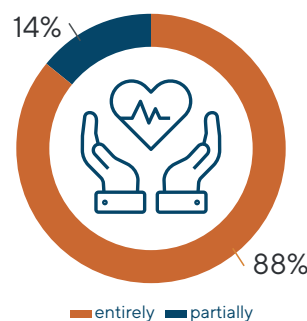
The Practice Capability and Innovation Team presented 12 Quality Improvement workshops to the 18 Western Queensland Health Care Home practices to commence the 2021-22 year. The team visited 11 General Practices across the North West, Central West and South West regions, and spoke to 119 attendees.

Responses to attendance satisfaction surveys were positive, with 97% of participants indicating the learning objectives were met by the sessions.

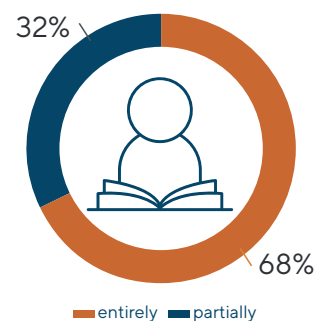
Key to the success of the WQ HCH program is the ability of practices to utilise the tools and resources provided by WQPHN to drive continual quality improvement initiatives. As each year progresses, the practices have learnt and grown and implemented the skills and tools of the WQ HCH program into their QI activities.



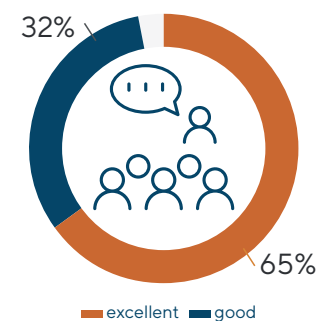
Longreach, Mount Isa, Julia Creek, Barcaldine, Blackall, Roma, Charleville, Mitchell, Injune and St George:



WORKSHOP WAS RELEVANT TO ATTENDEES' PRACTICE OR PROFESSION



WORKSHOP MET ATTENDEES' LEARNING NEEDS



QUALITY OF WORKSHOP PRESENTERS

Confidence levels in the subject increased after the session by:

7.2% Excellent
BEFORE THE SESSION

23.2% Excellent
AFTER THE SESSION



STRATEGY 3: CLOSING THE GAP

Supporting authentic collaboration and partnership with Western Queensland's Aboriginal and Islander Community Controlled Health Services (AICCCHS) under the Nukal Murra Alliance to strengthen engagement, cultural safety and primary care capacity.

SOCIAL AND EMOTIONAL WELLBEING (SEWB)

Key items:

Recruitment of a full-time Social and Emotional Wellbeing (SEWB) Regional Coordinator to undertake and build capacity of services within the Nukal Murra Alliance (NMA) member organisations, including enhancing existing mental health services for our First Nations People.

The SEWB Mental Health Training and Development Program provided to two member services by an Outreach Private Consultant Service "Wakai Waian Healing" and Founder- Mr Edward Mosby (Senior Psychologist). The Service provides support with delivery of individual and group therapeutic services, supports local SEWB Workers and their co-workers with mentoring/supervision with the view towards professional development and self-care as well as providing direct support and guidance towards enhancement of community and service collaboration and capacity building efforts.

FIRST NATIONS WORKFORCE

The WQPHN, alongside our MoU partners, RFDS Qld, CheckUp and Health Workforce Queensland have joined forces with the Nukal Murra Alliance Member organisations to progress a Western Queensland Rural and Remote Aboriginal and Torres Strait Islander workforce strategy for the region.

All partners agreed a sustainable health workforce in rural and remote Queensland hinges on how well they engage with the local community and develop the capacity of local people to undertake roles in health.

DIABETES AND PREVENTION PROGRAMS

WQPHN commissioned Gidgee Healing to employ a full-time Diabetes Aboriginal Health Worker in November 2021 to coordinate culturally appropriate diabetes education, with the aim to promote and support diabetes management and selfcare, to enhance quality of life and reduce the risks of diabetes-related complications amongst Aboriginal and Torres Strait Islander communities.

