



Australian Government
Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2018-2019:

Core Funding

General Practice Support Funding

After Hours Funding

PHN COUNTRY WA

The Activity Work Plan has the following parts:

1. **Core Operational and Flexible Funding**
2. **General Practice Support Funding¹**
3. **After Hours Primary Health Care Funding**

Overview

¹ Planned activities under the Schedule - General Practice Support Funding have been combined with the HSI activities to lessen the reporting burden on PHNs.

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

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

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

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

1. (a) Strategic Vision for PHN

WA Primary Health Alliance (WAPHA) operates the three PHNs in Western Australia: Country WA PHN, Perth North PHN and Perth South PHN. WAPHA's strategic vision can be viewed at http://www.wapha.org.au/wp-content/uploads/2018/04/39027-WAPHA-Strategy-Booklet_WEB.pdf.

2. (b) Planned PHN activities

– Core Flexible Funding Stream 2018-19

Proposed Activities	
Activity Title / Reference	CF 1: Integrated Chronic Disease Care
Existing, Modified, or New Activity	Modified - incorporates activities NP 2.1 (Integrated Care coordination) and NP 3 (Country Wide Chronic Disease Education for Self-Management) in the Updated Activity Work Plan (AWP) 2016-2018.
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>WAPHA's strategic priorities are:</p> <ul style="list-style-type: none"> • Health equity and access: identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need. • Person centred models of care: addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care. • Integrated and outcomes focused commissioning: commissioning services with a focus on quality and value based outcomes within the following domains: <ul style="list-style-type: none"> ○ Person: improving patient's experience of their care. ○ Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community. ○ System: getting better at working together. ○ Provider: improving the experience of organisations and staff providing healthcare services. • Strong partnerships: building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey. • Primary care capability: uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce.

The following priorities from the Needs Assessment Report 2017² apply:

Priority1 (P1): Orient primary health care towards people experiencing high socio-economic disadvantage especially in regions where there are lower levels of primary care providers p44

P2: Orient primary health care towards vulnerable people supporting primary health care providers to adopt appropriate approaches for targeted groups p45

P3: Primary care providers work with Aboriginal people and groups to plan and design strategies that address localised priorities p45

P4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages p46

P5: Orient primary health care to ensure that risk factors for poor health outcomes are addressed or modified as early as possible p47

P6: Support local communities to be connected to primary care in and out of hours p48

P7: Build the capacity for patient self-management particularly for patients with co-occurring and multiple morbidities through the support of appropriate primary care providers p48

P8: Build community awareness of when and where to seek non-urgent health care. P49

P9: Reduce rates of potentially preventable hospitalisations (PPHs) by working with primary care providers to target specific areas where there are higher than average rates p50

P10: Promote the effectiveness of digital health technologies to optimise patient care p50

P11: Invest in services that have demonstrated health outcomes by commissioning to a validated Outcomes Framework in order to demonstrate services are efficient and effective p51

² The Country WA PHN 2017 Needs Assessment Report can be viewed at http://www.wapha.org.au/wp-content/uploads/2018/03/180228_PHN_NeedsAssessment_Core_CountryWA_v2_ForPublication.pdf

<p>Aim of Activity</p>	<p>The aim of this activity is to continue to fund integrated primary health care services in areas where need has been demonstrated and, with the support of core operational health systems improvement funding (activity HSI1: System Integration), to determine the degree to which both place based and state-wide services for people with chronic conditions are making an impact on the health needs of the populations they serve and to ensure that providers are meeting their contractual obligations.</p> <p>In 2017-2018, with the support of core operational funding, the PHN was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting country wide and regional place-based services to address the needs of people with chronic conditions including those with circulatory, diabetes and respiratory conditions as outlined in the Needs Assessment Report 2016. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access for people with chronic conditions ○ support self-management ○ sustain engagement with General Practitioners(GPs) and other primary health care professionals ○ develop the capacity of the workforce.
<p>Description of Activity</p>	<p>In 2018/2019 Country WA PHN will continue to fund Integrated Chronic Disease Care (ICDC) Services in each of its regions to better integrate primary health services for people who are most in need of those services including developing linkages with mental health and AOD services.</p> <p>Integrated Chronic Disease Care Services are regionally tailored and can consist of:</p> <ul style="list-style-type: none"> • Multidisciplinary teams providing clinical and self-management support for vulnerable and disadvantaged persons with chronic diseases with priority given to people with cardiology, diabetes and respiratory conditions. • Care coordinators/Primary Health Nurse Practitioners to ensure that patients are followed-up, receive the best wrap around care and are linked successfully with general practice or appropriate health professionals. • 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.

In some regions of Country WA PHN, Chronic Disease Officers have been funded to integrate the chronic disease services provided by the WA Country Health Services (WACHS) with community based primary health care services.

In 2018-19, funding for the following PHN-wide Services will be continued from 2017-2018:

- **Asthma and COPD Telehealth Service for WA:** These services aim to work in partnership with local GPs and healthcare professionals to ensure continuity of care for patients. They provide one on one support and education consultations to patients in country WA via video-conferencing.

In 2018-19, funding for the following Country WA Regional Services will be continued from 2017-2018:

- **Goldfields:** Three Integrated Chronic Disease Care Services across three sub-regions.
- **Great Southern:** One Integrated Chronic Disease Care Service and One Primary Health Nurse Practitioner (Katanning).
- **Kimberley:** Three Integrated Chronic Disease Care Services, a Chronic Conditions Officer and a Community Dietician Education Service to promote effective food access and security to prevent and manage existing chronic conditions in the Aboriginal population.
- **Midwest:** Two Integrated Chronic Disease Care Services across two sub-regions and a Chronic Conditions Project Officer.
- **Pilbara:** Four Integrated Chronic Disease Care Services and a Chronic Conditions Project Officer.
- **South West:** One Integrated Chronic Disease Care Service, Diabetes Education Service, an Aboriginal Integrated Care Service and a Chronic Conditions Officer.
- **Wheatbelt:** Three Integrated Chronic Disease Care Services across three sub-regions and one Nurse Practitioner to service small communities in the Eastern Wheatbelt.

