



Activity Work Plan 2018-2019:

Core Funding

General Practice Support Funding

After Hours Funding

Western NSW PHN

Please follow the below steps (and the instruction sheet) for completing your Activity Work Plan (AWP) template for 2018-19:

1. **Core Operational and Flexible Funding** 2018-2019 has three parts:
 - a) Provide a link to the strategic vision published on your website.
 - b) Complete the table of planned activities funded by the *Core Flexible Funding Stream* under the Schedule – Primary Health Networks Core Funding (including description of any Health Systems Improvement (HSI) activity to support delivery of commissioned activity).
 - c) Complete the table of planned activities funded by the *Core Operational Funding Stream: HSI¹* under the Schedule – Primary Health Networks Core Funding and planned activities under the Schedule – **General Practice Support Funding²**.
2. Attach indicative Budget for Core Operational and Flexible Funding Streams for 2018-2019 using the template provided.
3. Attach the indicative Budget for General Practice Support for 2018-19 using the template provided.

¹ HSI Funding is provided to enable PHNs to undertake a broad range of activities to assist the integration and coordination of health services in their regions, including through population health planning, system integration, stakeholder engagement and support to general practice. HSI activities will also support the PHN in commissioning of health services in its region.

² Planned activities under the Schedule - General Practice Support Funding have been combined with the HSI activities to lessen the reporting burden on PHNs.

4. **After Hours Primary Health Care Funding 2018-2019** has two parts:
 - a) Provide strategic vision for how your PHN aims to achieve the After Hours key objectives.
 - b) Complete the table of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Health Care Funding.

5. Attach the indicative Budget for After Hours Primary Health Care for 2018-2019 using the template provided.

When submitting this Activity Work Plan 2018-2019 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

The Activity Work Plan must be lodged to your Program Officer via email on or before four (4) weeks after the execution of the Core Schedule Deed of Variation.

Overview

The key objectives of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

This Activity Work Plan covers the period from 1 July 2018 to 30 June 2019.

1. (a) Strategic Vision for PHN

The strategic vision for the Western NSW Primary Health Network (WNSW PHN) is:

Supporting, strengthening and shaping world-class person-centred Primary Health Care.

Our strategic plan can be accessed on our website using the following link:

[https://www.wnswphn.org.au/uploads/documents/corporate%20documents/WHAL%20Strategic%20Plan%20Overview Approved March%202018.pdf](https://www.wnswphn.org.au/uploads/documents/corporate%20documents/WHAL%20Strategic%20Plan%20Overview%20Approved%20March%202018.pdf)

1. (b) Planned PHN activities

– Core Flexible Funding Stream 2018-19

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF 1 – Chronic Disease Management and Prevention Program
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>2. Locally relevant, people & community centred health system & service improvement</p> <p>4. Sustainable development of primary health care & integration between providers</p> <p>4.3 Preventative health and early intervention</p> <p>5. Effective regional health system</p> <p>5.3 Access</p> <p>6. Improved health outcomes in priority areas</p> <p>6.1 Chronic disease support for patients</p> <p>6.2 Chronic disease management</p> <p>6.3 Older Persons Health</p> <p>7. Effective use of regional resources</p> <p>7.2 Access</p>
Aim of Activity	The aim of the activity is to improve patient-centred care and prevent potential hospitalisations for people with chronic disease.
Description of Activity	<p>Chronic Disease Management and Prevention Program (CDMPP)</p> <p>The Western NSW Primary Health Network (WNSW PHN) has commissioned the NSW Outback Division of General Practice (ODGP) as the service provider to deliver the Chronic Disease Management and Prevention Program (CDMPP) Model of Care in Western NSW. The ODGP are operating in a consortium with Maari Ma Health Aboriginal Corporation to deliver the CDMPP which is an evidence based Model of Care supporting better management of lifestyle related chronic diseases such as Diabetes, Cardiovascular Disease, Respiratory Disease, Renal Disease and some Cancers in a general practice setting. The program identifies key</p>