To further promote prevention activities and programs in Western Queensland, in late 2021, WQPHN signed a three-year contract with My Health for Life, and we introduced the Patient Activation Measure. The Move It NQ Program has expanded to more towns, with virtual delivery methods and capacity building initiatives also being developed for hard to reach individuals and communities.

MORNINGTON ISLAND HEALTH COUNCIL

The Mornington Island Health Council developed the inaugural Mornington Island Health Strategy 2019-2024 with partners Gidgee Healing, WQPHN, NWRH and North West HHS.

Since its development, the Strategy has provided a roadmap for government agencies, service providers and other stakeholders to understand the key priority areas for the Mornington Island community, and identified a data set, with a phased approach starting with population data, practice data and hospital data.



RECONCILIATION ACTION PLAN (RAP)

Development of our Innovate Reconciliation Action Plan (RAP) commenced in 2019. RAP activities were led by our Reconciliation Working Group (RWG) with the assistance of Reconciliation Australia and Donna Jeffries (Wirajuri), Yindyamarra Consultancy. Our first RAP was approved by Reconciliation Australia in December 2021.

Our Innovate RAP is a commitment that WQPHN will do things differently and take practical steps within our Organisation to improve our knowledge and understanding of the Aboriginal and Torres Strait Islander People within our region.

The RWG membership includes representatives from across the PHNs internal working units; the Board and the Clinical and Consumer Advisory Councils; and representation from our Nukal Murra Alliance (NMA) partners.

Working group meetings were held during 2021-22 to establish the governance and internal reporting mechanisms that would enable the successful implementation of the RAP. To track our progress against the deliverables we had committed to, a score card report was also developed to update staff and the Board on its progress.

Key achievements include:

- Review of HR policies and procedures to identify anti-discrimination provisions
- Identify opportunities to remove barriers to staff participating in NAIDOC Week
- Submission of our first Impact Measurement Report
- Participation in the Workplace RAP Barometer survey
- Promotion of National Reconciliation Week and its incorporation into Service Provider contracts for 2022-23
- Promotion of NAIDOC week



75%
COMPLETED

8%
ON TRACK

17%
IN PROGRESS



STRATEGY 4: CHRONIC DISEASE

Improve management and prevention of chronic disease through planned proactive approaches within the WQ Health Care Home model of care, enhancing coordination, patient self-management and independence.

DIGITAL HEALTH IN RESIDENTIAL AGED CARE FACILITIES (RACFS)

The goal for digital health in RACFs is to support facilities to have the appropriate virtual consultation tools and technology for residents to access clinically appropriate telehealth care, address internet connectivity and receive external support for installation, testing and training.

The WQPHN has funded 5 private Residential Aged Care Facilities in the region to purchase equipment and provide training to enhance their capacity with virtual consultations after hours care for residents.

AGED AND DISABILITY CARE CONSULTATION FORUMS

In May to June 2022, WQPHN staff and key peak bodies National Disability Insurance Agency (NDIA), Council on the Ageing (COTA) Queensland and the National Disability Services (NDS) facilitated Community Consultation Forums for both disability and aged care services in Mount Isa (NW), Charleville (SW) and Barcaldine (CW).

These representatives participated and were available to give current updates and advice on services available through their agencies. Localised issues around ageing and disabilities in rural communities was evident, with a strong turnout of around 60 participants at the three forums.

Thin markets, access to transportation and the costs associated with providing services an underlying theme at all three forums.



HEALTHY AGEING

Healthy Ageing in WQPHN continued to take a proactive approach to ageing and empower our older community members to be more informed and aware of their health, and to seek ways to live their lives with as much independence and value as they need.

More than **20,000** occasions of service were completed and **170** individuals received services.

