



Australian Government

Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2019-2021: After Hours Funding

This After Hours Activity Work Plan template has the following parts:

1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding

Central Queensland Wide Bay Sunshine Coast PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

Overview

This After Hours Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned PHN activities for 2019-20 and 2020-21 – After Hours Primary Health Care Program Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

Proposed Activities	
ACTIVITY TITLE	AH-P1: After Hours Counselling.
Existing, Modified, or New Activity	Existing Activity <i>Relevant reference from previous Activity Work Plan: (AH-1) Local solutions to after hours access in communities with multiple risk factors.</i>
Program Key Priority Area	Mental Health
Needs Assessment Priority	<i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i> Improve access to primary care services. <i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health – System Integration and Collaboration’ (pages 94-95) of the 2019-2022 Health Needs Assessment.</i> Create locally based solutions to improve integration.
Aim of Activity	Improved access to after hours care in areas of need. Reduction in Category 5 emergency department presentations.
Description of Activity	Procure: AHM-P1.8 - The after hours counselling program aims to enhance access to after hours women’s health and low intensity mental health counselling services for at-risk women in Gympie via the Gympie Women’s Health Service.
Target population cohort	Low socio-economic women in the Gympie LGA. Aboriginal and Torres Strait Islander women in Gympie LGA. Homeless and vulnerable women in Gympie LGA.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.
Coverage	Gympie LGA.
Consultation	Service funded in consultation with the local Hospital and Health Service and related service providers to ensure there is no duplication.
Collaboration	<ul style="list-style-type: none"> Sunshine Coast Hospital and Health Service.

	<ul style="list-style-type: none"> • Gympie Women's Health Service. • Gympie Local Level Alliance. 			
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2022</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement.</p> <p>This is the sole provider for this service in Gympie and has been performing very well to-date. Demonstrated ongoing need.</p> <p><input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$50,000	\$50,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities	
ACTIVITY TITLE	AH-P2: Patient management and referral system support for high need, complex care clients to reduce avoidable hospital presentation after hours.
Existing, Modified, or New Activity	Existing Activity <i>Relevant reference from previous Activity Work Plan: (AH-2) Patient management and referral system support for high need, complex care clients to reduce avoidable hospital presentation after hours.</i>
Program Key Priority Area	Other (please provide details) Improved coordination and integration of care for patients with complex and chronic disease.
Needs Assessment Priority	<i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i> Improve access to primary care services. <i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health – System Integration and Collaboration’ (pages 94-95) of the 2019-2022 Health Needs Assessment.</i> Create locally based solutions to improve integration.
Aim of Activity	Reduce avoidable after hours hospital presentations by improving service coordination and integration for high need, complex care clients. <u>Improve service coordination and integration</u> Develop, implement and evaluate current models of care, such as health pathways and GP Liaison Officer positions as a way of improving the coordination and integration of primary and secondary health services in the region.
Description of Activity	It was widely recognised that after hours services should be integrated and coordinated to achieve continuity of care between after hours service providers and a patient’s regular GP – this has been identified as particularly important where <u>patients have chronic and complex conditions</u> who may lack access to services or management of the condition which results in avoidable hospital presentation. To achieve continuity of care, systems must be in place to support effective communication across providers of after hours services, in particular, between general practice and the Hospital and Health Service. Support primary health care providers and GPs to identify opportunities to increase uptake and use of telehealth capabilities to optimise efficient access to health care services and specialist outreach where needed. Specifically, the PHN will identify the most frequent potentially preventable ED presentations in the after hours period for complex patients, and work on improving clinical pathways to improve coordination for these patients. Partner:

