PHN Activity Work Plan

Summary View
2020/2021 – 2023/24

Core and GP Support

Perth North PHN

Presented to the Australian Government Department of Health

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

Contents

CF 1000 – Managing Chronic Conditions

Activity Title

Managing Chronic Conditions

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

Chronic disease is a major health burden in Australia. Vulnerable, disadvantaged people are at higher risk of chronic health conditions.

The aim of this activity is to continue to fund integrated primary health care services in:

- areas where need has been demonstrated.
- determine the degree to which place based services for people with chronic conditions are making an impact on the health needs of the populations they serve with the support of core operational health systems improvement funding (activity HSI 1000 - Health System Integration).
- ensure contracted service providers are meeting their contractual obligations.

The Primary Health Network (PHN) will continue to work to structure supply in order to increase access to primary health services for people with chronic conditions; support self-management; sustain engagement with general practitioners and other primary health professionals and develop the capacity of the primary health workforce.

Description of Activity

Existing activities will continue to be funded are:

1. Respiratory Care Coordination – the service provides community-based care coordination for patients with advanced respiratory disease – specifically those who require domiciliary oxygen.

2. The Chronic Obstructive Pulmonary Disease (COPD) Primary Acute Integration – the service provides education and support to patients with COPD (non-oxygen dependent) who are discharged from Joondalup Health Campus, to integrate their care with primary health practitioners and community-based services and increase self-management. The service will collaborate with Joondalup Health Campus and hospital based Respiratory Physicians, to deliver general practitioner education to improve care and management of

COPD patients in the primary health care sector.

3. Primary Care at Home -the service provides primary health care to vulnerable and disadvantaged people who are currently engaged with community and social services. The service takes healthcare into the homes of some of Perth's more vulnerable people, whether that be a house, hostel, or community residential facility. The service provides health assessment, treatment, development of an individualized care plan and connection to a general practitioner.

4. Persistent Pain Program – the program aims to help persistent pain sufferers improve self-management of their pain through expert education, individual case management, support, goal setting and improved use of community healthcare services. The program also aims to build the capacity of the primary health sector in identified locations to provide improved chronic pain management. The program is designed so that participants can explore a range of different strategies for living well leading to:

    - reduced reliance on medication for pain management,
    - reduced requirements for emergency care, and
    - participants not requiring referral to a higher level of hospital-based care.

The PHN will continue to develop and maintain close working relationships with contracted service providers and will formally review services at six- and twelve-month intervals using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient feedback) to determine how well targeted and efficient services are, and how effective services and systems are in relation to patient experience, patient health outcomes, service/system integration and service sustainability including provider experience/governance.

Using revised outcome maps and evaluation reports which provide both provider and client reported outcomes and other 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.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87
PNGP1.4 Increase access to allied health services and chronic disease management programs provided by allied health practitioners.	88

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$1,692,596.42	$1,692,799.44	$1,731,044.65	$0.00	$5,116,440.51
Total	$1,692,596.42	$1,692,799.44	$1,731,044.65	$0.00	$5,116,440.51

CF U1010 - Primary Care Chronic Disease Support Services

Activity Title

Primary Care Chronic Disease Support Services

Activity Number

U1010

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To provide funding for contracted service providers to improve integration and coordination of primary care services, to build on available resources and workforce needs, to introduce innovation, and to encourage cost effectiveness and enhanced service integration.
The distribution of funding will aim to improve the health outcomes and experiences of care provision and build capacity and integration in the chronic disease sector.

Description of Activity

This activity provides funding in three key areas. These will be:

1. Treatment services, waitlist, and service model optimisation in priority areas.
   Funding will be provided to contracted service providers to supplement existing treatment services, reduce waitlists and optimise current service models.

2. Establishment of Local Integrated Health Hubs
   The establishment of Local Integrated Health Hubs in specific areas where there are multiple contracted service providers and populations of people with complex health needs. The Hubs will coordinate services and patient care across professional, organisational and sector boundaries to provide integration and quality service provision. This activity will aim to assure the delivery of effective, efficient clinical care and self-management support for people with chronic conditions.
   The Local Health Hubs will also enhance planned interactions to support evidence-based care, provide clinical care coordination services for complex patients, ensure regular follow-up by the care team, and provide services that are patient centred and that fits with their local needs.

3. Funding to contracted service providers focused on the Primary Health Network (PHN) Program Performance Quality Framework indicator improvement.

Primary care organisations will be provided opportunity to apply for funding to build and enhance innovation and capacity within chronic condition services in primary care to support people more effectively in the community. The funding will also be aimed at supporting primary care providers to reduce unnecessary hospitalisations through effective and enhanced integrated care pathways, service coordination and service linkages. The funding will be aligned to the PHN Program Performance and Quality Framework indicators to enhance performance in areas of identified need.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNMH2.1 Engage with Primary Health Care providers, Local Hospital Networks, and other health service providers to improve transitions of care, care coordination and service linkages.	94
PNMH2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	95

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 March 2020

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$1,375,000.00	$60,000.00	$30,000.00	$0.00	$1,465,000.00
Total	$1,375,000.00	$60,000.00	$30,000.00	$0.00	$1,465,000.00

For this activity the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

CF 2000 - Developing System Capacity/Integration

Activity Title

Developing System Capacity/Integration

Activity Number

2000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To support the primary health care sector by:

- providing general practitioners and primary health care clinicians with an online health information portal (HealthPathways) to assist with management and appropriate referral of patients when specialist input is required.
- facilitating integrated holistic services to reduce the impact of chronic disease by providing enablers for service and patient level integration.
- general practices with a PenCAT license to supports patient centred care through the extraction and analysis of general practice data.
- facilitating integrated holistic services to reduce the impact of chronic disease by providing enablers.

Description of Activity

1. HealthPathways License and Support:
    - The Primary Health Network (PHN) will continue to purchase the HealthPathways license and associated support. The license allows the PHN to use the online system for general practitioners and primary health clinicians to provide additional clinical information to support their assessment, treatment, and management of individual patient's medical conditions, including referral processes to local specialists and services.
    - The number of pathways due for review is unusually high due to the HealthPathways WA program commencing three years ago with a large number of pathways going live at one time. Streamliners NZ Limited (the organisation providing the backend support for the HealthPathways websites) prepared the budget estimate and had not considered the volume of pathways coming up for review in the financial year, plus the ongoing localisation work. Streamliners have not had a process in place to alert when estimated hours were being exceeded. This is being rectified and a process put in place to ensure estimated hours are not exceeded. Therefore, the PHN will not experience the same increased funding demand in future years.
    - The PHN will license access to the GP Book via a widget embedded within the service

referral pages of HealthPathways. This will provide up to date, accurate information to general practitioners about specialists and allied health providers within the PHN region, with the ability to search by Practitioner name, specialty, gender, language, telehealth, and billing.