In 2022 initiatives such as after-hours and enhanced telehealth support, and the Care Finders program in Residential Aged Care Facilities will improve the outcomes for people seeking aged care services.



MOVE IT NQ

The Move It NQ program was developed in collaboration with the North Queensland Sports Foundation, Northern Queensland PHN, Western Queensland PHN, and Local Government Councils to support healthier and active lifestyles through the delivery of free, place-based sporting and fitness activities for their communities.

Health benefits of the Move IT NQ project include:

- Promoting physical activity and lifelong healthy behaviours;
- Encouraging mental and physical health and wellbeing through partnerships with local sport, recreation and health organisations;
- Supporting healthy bones and muscles, heart and lung health and reducing the risk of chronic disease;
- Supporting local councils and organisations in strategic planning and promotion of physical activity initiatives.

The program was being extended for hard to reach groups to join in virtually during the 2021-22 financial year, and is now operating or being introduced in additional local Government authorities across Western Queensland.

STRATEGY 5: CHILD & FAMILY HEALTH

Support clinically integrated and culturally safe care across the first 3,000 days of life and improve coordination of services supporting health and wellbeing of children and their families.

HEALTHY OUTBACK KIDS PROGRAM

Healthy Outback Kids Program focusses on babies, children and pre-natal milestones for Mums.

The program was established in collaboration with the Central Western Aboriginal and Torres Strait Islander Community Health (CWAASTICH), Cunnamulla Aboriginal Corporation for Health (CACH) and the South West Hospital and Health Service (SWHHS).

- All children are enrolled with a general practice
- Care for each child is scheduled as per the health checks in the Healthy Outback Kids Program
- Care is delivered by a multidisciplinary team including a General Practitioner, Registered Child Health Nurse, Aboriginal Health Practitioner and Aboriginal Community Workers.
- Service providers share information to ensure all families are offered care program outcomes.

BIG BUDDY PROGRAM

Goondir Health Services continues to deliver The Big Buddy Program on the founded aims to address the four key objectives of:

1. Social inclusion
2. Mentorship
3. Promoting Life Skills
4. Education

Highlights:

- Engagement of “Country University” providing participants with an opportunity promoting further education and career options and further their education experience.
- Through the partnership with “Australian Defence Force” recruitment and promotional drive in St George.
- Health and Wellbeing Queensland providing promotional days and sessions on the importance of staying healthy, eating healthy, promoting exercise, physical activity and fitness.
- Traditional games continue to build self esteem and confidence across all program areas within the local community and build strong networks.

BUSH KIDS

BUSHkids is a not-for-profit organisation which has been supporting the health and wellbeing of children and families with children aged to 13 years in Queensland’s regional, rural and remote communities for over 80 years, providing free preventative and early intervention allied health care.

Working well over the past 12 months:

- Good engagement strategies when working with children and educators
- Clinicians (OT and Speech) have been able to identify children requiring support once screened with consent gained
- Feedback from families provided noticing improvements with their children and happy with their child’s development
- Good foundation of trust and relationships built with staff and educators across all communities
- Staff and families are receptive to sharing of information from clinicians



THUAACA TEAM IN MORNINGTON ISLAND

Thuaaka (pronounced 'thu-ga-ga') is the name of a small bird that inhabits Mornington Island. In our local Lardil language, thuaaka means 'happy families bird'. Often encountered in family groups, the thuaaka is a very happy and social bird.

The Thuaaka team is a locally-based health and family support workforce established by the Mornington Island Health Council, with support from the WQPHN. The goal is to support the accessibility of health services by children and their families on Mornington Island, to support optimal health, development and wellbeing.

The team continues to work with families and other stakeholders within Mornington Island to:

- Actively encourage universal screening and assessment to help families identify and manage health issues earlier;
- Provide care coordination and case management for vulnerable children and their families;
- Enhance access and engagement with primary health care services; and improve access to other secondary services including education, housing, employment, family violence prevention and other support services.

