



# **Country WA PHN Activity Work Plan**

## **After Hours Primary Health Care**

**Summary View  
2023/2024 – 2026/2027**

**Presented to the Australian Government Department of  
Health and Aged Care**

## Contents

AH 1000 - After Hours Primary Health Care .....	3
AH 1040 - After Hours Program: Needs Assessment .....	6
AH 1041 - RACH After Hours Telehealth Equipment .....	10
AH-HAP 1050 - Homelessness Access Program: Needs Assessment.....	15
AH-HAP 1055 - Homelessness Access Program: Street Doctor <b>Error! Bookmark not defined.</b>	
AH-MAP 1060 - Multicultural Access Program: Needs Assessment.....	19
AH 2000 - Increasing Access to After Hours Support Services .....	23
AH 3000 – After Hours Integrated Mental Health, Suicide Prevention and Drug and Alcohol Treatment Services .....	27
AH 5000 - Strengthening General Practice in WA.....	30
AH 6000 - Urgent Care Clinic Public Awareness and Education Campaign .....	33

# AH 1000 - After Hours Primary Health Care

## Activity Title

After Hours Primary Health Care

## Activity Number

1000

## Activity Status

Modified

## PHN Program Key Priority Area

Population Health

## Aim of Activity

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

## Description of Activity

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 GPs. In addition, the service provides an on call After Hours service for residents of RACFs and people living in the community with aged and palliative care needs.

Funding for this service will cease on 30 June 2024. Under this AWP, then will be funded from AH 1040 - After Hours Program Needs Assessment.

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, cost efficiency and improved health equity.

## Country WA PHN Needs Assessment

### Priorities

### Page reference

Improve the management of chronic conditions for ageing populations and promote healthy ageing at home. (Metro)	41
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Improve access to mental health services in the Great Southern.	29
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West)	15

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### Target Population Cohort

People in the Albany region area who require after hours care.

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### Coverage

Albany local government area in the Country WA PHN

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### Consultation

Consultation will occur as a key component of the needs assessment.

A stakeholder engagement plan will be developed with the following key stakeholders included:

- PHN staff members
- General practitioners and general practice staff
- Other relevant primary care providers
- Australian Government Department of Health and Aged Care
- Other PHNs
- State Departments of Health and Health Service Providers
- Aboriginal Community Controlled Health Services
- Other key service providers e.g., Silver Chain, Health Direct, private service and private health insurance providers, community organisations and peak agencies.
- Cohorts of possible service users e.g., parents, older people, and priority populations where possible, given that sustainable solutions are more likely to arise from wide consultation.

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### Consultation

The following stakeholders are consulted:

- WA Country Health Service
- General practices
- Community members
- Residential Aged Care Facilities

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### Collaboration

There is an MOU in place between the service and WACHS to share data, space and consumables.

Regular meetings to support implementation are held with Residential Aged Care Facilities, WA Country Health Service, Department of Health and Aged Care and the Hospice.

Activity Key Performance Indicators	Target
Activities have been undertaken in accordance with the approved Activity Workplan as amended and agreed by the Department as required as appropriate.	100%

Activity Milestones	Due Date
Activity Work Plan and Budget	30 April 2024, 30 April 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025
Needs Assessment	15 November 2024
Financial Acquittal Report	30 September 2024, 30 September 2025

Activity Start Date	Activity End Date
1 November 2021	30 June 2025

Service Delivery Start Date	Service Delivery End Date
1 July 2023	30 June 2025

#### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
After Hours	\$526,212.27	\$1,390,943.61	\$0.00
After Hours Operational	\$23,170.83	\$207,545.03	\$0.00

# AH 1040 - After Hours Program: Needs Assessment

## Activity Title

After Hours Program: Needs Assessment

## Activity Number

1040

## Activity Status

New Activity

## PHN Program Key Priority Area

Population Health

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## Aim of Activity

It is proposed that Country WA PHN conducts an in-depth needs assessment and analysis of after-hours services in collaboration and consultation with key stakeholders (providers and consumers).

This would include a review of current activities and barriers to providing primary care services in the after-hours period and identify sustainable service models and place-based solutions. Funding would support the PHN to refine and/or refocus current activities to maximise reach and value for money.

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## Description of Activity

The specific activities are:

- Engagement of a suitably qualified external consultant to conduct the needs assessment across Country WA PHN
- Reviews current literature, national, state, and regional policies and reforms related to the After-Hours Services program.
- Identify and analyse the primary health care needs of Country WA PHN in relation to After Hours primary care access and support.