	<p>components that are necessary to ensure general practices and patients experience more comprehensive care in the management and prevention of chronic conditions.</p> <p>The program model directly supports team based care and chronic disease prevention and management services in identified communities will be enhanced by the following strategies;</p> <ul style="list-style-type: none"> • Allied Health Services Strategy • Aboriginal Health Worker Strategy • Practice Enrolment and Nurse Support Strategy
Target population cohort	People 15 years and over living with or at high risk of two or more chronic diseases.
Consultation - HSI Component	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 - HSI Component	There will be significant collaboration with primary health care providers, the two Local Health Districts (LHDs) and RDN for the Chronic Disease activity.
HSI Component – Other	Planning, evaluation and contract management for these services are being funded.
Indigenous Specific	No
Duration	Current contracts extended for 12 Months
Coverage	Chronic Disease Management and Prevention Program - This activity will cover the whole WNSW PHN region focusing resources on priority areas with identified high need.
Commissioning method (if known)	Extension of current contracts
Decommissioning	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF 2 – Improved Access to Care for People with Chronic Disease
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Select one of the following: Population Health

Needs Assessment Priority Area (eg. 1, 2, 3)	<p>2. Locally relevant, people & community centred health system & service improvement</p> <p>4. Sustainable development of primary health care & integration between providers</p> <p>4.3 Preventative health and early intervention</p> <p>5. Effective regional health system</p> <p>5.3 Access</p> <p>6. Improved health outcomes in priority areas</p> <p>6.1 Chronic disease support for patients</p> <p>6.2 Chronic disease management</p> <p>6.3 Older Persons Health</p> <p>7. Effective use of regional resources</p> <p>7.2 Access</p>
Aim of Activity	The aim of the activity is to improve the access to care for people with chronic disease to enable better management of these conditions and prevent potential hospitalisations.
Description of Activity	<p>Chronic Disease Transport Coordination Service</p> <p>A regional transport coordination service delivered by ODGP 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).</p> <p>The Chronic Disease Transport Coordination Service will be provided through a purpose-built database that provides transport and accommodation information for health consumers in rural and remote communities.</p> <p>Information about available transport from rural and remote locations to attend Specialist or GP appointments in regional centres enables the health consumer to quickly know what day of the week transport can be booked and therefore assists in linking the day of travel with the day of appointment.</p> <p>The database information assists the health consumer and health service providers to:</p> <ol style="list-style-type: none"> 1. book appropriate transport provided by internal and external transport stakeholders. 2. book health appointments to fit in with transport needs. <p>access detailed information about the options available for; transport and overnight accommodation near regional health facilities.</p>

Target population cohort	People in rural and remote communities with two or more chronic conditions that need information and assistance coordinating transport to appointments to manage their conditions.
Consultation - HSI Component	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.
Collaboration - HSI Component	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.
HSI Component – Other	Planning, evaluation and contract management for these services are being funded.
Indigenous Specific	No
Duration	Current contracts extended for 12 Months
Coverage	Transport Coordination Service - This activity covers the whole WNSW PHN, focused on regional areas with transport challenges for patients with chronic conditions.
Commissioning method (if known)	Extension of current contracts
Decommissioning	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF 3 – Access to Eye Health for Prevention and Management of Chronic Disease
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> 2. Locally relevant, people & community centred health system & service improvement 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

	<p>6.2 Chronic disease management</p> <p>6.3 Older Persons Health</p> <p>7.2 Access</p>
<p>Aim of Activity</p>	<p>The aim of the activity is to increase access to eye health services for people with or at risk of chronic disease and enable better management of these conditions, preventing potential hospitalisations.</p>
<p>Description of Activity</p>	<p>Outback Eye Service</p> <p>The ‘Outback Eye Service’ (OES) is an outreach eye service for patients located in regional NSW.</p> <p>The OES delivers regular eye clinics including (consultations, diagnosis, treatment and monitoring of eye disease), providing a comprehensive ophthalmology / optometry service. This clinic is conducted in a primary care setting within general practice, Aboriginal Medical Centres or community centres.</p> <p>The service is provided in Bourke, Lightning Ridge, Walgett, Brewarrina and Cobar. The majority of these patients are Aboriginal people with high rates of chronic disease. This service increases access to essential eye health services to people living in remote communities, providing critical primary care optometry services, relevant for early detection and management of chronic conditions (in addition to secondary and tertiary eye care).</p> <p>The OES is co-funded with the Fred Hollows Foundation.</p> <p>The OES is delivered by the Department of Ophthalmology at the Prince of Wales Hospital (as part of the South Eastern Sydney Local Health District). The clinic provides comprehensive ophthalmic services to patients, including:</p> <ul style="list-style-type: none"> • Optometry; • Ophthalmology; • Eye surgery; and • Patient referrals to the Prince of Wales Hospital for complex clinical cases. <p>Patient clinical services and case management is co-ordinated by the staff of the OES.</p> <p>The service is delivered by a team of health professionals that includes; an ophthalmologist, registrar, orthoptist, ophthalmic nurse, aboriginal eye health nurse, optometrist and optical dispenser.</p>