Indigenous Health Assessments 2021-22

22%

of children up to 15 years of age in WQPHN region received Indigenous Health Assessments

36%

of people over 55 years of age in WQPHN region received Indigenous Health Assessments



STRATEGY 6: MENTAL HEALTH, WELLBEING & RESILIENCE

Implement a strengths-based approach for those living with Mental Health or Alcohol & Drug issues and enable stepped care with a recovery focus, better coordination and integration across care domains.

Mental Health



27,656
OOS Mental health



2,626
participants



1,142
OOS AOD

AOD OUR WAY

The Queensland Aboriginal and Islander Health Council (QAIHC) was commissioned to provide a greater number of locations with access to its suite of contextualised alcohol and other drug (AOD) resources that respond to community and workforce needs regarding harmful levels of substance use.

A portion of funding enabled QAIHC to partner with Insight to develop e-learning modules and migrate content online – with “Eyez on Ice” now hosted at the Insight website. It provides an online culturally safe resource package designed to assist health professionals and families to support people impacted by problematic substance use, particularly crystal methamphetamine (ice).

QAIHC has more recently also delivered face-to-face trainings in Mount Isa.

HEADSPACE

headspace centres are funded to deliver services to young people 12–25, who are requiring a range of supports including mental health, vocational education, sexual health and alcohol and other drug use.

Mount Isa headspace

The centre has engaged the headspace Early Careers program, ensuring practitioners in the early phase of their career have access to quality learning, supervision and support in regional and remote headspace sites.

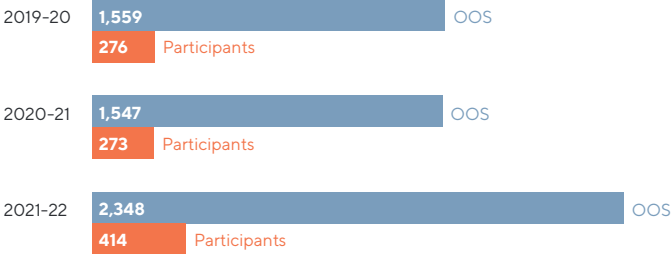
They have also implemented the Moderated Online Social Therapy (MOST) program – digital therapy support for young people who may need help with issues such as mental health, employment, study and training, friendship/peer support and family relationships.

Roma headspace

The Roma centre has passed their first year of service anniversary and exceeded headspace National’s expectations in services delivery numbers to young people in the region, with strong engagement and partnerships with the local community, and youth participation.

Both headspaces over 2021–22 have demonstrated a significant increase in Occasions of Service and number of service participants across over three years.

Headspace Occasions of Service (OOS)



QNADA PROJECT

The intention of the 'QNADA Project' is to grow primary health capacity and workforce confidence to engage with people experiencing concerns related to alcohol and other drug (AOD) use.

The QNADA Project has supported primary health services and ACCHOs through activities including:

- offering tailored onsite AOD-learning opportunities for primary health agency/clinic staff,
- training in key evidence-based AOD assessment tools,
- AOD development coaching and advice for individual primary health staff,
- Formation and convening of sub-regional AOD networks strengthening the links and referral between generalist and AOD specialist health services

COMMONWEALTH PSYCHOSOCIAL SUPPORT (NPSM / CPS)

CPS Brokerage

CPS Brokerage program focused on building wrap around support, for community members with psychosocial disabilities through activities of recovery, independence, and social inclusion. In the 2021-22 financial year, 56 participants received and benefitted from CPS Brokerage Program-funded activities.

NDIS re-testing fund

Rhealth was funded in 2021-22 financial period with allied health/psychological assessment assistance, Clientele for this program include current CPS participants and community members with lived experience with psychosocial disabilities that have been ineligible for assistance through the NDIS. 15 clients benefited from this program.

Community Services Facilitators program

The program aim is to empower local community members to better navigate services and make better informed decisions around their health needs. 249 community members engaged with the Community Services Facilitators with 102 people referred on to additional services.