The consultant will in collaboration with the PHN:

- Develop demographic and geographic profiles of the target population and primary
- Review of population health data
- Access and usage of community based and hospital attendance of target population where available.
- Identify priority communities, health issues and locations for the after-hours primary care services.
- Conduct a current market scan and analysis of existing service provision.
- Provide descriptions of and findings from stakeholder (including general practice) and community consultation that identifies barriers and opportunities

and priorities to be addressed in relation to After Hours services in Country WA PHN.

- Analyse and identify any opportunities to enhance person and family centred care, integration and collaboration between the primary care, acute health systems and other sectors in Country WA PHN.
- Identify cultural competency and safety barriers, priority needs and recommended activities (relevant for each program area).
- Provide recommendations for commissioning of service delivery models suitable for the After-Hours Program in Country WA PHN with a quintuple aim of healthcare and health equity lens.
- Develop a draft program logic and suggested evaluation methodology for any new or continuing program activities; and
- Prepare a final report articulating primary health care needs (consumer and service provider) and priorities and recommended commissioning activities for Country WA PHN.

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## Country WA PHN Needs Assessment

### Priorities

### Page reference

Investigate successful alternatives to the provision of primary care in Emergency Departments in country regions. (Midwest)	56
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West)	15

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### Target Population Cohort

General population with a focus on priority populations – Aboriginal community members, LGBTIQA+ community members, multicultural communities, and those with a disability.

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### Coverage

Country WA PHN

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### Consultation

Consultation will occur as a key component of the needs assessment.

A stakeholder engagement plan will be developed with the following key stakeholders included:

- PHN staff members

- General practitioners and general practice staff
- Other relevant primary care providers
- Australian Government Department of Health and Aged Care
- Other PHNs
- State Departments of Health and Health Service Providers
- Aboriginal Community Controlled Health Services
- Other key service providers e.g., Silver Chain, Health Direct, private service and private health insurance providers, community organisations and peak agencies.
- Cohorts of possible service users e.g., parents, older people, and priority populations where possible, given that sustainable solutions are more likely to arise from wide consultation.

## Collaboration

Stakeholders will be provided with support to:

- Provide feedback on barriers and opportunities and priorities to be addressed in relation to After Hours primary care services in Country WA PHN.
- Identify opportunities to enhance person and family centred care, integration and collaboration between the primary care, acute health systems and other sectors in each Country WA PHN.
- Identify cultural competency and safety barriers, priority needs.
- Recommend activities (relevant for each program area) resulting in the development of recommendations for commissioning of service delivery models as part of the After-Hours Program in Country WA PHN with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).

## Activity Key Performance Indicators

## Target

Activities have been undertaken in accordance with the approved Activity Workplan as amended and agreed by the Department as required as appropriate.	100%
Engage suitably qualified external consultant to conduct the needs assessment.	31 December 2023

## Activity Milestones

## Due Date

Activity Work Plan and Budget	30 April 2024
Twelve-month Performance Report	30 September 2024
Financial Acquittal Report	30 September 2024
Needs Assessment	15 November 2024

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**Activity Start Date**

**Activity End Date**

1 July 2023	30 June 2024
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**Service Delivery Start Date**

**Service Delivery End Date**

18 December 2023	30 June 2024
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**Activity Planned Expenditure**

<b>Funding Stream</b>	<b>FY 23 24</b>	<b>FY 24 25</b>	<b>FY 25 26</b>
After Hours	\$108,675.29	\$0.00	\$0.00

# AH 1041 - RACH After Hours Telehealth Equipment

## Activity Title

RACH After Hours Telehealth Equipment

## Activity Number

1041

## Activity Status

New Activity

## PHN Program Key Priority Area

Population Health

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### Aim of Activity

In response to the Royal Commission into Aged Care Quality and Safety, the Australian Government has funded Primary Health Networks (PHNs) to undertake dedicated activities which support better health, wellbeing and access to primary care and aged care services for senior Australians. The overarching goal of these activities is to delay entry into Residential Aged Care Homes (RACHs) for people not living in RACHs and to reduce avoidable hospitalisations for older people.

Timely access to primary health care professionals, whether through face-to-face consultation or via Telehealth is recognised as a challenge for many RACHs, and at times this can lead to potentially preventable hospitalisations. The RACH After Hours Telehealth initiative aims to improve access to after-hours health care and prevent unnecessary hospital presentations.

