PHN Activity Work Plan

Summary View
2020/2021 – 2023/24

Core and GP Support

Country WA PHN

Presented to the Australian Government Department of Health

WA Primary Health Alliance
Better health, together

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

Contents

CF 1000 – Integrated Chronic Disease Care

Activity Title

Integrated Chronic Disease Care

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 and Aboriginal people are at higher risk of chronic health conditions.

Clients living in rural Western Australia are generally unable to access multidisciplinary health care providers for the management of chronic conditions which hinders the effective management of their condition.

The Integrated Chronic Disease Care (ICDC) Program was developed to improve patient access to primary health care, provide coordinated care, reduce potentially preventable hospitalisations, and strengthen patient self-management for people with chronic conditions.

The chronic conditions targeted by this program include diabetes; respiratory conditions including Chronic Obstructive Pulmonary Disease (COPD) and asthma; obesity and cardiovascular conditions, such as Chronic Heart Failure (CHF).

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 both placed based and state-wide services for people with chronic conditions are making an impact on the health needs of the populations they serve through the support of core operational health systems improvement funding (activity HSI 1000: System Integration); and ensure that service providers are meeting their contractual obligations.

The 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 (GPs) and other primary health professionals; build links across the chronic disease primary and acute treatment sectors; and develop the chronic disease management capacity of the primary health workforce.

Description of Activity

The ICDC Program provides care coordination and nursing and allied health services, tailored to the needs of each of the seven (7) country health regions: Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.

Services can consist of:

- Multidisciplinary teams providing clinical and self-management support for vulnerable and disadvantaged persons with chronic diseases, with priority given to people with cardiovascular, diabetes and respiratory conditions;
- Care coordinators that work to ensure that clients are followed-up, receive the best wrap around care and are linked successfully with general practice and other appropriate health professionals;
- Culturally appropriate support and information to enable patients to work towards self-management of their condition; and
- The use of evidence based self-management apps and other digital health technology in a patient's care plan to monitor their health and wellbeing. The model also includes group based self-management interventions.

Chronic Disease Officers facilitate patient access to primary care services and integrate the chronic disease services provided by the WA Country Health Service (WACHS) with the WA Primary Health Alliance (WAPHA) funded community based primary health care services and other primary care providers, particularly General Practitioners.

Recurent funding will continue for the following PHN-wide services:

- Chronic Respiratory Disease and Diabetes Telehealth Services: These services work in partnership with local GPs and healthcare professionals to ensure continuity of care for patients. They provide one on one support/ consultations and education to support patientself management in country WA via telephone and video-conferencing.
- ICDC care coordination and allied health services across all seven Country regions (Kimberley, Pilbara, Midwest, Goldfields, Wheatbelt, South West and Great Southern.

- Chronic Disease Officer services centrally and in the Pilbara, Midwest, Goldfields, South West and Great Southern; and expand the program to include Kimberley and Wheatbelt regions.

- A Health Navigator service: This service, as part of the integrated country chronic disease care model, uses phone and telehealth technology to support people with chronic conditions to develop a personal plan to enable them to effectively self-manage their chronic health conditions, and is provided in the Great Southern, Wheatbelt and South West with possible expansion to other regions.

The above services integrate closely with the Integrated Team Care (ITC) Activity that is provided in all country regions, ensuring that primary health services to address chronic conditions are available to Aboriginal people throughout WA.

In addition, following the end of the After-Hours Funding stream on 30 June 2021, which currently funds this service, it is proposed that funds will be directed to continue the Country after hours tele-medicine service, where there is a lack of access to GP services after hours due to limited workforce availability and agreement from local GPs. The service 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 GP can provide simple diagnosis, prescribe medication, make a referral to a specialist and, with the caller's consent, provide a summary of the consultation to the caller's regular GP. The service ensures that patients are connected to their regular GP to ensure continuity of health care. Service providers are expected to work collaboratively with others in the region to help facilitate system_integration and actively seek to improve engagement with primary 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-months intervals using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient options) to determine:
how well targeted and efficient services are, 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 using the needs assessment 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
CA4.4 Assist Primary Health Care Providers to adopt culturally appropriate models of care for Aboriginal populations, Culturally and Linguistically Diverse groups.	122
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105
CGP1.5 Promote the effectiveness of digital health technologies to optimise patient care (telehealth)	106
CGP1.9 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations, CALD groups.	108

Coverage

The whole Country WA 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	$11,459,602.32	$10,606,492.42	$10,627,893.70	$0.00	$32,693,988.44
Total	$11,459,602.32	$10,606,492.42	$10,627,893.70	$0.00	$32,693,988.44

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 commissioned service providers to:

- improve integration and coordination of primary care services
- build on available resources
- introduce innovation
- 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 will provide funding in three key areas. These will be:

1. Treatment services / waitlist / service model optimisation in priority areas
    - Funding will be provided to commissioned service providers to provide additional funding 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 commissioned 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 Integrated 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 Primary Care Practitioners and Service Providers focused on PQF Indicator

Improvement.