WiSE program:



WELLBEING IN SCHOOLS EARLY INTERVENTION (WiSE) PROGRAM

The WiSE headspace telehealth e-psychiatry program was developed to ensure young people living in rural, regional and remote areas can access a psychiatrist via online consultations in a timely manner, reducing barriers such as the expense associated with access to a highly qualified clinical workforce specialising in young peoples' mental health, and support to families and carers.

This program has been successfully utilised both through young people accessing headspace, and through the secondary pathway, supporting enhanced clinical outcomes in the youth mental health area.

STRATEGY 7: GOOD GOVERNANCE

Provide accountable quality assured corporate, program and clinical governance to support a responsive efficient organisation, focused on improving patient and population outcomes.

CORPORATE, PROGRAM AND CLINICAL GOVERNANCE

There were six Board meetings held across the 2021-22 financial year. Three were held via Videoconference, one in Longreach and two in Brisbane.

PRIMARY HEALTH INSIGHTS – OUTBACK INSIGHTS

WQPHN is participating in a new national technology initiative known as Primary Health Insights, initiated to simplify and standardise governance, systems and processes associated with data storage and analysis.

The Primary Health Insights Project (locally rebranded by WQPHN as Outback Insights) will:

- increase PHN analytical and reporting capability
- reduce duplication of effort
- simplify processes
- automate manual data and governance processes
- standardise reports where possible
- reduce IT costs.



The Outback Insights project aims to improve the use of data to enable WQPHN to meet objectives around improving population health outcomes.



CLINICAL CHAPTER CHAIRS



Jean Benham,
Vital Health, CEO

"As an Allied Health clinician, consumer and long-term local, my focus as Chair of the South West Clinical Chapter is to support engagement to allow family, friends, work peers and staff contribute to community wellness, with an emphasis on developing equitable access to Allied Health services in health care.

Representatives of the Chapter "dig deep" into how the value of the group can be grown for each organisation in their pursuit of health service for people of South West Queensland.

Clinical Chapters are such a significant opportunity to support each other in improvements towards our shared vision to ensure the viability of high-quality health care, meaning "the right care at the right time and in the right place"



Cassie French,
CheckUP, Regional Coordinator

"As the Regional Coordinator for Central and Central West Queensland at CheckUP, I am actively involved in stakeholder engagement, contract management and service development across the region.

I am passionate about preventative health and early intervention, and love being involved in work that helps to increase access to health services and creates sustainable outcomes. My role at CheckUP meant I could return to the Central West (where I lived and worked for 5 years) to help contribute to improving health outcomes in these remote areas.

I am a big believer in conversations and working together to make a difference, and the Clinical Chapter meetings are a great way to be involved in this with key stakeholders and community members.

Clinical Chapters are invaluable to facilitating discussion between service providers, with respect and fairness and focussing on priority needs of the region, resulting actions and achievable outcomes for the year."



