Australian Government
Department of Health

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An Australian Government Initiative

Updated Activity Work Plan 2016-2018:
Core Funding
After Hours Funding

Western NSW PHN

Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in May 2016.

1. (a) Strategic Vision

The 5 year PHN strategic plan is attached at Annexure 2 to this document.

1. (b) Planned PHN activities – Core Flexible Funding 2016-18

Proposed Activities – NPFlex1.1	
Activity Title / Reference	NPFlex1.0 Wellness Through Prevention and Management of Chronic Disease
Existing, Modified, or New Activity	Modified activity following on from NP1.1 Regionally Integrated Allied Health Services, Early Intervention and Health Promotion outlined in the 2016/17 activity work plan. Modified activity will be commissioned whereas current activity is historical and a continuation from Medicare Locals activity.
Program Key Priority Area	Population Health
Needs Assessment Priority Area	2. Locally relevant, people & community centred health system & service improvement 2.2 Child and Maternal Health 4. Sustainable development of primary health care & integration between providers 4.2 Health promotion 4.3 Preventative health and early intervention 5. Effective regional health system 5.3 Access 6. Improved health outcomes in priority areas 6.1 Chronic disease support for patients 6.2 Chronic disease management 6.3 Older Persons Health 7. Effective use of regional resources 7.2 Access
Description of Activity	The funding and delivery principles for this activity: • Services must be aligned to General Practices and Aboriginal Community Controlled Health Organisations (ACCHOs), and ideally delivered in a general practice location.

	• Western NSW Primary Health Network (WNSW PHN) funded services will only address gaps that other publicly funded services, Commonwealth and State, are not providing (including other PHN funded activities i.e. Integrated Team Care initiatives). • Support the integration with Local Health District chronic disease and health promotion programs. • Services will be underpinned by organisational and consumer health literacy. • Clinical care coordination and social services will be aligned with the health priorities and chronic disease risk factors in each of the WNSW PHN planning regions. WNSW PHN will: • fund clinical services provision (principally allied health provision) which will be supported by non-clinical care coordination/ linkage/ social work support. • priority will be given to initiatives that are aligned to General Practice and ACCHOs. This model should be innovative using a clinical, social and lifestyle model that covers Allied Health and may include pharmacy, social work and health coaching. • approach the market to identify evidence-based risk factor reduction approaches, targeting people who have Chronic Disease. • use relevant local population health data, Australian Institute of Health and Welfare data and QHIP data to specifically target populations at greater risk, which will include people in small rural communities; people in low socio-economic areas; Aboriginal people; and people in LGAs with high population prevalence of chronic disease. • priority will also be given to initiatives that use technology and incorporate *My Health Record* to expand access to communities in a cost-effective manner. • eye health activities for people living with chronic disease will be supported. • ensure that future provider/s implement a transition plan for new projects. • A consumer health literacy program will be incorporated into the chronic disease clinical service provision. Programs that will be procured will be determined through an approach to market (Expression of Interest process). Following this a co-design process with potential providers and where possible this would be based on the WNSW PHN nine planning regions. The aim of the activity is to improve patient-centred care and prevent potential hospitalisations for people with chronic disease.

	Chronic Disease Transport Coordination Service - A regional transport coordination service will be funded, focusing on supporting people with a chronic disease to access services. WNSW PHN will collaborate with the LHDs and other key stakeholders such as The Eye Health Partnership, NSW Council of Social Service (NCOSS) & NSW Rural Doctors Network (RDN).
Target population cohort	People in the WNSW PHN region with two or more chronic conditions, and people at high risk of getting chronic conditions. People with chronic illness requiring transport coordination and information.
Consultation	Consultation with Aboriginal, Community & Clinical Councils of WNSW PHN. Consultation with the Western NSW Local Health District (WNSW LHD) & Far West Local Health District (FW LHD) & ACCHOs regarding integrated care sites and avoiding duplication.
Collaboration	There will be significant collaboration with primary health care providers, the two Local Health Districts (LHDs) and RDN for the Chronic Disease activity. Chronic Disease Transport Coordination Service will work in collaboration with key stakeholders such as the Eye Health Partnership and NCOSS & RDN. The WNSW PHN's Community Councils will provide advice on the implementation of the activity.
Indigenous Specific	No
Duration	Existing program from 2016/17 activity work plan will expire at 30 June 2017. The modified activity will commence 1 July 2017 to 30 June 2018, with extensions from 1 July 2018 subject to funding.
Coverage	This activity will cover the WNSW PHN region and will focus resources based on planning sub-regions needs and priorities.
Commissioning method (if relevant)	The activities will be commissioned in line with WNSW PHN's Procurement Policy. The Prevention and Management of Chronic Disease activity will be commissioned from 1 July 2017 through a tender process advertised publicly through TenderLink. WNSW PHN intends to commence the tender process in February 2017 with a transition period of 2 months in July and August 2017 for current providers to new services.

	These activities will be monitored through a comprehensive annual planning and reporting cycle. The providers will also provide an evaluation report at the completion of the Program, which will include qualitative and quantitative data, clinician and consumer feedback and indicators of the benefit of the Service. This data will inform the PHN's ongoing Needs Assessment and Commissioning cycle. The Chronic Disease Transport Coordination Service will be delivered through a single provider method. Funding will be provided to support the Western NSW Integrated Care program in collaboration with the Western NSW Local Health District, up to 30 June 2018.
Approach to market	Tender process advertised publicly through TenderLink for Chronic Disease activity.
Decommissioning	Depending on who, and how many providers are successful, there may be some current services that are no longer continued. WNSW PHN is hopeful the spread of new services will cover any shortfall or gaps. There will be a two month transition period in July and August 2017, following the selection of new providers.. The EOI process is proposed to commence in early March 2017.

