Australian Government
Department of Health

phn
An Australian Government Initiative

Activity Work Plan 2019-2022:

Core Funding

GP Support Funding

Western NSW PHN

When submitting this 2019-2022 Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

1. (a) Planned PHN activities for 2019-20, 2020-21 and 2021-22 – Core Flexible Funding Stream

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	**CF 1 – Chronic Disease Management and Prevention Program**
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	*Chronic Disease Management and Prevention (page 127)* (2) Improve integration of, and access to, existing chronic and complex care programs: • Improve access to chronic disease management services in areas of poorest health outcomes – Far West and North West NSW. • Support General Practice to build capacity in chronic disease management and prevention through implementation of evidence-based business models, generating income through provision of MBS rebated services to employ integrated multi-disciplinary teams. *Aboriginal Health (including chronic disease) (page 139-148)* *General Population Health - Access to services (page 122)*
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	**Chronic Disease Management and Prevention Program (CDMPP)** WNSW PHN has commissioned a service provider to deliver the CDMPP in Western NSW, working in partnership with general practice and Aboriginal medical services. The CDMPP is delivered on 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 components that are necessary to ensure general practices and patients experience more comprehensive care in the management and prevention of chronic conditions. The program model directly supports team based care and chronic disease prevention and management services in identified communities. This program increases access to services to support management and prevention of chronic disease including allied health, Aboriginal health workers and nurses in general practice. Although this program is not specific for Aboriginal people, a component of this activity caters for the needs of Aboriginal and Torres Strait Islander people in supporting the most vulnerable practices to increase access to qualified Aboriginal Health Workers (AHW) where there is a demonstrated need and where Aboriginal patients form a significant part of the practice population

	demographic. Better access to AHW resources supports general practice teams to engage Aboriginal people with chronic disease more effectively in their care. WNSW PHN will review the design and delivery model of the CDMPP program for 2019/20 to ensure that: • It is aligned to a regional chronic disease management approach; • Strategies are developed to embed sustainability in chronic disease management within practices. Further service co-design work will be undertaken during 2019/2020 to commission a replacement service for 2020/2021 to 2021/2022, based on the development of a Regional Chronic Disease Management Plan (see activity HSI8).
Target population cohort	People 15 years and over living with or at high risk of two or more chronic diseases.
Indigenous specific	No
Coverage	This activity will cover the whole WNSW PHN region focusing resources on priority areas with identified high need.
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 and AMSs regarding integrated care sites and avoiding duplication.
Collaboration	There will continue to be significant collaboration with primary health care providers, the two Local Health Districts (LHDs) and NSW RDN for the Chronic Disease activity. This collaboration will be a key component in developing a Regional Chronic Disease Management Plan (see activity CF 5).
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 Other relevant milestones will be identified in the contractual arrangements for example: • Service providers will be required to provide quarterly reports to WNSW PHN on the delivery of the program. • Monitoring will be conducted through regular contacts and meetings with service provider/s staff.
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: ☒ Not yet known (for period 2020/2021 to 2021/2022). ☒ Continuing service provider / contract extension (for period 2019/2020). ☐ Direct engagement. ☐ Open tender. ☐ Expression of Interest (EOI).

	☐ Other approach. *2a. Is this activity being co-designed?* Yes *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* No
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	**CF 3 – Access to Eye Health for Prevention and Management of Chronic Disease**
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	*Aboriginal Health (including chronic disease) (page 139-148)* *Chronic Disease Management and Prevention (page 127)* *Access to services (pages 70, 71)* • Ophthalmology and eye specialists
Aim of Activity	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.
Description of Activity	**Outback Eye Service (OES)** The 'Outback Eye Service' (OES) is an outreach eye service for patients located in regional NSW. 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. 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). The OES is co-funded with the Fred Hollows Foundation. 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: • Optometry;

	• Ophthalmology; • Eye surgery; and • Patient referrals to the Prince of Wales Hospital for complex clinical cases. Patient clinical services and case management is co-ordinated by the staff of the OES. 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.
Target population cohort	People living in Bourke, Lightening Ridge, Walgett, Brewarrina and Cobar requiring eye services, related to chronic conditions, early intervention and management.
Indigenous specific	No Although many of the consumers of the service are expected to be Aboriginal people with high rates of chronic disease.
Coverage	Bourke, Lightning Ridge, Walgett, Brewarrina and Cobar.
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 and AMSs regarding integrated care sites and avoiding duplication.
Collaboration	There will be significant collaboration with primary health care providers, the two Local Health Districts (LHDs) for this activity. The WNSW PHN will work with stakeholders on the development of a Regional Plan for Chronic Disease to strengthen alignment and integration of programs in the region (see activity HSI 8).
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 Other relevant milestones will be identified in the contractual arrangements for example: • Service providers will be required to provide quarterly reports to WNSW PHN on the delivery of the program. • Monitoring will be conducted through regular contacts and meetings with service provider/s staff.
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach. *2a. Is this activity being co-designed?* No