	<p>Developing integrated models of chronic disease care between primary, secondary and tertiary health service providers and GPs which may include but not limited to:</p> <ul style="list-style-type: none"> • AHC-P2.1 - Partnering with providers to identify and deliver support to complex clients (e.g. frequent hospital presenters via the Integrated Care Alliance). <p>Provide:</p> <ul style="list-style-type: none"> • AHC-P2.2 - Supporting nurse-led chronic disease management and promoting the use of patient registers and recall systems within general practice for specific chronic diseases (via Health System Support and Integration Officers); • AHC-P2.3 - The development of specific patient-centred management and referral pathways (through HealthPathways) with the purpose of avoiding hospital admissions and inappropriate referral; and • AHC-P2.4 - Designated General Practice Liaison Officer (GPLO) resource based within the PHN across the region to undertake peer to peer education with local GPs, jointly plan with the Hospital and Health Service GPLO office and provide clinical oversight to the HealthPathways program. <p>Procure:</p> <ul style="list-style-type: none"> • AHO-P2.6 - Improved access to community-based care coordination, follow up and support mechanisms for vulnerable groups who present to DEM after hours to avoid representation or admission; • AHC-P2.7 - Local GPs to undertake clinical editing of HealthPathways and Streamliners' expertise to publish according to the style guide.
Target population cohort	Clients with complex or chronic disease who are at risk of presenting multiple times or after hours to emergency services.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No</p> <p>While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.</p> <p>Working with providers to ensure treatment guidelines and recall/reminder processes are tailored to special groups such as Aboriginal and Torres Strait Islander communities.</p>
Coverage	<p>Region-wide for HealthPathways, GPLO and health system support for general practice.</p> <p>Sunshine Coast LGA for Integrated Care Alliance and frequent presenter interventions.</p>
Consultation	<ul style="list-style-type: none"> • Hospital and Health Services across the region. • General practitioners. • Community-based primary health care providers.
Collaboration	<ul style="list-style-type: none"> • Hospital and Health Services across the region.

	<ul style="list-style-type: none"> • General practitioners. • Community-based primary health care providers. 			
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p>			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$1,742,298	\$1,742,298	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$38,000	\$38,000	\$0	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities	
ACTIVITY TITLE	AH-P3: Improve health literacy – Right Place, Right Time Campaign.
Existing, Modified, or New Activity	Existing Activity <i>Relevant reference from previous Activity Work Plan: (AH-3) Improve health literacy to reduce after hours service burden.</i>
Program Key Priority Area	Other (please provide details) Health Literacy and avoidable hospital presentations.
Needs Assessment Priority	<i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92) of the 2019-2022 Health Needs Assessment.</i> Improve knowledge about available workforce.
Aim of Activity	Improved knowledge among service providers and consumers about available primary health care services in their area.
Description of Activity	<p>Health literacy regarding after hours care across the community in the Sunshine Coast, Wide Bay and Central Queensland region is generally considered to be poor, with significant opportunities to better educate consumers on which after hours services are available and when to access them. A key barrier to this activity is the lack of available after hours alternatives in regional areas, hence, the limited application of the initiative to the Sunshine Coast region.</p> <p>Partner:</p> <p>AHC-P3.1 - Partner with the HHSs and health sector to monitor and evaluate interactive platforms in emergency departments which provide information on after hours service options locally (links to NHSD, Sunshine Coast);</p> <p>Provide:</p> <p>AHC-P3.2 - Promoting the uptake of provider self-authorship on the National Health Service Directory (NHSD), improving and collating after hours service information in each area of the PHN via Health System Support and Integration officers;</p> <p>AHC-P3.3 - Raising awareness of appropriate after hours primary health care services in relevant cost neutral electronic media (such as PHN eSignatures).</p> <p>Procure:</p> <p>AHC-P3.4 - Conduct public awareness campaigns to promote the Right Place Right Time message. Including but not limited to:</p> <ul style="list-style-type: none"> • Bus and billboard advertising • Cinema advertising • Shopping centre restrooms • Child care centres • Printing of promotional material <p>External market evaluation of the campaign to improve the reach / impact and confirm the messaging is appropriate.</p>