	<ul style="list-style-type: none"> • Great Southern, Wheatbelt and South West. Health Navigator: This service uses phone and telehealth technology to support people with chronic conditions to develop a personal plan to enable them to effectively self-manage their chronic health conditions. <p>In 2018-19, funding for the following projects will be continued from 2017-2018:</p> <ul style="list-style-type: none"> • Kimberley: supporting the development of training pathways for clinical placements for nursing and allied health students within Aboriginal Community Controlled Health Organisations across the Kimberley region. • Kimberley: supporting primary care inclusion in local health services planning for the East Kimberley. • Country WA PHN: developing an appropriate service delivery model for the provision of Social and Emotional Wellbeing and Mental Health Services to Aboriginal people across WA.
Target population cohort	The contracted services focus on financially disadvantaged and vulnerable people with co-existing chronic conditions, including those in remote locations. .
Consultation - HSI Component	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and advisory groups, as well as service providers and community members.
Collaboration - HSI Component	<p>Country WA PHN works closely with WA Country Health Services (WACHS) as a co-commissioning body in managing performance where appropriate.</p> <p>WAPHA is currently working with commissioned providers, General Practice and consumer and carer groups to develop and strengthen strategic partnerships, co-commission where appropriate with state health services and better utilise existing funding where possible. The aim is to secure effective, integrated and sustainable local and virtual primary health service provision, supporting GPs and the consumer with care closer to home.</p>
HSI Component – Other	The activities outlined in Core Operational HSI 1 support this activity by:

	<ul style="list-style-type: none"> continuing to monitor emerging trends in health needs and service needs and develop a quality assurance (QA) process which will be applied to contracted services. applying an increased focus on managing performance of contracted providers.
Indigenous Specific	<p>Yes and No.</p> <p>In some areas of Country WA PHN, notably the Kimberley Region, service users are predominately Aboriginal.</p>
Duration	<ul style="list-style-type: none"> July 2018: Annual Report for 2017/2018. July 2018: Development of a relevant data set. October 2018: Implementation of Model Outcome Maps which include a suite of required and optional indicators across the four outcome domains. January 2019: Six Month Review – analysis of Outcome Maps and implementation of data set. July 2019: Annual Report 2018/2019 – analysis of data set and Outcome Maps.
Coverage	Country WA PHN Regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, Great Southern and the South West.
Commissioning method (if known)	As the PHNs are largely operating within the monitoring and evaluation component of the commissioning framework with a low level of uncommitted funds, there will be limited opportunity for the commissioning of new services. As funds are identified and should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate procurement method.
Decommissioning	As the PHNs are operating within the monitoring and evaluation component of the commissioning framework within this activity, it is not planned to decommission services.
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$11,147,164
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$11,147,164

Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference	CF 2: Developing System Capacity/Integration
Existing, Modified, or New Activity	Modified - incorporates a component of activity NP 2.5 (Enablers for service and patient level integration) in the Updated AWP 2016-2018.
Program Key Priority Area	Other (please provide details) System capacity/integration.
Needs Assessment Priority Area	<p>WAPHA's strategic priorities are:</p> <ul style="list-style-type: none"> • Health equity and access: identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need. • Person centred models of care: addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care. • Integrated and outcomes focused commissioning: commissioning services with a focus on quality and value based outcomes within the following domains: <ul style="list-style-type: none"> ○ Person: improving patient's experience of their care. ○ Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community. ○ System: getting better at working together.

	<ul style="list-style-type: none"> ○ Provider: improving the experience of organisations and staff providing healthcare services. ● Strong partnerships: building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey. ● Primary care capability: uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce. <p>The following priorities from the Needs Assessment Report 2017 apply:</p> <p>P 4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages p46</p> <p>P 10: Promote the effectiveness of digital health technologies to optimise patient care p50</p>
Aim of Activity	<p>To support the primary health care sector by providing an online health information portal (HealthPathways) for general practitioners and primary health care clinicians, to assist with management and appropriate referral of patients when specialist input is required.</p> <p>To facilitate integrated holistic services to reduce the impact of chronic disease by providing enablers for service and patient level integration.</p>
Description of Activity	<p>HealthPathways License and Support</p> <p>An online system for GPs and primary health clinicians providing 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>
Target population cohort	<p>HealthPathways: Primary Health Care patients who are at risk of poor health outcomes, and the health/social care workforce who work with this population.</p>
Consultation - HSI Component	<p>HealthPathways: Consultation with general practice has indicated a willingness to utilise tools to enhance their practices.</p>
Collaboration - HSI Component	<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. • 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 HealthPathways staff facilitates the inclusion of local WACHS pathways.</p>
HSI Component – Other	The activities outlined in Core Operational HSI 1 support this activity.
Indigenous Specific	No.
Duration	<ul style="list-style-type: none"> • July 2018: Annual Report 2017-2018 • January 2019: Six-Month Review 2018-2019 • July 2019: Annual Report 2018-2019.
Coverage	Country WA PHN.
Commissioning method (if known)	N/A
Decommissioning	N/A
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$125,000
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$125,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0

Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

3. (c) Planned PHN activities

- Core Operational Funding Stream: Health Systems Improvement 2018-19
- General Practice Support Funding 2018-19

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

1. (b) Planned PHN activities – Core Flexible Funding 2018-19.

Proposed Activities	
Activity Title / Reference	GPS 1: Supporting General Practice
HSI/GPS Priority Area	General Practice Support
Existing, Modified, or New Activity	Existing – incorporates activities OP 1 (General Practice support), OP 3 (General Practice support – continuous quality improvement), OP 5 (General Practice support – improve cancer screening rates) & OP 6 (General Practice support – improve immunisation rates) from Updated AWP 2016-2018.
Aim of Activity	This activity aims to support general practice staff and clinicians to provide high quality care for patients, particularly those at risk of poor health outcomes. Support is provided through a variety of

³ HSI funding is to be used to deliver core functions within the PHN program such as population health planning, system integration and stakeholder engagement, as well as support to general practice which is not funded under the General Practice Support Funding Schedule. PHNs are able to use flexible funding to commission referral or health pathways activities (including non-staff costs such as ‘Streamliners’) but all associated PHN staff costs must be funded from HSI funding. HealthPathways activity to be undertaken by commissioned services should be separately identified as a Core Flexible Activity in 1. (b) Planned PHN activities – Core Flexible Funding Stream 2018-19.

PHNs cannot commission frontline services using HSI funding. PHNs may use HSI funding to subcontract specific activities under this stream, for example a health data analyst or consultant may be contracted to identify priorities for improved care coordination. Contracted or consultant arrangements are particularly appropriate for time-limited and specialist projects.

