



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

The Activity Work Plan template has the following parts:

1. The updated Core Funding Annual Plan 2016-2018 which will provide:
 - a) The updated strategic vision of each PHN.
 - b) An updated description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
 - c) An updated description of planned activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.
 - d) A description of planned activities which are no longer planned for implementation under the Schedule – Primary Health Networks Core Funding.
2. The indicative Core Operational and Flexible Funding Streams Budget for 2016-2018 (attach an excel spreadsheet using template provided).
3. The updated After Hours Primary Care Funding Annual Plan 2016-2017 which will provide:
 - a) The updated strategic vision of each PHN for achieving the After Hours key objectives.
 - b) An updated description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.
 - c) A description of planned activities which no longer planned for implementation under the Schedule – Primary Health Networks After Hours Primary Care Funding.
4. The updated indicative Budget for After Hours Primary Care funding stream for 2016-2017 (attach an excel spreadsheet using template provided).

COUNTRY WA PHN

When submitting this Updated Activity Work Plan 2016-2018 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 <name of Grant Officer> via email <email address> on or before 17 February 2017

Overview

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

1. (a) Strategic Vision

Country WA PHN Strategic Vision

WA Primary Health Alliance (WAPHA) exists to facilitate a better health system for all Western Australians, achieving improved outcomes for patients and delivering better value to our community. WAPHA takes a whole of system approach that puts people and communities first.

The primary health care system in WA is fragmented and lacks strong, integrated general practitioner (GP) led care at its core. Through collaboration with the three WA PHNs, WAPHA is committed to addressing the many access barriers that exist for people trying to navigate the current system – particularly those at risk of poor health outcomes.

These barriers contribute to more than 62,000 Western Australians presenting at hospital emergency departments each year, when care would be best managed through a co-ordinated and responsive primary health care system. WAPHA is committed to enabling patients to stay well in the community.

In the 24 months of this Activity Work Plan, the Country WA PHN intends to demonstrate improvement in equity, efficiency and effectiveness of primary health care services and in better enabling patients to stay well in the community. The founding principles of this plan include:

- Transitioning from a programmatic based approach to supporting Comprehensive Primary Care where General Practitioners lead and are central to the care team/model which is underpinned by the 10 building blocks of high performing primary care and the Quadruple aim;
- Helping people to understand and manage their own health by supporting them as partners in our health system;
- Reducing fragmented care by supporting the provision of person-centred coordinated care for vulnerable and disadvantaged people in rural and remote locations. Models of care will aim to facilitate integrated community and acute care within the regional health system, facilitate patient self-management and improve the patient's navigation of the health system;
- A place based health approach to commissioning whereby local activities are implemented to engage the community, social and health care providers, local government and other key stakeholders to knit together services to more effectively meet the needs of local citizens and work towards a shared agenda;
- Building sustainable primary care workforce capacity that is tailored to the priority areas identified through the PHN Needs Assessment;
- Co-designing and commissioning activities to promote local innovation from within primary care; and
- Prioritising evidence-base, local relevance and evaluation.

Our commissioning effort and resources are focussed on a small number of high impact activities that can demonstrate our success in facilitating changes to the health system. These changes will lead to improved health outcomes, deliver better value to the community and meet one or more of the following five priority areas, identified through the Needs Assessments:

- Keeping people well in the community;

- People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs;
- Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage;
- System navigation and integration to help people get the right services at the right time and in the right place; and
- Capable workforce tailored to these priorities.

It is essential for WAPHA to build sustainable relationships across the health and social care systems to effectively address the barriers impacting on the health care outcomes of people in metropolitan, regional, rural and remote Western Australia. The Country PHN will work collaboratively with key stakeholders within the seven regions to design, develop and commission models of service delivery that reinforce the strategic vision. WAHA and the PHN will be responsive to the diversity of our communities.

Central to this are the Regional Clinical Commissioning Committees, chaired by local GPs and with memberships comprised of interdisciplinary health care clinicians who are well informed of local health care needs. Sustained engagement of clinicians and the community in the commissioning of services will assist in identifying, and subsequently meeting, priority needs at a regional level for the WA community.

Based on the services gaps and the priorities identified in the WA Primary Health Network Needs Assessments, and guided by local and Commonwealth strategic priorities, the PHN will plan and commission for quality, cost effective and integrated services that are sustainable, evidence based and outcomes focused. This will require:

- Establishment of a sustainable commissioning capability;
- Increasing the system's capacity to support patients through non-hospital primary health care pathways;
- Collaboration and establishment of a shared sense of purpose with those within the 'authorising environment';
- Building an organisational culture that supports innovation, good governance and sustainability; and
- Using commissioning levers and enablers (including digital health, data and workforce) to maximise integration and create efficiencies that improve effectiveness in clinical services delivery.

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

Proposed Activities	
Activity Title / Reference	NP 1: Transition to Integrated Care Coordination
Existing, Modified, or New Activity	Completed by 30 June 2017. See 16/17 AWP Activities NP 1.1 – NP.1.7

Proposed Activities	
Activity Title / Reference	<p>NP 2: Country WA Chronic Conditions Program includes:</p> <p>NP 2.1 Integrated Care Coordination</p> <p>NP 2.2 Comprehensive Primary Care</p> <p>NP 2.3 Kimberley Sexual Assault Service</p> <p>NP 2.4 ITC Enhancement (Described in ITC AWP – Funded through Flexible Funding stream)</p> <p>NP2.5 Enablers for service and patient level integration</p> <p>Note: NP 2.1 is a consolidation of Activities NP 2.1.1– 2.1.7 Integrated Care Coordination, in the 2016-18 Core Funding and After Hours Funding Activity Work Plan.</p> <p>NP 2.2 is a consolidation of Activities NP 2.2.1 – 2.2.7 (7 x Regions) Comprehensive Primary Care Practice Transformation Program, in the 2016-18 Core Funding and After Hours Funding Activity Work Plan.</p>
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. (Strategy 1,3,4 - pages 45 to 46)</p> <ul style="list-style-type: none"> Strategies for integrated regional chronic care management.

	<ul style="list-style-type: none"> • Strategies to ensure chronic condition self-management principles are included in commissioning activities. • Strategic partnerships and service agreements to achieve targeted co-commissioning and integrated delivery plans.
Description of Activity	<p>NP 2.1 Integrated Care Coordination</p> <p>Country WA PHN Population Needs Assessment 2016-17 (Section 2 Needs Assessment)</p> <ul style="list-style-type: none"> • For 2009-2013, Country WA PHN had the lowest overall median age of death (75.1 years) compared to WA (79.2 years) • This was especially evident in the Kimberley where the median age of death was 57.8 years and in the Pilbara 54.3 years. • Chronic disease is the leading cause of premature death. • Chronic disease contributes significantly to the differences in life expectancy between Aboriginal and non-Aboriginal Australians. • In 2013-14 there were 16,599 separations for potentially preventable hospitalisations (PPH) accounting for 57,633 bed days in Country WA PHN Hospitals. • Nearly half of all PPHs (7,091) were for chronic conditions which accounted for 26,680 bed days (46%). • The age standardised rate for chronic PPHs was higher for Country WA PHN (1,323 per 100,000 persons) than Perth North and Perth South PHN. • In Country WA PHN the most chronic potentially preventable hospitalisations are due to heart failure and diabetes complications. <p>Country WA PHN Service Issues: (Section 3 Needs Assessment)</p> <ul style="list-style-type: none"> • Chronic disease in Country WA PHN has been addressed mostly through the provision of un-coordinated allied health services. • Most service provision has focussed on population centres in the regions with outreach occurring with variable frequency and coverage. • Current funding and services do not reach those in the most disadvantaged areas.

	<p>Country WA PHN Service Response: (Section 4 Needs Assessment)</p> <ul style="list-style-type: none"> • The service response aims to achieve the following: <ul style="list-style-type: none"> ○ Self-management ○ Coordinated person-centre care ○ Sustained engagement with GPs and other primary health care providers; and ○ Workforce, building capacity. • Chronic Disease Working Groups in each region have adopted an Integrated Chronic Disease Management model. • The model is regionally tailored and consists of: <ul style="list-style-type: none"> ○ Multidisciplinary teams providing clinical and self-management support for vulnerable and disadvantaged persons with chronic diseases with priority being cardiology; diabetes and respiratory diseases. ○ Care coordinator/s supporting the team to ensure the person is followed through the services to receive the best wrapped around care and is linked successfully with general practice or appropriate health professional. ○ The provision of culturally appropriate support and information to enable patients to work towards self-management of their condition. ○ The use of evidence based self-management apps and other digital health technology in a patient's care plan to monitor their health and wellbeing. The Model will also include group based self-management interventions. ○ The use of Telehealth to enable greater access to services, enhancing face to face service provision. • Outcomes for this activity will be measured through regional evaluations and through the collection of data about patients' experience of care through Patient Opinion Australia licences.
Target population cohort	People with chronic conditions in areas where the social determinants, prevalence of risk factors and disease and poor access to and utilisation of services indicate that people are most vulnerable and disadvantaged.
Consultation	<p>Discussions to inform model/services and locations of services were held with the Chronic Disease Working Groups of the RCCCs, WACHS and Rural Health West.</p> <p>Planning of services was also done in consultation with specialists, Primary Care Nurse Practitioners, GPs, Integrated Team Care service providers, Telehealth services and other primary health care</p>