Target population cohort	People living in Bourke, Lightning Ridge, Walgett, Brewarrina and Cobar requiring eye services, related to chronic conditions early intervention and management.
Consultation - HSI Component	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 - HSI Component	There will be significant collaboration with primary health care providers, the two Local Health Districts (LHDs) and RDN for this activity.
HSI Component – Other	Planning, evaluation and contract management for these services are being funded.
Indigenous Specific	No
Duration	Current contracts extended for 12 Months
Coverage	Outback Eye Service - Bourke, Lightning Ridge, Walgett, Brewarrina and Cobar
Commissioning method (if known)	Extension of current contracts
Decommissioning	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF 4 - Early Intervention for Children
Existing, Modified, or New Activity	Existing
Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>2. Locally relevant, people & community centred health system & service improvement</p> <p>2.2 Child and Maternal Health</p> <p>4.2 Health Promotion</p> <p>4.3 Preventative health and early intervention</p> <p>5.3 Access</p> <p>6. Improved health outcomes in priority areas</p> <p>7.2 Access</p>
Aim of Activity	Improve access to key services (primarily speech pathology and occupational therapy) for early intervention to improve outcomes for children diagnosed with developmental delay.
Description of Activity	<p>Early intervention and provision of key services is critical to improve outcomes for children with developmental delay. 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.</p> <p>WNSW PHN will fund allied health services (primarily speech pathology and occupational therapy) to pre-school age children as an early intervention chronic disease initiative. These services are for children identified at risk of developmental delays and are delivered in schools and early learning services by visiting health professionals.</p> <p>This activity will improve access to key services for children diagnosed with developmental delay by:</p> <ul style="list-style-type: none"> • 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. • 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.

	<ul style="list-style-type: none"> To ensure continuity with primary care relevant assessment information will be forwarded to the child's GP. 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. <p>Commissioned service providers for this activity include Marathon Health, Robinvale District Health Services and Eloquent Speech Pathology.</p>
Target population cohort	Pre-school age children in the WNSW PHN region with developmental delay.
Consultation - HSI Component	Consultation with the Western NSW Local Health District (WNSW LHD) & Far West Local Health District (FW LHD) & Rural Doctors Network NSW (RDN NSW).
Collaboration - HSI Component	This activity will collaborate with Local Health District and RDN NSW early intervention activities.
HSI Component – Other	Planning, evaluation and contract management for these services are being funded.
Indigenous Specific	No
Duration	Extension of current contracts for 12 Months
Coverage	Balranald, Buronga, Coonamble, Coolah, Cowra, Dareton, Dunedoo, Gilgandra, Gol Gol, Gulargambone, Grenfell, Gulgong, Mendooran, Narromine, Nyngan, Quandialla, Trangie, Warren, Wellington and Wentworth. New services in in Bourke, Lightening Ridge, Walgett, Brewarrina and Cobar.
Commissioning method (if known)	Extension of current contracts and single select procurement for new services in in Bourke, Lightening Ridge, Walgett, Brewarrina and Cobar.
Decommissioning	NA

1. (c) Planned PHN activities

– Core Operational Funding Stream: Health Systems Improvement 2018-19

– General Practice Support Funding 2018-19

Please complete this table for Core Operational Funding Stream b) Health Systems Improvement (HSI)³ and planned activities under the General Practice Support Funding Schedule only. Stream a) Corporate Governance, should not be included. Do not include HSI activities previously specified in 1. (b) Planned PHN activities – Core Flexible Funding 2018-19.

Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 1 - Workforce Support to Improve Practices and Improve the Quality of Care
HSI/GPS Priority Area	Select one of the following: General Practice Support If Other, please provide details:
Existing, Modified, or New Activity	Existing
Aim of Activity	<ul style="list-style-type: none"> To support a skilled and engaged primary health care workforce to deliver care that meets the needs of the communities in the WNSW PHN area. Improved quality of care, efficiency and sustainability in general practice and Aboriginal Medical Services. A primary health care workforce strategy that is sustainable, addresses local challenges in rural areas and minimises gaps in workforce availability.
Description of Activity	<p>General Practice Support and Education</p> <p>The WNSW PHN assists 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. WNSW PHN has a highly experienced Practice Support Team who provide direct support to general practices and other health professionals across the region. This support includes assistance with:</p> <ul style="list-style-type: none"> Practice management Digital health support and clinical software Information management Quality improvement and accreditation assistance Chronic disease management Business modelling Clinical support Training for staff Preventative health Communication and integration between providers Immunisation & cold chain management Workforce support Practice data extraction and analysis <p>Western NSW PHN offers a comprehensive Continuing Professional Development (CPD) program across our region. WNSW PHN fosters a model of integrated education whilst also providing profession specific opportunities as required. Unique accredited CPD opportunities are offered in multiple sites across Western NSW whilst also providing education via locally facilitated online CPD sessions.</p> <p>Primary Healthcare Workforce Strategy</p>

	<p>WNSW PHN is leading 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.</p> <p>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.</p> <p>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.</p>
Supporting the primary health care sector	<p>Through this activity WNSW PHN provides direct assistance for GPs, general practice staff to improve the quality of care, efficiency and sustainability of operations. This support includes quality improvement programs, training, digital health support, practice management, workforce recruitment and retention support.</p> <p>The WNSW PHN's CPD program meets the identified needs of GPs and local primary health care providers and includes inter/multi-disciplinary needs through broader networking and interagency collaborations that are made available as close as possible to their work and social environments.</p> <p>The Primary Health Care Workforce 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.</p>
Collaboration	<p>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 Digital Health Agency to support the digital health agenda, with Department of Health to support the Practice Incentive Program, as well as with quality prescribing and Closing The Gap compliance activity.</p> <p>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</p>

	<p>broadly with national health associations to promote other professional development opportunities that are relevant for regional practitioners.</p> <p>The Primary Health Care Workforce Strategy is undertaken in collaboration with Far West NSW LHD, NSW Rural Doctor's Network, Charles Sturt University, Western Sydney University, University of Sydney and local practice and AMS consultation.</p> <p>The work will also be undertaken in consultation from WNSW PHN Clinical, Community and Aboriginal Health Councils.</p>
Duration	12 months.
Coverage	Whole of WNSW PHN Region
Expected Outcome	<p>Increased effectiveness, efficiency and sustainability of general practice to deliver quality care for communities in Western NSW.</p> <p>A primary healthcare workforce with capability aligned to the needs of rural communities across the WNSW PHN region, with minimal gaps in workforce availability.</p>
Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 2 - Digital Health
HSI/GPS Priority Area	Select one of the following: Digital Health If Other, please provide details:
Existing, Modified, or New Activity	Existing
Aim of Activity	To support a primary health care workforce to be well equipped with digital processes, services, systems and relevant skills to manage health information that will deliver quality care and integrate service delivery.
Description of Activity	The WNSW PHN assists GPs, general practice staff and other primary care providers with systems, training, resources and support to ensure efficient use of digital processes and systems. This includes assistance with clinical software, eHealth Practice Incentive Program, secure messaging, telehealth and data quality improvement support and other services. This support is provided primarily by the organisation's experienced Digital Health Team as well as Practice Support Officers either face-to-face, online or over the phone. These activities also complement the national digital health agenda and the implementation of My Health Record.
Supporting the primary health care sector	Through this activity WNSW PHN provides direct assistance to general practice to improve the efficiency and effectiveness of their use of digital health systems to improve the management of health information and quality of care.
Collaboration	These activities are delivered in close collaboration with General Practice and other primary care providers to ensure that the

	support delivered addresses the current needs. It also works with the Digital Health Agency to ensure these activities support and complement the digital health agenda and the implementation of My Health Record.
Duration	12 months.
Coverage	Whole of WNSW PHN Region
Expected Outcome	Increased effectiveness, efficiency and sustainability of general practice to deliver quality care for communities in Western NSW. Reduced inefficiencies in health care delivery, improve access to information, coordination of care and reduced cost.

Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 3 - General Practice Liaison Officer (GPLO), Primary Care Engagement
HSI/GPS Priority Area	Select one of the following: System Integration
Existing, Modified, or New Activity	Existing
Aim of Activity	Real and meaningful clinical engagement in joint planning to improve system integration and commissioning. 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 Local Health District (LHD) linkage for various LHD services/departments.
Description of Activity	<p>General Practice Liaison Officers work closely with the LHD, hospitals, community health services and primary care to improve health system integration, patient experience and outcomes. The GPLO program is a joint initiative between WNSW PHN and the Western NSW Local Health District.</p> <p>There are three GPLOs who are practicing GPs based throughout the Western LHD region. The GPLO Project Coordinator assists with ensuring that actions are carried out and is familiar with common quality improvement and service reform elements:</p> <ol style="list-style-type: none"> 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.
Supporting the primary health care sector	The GPLO program improves health system integration, efficiency and effectiveness of care by working to improve linkages between the LHD, hospitals, community health services and primary care. This program works to address priority areas

	identified by GPs where improved integration of the system will deliver improved patient experience, health outcomes and provider satisfaction.
Collaboration	The GPLO program is a joint initiative between WNSW PHN and the Western NSW Local Health District, with all positions jointly funded.
Duration	Program extended for 12 months
Coverage	Western NSW Local Health District area. The three GPLOs are based in Orange, Bathurst and Remote North-West, with a GPLO coordinator based in Orange.
Expected Outcome	Efficient and effective health care system through improved coordination between primary and secondary care.

Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 4 - Immunisation and Cancer Screening
HSI/GPS Priority Area	Select one of the following: Population Health Planning
Existing, Modified, or New Activity	Existing
Aim of Activity	<ul style="list-style-type: none"> To facilitate increased access to screening for socially disadvantaged people, and greater early detection of cancer and other abnormalities. 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 Health Districts and other agencies that have responsibilities in this area. To maintain and/or improve Immunisation rates across the WNSW PHN especially in the Aboriginal population.
Description of Activity	<p>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 including activities to:</p> <ul style="list-style-type: none"> Work with General Practice, ACCHO's and Aboriginal Medical Services (AMs) 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

	<ul style="list-style-type: none"> Increase uptake for the new Shingles Vaccine across our area to identified populations.
Supporting the primary health care sector	This program works to build capacity in the primary health care sector for cancer screening programs. Provides upskilling and education for GPs and nurses in Immunisation.
Collaboration	<ul style="list-style-type: none"> 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.
Duration	12 months
Coverage	This activity covers the WNSW PHN region
Expected Outcome	<p>Increased the efficiency and effectiveness of medical services (in the provision of preventative health services) for patients, particularly those at risk of poor health outcomes.</p> <p>Increased participation rates in immunisation, cervical, breast and bowel cancer screening programs.</p>
Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 5 - Cultural Safety Framework Implementation
HSI/GPS Priority Area	Select one of the following: Other (please specify) Cultural Safety and Indigenous Health
Existing, Modified, or New Activity	Existing
Aim of Activity	<ul style="list-style-type: none"> Improve health outcomes for Aboriginal people by preventing and addressing systemic racism and discrimination in the primary health care system. Build capacity for general practice and ACCHOs to provide culturally responsive health care for Aboriginal people.
Description of Activity	Activities to implement a Cultural Safety Framework are 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, (<i>referred herein as Aboriginal people</i>), 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. Developing a Cultural Safety Framework and tools as a measure of provider responsiveness and commitment to culturally responsive health care for Aboriginal people was completed in 2017 and work is now underway to embed culturally safe practices into primary health care services in Western NSW.