Target population cohort	People experiencing minor injury and illness who present to SCHHS emergency departments and are not aware of alternative services.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No</p> <p>While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.</p>
Coverage	Sunshine Coast LGA.
Consultation	<p>Extensive stakeholder engagement has been undertaken to construct and monitor this campaign including:</p> <ul style="list-style-type: none"> • Consumer groups for focus testing • Baseline surveys and end line evaluation • Online consumer feedback and review • Hospital and Health service consumer representatives and communications staff • Health care providers • Health service volunteers
Collaboration	<ul style="list-style-type: none"> • Sunshine Coast Hospital and Health Service – alternative pathways working group • General practice – encouraging updated service information on publicly available directory • Community - consumer surveys, focus groups and online feedback opportunities.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p>

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Total Planned Expenditure	<p>Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.</p>			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$175,000	\$175,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	<p>If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).</p>			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH-P4: Falls prevention for over 65s in the community – Active at Home.
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Other (please provide details) Older Persons' health.
Needs Assessment Priority	<p><i>Refer to section 4 – Opportunities, priorities and options. 'General Population Health - Workforce Development' (pages 92 - 94) of the 2019-2022 Health Needs Assessment.</i></p> <p>Improve access to primary care services. Older Persons' health.</p> <p>Provision and promotion of training opportunities in relation to over 75 health assessments, dementia detection and treatment, palliative care, advance care planning, falls prevention and significant policy and process changes e.g. My Aged Care</p> <p>Facilitating access to specialist aged care by primary care services (page 94).</p>
Aim of Activity	Build strength and resilience in community-dwelling over 65s to improve functional capacity, reduce the risk of falls, reduce frailty, reduce the risk of hospital admission and improve quality of life.
Description of Activity	<p>Procure:</p> <p>AHO-P4.1 - Active@home is a strength and balance exercise program which supports older people to exercise regularly and safely in their own homes.</p> <p>The Active@home program is an accredited online Certificate II training package that has been specifically developed for Personal Care Workers (PCW). The package trains PCWs to deliver an 18-week program for their clients covering eight simple strength and balance exercises. PCWs record progress and track outcomes using the Active@home.</p> <p>It is widely recognised that after hours services need to be integrated and coordinated with 'in hours' care models to ensure continuity and completeness of care – particularly for vulnerable and isolated individuals.</p> <p>Extensive analysis of the Sunshine Coast's QAS and DEM data has shown that the over 65's population make up a large portion of low acuity QAS transported DEM presentations which include, but not limited to, the After Hours period. The number of falls related 'near misses' from QAS call outs which may or may not result in a hospital transfer is equally alarming.</p> <p>The Active at home program aims to embed preventative, client focussed service delivery to a vulnerable group of community and avoid frailty escalating to complex fractures and extended hospital interactions. The service is delivered by home care providers who are not always attending their client's home 'in hours'.</p>

Target population cohort	Community-dwelling over 65s at risk of frailty or falls.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Sunshine Coast and Gympie LGA.
Consultation	<ul style="list-style-type: none"> • Sunshine Coast Hospital and Health Service (SCHHS) • Healthy Ageing Partnership • University of the Sunshine Coast • Brisbane North PHN • Sunshine Coast Integrated Care Alliance • Community-based service providers
Collaboration	The program will be implemented in collaboration with local service providers, the SCHHS, Queensland Ambulance Service and Brisbane North PHN.
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2020</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2020</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement.</p> <p>This is a specific service offered by Brisbane North PHN which is perceived to meet an identified need within the Sunshine Coast and Gympie LGA.</p> <p><input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	1a. Does this activity include any decommissioning of services? No

Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$45,000	\$45,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name any other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH-P5: Primary care access to homeless and vulnerable.
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Other (please provide details) <ul style="list-style-type: none"> • Access to primary care • Access to after hours care • Mental health • Alcohol and other drugs
Needs Assessment Priority	<p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health – Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i></p> <p>Improve access to primary care services.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health – System Integration and Collaboration’ (pages 94-95) of the 2019-2022 Health Needs Assessment.</i></p> <p>Create locally based solutions to improve integration.</p> <p>Improved health outcomes for vulnerable groups e.g. people of social disadvantage, people living with disability, Indigenous peoples and homeless people (page 92).</p>
Aim of Activity	Sunny Street is a GP and nursing mobile outreach unit providing primary health care and complex coordination services for homeless and vulnerable individuals and families.
Description of Activity	<p>Procure:</p> <p>AHC-P5.1 - The PHN is funding Sunny Street to deliver nine primary care clinics per week in the Sunshine Coast and Gympie areas in accessible locations where homeless and vulnerable populations congregate.</p> <p>Funding support contributes to staff costs, volunteer onboarding, clinical supplies, immunisation fridge and vaccines for vulnerable children, youth, families and individuals across the lifespan.</p> <p>Unlike other outreach and mobile service models, the key goal of Sunny Street is to use mobile outreach to enhance access for vulnerable groups, with the view to link them into ongoing support. Once individuals are linked into the Sunny Street service, they will have access to a holistic suite of support services from healthcare to social support.</p> <p>The funding to the Sunny Street service is to support nursing and volunteer coordination, consumables and travel for an essential mobile / outreach primary care service providing clinics across the Sunshine Coast and Gympie (including After Hours).</p> <p>The increased access to medical and social supports for homeless and those at risk of homelessness on the Sunshine Coast and Gympie is specifically funded</p>

	to improve continuity of care for this vulnerable, underserved group and reduce avoidable hospital presentations.
Target population cohort	The target cohort for this service are individuals and family units who are homeless, those at risk of homelessness and other socially vulnerable and marginalised groups on the Sunshine Coast.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.
Coverage	Sunshine Coast and Gympie LGAs.
Consultation	<ul style="list-style-type: none"> • SCHHS • Community-based support services • Local government • Non-government agencies.
Collaboration	Multiple stakeholders are currently involved in supporting or partnering with the Sunny Street outreach service including local councils, NGOs and universities.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement.</p> <p>Justification of direct engagement is that there is currently only one provider of this service in the LGA.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p>

	No 3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$93,000	\$93,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name any other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH-P6: Quality Improvement workforce development and coaching.
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Workforce
Needs Assessment Priority	<p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i></p> <p>Promote chronic disease prevention and management. Improve access to primary care services.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Governance and Clinical Governance’ (page 99) of the 2019-2022 Health Needs Assessment.</i></p> <p>Quality Improvement.</p>
Aim of Activity	<p>Provide general practice teams with expertise in the development and delivery of quality improvement techniques.</p> <p>Support quality improvement work in general practice through expert change management advice, mythology and robust measurement of improvement activities supported by clinical audit data.</p>
Description of Activity	<p>Procure:</p> <p>AHC-P6.1 - The PHN will continue to support primary health care practitioners to develop capability and expertise in quality improvement. This may be delivered using remote technology (such as webinar sessions) and/or face-to-face workshops for practice staff across multiple locations within our PHN catchment area and include virtual coaching of individual practices in rural and remote locations.</p> <p>After hours services are limited to Medical Deputising Services in Wide Bay and Central Queensland. This is due to extensive and significant GP workforce shortages across these areas. In addition, GPs had a better hourly remuneration on a Monday than a Sunday, and patients’ preference for bulk billing Medical Deputising Services have also been identified as contributing factors. The few clinics that do offer an after-hours on-call service for their practices’ existing patients charge fees that are unaffordable to low and fixed income populations. Funding a financially viable bulk billing after hours GP clinic is impermissible as it is activity that is funded by the After Hours Practice Incentive Payment.</p> <p>Instead of a supply side solution, the PHN seeks to create a demand side solution. Best practice strategies to improve the systems and processes within general practice to improve outcomes for patients with chronic disease will reduce the potentially preventable presentations for those conditions both in and after hours.</p>