2. PenCAT License:
    - The PHN will continue to purchase the PenCAT license. The license allows the PHN to extract general practice data for practice analysis and aggregate general practice data for service planning, reporting and population health needs. It supports patient centred care.

More detailed information about these programs is provided in GPS-2000 HealthPathways. The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2024

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$245,166.12	$200,000.00	$200,000.00	$200,000.00	$645,166.12
Total	$245,166.12	$200,000.00	$200.000.00	$200,000.00	$645,166.12

CF 3000 – Chronic Heart Failure

Activity Title

Chronic Heart Failure

Activity Number

3000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To enhance the role of primary care in the management of Chronic Heart Failure in line with the newly accepted National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand (2018) Guidelines for the Prevention, Detection and Management of Heart Failure in Australia 2018; and reduce Potentially Preventable Hospitalisations through an integrated person-centred model of care for Chronic Heart Failure.

Consistent with these guidelines, WA Primary Health Alliance is interested in exploring opportunities for collaborative and integrated action on Chronic Heart Failure, recognising:

- the significant burden of disease Chronic Heart Failure represents in the Western Australian community, and in specific locations.
- the opportunity to shift the focus of care more towards management of patients with chronic heart failure in primary care, with appropriate support and pathways to, and from the acute and community care sectors.
- the evidence of unmet need in specific communities across Western Australia, as indicated by WA Primary Health Alliance's Needs Assessment and Lessons of Location report.
- the strength of the evidence-base for primary care involvement in the multidisciplinary care of patients with Chronic Heart Failure.
- the opportunity to shape a collaboration with State health services and partners, including the National Heart Foundation and School of Public Health at Curtin University, to translate evidence into practice for the benefit of this important patient cohort.

Heart failure, which typically involves multiple comorbidities, frequent referrals between primary and secondary/tertiary services, and the involvement of a broad range of community, primary care and specialist service providers in the effective management of patients, would provide important learnings for future integrated care initiatives.

Working with its partners, WA Primary Health Alliance will develop initiatives that improve integration between primary, secondary and acute care and target improvements in the

management of patients who have chronic heart failure in order to achieve the principles that underpin Patient Centred Medical Home and the Quadruple Aim is to improve the patient experience, improve the health of populations, reduce the per capita cost of health care and improve the work lives of health care providers, clinicians and staff.

Description of Activity

This activity will be delivered in two Phases.

Phase 1:
Prior to 30 June 2019, WA Primary Health Alliance engaged in a short-term process to attend to immediately resolvable gaps in services and opportunistically funding activities that would build capacity in the primary care sector to work in the area of Chronic Heart Failure.

Examples include, but are not limited to:

- upskilling general practitioners in accordance with the new guidelines.
- patient resources to improve literacy and engagement and ensuring cultural security, virtual cardiac rehabilitation in community, particularly country.
- better integration with hospitals.
- enhanced cardiac rehabilitation in the community.
- enhanced multi-disciplinary team-based care in primary care for Chronic Heart Failure management.

Phase 2:
A longer process to co-design significant activities will occurs over the financial years of 19/20 and 20/21. This will be inclusive of major stakeholders and will look to develop activities in the following areas:

1. Multidisciplinary Heart Failure Team Care
    - Facilitating involvement of general practitioners and other primary health care practitioners (e.g., practice nurses, community pharmacists, physiotherapists) in the multidisciplinary care of patients with heart failure.
    - Development and implementation of shared care models which incorporate general practitioner access to cardiologist support for the management of heart failure patients in primary care, including access to timely advice and support in monitoring signs and symptoms and symptom management.
    - Referral pathways to acute care for patients with heart failure who are deteriorating, or at risk of deterioration.

2. Country Metropolitan Linkages
    - Trialing models to strengthen integrated care for heart failure patients living in Country WA, with a focus on the needs of Aboriginal country residents with chronic heart failure.

3. Workforce capacity
    - Includes developing capacity in the primary care workforce to be effective partners

in the multidisciplinary care of heart failure patients. This includes training in areas such as medication management and expanding nurse led clinics which incorporate multidisciplinary team care models.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88
PNGP1.10 Increase access to best-practice management for people with chronic heart failure.	92

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$1,471,555.81	$30,000.00	$30,000.00	$0.00	$1,531,555.81
Total	$1,471,555.81	$30,000.00	$30,000.00	$0.00	$1,531,555.81

For this activity the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

CF 4000 - Obesity Collaborative Project

Activity Title

Obesity Collaborative Project

Activity Number

4000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To build general practitioner and practice staff, knowledge and skills in early detection and primary care intervention to prevent chronic disease. This will be achieved through a targeted strategy to tackle overweight and obesity in a structured and intensive way through early intervention and management in general practice.

To develop early intervention and management pathways of overweightness and obesity by supporting general practitioners and other primary health care professionals and their patients, with innovative, scalable, and sustainable approaches, programs, and tools to weight management. General practitioners and practice nurses will be encouraged to identify, engage, and regularly communicate with local weight management providers. These may include dieticians, practice nurses, exercise physiologists and psychologists as well as evidence based and accessible commercial weight management programs.

The project will encourage clinical leadership of healthy weight strategies, an understanding of exceptions for surgery based on Body Mass Index (BMI) and management of overweight and obese patients whilst on surgical wait lists. WA Primary Health Alliance will focus on creating sustainable behaviour change for general practitioner, other practice staff and allied health professionals and patients. The focus for interventions will be on achieving an initial 5-10% decrease in patients' weight to reduce health risk. This target will encompass measurement and demonstration of the impact of dedicated funding on uptake of healthy weight interventions in general practice.