Practice support is to be provided through HSI funding and must be primarily delivered through PHN employees. Practice support cannot be commissioned out to a third party. Practice Support includes general practice support not funded under the General Practice Support Funding Schedule and support provided by your PHN to other practices, eg. allied health practices.

	channels including a practice assist helpdesk, practice visits from Primary Health Liaison staff and access to subject matter experts on a range of topics.
Description of Activity	<p>Specific activities include:</p> <ul style="list-style-type: none"> • Working collaboratively with the Communicable Disease Control Directorate (CDCD) and WA Country Health Service to develop and promote appropriate interventions to improve childhood, Aboriginal, Adolescent and Adult immunisation coverage. • Educating practices about the use of recalls and reminder systems for children with overdue Immunisations and targeted adult populations e.g. Zostavax for 70-79-year olds. • Working with practices to improve the transfer of immunisations data to the Australian Immunisation Register (AIR) in a timely and accurate manner. • Educating practices about the recall and reminder systems for bowel, breast and cervical cancer screening and providing PDSA templates. • Working in partnership to better understand workforce capacity, creating opportunities to address gaps and avoid duplication in: <ul style="list-style-type: none"> ○ workforce recruitment and retention ○ capacity building of the workforce in place ○ building the infrastructure and support mechanisms. • Support general practices to prepare for accreditation. • Support general practice workforce to improve cultural appropriateness and address clinical skills gaps. • Assisting with analysis of practice data to improve the quality of care for the practice population and implement QI activities including PDSA cycles. <p>In addition, 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 My Health Record (MYHR). This will be supported by working with pharmacy and allied health professionals to also access and share data through the MYHR system. • Providing support and training to GPs to use secure messaging systems.

	<ul style="list-style-type: none"> • Developing and maintaining a comprehensive library of resources to support general practices. These will be accessible to all WA general practices via www.practiceassist.com.au. • Contributing to service directories which will be made available via a variety of channels, containing information that practices require making referrals to specialist and community based services.
Supporting the primary health care sector	This activity will support the primary health care sector by building capability and capacity within general practice.
Collaboration	<p>The PHN team works with a range of stakeholders, dependent upon place-based needs and including but not limited to:</p> <ul style="list-style-type: none"> • Partner in education activities: <ul style="list-style-type: none"> ○ WA Health ○ WA Country Health Service (WACHS) ○ WAGPET ○ peak bodies. • Partner for education and quality improvement activities: <ul style="list-style-type: none"> ○ Australian Government Department of Health ○ RACGP ○ Non-Government Organisations including Cancer Council, Diabetes WA, Asthma WA, The Lung Foundation ○ Pharmaceutical companies e.g. Novartis and Seqirus ○ CDCD ○ Universities. • Active participants in activities: <ul style="list-style-type: none"> ○ Aboriginal Community Controlled Health Services (ACCHS) ○ general practices. • Inform quality improvement activities <ul style="list-style-type: none"> ○ community, carers and consumers ○ health and social care sector organisations. • Partnership to address workforce shortages <ul style="list-style-type: none"> ○ WACHS ○ Rural Health West

	<ul style="list-style-type: none"> ○ WAGPET ○ RACGP ○ Local Governments ○ Aboriginal Communities.
Duration	July 2018 – June 2021.
Coverage	Country WA PHN.
Expected Outcome	<ul style="list-style-type: none"> ● Improving the quality of care for patients with a focus on keeping patients well in the community. ● Improving the coordination of care for patients, particularly those at risk of poor health outcomes. ● Building strong and collaborative relationships with general practice to achieve the PHN strategic vision. ● Improving data quality; increased uptake of quality improvement activities.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$16,457
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$178,292
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference	GPS 2: Integrating Services & Systems
HSI/GPS Priority Area	System Integration
Existing, Modified, or New Activity	Modified - incorporates activities OP 4 (General Practice Support – HealthPathways) & OP 7 (General Practice Support – Digital Health) from Updated AWP 2016-2018.
Aim of Activity	The current health system is fragmented and pressured by a growing population of people with complex chronic health needs. This activity provides enablers for service, system and patient level integration. These enablers facilitate integrated, holistic care to reduce the impact of chronic disease.
Description of Activity	<ul style="list-style-type: none"> • The HealthPathways Team works across the three WA PHNs to develop and localise WA health pathways to ensure best practice clinical pathways are available, ensuring that patient care is well coordinated, efficient and effective. In Country WA, there is a specific focus on the localisation of pathways in regions and support of effective transition/referral of patients to regional and/or metropolitan specialists where necessary. WA health pathways provides an opportunity for collaboration and integration between primary, secondary and tertiary care including general practice, pharmacy and allied health. This collaboration also contributes towards population health planning through the identification of service gaps. WA HealthPathways supports the roll out of the My Health Record initiative by acting as one of the communication channels to General Practice. • CAT Plus Digital Health Licenses: <ul style="list-style-type: none"> ○ 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 including the Needs Assessment. • Building capacity and capability of our providers to work in an integrated manner and supporting general practice to respond to Commonwealth policy direction. • Preparing general practices to be change enablers and effectively manage change.

Supporting the primary health care sector	This activity will support the primary health care sector through the integration of systems and services.
Collaboration	<p>The PHN team works with a range of stakeholders, dependent upon place-based needs and including but not limited to:</p> <p>Providers:</p> <ul style="list-style-type: none"> • Streamliners • PenCS <p>Partners:</p> <ul style="list-style-type: none"> • WA Health • WACHS • HealthPathways Communities • Australian Digital Health Agency <p>Enabling:</p> <ul style="list-style-type: none"> • RACGP • AMA WA <p>Contribute and review content:</p> <ul style="list-style-type: none"> • Cancer Council • CDCD • Australian Government Department of Health • peak bodies • health, allied health and social care sector organisations • general practitioners • medical specialists.
Duration	July 2018 – June 2021.
Coverage	Country WA PHN.
Expected Outcome	General practice is supported to continually improve the quality of care for patients with a focus on supporting and developing integrated services and systems to keep patients well in the community and will improve the coordination of care to ensure patients receive the right care, in the right place, at the right time.

Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$10,123
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$109,666
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference	HSI 1: System Integration
HSI/GPS Priority Area	System Integration.
Existing, Modified, or New Activity	Existing – incorporates activities OP 8 (Strategic Direction), OP 9 (Commissioning), OP 10 (Population Health Planning) from Updated AWP 2016-2018.
Aim of Activity	<p>Strategic Direction</p> <p>The fragmentation of health and social care commissioning is unsustainable. Health and social care services need to be better co-ordinated around the individual to ensure that the right care is available at the right time and the right place.</p> <p>The purpose of this activity is to develop the landscape for joint planning, co-commissioning, pooled funding and shared accountability; positioning WAPHA as a leader in primary care to steward system integration across WA; and cultivating regionally appropriate governance structures both state-wide at</p>

the system manager level with WA Health and the MHC and the local level with WACHS and public/private hospitals.

Population Health Planning

- Identify the health priorities of the local populations in WA with a key focus on those who are disadvantaged and vulnerable.
- Understand supply and demand and 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.
- Identify barriers and enablers for access to primary health care for people with a key focus on those who are disadvantaged and vulnerable.
- Work towards effective partnerships with other organisations around shared data capture and linkage to inform planning.

Commissioning

- Identify opportunities for state-wide and place-based joint planning and co-commissioning.
- Utilise frameworks, e.g. Outcomes, Commissioning and Prioritisation, to apply a consistent, state-wide and yet locally tailored, place-based approach to the design, commissioning, monitoring and evaluation of outcome based-interventions to address prioritised health and service needs.
- Ensure that commissioned services in WA are evidence based, meet local identified population health needs effectively and efficiently and are nested in pathways to ensure integration and access.
- Encourage the coordination and capacity building of local services to meet the needs of their community.
- Join up the system and improve access.
- Where appropriate, to commission whole of PHN or multi PHN solutions to meet identified broader needs.
- Continue to monitor emerging trends in health needs and service needs and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.

	<ul style="list-style-type: none"> • Applying an increased focus on managing performance of contracted providers and evaluating the impact of commissioned programs.
Description of Activity	<p>Strategic Direction</p> <p>WAPHA:</p> <ul style="list-style-type: none"> • Supports the three WA PHNs to develop, align and operationalise WA population primary health priorities within the context of Commonwealth primary health care policy utilising a systems approach and outcome based commissioning. • Provides guidance and advice to the WA PHNs in respect to relevant primary health care policy and strategy and its impact on commissioning priorities, design and implementation. • Leads in the development of innovative, best practice models of primary health care service delivery and funding models. • Informs Federal and State Government policy and strategic direction based on identified priority health and service needs. <p>Population Health Planning</p> <ul style="list-style-type: none"> • WAPHA, in conjunction with our academic partner, Curtin University, undertakes analysis to identify service and supply 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 inform primary care workforce planning and identify the health and service need priorities of the local population. <p>Commissioning – the WAPHA Commissioning cycle for both state-wide and place-based services involves:</p> <ul style="list-style-type: none"> • Planning - identifying local needs and service gaps based on data and service analysis and consultation with key stakeholders. • Designing - using best practice models and working with local and state-wide service providers and stakeholder to develop appropriate service responses. • Procurement - using a range of approaches based on an analysis of the market place including EOIs, Request for Proposals and Request for Tenders.

	<ul style="list-style-type: none"> • Monitoring and review - including development of outcome based contracts and reporting are developed and implemented across WAPHA. <ul style="list-style-type: none"> • The Needs Assessment Report 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps which include a suite of required and optional indicators across the four outcome domains. • Evaluating - the performance of services and determine whether and to what extent a reshaping of the structure of supply is required using the Outcome Maps, provider and client reported outcomes and other relevant data. • The PHN will apply an increased focus on managing performance of contracted providers including reviewing/monitoring and evaluating services to determine: • How well targeted and efficient services are - using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion) for each of the commissioned services will provide the PHN with the information to: <ul style="list-style-type: none"> ○ Assess improvements to health outcomes. ○ Help shape future service provision and/or seek alternative commissioning activity. ○ Determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment Report 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>⁴. • How effective services and systems are in relation to: <ul style="list-style-type: none"> ○ Patient experience ○ Patient health outcomes with focus on the efficacy of treatment to deliver a positive client outcome ○ Service/system integration ○ Service sustainability including provider experience/governance.
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⁴ Vaike Vohma, Alex Xiao, Changying Shao, Peter Somerford (2017). Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia. Department of Health Western Australia and WA Primary Health Alliance. Perth, Western Australia.

	<ul style="list-style-type: none"> ○ Findings of formal evaluation e.g. the Integrated Chronic Disease Care program evaluation, undertaken by WA Centre for Rural Research in 2017/2018 and Integrated Team Care Evaluation undertaken by Curtin University, will also inform performance management.
Supporting the primary health care sector	<p>This activity will help Country WA PHN support the primary health care sector through:</p> <ul style="list-style-type: none"> • Commissioning of services: <ul style="list-style-type: none"> ○ in the areas of greatest need. ○ with a focus on quality and value. • Development of evidence informed, person-centred models of care which address priority health gaps and inequities. • Building collaborative, strong and sustainable partnerships to improve coordination throughout the patient journey. • Strengthening capacity and capability in primary care to ensure the development of a sustainable workforce.
Collaboration	<p>WAPHA will work with WA Health and the MHC as system coordinators and co-commissioning bodies in informing primary care workforce planning, identifying the health and service need priorities of the local population and shaping the structure of supply.</p> <p>Country WA PHN will work with Area Health Services, Local Government, commissioned providers, General Practice, peak bodies and membership organisations, Aboriginal Community Controlled Health Organisations, individual consumers, carers and representative groups, non-government organisations, health and social services organisations and professionals to develop and strengthen strategic partnerships, identify local needs and service gaps, co-design and better utilise existing funding where possible.</p>
Duration	2018 – 2021.
Coverage	Country WA PHNs.
Expected Outcome	<p>Improved health care outcomes for the Western Australian (WA) community.</p> <p>Efficient and effective medical services for patients, particularly those at risk of poor health outcomes.</p>

	Improved coordination of care to ensure patients receive the right care, in the right place at the right time.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$3,765,198
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference	HSI 2: Stakeholder Engagement and Communications
HSI/GPS Priority Area	System Integration.
Existing, Modified, or New Activity	Existing – incorporates activities OP 11 (Stakeholder Engagement) and OP 12 (Communication and Marketing) from Updated AWP 2016-2018.
Aim of Activity	<p>Stakeholder engagement has enormous value in the identification and management of risks, building support, facilitating change management within the context of transitioning priorities for PHN programs. WAPHA's stakeholder and communications strategy aims to:</p> <ul style="list-style-type: none"> • enable strong partnerships so our stakeholders support and work with us to achieve our vision of health equity. • generate awareness and build our reputation by demonstrating the positive impacts of our work throughout the broader health care environment.