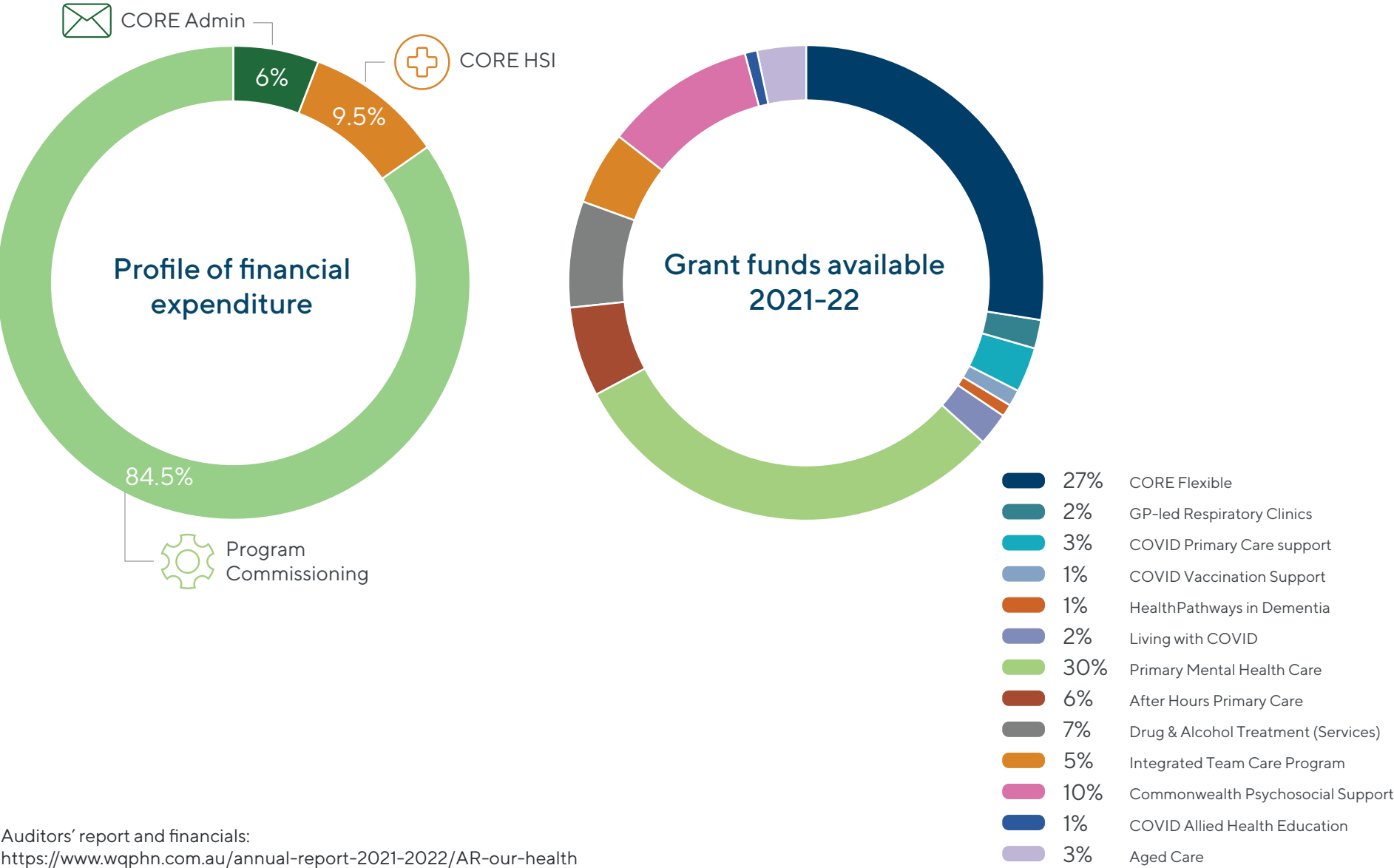
John Cain,
NWRH, CEO

"As CEO of NWRH, I took on the role of the North West Clinical Chapter Chair to support our communities and each other through the exchange of information, and to ultimately improve the overall health care opportunities for all within Western Queensland.

The Clinical Chapter(s) play an important role in advancing health intelligence and health outcomes for these Western Queensland communities.

Clinical Chapter groups are a tremendous opportunity to continue to build on the great work done to date and to advance the overall health care opportunities in Western Queensland"

PROFILE OF FINANCIAL EXPENDITURE





2021-22 ANNUAL FINANCIAL STATEMENTS SUMMARY



DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2022

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 2022.

