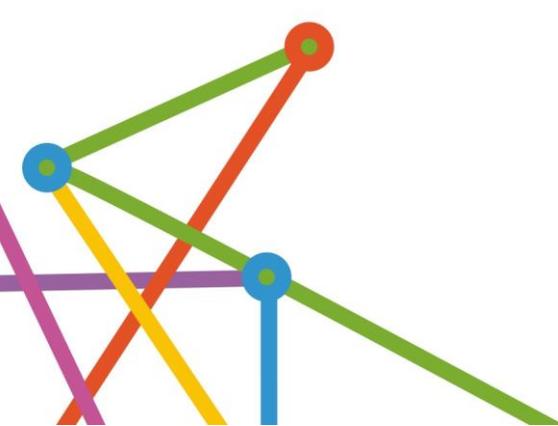


PHN Activity Work Plan

**Summary View
2020/2021 – 2023/24**

**After Hours Primary Health Care
Country WA PHN**

**Presented to the Australian Government Department
of Health**



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AH 1000 - After Hours Primary Health Care

Activity Title

After Hours Primary Health Care

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To reduce the number of potentially preventable hospitalisations during usual after-hours general practice.

The Primary Health Network (PHN) will continue via Practice Support to discuss with general practice after hour needs of patients and how these needs can be met through the After-Hours Practice Incentive Program.

Description of Activity

- A telemedicine service that connects people directly with a doctor in Australia, via phone or video, Monday to Friday 1800 to 0800, Saturday 1200 to 2400, and Sunday and public holidays all day. The general practitioner 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 general practitioner. The service ensures that patients are connected to their regular GP to ensure continuity of health care. If a general practitioner vacates a regional area, and the area is left without any general practitioner services, WA Primary Health Alliance will negotiate a 24/7 service until a general practitioner service is available. Beyond 30 June 2021, the service will be delivered by Healthdirect Australia where workforce issues are being experienced and by agreement with the local general practitioners.
- The Albany After Hours GP Collaborative provides a face to face after hours service delivered through a Primary Health Clinic co-located outside of the Emergency Department of the Albany Health Campus, utilising nurse practitioners to provide care with support from general practitioners. In addition, the service provides an on call after hours service for residents of Residential Aged Care Facilities and people living in the community with aged and palliative care needs. The funding for this service will cease on 30 June 2021. Consultation is occurring with the contractor and health partners (WA Country Health Service, Residential Aged Care Facility representatives, GP Collaborative) regarding the continuation of some of the elements of the service model and opportunities for alternative funding sources.

- In the Pilbara, a program to assist and support children and youth who, through neglect or are experiencing unmet medical needs, enables a nurse to attend one session per week after hours and following up with individuals as necessary the next day. This service will end 30 June 2021.

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 range of data collection methods (i.e. provider reports, referral agency feedback, patient feedback) to measure how 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 patient 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 assist the PHN to continue to meet the aims of the activity and the needs of the priority target groups.

Funding will continue to be provided for the following services to 30 June 2021 when the funding ceases. Transition planning will be undertaken with providers and stakeholders to end the services by 30 June 2021, consistent with the term of the funding, or to move services deemed as a priority moving to another funding stream.

WAPHA Needs Assessment Priorities

Priorities	Page reference
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105
CGP1.4 Reduce rates of acute, chronic condition and vaccine preventable PPHs by working with primary care providers to target specific areas where there are higher than state rates.	106
CGP1.5 Promote the effectiveness of digital health technologies to optimise patient care (telehealth).	106
CGP1.11 Ensure all populations have access to accessible and equitable health care.	110

Coverage

The Country WA PHN areas of Albany, East Pilbara, West Pilbara.

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
After Hours	\$2,141,166.42	\$255,434.48	\$0.00	\$0.00	\$2,366,600.90
Total	\$2,141,166.42	\$255,434.48	\$0.00	\$0.00	\$2,366,600.90

AH 2000 - Afters Hours Support for disadvantaged/vulnerable and homeless populations

Activity Title

After Hours Support for disadvantaged/vulnerable and homeless populations

Activity Number

2000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To create greater access to primary health after-hours services. This service focuses on vulnerable groups, including people living in residential aged care facilities (RACF), those who are disadvantaged and have palliative care needs and Aboriginal people with mental health issues.

Services are delivered in a culturally appropriate manner, to reduce the number of preventable hospitalisations for Aboriginal people, people living in residential aged care, and people living in the community with palliative care needs.

Utilising core operational health systems improvement funding (activity HSI 1000 - System Integration), determination of the degree to which these services are making an impact on the health needs of the populations, will be achieved to ensure that providers are meeting their contractual obligations.

Utilising core funding, the Primary Health Network (PHN) will assess the further needs identification work required to inform where after-hour services are most needed and the possible options for providing those services.