Description of Activity

WAPHA will continue to mature relationships with key strategic stakeholders including the Australian Government Department of Health, WA Health, peak bodies, health providers, social service providers, consumer groups, Aboriginal groups and communities and the wider community to address priorities identified in the Needs Assessment Report 2017.

WAPHA will facilitate multi-disciplinary partnerships to support the development of integrated models of care.

WAPHA will achieve this by:

- Developing a targeted approach for key stakeholder groups (GPs and other general practice staff and allied health professionals, all levels of government, peak bodies and membership organisations, health service providers, and community and consumers).
- Updating and developing place-based stakeholder engagement plans with a significant focus on the implementation of sustained and meaningful collaboration within local communities to inform all stages of the commissioning cycle and system integration.
- Funding Digital Health Licenses including:
 - Patient Opinion to promote the vital role of consumer feedback in service improvement⁵.
 - Primary Health Exchange - an online community engagement site where stakeholders can engage with the planning and design of primary health care in WA⁶.
 - My Community Directory - to help Australians find health and community service information and in doing so provide usage data which can contribute to population health planning to assist in the identification of health needs and service gaps.
- Leading integration and championing primary care future focussed proactive planning.
- Establishing trusted and purposeful strategic relationships with stakeholders, clinicians and community representatives underpinned by the international Association for Public Participation (IAP2) Stakeholder Engagement Framework⁷.
- Strengthening the following enablers:

⁵ See <https://www.patientopinion.org.au/>

⁶ See <https://phexchange.wapha.org.au/>

⁷ International Association for Public Participation (IAP2). 2007. IAP2 public participation spectrum

	<ul style="list-style-type: none"> ○ Brand positioning, key messages, stakeholder relationship management, digital channels (website, e-newsletters, social media and Primary Health Exchange (community engagement / consultation tool)). ○ Campaigns to raise community awareness on topics such as depression and obesity. ○ Optimising the use of customer relationship management systems.
Supporting the primary health care sector	<ul style="list-style-type: none"> ● Country WA PHN has a relatively small proportion of the health system funding, which restricts our scope to achieve system-wide reform. The PHN provides critical leadership to the primary health care sector by bringing other stakeholders to the table to leverage resources, form partnerships, steer the market and strategically invest in key areas. ● Country WA PHN also champions change within the primary health care sector by embedding a commissioning approach and new ways of working across the system. Commissioning will result in a change to the roles and requirements of some individuals and organisations. The PHN's leadership and stakeholder engagement are key factors in enabling this culture change.
Collaboration	<p>WAPHA will work closely with the following stakeholders to ensure appropriate and targeted stakeholder engagement and communication across the sector:</p> <ul style="list-style-type: none"> ● Australian Government Department of Health. ● System Manager level: <ul style="list-style-type: none"> ○ WA Health ○ WA MHC. ● State-Wide / PHN level: <ul style="list-style-type: none"> ○ WACHS ○ peak bodies and membership organisations ○ local government ○ Aboriginal Community Controlled Health Organisations ○ individual consumers, carers and representative groups ○ non-government organisations ○ health and social services organisations and professionals.
Duration	July 2018-June 2021.
Coverage	Country WA PHN.

Expected Outcome	The expected outcome of this activity will be to strengthen partnerships with Country WA PHN's key stakeholder groups, increase awareness of the positive impacts of the PHN; therefore, building the reputation of the PHN program within Western Australia.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$224,295
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$0
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

4. (a) Strategic Vision for After Hours Funding

The Country WA PHN will achieve the After Hours key objectives of:

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

In 2018-19 and onwards, the Country WA PHN will:

- implement innovative and locally-tailored solutions for after hours services, based on community needs; and
- work to address gap in after hours service provision.

Vision

- Efficient and effective after hours primary health care - well-coordinated, easily accessible, patient centred and able to be seamlessly navigated by all patients in the community with General Practitioners at the heart of the Primary Care relationship.
- All people receiving primary health care are empowered to make informed decisions on getting the right treatment in the right place and at the right time.

Aim

- To improve the delivery of primary after hours health services across country Western Australia and achieve long term improvements for the current and potential patients of primary health.
- To develop and implement innovative placed based service delivery solutions that aim to achieve higher levels of service coordination and integration through an integrated after hours strategy.

Strategic priorities

- **Health equity and access:** identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need.
- **Person centred models of care:** addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care.
- **Integrated and outcomes focused commissioning:** commissioning services with a focus on quality and value based outcomes.
- **Strong partnerships:** building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey.
- **Primary care capability:** uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce.

Commissioning principles

- Country WA PHN has concentrated on areas of need identified through sound need and evidence analysis and our consultations with key stakeholders which include local communities, health professionals and all levels of government,
- Priority for contracted services was given to patients from disadvantaged/vulnerable groups. These groups include: residents of aged care facilities, people with palliative primary health care

needs; homeless; disadvantaged Aboriginal people and people made vulnerable through violence and abuse.

- Taking a longer-term approach to planning for after-hours services, Country WA PHN seeks to build the capacity of the primary health care sector to provide after-hours services. Many primary carer service providers across chronic conditions, mental health, drug and alcohol treatment services have only recently commenced programs and may in time be able to provide the foundations for after- hours services where they are required.

Outcomes

- In keeping with WAPHA's Outcome Framework, Country WA PHN will monitor outcomes for commissioning of primary health care service provider using suite of mandatory and optional outcome indicators across four outcome domains:
 - Person: improving patient's experience of their care.
 - Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community.
 - System: getting better at working together.
 - Provider: improving the experience of organisations and staff providing healthcare services.
- Of relevance to WAPHA will be indicators that relate both to access to after-hours services and the outcomes for patients using these services.