	<p>providers.</p> <p>Decisions regarding commissioned services were endorsed at Regional Clinical Commissioning Committees and PHN Council.</p>
Collaboration	<p>Within this activity, Country WA PHN works collaboratively with key stakeholders including but not limited to service providers, Commonwealth Department of Health, WA Health including WA County Health Services, Aboriginal health policy and planning organisations, WA Mental Health Commission, WANADA, GP professional bodies and colleges, workforce development and education organisations, patients their families and carers.</p> <p>Partnerships (supported by MOUs where appropriate) support the integration of services between local General Practitioners, local primary non-government health service providers and WACHS</p>
Indigenous Specific	No
Duration	<p>Country WA PHN: Wheatbelt, Midwest, Goldfields</p> <p>Activity Start and Completion: 1 April 2017 to 30 June 2018</p> <ul style="list-style-type: none"> • Milestones <ul style="list-style-type: none"> ○ Oct 2016: RCCC endorsement and Council endorsement ○ Dec 2017: EOI publication ○ Feb 2017: Selection of Provider ○ April 2017: Service Commencement ○ July 2017: Annual Report 2016/17 (incorporates Country WA PHN three-month report.) ○ Sept 2017 Country WA PHN Contract Visit ○ Jan 2018: Six Month Progress Report ○ July 2018: Annual Report 2017/2018 <p>Country WA PHN: Kimberley, Pilbara, Great Southern, South West</p> <p>Activity Start and Completion: 1 July 2017 to 30 June 2018</p> <ul style="list-style-type: none"> • Milestones <ul style="list-style-type: none"> ○ Feb 2016: RCCC endorsement and Council endorsement ○ Mar 2017: EOI publication

	<ul style="list-style-type: none"> ○ May 2017: Selection of Provider ○ July 2017: Service Commencement ○ Sept 2017 Country WA PHN Contract Visit ○ Jan 2018: Six Month Progress Report ○ July 2018: Annual Report 2017/2018
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method	<p>In each of the seven Regions a Chronic Health Working group has advised the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage.</p> <p>All RCCC recommendations were submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board.</p> <p>The commissioning process involves service procurement.</p>
Approach to market	A combination of Expressions of Interests and Direct Engagement has been used.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$8,089,304
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding (Incl. 2.1, 2.5)	\$11,300,001
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 2:2: Country WA PHN Comprehensive Primary Care (CPC)
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping People well in the community. (Strategy 1: Strategies to keep people connected to primary health care p 45))</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. (Strategies 2: Strategies to develop integrated care pathways in partnership with WA Department of Health, WACHS, GPs and other clinicians and Strategy 3: Strategies to ensure chronic conditions self-management principles are included in commissioning activities. P 46)</p> <p>Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. (Strategy 4: To improve access to primary health care. P 47)</p> <p>Priority 4: System navigation and integration to help people get the right services, at the right time and in the right place. (Strategy 2: Partnerships with GPs, WA Department of Health and WACHS to increase GPs use of agreed referral pathways and processes, navigate the system and provide effective and timely management and referral. P 47)</p> <p>Priority 5: Capable workforce tailored to these priorities. (Strategy 1: Strategies to increase the capacity of GPs to implement care management plans. P48)</p>
Description of Activity	<p>Country WA PHN Population Needs Assessment 2016-17 – as per 2:1</p> <p>Country WA PHN Service Needs/Issues</p> <ul style="list-style-type: none"> • A growing body of evidence and international experience supports the potential of the Comprehensive Primary Care (CPC) approach¹ to deliver efficiencies and improvements in experience and health outcomes for patients with multiple morbidities.

¹ aligned with the Health Care Home or Patient Centred Medical Home

Country WA PHN Service Response:

- The PHN is laying the foundations in general practice for better health outcomes for patients, through the Comprehensive Primary Care (CPC) approach.
- CPC is a systemic approach in general practice that is led by GPs and supported by a combined health care team. It is designed around the 10 Building Blocks of High Performing Care and centres around a tailored 'CPC menu' of support, resources development and training opportunities for the practice.
- CPC plays a pivotal role in addressing the priorities identified in the Needs Assessment by improving the health of local communities; enhancing the patient experience; reducing health care costs and supporting health professionals.
- CPC will bring together the whole health system including specialty care, hospitals, home health care, community services and public health care to look after physical and mental health needs of patients.
- The PHN supports CPC Partnership Practices by working with the GP and their practice team to build their capacity and capability to:
 - Enhance existing and/or introduce new models of care that are patient centred, comprehensive, quality driven, coordinated and accessible;
 - Implement proactive and systematic processes for patients with multiple, long term conditions, that enhance the quality of care for patients and result in better health outcomes;
 - Position the practice in readiness for the next stage of the roll out of the Commonwealth's Health Care Home program;
 - Be sustainable and adaptive in the emerging primary health care environment;
 - Develop practice team members to work to the top of their scope;
 - Continuously improve business and clinical systems and processes to optimise the performance of the practice;
 - Promote leadership and change management;
 - Promote technology based solutions including My Health Record, HealthPathways and Secure Shared Messaging; and
 - Collect, collate and report on clinical data and to use clinical data for quality improvement purposes.

	<ul style="list-style-type: none"> As part of this activity Country WA PHN will also be working with non-CPC practices to build their capacity and capability in readiness for future stages of the HCH. PHN will support all practices in readiness for Health Care Home through the purchase of HealthPathways and PenCS Licences.
Target population cohort	<p>People with chronic conditions in areas where the social determinants, prevalence of risk factors and disease and poor access to and utilisation of services indicate that people are most vulnerable and disadvantaged</p> <p>The CPC program will work with GPs, Practice Nurses, Practice Managers and the broader practice team to build their capacity and readiness for the next stage of the roll out of the Health Care Homes within the framework of the parameters for high-performing primary care approach.</p> <p>Patients with multiple chronic long term conditions who would benefit from coordinated, integrated team-care will be a priority target for this program.</p> <p>As part of CPC, it is anticipated approximately 200 patients across the PHN will be 'enrolled' to participate in CareFirst. CareFirst is a support program developed for people who have been diagnosed with type 2 diabetes, cardiovascular disease, osteoarthritis, chronic heart failure or chronic obstructive pulmonary disorder. CareFirst provides health coaching and extensive support to help patients develop the skills to manage their condition successfully and improve their quality of life.</p> <p>Of the 161 general practices across the PHN we expect that approximately:</p> <ul style="list-style-type: none"> 20 - 25 selected practices will be actively engaged in CPC and HCH capacity and capability building; 50 practices will work with the PHN in a less intensive, but collaborative manner in various capacity building activities in readiness for future stages of the HCH.; and 86 practices will require targeted information and updates and the opportunity to participate in capacity and capability building activities aligned with HCH Stage 1 implementation.
Consultation	<p>The development of the CPC approach was informed from a Naïve Inquiry, conducted by WAPHA. The Naïve Inquiry was an exploratory study that sought General Practices' views and perception of the Patient Centred Medical Home (PCMH) and its appropriateness in WA. The Inquiry also allowed WAPHA to understand how practices currently manage their chronic and complex patients and what they see as the optimal model of care. The study consisted of two stages:</p>

	<ul style="list-style-type: none"> • Stage 1 Innovation Hub – brought together GPs to discuss the development and implementation of the PCMH model and informed the development of the Naïve Inquiry and the framework for the PHN’s CPC model. • Stage 2 – Semi-structured interviews with a range of practice staff across 10 WA based general practices conducted by GP interviewers. <p>Consultation across both stages involved GPs, GP Registrars, Practice Mangers, Practice Nurses, receptions and representatives from Royal Australian College of General Practitioners (RACGP) WA and GP Education and Training (WAGPET).</p> <p>Ongoing engagement will be via GP Forums and face to face practice visits.</p>
Collaboration	<p>In addition to the CPC Partnership Practices the PHN is working with several key stakeholders including:</p> <ul style="list-style-type: none"> • Royal Australian College of General Practitioners (RACGP) – played a key role in the Innovation Hub and continues to inform the CPC model. • WA GP Education and Training (WAGPET) – played a lead role in the Naïve Inquiry and identified the GPs and practice staff to take part in the inquiry. WAGPET also continues to inform the CPC model. • General Practitioners – played a key role in the: <ul style="list-style-type: none"> ○ Innovation Hub and Naïve Inquiry. ○ Meetings with general practitioners at their practices also formed part of an action learning process with key learnings being used to inform the CPC approach. ○ CPC Orientation Workshop – Attended by over 45 GPs and co-facilitated with Western Sydney PHN. • PHN’s Regional Clinical Commissioning Committees – informed about and contributed to CPC model. • PHN Council – informed about and contributed to CPC model. • Private Health Insurers including Medibank Private and HBF – working collaboratively on the CareFirst health coaching program. <p>WACHS, Rural Health West, Aboriginal Planning Forums, general practitioners in Country WA, other WA PHNs; and patients, family and carers have contributed to the development of the CPC model.</p>

	A CPC Working Group involving WAPHA, WACHS, RHW and AHCWA will also inform the development of this activity.
Indigenous Specific	No
Duration	<p>Activity Duration September 2016 – June 2018.</p> <p>Key Milestones:</p> <ul style="list-style-type: none"> • Sep – Dec 2016 – Key planning phase • Oct – Dec 2016 - EOIs submitted by general practice. • Jan 2017 – March 2017 Practice visits undertaken to discuss involvement in CPC • Jan 2017 - March 2017 –CPC Partnership Practices engaged through a formal Partnership Agreement • March 2017 – June 2018 – Service delivery, monitoring and evaluation. <p>Country WA PHN will be working on an ongoing basis with non-CPC practices across the PHN to build their capacity and capability in readiness for future stages of HCH on an ongoing basis.</p>
Coverage	<p>Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.</p> <p>The PHN plans to engage at least 10% of their general practice population as CPC Partnership Practices. This will result in at least 16 general practices taking part in CPC across the Country WA PHN.</p> <p>As of 1 February 2017, 27 practices have expressed interest in participating in CPC.</p>
Commissioning method (if relevant)	<p>In each of the seven Regions a Chronic Health Working group has advised the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage.</p> <p>All RCCC recommendations were submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board.</p> <p>The commissioning process involves service procurement.</p> <p>While this activity does not involve direct funding to GPs, commissioning of capacity building initiatives such as training and development and the CareFirst activity will occur.</p>