Proposed Activities – NPFlex2.0	
Activity Title / Reference	NPFlex2.0 Collaborative Approaches to Improve Service Integration and Coordination
Existing, Modified, or New Activity	New activity.
Program Key Priority Area	Other - system integration
Needs Assessment Priority Area	1. PHN & regional workforce capability, capacity & development 1.3 Enhancing practice & improving quality of care 4. Sustainable development of primary health care & integration between providers 4.1 Integration and Collaboration

Description of Activity	**Integrated universally accessible electronic health care record system** The sharing of information resources is generally accepted as the key to substantial improvements in productivity and better quality of care (Katehakis, Sfakianakis, Tsiknakis & Orphanoudakis, 2001). In addition, due to the greater mobility of the population, national and international healthcare networks are increasingly used to facilitate the sharing of healthcare-related information among the various actors of the field. Parts of patients' medical records are located in all the places where they have received clinical services (e.g. community doctors, primary care, and secondary care). All of these segments, which are related to personal healthcare delivery and well-being, reside in places that are disparate and, in most cases, not directly accessible. It was proposed that during 2017-18 WNSW PHN will work with its Advisory Councils, general practices, the two LHDs and the National Digital Health Agency to plan for the implementation of an "integrated universally accessible electronic health care record", as a key building block for effective integrated and coordinated care. The system that is identified would align and integrate with My Health Record, Practice Management Software (e.g. Best Practice, Medical Director, etc) and NSW Health eHealth systems. Access to the patient record would be inclusive of General Practice, ACCHOs, Aged Care facilities and other community services. Funding in 2017-18 will be used to assess possible system options. A summary of the benefits of an Integrated universally accessible electronic health care record include: • Better engagement with patients in terms of enrolling them in their own health management – through a modern patient app, enhanced care plans, better access to resource material, multiple channels of access, etc. • Better partnership with allied health practitioners through enhanced care plans. • Single system with federated views – once providers have controlled access to this system, they can share info. • Better engagement with patients in terms of enrolling them in their own health management – through a patient app, enhanced care plans, better access to resource material, multiple channels of access, etc. • Better partnership with allied health practitioners through enhanced care plans. • The patient centric system enables a whole of system view of patient care and fosters better collaboration between clinicians.

	Scaling High Performing, Sustainable and Patient-Centred Primary Health Care Innovation into Mainstream Primary Health Care Scale models of care to support integration of care and the financial sustainability of primary care by supporting the development of more efficient practice-based business models and outcome data driven service teams. This will be enabled through the extension of the Innovation Project Manager funding from 31 March to 30 June 2018 to oversee the translation of key learnings from the Innovation Project's benchmarking and clinical networks, the Commonwealth's MBS review, the national Health Care Home pilot sites, and the NSW Health funded 'Integrated Care' demonstrator projects into a single jointly agreed improvement and innovation model that is scaled across all WNSW PHN primary care services informed by PHN wide and subregional health need modelling and use of performance data. **GPLO / Primary Care Engagement** Experience from Australian, New Zealand and the UK models of integrated care, and primary care led reform literature both refer to the fact that real and meaningful clinical engagement in joint planning and commissioning is critical. Other states such as Queensland have made a GPLO role mandatory within the system to provide primary care with a representative link and brokerage across groups of clinicians and practices for the PHN as well as work alongside Hospital clinicians to understand LHD linkage for various LHD services/departments. This activity needs to be supported by a project coordinator who is able to assist with ensuring that actions are carried out and is familiar with common CQI and service reform elements: 1. Analysis phase comprising review of existing LHD and primary care data, and consultation with existing LHD workforce as well as primary care workforce. 2. As a result of this analysis, define a small number of priority areas requiring improvement 3. Develop solutions to address top priority areas 4. Implement these solutions 5. Ensure evaluation of these processes occurs throughout implementation phase. This approach also allows reimbursement for GPs to be involved and provide practice leadership to this initiative.

	Patient Centred Medical Home (PCMH) within Healthcare Neighbourhoods Patient outcome oriented performance measurement and the common use of a single change management language and approach across multiple service contexts (eg Lean, Kaizen, Alliances etc.) all require structured data-sharing in order for comprehensive, high quality sustainable primary health care to be developed and delivered for registered populations. This foundational data would need to seamlessly draw from, and often feed into, acute and non-acute Electronic Medical Records (EMRs), My Health Records, disease pathways and/or improved shared care informatics platforms for increased accountability and efficiency. Ideally this will occur for all care which requires GP coordination or referral, and especially where the PHN would contribute to regional population outcome based incentives or more value oriented models of care. The specific range of health care activity to be offered at a given PCMH will depend upon the existing situation of the services, geographical location and relationships with other services in the area. Detailed model of care development with the clinical leaders of each development and the Service Development/Service Improvement teams will drive the configuration of services. Hub/Cluster or Healthcare Neighbourhood development (where linked to PCMHs) will either focus around groups of facilities which serve a broader defined geographical population or for some community hubs they will not have a registered population, for example where a PCMH includes core general practice services yet does not compete with other PCMHs, but will contain those services which for reasons of scale, sustainability or quality, cannot appropriately be offered elsewhere. These developments need to be informed with a health planning framework made up of: a.1 Primary health care data and analysis at a local level (including mental health, allied health, GP, LHD Hospital in the Home, after hours, complex care for Aboriginal health outcomes and/or at risk population promotion). a.2 An open invitation to treat between previously competing businesses in order to facilitate clinical or health care hubs in a spirit of co-operation, equity and transparency. a.3 Appropriate integration of all clinicians that is responsive to local clinical leadership following open discussion around the PHN's evidence based targets or priorities.
Target population cohort	All complex, chronic or at risk WNSW patients requiring shared care
Consultation	Western and Far West NSW LHDs National Digital Health Agency

	All General Practice Principals/Business Owners, primary care clinicians & all PHN Councils
Collaboration	Western and Far West NSW LHDs – ensure acute representation is engaged to ensure shared care tools align All General Practices & GPs – participate in the co-design and implementation
Indigenous Specific	No
Duration	1 July 2017 – 30 June 2018
Coverage	This activity will cover the WNSW PHN region
Commissioning method (if relevant)	These activities, other than the health care record system assessment, will be delivered by the WNSW PHN.
Approach to market	N/A
Decommissioning	N/A

Proposed Activities – NPFlex3.0	
Activity Title / Reference	NPFlex3.0 Immunisation and Cancer Screening
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	4. Sustainable development of primary health care & integration between providers 4.2 Health promotion 4.3 Preventative health and early intervention
Description of Activity	**Immunisation and Cancer Screening** Build primary care capacity to increase participation rates in the cervical, breast and bowel cancer screening programs, with a particular focus on priority population groups and areas where there is low participation.