	The GP workforce shortage means many practices struggle to meet existing patients' needs in hours. Strategies that support working smarter in-hours and invest in improvement in systems and process are essential when GP man-hours are finite and commissioning after-hours GP time is proscribed.
Target population cohort	Primary health care practice teams across the PHN catchment.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.
Coverage	All areas of the PHN.
Consultation	Consultation will be undertaken with: <ul style="list-style-type: none"> • General practice • Clinical and Community Advisory Councils
Collaboration	Ongoing collaboration occurs with the following: <ul style="list-style-type: none"> • General practice <ul style="list-style-type: none"> ○ assessment, planning and advisory • Clinical and Community Councils <ul style="list-style-type: none"> ○ planning, advisory
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020 If applicable , provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. June 2019 Service delivery end date: Month. Year. July 2020
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. This activity will be directly commissioned to the provider who was best qualified to provide the training required. <ul style="list-style-type: none"> <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? No

	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No			
Decommissioning	1a. Does this activity include any decommissioning of services? No			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$50,000	\$50,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH-P7: Palliative Care Medical Home Visits.
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Other (please provide details) Chronic conditions identification and management, access, health system literacy (local priorities).
Needs Assessment Priority	<i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i> Promote chronic disease prevention and management. Improve access to primary care services. Enhanced access to palliative care services in community-based settings. Increase availability and utilisation of community based palliative care services (page 97).
Aim of Activity	Explore a locally appropriate model for palliative care home visit medical services in Wide Bay.
Description of Activity	Procure: AHO-P7.1 - Support general practices in Wide Bay to address palliative care workforce gaps and explore a locally appropriate palliative care home visit model.

	<p>There is no palliative specialist medical care in Wide Bay either in or after hours, in the community, outpatients, inpatients or outreach, publicly or privately. In hours palliative nursing is funded by the WBHHS. Admitted patients are seen by a general medical physician or, in private hospitals and RACFs, by a GP. Palliative medical care in the community is provided by GPs.</p> <p>PHN recognised that the lack of access to palliative medical care and resulting presentation of palliative patients to ED is a particularly unfortunate example of our health system not supporting 'right time, right place, right care'.</p> <p>To address these circumstances the PHN will address GP workforce development and practice management barriers to the provision of at-home palliative care.</p>
Target population cohort	Wide Bay residents in need of community-based palliative care due to life-limiting illness.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.</p>
Coverage	Wide Bay.
Consultation	<ul style="list-style-type: none"> • General practitioners • Private hospitals, and medical and radiation oncology services • Palliative Care Statewide Network • PEPA • WBHHS • RACFs • ACCHOs • Clinical Advisory Council
Collaboration	<ul style="list-style-type: none"> • General practices and general practitioner <ul style="list-style-type: none"> ○ Provide medical home visit service • Private medical and radiation oncology services <ul style="list-style-type: none"> ○ Identification, referral, advisory • Palliative Care Statewide Network <ul style="list-style-type: none"> ○ Education, advisory, mentoring • WBHHS <ul style="list-style-type: none"> ○ Liaison with WBHHS nursing service • RACFs <ul style="list-style-type: none"> ○ Advisory, coordination, referral • ACCHOs <ul style="list-style-type: none"> ○ Advisory • Clinical Advisory Council <ul style="list-style-type: none"> ○ Advisory
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle):

	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: Month. Year. Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p> <ul style="list-style-type: none"> • Engage with general practice managers and GPs • Deliver palliative care education and placement • Scope a palliative care service home visit service model 			
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>			
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$100,000	\$100,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH-P8: Wound Management and Wound Care Education.
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	<p>Wound Management and Wound Care Education</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Workforce Development’ (pages 92-94) of the 2019-2022 Health Needs Assessment.</i></p> <p>Promote chronic disease prevention and management. Older Persons’ health.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - System Integration and Collaboration’ (pages 94-97) of the 2019-2022 Health Needs Assessment.</i></p> <p>Co-design integrated services. Create locally based solutions to improve integration. Ensure safe and quality care.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Health Intelligence and Data Analytics’ (pages 97-99) of the 2019-2022 Health Needs Assessment.</i></p> <p>Increase the use of eHealth. Develop data analytics capacity.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘General Population Health - Governance and Clinical Governance’ (page 99) of the 2019-2022 Health Needs Assessment.</i></p> <p>Quality Improvement.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘Indigenous Health (including Indigenous chronic disease) – Prevention of Risk Behaviours’ (page 108) of the 2019-2022 Health Needs Assessment.</i></p> <p>Prevention of risk behaviours – chronic disease.</p> <p><i>Refer to section 4 – Opportunities, priorities and options. ‘Indigenous Health (including Indigenous chronic disease) – Co-Design, Collaboration and Integration of Services (pages 108-110) of the 2019-2022 Health Needs Assessment.</i></p> <p>Improve collaborations, support integrated care practices and create culturally competent workforce and practices.</p>
Aim of Activity	Wound Management in Central Highlands