Description of Activity

Funding will continue to be provided for the following services to 30 June 2021. Transition planning will be undertaken with providers and stakeholders to end the services, by 30 June 2021, consistent with the term of the funding. In the Kimberley Region (Derby) an after-hours service for community based palliative care patients and an on-call service for Aboriginal Nursing Home residents that involves supporting RACF personnel to improve their knowledge and coordination of care to maximise resident/patient's health outcomes.

- In the Pilbara, an after-hours visiting general practitioner service to residents of a 24

hours seven day a week therapeutic rehabilitation service which is based in a remote Aboriginal community in the Great Victorian Desert.

- In the Mid-West (Geraldton) a general practitioner after hours service will be provided through general practitioner who provide on call services and visits to the residents of three RACF in Geraldton.
- In the Goldfields (in the Tjuntunjara Lands), a mental health nurse supports people who use the Spinifex Health Service through the provision of psychological therapies and brief interventions as required, in the after-hours.
- To assist the Kimberley and Midwest regions for provision of an after-hours service coverage to minimise unplanned after-hours hospital presentations by RACF residents and community based palliative care patients.

Other commissioned services may be considered that support the needs and health issues of the target group.

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 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
CGP1.3 Improve the management of chronic conditions for ageing populations, reduce unnecessary hospitalisations, an increase in palliative care services and increase awareness of programs	105
CA4.1 Work with primary care providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	121

Coverage

Midwest, Kimberley

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
After Hours	\$600,000.00	\$124,139.52	\$0.00	\$0.00	\$729,139.52
Total	\$600,000.00	\$124,139.52	\$0.00	\$0.00	\$724,139.52

AH 3000 - After Hours Integrated Mental Health, Suicide Prevention and Drug and Alcohol Treatment

Activity Title

After Hours integrated Mental Health, Suicide Prevention and Drug and Alcohol Treatment

Activity Number

3000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To provide greater access to evidence-based, culturally appropriate After Hours Primary mental health care and alcohol and other drug services in areas where local need and local support for addressing those needs has been demonstrated.

This activity aims to facilitate support for clients with co-morbid mental and alcohol and other drug, and to reduce the number of preventable hospitalisations.

Utilising core operational health systems improvement funding (activity HSI 1000 - Health System Integration), determination of the degree to which these services are making an impact on the health needs of the populations, will be achieved to ensure that providers are meeting their contractual obligations.

Description of Activity

Existing services will be increased through extension of hours and outreach locations. After Hours services to provide treatment and support services to individuals and/or their families who are experiencing harm from alcohol and drug use to reduce the impact on individuals, families, and communities.

After Hours services will provide a comprehensive range of treatment options to substance users and their families. Other commissioned services may be considered that support the needs and health issues of the target group.

The services will be funded to 30 June 2021. Transition planning will be undertaken with providers and stakeholders to end the services by 30 June 2021, consistent with the term of the funding, or to move services deemed as a priority to another funding stream.

The Primary Health Network (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
CAOD3.3 Increase access to community-based early intervention and harm reduction services in areas with high rates of harmful alcohol and other drug use	117
CMHP2.4 Increase access to low cost- local mental health services in areas with limited service availability but high demand.	113

Coverage

The whole Country WA PHN region.

Activity Duration

Activity Start Date 1 July 2019

Activity End Date 31 December 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
After Hours	\$2,465,446.58	\$306,205.22	\$0.00	\$0.00	\$2,771,651.80
Total	\$2,465,446.58	\$306,205.22	\$0.00	\$0.00	\$2,771,651.80

AH 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 activity GPS 1000 - General Practice Support.

To build capacity, capability, and sustainability through collaboration with general practices in Country WA PHN and increase the overall health of communities to reduce potentially preventable hospitalisations.

The activity aims to develop sustainable general practice business models which increase access to comprehensive primary care services and reduce reliance on hospital emergency departments. The activity aims to increase access to skilled, integrated, multi-disciplinary teams which work to the top of their scope, increasing access to comprehensive health services including equity of access to after-hours care.

The Comprehensive Primary Care (CPC) program is data informed, continuous quality improvement and decision-making tool and aims to integrate primary health services to address fragmentation, provide a seamless patient experience, and support effective communication and continuity of care across after hours service providers and a patient's regular general practitioner.

This activity develops innovative solutions to address service gaps and improve access to primary health care, ensuring the needs of vulnerable and rural and remote populations.

Description of Activity

This initiative focuses on working collaboratively to build capacity, capability, and sustainability of general practice to improve availability of general practitioner services. This will ensure a robust and continuous primary care system within country to support overall community health and reduce the reliance on hospital after hours services and potentially preventable hospitalisations.