This activity will support participating RACHs to have the appropriate virtual consultation abilities and technology to access virtual out-of-hours services including purchase of appropriate telehealth equipment.

The PHN will:

- Provide guidance to assist participating RACHs to develop and implement out-of-hours action plans which will support their residents to access the most appropriate medical services out-of-hours.
- Provide training to participating RACH staff, so they have the capabilities to assist residents in accessing virtual consultation services.
- Educate participating RACH staff in out-of-hours health care options and processes for residents.
- Encourage participating RACHs to implement procedures for keeping residents' digital medical records up to date, particularly following an episode where afterhours care was required.

## Description of Activity

### Background

The GEN Aged Care Data Service [list](#) shows that there were 103 RACHs in PNPHN at 30 June 2023.

On 30 June 2019, PNPHN had a higher rate of residential care recipients per 1000 target population (41%) compared to the state (38%) (AIHW, 2020e) and the occupancy rate in RACHs was 89%. Many older people living in RACHs have complex health conditions, atypical symptoms, and multiple comorbidities. More than half (55%) of people using permanent residential care in the PHN had a diagnosis of dementia<sup>1</sup>. (Ref: <sup>1</sup>PNPHN [Needs Assessment 2022-2024](#).)

### Rationale

[Research](#) shows that substantial emergency department (ED) demand comes from patients living in RACHs. Residents can experience rapid health deterioration during the afterhours period, however immediate transfer to hospital is not always clinically necessary. Lack of technology, awareness and utilisation of virtual after-hours services provided by GPs and other health professionals can lead to unnecessary ED presentations and hospitalisations. Potentially Preventable Hospitalisation (PPH) data for 2017-18, identifies that 46% of all PPHs across Australia were for people aged 65 and over.

ED transfer may also result in an unnecessary burden to residents, resulting in invasive interventions, increased risk of delirium and hospital acquired infections.

### Roles and responsibilities

WA Primary Health Alliance's (WAPHA's) Primary Care Innovation and Development Portfolio, which works across the three WA PHNs, is responsible for the delivery of the *RACH Afterhours Telehealth Initiative*. An executive sub-committee oversees all PHN aged care activity including the RACH Afterhours Telehealth Initiative to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

A small team, consisting of an activity lead and Digital Health Officers lead the RACH Afterhours Telehealth initiative across the three WA PHNs. Place-based integration managers, and training and practice support staff assist the team. A program logic guides activities.

### Activities and key-activities

The RACH Afterhours Telehealth initiative aligns with the PHNs Aged Care activity 'AC-VARACH 1000 - Support residential aged care facilities to increase availability and use of telehealth care for aged care residents' and Aged Care activity 'AC-AHARACH 2000 Enhanced afterhours support for residential aged care facilities initiatives'. Stakeholder engagement and data collection for the three initiatives is undertaken simultaneously.

Activities will comply with the Aged Care Quality and Safety Commission's Aged Care Quality standards.

### **Key activities**

The PHN has commissioned Visionflex to deploy telehealth carts to RACHs that have expressed an interest in securing the equipment. The equipment bundle includes clinical equipment which allows GPs and other health professionals to monitor residents' vital signs, wounds, and skin conditions.

The PHN will:

#### Resource development and education

- Develop and publish resources to assist RACHs to develop afterhours action plans and processes.
- Undertake an environmental scan to understand which virtual services are available afterhours and sharing the information with RACHs.
- Encourage RACHs to work with residents so that afterhours wishes are included in resident's advanced care plans.

#### For participating RACHs

- Provide education to RACH staff in relation to virtual out-of-hours health care options and processes for residents.
- Provide hardware and software training and technical support to RACHs and health professionals to build telehealth capability.
- Provide a digital quality improvement package
- Facilitate the development and implementation of afterhours action plans to support residents access to the most appropriate health services' afterhours, including promoting advanced care planning.
- Encourage RACHs to implement procedures for keeping residents' digital medical records up to date, (use of MyHR) particularly following an episode where afterhours care was required.
- Support engagement between RACHs and residents' general practitioner and other identified health professionals, as part of afterhours action plan development.
- Provide ongoing support to participating RACHs in the development of afterhours action plans.

#### For non-participating RACHs

- Promote this initiative and encouraging their engagement in the development of afterhours action plans.
- Offer a digital quality improvement package.
- Promote MyHR, providing education to RACH staff on the adoption and use of MyHR and aiding with registration where required.

## Contract and relationship management

- Manage the Visionflex contract to ensure that deliverables are provided in accordance with contractual requirements.
- Establish a letter of agreement with participating RACHs and maintaining oversight so that agreed activities are undertaken.