This work will be used to inform the development of WA's Healthy Weight Policy in partnership with WA Department of Health and the Health Consumers' Council WA, from a primary care perspective

---

Description of Activity

The overweight and obesity management strategy in general practice will include the following strategies and actions:

1. The provision of evidence-based tools for the management of weight and prevention of obesity for general practice, including:
    - Surveys of general practitioners and practice nurses regarding gaps, barriers, and opportunities for better management of overweight and obesity in general practice.
    - The development of a practice toolkit for general practitioners including synthesis and applicability of current guidelines.
    - The implementation of a general practitioners led, evidence-based weight management program (e.g., ANU Change program which is available free to Primary Health Networks (PHN) for use within general practices).
    - The use of Chronic Disease Management Plans via MBS for people with complex obesity, where clinically appropriate.
    - General practitioners and general practitioner Registrar education regarding prevention, detection, and management of obesity. Awareness of stigmatisation and inequity.
    - The use of PDSA (Plan, Do, Study, Act) cycles of continuous quality improvement (coaching and support from WA Primary Health Alliance practice support staff).
    - Consideration of interventions in the practice waiting room (e.g., use of iPads to record patient information).

2. The provision of information and advice on referral pathways in General Practice. including:
    - Multi-disciplinary team care pilot; up to date information on local programs and services for general practices; further development and promotion of HealthPathways, referral and management pathways for overweight adults and older adults, childhood obesity and bariatric surgery.

3. General practice support includes:
    - Information on new eating disorder MBS item numbers
    - Training in difficult conversations – scripting and support for general practitioners using NHS and WA Health resources.
    - Assistance with uptake of MBS items that can assist in weight management and obesity.
    - WA Primary Health Alliance branded measuring tape and scales for consult rooms – and coaching for use
    - General practitioner Symposium (informative and academic) focused on general practice continuous professional development (CPD) streams on difficult conversations; care management and team care; and showcasing the functions of allied health professionals in this space.

4. Commissioning integrated weight management services for general practice support

including:

- Multi-disciplinary team care pilot: building on the Cockburn model – a whole of system / suburb approach with general practitioners at the center and small grants program for practices to undertake team care in weight management, applying evidence-based interventions.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNGP1.9 Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	91

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2021

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$395,302.30	$30,000.00	$30,000.00	$0.00	$455,302.30
Total	$395,302.30	$30,000.00	$30,000.00	$0.00	$455,302.30

For this activity the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

CF 5000 - Strengthening General Practice in WA: Comprehensive Primary Care

Activity Title

Strengthening general practice in WA: Comprehensive Primary Care

Activity Number

5000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

This activity complements the existing practice support offered through the Primary Health Network (PHN) Core Operational funding stream for General Practice Support activities (GPS-1000).

The aim of this activity is to work in true partnership with general practices to build their capacity and capability to develop:

- Comprehensive models of multidisciplinary team-based care to support patients with chronic and complex health conditions. Care is coordinated across all elements of the broader healthcare system:
  - Patient centred – shared decision making that respects personal goals and provides support to patients to self-manage.
  - Skilled, integrated, multi-disciplinary teams which work to the top of their scope, in partnership with patients.
  - Data informed, continuous quality improvement and decision making to improve population health and access to care.
  - Data and care plan sharing with allied health and the public and private hospital sector; Improved models of care and customer service which encourage patient loyalty to their general practitioner and the practice.
  - Sustainable business models which are adaptable to changes in the health system and patient needs.

Description of Activity

Perth North PHN will continue to deliver two key initiatives under this activity:

1. Comprehensive Primary Care.
2. Enhanced Practice Support.

These initiatives focus on building the capacity and capability in general practices to respond to current and emerging Commonwealth policy direction for primary care, for example, the Workforce Incentive Program (WIP), Practice Incentive Program (PIP) Quality Improvement (QI) incentive and Health Care Homes, by developing scalable and sustainable business models and enhanced models of care.

These initiatives are also key enablers for system change across general practice. An emphasis on co-design with general practice facilitates buy-in that is necessary for program success. The initiatives are consistent with the Quadruple Aim of Patient Centred Medical Home model utilising the Bodenheimer Building Blocks to achieve high performing practice.

General practices will be supported to:

- lead and develop practice teams to successfully undertake an evidence based and staged process to undertake practice transformation; plan, collect, manage, and use data to optimise practice and business performance, and maximise patient health outcomes with a focus on using data for quality improvement purposes; develop and improve sustainable quality improvement systems and processes.
- improve continuity of care with allied health, tertiary and secondary services through integrated models of multidisciplinary team-based care, data sharing, integrated care plans and specialist in-reach programs; Continuously improve business and clinical systems and processes to optimise the performance of the practice, using small, rapid cycles of quality improvement using the Plan Do Study Act (PDSA) continuous quality improvement model which has been demonstrated to have significant benefits against the Quadruple Aim.
- have an opportunity to influence, co-design and trial general practitioner led models of care and incorporate existing local services that:
    - are integrated, place based and supported by a multi-disciplinary team.
    - are tailored to meet the needs of individual practices and patients.
    - build on existing and/or introduce new and innovative models of care that reflect national and international best practice.
    - are scalable, sustainable, and adaptive to future changes.
    - improve coordination and continuity of care to ensure better health and social outcomes for patients.
    - build practices' capacity and capability to deliver responsive patient centred care, that empowers patients to be informed and engaged in the management of their own health care.
- have access to a regional Community of Practice – a support network of other Comprehensive Primary Care Partnership Practices, to network, share lessons learned and best practice; leadership and change management training and development activities; business education, training and support for optimising practice systems, revenue, productivity, efficiency, and overall performance of the business; training to support general practices in the use of clinical software programs.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the

PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priorities	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$1,354,120.28	$30,000.00	$30,000.00	$0.00	$1,414,120.28
Total	$1,354,120.28	$30,000.00	$30,000.00	$0.00	$1,414,120.28

For this activity the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

CF U5000 – Strengthening General Practice in WA: Comprehensive Primary Care

Activity Title

Strengthening General Practice in WA: Comprehensive Primary Care

Activity Number

U5000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

This activity complements the existing practice support offered through the Primary Health Network (PHN) Core Operational funding stream for General Practice Support activities (GPS-1000).