	• Work with General Practice, ACCHO's and Aboriginal Medical Services (AMSs) to identify in their data the under screened and overdue patients. • Improve systems and processes for timely recall & reminder systems • Increase the recording of immunisation on the Australian Immunisation Register and My Health Record • WNSW PHN will assist build capacity in primary Care • WNSW PHN will collaborate and partner with the LHD to provide upskilling and education for GPs and nurses in Immunisation • Increase uptake for the new Shingles Vaccine across our area to identified populations. **Collaboration:** • Partner with Far West & Western LHDs to identify and target areas of low coverage. • Work with the ACCHO's and AMSs to identify children who are not up to date with their immunisations • Collaborate with the LHD, Breastscreen, the Cancer Institute and Cancer Council to share program promotion • Collaborate with Cancer Institute NSW to improve recording of patient screening & immunisation and sharing of data. **Aim:** Increased Cervical, Breast and Bowel Screening participation rates within targeted populations and/or communities in the WNSW PHN region. Greater collaboration between WNSW PHN, Local Heath Districts and other agencies that have responsibilities in this area. To facilitate increased access to screening for socially disadvantaged people, and greater early detection of cancer and other abnormalities. To maintain and/or improve Immunisation rates across the WNSW PHN especially in the Aboriginal population.
Target population cohort	Eligible participants for Cervical, Breast and Bowel Screening or immunisation living in areas where there is low participation or high Aboriginal populations
Consultation	National Health Services Directory (NHSD), LHDs, General Practice, ACCHOs, Breastscreen, Cancer Council NSW, Cancer Institute

Collaboration	Shared program promotion by NHSD, LHDs, Western and Far West NSW LHDs, General Practice, ACCHOs, Breastscreen, Cancer Council NSW, & the Cancer Institute. Partnership with geographically targeted General Practices & ACCHOs
Indigenous Specific	NO
Duration	1 July 2017 – 30 June 2018
Coverage	This activity covers the WNSW PHN region
Commissioning method (if relevant)	This activity will be delivered by the WNSW PHN through the employment of an Immunisation and Cancer Screening Officer in the Practice Support Team.
Approach to market	N/A
Decommissioning	N/A

Proposed Activities – NPFlex4.0	
Activity Title / Reference	NPFlex4.0 Primary Health Care Workforce Strategy
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Health Workforce
Needs Assessment Priority Area	1. PHN & regional workforce capability, capacity & development. 1.1 Workforce Planning.
Description of Activity	**Primary Healthcare Workforce Strategy** WNSW PHN will lead the development of a region wide Primary Healthcare Workforce Strategy. The development of the strategy will bring together all the major stakeholders including WNSW LHD, FW LHD, NSW RDN, Charles Sturt University, Western Sydney University, University of Sydney and will include local General Practice and ACCHOs consultation. The development of the strategy will facilitate better anticipation of both regional and localised future workforce needs and in particular support the identification of high risk workforce environments. The

	Strategy will lead the development of local solutions to workforce issues and will act as the catalyst for coordinated and collaborative change. Ultimately the goal of this initiative is to ensure the primary healthcare workforce capability is aligned to the changing needs of the rural communities across the WNSW PHN region and to ensure that gaps in workforce availability are minimised.
Target population cohort	Doctors working towards Royal Australian College of General Practitioners (RACGP) Fellowship that are not on the standard registrar pathway. Primary Health Care workforce where identified regional priorities existing.
Consultation	WNSW LHD, FW LHD, NSW RDN, Charles Sturt University, Western Sydney University, University of Sydney and WNSW General Practices and ACCHOs.
Collaboration	The work will be undertaken in collaboration WNSW PHN, FW LHD, NSW RDN, Charles Sturt University, Western Sydney University, University of Sydney and local practice and AMS consultation. The work will also be undertaken in consultation from WNSW PHN Clinical, Community and Aboriginal Health Councils.
Indigenous Specific	NO
Duration	1 July 2017 – 30 June 2018
Coverage	Whole of WNSW PHN Region
Commissioning method (if relevant)	The activity will be delivered by the WNSW PHN in collaboration with the stakeholders nominated above.
Approach to market	N/A
Decommissioning	N/A

Proposed Activities – NPFlex5.0	
Activity Title / Reference	NPFlex5.0 Cultural Safety Framework Implementation
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Indigenous Health
Needs Assessment Priority Area	3. Effective partnerships with Aboriginal communities 3.1 Aboriginal Health planning 3.2 Cultural competence 3.3 Care Coordination 5. Effective regional health system 5.3 Access
Description of Activity	Based on the premise to deliver Primary Health care that is evidence based, culturally safe, High quality, responsive and accessible for Aboriginal and Torres Strait Islander people, *(referred herein as Aboriginal people)*, and founded in the objective to link the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 into WNSW PHN annual work plan activities, the idea of developing a cultural safety framework and tools as a measure of provider responsiveness and commitment to culturally responsive health care for Aboriginal people is a priority that the WNSW PHN is committed to embed into its strategic goals and service development and performance (commissioning) activities. In a collaborative partnership with the WNSW PHN Aboriginal Health Council and engagement with various other stakeholder groups, once adopted by the Western Health Alliance Limited (WHAL) Board (expected by March 2017), it is proposed that training and or education linked to cultural tools with the overarching vision of interrelated actions toward improving health outcomes for Aboriginal people and preventing and addressing systemic racism and discrimination in the health system be rolled out in the context of cultural safety in WNSW PHN health planning and system improvement.