- Primary care practitioners and organisations will be provided opportunity to apply for funding to build and enhance innovation and capacity within chronic disease services in primary care to support people more effectively with chronic diseases in the community.
- Funding will also be aimed at supporting primary care providers to reduce unnecessary hospitalisations and enhance integrated care pathways, service coordination and service linkages.
- Funding will be aligned to the Performance and Quality Framework Indicators to enhance performance in areas of identified need.

WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112
CMHP2.3 Increase access to early intervention services to prevent escalating acuity and reduce the burden on acute and emergency department services.	112

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 01 March 2020

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	$700,000.00	$40,000.00	$0.00	$0.00	$740,000.00
Total	$700,000.00	$40,000.00	$0.00	$0.00	$740,000.00

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 1070 - Organisational Strengthening and Development Grants One Off Program 2021/2023

Activity Title

Organisational Strengthening and Development Grants One Off Program 2021/2023

Activity Number

1070

Existing, Modified or New Activity

New Activity

Program Key Priority Area

Population Health

Aim of Activity

To undertake the Primary Health Sector – Organisational Strengthening and Development Grants One Off Program.
The intent of the program is to improve the internal capability and capacity of organisations to deliver quality primary health care services.

Description of Activity

The Australian Government Department of Health Performance Quality Framework Indicators and WA Primary Health Alliance's strategic plan and commitment to quality improvement, will underpin the four funding streams of the grants program.

Stream 1: System Integration
This stream will focus on system integration of commissioned services in the primary health care sector. These will be aligned to three of WA Primary Health Alliance's Strategic Priorities:

- 'Empowering people and communities'
- 'Promoting an integrated health system'
- 'Supporting continuous improvement'

Stream 2: Aboriginal and Torres Strait Islander Cultural Safety
This service will focus on activities that improve the delivery of culturally safe services for our Aboriginal and Torres Strait Islander communities wherever services are received.

Stream 3: LGBTIQ+
This stream will focus on activities that improve the delivery of safe and effective care for LGBTIQ+ communities.

Stream 4: Clinical Safety and Quality
Effective clinical governance arrangements ensure the delivery of safe, quality, and effective care. This stream will focus on safety and quality activities that align to national standards

that would help to prepare primary care services for the future implementation of the National Safety and Quality Primary Health Care (NSQPHC) Standards.

This grants program has been developed due to initial consultation under the development of the WA Primary Health Alliances 'Better Health Together' principal document and further liaison with Western Australian community services sector peak agencies. It was clearly identified that one-off time limited funding opportunities to support organisational internal operational capacity and capability in the primary care sector arena were very limited to non-existent. Whilst in the previous 12 months there had been a focus on COVID-19 strategies and subsequent funding opportunities the ability to continuously improve service and internal operations, targeting these four streams of identified areas, was beyond the scope of the COVID-19 remit.

This activity will be targeted at primary health care sector organisations through an open competitive process. If required, consideration may be given to a direct approach for any of the four stream components when considering the sophistication and maturity of the local primary health care services market.

Primary health care sector organisations will be able to undertake and improve their internal capability, capacity, and continuous improvement in one or more of the four domains which will ultimately improve their service delivery and seamless care to a range of clients, particularly those most vulnerable and disadvantage, who access the service for clinical treatment and intervention and the organisations referral partners and other local primary care stakeholders.

This will be a competitive grant process with submissions being able to nominate for a funding amount in line with the nature of the project/activity they are performing. This could range from small to large requests of grant funding.