4. (b) Planned PHN Activities

– After Hours Primary Health Care Funding 2018-19

Proposed Activities	
Activity Title / Reference	AH 1: After Hours Primary Health Care
Existing, Modified, or New Activity	Existing.
Needs Assessment Priority Area	<p>WAPHA’s strategic priorities are:</p> <ul style="list-style-type: none"> • Health equity and access: identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need. • Person centred models of care: addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care. • Integrated and outcomes focused commissioning: commissioning services with a focus on quality and value based outcomes within the following domains: <ul style="list-style-type: none"> ○ Person: improving patient’s experience of their care. ○ Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community. ○ System: getting better at working together. ○ Provider: improving the experience of organisations and staff providing healthcare services. • Strong partnerships: building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey. • Primary care capability: uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce. <p>The following priorities from the Needs Assessment Report 2017 apply:</p> <p>P1: Orient Primary Health care towards people experiencing high socio-economic disadvantage especially in regions where there are lower levels of primary care providers p44</p>

	<p>P2: Orient primary health care towards vulnerable people supporting primary health care providers to adopt appropriate approaches for targeted groups p45</p> <p>P3: Primary care providers work with Aboriginal people and groups to plan and design strategies that address localised priorities p45</p> <p>P4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages p46</p> <p>P5: Orient primary health care to ensure that risk factors for poor health outcomes are addressed or modified as early as possible p47</p> <p>P6: Support local communities to be connected to primary care in and out of hours p48</p> <p>P7: Build the capacity for patient self-management particularly for patients with co-occurring and multiple morbidities through the support of appropriate primary care providers p48</p> <p>P8: Build community awareness of when and where to seek non-urgent health care p49</p> <p>P9: Reduce rates of PPHs by working with primary care providers to target specific areas where there are higher than average rates p50</p> <p>P10: Promote the effectiveness of digital health technologies to optimise patient care p50</p> <p>P11: Invest in services that have demonstrated health outcomes by commissioning to a validated Outcomes Framework in order to demonstrate services are efficient and effective p51</p>
Aim of Activity	<p>The aim of this activity is to fund after hours primary health care services in areas where need has been demonstrated and, with the support of core operational health systems improvement funding (activity HSI1: System Integration), to determine the degree to which these services are making an impact on the health needs of the populations they serve and to ensure that providers are meeting their contractual obligations.</p> <p>In 2017-2018 the PHN, with the support of core operational funding, was engaged in:</p>

	<ul style="list-style-type: none"> • Designing and contracting placed based and country wide services to address the needs of vulnerable populations and reduce the number of potentially preventable hospitalisations and patient transfers. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access ○ support self-management ○ sustain engagement with GPs and other primary health care professionals ○ develop the capacity of the workforce.
<ul style="list-style-type: none"> • Description of Activity 	<p>In 2018-2019 the following Country Wide Service will continue to be funded from 2017-2018:</p> <ul style="list-style-type: none"> • In 2017-2018 the PHN contracted a telehealth service to address the needs of people living in rural and remote areas who are not able to get to their GP and to prevent inappropriate Emergency Department admissions. • People needing after hours primary health care can contact the service by phone and speak to a GP who can provide simple diagnosis, prescribe medication, make a referral to a specialist and, with the caller’s consent, provide a summary of the consultation to the caller’s regular GP. The service ensures that patients are connected with their regular GP to ensure continuity of health care. • In contrast, callers to healthdirect GP are responded to first by a nurse who makes an assessment and determines whether a call back from a GP is warranted. Healthdirect GP draws on information contained in the National Health Services Directory directing callers to the most appropriate local services including alternatives to emergency departments in major cities. Callers have the option to have a care advice summary sent to them via SMS or email and can have an encounter summary sent to their regular GP and an event summary uploaded to their My Health Record. <p>In 2018-2018 the following Country WA Regional Service will be funded:</p> <ul style="list-style-type: none"> • The Great Southern GP After Hours Collaborative has been funded to provide an on-call service for Aged Care Facilities, Aged and Community Home Care Patients and a face to face after hours primary

	<p>care clinic operating from the Albany Health Campus which will operate on weekends and be scaled up in accordance with demand.</p> <p>The PHN will apply an increased focus on managing performance of contracted providers including reviewing/monitoring and evaluating services to determine:</p> <p>How well targeted and efficient services are - Using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion) for each of the commissioned services will provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment Report 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</p> <p>How effective services and systems are in relation to:</p> <ul style="list-style-type: none"> • Patient experience • Patient health outcomes with particular focus on the efficacy of treatment to deliver a positive client outcome • Service/system integration • Service sustainability including provider experience/governance. <p>The Needs Assessment Report 2017 identified long term expected outcomes and possible performance measures. This has informed the Outcome Maps which include a suite of required and optional indicators across the four outcome domains.</p> <p>Using the Outcome Maps and provider and client reported outcomes and relevant data the PHN will evaluate the performance of services and determine whether and to what extent a reshaping of the structure of supply is required.</p> <p>In 2018-2021, Country WA PHN will focus on limited further shaping of supply where required.</p>
Target population cohort	Country WA PHN.

Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and advisory groups, as well as service providers and community.
Collaboration	<p>Country WA PHN will work with WA Health and the MHC as system coordinators and co-commissioning bodies in shaping the structure of supply.</p> <p>WAPHA is working with commissioned providers, General Practice and consumer and carer groups to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary health service provision, supporting GPs and the consumer with care closer to home.</p>
Indigenous Specific	No.
Duration	<ul style="list-style-type: none"> • July 2018: Annual Report for 2017/2018. • July 2018: Development of a relevant data set. • October 2018: Implementation of Model Outcome Maps which include a suite of required and optional indicators across the four outcome domains. • January 2019: Six Month Review – analysis of Outcome Maps and implementation of data set. • July 2019: Annual Report 2018/2019 – analysis of data set and Outcome Maps.
Coverage	Country WA PHN, except for Pilbara and Kimberley regions.
Commissioning method (if relevant)	As the PHNs are largely operating within the monitoring and evaluation component of the commissioning framework with a low level of uncommitted funds, there will be limited opportunity for the commissioning of new services. As funds are identified, and should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate procurement method.
Decommissioning	If the PHN is no longer able to access after-hours funding, contracts for the after-hours services will end at June 2019. The PHN will work with those service providers to ensure that activities are completed and that stakeholders are aware of alternative options.

Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,000,000
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities	
Activity Title / Reference	AH 2: Support to disadvantaged/vulnerable populations including those in Residential Aged Care
Existing, Modified, or New Activity	Existing -previously AH 3 (Support to disadvantaged vulnerable populations) in the Updated AWP 2016-2018.
Needs Assessment Priority Area	<p>WAPHA’s strategic priorities are:</p> <ul style="list-style-type: none"> • Health equity and access: identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need. • Person centred models of care: addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care. • Integrated and outcomes focused commissioning: commissioning services with a focus on quality and value based outcomes within the following domains: <ul style="list-style-type: none"> ○ Person: improving patient’s experience of their care. ○ Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community. ○ System: getting better at working together. ○ Provider: improving the experience of organisations and staff providing healthcare services. • Strong partnerships: building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey. • Primary care capability: uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce. <p>The following priorities from the Needs Assessment Report 2017 apply:</p>

	<p>P1: Orient primary health care towards people experiencing high socio-economic disadvantage especially in regions where there are lower levels of primary care providers p44</p> <p>P2: Orient primary health care towards vulnerable people supporting primary health care providers to adopt appropriate approaches for targeted groups p45</p> <p>P3: Primary care providers work with Aboriginal people and groups to plan and design strategies that address localised priorities p45</p> <p>P4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages p46</p> <p>P5: Orient primary health care to ensure that risk factors for poor health outcomes are addressed or modified as early as possible p47</p> <p>P6: Support local communities to be connected to primary care in and out of hours p48</p> <p>P7: Build the capacity for patient self-management particularly for patients with co-occurring and multiple morbidities through the support of appropriate primary care providers p48</p> <p>P8: Build community awareness of when and where to seek non-urgent health care p49</p> <p>P9: Reduce rates of potentially preventable hospitalisations (PPHs) by working with primary care providers to target specific areas where there are higher than average rates p50</p> <p>P10: Promote the effectiveness of digital health technologies to optimise patient care p50</p> <p>P11: Invest in services that have demonstrated health outcomes by commissioning to a validated Outcomes Framework in order to demonstrate services are efficient and effective p51</p>
Aim of Activity	<p>The aim of this activity is to continue to fund afterhour services in areas where need has been demonstrated and, with the support of core operational health systems improvement funding (activity HSI1: System Integration), to determine the degree to which Country WA PHN After Hours services were making an impact on the health need of the populations they serve and to ensure that services are meeting their contractual obligations.</p>

	<p>In 2017-2018 the PHN, with the support of core operational funding, was engaged in</p> <ul style="list-style-type: none"> • Designing and contracting placed based services to address the needs of vulnerable populations and reduce the number of potentially preventable hospitalisations and patient transfers. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access ○ support self-management ○ sustain engagement with GPs and other primary health care professionals ○ develop the capacity of the workforce.
Description of Activity	<p>In 2018-2019 the following Country WA Regional Services will continue to be funded from 2017-2018:</p> <ul style="list-style-type: none"> • Wheatbelt: a culturally secure diversion service for Aboriginal people who are inappropriately using the Emergency Department at Northam Hospital to link them up with GPs, Integrated Chronic Disease Care Services and other culturally appropriate primary health care services. • Midwest/Kimberley: an afterhours on call GP service for three Residential Aged Care Facilities (RACF) in Geraldton and one RACF in Broome in the Kimberley. • Kimberley: An afterhours GP service for people in Derby who are elderly and living in the community and people with palliative care needs. • Goldfields: A mental health afterhours service for Aboriginal people with severe mental health problems living in a remote Aboriginal Community. This is an addition to a service funded via the Aboriginal Mental Health Program enables continuing care and support for vulnerable people. <p>In 2018-2021 Country WA PHN will continue to monitor emerging trends and develop a quality assurance (QA) process which will be applied to contracted services. One component of this QA will be the embedding of requirements for robust clinical governance frameworks in service provider contracts.</p> <p>The PHN will apply an increased focus on managing performance of contracted providers including reviewing/monitoring and evaluating services to determine:</p> <p>How well targeted and efficient services are - using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion) for each of the commissioned services will</p>

	<p>provide the PHN with a variety of information to assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity. The PHN will use the data to determine the degree to which those in receipt of services reflect the populations most in need, as outlined in the Needs Assessment 2017 and the <i>Lessons of Location: Potentially Preventable Hospitalisation Hotspots in Western Australia 2017</i>.</p> <p>How effective services and systems are in relation to:</p> <ul style="list-style-type: none"> • Patient experience • Patient health outcomes with particular focus on the efficacy of treatment to deliver a positive client outcome • Service/system integration • Service sustainability including provider experience/governance.
Target population cohort	<p>The services that have been contracted will focus on the primary health care needs of:</p> <ul style="list-style-type: none"> • Aboriginal people • people living in aged care facilities • people with palliative care needs and elderly people living in the community.
Consultation	<p>In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and advisory groups, as well as service providers and community.</p>
Collaboration	<p>Country WA PHN will work with WACHS as a co-commissioning body in managing performance where appropriate.</p> <p>WAPHA is currently working with commissioned providers, General Practice and consumer and carer groups to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where possible. The aim is to secure effective and sustainable local and virtual primary health service provision, supporting GPs and the consumer with care closer to home.</p>
Indigenous Specific	<p>Yes, for some services.</p>

Duration	<ul style="list-style-type: none"> • July 2018: Annual Report for 2017/2018. • July 2018: Development of a relevant data set. • October 2018: Implementation of Model Outcome Maps which include a suite of required and optional indicators across the four outcome domains. • January 2019: Six Month Review – analysis of Outcome Maps and implementation of data set. • July 2019: Annual Report 2018/2019 – analysis of data set and Outcome Maps.
Coverage	Country WA PHN region including Kimberley and the Midwest.
Commissioning method (if relevant)	As the PHNs are largely operating within the monitoring and evaluation component of the commissioning framework with a low level of uncommitted funds, there will be limited opportunity for the commissioning of new services. As funds are identified and should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate procurement method.
Decommissioning	If the PHN is no longer able to access after-hours funding, contracts for the after-hours services will end at June 2019. The PHN will work with those service providers to ensure that activities are completed and that stakeholders are aware of alternative options.
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$790,000
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A