	2b. Is this activity this result of a previous co-design process? No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* Yes *3b. Has this activity previously been co-commissioned or joint-commissioned?* Yes
Decommissioning	No

Proposed Activities	
ACTIVITY TITLE	**CF4 - Early Intervention for Children**
Existing, Modified, or New Activity	Existing Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	*Aboriginal Health (including chronic disease*) – First 2000 Days of Life (page 141) (9) Increase access to early intervention screening (particularly occupational and speech therapy) and follow-up services for Aboriginal children by creating, or collaborating with existing, health and preschool partnerships. *General Population Health - Service Access* (page 122 and identified need - page 72) *First 2000 Days of Life* – Developmental vulnerability (identified need – page 21)
Aim of Activity	Improve access to key services (primarily speech pathology) for early intervention to improve outcomes for children diagnosed with developmental delay.
Description of Activity	Early intervention and provision of key services is critical to improve outcomes for children with developmental delay. In WNSWPHN 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 relatively high and in remote locations. WNSW PHN will fund allied health services (primarily speech pathology and occupational therapy) to pre-school and early primary 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. This activity will improve access to key services for children diagnosed with developmental delay 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 intervention; • Providing access to child speech and language development services for pre-school aged children in high need areas with no alternative services; • To ensure continuity with primary health 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.
Target population cohort	Pre-school and school aged children in the WNSW PHN region with developmental delay.
Indigenous specific	No
Coverage	Balranald, Bourke, Brewarrina, Buronga, Cobar, Coonamble, Coolah, Cowra, Dareton, Dunedoo, Enngonia, Gilgandra, Gol Gol, Gulargambone, Grenfell, Gulgong, Lightning Ridge, Mendooran, Narromine, Nyngan, Quandialla, Trangie, Walgett, Warren, Wellington and Wentworth.
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.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 No other relevant milestones.
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☒ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* No
Decommissioning	No

1. (b) Planned PHN activities for 2019-20 to 2021-22 – Core Health Systems Improvement Funding Stream – General Practice Support funding

Proposed Activities	
ACTIVITY TITLE	**HSI 1 - Workforce Support to Improve Practices and Improve the Quality of Primary Health Care**
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	*Health System Coordination (page 124)* (1) Development of strategies to improve awareness of services and referral pathways (2) Primary health care and practice support (page 125) *Workforce (page 123)* (1) Lead the development of coordinated strategy in collaboration with NSW RDN, LHDs and General Practice to meet the local recruitment and retention of the health workforce. (2) Support partnerships with relevant health organisations and stakeholders to work towards addressing General Practice, Allied Health and Pharmacy workforce shortages (3) Advocate to the Commonwealth to strengthen initiatives that support rural partnerships to recruit and retain the health workforce.
Aim of Activity	• 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	**General Practice Support and Education** 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 and Improvement Team who provide direct support to general practices and other health professionals across the region. This support includes assistance with: • 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 S*upport a*ctivities are based on *The 10 building blocks of high-performing primary health care which* identifies and describes the essential elements of primary health care to facilitate high performance (Bodenheimer T, Ghorob A, Willard-Grace R et al. The 10 building blocks of high-performing primary health care. Annals of Family Medicine 2014; 12(2):166-171.) 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. We plan to extend our CPD program to produce digital recordings relevant education sessions, thereby extending the reach of our education programs. **Primary Healthcare Workforce Strategy** WNSW PHN will continue to build on the work that has been carried out to date in developing a regional, integrated approach to primary health workforce planning. Work to date has resulted the in the development of the Western NSW Primary Health Workforce Planning Framework that was based on evidence and has been developed in partnership with over 35 regional stakeholders. The Framework has led to the development of eight high level action areas and a comprehensive Action Plan. Through a partnership with the NSW Rural Doctors Network, Western and Far West Local Health Districts and Bila Muuji Aboriginal Corporation Health Service, WNSW PHN will focus on the implementation of the activities identified in the Action Plan. The goal of this initiative is to ensure the primary healthcare workforce capability is sustainable and aligned to the changing needs of the rural communities across the WNSW PHN region and to ensure that gaps in workforce availability are minimised. This will be achieved through a coordinated and integrated long term approach.
Associated Flexible Activity/ies:	CF 1 – Chronic Disease Management and Prevention Program
Target population cohort	N/A
Indigenous specific	No but includes ACCHOs and AMS's.
Coverage	Whole of PHN area
Consultation	The Practice Support & Improvement Team meet with Practice teams to development Practice Engagement plans to work on areas of importance to the practice. Building block frameworks are revised and updated after engagement of practices. Updates are given to the PHN councils and PHN Board for further consultation and feedback.