The aim of this activity is to work in true partnership with general practices to build their capacity and capability to develop:

- Comprehensive models of multidisciplinary team-based care to support patients with chronic and complex health conditions. Care is coordinated across all elements of the broader healthcare system:
  - Patient centred – shared decision making that respects personal goals and provides support to patients to self-manage.
  - Skilled, integrated, multi-disciplinary teams which work to the top of their scope, in partnership with patients.
  - Data informed, continuous quality improvement and decision making to improve population health and access to care.
  - Data and care plan sharing with allied health and the public and private hospital sector; Improved models of care and customer service which encourage patient loyalty to their general practitioner and the practice.
  - Sustainable business models which are adaptable to changes in the health system and patient needs.

Description of Activity

Perth North PHN will continue to deliver two key initiatives under this activity:

1. Comprehensive Primary Care.
2. Enhanced Practice Support.

These initiatives focus on building the capacity and capability in general practices to

respond to current and emerging Commonwealth policy direction for primary care, for example, the Workforce Incentive Program (WIP), Practice Incentive Program (PIP) Quality Improvement (QI) incentive and Health Care Homes, by developing scalable and sustainable business models and enhanced models of care.

These initiatives are also key enablers for system change across general practice. An emphasis on co-design with general practice facilitates buy-in that is necessary for program success. The initiatives are consistent with the Quadruple Aim of Patient Centred Medical Home model utilising the Bodenheimer Building Blocks to achieve high performing practice.

General practices will be supported to:

- lead and develop practice teams to successfully undertake an evidence based and staged process to undertake practice transformation; plan, collect, manage, and use data to optimise practice and business performance, and maximise patient health outcomes with a focus on using data for quality improvement purposes; develop, and improve, sustainable quality improvement systems and processes.
- improve continuity of care with allied health, tertiary and secondary services through integrated models of multidisciplinary team-based care, data sharing, integrated care plans and specialist in-reach programs; continuously improve business and clinical systems and processes to optimise the performance of the practice, using small, rapid cycles of quality improvement using the Plan Do Study Act (PDSA) continuous quality improvement model which has been demonstrated to have significant benefits against the Quadruple Aim.
- have an opportunity to influence, co-design and trial general practice led models of care and incorporate existing local services that:
    - are integrated, place based and supported by a multi-disciplinary team.
    - are tailored to meet the needs of individual practices and patients.
    - build on existing and/or introduce new and innovative models of care that reflect national and international best practice.
    - are scalable, sustainable, and adaptive to future changes.
    - improve coordination and continuity of care to ensure better health and social outcomes for patients.
    - build practices' capacity and capability to deliver responsive patient centred care, that empowers patients to be informed and engaged in the management of their own health care.
- have access to a regional Community of Practice – a support network of other CPC Partnership Practices, to network, share lessons learned and best practice; leadership and change management training and development activities; business education, training and support for optimising practice systems, revenue, productivity, efficiency, and overall performance of the business; training to support general practices in the use of clinical software programs.

The PHN will continue to monitor and assess the impact of COVID-19 on access to the primary health care services commissioned within this activity. Where required, the commissioned services may be modified, and additional services commissioned to help the

PHN to continue to meet the aims of the activity and the needs of the priority target groups.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$214,733.00	$30,000.00	$0.00	$0.00	$244,733.00
Total	$214,733.00	$30,000.00	$0.00	$0.00	$244,733.00

For this activity the AWP Planned Budget amount has been submitted at a nominal value. It is anticipated that funds will be directed to this activity via carryover application upon submission of the FY20/21 twelve-month financial reports.

HSI 1000 – Health System Integration

Activity Title

System Integration

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To develop the landscape for joint planning, coordinated commissioning and shared accountability; positioning WA Primary Health Alliance as a leader in primary care to steward system integration across Western Australia (WA) and cultivating regionally appropriate governance structures both state-wide at the system manager level with WA Health and the Mental Health Commission, and at the local level with general practitioners, primary care providers, public/private hospitals and other stakeholders with a vested interest in improving health outcomes.

Strategic Direction

WA Primary Health Alliance is committed to tackling the long-term challenges in our health care system – fragmented care, duplication, an ageing population, chronic disease that is complex and co-occurring, sustainability and building a capable, accessible primary care workforce to respond to these challenges. Health services need to be better coordinated around the individual to ensure that the right care is available at the right time and the right place.

Population Health Planning activities will include:

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

Commissioning activity includes:

- identifying opportunities for state-wide and place-based joint planning and commissioning.

- utilising 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.
- ensuring 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.
- encouraging the coordination and partnership of local services to meet the needs of their community and to ensure system integration.
- joining up the system and improving access.
- continuing to monitor and respond to emerging trends in health needs and service needs.
- contract manage performance of contracted service providers through a relationship-based approach and evaluate the impact of commissioned programs.

Description of Activity

Strategic Direction

WA Primary Health Alliance develops, aligns and operationalises WA population primary health priorities within the context of Commonwealth primary health care policy, the evidence base and by application of a systems approach and outcomes-based commissioning. Including leading the work of the 3 WA Primary Health Networks (PHN) in respect to relevant primary health care policy and strategy and its impact on commissioning priorities, service design and implementation as well as leading the development of evidence based, innovative, best practice models of primary health care service delivery and funding models.

WA Primary Health Alliance also informs Federal and State Government policy and strategic direction based on identified priority health and service needs and embeds relevant Commonwealth and State strategies and frameworks into its commissioning activity.

Population Health Planning

WA Primary Health Alliance 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 that 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.

Commissioning

The WA Primary Health Alliance Commissioning Cycle for both state-wide and place-based services involves:

- Planning – to identify local needs and service gaps based on data and service analysis and consultation with key stakeholders.

- Designing - using best practice models 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 marketplace including EOIs, Requests for Proposal and Requests for Tenders.
- Monitoring and Review - outcome based contracts and reporting are developed and implemented across WA Primary Health Alliance.
- Evaluating - the performance of contracted services is evaluated, and it is determined whether, and to what extent, a reshaping of the structure of supply is required. This process uses the WA Primary Health Alliance Outcome Maps, service provider and client reported outcomes and other relevant data.

The PHN continues to focus on managing performance (applying sound principles of relationship management) of contracted service 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) that, for each of the commissioned services, will provide the PHN with the information to: assess improvements to health outcomes, help shape future service provision and/or seek alternative commissioning activity.

This activity also assist the PHN to understand how effective services and systems are in relation to 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 and findings of formal evaluation (if conducted externally).

Commissioning for Better Health
WA Primary Health Alliance has prepared a Commissioning for Better Health program to guide the organisations future development as a commissioning agency on behalf of the Australian Government Department of Health.