	The activity will be focused on providing support and subsidised training to general practice and ACCHOs, and will include cultural safety training for WNSW PHN. The WNSW PHN Aboriginal Health Council will advise the WHAL Board on progress in the implementation of the Framework.
Target population cohort	The activity will be focused on providing support and subsidised training to general practice and ACCHOs, and will include cultural safety training for WNSW PHN. The WNSW PHN Aboriginal Health Council will advise the WNSW PHN Board on progress and will be a significant collaboration partner.
Consultation	An important feature of consultation processes linked to this activity will be commitment to strong Indigenous consultation and collaboration partnership links that WNSW PHN has established through multiple Indigenous affiliations such as with our Aboriginal Health Council and also the various ACCHOs that are located across the sparse boundary area that WNSW PHN services, (53% of NSW).
Collaboration	Collaboration processes for this activity mirror the Indigenous consultation and collaboration partnership links outlined in the preceding section. Within the context of WNSW PHN Aboriginal Health Council and the ACCHOS's, and including regional and national stakeholder collaboration and partnerships e.g. NSW/ACT PHN Aboriginal Health Advisory committee, the aim is to consult authentically and to do so at a very diverse level. This type of committed consultation will see Aboriginal consultation and support at each phase of the activity from planning stages to progression to rollout and evaluation.
Indigenous Specific	Yes
Duration	1 July 2017 – 30 June 2018
Coverage	General Practice and ACCHOs in the WNSW PHN region
Commissioning method (if relevant)	This activity will be delivered by external training providers selected in line with WNSW PHN's Procurement Policy.
Approach to market	The approach to market for this activity will be guided by the advice of WNSW PHN Indigenous consultation and collaboration partners in conjunction with WNSW PHN's Procurement Policy. Likely option may include a mixture of direct engagement and or EOI.
Decommissioning	N/A

Proposed Activities – NPFlex6.0	
Activity Title / Reference	NPFlex6.0 Early intervention for children
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	2. Locally relevant, people & community centred health system & service improvement 2.2 Child and Maternal Health 4.2 Health promotion 4.3 Preventative health and early intervention 5.3 Access 6. Improved health outcomes in priority areas 7.2 Access
Description of Activity	WNSW PHN will fund allied health services to pre-school age children as an early intervention chronic disease initiative. Early intervention and provision of key services is critical to improve outcomes for children with developmental delay requiring Speech Pathology and OT interventions. In our region access to these services is not always available in a timely and accessible way, particularly in communities where the proportion of young children is relative high and in remote locations. The objective of this activity is to improve access to key (primarily speech pathology and occupational therapy) services for children diagnosed with developmental delay. This will be achieved by: • Working with our existing partnerships to develop an understanding of current initiatives and gaps in service delivery for children assessed as requiring Speech Pathology and OT intervention.

	Supporting general practice, and primary care to assess, care for and appropriately refer these cohorts on to specialty services, as and when required. This will occur through education and training, resource dissemination and continued development of appropriate tools. • To ensure continuity with primary care relevant assessment information will be forwarded to the child's GP. • providing access to services to child speech and language development services; OT assessment and Intervention services for pre-school aged children in high need areas with no alternative services. • Work collaboratively with the Rural Doctors Network, Western NSW Local Health District and Far West Local Health District to ensure the relevant data is collected to measure outcomes and impact of these services.
Target population cohort	Pre-school age children in the WNSW PHN region with developmental delay.
Consultation	Consultation with the Western NSW Local Health District (WNSW LHD) & Far West Local Health District (FW LHD) & Rural Doctors Network NSW (RDN NSW).
Collaboration	This activity will collaborate with Local Health District and RDN NSW early intervention activities.
Indigenous Specific	No
Duration	1 September 2017 – 30 June 2018
Coverage	Early childhood education centres in the WNSW PHN region in high needs areas with no alternative services, and which have been provided with services through WNSW PHN funding up to 31 August 2017.
Commissioning method (if relevant)	Single select procurement with Rural Doctors Network NSW or funded directly with service providers.
Approach to market	N/A
Decommissioning	N/A

(c) Planned PHN activities – Core Operational Funding 2016-18

Proposed general practice support activities	
Activity Title / Reference	OP 1.0 - Workforce Support to Enhance Practice and Improve the Quality of Care
Existing, Modified, or New Activity	Existing Activity
Description of Activity	**AIM** The Health Needs Assessment data highlighted that regional service providers face an ageing medical, nursing and health professional workforce which requires joint succession planning, new models of care, and ways to develop an adequately skilled, supervised and sustainable workforce so as to better meet both current and future service demands. **HOW THE ACTIVITY WILL SUPPORT THE PRIMARY HEALTH CARE SECTOR** The WNSW PHN will assist GPs and general practice staff with professional and multi-disciplinary team oriented care, quality systems training, workforce recruitment and retention support, and technology based learning opportunities. The WNSW PHN's robust Continual Professional Development program will meet the identified needs of GP's and local primary health care providers and include inter/multi-disciplinary needs through broader networking and interagency collaborations that are made available as close as possible to their work and social environments. **HOW THIS IS ALIGNED TO THE WNSW PHN OBJECTIVES** The active support of a more skilled and engaged general practice and primary health care workforce is key to practice-based service redesign as it enables new forms of specialist primary care and the building of new community-based alternatives to hospital care. Much of this activity is also core to the WNSW PHN's ongoing credibility within the region as without access to a skilled workforce the WNSW PHN offer minimal value to the community. Joint workforce planning also assists chronic disease outcomes through greater practice nurse leadership and the regional expansion of the person centred healthcare home approach including such elements as an Allied Health Assistant workforce, training pathways for Aboriginal staff, and more GP Proceduralists as part of our broader Primary care workforce redesign.

Supporting the primary health care sector	This activity assists local healthcare providers (GPs, Pharmacists, Allied Health providers, LHD providers and Medical Specialists) to implement Digital Health and Telehealth technologies, to enable improved patient access, patient-experience, and the co-design of better clinical outcomes including solutions for residential Aged Care Facilities and co-ordinated care programs around chronic diseases. General Practice and other providers will be enabled to improve their use of their clinical information and quality improvement systems so as to jointly manage chronic disease and acute care (including hospital presentations) through shared clinical data and integrated health records.
Collaboration	These activities are delivered in close collaboration with General Practice and Allied Health Providers to ensure that the support delivered addresses the current needs. The WNSW PHN engages the majority of its practices to work with General Practice Accreditation providers. It also works with the Department of Health to support the Practice Incentive Program and digital health agenda, as well as with quality prescribing and Closing The Gap compliance activity. WNSW PHN works closely with other NGOs, Government agencies and education institutions to develop quality professional development opportunities and leverage existing programs. Key partners include the Western and Far West LHDs, the School of Rural Health Sydney University, Royal Australian College of General Practice and others. WNSW PHN collaborates broadly with national health associations to promote other professional development opportunities that are relevant for regional practitioners. Within the NSW State Integrated Care Strategy demonstrator program the WNSW PHN is critical to assist design integrated care data design, reporting and analytics that assists clinical governance and local clinical decision making for both LHDs. The WNSW PHN within the WNSW LHD program is also assisting with the development of clinical care pathways from a whole-of-locality service redesign perspective. As a cohort of our population fell under the Nepean Opt Out trial, there is also a need for close collaboration with the Department of Health Digital Health team in the implementation and best practice use of Digital Health for greater self-care and improved health literacy within that project.
Duration	1/7/16 to 30/6/18
Coverage	Whole of Western NSW PHN Region
Expected Outcome	The following outcomes relate to the WNSW PHN's objectives:

	• Provider plans developed address quality of care, practice enhancement, and clinical pathways. • GP professional development requirements are met, improving the medical services for patients • Existing or newly recruited GP workforce better retained in rural communities, providing access to services • High level of participants are satisfied with the CPD program • Recipients of workforce support are satisfied with the support provided • Improved sustainability of workforce with existing or newly recruited GP workforce better retained in rural communities • Increased usage of tele-health and Digital Health systems • Improved identification of patients at risk of or diagnosed with a chronic disease • Improved data capture and clinical information systems in General Practice • Practices submitting de-identified data to the secure primary care data portal • Improved accuracy of profile mapping of disease prevalence across the region, allowing for better utilisation of resources to areas in need and direct provision of services • Current local health information availability for WNSW PHN & LHDs service delivery planning • Current local health information availability to participating GP's and local healthcare provider organisations for benchmarking and quality improvement activities • Reduction in acute care services consumed by patients enrolled in local chronic disease co-ordinated care programs • Increased community understanding of local health issues based on health data • Improved patient management and health outcomes

1. (d) Activities submitted in the 2016-18 AWP which will no longer be delivered under the Core Schedule

Planned activities which will no longer be delivered - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1/OP 1)	NPFlex1.0 Wellness through Prevention and Management of Chronic Disease
Description of Activity	Refer section 1(b) of this Activity Work Plan
Reason for removing activity	As noted in section 1(b) of this Activity Work Plan, as a result of proceeding to a tender process for Activity NPFlex1.0 there are likely to be current service providers (and services) that will change as part of this process. The scope and scale of this change cannot be predicted at this stage.
Funding impact	N/A

3. (a) Strategic Vision for After Hours Funding

The Western NSW PHN proposes the following three high level strategic goals (these may be further refined following more timely clinician and community consultation and joint service/utilisation mapping):

A) The WNSW PHN will seek to sustain after-hours services in regions where there is limited access to after-hours services informed by community need, continuity of care, and workforce impacts.
B) The WNSW PHN will support medical service providers to target and provide increased access to after-hours services in areas which currently have limited/no access. Wherever possible this support will include GP alternatives such as eHealth, home monitoring or different models of care as well as better targeted services or support for aged care to alleviate the impact on both the patient and the Emergency Departments.
C) The WNSW PHN will seek to address both awareness and health literacy issues in the community impacting access to after-hours services.
D) The WNSW PHN will work with healthdirect to ensure that the community is aware of all after hours services in our region.
E) We will be conducting an after hours audit in collaboration with other key partners that provide after hours services to ensure we understand community need.

THE FOLLOWING STRATEGIC ACTIVITIES ARE PLANNED TO FURTHER INFORM THE WNSW PHN'S VISION ABOVE AND RESULT IN MORE EFFECTIVE COMMISSIONING OF AFTER-HOURS SERVICES:

1. Detailed service/workforce mapping versus utilisation of services during after-hours periods (i.e. supply versus demand) in each locality.
2. Clinician consultations (including GP teams, Emergency Department (ED) staff, Pharmacy, & Residential Aged Care Facility staff) in each locality regarding their awareness of GP availability and after-hours clinic contact details etc.
3. Community consultations covering all sectors of the community (and including consultations with patients who tend to make use of ED and other services during the after-hours periods).
4. During this consultation period the WNSW PHN will also seek to identify new shared workforce development opportunities such as joint Healthcare home development with partner LHDs, Aboriginal Health Councils, ACCHOs, NGOs, universities, and the Royal Flying Doctor Service (RFDS) so as to reduce gaps in local workforce availability and support greater continuity of care.
5. Prioritisation of localities at greatest need of after-hours solutions.
6. Feasibility studies for different models of after-hours care at these localities including the possible establishment of GP after-hours clinics at Hospitals wherever the demand has increased since previous Medicare Local planning, and Medical Deputising Services that might be available to complement and support General Practice in the provision of continuity of care to patients, both within and outside normal opening hour such as the provision of home visits, clinics and/or telephone triage / medical advice services.
7. Commissioning and/or support for existing organisations to allow implementation of these models of after-hours care.

3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-18

Proposed Activities – AH1.1	
Activity Title / Reference	**AH 1.1 - After Hours GP Clinics in Bathurst and Dubbo and the After Hours Phone Service**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	1.1 Workforce Planning – Reduce gaps in local workforce availability that support continuity care 5.3 Access – More flexible pathways or accessing primary care consultation 7.2 Access – Locally relevant service information available for use by service providers
Description of Activity	The After Hours GP Clinics are an initiative which implements services with the purpose of improving primary care access in the after-hours period. We currently operate two clinics; one in Dubbo and one in Bathurst. The clinics provide consultations by local GPs to patients who have an urgent medical condition and are unable to wait to see their regular GP during normal surgery hours. The clinics are staffed by a GP, a Registered Nurse and a receptionist. This model supports local GPs to provide after- hours services where there is minimal coverage and details regarding the Clinics are promoted within the community. The After Hours GP Clinics are located at Bathurst and Dubbo. Both clinics are located on the Local Health District hospital campus' in close proximity of the Emergency Departments. Both clinics operate on Saturdays and Sundays and public holidays (excluding Christmas Day and Good Friday), with clinics opened for 4 hours. The clinic operational times are 3pm to 7pm in Bathurst and 2pm to 6pm in Dubbo. The Clinics offer bulk billing and are a walk-in model so no appointments are necessary. All patients are triaged by a Registered Nurse prior to seeing the GP. Patient consultation notes are sent to their usual GP/practice to keep the patients doctor informed and in case there is any follow up required during the week.