Approach to market	<p>General Practitioners have been invited to participate in the program and can select from a list of services that will be provided by Country WA PHN to assist them to implement CPC.</p> <p>The following procurement approaches may be used to commission CPC activities.</p> <ul style="list-style-type: none"> • EO • Direct engagement/single provider • Request for proposal • Request for tender • Third party contractors
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding (\$500,000 Carry forward from AH 15/16 as per IN1.2 activity)	
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding (\$3,441,917 Carry forward from AH 15/16 as per IN1.2 activity)	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 2.3: Kimberley Mental Health: Sexual Assault Counselling Service
Existing, Modified, or New Activity	Existing activity (previously 2.1.3)
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Keeping people well in the community (Section 4 Needs Assessment p 45)
Description of Activity	<p>This service provided by Anglicare, is located in Broome and serves the Kimberley Region. The aim of the service is to:</p> <ul style="list-style-type: none"> • Reduce the harmful effects of sexual violence for individuals, families and the community; • Help break the taboo by providing community education; and • Reduce the likelihood of sexual abuse for vulnerable children through the provision of protective behaviours.
Target population cohort	People experiencing harmful effects of sexual assault with a focus on Aboriginal women and people who have experienced sexual violence in their past.
Consultation	Established service which grew out of community identified need.
Collaboration	Has long standing support of Aboriginal and other relevant health planning groups throughout the Kimberley.
Indigenous Specific	Funding not Aboriginal specific but predominantly supports Aboriginal people throughout the Kimberley.
Duration	The contract for the service will be extended until 30 June 2018.
Coverage	<ul style="list-style-type: none"> • Broome, Kununurra, Derby and Wyndham - weekly to fortnightly visits and as the situation requires; • Halls Creek, Warmun, Fitzroy Crossing and Dampier Peninsula – monthly visits; and • Kalumburu and Balgo only when there is a crisis.

Commissioning method (if relevant)	In the RCCC's consideration this service has seen to be a priority over time.
Approach to market	Direct Negotiation
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$360,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding (INCL. in 2.1)	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 2.4: ITC Enhancement
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Indigenous Health
Needs Assessment Priority Area	Services designed to meet the health needs of vulnerable and disadvantaged people including those of Aboriginal heritage. (Section 4 Needs Assessment p 46)
Description of Activity	See ITC Enhancement – Updated Activity Work Plan 2016-2018: Integrated Team Care Funding
Target population cohort	Aboriginal people
Consultation	
Collaboration	
Indigenous Specific	YES
Duration	
Coverage	Country WA PHN Regions: Pilbara, South West, Goldfields, Wheatbelt
Commissioning method (if relevant)	
Approach to market	Offered to new ITC providers
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$220,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	

Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding (INCL. in 2.1)	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 2.5: Enablers for service and patient level integration
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Other: System Integration
Needs Assessment Priority Area	<p>Priority 1: Keeping People well in the community. (Strategy 1: Strategies to keep people connected to primary health care p 45))</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. (Strategies 2: Strategies to develop integrated care pathways in partnership with WA Department of Health, WACHS, GPs and other clinicians and Strategy 3: Strategies to ensure chronic conditions self-management principles are included in commissioning activities. P 46)</p> <p>Priority 4: System navigation and integration to help people get the right services, at the right time and in the right place. (Strategy 2: Partnerships with GPs, WA Department of Health and WACHS to increase GPs use of agreed referral pathways and processes, navigate the system and provide effective and timely management and referral. P 47)</p> <p>Priority 5: Capable workforce tailored to these priorities. (Strategy 1: Strategies to increase the capacity of GPs to implement care management plans. P48)</p>
Description of Activity	<p>This activity provides enablers for service and patient level integration. These enablers facilitate integrated, holistic services to reduce the impact of chronic disease. The current health system provides healthcare in fragments which are often hard to access and coordinate. Primary health care is currently seen as part of the problem but is also part of the solution.</p> <p>HealthPathways License HealthPathways is an online system for General Practitioners (GPs) and primary health clinicians, accessed through an online portal. HealthPathways has been designed to be used at the point of care. It provides GPs and primary health clinicians with additional clinical information to support their assessment, treatment and management of individual patient's medical conditions, including referral processes to local specialists and services.</p>

HealthPathways is central to the support that the PHN can provide to GPs and primary health clinicians. WAPHA administers HealthPathways in Western Australia and this staffing cost is funded through operational activity. The PHNs' Primary Health Liaison Officers promote HealthPathways, and support GPs to implement and use the system in their practices to ensure people in Western Australia receive the right care, in the right place at the right time.

WAPHA works collaboratively with the State Government's Department of Health and the Area Health Services to set HealthPathways priorities and direction. Clinical pathways are selected for inclusion by a formal process based on the areas of greatest need.

Patient Opinion License

The PHN will be supporting use of Patient Opinion^{[1](#)} to promote the vital role of consumer feedback in service improvement. Through a license agreement with Patient Opinion the PHN aims to encourage service and patient use of the site to inform continuous quality improvement of WAPHA commissioned services. The PHN is prioritising use of the site in areas where the WACHS has already adopted and is using the site to seek feedback on their services. This approach seeks to assist in joining up the different areas of the health system, supporting a consistent approach to patient feedback across the whole patient journey.

My Community Directory License

MyCommunityDirectory is a directory of community services, accessibly online and available to download as a printable portable document format (pdf). This sophisticated platform meets the identified needs of both community and service providers. For community, the online directory is free to access and can be searched by location, empowering people to stay well in their community and access local services where possible. For service providers the directory supports place-based collaboration and tools in the platform support the co-ordination and navigation of place-based care for consumers. By entering a partnership agreement with MyCommunityDirectory, WAPHA and the WA PHNs will also benefit from the service mapping and search data generated from the directory. This will support service planning and contribute to the assessment of community needs.

Primary Health Exchange License

Primary Health Exchange is a website to support engagement with community and wider stakeholders in PHN activities. The PHNs will continue to use the site to maintain open and

	<p>transparent communication with communities around commissioning activities, including consultation to inform needs assessment and to outline anticipated timeframes. The site will continue to be used as a central hub for information and as a key communication tool between PHN committees and service providers, with communities of practice continuing to be established to encourage learning and communication across providers. Data and analysis tools within the administration side of the site will continue to be used to monitor and evaluate levels, and the nature, of engagement from stakeholders and contribute to the evaluation of associated face to face engagement activities such as workshops and focus groups.</p> <p>CAT Plus Suite CAT Plus is a combination of market-leading technologies that directly targets three primary care layers to improve patient health outcomes; the Patient (Topbar), the Practice (CAT4) and the Population (PAT). The CAT Plus solution provides decision support to health providers at the point of engagement, extracts general practice data for practice analysis and aggregates general practice data for service planning, reporting and population health needs. It is a complete solution designed around a patient centred care model.</p> <p>Curtin University Curtin University collects, manages and analyses health data to support evidence-based decision making and the effective evaluation of performance in regard to various commissioned activities.</p>
Target population cohort	Service providers and service users; General Practice; Community members/health consumers
Consultation	Consultation with general practice has indicated a willingness to utilise tools to enhance their practice however license costs prohibit strong uptake. Service providers are required to provide information on patient experience as part of their contracted outcomes and the provision of tools to enable this supports alignment of effort. Initial consultation with community and consumers over 2016 demonstrated a wiliness to be involved in the identification of needs and development of services and providing online tools supports their involvement.
Collaboration	Service providers, community and consumer groups, peak agencies and relevant vendors.
Indigenous Specific	No
Duration	Until June 2018

Coverage	Country WA PHN
Commissioning method (if relevant)	NA
Approach to market	Direct approach.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding (INCL. in 2.1)	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 3: Country Wide Chronic Disease Education for Self-Management
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping People well in the community. (1: Strategies to keep people connected to primary health care. 3: Strategies to improve self-management p.45)</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. (3: Strategies to ensure chronic conditions self-management principles are included in commissioning activities. P 46)</p> <p>Priority 4: System navigation and integration to help people get the right services, at the right time and in the right place. (1: Strategies which incorporate service integration, consortia approaches, person centred support and system navigation. 4: Digital solutions to improve system navigation and service integration p.47)</p> <p>Priority 5: Capable workforce tailored to these priorities. (4: Strategies to address workforce capacities in remote and underserved areas. P.48)</p>
Description of Activity	<p>Country WA PHN Population Needs Assessment 2016-17</p> <ul style="list-style-type: none"> • In Country WA PHN the most potentially preventable hospitalisations are diabetes and heart failure complications. • For 2011-13 the prevalence of asthma and arthritis were estimated to be higher for people from Country WA PHN than those from WA. • Conditions such as diabetes disproportionately affects Aboriginal people more than their non-Aboriginal counterparts. Aboriginal males and females have a six-time higher death rate for diabetes than non-Aboriginal people (<i>AIHW Australian Health in 2010- In Brief</i>) <p>Country WA PHN Service Needs/Issues</p> <ul style="list-style-type: none"> • There is a need for the development of self-management strategies to increase people's ability to take responsibility for managing their health.