An emphasis on collaboration with general practice, primary care services and allied health professionals addresses gaps in care to provide a seamless patient experience and reduce the impact of maldistribution of the workforce.

Country WA PHN will continue to deliver CPC with activity listed below:

- CPC practices are supported by the PHN to lead and develop practice teams which support the provision of sustainable primary care services in country, including access to after-hours care as appropriate.
- CPC build practices that are scalable, sustainable, adaptive to future changes and promote healthy communities to reduce reliance on hospitals, particularly after-hours and emergency services.
- CPC practices plan, collect, manage, and use data to optimise practice and business performance, and maximize patient health and population health outcomes with a focus on using data for quality improvement purposes, business viability, sustainability, and patient-centred care.
- CPC practices develop, and improve, sustainable quality improvement systems and processes to provide optimal health services in rural and regional WA. CPC practices aim to improve continuity of care with allied health, tertiary and secondary services to reduce the maldistribution of the health workforce including provision of innovative workforce programs such as medical practice assistants and non-dispensing pharmacists.
- CPC practices improve emergency response planning to maintain after hours and emergency services (provision of Emergency Response Planning Tool) and engage with the community to provide services which are place-based and address gaps in service.
- CPC practices improve coordination and continuity of care to support patients and ensure better health and seamless primary care.
- CPC practices will 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 model which has been demonstrated to have significant benefits against the Quadruple Aim.
- CPC practices have access to leadership and change management training; provision of expert advice; assistance with sustainable business models and financial modelling to support viable general practices; thorough analysis of practice data to enable quality improvement activities with a view to sustainability including patient feedback; a regional community of practice – a support network of other CPC partnership practices, to network, share lessons learned and best practice; 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
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105

Coverage

The whole Country WA PHN region.

Activity Duration

Activity Start Date 01 July 2018

Activity End Date 31 December 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
After Hours	\$1,166,556.25	\$1,789,220.78	\$0.00	\$0.00	\$2,955,777.03
Total	\$1,166,556.25	\$1,789,220.78	\$0.00	\$0.00	\$2,955,777.03

AH 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

Modified

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 activities for GPS 1000 - General Practice Support activities.

To build capacity, capability, and sustainability through collaboration with general practices in Country WA PHN and increase the overall health of communities to reduce potentially preventable hospitalisations.

The activity aims to develop sustainable general practice business models which increase access to comprehensive primary care services and reduce reliance on hospital emergency departments. The activity aims to increase access to skilled, integrated, multi-disciplinary teams which work to the top of their scope, increasing access to comprehensive health services including equity of access to after-hours care.

The Comprehensive Primary Care (CPC) program is data informed, continuous quality improvement and decision-making tool and aims to integrate primary health services to address fragmentation, provide a seamless patient experience, and support effective communication and continuity of care across after hours service providers and a patient's regular general practitioner.

This activity utilises unspent funds to develop innovative solutions to address service gaps and improve access to primary health care, ensuring the needs of vulnerable and rural and remote populations.

Description of Activity

This initiative focuses on working collaboratively to build capacity, capability, and sustainability of general practice to improve availability of general practitioner services. This will ensure a robust and continuous primary care system within country to support overall community health and reduce the reliance on hospital after hours services and potentially preventable hospitalisations.

An emphasis on collaboration with general practice, primary care services and allied health professionals addresses gaps in care to provide a seamless patient experience and reduce the impact of maldistribution of the workforce.

Country WA PHN will continue to deliver CPC with activity listed below:

- CPC practices are supported by the PHN to lead and develop practice teams which support the provision of sustainable primary care services in country, including access to after-hours care as appropriate.
- CPC build practices that are scalable, sustainable, adaptive to future changes and promote healthy communities to reduce reliance on hospitals, particularly after-hours and emergency services.
- CPC practices plan, collect, manage, and use data to optimise practice and business performance, and maximize patient health and population health outcomes with a focus on using data for quality improvement purposes, business viability, sustainability, and patient-centred care.
- CPC practices develop, and improve, sustainable quality improvement systems and processes to provide optimal health services in rural and regional WA. CPC practices aim to improve continuity of care with allied health, tertiary and secondary services to reduce the maldistribution of the health workforce including provision of innovative workforce programs such as medical practice assistants and non-dispensing pharmacists.
- CPC practices improve emergency response planning to maintain after hours and emergency services (provision of Emergency Response Planning Tool) and engage with the community to provide services which are place-based and address gaps in service.
- CPC practices improve coordination and continuity of care to support patients and ensure better health and seamless primary care.
- CPC practices will 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 model which has been demonstrated to have significant benefits against the Quadruple Aim.
- CPC practices have access to leadership and change management training; provision of expert advice; assistance with sustainable business models and financial modelling to support viable general practices; thorough analysis of practice data to enable quality improvement activities with a view to sustainability including patient feedback; a regional community of practice – a support network of other CPC partnership practices, to network, share lessons learned and best practice; 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
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105

Coverage

The whole Country WA PHN region.