	The main aims of the After Hours GP Clinics are to: • Provide after hour medical services for Bathurst and Dubbo, and the surrounding communities and visitors to these regions that meet the needs of those who require after hours health care. • Provide a quality focused service. • Support local General Practice in the ongoing care of patients. • Reduce unnecessary ED presentations for urgent but non-emergency care The After Hours phone service is provided by local GPs for Bathurst, Dubbo and surrounding regions. The phone service is provided using an on call phone system with the doctor deciding at the time if the person needs to be referred to the Emergency Department or if medical advice over the phone is sufficient. The service supports people in the primary care setting and residential aged care facilities, who have an urgent non-emergency medical condition requiring attention, or who are seeking reassurance or medical advice over the phone. The service also offers after hour's service visits to Residential Aged Care Facilities (RACFs) when the after-hours on call doctor is called. The phone service is available: • Mondays to Fridays from 6pm to 8am the following day • Saturdays from 12pm to 8am the following day in Bathurst; and 8am to 8am the following day in Dubbo • Sundays and Public Holidays (including Christmas Day and Good Friday), the service operates 24 hours. The main aims of the After Hours phone services is to: • Provide clinical advice/treatment to the participating practice population outside of regular practice hours • Provide clinical services which facilitates continuity of care with the person's regular GP • Facilitate access to a quality after hours medical service • Provide service visits to RACF's who contact the after-hours phone service • Reduce unnecessary ED presentations for urgent but non-emergency care
Target population cohort	After Hours patients who would otherwise present at ED in Dubbo & Bathurst Hospitals.

Consultation	N/A
Collaboration	Marathon Health partnership with WNSW LHD at Dubbo & Bathurst Hospitals.
Indigenous Specific	No
Duration	After Hours Clinics -contract will be extended to 30 June 2018 After Hours Phone Service – contract will be extended to 28 February 2018.
Coverage	Dubbo LGA & Bathurst LGA
Commissioning method (if relevant)	Single select procurement.
Approach to market	N/A – services already procured
Decommissioning	The after hours phone service will be reviewed and the funding may be discontinued from March 2018.

Proposed Activities – AH1.2	
Activity Title / Reference	**AH 1.2 – After Hours Innovation Program**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	1.1 Workforce Planning – Reduce gaps in local workforce availability that support continuity care 5.3 Access – More flexible pathways or accessing primary care consultation 7.2 Access – Locally relevant service information available for use by service providers
Description of Activity	In November 2015 and March 2016 WNSW PHN undertook an After Hours Primary Care Innovation Program in two rounds. In the first round two streams were funded - Service Delivery and Service Development. The second round funded service delivery projects. The aim of the Innovation Program is to ensure efficient and sustainable delivery of after-hours care across the region. Services or projects funded under the program are considered 'pilot' projects with a view to further developing or expanding successful projects in 2016-17. The objectives of the innovation program are to reduce gaps and improve access in after-hour services.

	Round 1 – There were eight successful submissions in Service Delivery in the following disciplines, Palliative Care, Nurse-led Telehealth, Transport, Pharmacy, Diagnostic Services These grants involved going to market to attract service providers to work with priority groups to improve access, and efficiency to vulnerable and high risk patients specifically targeting Aged Care and Palliative Care patients. **Round 2 –** There were four successful submissions targeting the following disciplines, Telemonitoring Services targeting Chronic disease, upskilling Pharmacy staff in triage, improving access for the elderly and people with a Disability and reducing gaps in services for vulnerable and high risk patients targeting nursing homes/hostels, chronic disease and Aboriginal populations. **Round 3 –** Build on partnerships with the WNSW LHD to create a sustainable platform for new workforce models in the After Hours period.
Target population cohort	Rural and remote communities with limited access to GP and after hours services.
Consultation	Consultation with NSWRDN, WNSW LHD & ACCHOs to discuss current models.
Collaboration	Working with local service providers across the region to enhance After Hours services
Indigenous Specific	NO
Duration	1 July 2016 to 30 June 2017
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Direct engagement with providers which were funded through the After Hours Innovation program during 2015/16, and with the Western NSW LHD and health workforce, training and education providers
Approach to market	Direct engagement
Decommissioning	We don't envisage any decommissioning as the activities that were successful under the grant proposals were to be completed to a set timeframe of June 2017.

Proposed Activities – AH1.3	
Activity Title / Reference	**AH 1.3 – ISBAR Aged Care Training**
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority Area	1.1 Workforce Planning – Reduce gaps in local workforce availability that support continuity care 5.3 Access – More flexible pathways or accessing primary care consultation 6.3 Older person's health 7.2 Access – Locally relevant service information available for use by service providers
Description of Activity	The Aged Care Emergency Guidelines and Communication Training for Residential Aged Care Facilities (RACFs) project provides education to RACFs in the ISBAR (Introduction, Situation, Background, Assessment and Recommendation) tool and Emergency Decision Guidelines. The Aged Care Emergency Guidelines and Communication project was developed from an identified need to improve communication skills between staff in RACFs and health professionals including GPs. The model adopted for use in RACFs uses the ISBAR model as a tool for structuring communication in an ordered and logical format, and incorporates Emergency Guidelines to guide staff as to when a situation needs to be escalated and acted upon immediately, or when it is appropriate to observe and monitor. The training involves a combination of online training and face to face training The training package takes approximately 2 hours to complete and is delivered by the service provider project officer. Training to RACFs is free and all equipment and resources are supplied. The Aged Care Emergency Guidelines and Communication Training for RACFs Project Officer is located at either the Bathurst or Dubbo offices with outreach to rural and remote communities.
Target population cohort	Aged population to improve communication skills between staff in RACFs and health professionals including GPs.
Consultation	Consultation with WNSW LHD & RACFs to discuss current models.
Collaboration	Local provider will work with RACF in the Dubbo & Bathurst LGAs.