- The lack of these support strategies is a contributing factor to incidences of and the continuation of chronic conditions.
- Resources tend to be in regional centres making it difficult for people to access services where they live outside centres.
- There is a reliance on visiting services to support people with more complex conditions. These services are uncoordinated and there is a need to develop a more sustained platform for the provision of care supported by telehealth services.

Country WA PHN Service Response:

The service response aims to achieve the following:

- Self-management
- Co-ordinated person centred care
- Sustained engagement with GPs and primary health care providers, and
- Workforce, building capacity.

Telehealth Services will:

- Link people living with Asthma/COPD and Diabetes with a suite of telehealth services which will support them to develop self-management strategies to avert acute episodes, manage their condition and adopt lifestyle strategies to prevent the exacerbation of symptoms or new symptoms.
- Provide tirage, assessment, one to one and group telehealth support linking with local services where these exist.
- Communicate and link people back to their Primary Care provider.
- Assist GPs to manage patients with chronic conditions when allied health/education services are not available locally.
- Provide upskilling and formal training opportunities for relevant generalist staff in Country WA including in partnership with Diabetes WA to increase skills through the provision of DESMOND and other education programs in remote areas.

Diabetes Education Services will:

- To promote regional self-sufficiency to ensure equitable delivery of diabetes self-management education.

	<ul style="list-style-type: none"> Develop regional peer support networks to sustain diabetes education in regional and remote areas and link with the Telehealth diabetes service. <p>Youth Focus Telehealth (see MH 2.4)</p> <ul style="list-style-type: none"> Country WA PHN is working with Youth Focus to develop a viable clinical counselling via telehealth for at risk young people. Currently Youth Focus has worked with three schools and Country WA PHN will be expanding the service. (Proof of concept) Service being trialled in 20 rural/remote schools and other sites.
Target population cohort	<p>People with chronic conditions in areas where the social determinants, prevalence of risk factors and disease and poor access to and utilisation of services indicate that people are most vulnerable and disadvantaged.</p> <p>People in rural/remote areas without access to face to face services.</p>
Consultation	Country WA PHN has worked with WA Country Health Services (WACHS), Aboriginal Medical Services, Diabetes WA, the Asthma Foundation and other regional providers.
Collaboration	<p>The telehealth service has been co-missioned with WACHS and Asthma Foundation.</p> <p>The Youth Focus Telehealth service builds on and extends the reach of services funded through the WA Mental Health Commission.</p>
Indigenous Specific	No
Duration	<p>Asthma/COPD Telehealth from 1 September 2016 to 30 June 2018</p> <p>Diabetes Telehealth from 1 January 2017 to 30 June 2018</p> <p>Regional Diabetes Education Service development 1 March 2017 to 30 June 2018</p> <p>Youth Focus from 1 April 2017 to 30 June 2018</p>
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method (if relevant)	In each of the seven Regions a Chronic Health Working group has advised the Regional Clinical Commissioning Committee (RCCC) about appropriate models, approaches and geographical coverage.

	<p>All RCCC recommendations were submitted for endorsement to the Country WA PHN Council which reports to the WAPHA Board.</p> <p>In this instance WAPHA's CCC was involved as this is a state-wide service.</p> <p>The commissioning process involves service procurement.</p>
Approach to market	Direct approach to sole providers.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$2,116,840
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources – Diabetes WA, WACHS and Asthma Foundation	\$250,000
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$300,000
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$250,000
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 4: Country wide mental health stepped care and chronic disease transitional arrangements
Existing, Modified, or New Activity	Modified – completed by 30 June 2017
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$ 1,500,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

Proposed Activities	
Activity Title / Reference	NP 5: PHN WA Country Innovation and Collaboration Small Grants
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	<ul style="list-style-type: none"> • Mental Health • Aboriginal Health • Population Health • Aged Care • Health Workforce • Digital Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping People well in the community. (4: Focus on placed based strategies. P 45)</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions, mental health conditions and drug and alcohol treatment needs. (4: Strategic Partnership and serviced agreements to achieve targeted co-commissioning and integrated delivery plans. P 46)</p> <p>Priority 3: Services designed to meet the health needs of vulnerable and disadvantaged people, including those of Aboriginal heritage. (4: Strategies to improve access to primary health care p 47)</p> <p>Priority 4: System navigation and integration to help people get the right services, at the right time and in the right place. (1: Strategies which incorporate service integration, consortia approaches, person centred support and system navigation p47)</p>
Description of Activity	<p>PHN Country WA PHN Needs Assessment 2016-17 – see 2:1</p> <p>PHN Country Service Needs/Issues:</p> <ul style="list-style-type: none"> • There is a need to provide opportunities for local organisations to trial innovative projects that can bridge the gap of health inequity and access by building a collaborative and responsive health care system. <p>PHN Country Service Response: The Innovation and Collaboration Grants will:</p> <ul style="list-style-type: none"> • Engage with community, service providers and government agencies to better coordinate support services for people with a range of health needs.

	<ul style="list-style-type: none"> • Projects are aimed at improving the health of individuals and communities through receiving the care and support they need and ensuring the existing system/s work more effectively. • Applications are focused on improving health outcomes in the following areas: <ul style="list-style-type: none"> ○ Mental Health ○ Aboriginal Health ○ Population Health ○ Aged Care ○ Health Workforce ○ Digital Health
Target population cohort	People with chronic conditions in areas where the social determinants, prevalence of risk factors and disease and poor access to and utilisation of services indicate that people are most vulnerable and disadvantaged.
Consultation	Development of grants program done in consultation with RCCCs, Aboriginal Health Organisations and other non-government service providers.
Collaboration	Rural Health West and consumer representative will evaluate grant applications.
Indigenous Specific	No
Duration	1 July 2017 to 30 June 2018 Funded 1 Jan – 30 June 2017 using carried forward funds from 15/16.
Coverage	Country WA PHN regions: Kimberley, Pilbara, Midwest, Goldfields, Great Southern and the South West.
Commissioning method (if relevant)	EOI. Relevant regional priorities ascertained from consultation with Regional Clinical Commissioning Committees and these priorities are used to inform commissioning decisions as priorities will vary across regions.
Approach to market	Expressions of Interest have been called for from not-for-profit organisations for charitable or benevolent purposes. Grants of up to \$20,000 have been made available from 30 June 2017. Builds on the activity in 16/17 funded using approved C/F from 15/16.

Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding (\$400,000 from Carry forward 15/16)	
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$356,348
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	
Funding from other sources	

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

Proposed general practice support activities	
Activity Title / Reference	OP 1: General practice support
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The PHN supports general practice by:</p> <ul style="list-style-type: none"> • Designating a place based team which includes a Primary Health Liaison to support and work with general practice through an organised custom relations management process. This includes scheduled practice visits, provision of information and resources, telephone contacts and other support as requested by the practice; • Assisting general practice with quality improvement, accreditation, MYHR uptake and the adoption of clinical audit tools; • Targeting general practice support to those areas identified through the needs assessment process; • Providing access to HealthPathways and inviting participation in the localisation process and facilitating CPD events on the rollout of new protocols or changes documented within HealthPathways; • Communicating through a range of channels about primary health care trends and initiatives, development opportunities, resources and data at the local, state and national level; • Co-ordinating networks and collaboration with practice staff; and • Supporting general practices to adopt patient centred models of care with a focus on Comprehensive Primary Care, stepped care approach and the Mental Health Care Management. <p>In addition, the PHN will continue to build on, and further enhance, the support it provides to general practice. As part of this process, we will be exploring the development, and introduction, of a support approach which may include a telephone service/helpdesk function. This approach will enable the PHN to better cater to the varying level of need, and engagement, of general practice.</p>

Supporting the primary health care sector	This activity will support the primary health care sector by building capability and capacity with a GP support model designed to enhance patient centred models of care. The PHN facilitates optimal access to integrated and comprehensive primary health care for people with chronic and complex conditions through the development of strong connections across community, health and social service settings at the local level.
Collaboration	<p>The PHN team works in partnership with a range of stakeholders dependent upon local needs:</p> <ul style="list-style-type: none"> • Local Area Health Services; • WA Health; • WAGPET; • Aboriginal Medical Services; • general practitioners; • government agencies; • universities; • peak bodies; • community; • health and social care sector organisations.
Duration	<p>Activity start/completion: July 2016 – June 2018</p> <p>Key milestones:</p> <ul style="list-style-type: none"> • Establishment of working group with RHW – proof of concept re integrated practice support model • Implementation of integrated practice model of support. • CDP events available via videoconference. • 1 July 2017 start date for Helpdesk in partnership with RHW. • Ongoing provision of practice support activities in response to General Practice needs.
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.
Expected Outcome	<p>Practices are:</p> <ul style="list-style-type: none"> • engaged with CPC or Health Care Home readiness. • Providing patient follow-ups to improve continuity of care.

	<ul style="list-style-type: none"> Engaged with CPD events offered within regions.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	OP 3: General practice support - continuous quality improvement
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The PHN provides support to general practice in continuous quality improvement by;</p> <ul style="list-style-type: none"> • Providing information resources covering the use and management of data to enable practice improvement; • Providing licences to Pen CS to enable data extraction, interrogation and analysis including providing practices with individualised reports on their practice, identifying areas for improvement; • Promoting and providing support to general practice to participate in accreditation and clinical audits; and • Developing and implementing activities that target priority areas as identified in the Health Needs Assessment.
Supporting the primary health care sector	This activity will support the primary health care sector by building capability and capacity within general practice and by providing tools and training to optimise GP practice workflows.
Collaboration	<p>The PHN team works in partnership with a range of stakeholders:</p> <ul style="list-style-type: none"> • NPS Medicinewise- WAPHA provides support to enable access to GP practices to roll out this program; • PEN CS – WAPHA provides licenses for this suite to general practice and provides additional training and support. Liaises with Pen on practice behalf; • Curtin University- partnership to manage and govern datasets.
Duration	<p>Activity start/Completion date: July 2016 – June 2018</p> <p>Key milestones: Practices who have signed MOU's to install Pen CS will be operational - July 2017.</p>
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.