The PHN will continue to monitor and assess the impact of COVID-19 on this activity. Where required, strategies may be modified, and additional strategies commenced to help the PHN to continue to meet the aims of the activity.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87
PNGP1.7 Reduce non-urgent emergency department attendances and improve access to alternative services.	90
PNGP1.8 Promote integration and coordinated care pathways for clients with mental health condition and harmful alcohol and other drug use.	90

PNGP1.9 Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	91
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88
PNGP1.4 Increase access to allied health services and chronic disease management programs provided by allied health practitioners.	88
PNGP1.10 Increase access to best-practice management for people with chronic heart failure.	92
PNGP1.11 Improve the management of chronic conditions for ageing populations, including a reduction in unnecessary hospitalisations, an increase in palliative care services and advance care planning.	92
PNGP1.1 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations.	86
PNGP1.12 Promote alternatives to Emergency Department care for non-urgent health conditions and increase access to GP after-hour services.	93

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement	$2,537,718.00	$3,030,764.88	$3,036,108.60	$0.00	$8,604,591.48
Total	$2,537,718.00	$3,030,764.88	$3,036,108.60	$0.00	$8,604,591.48

HSI 2000, U2000 - Stakeholder Engagement and Communications

Activity Title

Stakeholder Engagement and Communications

Activity Number

2000, U2000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

Communications and stakeholder engagement activities are focused on establishing strong and meaningful relationships that are outcomes focused with the diverse stakeholders who affect and are affected by our work.

Establishing and maintaining trusting and purposeful relationships is essential to achieving our vision of better health, together. The strength of our relationships with stakeholders enables us to work collaboratively with others and to engage a diversity of knowledge, skills, and experience through all aspects of commissioning. We will also continue to draw on these relationships to represent their needs in our policy responses and our advocacy for a strong and response primary care sector in WA.

Demonstrating and maintaining a positive reputation is essential as an approach to managing risks for WA Primary Health Alliance as a local commissioner, and for risks to the Primary Health Network (PHN) Program.

Delivery of targeted communications through relevant channels, and messaging, ensures that key information reaches the relevant stakeholder audiences of the PHN. Communications is an enabler to practice support and broader commissioning activities.

Effective communication activities also ensure identification and understanding of the role and scope of WA Primary Health Alliance.

Upholding a strong reputation with stakeholders improves our ability to engage all relevant stakeholders as we mature our practice in codesign throughout the commissioning cycle.

Engaging our stakeholders appropriately, and with purpose, informs the planning, design, delivery, and evaluation of our work and that of the primary care service sector.
Stakeholder Engagement activities work to increase levels of support and enthusiasm for innovation and change, and seek to bring stakeholders on the commissioning journey, creating collective leadership and ownership in designing and achieving the intended outcomes.

Description of Activity

Communications and Marketing

WA Primary Health Alliance Corporate Affairs team will:

- continue to focus on setting the communications strategy for the organisation and on delivering high quality written and digital communications both internally and externally.
- Strategic key messages to align with the Strategic Plan 2020-2023, will be targeted at specific high interest/ high influence groups and used to educate our staff, Board and Council members to ensure we speak to our stakeholders consistently.
- continue to build our audiences and engage with them in a targeted manner, consistently and appropriately; Refining our communication approach and channels, ensuring cultural appropriateness, and building on those which are most effective; developing our online/ digital presence to ensure our voice is heard and that we are part of strategically important online conversations.

Stakeholder Engagement

WA Primary Health Alliance will:

- review and refresh its Stakeholder Engagement Framework to ensure it remains aligned with that of our state partners and reflective of best practice in lived experience engagement.
- continue to define and prioritise stakeholders to ensure we maximise the value, or potential value, of the stakeholders' relationships with WA Primary Health Alliance. This will include due consideration of stakeholders' ability to impact our strategic goals and meet commissioning needs and expectations, the geographic location, and the potential reach to the population - with reference to more vulnerable and disadvantaged groups.
- focus on developing commissioning approaches and practices that work towards increasing engagement with stakeholders in the involve, collaborate, and (where appropriate) empower levels of the IAP2 participation spectrum.
- develop our practice will include skills development internally and for stakeholders, particularly as we continue to improve the ways in which community, consumers, family, and carers are engaged across the commissioning cycle.
- focus (internally) on developing more consistency to the structures and methods WA Primary Health Alliance uses when undertaking engagement activities. This includes projects such as refinement and implementation of policies and tools to help manage stakeholder expectations and to support purposeful engagement.
- work to increase (externally) the reach of engagement through the online platform, Primary Health Exchange. This will include supporting use of the platform in partnership with key stakeholders such as the WA Department of Health, WA Country Health Service and Health Consumers' Council. Primary Health Exchange will also continue to be used to support the growth as of the Online Stakeholder Panel, to provide a pool for consultation with health professionals and community, consumers, family, and carers.

WA Primary Health Alliance will continue to develop and strengthen relationships with Members and Partners through formal Memorandums of Understanding and Membership arrangements with like-minded organisations.

The Stakeholder Engagement Team will manage and support Clinical and Community Councils and Committees to ensure they remain integral to the engagement strategy and are able to provide meaningful and timely advice to the Board.

The PHN will continue to monitor and assess the impact of COVID-19 on this activity. Increased adoption of digital engagement and communication methods has been well received by stakeholder and will continue to be used where appropriate. Where required, strategies may be modified, and additional strategies commenced to help the PHN to continue to meet the aims of the activity.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement 2000	$261,558.00	$502,625.29	$526,661.89	$0.00	$1,290,845.18
Health Systems Improvement U2000	$455,000.00	$0.00	$0.00	$0.00	$455,000.00
Total	$716.558.00	$502,625.29	$526,661.89	$0.00	$1,745,845.18

HSI U3000 – IT Projects

Activity Title

IT Projects

Activity Number

U3000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Digital Health

Aim of Activity

Activities undertaken as part of the IT projects will provide evidence of WA Primary Health Alliances ongoing commitment and capability in data management and governance and help build community and stakeholder confidence both in the solution itself and in Perth North Primary Health Network (PHN) role as a regional data custodian.

The outcome of the IT projects will enable Perth North PHN to deliver at scale efficient and accurate reporting, risk identification and escalation and a sustainable data extraction options for general practice to inform health needs in priority areas.