WAPHA Needs Assessment Priorities

Priorities	Page reference
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112
CGP1.9 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations, CALD groups.	108
CGP1.7 Work with Local Hospital Networks, primary care providers, other health service providers and Aboriginal groups to reduce disease trends in Aboriginal communities	107
CGP1.11 Ensure all populations have access to accessible and equitable health care.	110
CA4.4 Assist Primary Health Care Providers to adopt culturally appropriate models of care for Aboriginal populations, Culturally and	122

Linguistically Diverse groups.	
CA4.1 Work with primary care providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	121
CA4.2 Increase access to Aboriginal specific services with an Aboriginal approach to cultural wellbeing, healing, and community empowerment.	121

Indigenous Specific Comments

Stream 2 will have a specific focus on Aboriginal and Torres Strait Islander Cultural Safety capability support for primary health care service providers.

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 1 July 2021

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	$0.00	$50,000.00	$50,000.00	$0.00	$100,000.00
Total	$0.00	$50,000.00	$50,000.00	$0.00	$100,000.00

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.
- providing general practices with a PenCAT license to support patient centred care through the extraction and analysis of general practice data.

Description of Activity

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 that provides additional clinical information to support their assessment, treatment, and management of individual patient's medical conditions, including referral processes to local specialists and services.

Holistic Services:

- 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.

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 aggregates general practice data for service planning, reporting and population health needs. Supports patient centred care.

Note: More detailed information about these programs is provided in activity 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
CGP1.2 Support primary care providers to improve the management of patients with chronic conditions and reduce unnecessary hospitalisations through effective care pathways.	105
CGP1.6 Work with Local Hospital Networks, primary care providers and other health service providers to reduce high rates for chronic disease morbidity and mortality.	107

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 01 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	$125,000.00	$300,000.00	$350,000.00	$0.00	$775,000.00
Total	$125,000.00	$300,000.00	$350,000.00	$0.00	$775,000.00

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 (CHF) 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 to reduce Potentially Preventable Hospitalisations (PPHs) through an integrated person-centred model of care for CHF.

Consistent with these guidelines WA Primary Health Alliance is interested in exploring opportunities for collaborative, integrated action on chronic heart failure, recognising:

- the significant burden of disease CHF represents in the Western Australian community, and in particular locations.
- the opportunity to shift the focus of care more towards management of patients with chronic heart failure in primary care, with appropriate support 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 work.
- 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 target improvements in the management of patients who have chronic heart failure in order to achieve the principles that underpin Patient Centred Medical Home (PCMH) the Quadruple Aim:

Patient Experience – improve patient care and satisfaction.
Population Health – improve the health of populations.
Cost of Care – reduce the per capita cost of health care.
Provider Wellbeing – 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 resolve gaps in services; opportunistically funding activities that would build capacity in the primary care sector to work in the area of Chronic Heart Failure.

Examples included but are not limited to:

- upskilling GPs in accordance with the new guidelines.
- provision of patient resources to improve literacy and engagement and ensuring cultural sensitivity.
- virtual cardiac rehabilitation in community, particularly in country WA.
- better integration with hospitals.
- enhanced cardiac rehabilitation in the community.
- enhanced multi-disciplinary team-based care in primary care for CHF management.

Phase 2
A longer process to co-design significant activities 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 GPs 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 GP 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.
- workforce capacity- developing capacity in the primary care workforce to be effective partners in the multidisciplinary care of heart failure patients.

The Primary Health Network (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
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
CGP1.6 Work with Local Hospital Networks, primary care providers and other health service providers to reduce high rates for chronic disease morbidity and mortality.	107
CGP1.13 Increase access to best-practice management for people with chronic heart failure.	110

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 01 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	$1,112,958.49	$40,000.00	$88,235.29	$0.00	$1,241,193.78
Total	$1,112,958.49	$40,000.00	$88,235.29	$0.00	$1,241,193.78

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

Activity Title

Managing Chronic Conditions

Activity Number

1000

Existing, Modified or New Activity

Existing

Program Key Priority Area

Population Health

Aim of Activity

To build general practitioner and other 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 GPs 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 practitioners 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 align to the WA Healthy Weight Action Plan, 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:

- survey of general practitioners and practice nurses regarding gaps, barriers, and opportunities for better management of overweight and obesity in general practice.
- development of a practice toolkit for general practitioners including synthesis and applicability of current guidelines.
- implementation of a general practitioner led evidence-based weight management program (e.g., ANU Change Program which is available free to Primary Health Network (PHN) for use within general practices).
- the use of Chronic Disease Management Plans via MBS for people with complex obesity, where clinically appropriate.
- General practitioner and GP 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 WAPHA practice support staff).
- consideration of interventions in the practice waiting room (e.g., use of iPads to record patient information).