Expected Outcome	<p>The expected outcome of this activity is improvement in the efficiency and capacity within the general practice. Measured by:</p> <ul style="list-style-type: none"> • Number of practices participating in Quality Improvement activities; • Number of practices submitting de-identified clinical data; • Number of practices utilising their data to inform their practice. • Number of practices recruited for Medicines Insight program over 12 months (target 12 per year).
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	OP 4: General practice support – HealthPathways
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The HealthPathways team works across the 3 WA Primary Health Networks to:</p> <ul style="list-style-type: none"> • Identify priorities for pathway development using the needs assessment, GP feedback and health services recommendations; • Identify subject matter experts and working group members; • Facilitate working groups to identify current practice, gaps, issues and opportunities; • Localise pathways and/or develop new pathways; • Facilitate continuous professional development sessions focussing on pathway content as they are published; and • Identify opportunities for system improvements and/or redesign.
Supporting the primary health care sector	<p>This activity will support the primary health care sector by providing an online health information portal for general practitioners and primary health care clinicians, to assist with management and appropriate referral of patients when specialist input is required.</p> <p>Referral can also be made to localised community supports.</p>
Collaboration	<p>The PHN team works in partnership with a range of stakeholders:</p> <ul style="list-style-type: none"> • WA Department of Health - partnership agreement to enable endorsement of process; • Hospital specialists - Expert opinion; • General practitioners - Expert opinion; • Nurses- Subject matter expertise; • Allied health clinicians – Subject matter expertise; and • Other health professionals or peak bodies - Subject matter experts and review of pathway content. <p>A relationship established between the WACHS Regional Population Health Directors, PHN regional managers and the HealthPathways staff facilitates the inclusion of local WACHS pathways.</p>
Duration	Activity start/completion date: July 2016 – June 2018

	<p>Key milestones:</p> <ul style="list-style-type: none"> • 300 localised pathways July 2017 • 4 working groups held by July 2017 • 8 CPD events by Dec 2017
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.
Expected Outcome	<p>GPs and primary health professionals use the system and are supported in their assessment, treatment and management of individual patient's medical conditions, including referral process to local specialist and services. Indicators include:</p> <ul style="list-style-type: none"> • Annual increase in the number of page views; • Consistency of uptake through continual appearance of new users (sustainable product promotion); • Annual increase in the number of returning users – usefulness of actual service; • More positive experiences than negative; • Increased digital literacy of health practitioners.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed general practice support activities -	
Activity Title / Reference (eg. OP 1)	OP 5: General practice support- improve cancer screening rates
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>Identifying practices which could improve their rates of cancer screening and providing advice and tools to increase screening rates.</p> <p>Building capacity of general practice to use data extraction tools to identify and support at risk groups.</p> <p>Including cancer screening pathways within HealthPathways WA.</p> <p>Promoting national awareness campaigns to general practice through the various communication channels utilised by WAPHA.</p>
Supporting the primary health care sector	This activity will support the primary health care sector by supporting general practice to build their capacity to identify patients who should be screened for cervical, breast and bowel cancer.
Collaboration	<p>The PHN team works in partnership with a range of stakeholders:</p> <ul style="list-style-type: none"> • Cancer Council WA – promotion of awareness campaigns; • Breast Screen WA – promotion of campaigns; • National Bowel Screening Program – promotion of initiatives; • Royal Australian College of General Practitioners (RACGP) - promotion of initiatives; • WA Health - promotion of initiatives and campaigns; • Local area health services - collaborate to provide GP education sessions.
Duration	Activity start/completion date: July 2016 – June 2018
Coverage	Country WA PHN covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.

Expected Outcome	<p>The expected outcome of this activity is to increase screening rates for breast, cervical and bowel cancer and subsequently improve population health evidenced by:</p> <ul style="list-style-type: none"> • Increasing cancer screening rates in practices which are below the benchmark; and • Number of practices utilising data extraction tools to identify and recall at risk groups.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	OP 6: General practice support - improve immunisation rates
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The aim of the activity is to improve immunisation coverage and rates for children and adolescents, adults, including antenatal and Aboriginal people.</p> <p>The PHN supports general practice to build their capacity to identify patients who should be immunised by:</p> <ul style="list-style-type: none"> • Assisting general practice to use data extraction tools to identify at risk groups. • Promoting awareness of the immunisation recommendations available via the HealthPathways website. • Identifying areas falling below rate required for herd immunity and providing support and education to increase rates in these areas. • Communicating immunisation updates and strategies to general practice via the various communication channels in WAPHA.
Supporting the primary health care sector	This activity will support the primary health care sector to build their capacity to identify patients who should be immunised.
Collaboration	<p>The PHN team works in partnership with a range of stakeholders.</p> <ul style="list-style-type: none"> • Communicable Disease Control Directorate (CDCD) to implement the WA Immunisation Strategy 2016 – 2020. CDCD's role is to lead the strategy and the PHN team will support the implementation of the strategy to general practice; and • Local Area Health Services to provide support around local initiatives.
Duration	Activity start/completion date: July 2016 – June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.

Expected Outcome	<p>The expected outcomes of this activity are to increase immunisation completion rates and subsequently improved population health:</p> <ul style="list-style-type: none"> • Improvement towards the national standard for childhood and adolescent immunisation rates; • Improved timeliness of immunisation for Aboriginal children; and • Decreased hospitalisations for influenza like illness.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	OP7: General practice support – Digital health
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The PHN will support general practice by:</p> <ul style="list-style-type: none"> • Providing Pen CS licences and supporting general practices to utilise the tools available; • Assisting general practices to register and actively participate in MYHR. This will be supported by working with pharmacy and allied health professionals to also access and share data through the MYHR system; and • Providing support and training to GPs to use secure messaging systems.
Supporting the primary health care sector	This activity will support the primary health care sector to improve care coordination and integration, secure messaging and data management to enable general practice to increase efficiency and effectiveness.
Collaboration	<p>The PHN team works in partnership with a range of stakeholders:</p> <ul style="list-style-type: none"> • Commonwealth Department of Health - policy advice and information provision; • WA Health – collaboration to promote uptake of MYHR within hospitals; • WAGPET – collaboration and strategy planning; • RACGP - collaboration; • Australian Digital Health Agency – strategy, direction, collaboration, provision of information; • Pharmacies - collaboration to enact strategy for MYHR uptake, • Allied health professional peak bodies - collaboration to enact strategy for MYHR uptake; and • GPs – provide feedback on what additional resources or information they require.
Duration	Activity start/completion date: July 2016 – June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.

Expected Outcome	<p>Building capacity in the practice and increasing care coordination with a seamless flow of clinical information between health care providers. The expected outcome of this activity will be an increase the:</p> <ul style="list-style-type: none"> • Number of practices with Pen licenses that are utilising the software to analyse their practice data; • Number of practices registering for, and using, My Health Record; • Number of practices assisting patients to register to use My Health Record; and • Increasing the number of types of health professions utilising and promoting MYHR.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed general practice support activities	
Activity Title / Reference	OP 8: Strategic Direction
Existing, Modified, or New Activity	Existing activity
Description of Activity	<p>WAPHA works with the PHN to create and develop the strategic framework which will facilitate the achievement of improved health care outcomes for the Western Australian community by:</p> <ul style="list-style-type: none"> • Supporting the PHN to develop, align and operationalise WA population primary health priorities with Commonwealth primary health care policy direction utilising a systems approach and outcome based commissioning; • Advocating on behalf of primary care through submissions to government reviews and inquiries and driving WAPHA's policy stance through the corporate communications strategy and engaging with key stakeholder groups; • Working closely with PHN staff and external partners to develop a common vision for primary health care across the sector; • Providing guidance and advice to WAPHA, the Board and PHN in respect to relevant primary health care reform, reviews, inquiries and discussion papers; and • Leading in the development of innovative, best practice models of primary health care service delivery and funding models.
Supporting the primary health care sector	<p>This activity supports the primary health care sector by ensuring a consistent approach across the WA PHNs, while establishing frameworks within which a locally tailored place-based approach can be implemented in partnership with others. These partnerships are developed within a collective impact context and are guided by WAPHA's Stakeholder Engagement Framework and Toolkit.</p>
Collaboration	<p>Within this activity, Country WA PHN works collaboratively with Commonwealth and State Government agencies, key primary health stakeholders, peak bodies and NGOs. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Commonwealth Department of Health and associated branches; • WA Area Health Services; • Mental Health Commission; • RACGP; • WA Association for Mental Health (WAAMH); • Australian Medical Association (AMA); • WA Network of Alcohol and Other Drug Agencies (WANADA); and • Aboriginal Health Council of WA (AHCWA).