	The Primary Health Workforce Strategy has been developed in consultation with 35 stakeholders. The work will also be undertaken in consultation from WNSW PHN Clinical, Community and Aboriginal Health Councils.
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 majority of WNSW GP practices are willing to work WNSW PHN to support General Practice Accreditation and WNSW PHN works closely with the General Practice Accreditation providers. WNSW PHN also works with the Australian 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. 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. The Primary Health Care Workforce Strategy is undertaken in collaboration with Far West NSW LHD, NSW Rural Doctor's Network, and over 35 other regional stakeholders. Key partners being the NSW Rural Doctors Network, Western and Far West Local Health Districts and Bila Muuji Aboriginal Corporation Health Service.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 No other relevant milestones
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) – activity delivered by PHN *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* Yes *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* No

Proposed Activities	
ACTIVITY TITLE	**HSI 2 - Digital Health**
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	*Digital Health (page 128)* (1) Invest in the implementation of a Regional Electronic Health Record (2) My Health Record Expansion (3) Telehealth expansion *Workforce and service access (page 124)* (5) Supporting improved videoconferencing with specialists to reduce travel for patients and consider cross-sectoral collaboration to implement in rural and remote towns (page 124)
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 health care providers with systems, training, resources and support to ensure efficient use of digital processes and systems including the My Health Record system. 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.
Associated Flexible Activity/ies:	CF 1 – Chronic Disease Management and Prevention Program
Target population cohort	General Practice/ ACCHO/ AMS clinical staff, Community Pharmacy clinical staff, Allied Health professionals and Residential Aged Care Facilities clinical staff
Indigenous specific	No - across the PHN area including Aboriginal Medical Services and other Aboriginal health support services.
Coverage	Whole of WNSW PHN Region
Consultation	Stakeholder engagement with General Practice teams, ACCHO & AMS staff, LHDs, Pharmacy, Residential Aged Care Facility staff and Allied Health Clinicians. Consumer consultation is also happening in this area. Updates on Items for discussion are on Board and Council groups of the PHN for feedback.
Collaboration	These activities are delivered in close collaboration with General Practice and other primary health care providers to ensure that the support delivered addresses the current needs. It also works with the Australian Digital Health Agency to ensure these activities support and complement the digital health agenda and the implementation of My Health Record.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):*

	Service delivery start date: July 2019 Service delivery end date: June 2021 No other relevant milestones.
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) – activity delivered by PHN *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* No
Proposed Activities	
ACTIVITY TITLE	**HSI 4 – Immunisation and Cancer Screening**
Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	*First 2000 Days of Life (page142)* (12) Support childhood immunisation strategies to address lower immunisation rates in hard to reach communities and vulnerable populations (13) Improve childhood immunisation data quality *Chronic Disease Management and Prevention (page 126)* **(2021)** Development of a primary and secondary preventative strategies: • Innovative cervical cancer and other cancer preventative screening
Aim of Activity	• 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 Heath 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	Build primary health 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: • 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 health care • WNSW PHN will collaborate and partner with the LHD to provide upskilling and education for GPs and nurses in Immunisation.