	<p>In a collaborative partnership with the WNSW PHN Aboriginal Health Council and engagement with various other stakeholder groups, training and education linked to cultural tools is being rolled out in Western NSW, with very positive feedback received from participants. This activity is focused on continuing to provide support and subsidised training to general practice and ACCHOs.</p> <p>The WNSW PHN Aboriginal Health Council is advising the WHAL Board on progress in the implementation of the Framework.</p>
Supporting the primary health care sector	Build capacity for general practice and ACCHOs to provide culturally responsive health care for Aboriginal people through training in Cultural Safety.
Collaboration	WNSW PHN has established strong indigenous consultation and collaboration partnerships through multiple Indigenous affiliations such as with our Aboriginal Health Council and various ACCHOs that are located across the WNSW PHN region. Within the context of WNSW PHN Aboriginal Health Council and the ACCHOs, and including regional and national stakeholder collaboration and partnerships e.g. NSW/ACT PHN Aboriginal Health Advisory committee, the approach 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.
Duration	Activity extended for 12 months
Coverage	This activity covers the WNSW PHN region
Expected Outcome	<p>Increased capacity in general practice and ACCHOs to provide culturally responsive health care for Aboriginal people.</p> <p>Aboriginal people feel culturally safe when accessing primary health care services in Western NSW, leading to improved health outcomes for Aboriginal people.</p>

Proposed Activities	
Activity Title / Reference (eg. HSI or GPS)	HSI 6 - Data for Health Planning and Stakeholder Engagement
HSI/GPS Priority Area	Select one of the following: Other (please specify) Data for Health Planning and Stakeholder Engagement
Existing, Modified, or New Activity	Existing
Aim of Activity	To enable data-driven decision making to inform the activities of the PHN including commissioning, planning of primary health services and general practice support, resulting in the right services being delivered where they are needed the most.

	<p>Service planning, design and evaluation that is informed by effective engagement with key stakeholders including health care providers, community and consumers.</p>
<p>Description of Activity</p>	<p>Activities will include the collection, management, analysis and presentation of data in a usable format to that support evidence-based decision making within the PHN on both a regional and sub-regional level. These activities include the analysis of general practice data, population health data, demographics, workforce, stakeholder and service mapping.</p> <p>Engagement activities focus on primary health care providers, community and consumers in our region, which is vital for informing service planning, design and evaluation of services. An Engagement and Digital Media Officer works across teams to support engagement activities and to ensure that data collected through engagement is captured and used effectively. WNSW PHN will also be increasing the use of digital platforms to broaden community engagement across the vast distances in our region.</p> <p>These activities will include the implementation of WNSW PHN's Consumer and Community Engagement Framework to enhance the way the organisation engages with the community for the design and evaluation of services that are outcome-focused and consumer-centric.</p> <p>WNSW PHN is developing and will implement an Aboriginal Health Engagement Strategy that recognises appropriate protocols and structure of engagement for the 14 nations within our PHN area. People who identify as Aboriginal and Torres Strait Islander make up 10.5% of our population, therefore a strategic approach is needed to enhance engagement with these communities that will improve the cultural safety of primary care services in our region.</p> <p>A robust needs assessment will be conducted in 2018 to inform service planning which will include a mix of statistical data and qualitative data from stakeholder consultation sessions including Aboriginal community workshops, whole-of-community workshops and service provider workshops. A phone survey will also be utilised to ensure representation from all areas across the Western NSW region. The purpose of the needs assessment is to identify key issues and primary health care priorities for the PHN.</p>
<p>Supporting the primary health care sector</p>	<p>These activities support evidence-based decision making for health care providers through improved understanding of the health profile and needs of their region, assisting quality improvement and targeted initiatives through general practice. Improved engagement with communities including Aboriginal communities will support the primary care sector to deliver</p>

	services that meet identified needs, are person-centric and culturally safe.
Collaboration	<p>WNSW PHN collaborates with a range of stakeholders for data collection and analysis to avoid duplication and develop a detailed understanding of the health needs and services in our region including regular collaboration with the Far West LHD, Western NSW LHD (Health Intelligence Unit), Australian Hospitals and Healthcare Association, NSW Rural Doctors Network and Australian Government Agencies.</p> <p>Our approach to stakeholder engagement is informed by collaboration with our Clinical, Community and Aboriginal Health Councils as well as discussions with LHDs. Recently we have collaborated with Consumer Health Forums Australia to review and discuss models of effective community engagement.</p>
Duration	12 months
Coverage	This activity covers the WNSW PHN region
Expected Outcome	<p>WNSW PHN is able to make evidence based decisions for planning health services based on quality data. Available data is analysed using best practice methodology and presented in a format that is accessible for WNSW PHN and health care providers, community and other stakeholders in the region.</p> <p>Increased efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, driven by effective engagement with consumers and service providers.</p>

4. (a) Strategic Vision for After Hours Funding

Please outline, in no more than 500 words, an overview of the PHN's strategic vision for the period covering this Activity Work Plan that demonstrates how the PHN will achieve the After Hours key objectives of:

- increasing the efficiency and effectiveness of After Hours Primary Health Care for patients, particularly those with limited access to Health Services; and
- improving access to After Hours Primary Health Care through effective planning, coordination and support for population based After Hours Primary Health Care.