	<ul style="list-style-type: none"> • WAGPET • Health Consumers Council
Duration	July 2016 – June 2018.
Coverage	<p>Outline coverage of the activity. Where area covered is not the whole PHN region, provide the statistical area as defined in the Australian Bureau of Statistics (ABS), or LGA.</p> <p>This activity occurs across the whole PHN region.</p>
Expected Outcome	The expected outcome of this activity is that a strategic framework is developed which facilitates the achievement of improved health care outcomes for the Western Australian community, to ensure efficient and effective medical services for patients, particularly those at risk of poor health outcomes and improving the coordination of care to ensure patients receive the right care, in the right place at the right time.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	<p><i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i></p> <p>n/a</p>

Proposed Activities	
Activity Title / Reference (eg. OP 1)	OP 9: Commissioning
Existing, Modified, or New Activity	Existing Activity
Description of Activity	<p>Country WA PHN continues to work with key stakeholders from the primary health and social care sectors to develop responses to the Needs Assessment. This activity is being localised wherever possible to ensure that commissioned services meet the local identified population health needs and encourage the coordination and capacity building of local services to meet the needs of their community. Where appropriate, whole of PHN or multi PHN solutions are being commissioned to meet identified broader needs.</p> <p>The PHN's commissioning activity has three main aims:</p> <p>Integration</p> <ul style="list-style-type: none"> - Simplify access and navigation - Coordinate across the continuum of care - Bring together health and social stakeholder <p>Reducing the burden</p> <ul style="list-style-type: none"> - Increase the use of early and low intensity interventions - Stepped care approaches <p>Bridge the gaps</p> <ul style="list-style-type: none"> - Increase access for vulnerable, underserviced and hard to reach groups <p>As commissioners, the PHN aims to encourage local stakeholders to design and deliver services with the needs of their local population in mind. The PHN will provide the framework to encourage this approach through our planning, procurement and evaluation cycles.</p>
Supporting the primary health care sector	<p>Country WA PHN:</p> <ul style="list-style-type: none"> • takes a consistent evidence based approach which takes into consideration regional and local variables in health needs; • builds capacity in the sector to enable the provision of care to meet these needs; and

	<ul style="list-style-type: none"> promotes integration and collaboration between health professionals, encouraging consortia approaches to service delivery building on the strengths and acknowledging the contributions of multiple parties.
Collaboration	Within this activity, Country WA PHN works collaboratively with key stakeholders including but not limited to service providers, Commonwealth Department of Health, WA Health, Aboriginal health policy and planning organisations, WA MHC, WANADA, GP Professional bodies and colleges, workforce development and education organisations, patients their families and carers.
Duration	July 2016 to June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.
Expected Outcome	
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed Activities	
Activity Title / Reference (eg. OP 1)	OP 10: Population health planning
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Description of Activity	<p>The PHN undertakes population health planning on an ongoing basis to ensure that the current and future health and service needs of the PHN region are addressed and gaps are identified. Inequitable access to appropriate health care by disadvantaged and vulnerable groups is a key focus.</p> <p>WAPHA, in conjunction with our academic partner, Curtin University, undertakes analysis to identify service shortages based on a broad range of qualitative and quantitative data that we have either collected ourselves, have had provided to us by external partners or which is publicly available. This analysis is used to identify the health and service need priorities of the local population.</p> <p>Our analytical team (internal analysts with research partners at Curtin University) will continue to work with the PHN to build and review our evidence base on an ongoing basis, supporting the PHN to:</p> <ul style="list-style-type: none"> • Continue population health planning based on an in-depth understanding of local health needs; • Identify gaps and barriers in primary health care service delivery, particularly to those most vulnerable groups; • Undertake/develop issue specific population health planning e.g. mental health, AOD etc; • Elucidate population health trends when recent historical data is available; • Identify market factors and drivers around the provision of health and service needs where possible; • Identify and prioritise needs; • Undertake evaluations of the outcomes of commissioned services and use these evaluations to feed back into the commissioning cycle, on an ongoing basis; • Identify evidence based opportunities for activity; • Educate and support providers to collect and analyse their own data; and • Complete future Needs Assessments
Supporting the primary health care sector	This activity will support the primary health care sector by enabling the targeted allocation of scarce resources to those most in need, or where the most difference can be made.

Collaboration	<p>This activity is a collaborative partnership between WAPHA and Curtin University's Health Systems and Health Economics Group, School of Public Health with the PHN Council, RCCCs and working groups playing a pivotal role in ongoing planning.</p> <p>The PHN also works in collaboration with the Area Health Services and the Aboriginal Health Improvement Unit and undertakes broader consultation with service providers, communities, consumers, health professionals, funders etc.</p> <p>WAPHA has a data sharing relationship with the WA Department of Health where we help fund the acquisition of data and they provide us with local hospital data and analytical expertise with the shared aim of meeting health needs within the primary sector, resulting in fewer preventable hospitalisations.</p>
Duration	July 2016 - June 2018
Coverage	Country WA PHN region
Expected Outcome	The expected outcome of this activity is that the PHN undertakes population health planning on an ongoing basis to ensure that health and service needs of the PHN region are addressed. The population health planning is used to inform the Needs Assessment and that the identified priorities and proposed options align to the PHN objectives.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)

Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>
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Proposed Activities	
Activity Title / Reference (eg. OP 1)	OP 11: Stakeholder engagement
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan).
Description of Activity	<p>WAPHA supports the Country WA PHN by taking a shared approach to stakeholder mapping and engagement. WAPHA led activities include the:</p> <ul style="list-style-type: none"> • Establishment of WAPHA's Stakeholder Engagement Working Group which provides a coordinated and consistent approach to engagement across all three PHNs; • Implementation of a centralised customer relationship management system; • Implementation of, and training in, International Association of Public Participation (IAP2) Programs. The engagement principles of IAP2 underpin all stakeholder engagement activity; and • Implementation of Primary Health Exchange (using Bang the Table - an online tool to engage with stakeholders). <p>The Country WA PHN's stakeholder engagement and management involves:</p> <ul style="list-style-type: none"> • Identifying and engaging key stakeholders identified in the Needs Assessment and population health planning; • Building strong and effective alliances with WA Health and key stakeholders to understand health issues specific to certain groups, improve primary care at the local level, improve care pathways and embed a patient centred and systems approach into primary care services; • Establishing and managing PHN Council, Seven Regional CCC and CEC 's; • Working with service providers to ensure contract deliverables are met and to build the capacity of the sector in outcomes based commissioning; • Supporting peak health bodies and academic institutions to conduct research and development; • Building capability for integrated care in local communities by facilitating stakeholder forums to identify priorities and develop foundations for long term sustainable change; • Engaging meaningfully with disadvantaged and vulnerable groups to improve equitable service delivery in local communities and build cultural proficiency in services; and • Engaging with regional forums and Committees such as Aboriginal Health Planning Forums and District Health Advisory Councils.

Supporting the primary health care sector	<p>This activity supports the primary health care sector by:</p> <ul style="list-style-type: none"> Establishing and supporting accessible mechanisms to enable interaction and engagement across the sector amongst stakeholders. This includes the facility to support communities of practice, responsive consultations and providing feedback on activities to stakeholders; <p>Providing qualitative input to the PHN's Needs Assessment for consideration alongside quantitative data.</p>
Collaboration	The PHN works collaboratively with Health Consumer Council, WAGPET, peak Aboriginal health planning and other organisations that represents the non-government sector.
Duration	July 2016 – June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.
Expected Outcome	The expected outcome of this activity is that the PHN will establish trusted and purposeful relationships and will work in collaboration with stakeholders, clinicians and community representatives to co-design and deliver the best possible health care outcomes for Western Australians, in line with the PHN objectives.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed Activities	
Activity Title / Reference (eg. OP 1)	OP 12: Communication and marketing
Existing, Modified, or New Activity	Existing activity.
Description of Activity	<p>WAPHA supports the PHN to communicate and market its activities through the delivery of a communications strategy. Our communication activity is aimed at stakeholder engagement including, but not limited to, all levels of government, GPs and allied health professionals, peak bodies and community.</p> <p>Key Activities include:</p> <p>Strategic communications The Communications unit develops communication plans for specific commissioning activities to ensure community and stakeholders are aware of new initiatives and opportunities. It also supports the PHN with keeping the Commonwealth Department of Health informed of PHN achievements and activities.</p> <p>Website The WAPHA website is the place where all information, update and news relating to the PHN is displayed. The communication unit is responsible for ensuring the website is updated regularly with latest news and events to keep community and stakeholders informed.</p> <p>Newsletters</p> <ul style="list-style-type: none"> • WAPHA Connect; a monthly e-newsletter which promotes the activities of WAPHA and the PHN. • GP Connect; a monthly newsletter (hard copy and e-newsletter) which provides information, updates and events to GPs and their practice staff • Practice Connect; a fortnightly e-newsletter which provides information, updates and events for practice managers

	<p>Social Media The communications unit is responsible for the management of promoting the PHN’s activity through its social media channels – Facebook, Twitter and LinkedIn. Social media is used to engage our stakeholders and community through news stories and videos.</p> <p>Media Relations The communications unit provides media relations support through writing and publishing media releases and responding to media enquiries relating to PHN activity. It also develops specific communication and marketing plans to support commissioning activities and promote PHN initiatives. It also provides media advice and media monitoring for the PHN.</p> <p>Promotion and marketing The communications unit work with the PHN to promote its activity through newsletters and specific marketing campaigns including newspaper advertising, promotional flyers and brochures, annual report and sponsorship. The communications unit ensures that PHN branding is applied correctly both internally and externally.</p> <p>Events The Communications unit works with the PHN in the delivery of events to promote activity to stakeholders and raise awareness of its brand.</p> <p>Internal communications The communications unit is responsible for internal communications through a weekly newsletter and video, which keeps staff informed. It is also responsible for the staff intranet which is a platform where resources are housed and a place where staff can interact and communicate across the organisation. WAPHA supports the PHN to effectively communicate and market its activities through the delivery of a communications strategy. Our communication activity is aimed at stakeholder engagement including, but not limited to, all levels of government, GPs and allied health professionals, peak bodies and community.</p>
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Supporting the primary health care sector	Providing targeted information to GPs – GP Connect; and, to Practices – Practice Connect Advising on funding and capacity building initiatives and supporting sector development and information sharing events.
Collaboration	Country WA PHN works in collaboration with other PHNs, WA Health and WACHS as the Area Health Service, Curtin University, Mental Health Commission, WAGPET, Rural Health West, other key stakeholders and service providers.
Duration	July 2016 – June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.
Expected Outcome	The Country WA PHN communicates clearly with all stakeholders, facilitating an understanding of the work of the PHN and our role in improving the efficiency and effectiveness of primary health services in regional, rural and remote areas.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

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

Please use the table below to outline any activities included in the May 2016 version of your AWP which are no longer planned for implementation in 2017-18.