2. 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 consulting rooms – and coaching for use.
- GP Symposium (informative and academic) focused on general practice continuous professional development, streams on difficult conversations; care management and team care; 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 a 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
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112
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
CGP1.12 Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	110

Coverage

The whole Country WA 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	$314,232.16	$40,000.00	$137,587.31	$0.00	$491,819.47
Total	$314,232.16	$40,000.00	$137,587.31	$0.00	$491,819.47

COVID-GPLRC 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 Activity

Program Key Priority Area

Population Health

Aim of Activity

To ensure the GP Respiratory Clinics are able to effectively support community members experiencing mild to moderate respiratory conditions and to reduce overall risk of exposure to COVID-19 across the community.

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

GP Respiratory Clinics

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.

COVID-19 vaccination

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 of Health 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 Primary Health Network (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

Priorities	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 Country WA 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

New Activity

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

This activity will include dissemination and direct delivery (online if appropriate) of training materials, development of training plans for the sector in their areas.

This activity will also support coordination activities to identify options to address workforce shortages in their regions.

WAPHA Needs Assessment Priorities

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

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 16 May 2020

Activity End Date 31 December 2021

Activity Planned Expenditure

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

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 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 activity includes:

- 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 and contract manage performance of contracted 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 three WA Primary Health Networks 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 and 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 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 Outcome Maps, provider and client reported outcomes and other relevant data.

The Primary Health Network (PHN) continues to focus on managing performance (applying sound principles of relationship management) of contracted providers including reviewing/monitoring and evaluating services to determine: how well targeted and efficient services are - using a diverse range of data collection methods (i.e. provider reports, referral agency feedback, patient opinion) 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.

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
CGP1.3 Improve the management of chronic conditions for ageing populations, reduce unnecessary hospitalisations, an increase in palliative care services and increase awareness of programs.	105
CGP1.1 Increase access to primary care providers in areas of workforce maldistribution and support primary care providers to manage chronic conditions.	104
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112
CGP1.8 Improve the rates of cancer screening and reduce avoidable deaths from cancer.	108
CGP1.9 Assist primary health care providers to adopt culturally appropriate models of care for Aboriginal populations, CALD groups	108
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
CGP1.14 Promote alternatives to Emergency Department care for non-urgent health conditions and increase access to GP after-hour services.	111

CGP1.6 Work with Local Hospital Networks, primary care providers and other health service providers to reduce high rates for chronic disease morbidity and mortality.	107
CGP1.7 Work with Local Hospital Networks, primary care providers, other health service providers and Aboriginal groups to reduce disease trends in Aboriginal communities.	107
CGP1.11 Ensure all populations have access to accessible and equitable health care.	110
CGP1.12 Support Primary Health Care providers to implement effective health interventions for those living with overweight and obesity.	110
CGP1.13 Increase access to best-practice management for people with chronic heart failure.	110

Coverage

The whole Country WA 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
Health Systems Improvement	$4,020,890.94	$3,343,966.47	$3,372,486.86	$0.00	$10,737,344.27
Total	$4,020,890.94	$3,343,966.47	$3,372,486.86	$0.00	$10,737,344.27

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 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.

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.

We will 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.

WA Primary Health Alliance will 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 particular reference to more vulnerable and disadvantaged groups.

WA Primary Health Alliance will 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.

Developing 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.

Internally, the focus will be 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.

Externally, WA Primary Health Alliance will be working to increase 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

Priorities	Page reference
CMHP2.1 Engage with Primary Health Care providers, Local Hospital Networks and Community Mental Health Services to improve transitions of care, care coordination and service linkages.	112

Coverage

The whole Country WA PHN region

Activity Duration

Activity Start Date 1 July 2019 (HSI 2000, HSI U2000)

Activity End Date 30 June 2023 (HSI 2000) Activity End Date 30 June 2021 (HSI U2000)

Activity Planned Expenditure

Funding Stream	FY 20 21	FY 21 22	FY 22 23	FY 23 24	Total
Health Systems Improvement HSI -2000	$257,526.00	$263,134.17	$274,687.64	$0.00	$795,347.81
Health Systems Improvement HSI - U2000	$367,000.00	$0.00	$0.00	$0.00	$367,000.00
Total	$624,526.00	$263,134.17	$274,687.64	$0.00	$1,162,347.81

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 Alliance's ongoing commitment and capability in data management and governance and help build community and stakeholder confidence both in the solution itself and in Country WA Primary Health Network's (PHN) role as a regional data custodian.

The outcome of the IT Projects will enable Country WA 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.