## Reporting

- Complete reporting requirements as per the executed WAPHA and Department of Health and Aged Care agreement variation.

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## **Country WA PHN Needs Assessment**

### **Priorities**

### **Page reference**

Investigate successful alternatives to the provision of primary care in emergency departments	56
Ensure primary care services are available for people with chronic conditions that provide a holistic approach to management including improving self-management.	43

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## **Target Population Cohort**

RACFs in the PHN focusing on those RACFs that wish to participate in the RACF After Hours Telehealth Initiative through a formal expression of interest.

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## **Coverage**

Country WA PHN

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## **Consultation**

### Communication and engagement

- Engagement with other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.
- Engagement with RACHs to gain an understanding of the RACHs afterhours care plans and support, measure telehealth capabilities, use of MyHR and relevant training needs
- Invitation to all RACHs to participate in the initiative to enhance their afterhours action plans.

## Collaboration

- Continue consultation and engagement with WA Health, and North and East Metropolitan Health Services to ensure the PHN activities do not duplicate efforts underway to improve access to afterhours care in RACHs.
- Share relevant WA Health, and North and East Metropolitan Health Services virtual service information, and other related afterhours activity information with RACHs via WAPHA's Aged Connect Newsletter.
- Promotion of My Health Record (MyHR) and maintenance of resident digital medical records via WAPHA's Aged Connect Newsletter.
- Continue collaboration with other key stakeholders throughout the activity to encourage the implementation of telehealth services in RACHs.

### Activity Key Performance Indicators

### Target

Activities have been undertaken in accordance with the approved Activity Workplan as amended and agreed by the Department as required as appropriate.	100%
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### Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024
Twelve-month Performance Report	30 September 2024
Financial Acquittal Report	30 September 2024

### Activity Start Date

### Activity End Date

1 July 2023	30 June 2024
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### Service Delivery Start Date

### Service Delivery End Date

1 January 2024	30 June 2024
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
After Hours	\$271,688.22	\$0.00	\$0.00

# AH-HAP 1050 - Homelessness Access Program: Needs Assessment

## Activity Title

Homelessness Access Program: Needs Assessment

## Activity Number

1050

## Activity Status

New Activity

## PHN Program Key Priority Area

Population Health

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## Aim of Activity

Identify and support services for people experiencing homelessness and those at risk of homelessness where it is demonstrated that there are physical, geographic, or other barriers to accessing primary health care services.

The objectives are to increase primary care access for people experiencing homelessness and those at risk of homelessness through:

- Increased efficiency and effectiveness of primary health care services for people experiencing homelessness and those at risk of homelessness; and
- Improved planning, coordination, and support for primary health care services.

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## Description of Activity

It is proposed that Country WA PHN conducts an in-depth needs assessment and analysis of the primary health care needs of people experiencing homelessness in collaboration and consultation with key stakeholders (providers and consumers). This would include a review of current activities and barriers to providing primary health care services in and identify sustainable service models and place-based solutions. Funding would support the PHN to refine and/or refocus current activities to maximise reach and value for money.

The specific activities are:

- Engagement of a suitably qualified external consultant to conduct the needs assessment across Country WA PHN.
- Reviews current literature, national, state, and regional policies, and reforms for the homelessness support program.
- Identify and analyse the primary health care needs of Country WA PHN in relation to Homelessness Support programs

The consultant will in collaboration with PHN:

- Develop demographic and geographic profiles of the target population and primary health.
- Review of population health data.
- Analyse access and usage of community based and hospital attendance of target population where available.
- Identify priority communities, health issues and locations for the proposed homelessness support program.
- Conduct a current market scan and analysis of existing service provision.
- Provide descriptions of and findings from stakeholder (including general practice) and community consultation that identifies barriers and opportunities and priorities to be addressed in relation to Homelessness Support in Country WA PHN.
- Analyse and identify any opportunities to enhance person and family centred care, integration and collaboration between the primary care, acute health systems and other sectors in Country WA PHN.
- Identify cultural competency and safety barriers, priority needs and recommended activities (relevant for each program area).
- Provide recommendations for commissioning of service delivery models under the Homelessness Support program in Country WA PHN with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).
- Develop a draft program logic and suggested evaluation methodology for any new or continuing program activities; and
- Prepare a final report articulating primary health care needs (consumer and service provider) and priorities and recommended commissioning activities for Country WA PHN.