Associated Flexible Activity/ies:	
Target population cohort	All patient populations across the PHN with particular focus on Aboriginal and Torres Strait Islander populations.
Indigenous specific	No
Coverage	This activity covers the WNSW PHN region
Consultation	Stakeholder engagement with other providers and services is an important factor in increasing our Cancer screening and Immunisation numbers. This will include both Local Health Districts, NSW Cancer Institute, Cancer Council NSW and local community groups. (Aboriginal Community groups).
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 NSW Cancer Institute and Cancer Council NSW to share program promotion. • Collaborate with NSW Cancer Institute NSW to improve recording of patient screening & immunisation and sharing of data. • Collaborate with local Aboriginal community groups to enhance information and literacy of screening and immunisations
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021 *Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 No other relevant milestones.
Commissioning method and approach to market	*Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) – activity conducted by PHN *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	**HSI 5 - Cultural Safety in Primary Health Care**

Existing, Modified, or New Activity	Existing Activity
Needs Assessment Priority	*Priority Area* - Aboriginal Health (inc. Chronic Disease) & Service Access (page 53-67) *Opportunities, Priorities and Options – Aboriginal Health & Service Access* • Provide training in cultural safety for health professionals to improve cultural competence to meet the needs of Aboriginal people (page 147). • Continue to require (and support) commissioned services comply with WNSWPHN's cultural safety framework (page 145)
Aim of Activity	Cultural safety is increasingly used in organisations representing and or providing services to Aboriginal and Torres Strait Islander peoples. The purpose of WNSWPHN Cultural Safety Framework implementation activities are to drive and influence improvement in health outcomes for Aboriginal people and help prevent systemic racism and discrimination in primary health care. All activities extend on work already undertaken in developing our WNSWPHN Cultural Safety Framework. This activity aims to: • Improve the ability of WNSW PHN to commission culturally safe services • Provide high quality culturally safe, responsive and accessible primary health care for Aboriginal and Torres Strait Islander people • Raise awareness about the barriers to equitable outcomes for Aboriginal people • Strengthen partnerships with the primary health care sector • Improve capacity of General Practice and ACCHOs to provide culturally responsive health care for Aboriginal people.
Description of Activity	**Cultural Safety education training for WNSW PHN staff, stakeholders and commissioned service providers**. The content will be founded on WNSWPHN Cultural Safety Framework, provided within local context, include relevant primary health care case studies and build on Cultural Safety work already undertaken by WNSW PHN. The education program will be provided by an appropriated trained, qualified, accredited facilitator/training organisation, procured in alignment with WNSW PHN procurement policy. **Minimum standards for cultural safety in primary health care.** This activity will include research investigation of quality improvement standards for cultural safety, partnerships with key stakeholders including accreditation bodies, to ensure alignment with existing frameworks. Implementation of standards for continuous quality improvement in general practice and primary health care services, including commissioned service providers. **Continue development and implementation of an Aboriginal Health Stakeholder and Community Engagement guide** (internal use) to improve WNSW PHN processes for engagement, co-design and cultural safety in commissioned services. o The process guide will align with the WNSWPHN Cultural Safety Framework and have relevance to a WNSWPHN regional context o There will be an education training component related to Cultural engagement process guide **Development of a Reconciliation Action Plan for WNSW PHN,** upon advice from our Aboriginal Health Council **Evaluation and updates for the WNSW PHN Cultural Safety Framework** and Cultural Safety initiatives undertaken by the WNSWPHN

Associated Flexible Activity/ies:	CF 1 – Chronic Disease Management and Prevention Program CF 3 – Access to Eye Health for Prevention and Management of Chronic Disease
Target population cohort	Primary health care and other health care workforce in Western NSW, commissioned service providers.
Indigenous specific	Yes Whilst this activity targets local health services, if they are perceived as culturally safe Aboriginal and Torres Strait Islander people are more likely to access the health care and services they require. Evidence and experience tell us that healthcare works best where the patient and the clinician can share their knowledge and understanding.
Coverage	Whole of region
Consultation	Stakeholder engagement and consultation activities will include collaboration and feedback review with WNSW PHN Aboriginal, Community & Clinical Councils and revision improvement checks with alliance partnerships e.g. Western NSW Local Health District (WNSW LHD) and Far West Local Health District (FW LHD), Agency of Clinical Innovation network associations, NSW/ACT PHN Aboriginal Health and network partnerships as well as update Regional ACCHO, General practice, Primary health and community review update checks and evaluations.
Collaboration	The WNSW PHN Aboriginal Health Council will be the key collaborators for this activity. WNSW PHN will work in partnership with accreditation bodies and relevant associations for the development of minimum standards for cultural safety. There is also the opportunity to co-develop such standards with other PHNs through the ACT/NSW Aboriginal Health Network.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Cultural Safety Training for staff and stakeholders – Annual training Activity start date: 1/07/2019 Activity end date: 30/06/2021 Minimum standards for cultural safety – commencing 2019/20 and ongoing Activity start date: 1/07/2019 Activity end date: 30/06/2021 Evaluation of Cultural Safety Framework – 2020/2021 Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☒ Not yet known (Some training and cultural services) ☐ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) – Some Activities conducted by PHN *2a. Is this activity being co-designed?* Yes *2b. Is this activity this result of a previous co-design process?* Yes *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No