In 2018-19 and onwards, your organisation is required to:

- Implement innovative and locally-tailored solutions for after hours services, based on community need; and
- Work to address gaps in after hours service provision.

Western NSW PHN proposes the following strategic goals:

- 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 to ensure that the community is aware of all after hours services in our region.

4. (b) Planned PHN Activities

– After Hours Primary Health Care Funding 2018-19

Proposed Activities	
Activity Title / Reference (eg. AH 1)	AH 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 (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 7.2 Access – Locally relevant service information available for use by service providers
Aim of Activity	<p>The aim of the After-Hours GP Clinics and phone services is to:</p> <ul style="list-style-type: none"> • 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. <p>The aim of the After-Hours phone services is to:</p> <ul style="list-style-type: none"> • 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.
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 commission Marathon Health to 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 After Hours phone service (**operated by Marathon Health**) 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.

Target population cohort	After Hours patients who would otherwise present at ED in Dubbo & Bathurst Hospitals.
Consultation	Dubbo and Bathurst GPs, WNSW LHD.
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 2019. After Hours Phone Service – contract will be extended to 30 June 2019.
Coverage	Dubbo LGA & Bathurst LGA
Commissioning method (if relevant)	Single select procurement with Marathon Health Ltd.
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. AH 1)	AH 2 - RACF Telehealth and ISBAR support/ training
Existing, Modified, or New Activity	Existing 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
Aim of Activity	<ul style="list-style-type: none"> • Improve multi-disciplinary access to health professionals in aged care facilities and establish linkages to required services, provide care coordination and advisory services. • Enhance in-reach services to aged care recipients through education and implementation of care pathways. • Review the region’s after hours requirements and undertake a regional service mapping exercise for aged care services. • 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. • Increase the use of effective clinical handovers in aged care settings (Residential Aged Care Facilities and Multi Purpose Services) utilising ISBAR (Introduction, Situation, Background, Assessment and Recommendation) methodology.
Description of Activity	Telehealth in Residential Aged Care Facilities Program (TRAC) <ul style="list-style-type: none"> • Provision of general practitioner (GP) services to aged care residents in Broken Hill and Dubbo in management of chronic health issues, episode and event based care and other ongoing clinical service needs through a video consultation model via Healthdirect secure clinics. • Service is available after hours, weekends and public holidays.

Proposed Activities	
	<ul style="list-style-type: none"> • WNSW PHN provides GP/ RACF training, technical support, billing support (clinical service payments funded by the NSW RDN) and ongoing service liaison and delivery. <p>ISBAR – Effective Clinical Handover Education Program</p> <ul style="list-style-type: none"> • Develop and rollout a framework for effective clinical handovers in aged care settings (Residential Aged Care Facilities and Multi Purpose Services) utilising ISBAR (Introduction, Situation, Background, Assessment and Recommendation) methodology. • Training outcomes include: <ul style="list-style-type: none"> a. Key principles of effective clinical handovers b. Tools and techniques c. Barriers to effective clinical handovers and practical strategies to overcome these d. Understanding of the National Safety and Quality Health Service Standard 6 e. ISBAR tool to manage effective clinical handovers • Online Learning is provided through customised eLearning modules for all RACF and MPS clinical staff (Cert IIIs and above) in the region. • Administration, training, monitoring, reporting and evaluation by Western NSW PHN Aged Care Programs Coordinator. • Regional service mapping exercise for RACFs and MPSs to determine gaps and service needs. <p>WNSW PHN is targeting this education to RACF aged care nursing staff with an emphasis on after hours handovers as these are vital to ensure where treatment is required clinicians (who might not always be the regular GP, particularly when occurring after hours) have timely, relevant and structured information to safely manage the care of the aged care resident.</p> <p>RACF Aged Care staff are completing this training online outside of their normal working hours in a self-paced manner.</p>
Target population cohort	Residential Aged Care Facilities and Multi-Purpose Services (Western and Far West LHDs), GPs and Residents.