	<p>To work with primary care providers and the Hospital and Health service in Central Highlands to explore an effective model of wound management in primary care that reduces the cost and access barriers for consumers.</p> <p>Wound Management Education</p> <p>To build the primary care workforce capacity across our PHN catchment in relation to wound care management through the provision of a suite of custom designed wound education modules, as well as through providing access to wider primary care related CPD registered educational resources.</p>
Description of Activity	<p>Partner:</p> <p>AHC-P8.1 - Wound Management in Central Highlands</p> <p>The PHN will begin partner with general practice and the Hospital and Health Service in Central Highlands to explore a model of care for effective wound management which reduces access barriers to patients, reduce emergency department presentations and hospital admissions due to inappropriate or untimely wound care. The model of care explored will emphasise the need for partnership, sustainability and increasing the capability of the local workforce to better manage complex wound care locally.</p> <p>Procure:</p> <p>AHC-P8.2 - Wound Management Education</p> <p>The PHN will commission a primary care education provider to develop and provide clinician to clinician education on wound care management through interactive online webinars in order to be able to service our whole catchment. The PHN will also provide access to primary care practitioner's access to a wider range of readily available primary care educational topics via the commissioned provider.</p>
Target population cohort	<p>Wound Management in Central Highlands</p> <p>The target group for the pilot is people in Central Highlands requiring wound care services to meet their clinical needs.</p> <p>Wound Management Education</p> <p>Primary care practitioners across the PHN catchment.</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>While not specifically targeting Aboriginal and Torres Strait Islander peoples, the activity maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the region.</p>
Coverage	All areas of the PHN.
Consultation	<p>Consultation will be undertaken with:</p> <ul style="list-style-type: none"> • existing local level alliances • Hospital and Health Services • general practice • allied and primary health care providers • ACCHOs

	<ul style="list-style-type: none"> • Education provides • Clinical and Community Advisory Councils • local and State Government • NGOs
Collaboration	<p>Ongoing collaboration occurs with the following:</p> <ul style="list-style-type: none"> • Local Hospital and Health Services <ul style="list-style-type: none"> ○ planning, integration, coordination between primary, secondary and tertiary care sectors • Primary and allied health care providers <ul style="list-style-type: none"> ○ assessment, intervention and referral, planning and advisory • Local and state government • Primary care education providers • Peak bodies and ACCHOs <ul style="list-style-type: none"> ○ planning, advisory, implementation and referral as appropriate • Clinical and Community Councils <ul style="list-style-type: none"> ○ planning, advisory
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 01/07/2019 Activity end date: 30/06/2022</p> <p>If applicable, provide anticipated service delivery start and completion dates (excluding the planning and procurement cycle): Service delivery start date: June 2019 Service delivery end date: July 2020</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement.</p> <p>The wound care education component will be directly commissioned to the most appropriate provider due to the minimal contract value and a lack of available market providers that service the geography in question.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p>

	No			
Decommissioning	1a. Does this activity include any decommissioning of services? No 1b. If yes, provide a description of the proposed decommissioning process and any potential implications.			
Total Planned Expenditure	Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only.			
Funding Source	2019-2020	2020-2021	2021-2022	Total
Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding	\$20,000	\$20,000	TBC once funding is confirmed	TBC once funding is confirmed
Funding from other sources	\$0	\$0	\$0	\$0
Funding from other sources	If applicable, name other organisations contributing funding to the activity (i.e. state/territory government, Local Hospital Network, non-profit organisation).			