	3b. Has this activity previously been co-commissioned or joint-commissioned? No

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	**HSI 6 - Data for Service Planning, Monitoring and Stakeholder Engagement**
Existing, Modified, or New Activity	Existing Activity Reference 2018/19 AWP: HSI 6 - Data for Health Planning and Stakeholder Engagement
Needs Assessment Priority	***Priorities, Options and Opportunities*** This activity supports the use of quality data for service planning, which underpins multiple recommendations in the Needs Assessment (page 122 – 148). Stakeholder and community engagement are also required for new service co-design as well as and service evaluation across all priority areas. *Mental Health and Psychosocial Support* • Continue to gather quantitative data about the size and geographical locations of NPSM cohort in our region (page 133) • Explore better identification of the LGBTI population needs within WNSW PHN (page 134) *Drug and Alcohol Treatment Needs* • Develop community-based drug and alcohol programs through co-design with local communities (Page 136) *Aboriginal Health (including chronic disease)* • Co-design commissioned services with the local Aboriginal health organisations and community, to lead patient-centred, culturally safe care (page 139) • Improve quality of general practice data for Aboriginal patients to support targeting of services (page 140)
Aim of Activity	• To enable data-driven decision making for PHN commissioned service and including commissioning, planning of primary health care services and general practice support, resulting in the right services being delivered where they are needed the most. • Data to drive quality improvement in primary health care services and support robust evaluation of programs. • Service planning, design and evaluation that is informed by effective engagement with key stakeholders including health care providers, community and consumers.
Description of Activity	***Data and Performance*** Activities include the collection, management, analysis and presentation of data in a usable format to 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, commissioned service data, population health data, demographics, workforce, stakeholder and service mapping. Data quality audit and improvement activities will be conducted to support WNSW PHN evaluate and report on outcomes. Development of data reports and dashboards to assist the monitoring and measuring the performance and effectiveness of the commissioned services. Establishment of data storage and analytics platform to enable the data collection, storage and reporting of primary health care services in the region. WNSW PHN will continue its data-driven quality improvement program with general practice and AMSs expanding its General Practice Data Information

	Platform, utilising PEN extracted data. This will involve working with general practice on new improvement measures, useful reporting and preparing the platform for use with QI PIP. ***Stakeholder and Community Engagement*** WNSW PHN will continue engagement activities focusing on primary health care providers, consumers and stakeholders 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 information collected through engagement is captured and used effectively. WNSW PHN will be developing new platforms through which to engage with a broader range of health consumers and community members across the vast distances in our region. 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 health care services in our region. These activities will be primarily delivered by WNSW PHN staff, with support from specialist consultants and software providers as needed. WNSW PHN will continue to work closely with Local Health Districts and the Health Intelligence Unit and other stakeholders to avoid duplication in data collection and consultation wherever possible.
Associated Flexible Activity/ies:	CF 1 – Chronic Disease Management and Prevention Program CF 5 – Regional Chronic Disease Management Planning
Target population cohort	Whole of region. Community and consumers, primary health care providers and stakeholders in Western NSW.
Indigenous specific	No This activity covers the whole population of WNSW PHN, of which 10.5% identify as Aboriginal and Torres Strait Islander. There are components of this activity that target Aboriginal and Torres Strait Islander people including: • Aboriginal Stakeholder and Community consultation for service design, ongoing validation of health needs and evaluation of services. • Data collection and analysis focusing on Aboriginal health priorities and outcomes. • Engagement with Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services for data-driven quality improvement initiatives.
Coverage	Whole of region
Consultation	The WNSW PHN completed a detailed region-wide needs assessment in 2018 which included consultation workshops with community, service providers and Aboriginal community and stakeholders. These workshops were supported by further consultation through a phone and online survey. This process highlighted areas for further investigation as well as scope for further targeted consultation to inform services.
Collaboration	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, NSW Rural Doctors Network, NSW Ministry of Health, Australian Hospitals and Healthcare Association and Australian Government Agencies.