Indigenous Specific	No
Duration	Contract will be extended until 28 February 2018.
Coverage	Dubbo LGA & Bathurst LGA
Commissioning method (if relevant)	Single select procurement.
Approach to market	N/A – services already procured
Decommissioning	N/A

Proposed Activities – AH1.4	
Activity Title / Reference	**AH 1.4 Palliative Care**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	6.3 Older person's health
Description of Activity	Consideration will be given to the outcomes of the Service Development Stream round 1 of the Innovation Program in Palliative Care based on a feasibility study to establish an After Hours Palliative Care Service in the Central West.
Target population cohort	Palliative care patients
Consultation	Consultation with Central West Medical Association and WNSW LHD & FW LHD to discuss current models.
Collaboration	Central West Medical Association and WNSW LHD & FW LHD work together to provide an after hours medical service for Palliative care patients.
Indigenous Specific	No
Duration	1 July 2016 to 30 June 2017
Coverage	Regional

Commissioning method (if relevant)	Direct engagement with the provider/s which were funded to undertake palliative care planning through the After Hours Innovation program during 2015/16.
Approach to market	N/A – services already procured
Decommissioning	N/A

Proposed Activities - AH1.5	
Activity Title / Reference	**AH 1.5 General Practice Liaison Officer**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area	2. Locally relevant, people & community centred health system & service improvement 4. Sustainable development of primary health care & integration between providers 5.3 Access – More flexible pathways or accessing primary care consultation 6. Improved health outcomes in priority areas 6.1 Chronic disease support for patients 6.2 Chronic disease management 6.3 Older Persons Health 7. Effective use of regional resources 7.2 Access
Description of Activity	Establish a liaison position/s which will be responsible for improving the interface between the hospital (particularly emergency and outpatient departments) and primary health care by providing input into the planning and development of service at the local and regional level, ensuring care is integrated across the entire patient journey, and support the alignment with the After Hours program objectives.
Target population cohort	All General Practices, all ACCHOs & all GPs and practice teams.

	People in the WNSW PHN region with 2 or more chronic conditions and people at high risk of getting chronic conditions.
Consultation	Western and Far West NSW LHD clinical workforce Hospital clinical and information system leaders All General Practice Principals/Business Owners, primary care clinicians & all PHN Councils
Collaboration	General Practitioners, Western NSW LHD
Indigenous Specific	No
Duration	To 30 June 2017
Coverage	Regional – the role/s will be based at Dubbo Base Hospital and smaller hospitals
Commissioning method (if relevant)	Role/s to be employed by WNSW PHN
Approach to market	N/A
Decommissioning	N/A – proposed to fold into Flexible funding Activity NPFlex2.0 post 30 June 2017.

Proposed Activities – AH1.6	
Activity Title / Reference	**AH 1.6 Primary Health Care (PHC) Rural and Remote Telehealth**
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area	2. Locally relevant, people & community centred health system & service improvement 2.2 Child and Maternal Health 4. Sustainable development of primary health care & integration between providers 5. Effective regional health system 5.3 Access

	6. Improved health outcomes in priority areas 6.1 Chronic disease support for patients 6.2 Chronic disease management 6.3 Older Persons Health 7. Effective use of regional resources 7.2 Access
Description of Activity	Project aim: To develop and implement a PHC rural and remote telehealth strategy, in conjunction with partner organisations, with a particular focus on our WPHN geography. The strategy would address the following needs: • better access to primary health care services for remote communities and isolated patients • the capacity to provide workforce (relief) solutions with a key focus on after hours in rural NSW small communities • the capacity to reduce T3,4,5 Emergency Department presentations, particularly in after-hours periods. • the capacity to provide workforce solutions for communities with intermittent or no resident providers • the development of robust and well-structured nurse led medically supported model(s) of care with particular reference to telehealth • increasing access to and affordability of specialist outreach services (medical, nursing and allied health) both public and private sector role and the relationship with HealthDirect • timely access to relevant, accurate clinical information and better integration of clinical records arising from remote/telehealth interventions • interoperability of telehealth infrastructure • development of an efficient back end support system for access to, and delivery of, remote clinical services This project would align with Digital Health initiatives being undertaken by the Western NSW LHD and Far West LHD.

Target population cohort	People in the WNSW PHN region with 2 or more chronic conditions and people at high risk of getting chronic conditions. People with chronic illness who without access to specialist advice would require transport. Complex chronic or palliative patients at high risk of hospitalisation requiring support and coordination.
Consultation	Early scoping discussions with Healthdirect, Aboriginal, Community & Clinical Councils of WNSW PHN, WNSW & FW LHDs. Consultation with Early Adopter (~15) General Practices & ACCHOs regarding the draft strategy.
Collaboration	WNSW PHN Clinical Council, Community Council and Aboriginal Health Councils
Indigenous Specific	No
Duration	To 30 June 2017
Coverage	Rural and remote areas within the WNSW PHN region
Commissioning method (if relevant)	Single Provider or Most Capable Provider (MCP) Approach
Approach to market	Direct engagement per WNSW PHN procurement policy
Decommissioning	N/A

Proposed Activities – AH1.7	
Activity Title / Reference (eg. NP 1)	**AH 1.7 Regional After Hours Audit**
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area (eg. 1, 2, 3)	7 Effective use of regional resources 7.2 Access
Description of Activity	The regional after hours' audit will undertake an assessment of current demand and supply of services, and recommendations for future program funding (the audit could include a review of how better use

	could be made of PIP payments to focus on strategies for ED avoidance). The audit will also include a review of all GP practices and ACCHOs, and their extended hours of service.
Target population cohort	All current existing after hours service providers in our region
Consultation	Current after hours service providers, GPS and ACCHOs
Collaboration	WNSW LHD, FW LHD, Health Intelligence Unit, General Practices, ACCHOs, and Health Workforce agencies, Healthdirect.
Indigenous Specific	No
Duration	To June 2017
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Direct engagement of a consultant
Approach to market	Direct engagement of a consultant
Decommissioning	N/A

Proposed Activities – AH1.8	
Activity Title / Reference (eg. NP 1)	**AH 1.8 After Hours GP Helpline Promotion**
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area (eg. 1, 2, 3)	7 Effective use of regional resources 7.2 Access
Description of Activity	Raise consumer awareness of the After Hours GP helpline by working in partnership with Healthdirect to promote the service through distribution of flyers and fridge magnets, the promotion of 1800 phone line and media advertising to all households in our region with a focus on vulnerable communities.
Target population cohort	Whole WNSW PHN region
Consultation	Consultation and liaison with Healthdirect and the WNSW and FW LHDs.