The Projects have a strong focus on systems integration with commissioned providers and general practice and aim to identify and design solutions to drive data driven quality improvement in healthcare and to develop a shared and safe approach to data capture and storage.

The projects will enable the following:

- benchmarking of Notifiable Incidents identified by commissioned services providers within Perth North PHN region.
- improved understanding of the data extraction solutions and integration required to support general practices who are currently unable to participate in the Practice Incentive Program Quality Improvement incentive because of non-compatible software.

Description of Activity

WA Primary Health Alliance has identified that robust data governance, privacy assurance and risk management are priority activities across the Perth North PHN region. In order to ensure WA Primary Health Alliance's IT Infrastructure will continue delivering to the highest standards, WA Primary Health Alliances must undertake an assessment of the sustainability and suitability current solutions and review new solutions which will ensure ongoing compliance and rigorous approach to Data Governance and Clinical Governance Frameworks.

The following IT Projects will be undertaken to review and identify best fit for WA Primary Health Alliance:

- Notifiable Incident Management Solution
- Additional Data Extraction Software Solutions

Clinical Information Management Solution:

Perth North PHN will build on the recommendations identified in the recent Clinical Governance Framework update recognising the requirement for the development of a robust Notifiable Incident Management solution. The Notifiable Incident Management system will allow for the consistent and coordinated approach to notification, review, and robust oversight of reported notifiable incidents occurring within WA Primary Health Alliance commissioned service providers delivering clinical services within the Perth North region.

The PHN will undertake the following activities:

- Scope and develop the critical functional requirements for a Notifiable Incident Management solution.
- Document notifiable incident workflows and approvals mapping to support proof of concept solution.
- Undertake thorough user acceptance testing to further input recommendations for full scale roll out.
- Develop a data collection and visualisation design to provide near real time reporting on notifiable incidents to inform continuous improvement of services across Perth North PHN region.
- Pilot the Notifiable Incident Management System with selected commissioned providers.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 January 2020

Activity End Date 30 June 2021

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement	$400,000.00	$0.00	$0.00	$0.00	$400,000.00
Total	$400,000.00	$0.00	$0.0	$0.00	$400,000.00

HSI U4000 – Project Management Office

Activity Title

Project Management Office

Activity Number

U4000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Improving the quality, efficiency, and consistency of project management across the PHN

Aim of Activity

To improve the consistency and quality of project management across WA Primary Health Alliance's Primary Health Networks (PHN) and program areas.

In April 2019, WA Primary Health Alliance made a commitment in its Commissioning for Better Health report to conduct an internal review with the aim of ensuring effective support for program management, robust internal planning and decision-making, and timely communication with external stakeholders going forward. This was a response to feedback from both WA Primary Health Alliance staff and stakeholders regarding the strengths and challenges of the organisations existing operating model. The establishment of a Project Management Office is one of the first initiatives flowing from this review to be implemented.

The Project Management Office is tasked with organisation-wide leadership in Project Management, including quality control, project support, delivery of high-stakes or high-value projects and building the project management capacity of staff across portfolios through a formalised Learning and Development Pathway.

Alongside the establishment of the Project Management Office, WA Primary Health Alliance will prepare for accreditation under QIP's QIC Health and Community Standards. This process logically aligns with the establishment of the Project Management Office as it builds and consolidates the structures, processes, and competencies for effective project management in WA Primary Health Alliances complex environment. The accreditation process provides a supportive guide and resources for embedding the enablers of ongoing quality improvement across the organisation.

With rapid growth and change in WA Primary Health Alliance activity and partnerships over the past four years, it is critical that the organisation consolidate its capacity to manage complex projects and multi-dimensional partnerships efficiently, in ways that foster trust and genuine collaboration with all stakeholders. Clear and consistent messaging and communication channels, meaningful stakeholder feedback loops, effective use of data and stakeholder inputs for planning, transparent procurement processes, proactive sector communication and

expectation management are all outcomes of high quality, agile project management which will enable effective partnerships during the next phase of business growth.

Description of Activity

WA Primary Health Alliance has been preparing the foundations for improved approach to project management since the publication of the Commissioning for Better Health commissioning framework.

This activity will enable the rapid establishment of a highly effective Project Management Office that delivers quality control and support to projects in all three PHNs operated by WA Primary Health Alliance.

Establishing the Project Management Office will ensure:

- dependencies and synergies in planning across the PHNs and program areas are addressed early and iteratively.
- coordination of the delivery of turnkey projects that involve high complexity, investment, risk, or significance.
- incorporation of both project management expertise and subject matter expertise.
- coordinating the prioritisation of new activity to ensure all activity is directed towards strategic priorities.
- implementation of clearer stakeholder communication protocols throughout the commissioning cycle and across the scope of WA Primary Health Alliance activity.
- capacity growth for consistent and high-quality project management across all three PHNs through a Project Management Learning and Development Pathway and apply appropriate ICT platforms to reduce inefficiencies, enable consistency, structure collaboration, and manage stakeholder relationships more effectively.
- a strong project management framework is utilised to enable the organisation to respond effectively and efficiently to disaster and emergency management planning in primary care.

The Project Management Office will involve the creation of an overarching Project Management Framework encompassing consultation with staff and stakeholders regarding project management structures, tools and practices, establishment of new, more efficient internal tools, structures, processes, and governance mechanisms to enable more user-friendly project initiation, mentoring in the application of project management principles and challenges and delivery.
Certified online learning courses will be offered, and new materials developed to contextualise project management concepts in a PHN environment. The purchase of ICT platforms, licensing and subscriptions, and relevant staff training, including travel costs to ensure regional and remote staff have equitable access to the Project Management Office Learning and Development Pathway.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87
PNGP1.7 Reduce non-urgent emergency department attendances and improve access to alternative services.	90
PNGP1.8 Promote integration and coordinated care pathways for clients with mental health condition and harmful alcohol and other drug use.	90
PNA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	105
PNA4.1 Assist Primary Health Care providers to adopt culturally appropriate models of care for Aboriginal populations.	104
PNGP1.3 Engage with primary health care providers and local hospital networks to improve transitions of care, care coordination and service linkages.	88
PNMH2.2 Provide medium intensity services to assist in care coordination and management for people with moderate to severe mental health conditions managed by General Practice.	94
PNAOD3.1 Promote integration and coordination care pathways for clients with comorbid chronic conditions and mental health and alcohol and other drug.	100
PNAOD3.2 Build General Practice workforce capability to recognise and respond to alcohol and other drug related issues.	100
PNMH2.5 Support mental health care providers to adopt culturally appropriate models of care for culturally and linguistically diverse groups.	96
PNAOD3.8 Encourage and promote a regional approach to suicide prevention including community-based activities to reduce alcohol and other drug related suicide.	103
PNAOD3.4 Support education campaigns aimed at reducing harmful alcohol and drug use.	102
PNMH2.11 Provide psychosocial supports to people with a severe mental health condition ineligible for the National Disability Insurance Scheme.	99
PNGP1.5 Reduce rates of PPHs by working with primary care providers to target specific areas where there are higher than state rates.	89
PNMH2.10 Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services.	98