Proposed Activities	
Consultation	WNSW PHN Advisory Councils, General Practice Liaison Officers, Western NSW LHD, Far West LHD, NSW RDN, Healthdirect, GPs, Aged Care Channel (Altura Learning), Region-wide Residential Aged Care Facilities (RACF) and Multi-Purpose Services (MPS) Health Service Managers.
Collaboration	Western NSW LHD, Far West LHD, NSW RDN, Clinical Teams in General Practice, Allied Health Professionals, Specialists (within and outside WNSW PHN geography) and RACFs across the region.
Indigenous Specific	No
Duration	12 months, with an extension option to 30 June 2021.
Coverage	WNSW PHN region
Commissioning method (if relevant)	N/A - Managed directly by WNSW PHN
Decommissioning	N/A

Proposed Activities	
Activity Title / Reference (eg. AH 1)	AH 3 - Regional After Hours services
Existing, Modified, or New Activity	Existing 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
Aim of Activity	<ul style="list-style-type: none"> • Improved public awareness of existing after hours services in the Western NSW region. • Alignment of supply of after hours services with demand for after hours services . • Increased usage of remote GP services in applicable localities. • Reduced low acuity transfers from select RACF to ED. • Improved patient access to after hours services.
Description of Activity	<ul style="list-style-type: none"> • Implement an Electronic Health Record (EHR) solution to enable timely access to relevant clinical data and to support remote clinical service delivery - The solution should not overlap with My Health Record or other strategic eHealth initiatives. Rather, the solution should provide core medical information to clinicians and be real time, interoperable and fit for purpose. • Implement a pooled approach to resourcing for after hours services - Assess the total available health workforce in each geographic location and consider the best use of these resources for after hours services. For example, pooling staff resources where possible and feasible and looking at different models of employment. • Implement a targeted strategy for primary care workforce recruitment, retention and succession planning for the region - GP recruitment and retainment are significant issues as there are a limited number of doctors in the region who are already overworked and are not

	<p>able to do additional work after-hours. An effective recruitment, retention and succession planning strategy can alleviate these pressures. The strategy will leverage and be complementary to any existing resources and initiatives underway within the region.</p> <ul style="list-style-type: none"> • Raise awareness of existing after hours services among communities where usage is low and/or there are high volumes of low acuity ED presentations - The program should extend to both community awareness and engagement, as well provider awareness, and deploy provider-led awareness models, recognising GP as a trusted advisor and source of information for their patients. • Implement a telehealth solution to support access to health services (during sociable and non-sociable hours) - While recognising the current high-level use of telephone on its own, this model would make available a reliable, cost effective, user friendly videoconferencing platform to expand the technological capacity of the service. <p>The scope of services includes the following activities:</p> <ul style="list-style-type: none"> • Design and deliver a marketing campaign to promote existing after hours services across the region • Review and provide recommendations to optimize the operating hours of existing after hours clinics • Establish a new after hours clinic • Establish a new fast-track clinic (operating in both sociable and non-sociable hours) • Implement “integrated hospital avoidance” models of care in select Residential Aged Care Facilities (RACF) • Implement remote General Practice (GP) after hours services in select Western NSW Local Health District (LHD) locations • Expand remote GP after hours services in the Far West LHD • Integrate local GP telehealth platforms with an agreed regional platform • Develop a place-based after hours services plan for the Western NSW region • Establish a special purpose vehicle entity to deliver after hours services
Target population cohort	Areas with high emergency department category 4-5 patients, 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	Western NSW LHD, Far West LHD, RDN NSW, Bila Muuji, HealthDirect, RaRMS, GP/VMOs, Marathon Health, ODGP, LiveBetter, RDA (NSW), RFDS, NSW Ambulance, RFDS, eHealth NSW, Pharmaceutical Society
Indigenous Specific	No
Duration	12 months, with an extension option to 30 June 2021.
Coverage	WNSW PHN region
Commissioning method (if relevant)	Rural and Remote Medical Services Ltd (RaRMS) were awarded a contract in 2017/18 through an expression of interest procurement process.
Decommissioning	N/A