Both 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 Country WA 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 as a result 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 Country WA PHN region. In order to ensure WAPHA's IT Infrastructure will continue delivering to the highest standards WAPHA 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

Country WA PHN in building on the recommendations identified in the recent Clinical Governance Framework update recognise the requirement for the development of a robust Notifiable Incident Management (NIM) solution. This NIM system will allow for the consistent and coordinated approach to notification, review, and robust oversight of reported notifiable incidents occurring within WAPHA commissioned service providers delivering clinical services within the County WA region.

WA Primary Health Alliance 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 Country WA PHN region.
- Pilot the Notifiable Incident Management System with selected commissioned providers.

Data Extraction

Country WA PHN currently has over 80% of eligible practices participating in data extraction activity. A further 11% are currently in the process of becoming data extracting practices however they do not wish to use the current PHN preferred extraction tool. To ensure the PHN can support practices to become data sharing organisations and to ensure that the new and existing providers of data extraction tools meet our stringent data governance requirements the following activities will be undertaken:

- Scope and develop the critical requirements for new and existing Data Extraction solutions to adhere with relevant Australian industry standards, best practice, and guidelines, including any applicable ethical codes or standards.
- Technical assessment of available data extraction solutions currently available to general practices with WA.
- Determine the sustainability and suitability of identified providers into the future.
- Undertake a high-level assessment of the advantages and potential disadvantages to implement additional solutions.
- To write a business case to deliver a proof-of-concept solution to trial the identified Data Extraction solutions identified and enable stakeholder review and recommendations for full scale roll out.

WAPHA Needs Assessment Priorities

Priorities	Page reference
CGP1.5 Promote the effectiveness of digital health technologies to optimise patient care (telehealth).	106

Coverage

The whole Country WA 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	$171,735.00	$0.00	$0.00	$0.00	$171,735.00
Total	$171,735.00	$0.00	$0.00	$0.00	$171,735.00

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's staff and stakeholders regarding the strengths and challenges of WA Primary Health Alliance's existing operating model. The establishment of a Project Management Office (PMO) is one of the first initiatives flowing from this review to be implemented.

The PMO 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 PMO, 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 PMO as it builds and consolidates the structures, processes, and competencies for effective project management in WA Primary Health Alliance's 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 we consolidate our 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 WA Primary Health Alliance's growth.

This project is critical to WA Primary Health Alliance's ability to ensure an applied methodology which ensures seamless integration of population health planning activities through to the development of improved process which support strategic and efficient commissioning.

Key activities which address the aim for health systems improvement funding are the development of a framework which supports enhanced codesign with providers through better stakeholder engagement, the delivery of quality transition in plans which will enable better commissioning support and allow for better monitoring and evaluation of commissioned services.

The PMO set up also assists in the contribution to population health planning enabling the development of targeted operational plans which guide practice support activities where they are most needed - including new models of care and quality improvement.

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.

These funds enabled rapid establishment of a highly effective PMO that delivers quality control and support to projects in all three PHNs operated by WA Primary Health Alliance, ensuring that dependencies and synergies in planning across PHNs, regions and program areas are addressed early and iteratively; Coordinate the delivery of turnkey projects that involve high complexity, investment, risk or significance; Incorporate both project management expertise and subject matter expertise; Coordinate the prioritisation of new activity to ensure all activity is directed towards strategic priorities. Implement clearer stakeholder communication protocols throughout the commissioning cycle and across the scope of WA Primary Health Alliance activity; Grow capacity 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.

PMO establishment has involved 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 and delivery, offering of certified online learning modules courses and development of new materials to contextualise project management concepts in a PHN environment, monthly mentoring group for project owners to review live projects, application of project management principles and challenges raised in the PHN, the purchase / licensing

/ subscriptions for ICT platforms, and relevant staff training; travel costs to ensure regional and remote staff have equitable access to the PMO Learning and Development Pathway.

PMO establishment has involved 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 and delivery, offering of certified online learning courses and development of new materials to contextualise project management concepts in a PHN environment, monthly mentoring group for project owners to review live projects, application of project management principles and challenges raised in the PHN, the purchase / licensing / subscriptions for ICT platforms, and relevant staff training; travel costs to ensure regional and remote staff have equitable access to the PMO Learning and Development Pathway.