Proposed Activities

Activity Title / Reference	AH 3: After Hours Mental Health, Suicide Prevention and Drug and Alcohol Treatment Services
Existing, Modified, or New Activity	Existing - previously activity AH 6 (After Hours Mental Health/Suicide Prevention /AOD Services) in the Updated AWP 2016-2018

Needs Assessment Priority Area

WAPHA's strategic priorities are:

- **Health equity and access:** identifying barriers to access by applying an evidence-based monitoring and evaluation approach to prioritise the commissioning of services in the areas of greatest need.
- **Person centred models of care:** addressing the priority health gaps and inequities identified by developing contextualised, person centred models of care.
- **Integrated and outcomes focused commissioning:** commissioning services with a focus on quality and value based outcomes within the following domains:
 - Person: improving patient's experience of their care.
 - Clinical: reducing burden of disease for individual patients and the prevalence of disease across our community.
 - System: getting better at working together.
 - Provider: improving the experience of organisations and staff providing healthcare services.
- **Strong partnerships:** building sustainable relationships with clinicians, communities, providers and other stakeholders to improve coordination across the patient journey.
- **Primary care capability:** uplifting the capacity and capability in the primary care environment to support the development of a skilled and sustainable workforce.

The following priorities from the Needs Assessment Report 2017 apply:

P1: Orient primary health care towards people experiencing high socio-economic disadvantage especially in regions where there are lower levels of primary care providers p44

P2: Orient primary health care towards vulnerable people supporting primary health care providers to adopt appropriate approaches for targeted groups p45

P3: Primary care providers work with Aboriginal people and groups to plan and design strategies that address localised priorities p45

P4: Improve transitions between services by supporting effective care pathways, care coordination and service linkages p46

P5: Orient primary health care to ensure that risk factors for poor health outcomes are addressed or modified as early as possible p47

	<p>P6: Support local communities to be connected to primary care in and out of hours p48</p> <p>P7: Build the capacity for patient self-management particularly for patients with co-occurring and multiple morbidities through the support of appropriate primary care providers p48</p> <p>P8: Build community awareness of when and where to seek non-urgent health care p49</p> <p>P9: Reduce rates of potentially preventable hospitalisations (PPHs) by working with primary care providers to target specific areas where there are higher than average rates p50</p> <p>P10: Promote the effectiveness of digital health technologies to optimise patient care p50</p> <p>P11: Invest in services that have demonstrated health outcomes by commissioning to a validated Outcomes Framework in order to demonstrate services are efficient and effective p51</p>
<p>Aim of Activity</p>	<p>The aim of this activity is to fund after-hour services where need has been demonstrated and, with the support of core operational health systems improvement funding (activity HSI1: System Integration), to determine the degree to which Country WA PHN After Hours services are making an impact on the mental health needs of people living in the Midwest, South West and Great Southern and people with mental health needs living in the Pilbara and Wheatbelt, and to ensure they are meeting their contractual obligations.</p> <p>In 2017-2018 the PHN, with the support of core operational funding, was engaged in:</p> <ul style="list-style-type: none"> • Designing and contracting services to: <ul style="list-style-type: none"> ○ provide access for people including young people who need a mental health/AOD response after hours including those at risk of suicide. ○ redirect patients from emergency departments to appropriate primary mental health/AOD services and increase capacity and communication between GPs and Primary Mental Health Care Teams. • Shaping the structure of supply to: <ul style="list-style-type: none"> ○ increase access ○ support self-management ○ sustain engagement with GPs and other primary health care professionals ○ develop the capacity of the workforce.

Description of Activity	<p>In 2018/2019 funding for the following services will be continued from 2017-2018:</p> <ul style="list-style-type: none"> • Pilbara: An afterhours diversion service for people presenting at the Emergency Department in Karratha and Hedland with Mental Health and Drug and Alcohol issues. The service links people with more appropriate mental health and DOA services in the community. • Wheatbelt: An After Hours services for people with mental health/AOD issues presenting at the Emergency Department in Northam. • Great Southern/Midwest/South-West/Goldfields/Kimberley: Extension of headspace services into after hours for young people and their families living in Albany, Bunbury, Geraldton, Kalgoorlie and Broome. <p>In 2018-2019 services that are planned include:</p> <ul style="list-style-type: none"> • Goldfields: An extension of an existing drug and alcohol service into the afterhours for Leonara and Laverton with outreach to surrounding remote Aboriginal communities. • Wheatbelt: Afterhours service for people with mental health issues presenting at the emergency service in Narrogin.
Target population cohort	People who need a mental health/ drug and alcohol treatment response/primary health care response after hours.
Consultation	In monitoring and evaluating the effectiveness of services WAPHA will consult with a range of state-wide and regional peak bodies and advisory groups, as well as service providers and community members.
Collaboration	<p>Country WA PHN will work with WA Health and the WA MHC as system managers and co-commissioning bodies in managing performance where appropriate.</p> <p>WAPHA is currently working with commissioned providers, community mental health teams, general practice and consumer and carer groups to develop and strengthen strategic partnerships, co-commission where appropriate with the state health services and better utilise existing funding where</p>

	possible. The aim is to secure effective and sustainable local and virtual primary mental health service provision, supporting GPs and the consumer with care closer to home.
Indigenous Specific	No, however in some regions Aboriginal people may represent the majority of clients.
Duration	<ul style="list-style-type: none"> • July 2018: Annual Report for 2017/2018. • July 2018: Development of a relevant data set. • October 2018: Implementation of Model Outcome Maps which include a suite of required and optional indicators across the four outcome domains. • January 2019: Six Month Review – analysis of Outcome Maps and implementation of data set. • July 2019: Annual Report 2018/2019 – analysis of data set and Outcome Maps.
Coverage	Country WA PHN region including: Pilbara, Midwest, Wheatbelt, South West
Commissioning method (if relevant)	As the PHNs are largely operating within the monitoring and evaluation component of the commissioning framework with a low level of uncommitted funds, there will be limited opportunity for the commissioning of new services. As funds are identified and should the service evaluations highlight a need for recommissioning or should one of the providers be unable to continue to deliver the commissioned services, consideration will be given to the appropriate procurement method.
Decommissioning	If the PHN is no longer able to access after hours funding, contracts for the after hours services will end at June 2019. The PHN will work with those service providers to ensure that activities are completed and that stakeholders are aware of alternative options.
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,927,949
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	N/A