Activity Duration

Activity Start Date 01 March 2020

Activity End Date 31 December 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
After Hours	\$215,137.00	\$215,137.00	\$0.00	\$0.00	\$430,274.00
Total	\$215,137.00	\$215,137.00	\$0.00	\$0.00	\$430,274.00

AH 6000 - Urgent Care Clinics Public Awareness and Education Campaign

Activity Title

Urgent Care Clinics Public Awareness and Education Campaign

Activity Number

6000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To reduce primary care type presentations at emergency departments by building knowledge and raising awareness among consumers about their options as part of a larger project to provide alternative and optimal urgent care options in a general practice setting.

Description of Activity

WA Primary Health Alliance consulted with general practice across Country WA Primary Health Network (PHN) regions to assess the viability of a network of practices providing urgent care appointments in the peak emergency departments presentation periods for Triage Categories 4 and 5, including after-hours coverage.

The pilot initiative has been jointly developed with WA Primary Health Alliance, WA Department of Health, the Australian Medical Association WA, and the Royal Australian College of General Practitioners WA Faculty. Inclusion in the GP Urgent Care Networks (GPUCN) was open to country general practices which met a defined set of criteria. However, due to regional workforce makeup the pilot has only been implemented in the South West region. The Pilot was intended to run for 18 months from 1 September 2019, but it has been extended until June 2021 in response to COVID 19. A transition plan to move from pilot phase to ongoing network is underway.

In all regional areas it was identified training for general practice staff to upskill in urgent care is a key component to avoid emergency departments presentations. Training is planned for general practitioners, practice nurses and other administration and reception staff working in regional areas.

A key component of the GPUCN pilot is the handover of patients from the GPUCN to the patient's usual general practitioner. This is being facilitated by use of the MEDrefer platform which connects to the practice software and populates the clinical handover information for

easy submission by the general practitioner to the patient's usual practice. Deidentified data is also captured for use in the pilot evaluation.

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
CGP1.14 Promote alternatives to Emergency Department care for non-urgent health conditions and increase access to GP after-hour services.	111

Coverage

The whole Country WA PHN region.

Activity Duration

Activity Start Date 01 September 2019

Activity End Date 31 December 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
After Hours	\$1,829,655.27	\$200,000.00	\$0.00	\$0.00	\$2,029,655.27
Total	\$1,829,655.27	\$200,000.00	\$0.00	\$0.00	\$2,029,655.27

AH 7000 - HealthPathways – Aged Care Pathways Content Expansion

Activity Title

HealthPathways – Aged Care Pathways Content Expansion

Activity Number

7000

Existing, Modified or New Activity

Modified

Program Key Priority Area

Aged Care

Aim of Activity

HealthPathways WA is a secure web-based portal with information on patient assessment, management, and referral pathways to assist clinicians in navigating patients through the complex primary, community and acute health care system in Western Australia.

The activity will utilise WA Primary Health Alliance proven HealthPathways methodology to undertake a comprehensive review of current Aged Care HealthPathways clinical stream. A determination of potential improvements to address unmet areas or improvements will be completed and required action addressed through the development and update of clinical and service information pages.

Description of Activity

This activity will include:

1. Establishing a Clinical Working Party to inform the development of additional content and/or pathways and convene a Clinical Working Group to scope gaps and issues. The Working Party will consist of:
 - a small group of geriatricians, general practitioners, and service providers to review and provide input on pathways, meeting monthly.
 - a larger group of clinicians, allied health, and service providers, convening twice to identify gaps and issues which can be addressed within the pathways.
2. Development of additional HealthPathways content including clinical and service information. The activity includes expansion of the current pathways to include more comprehensive service listing and additional pathways including but not limited to:
 - aged care and disability
 - health screening in the elderly
 - CALD support within elderly populations

3. General practitioner education based on the developed pathways. This activity will involve a series of five webinars held in the evenings. The webinars will be delivered by specialists involved in the working groups.

WAPHA Needs Assessment Priorities

Priority	Page reference
CGP1.3 Improve the management of chronic conditions for ageing populations, reduce unnecessary hospitalisations, an increase in palliative care services and increase awareness of programs.	105

Coverage

The whole Country WA PHN region.

Activity Duration

Activity Start Date 25 January 2021

Activity End Date 31 December 2022

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
After Hours	\$145,000.00	\$405,000.00	\$0.00	\$0.00	\$550,000.00
Total	\$145,000.00	\$405,000.00	\$0.00	\$0.00	\$550,000.00