Planned activities which will no longer be delivered -	
Activity Title / Reference	NP 1 1 – 1 7 (7 x Regions) Chronic conditions: risk reduction and condition management (existing) Transition to Integrated Care Coordination
Description of Activity	<p>An evaluation of flexible funding for chronic disease early intervention and management found:</p> <ul style="list-style-type: none"> • Limited service provision to smaller communities and intermittent service provision to remote areas; • Fewer and less focused services given the extent of health issues, large geographic mass and the sizable diverse Aboriginal population. • The relationship and integration with other services was fragmented and problematic often competing for limited resources and drawing from a limited skills pool; and • Some of the programs being delivered under flexible funding are more appropriately the responsibility of State funded health services (e.g. post discharge service from hospital) and the Rural Primary Health Services Program providing allied health services requires further assistance to better align with the objectives of the PHN on behalf of the Commonwealth government. <p>The assessment of Country WA PHN is therefore that other investments and modelling will have better outcomes for the health of the community and the reduction in preventable hospital admissions than providing the current allied health programs</p>
Reason for removing activity	Transition completed by 30 June 2017.
Funding impact	NIL

Planned activities which will no longer be delivered	
Activity Title / Reference	NP 4: Country-wide mental health stepped care transitional arrangements ATAPS/MHSRRA
Description of Activity	<p>This activity will enable the transition of patients from the current ATAPS / MHSRRA funded services to the new model of stepped care for mental health. Strategies will be developed in consultation with current service providers as part of their 'transition-out' plans. This activity will be provided over a three-month period.</p> <p>Patients will be linked with new service providers and General Practice as appropriate and will also be able to access a suite of Tele-health mental health services which will be commissioned or engaged to play a vital role in assisting people currently accessing mental health support through ATAPS and MHSRRA programs. See Country WA PHN Mental Health Activity Plan 2016 -17 for further detail.</p> <p>This transitional funding will ensure patients are able to complete any cycles of care currently being provided and will, where necessary, make warm-referrals and linkages with other providers should care be required beyond the three-month transition period.</p>
Reason for removing activity	Transition completed by 30 June 2017.
Funding impact	nil

Planned activities which will no longer be delivered	
Activity Title / Reference (eg. NP 1/OP 1)	NP 2: General Practice Support – Workforce Capacity Building
Description of Activity	<p>The PHN supports general practice to build their workforce capacity in relation to recruitment, retention and regional training through:</p> <ul style="list-style-type: none"> • Providing workforce training in contemporary models of primary and integrated care in partnership with relevant professional bodies; • Supporting Aboriginal health worker training initiatives; <ul style="list-style-type: none"> • Developing strategies and supporting activities to increase the employment of primary care GP's nurses and nurse practitioners; • Facilitating professional networks and identifying high performing practices for student and graduate placements; • Supporting General Practice in the Practice Transformation aligned to the CPC initiatives outlined earlier in this Plan; and • Working with Rural Health West and other stakeholders on the implementation of the 'Finding My Place' report.
Reason for removing activity	The activity has been combined with OP 1 and NP 1.
Funding impact	Funding has been reallocated to OP 1

3. (a) Strategic Vision for After Hours Funding _

The WA Primary Health Alliance (WAPHA) has a vision of efficient and effective after hours primary health care, well-coordinated, easily accessible and seamlessly navigated by all patients in the community where all people are empowered to make informed decisions on getting the right treatment in the right place and at the right time.

To achieve this vision, Country WA PHN will work closely with key local stakeholders, including local communities, health professionals and all levels of government, to develop and implement innovative service delivery solutions that aim to achieve higher levels of service coordination and integration. The After Hours Program is aligned with all relevant government policies and directions and is focused on delivering better health outcomes for patients seeking care after hours. Better access and quality will be achieved through implementation of innovative health care service delivery models developed in close collaboration with other service providers both from the private and government sectors.

Our aim is to improve the delivery of primary health services in every region in Western Australia and achieve long term improvements for the current and potential patients of primary health as well as the service providers. One of our main priorities is to empower patients to make informed choices and decisions about their health and make their journey across various health services seamless, effective and stress-free. To accomplish this priority we will use outcome measures to assess and gauge performance of every initiative and project focusing on outcomes most relevant to patients. Greater weight will be given to qualitative sources of information about patient experience and outcomes, including patient experience surveys which will have a greater emphasis on collecting patient stories and narratives.

We will concentrate on areas of need identified through the Needs Analysis and focus on projects enabling better access to after hour's primary health care by patients from the disadvantaged groups. Our main effort with these groups will be to improve accessibility to first after hours care contact and enabling continuity of care. Vulnerable groups identified through the Needs Analysis include: mental health patients; residents of aged care facilities, Aboriginal populations and victims of domestic violence.

To meet our Program's main objectives, all After Hours projects and initiatives will be designed and implemented with a view for each of them to make an important contribution to system-wide goals of efficiency, effectiveness, equity, accessibility, appropriateness, continuity and integration in the delivery of healthcare services.

Please note, although PHNs can plan for activities in the 2017-18 financial year, at this stage, current funding for PHNs After Hours is confirmed until 30 June 2017 only. PHNs must not commit to spend any part of the funding beyond 30 June 2017.

Due to the revision of the PHN Performance Framework, performance information relating to the After Hours Schedule for this update to the 2016-18 Activity Work Plan deliverable is not required. Further information will be provided separately.

3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-17

Proposed Activities -	
Activity Title / Reference	AH 1: After Hours Health Care Centres
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions</p> <p>Priority 3: Tailored services to meet the needs of recognised disadvantaged cohorts including Aboriginal people</p> <p>Priority 5: Capable workforce tailored to these priorities</p>
Description of Activity	<p>Country WA PHN Service Issues:</p> <ul style="list-style-type: none"> Country GP practices are often small or run by sole practitioners. They are also often geographically isolated. Most GPs have a high on call workload as in addition to their everyday practice duties they also work as GP obstetricians or anaesthetists providing a range of services, including primary care, acute care and emergency services in both the general practice and hospital settings. It is common for GPs who also work at a local hospital to claim Level 5 AH PIP incentive. This however means that the patient needs to go to the hospital to see their GP there. Most of the time it means travelling long distances. The maximum level 5 PIP AH incentives for a GP practice with two full time doctors is around \$22,000 per year or \$11,000 for a single doctor. The cost of running a country practice is much higher compared to their urban counterparts. The cost is always higher for the services provided after hours, particularly on weekends. All of the above have implications on the service accessibility, health equality and practice ability to provide appropriate after hours services. <p>Country WA PHN Service Response:</p> <ul style="list-style-type: none"> The aim of this activity is to improve the efficiency of after hours (AH) primary health care in the country areas to provide regional and rural communities with improved access to high quality, affordable after hours services.

	<ul style="list-style-type: none"> • The After Hours Health Care Centre model is based on the input from the relevant stakeholders and built around the local needs, resources available and the level of willingness from service providers to cooperate and participate in innovative projects. The After Hours Health Care Centre are run by a single local AH provider or by a GPs' cooperative. The aim of this approach is to : <ul style="list-style-type: none"> ○ Attract local GPs to work after hours by achieving the right balance of financial incentives and service delivery arrangements to relieve pressure on GPs in country areas and make their after hours work less burdensome, better structured and financially viable; ○ Encourage improved integration and coordination among relevant health care providers such as the Western Australian Country Health Service (WACHS), etc.; ○ Support innovation in a sustainable and efficient manner with a focus on improved patient outcomes; and ○ Maximise use of existing local resources and infrastructure.
Target population cohort	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and South-West.
Consultation	Consultation through the RCCC involved engagement with peak bodies, Aboriginal health planning forums, WACHS and other services providers.
Collaboration	<p>The PHN collaborates with a number of key stakeholders on the after hours activity. Prioritised stakeholders include:</p> <ul style="list-style-type: none"> • Royal Australian College of General Practice (RACGP); • WA Country Health Services (when feasible to co-locate the AH Health Care Centre at the local hospital to use the existing infrastructure and reduce costs); • WA GP Education and Training (WAGPET); • Other WA medical and allied health peak bodies; • Research partners (e.g. Curtin University, University of Western Australia and/or other academic institutions); • General practices and general practitioners; • Advocacy bodies and representatives for healthcare consumers e.g. Healthcare Consumer Council, Advocare or CarersWA; • Other WA PHNs; • Peak bodies for service providers e.g. WA Council of Social Services; • Primary health care service providers; and

	<ul style="list-style-type: none"> Patients, family and carers.
Indigenous Specific	No – although a service in the Midwest is provided by GRAMS specifically for Aboriginal clients.
Duration	July 2016 – June 2017
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern. Please refer to appendix A for more details.
Approach to market	<ul style="list-style-type: none"> Expressions of Interest (EOI) were sought where appropriate; and Direct funding allocated to the existing services identified as capable to expand their scope to fill in the identified gap and where a single provider was identified.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$350,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed Activities