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2021

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement	$550,000.00	$0.00	$0.00	$0.00	$550,000.00
Total	$550,000.00	$0.00	$0.0	$0.00	$550,000.00

HSI U5000 – Review and Redesign of Integrated Primary Mental Health Framework

Activity Title

Review and Redesign of Integrated Primary Mental Health Framework

Activity Number

U5000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Health System Improvement

Aim of Activity

To increase internal and external stakeholder awareness and understanding of the role, scope, and strategic priorities of the three WA Primary Health Networks', relating to mental health in primary care.

Description of Activity

This activity pertains to the updating and re-design of WA Primary Health Networks' Mental Health Framework.

To support the Framework, a series of materials will be designed that articulate WA Primary Health Alliance mental health remit and approaches, outlining how our commissioned activity fits within the broader mental health system. The materials, including a brochure, factsheets, audio recordings and webinars, will be developed in response to stakeholder feedback and are based on the Australian Government's Primary Health Network guidance materials.

This activity was conceived after it was identified (via internal and external stakeholder feedback) that there was a contextual gap in materials to describe how WA Primary Health Alliance's various mental health initiatives fit together, where the organisation fits in the broader system, how the organisation works with key partners and the organisations strategic intentions and scope for commissioning mental health services.

It is intended that the Mental Health Framework and supporting materials, will help promote the important role of primary care within the mental health system as well as clarify WA Primary Health Alliance's priorities, outcomes, and the commissioning scope of our mental health activities.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNMH2.1 Engage with Primary Health Care providers, Local Hospital Networks, and other health service providers to improve transitions of care, care coordination and service linkages.	94

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2021

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement	$100,000.00	$0.00	$0.00	$0.00	$100,000.00
Total	$100,000.00	$0.00	$0.0	$0.00	$100,000.00

GPS 1000 – General Practice Support

Activity Title

General Practice Support

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To increase internal and external stakeholder awareness and understanding of the role, scope, and strategic priorities of the three WA Primary Health Networks', relating to mental health in primary care.

Description of Activity

This activity pertains to the updating and re-design of WA Primary Health Networks' Mental Health Framework.

To support the Framework, a series of materials will be designed that articulate WA Primary Health Alliance's mental health remit and approaches, outlining how our commissioned activity fits within the broader mental health system. The materials, including a brochure, factsheets, audio recordings and webinars, will be developed in response to stakeholder feedback and are based on the Australian Government's Primary Health Network guidance materials.

This activity was conceived after it was identified (via internal and external stakeholder feedback) that there was a contextual gap in materials to describe how WA Primary Health Alliance's various mental health initiatives fit together, where the organisation fits in the broader system, how the organisation works with key partners and the organisations strategic intentions and scope for commissioning mental health services.

It is intended that the Mental Health Framework and supporting materials, will help promote the important role of Primary Care within the mental health system as well as clarify WA Primary Health Alliance's priorities, outcomes, and the commissioning scope of our mental health activities.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNMH2.1 Engage with Primary Health Care providers, Local Hospital Networks, and other health service providers to improve transitions of care, care coordination and service linkages.	94

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2023

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
General Practice Support	$240,681.00	$0.00	$0.00	$0.00	$240,681.00
Health Systems Improvement	$136,590.00	$310,010.84	$327,684.54	$0.00	$774,288.38
Total	$377,271.00	$310,010.84	$327,687.54	$0.00	$1,014,969.38

GPS 2000 – HealthPathways

Activity Title

HealthPathways

Activity Number

2000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To develop and localise WA HealthPathways to ensure best practice clinical pathways are available, enabling patient care that is well coordinated, efficient and effective.

WA HealthPathways 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.

Description of Activity

WA HealthPathways provides high quality, evidence based clinical and referral pathways for clinicians working in general practice to reference during patient consultations.

The HealthPathways team consists of general practitioners' clinical editors who are supported by Primary Health Network (PHN) coordinators and project support staff. The team will develop and maintain content and raise awareness of the product in general practice.

The main activities of the HealthPathways team includes:

- authoring the content
- reviewing and incorporating best practice guidelines
- facilitating multi-disciplinary working group meetings
- facilitating education events
- evaluation of HealthPathways uptake
- mapping services and updating the provider databases (such as the National Health Services Directory, My community directory etc.)
- maintaining and updating the HealthPathways website
- facilitating pathway consultation in conjunction with WA department of health – health networks
- monitoring uptake of the tool and presenting and providing education about

HealthPathways.

Commissioning for Better Health

WA Primary Health Alliance has prepared a Commissioning for Better Health program to guide the organisation's future development as a commissioning agency on behalf of the Australian Government Department of Health. The Commissioning for Better Health program contains specific commitments and deliverables in the areas of strategic planning, service procurement, and monitoring and evaluation and has a timeframe of 18 months for full implementation. Commissioning for Better Health complements the WA Department of Health's Sustainable Health Review, released April 2019, with its strong emphasis on integrated service planning across primary and acute care, identification of key priorities for targeted intervention, and incorporation of evidence-based guidelines and consumer input into service design. The program will be delivered through a collaborative approach involving WA Primary Health Alliance staff and in partnership with our stakeholders.

Key components of the plan include establishing a Commissioning for Better Health Advisory Board, preparation of a 5 Year Health Plan, development of a Resource Allocation Formula to guide future commissioning decisions, implementing program management for all Australian Government funded programs, drawing up a Commissioning Skills Development program, implementing local best practice guidelines for commissioning activities, implementing a Performance Management Framework, and preparing a Primary Care Workforce Development Strategy and a Primary Care Digital Health Strategy.