Collaboration	Healthdirect, Western NSW LHD, Far West LHD
Indigenous Specific	No
Duration	To June 2017
Coverage	Whole of WNSW PHN region
Commissioning method (if relevant)	Direct engagement with Healthdirect
Approach to market	Direct engagement with Healthdirect
Decommissioning	N/A

Proposed Activities – AH1.9	
Activity Title / Reference (eg. NP 1)	**AH 1.9 RACF Program Administrator**
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area (eg. 1, 2, 3)	1.1 Workforce Planning – Reduce gaps in local workforce availability that support continuity care 5.3 Access – More flexible pathways or accessing primary care consultation 6.3 Older person's health 7.2 Access
Description of Activity	• Review the regions RACF after hours requirements. • Improve In-reach services for Residents. • Clinical Governance – Review of Clinical Handover Tool (ISBAR) for the regions RACFs and Community Aged Care Service providers. • Work with WNSW PHN Practice Support Team, the Local Health District (LHD) Integrated Care Program Manager, the Aged Care Manager and Aged Care Assessment Team (ACAT) to create linkages and assist specialists, general practitioners, allied health professionals and aged care providers to deliver multidisciplinary care, utilising relevant MBS items, incentives and local resources.

	• Ensure data metrics relating to outcomes associated with after-hours requirements are collected, monitored, reviewed and reported for quality improvement purposes.
Target population cohort	Whole WNSW PHN region
Consultation	Consultation and liaison with RDN NSW.
Collaboration	RDN NSW, Western NSW LHD, Far West LHD
Indigenous Specific	No
Duration	August 2017 – June 2018 (11 months)
Coverage	WNSW PHN region
Commissioning method (if relevant)	This activity will be delivered by WNSW PHN
Approach to market	N/A
Decommissioning	N/A

Proposed Activities – AH 1.10	
Activity Title / Reference (eg. NP 1)	**AH 1.10 Regional After Hours services**
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area (eg. 1, 2, 3)	2. Locally relevant, people & community centred health system & service improvement 4. Sustainable development of primary health care & integration between providers 5. Effective regional health system 6. Improved health outcomes in priority areas 6.1 Chronic disease support for patients 6.3 Older Persons Health 7. Effective use of regional resources

	7.2 Access
Description of Activity	A regional co-design and planning workshop on the future funding of regional After Hours services has been arranged with key WNSW PHN stakeholders for mid-September 2017. The outcomes and recommendations of the Regional After Hours audit (AH 1.7) and Primary Health Care Rural and Remote telehealth project (AH 1.6) will be considered at the workshop in designing future services. It will include a review of the future funding for the GP after hours clinics in Dubbo and Bathurst from July 2018 (AH 1.1). An update to this proposed activity will be provided to the Department of Health following the workshop.
Target population cohort	Rural and remote communities, disadvantaged groups, RACF residents.
Consultation	WNSW PHN Advisory Councils, General Practice Liaison Officers, Western NSW LHD, Far West LHD, RDN NSW, Bila Muuji, HealthDirect, RaRMS.
Collaboration	RDN NSW, Western NSW LHD, Far West LHD, RDN NSW, Bila Muuji, HealthDirect, RaRMS.
Indigenous Specific	No
Duration	September 2017 – June 2019
Coverage	WNSW PHN region
Commissioning method (if relevant)	The activities will be commissioned in line with WNSW PHN's Procurement Policy. The method will be confirmed following the co-design workshop and agreement amongst stakeholders.
Approach to market	This will be undertaken in line with the commissioning method.
Decommissioning	N/A

3. (c) Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.2 After Hours Innovation program
Description of Activity	The aim of the Innovation Program is to ensure efficient and sustainable delivery of after-hours care across the region. Services or projects funded under the program are considered 'pilot' projects with a view to further developing or expanding successful projects in 2016-17. The objectives of the innovation program are to reduce gaps and improve access in after-hour services
Reason for removing activity	Funding was scheduled to cease on 30 June 2017.
Funding impact	Funding will be incorporated into AH 1.10 Regional After Hours services.

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.4 Palliative Care
Description of Activity	Implementation of an After Hours Palliative Care Service in the Central West in conjunction with the Western NSW LHD.
Reason for removing activity	Funding was scheduled to cease on 30 June 2017.
Funding impact	Funding will be incorporated into AH 1.10 Regional After Hours services.

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.5 General Practice Liaison Officer
Description of Activity	Establish a liaison position/s which will be responsible for improving the interface between the hospital (particularly emergency and outpatient departments) and primary health care by providing input into the planning and development of service at the local and regional level, ensuring care is integrated across the entire patient journey, and support the alignment with the After Hours program objectives.
Reason for removing activity	This activity is now incorporated into NPFlex2.0 Collaborative Approaches to Improve Service Integration and Coordination.

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.6 Primary Health Care Rural and Remote Telehealth
Description of Activity	To develop and implement a PHC rural and remote telehealth strategy, in conjunction with partner organisations, with a particular focus on our WPHN geography. The strategy would address the following needs.
Reason for removing activity	Funding was scheduled to cease on 30 June 2017.

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.7 Regional After Hours Audit
Description of Activity	The regional after hours' audit will undertake an assessment of current demand and supply of services, and recommendations for future program funding (the audit could include a review of how better use

	could be made of PIP payments to focus on strategies for ED avoidance). The audit will also include a review of all GP practices and ACCHOs, and their extended hours of service.
Reason for removing activity	Funding was scheduled to cease on 30 June 2017.

Planned activities which will no longer be delivered	
Activity Title / Reference	AH 1.8 After Hours GP Helpline promotion
Description of Activity	Raise consumer awareness of the After Hours GP helpline by working in partnership with Healthdirect to promote the service through distribution of flyers and fridge magnets, the promotion of 1800 phone line and media advertising to all households in our region with a focus on vulnerable communities.
Reason for removing activity	Funding was scheduled to cease on 30 June 2017.