Activity Title / Reference (eg. NP 1)	AH 3: Support to at risk groups
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions</p> <p>Priority 3: Tailored services to meet the needs of recognised disadvantaged cohorts including Aboriginal people</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place</p> <p>Priority 5: Capable workforce tailored to these priorities</p>
Description of Activity	<p>The aim of the activity is to increase the effectiveness of primary health care by developing innovative programs to provide people from vulnerable groups with better access to after hours services by making sure those services are delivered in a culturally appropriate manner and in stress free, familiar setting. The vulnerable groups include:</p> <p>Patients at Residential Aged Care Facilities (RACFs)</p> <ul style="list-style-type: none"> • RACFs have been consistently identified as experiencing significant difficulties achieving timely access to after hour GPs for their residents and for placing demand pressure on after hours services, in particular hospital emergency departments. Potential solutions involve provision of: <ul style="list-style-type: none"> ○ On call GP service providing telephone triaging and visits to RACFs; ○ Aged care specialist GP service providing care through a nurse practitioner and utilising video and teleconferencing options. The role of nurse practitioners is to be the first point of contact after hours for the RACF staff and to work with the patient's GP long term, providing primary health care within their professional scope, and in particular making sure that the patient's end of life instructions are properly recorded and observed. This model could be extended to remote areas. <p>Palliative Care Patients</p>

- The aim of this initiative is to provide care and support to palliative care patients and families in a holistic manner in their own home, “in-country” and when it is required. The care, particularly at the end of life, is provided “in-home” as clients are often frail and unable to access GP services or the emergency department without considerable pain and distress.
- The project involves employment of a visiting nurse and support from a GP(s) and requires close collaboration with the local hospital.
- Telephone support is used to supplement face to face care to assist family members to better care for the palliative client.
- After death of the palliative client, the nurse provides culturally appropriate bereavement support to the family.

Victims of domestic violence

- This is a nurse led outreach service providing mobile health care in the community outside of business hours to victims of domestic violence.
- The nurse works closely with local police to establish the links of providing care to those affected by domestic violence and provides urgent care at various locations.
- Most of those patients have significant health needs ranging from treatment for wounds to drug and alcohol addiction and mental health problems, however find it difficult to get health care due to an inability to physically access services or for fear of judgement. For many, health and healthcare are not their priority or they might have a previous negative experience with health care services.
- In addition to providing immediate care the nurse will be counselling the patient on taking care of their health as well as linking them to a GP and other health specialists participating in the program.

Young People with mental health problems.

- Throughout Country WA PHN headspace Centres have been offered the opportunity to provide afterhours services to young people.
- This is a combination of GP and Allied Health after hours services depending on the centre.
- This offer has been accepted by three centres as of Feb 2017.

Vulnerable people who present at Emergency Departments:

	<ul style="list-style-type: none"> This activity provides for a diversion service for people presenting at ED and provides support in the community after hours to prevent an admission. <p>People in rural areas without access to General Practice after hours</p> <ul style="list-style-type: none"> Provision of Readycare Telehealth Service to provide telephone/VC support to people requiring urgent after hours care where a GP is not accessible.
Target population cohort	Country WA PHN Regions
Consultation	<p>Consultation through the RCCCs involved engagement with peak bodies, Aboriginal health planning forums, WACHS and other services providers.</p> <p>After hours consultative meetings were also held in some regions with GPs and service providers participating.</p>
Collaboration	<p>The PHNs collaborate with a number of key stakeholders on the after hours activity particularly in regard to participation in innovation hubs to inform the design of the WA Outcome Framework and new services. Prioritised stakeholders will include:</p> <ul style="list-style-type: none"> Royal Australian College of General Practice (RACGP); WA Country Health Services (when feasible to co-locate the AH Health Care Centre at the local hospital to use the existing infrastructure and reduce costs); WA GP Education and Training (WAGPET); Other WA medical and allied health peak bodies; Research partners (e.g. Curtin University, University of Western Australia and/or other academic institutions); General practices and general practitioners; Advocacy bodies and representatives for healthcare consumers e.g. Healthcare Consumer Council, Advocare or CarersWA; Other WA PHNs; Peak bodies for service providers e.g. WA Council of Social Services; Primary health care service providers; and Patients, family and carers.
Indigenous Specific	No - although several services are operated by Aboriginal Health Services such as Derby AHS, Broome RAMS and Geraldton RAMS.

Duration	July 2016 – June 2017
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.
Approach to market	Expressions of Interest (EOI) were sought where appropriate; and direct funding allocated to existing services identified as capable of expanding their scope to fill in the identified gap.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$1,630,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>

Proposed Activities	
Activity Title / Reference	AH 5: After Hours Health Care System Literacy Promotion
Existing, Modified, or New Activity	Existing
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions</p> <p>Priority 3: Tailored services to meet the needs of recognised disadvantaged cohorts including Aboriginal people</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place</p> <p>Priority 5: Capable workforce tailored to these priorities</p>
Description of Activity	<p>The aim of this activity is to improve health literacy by informing consumers on the variety of services available after hours and educating them how to best utilise these services to access the most appropriate after hours care.</p> <p>This includes making informed decisions which care to choose, where and when. The purpose is to change consumer behaviour and reduce unnecessary visits to hospital emergency departments. Better consumer awareness will ensure that after hours resources are utilised effectively and efficiently.</p> <p>The activity involves an intensive awareness raising campaign widely promoting after hours services in a range of sources including print and electronic media, community newsletters, through community sites such as libraries and through local radio. Promotional strategies reflect diversity of consumer</p>

	<p>groups and are delivered recognising cultural needs and literacy levels and people's capacity to access information electronically.</p> <p>After hours flyers and posters are distributed to GP practices, pharmacies and hospitals. A special educational video was developed and provided to GP practices and other relevant sites. Interactive displays at shopping centres and schools have also be considered.</p>
Target population cohort	Country WA PHN Regions
Consultation	Consultation through the RCCC who have engaged with peak bodies, aboriginal health planning forums, WACHS and other services providers.
Collaboration	<p>Collaboration with:</p> <ul style="list-style-type: none"> • Other PHNs to reduce cost; • Local community radio stations to air messages, including Aboriginal and ethnic programs; • Local shopping centres, schools, libraries; and • GP practices, pharmacies, hospitals.
Indigenous Specific	No
Duration	July 2016 – June 2017
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.
Approach to market	Expressions of Interest (EOI) were sought from each region; and direct funding allocated to the existing services identified as capable to expand their scope to fill in the identified gap.
Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	\$200,000
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	\$xx (please enter numbers only, no text)

Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	\$xx (please enter numbers only, no text)
Funding from other sources	If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).

Proposed Activities	
Activity Title / Reference	AH 6: After Hours Health Care Management
Existing, Modified, or New Activity	Modified
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Priority 1: Keeping people well in the community</p> <p>Priority 2: People with multiple morbidities especially chronic co-occurring physical conditions and mental health conditions</p> <p>Priority 3: Tailored services to meet the needs of recognised disadvantaged cohorts including Aboriginal people</p> <p>Priority 4: System navigation and integration to help people get the right services at the right time and in the right place</p> <p>Priority 5: Capable workforce tailored to these priorities</p>
Description of Activity	<p>In relation to the CPC trial, trial practices are given flexibility to propose an activity which helps them best manage the urgent health care needs of patients as long as the proposed activity does not duplicate funding provided by Medicare or other government funding including the afterhours practice incentive payment (AH PIP). The proposed activities include:</p> <ul style="list-style-type: none"> • Urgent after hours discretionary fund for direct costs to prevent admission of patients to hospital. This could include gap payments for medications, equipment hire or a home nursing service; • Incentives for weekend opening hours; and • Multi-disciplinary team members targeted to urgent after hours health needs of the target cohort, e.g. Aboriginal health worker, mental health nurse, social worker or translation services. <p>In the afterhours period practices continue to implement the CPC approach on methods of:</p> <ul style="list-style-type: none"> • patient identification; • disease management;

	<ul style="list-style-type: none"> • identifying patient outcomes; • use of e-health; • data collection and sharing; • optimal use of available pooled funding; • patient engagement in their own care; and • identification of multi-disciplinary team members.
Target population cohort	Country WA PHN Regions
Consultation	Consultation through the RCCC involved engagement with peak bodies, aboriginal health planning forums, WACHS and other services providers.
Collaboration	<p>The PHNs collaborate with several key stakeholders on the afterhours activity. Prioritised stakeholders included:</p> <ul style="list-style-type: none"> • Royal Australian College of General Practice (RACGP); • WA Country Health Services (when feasible to co-locate the AH Health Care Centre at the local hospital to use the existing infrastructure and reduce costs); • WA GP Education and Training (WAGPET); • Other WA medical and allied health peak bodies; • Research partners (e.g. Curtin University, University of Western Australia and/or other academic institutions); • General practices and general practitioners; • Advocacy bodies and representatives for healthcare consumers e.g. Healthcare Consumer Council, Advocare or CarersWA; • Other WA PHNs; • Peak bodies for service providers e.g. WA Council of Social Services; • Primary health care service providers; and • Patients, family and carers.
Indigenous Specific	No, although some AMSs have expressed interest in the CPC approach.
Duration	July 2016 – June 2018
Coverage	Country WA PHN region covering the following geographical regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Southwest and Great Southern.
Approach to market	Expressions of Interest (EOI) were sought for participation in CPC.

Planned Expenditure 2016-17 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2016-17 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Commonwealth funding	<i>\$xx (please enter numbers only, no text)</i>
Planned Expenditure 2017-18 (GST Exc) – Funding from other sources	<i>\$xx (please enter numbers only, no text)</i>
Funding from other sources	<i>If applicable, name other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation).</i>