	Our approach to stakeholder engagement is informed by advice from our Clinical, Community and Aboriginal Health Councils as well as discussions with LHDs. WNSW PHN will work closely with Consumer Health Forums Australia to develop new models for community engagement.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☐ Continuing service provider / contract extension ☐ Direct engagement. ☐ Open tender ☐ Expression of Interest (EOI) ☒ Other approach (please provide details) - The PHN will deliver the majority of this activity internally. Some consultants may be engaged for support in line with our procurement process. *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* No *3b. Has this activity previously been co-commissioned or joint-commissioned?* Yes Aspects of the 2018 Health Needs Assessment previously conducted under this activity was co-commissioned with the Local Health Districts. In particular, a community health phone survey of over 3,000 people.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	**HSI 7 – The Diabetes Remission Clinical Trial (DiRECT) Study Replication**
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	*Chronic Disease Management and Prevention* (1) Development of a primary and secondary preventative strategies for chronic disease including diabetes (page 126) *Aboriginal Health (including chronic disease) (identified need – 64, 83; options page 139-148)* • There is a high incidence of diabetes diagnoses and hospitalisation across our geographical footprint; • Diabetes is a large proportion of Aboriginal chronic illness. • Diabetes is an important concern for Aboriginal people in the community. • Low NDSS registration compared to national levels for Aboriginal people.

	• Chronic disease health literacy and patient self-care.
Aim of Activity	Some people with Type 2 diabetes can become non-diabetic again, at least for a period. This is called a remission of diabetes. A remission of diabetes allows the patient to stop taking anti-diabetic drugs. If diabetes remission is long term this would prevent or delay the long-term damage which diabetes causes in different body-organs. A new treatment programme that helps to produce remissions in type 2 diabetes could be advantageous for people with diabetes, and also save treatment costs. For people who achieve a long-term remission, the effect upon their future health and wellbeing could be very significant. • To replicate and scale the intervention arm of the DiRECT study in the NSW primary health care setting in partnership with other NSW and ACT PHNs and Diabetes NSW & ACT with general practices and patients from each participating PHN with a goal of 500 patients. • To provide evidence in the Australian context of the impact of DiRECT to inform funding bodies and other interested parties. • To establish this approach as standard care in Australian primary health care if successful.
Description of Activity	DiRECT is a research study investigating whether offering an intensive programme for weight loss and weight loss maintenance would be advantageous for people with Type 2 diabetes. WNSW PHN will commission Diabetes NSW & ACT and partner with other participating PHNs in the DiRECT replication study. WNSW PHN will identify and engage with General Practices and support the recruitment of patients to be enrolled in the DiRECT replication 12-month study executed over two years.
Target population cohort	Individuals aged 20 – 65 years who had been diagnosed with type 2 diabetes within the past 6 years, had a body-mass index of 27 – 45 kg/m2, and not receiving insulin.
Indigenous specific	No
Coverage	Five or more General Practices (including AMSs and ACCHOs) from within WNSW PHN region.
Consultation	Consultation with General Practices, ACHHOs/AMSs, WNSW PHN Community, Clinical and Aboriginal Advisory Councils.
Collaboration	There will be significant collaboration with the partner organisations involved in the DiRECT replication study; including General Practices (including AMSs and ACCHOs), Diabetes NSW & ACT and other participating PHNs.
Activity milestone details/ Duration	*Anticipated activity start and completion dates **(including** the planning and procurement cycle):* Activity start date: 1/07/2019 Activity end date: 30/06/2021

	*Anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle):* Service delivery start date: July 2019 Service delivery end date: June 2021 Project Milestones will be developed in consultation with Diabetes NSW & ACT.
Commissioning method and approach to market	*1. Please identify your intended procurement approach for commissioning services under this activity:* ☐ Not yet known ☐ Continuing service provider / contract extension ☒ Direct engagement. Direct engagement of Diabetes NSW & ACT is justified by the following: • They have offered to be the lead for this collaborative PHN project. • They are the Peak Body for people with diabetes • They are currently the largest contracted provider for the National Diabetes Service Scheme (NDSS) services • Has significant experience and in-depth knowledge of the DiRECT study. ☐ Open tender ☐ Expression of Interest (EOI) ☐ Other approach (please provide details) *2a. Is this activity being co-designed?* No *2b. Is this activity this result of a previous co-design process?* No *3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?* Yes - Will be commissioned in partnership with a number of other PHNs. 3b. Has this activity previously been co-commissioned or joint-commissioned? No