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 (retired 2 October 2021)
- Dr David Rimmer (retired 2 October 2021)
- Mrs Vicki Murphy
- Mr Jason Warnock
- Prof Sabina Knight
- Mr Dallas Leon – Chair
- Ms Sheryl Lawton
- Ms Karen Tully
- Dr Clare Walker (appointed 28 September 2021)
- Ms Elizabeth Fraser (appointed 2 October 2021)

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

Company Secretary

- Ms Rachel Portelli

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
- influenced by the impacts of COVID-19 and the resulting changes in government legislation relating to matters such as limited physical contact between staff and with clients, temporary closure of some businesses that WQPHN would otherwise have traded with, changes to the welfare system and various stimulus payments
- further to the COVID-19 pandemic, additional funding was received to assist the Federal Government to formulate a response in primary care and general practice networks.

Operating Results

The entity recorded a deficit of \$36,091 (2021: Surplus of \$144,530).

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 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

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 2022

Meetings

Director	Directors' Board Meetings*		Finance Audit & Risk Management Committee		Governance & Nominations Committee*		People, Engagement and Culture Committee***	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Mr Dallas Leon	6	6	N/A	N/A	N/A	N/A	N/A	N/A
Dr Christopher Appleby	2	2	2	2	N/A	N/A	N/A	N/A
Ms Elizabeth Fraser	4	4	N/A	N/A	N/A	N/A	3	3
Prof Sabina Knight	6	6	N/A	N/A	1	1	N/A	N/A
Ms Sheryl Lawton	6	6	N/A	N/A	1	1	N/A	N/A
Ms Vicki Murphy	6	6	6	6	N/A	N/A	N/A	N/A
Ms Karen Riethmuller Tully	6	6	6	6	N/A	N/A	3	3
Dr David Rimmer	2	2	N/A	N/A	1	0	N/A	N/A
Dr Clare Walker	4	3	N/A	N/A	N/A	N/A	N/A	N/A
Mr Jason Warnock	6	6	N/A	N/A	1	1	3	2

* In addition there were 3 Board Circular Resolutions during the Reporting Period.

** The Governance and Nominations Committee was disbanded by resolution on 7 December 2021

*** The People, Engagement and Culture Committee was created by resolution on 7 December 2021

Member Contribution on Windup

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

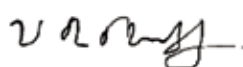
Total Contribution on Windup

The total amount that members of the Company are liable to contribute if the Company wound up is \$150 (2021: \$150).

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



Director
Mr Dallas Leon



Director
Vicki Murphy

Dated this 27th day of September 2022

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660
DIRECTORS' DECLARATION FOR THE YEAR ENDED 30 JUNE 2022

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:

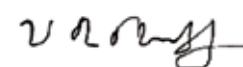
In the opinion of the Directors:

- (a) The financial statements and notes of the Company are in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:
 - i. Giving a true and fair view of its financial position as at 30 June 2022 and of its performance and cash flows for the financial year ended on that date; and
 - ii. Complying with Australian Accounting Standards – Simplified Disclosures (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013;
- (b) 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
- (c) Commonwealth government funding monies expended by the Company during the financial year have been applied for the purposes specified in the relevant Letters 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
Mr Dallas Leon



Director
Vicki Murphy

Dated this 27th day of September 2022

STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
Revenue and Other Income			
Contract revenue	2	28,261,777	30,016,229
Other income	2	133,273	215,529
Total Revenue and Other Income		28,395,050	30,231,758
Expenditure			
Employee benefits expense	3	(4,363,630)	(4,301,379)
Depreciation expenses		-	-
Clinical service subcontractors	1(p)	(20,316,892)	(23,318,740)
Consulting expenses		(1,880,909)	(733,133)
Contractors		(11,925)	(416,359)
Lease expense	11	(310,894)	(348,463)
Finance Costs	11	(5,869)	(7,791)
Repairs, maintenance & vehicle running expenses		(18,360)	(31,965)
Electricity		(15,424)	(15,794)
Legal fees		(47,309)	(19,184)
Audit fees – audit services		(37,225)	(36,570)
Travel expenses		(319,959)	(253,308)
Other expenses		(1,102,745)	(604,540)
Total Expenditure		(28,431,141)	(30,087,228)
Net Surplus		(36,091)	144,530
Other Comprehensive Income		-	-
Total Comprehensive Income		(36,091)	144,530