WAPHA Needs Assessment Priorities

Priorities	Page reference
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
PNGP1.2 Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	87
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
PNAOD3.8 Encourage and promote a regional approach to suicide prevention including community-based activities to reduce alcohol and other drug related suicide.	103
PNMH2.5 Support mental health care providers to adopt culturally	96

appropriate models of care for culturally and linguistically diverse groups.	
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 Country WA 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	$250.000.00	$0.00	$0.00	$0.00	$250,000.00
Total	$250.000.00	$0.00	$0.00	$0.00	$250,000.00

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 support general practice staff and clinicians to provide high quality and evidence-based care for their patients, including preventive and proactive activities, with a focus on those at risk of poor health outcomes, to improve population health.

This includes:

- support provided in response to practice need, including national cancer screening programs, immunisation, practice accreditation, health assessments and GP management plans.
- support via a variety of mediums, removing barriers to access offering access for practices by the method they choose - this will also allow practices to receive help quickly when they need it, enabling focus on patient care.
- consideration of flexible approaches to reaching identified vulnerable groups needing immunisation.
- support to general practice to allow response in a coordinated and timely manner in the event of a disaster or emergency of significant scale and community impact.

Description of Activity

General Practice Support will be provided to all staff working within a general practice. This includes multidisciplinary staff e.g., general practitioners, practice managers, practice nurses and support staff. General practice support will be provided via a number of mediums.

The Practice Assist website allows general practice staff to search through a comprehensive library of resources, templates, and factsheets on a variety of topics. They can also search for upcoming education events and webinars, find information on research studies and surveys and links to the Practice Assist newsletter. Ongoing work includes reviewing and maintaining the website keeping content up to date. It also includes generating new content in line with identified need and new policy or programs.

Specific features of General Practice Support include:

- The Practice Assist helpdesk - provides non-clinical support by phone and email to all

general practice staff with an aim to resolve simple queries within 1 business day and more complicated queries within 3 days.

- Education and awareness raising and promotion of appropriate interventions to improve; childhood, Aboriginal, Adolescent and Adult immunisation coverage; bowel, breast and cervical cancer screening programs and provision of support to implement into practice; as well as accreditation is communicated and facilitated to practices via the Practice Assist website, practice newsletter and through regular practice visits.
- Contributions to service directories containing information that practices require when making referrals to specialist and community-based services. This includes HealthPathways request pages, National Health Service Directory and My Community Directory.
- Networking and education events facilitated to allow practice managers and practice nurses to share lessons both of what works well and also challenges their experience. Updates are also provided through these forums.
- Updating practices on Commonwealth health policy initiatives such as PIP QI and WIP to support understanding and access.
- Connecting general practices with quality, evidence-based services to support their patient needs in their catchment areas, including WA Primary Health Alliances contracted services.
- Data analysis regarding the practices' screening targets and service delivery to enable continuous quality improvement.

To enable an appropriate coordinated Primary Care response a disaster preparedness plan will be developed.
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
CGP1.8 Improve the rates of cancer screening and reduce avoidable deaths from cancer.	108

Coverage

The whole Country WA 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	$95,766.00	$356,201.65	$377,433.39	$0.00	$829,401.64
General Practice Support	$167,611.00	$0.00	$0.00	$0.00	$167,611.00
Total	$263,377.00	$356,201.65	$377,433.39	$0.00	$997,012.64

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.

In Country WA, there is a specific focus on the localisation of pathways in regions to support effective transition/referral of patients to regional and/or metropolitan specialists where necessary. 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 practitioner clinical editors who are supported by 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 team include:

- authoring the content.
- reviewing and incorporating best practice guidelines.
- facilitating multi-disciplinary working group meetings.
- facilitating education events.
- evaluating 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.

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

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 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	$57,094.00	$185,340.88	$196,436.01	$0.00	$438,870.89
General Practice Support	$99,926.00	$0.00	$0.00	$0.00	$99,926.00
Total	$157,020.00	$185,340.88	$196,436.01	$0.00	$538,796.89

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. 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.

It is also intended practices will be supported to leverage technology and digital health systems to support them 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 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 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 quality improvement (QI) team to undertake regular QI activities.
- Assisting general practices to register and actively participate in My Health Record.
- 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.
- 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

Priorities	Page reference
CGP1.5 Promote the effectiveness of digital health technologies to optimise patient care (telehealth).	106

Coverage

The whole Country WA 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	$11,668.00	$50,146.81	$51,798.70	$0.00	$113,613.51
General Practice Support	$20,421.00	$0.00	$0.00	$0.00	$20,421.00
Total	$32,089.00	$50,146.81	$51,798.70	$0.00	$134,034.51