The PHN will continue to monitor and assess the impact of COVID-19 on this activity. Where required, strategies may be modified, and additional strategies commenced to help the PHN to continue to meet the aims of the activity.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNMH2.1 Engage with Primary Health Care providers, Local Hospital Networks, and other health service providers to improve transitions of care, care coordination and service linkages.	94

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
General Practice Support	$143,489.00	$0.00	$0.00	$0.00	$143,489.00
Health Systems Improvement	$81,432.00	$161,306.32	$170,545.40	$0.00	$413,284.02
Total	$224,921.00	$161,306.32	$170,545.40	$0.00	$556,773.02

GPS 3000 – Enabling Practice Improvement

Activity Title

Enabling Practice Improvement

Activity Number

3000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

This activity will build capacity and capability of WA General Practice to work in an integrated manner and respond to Commonwealth policy direction.

The activity is aimed at enabling general practice to provide holistic care to their patient population through data driven quality improvement initiatives and by leveraging technology. Consistent with the Quadruple Aim of the Patient Centred Medical Home model the activity will be underpinned by Bodenheimer's ten building blocks of high performing primary care (with an initial focus on blocks one to four).

This activity will support practices by providing access to the CAT Plus solution which 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 and informing policy development.

It is also intended practices will also be supported to leverage technology and digital health systems to develop and sustain a quality improvement culture.

Description of Activity

Enabling practice transformation will have a whole of general practice approach to support data driven quality improvement (QI) activities to improve the health outcomes of the practice population. This will be achieved by:

- providing Pen CS licenses at no cost to practices who have a data sharing agreement with the Primary Health Network (PHN).
- providing ongoing training and support to leverage the Pen suite of tools.
- providing data reports to practices and assisting in their interpretation and application providing support and coaching to set up a QI team to undertake regular QI activities, assisting general practices to register and actively participate in My Health Record

(MYHR).
- providing support and training to general practitioners to use secure messaging systems.
- providing support and training to embed recall and reminder processes in practice.
- providing support and training for the QI practice incentive program, and
- assisting practices to embed the 10 building blocks of high performing primary care in line with the quadruple health aim.

The PHN will continue to monitor and assess the impact of COVID-19 on this activity. Where required, strategies may be modified, and additional strategies commenced to help the PHN to continue to meet the aims of the activity.

WAPHA Needs Assessment Priorities

Priority	Page reference
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 30 June 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
General Practice Support	$29,324.00	$0.00	$0.00	$0.00	$29,324.00
Health Systems Improvement	$16,641.00	$43,643.97	$44,971.54	$0.00	$105,256.51
Total	$45,965.00	$43,643.97	$44,971.54	$0.00	$134,580.51

COVID 1000 - GP-led Respiratory Clinics / COVID-19 Primary Care Support

Activity Title

GP-led Respiratory Clinics/COVID-19 Primary Care Support

Activity Number

1000

Existing, Modified or New Activity

New

Program Key Priority Area

Population Health

Aim of Activity

This activity has two objectives:

1. To ensure the GP Respiratory Clinics can effectively support community members experiencing mild to moderate respiratory conditions and to reduce overall risk of exposure to COVID-19 across the community.
2. To facilitate the coordination of the rollout of the COVID-19 vaccination program through a variety of primary care channels and in partnership with key stakeholders.

Description of Activity

1. To identify and support the establishment of GP-led Respiratory Clinics and maintain ongoing support to the GP-led Respiratory Clinics and general practice community and health providers by:
    - supporting the ongoing distribution of personal protective equipment to primary care services as directed by Department of Health issued guidance.
    - collaborating with specialist health emergency providers for best practice guidance on infection control protocols.
    - utilising existing strong links between local service providers, including general practice clinics, pathology providers, local hospital networks, Aboriginal Community Controlled Health Services, Aboriginal Medical Services, organisations supporting CALD communities and minority and marginalised groups, Royal Australian College of General Practice and Australian Medical Association WA branch.

The GP-led Respiratory Clinics will take pressure off public hospital emergency departments and general practices by proving dedicated treatment to people with mild-to-moderate symptoms of fever or sore throat, cough, fatigue, or shortness of breath.

2. To provide support for the COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary, aged care and disability sectors as follows:

- supporting the ongoing distribution of personal protective equipment in line with Department of Health issued guidance.
- conduct an assessment followed by a rapid expression of interest process to identify suitable general practices and GP-led Respiratory Clinics to participate from Phase 1b of the Strategy and provide advice to the Department on the selection of those sites.
- provide guidance and expert advice to GP-led Respiratory Clinics, general practitioners, Aboriginal Community Controlled Health Services, residential aged care facilities, disability accommodation facilities and governments on local needs and issues.
- coordinate vaccine rollout within residential aged care facilities and disability accommodation facilities for Phase 1a of the Strategy as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting.
- coordinate the delivery of vaccination services to residential aged care facilities in the PHN areas.
- support vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support.
- support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GP-led Respiratory Clinics and general practices interested in participating, and ensuring consistent communications to local communities.

WAPHA Needs Assessment Priorities

Priority	Page reference
C19 Develop mechanisms to increase safe and easy access to GPs and Commissioned Services during a COVID-19 lockdown and encourage patients to continue consulting their General Practitioner.	15

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 20 October 2020

Activity End Date 31 December 2021

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
GP-led Respiratory Clinics	$580,553.21	$0.00	$0.00	$0.00	$580,553.21
Total	$580,553.21	$0.00	$0.00	$0.00	$580,553.21

COVID 2000 - Workforce Infection Control and Surge Capacity

Activity Title

Workforce Infection Control and Surge Capacity

Activity Number

2000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To support infection control training to the primary care, aged care, and broader health care workforce sectors.

Description of Activity

Activities designed to deliver infection control training will occur by disseminating training materials, directly, and/or on-line and the development of training plans.

WAPHA Needs Assessment Priorities

Priority	Page reference
CA4.1 Work with primary care providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	121

Coverage

The whole Perth North PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 31 December 2021

Activity Planned Expenditure

Funding Stream	FY 19 20	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Core Flexible	$282,258.00	$404,874.06	$0.00	$0.00	$0.00	$687,132.06
Total	$214,733.00	$30,000.00	$0.00	$0.00	$0.00	$687,132.06