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Notes	2022 \$	2021 \$
CURRENT ASSETS			
Cash and Cash Equivalents	4	8,957,418	5,906,206
Trade and Other Receivables	5	533,964	65,919
Other Assets	6	403,390	288,049
TOTAL CURRENT ASSETS		9,894,772	6,260,173
NON-CURRENT ASSETS			
Property, Plant & Equipment	7	-	-
Right of Use Assets	11	216,525	378,000
TOTAL NON-CURRENT ASSETS		216,525	378,000
TOTAL ASSETS		10,111,297	6,638,173
CURRENT LIABILITIES			
Trade and Other Payables	8	3,695,820	1,247,780
Accrued Employee Benefits	9	283,367	335,475
Lease Liabilities	11	209,114	185,292
Unearned Revenue	12	4,230,442	2,962,580
TOTAL CURRENT LIABILITIES		8,418,743	4,731,127
NON-CURRENT LIABILITIES			
Accrued Employee Benefits	9	71,502	67,864
Lease Liabilities		115,742	187,781
TOTAL NON-CURRENT LIABILITIES		77,244	255,645
TOTAL LIABILITIES		8,495,987	4,986,772
NET ASSETS		1,615,310	1,651,401
EQUITY			
Retained Surplus		1,615,310	1,651,401
TOTAL EQUITY		1,615,310	1,651,401

STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022

	Retained Surplus \$
Balance at 1 July 2021	1,651,401
Total Comprehensive Income	(36,091)
Balance at 30 June 2022	1,615,310
	Retained Surplus \$
Balance at 1 July 2020	1,506,870
Total Comprehensive Income	144,530
Balance at 30 June 2021	1,651,401

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022

	Notes	2022 \$	2021 \$
Cash Flows from Operating Activities:			
Receipts from Funding Bodies, Customers and ATO		31,965,749	29,094,290
Payments to Suppliers and ATO		(24,405,532)	(27,935,526)
Payments to Employees		(4,306,809)	(4,265,752)
Interest Received		12,475	25,454
Interest Payments – Lease		(5,869)	(7,791)
Total Cash from Operating Activities	10	3,260,014	(3,089,326)
Cash Flows from Investing Activities:			
Payments for Asset Purchases		-	-
Proceeds from Sale of Assets		-	6,818
Total Cash from Investing Activities		-	6,818
Cash Flows from Financing Activities:			
Payments of Lease Liabilities		(208,802)	(225,260)
Total Cash from Financing Activities		(208,802)	(225,260)
Net Cash Increase / (Decrease) in Cash and Cash Equivalents			
		3,051,212	(3,307,768)
Cash and Cash Equivalents at beginning of period			5,906,206
9,213,973			
Cash and Cash Equivalents at end of period	4	8,957,418	5,906,206



AUDITOR'S DECLARATIONS



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Auditor's Independence Declaration

To the Directors of Western Queensland Primary Care Collaborative Limited

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 Limited for the year ended 30 June 2022, 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 Audit Pty Ltd
Chartered Accountants

M S Bell
Partner - Audit & Assurance
Brisbane, 27 September 2022

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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 "Company"), which comprises the statement of financial position as at 30 June 2022, 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 Company's financial position as at 30 June 2022 and of its financial performance for the year then ended, and
- b complying with Australian Accounting Standards AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities 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 Company 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. 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.

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Other information

The Directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2022, 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 Company 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 Company'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 Company or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Company'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 Company'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 Company'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 Company 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 Audit Pty Ltd
Chartered Accountants

M S Bell
Partner – Audit & Assurance

Brisbane, 27 September 2022

WQPHN would like to thank all those who contributed images towards the WQPHN Annual Report 2021-2022:

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Australian Government

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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.

November 2022