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## Country WA PHN Needs Assessment

### Priorities

### Page reference

Investigate successful alternatives to the provision of primary care in Emergency Departments in country regions. (Midwest)	56
Improve access to coordinated culturally appropriate primary care for Aboriginal people. (Goldfields/Kimberley)	15
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West)	15

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## Target Population Cohort

Community members experiencing homelessness or at risk of experiencing homelessness.

Homelessness support service providers and health service providers primary care providers.

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## Coverage

Country WA PHN

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## Consultation

Consultation will occur as a key component of the needs assessment.

A stakeholder engagement plan will be developed with the following key stakeholders included:

- PHN staff members
- General practitioners and general practice staff
- Australian Government Department of Health and Aged Care
- other PHNs, as relevant
- State departments of health, community services, Justice, and other key agencies
- Health service providers
- Aboriginal Community Controlled Health Services
- Other key service providers e.g., RUAH, Health Direct, Mental Health, AOD, Family Violence, Refugee Support Services, Homelessness Health Care, Australian Red Cross, Anglicare, HOPE Community Services, St Patricks, Common Ground, Black Swan Health and 360 Health and Community
- Other relevant non-government organisations such as Homelessness Support Services, Multicultural Services, LGBTIQ+ and Disability support organisations and Peak Agencies.
- Cohorts of possible service users e.g., parents, LGBTIQ+, Aboriginal and Multicultural communities, people with disability, younger and older people, and any other priority populations where possible to access in the timeframe.

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## Collaboration

It is anticipated that through conducting the needs assessment collaboration, input into future activities will occur to develop proposed activities/services in 2024-2025 and future years.

Stakeholders will be asked to provide feedback on:

- Barriers, opportunities, and priorities to be addressed in relation to homelessness support in the PHN region.
- Identify opportunities to enhance person and family centred care,

- integration and collaboration between the primary care, acute health systems and other sectors.
- Cultural competency and safety barriers.
- Priority needs and recommended activities (relevant for each program area) resulting in the development of recommendations for commissioning of service delivery models under the Homelessness Support program in the PHN with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).

<b>Activity Key Performance Indicators</b>	<b>Target</b>
Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
Consultant identified and appointed	31 December 2023
Needs Assessment Report completed	30 June 2024

<b>Activity Milestones</b>	<b>Due Date</b>
Activity Work Plan and Budget	30 April 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024

<b>Activity Start Date</b>	<b>Activity End Date</b>
1 July 2023	30 June 2024

<b>Service Delivery Start Date</b>	<b>Service Delivery End Date</b>
18 December 2023	30 June 2024

### **Activity Planned Expenditure**

<b>Funding Stream</b>	<b>FY 23 24</b>	<b>FY 24 25</b>	<b>FY 25 26</b>
After Hours Homelessness Access	\$90,000.00	\$0.00	\$0.00
After Hours Homelessness Access Operational	\$10,000.00	\$0.00	\$0.00

# AH-MAP 1060 - Multicultural Access Program: Needs Assessment

## Activity Title

Multicultural Access Program: Needs Assessment

## Activity Number

1060

## Activity Status

New Activity

## PHN Program Key Priority Area

Population Health

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### Aim of Activity

The aim is to identify support services for people from culturally and linguistically diverse (CALD) backgrounds where it is demonstrated that there are physical, geographic, or other barriers to accessing primary health care services.

The objectives are to increase access to primary care services by people from CALD backgrounds through:

- Increased efficiency, effectiveness, and navigability of primary health care service for people from CALD background.
- Improved planning, coordination, and support for primary health care services

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### Description of Activity

It is proposed that Country WA PHN conducts an in-depth needs assessment and analysis of the primary health care needs of people from CALD backgrounds, in collaboration and consultation with key stakeholders (providers and consumers). This would include a review of current activities and barriers to providing primary health care services in and identify sustainable service models and place-based solutions. The needs assessment will support the PHN to refine and/or refocus current activities to maximise reach and value for money.

The specific activities are:

- Engagement of a suitably qualified external consultant to conduct the needs assessment across Country WA PHN.
- Reviews current literature, national, state, and regional policies, and reforms for the multicultural access program.
- Identify and analyse the primary health care needs of Country WA PHN in relation to Multicultural Access Programs.

The consultant will in collaboration with WAPHA teams:

- Develop demographic and geographic profiles of the target population and primary health.
- Review of population health data.
- Analyse access and usage of community based and hospital attendance of target population where available.
- Identify priority communities, health issues and locations for the proposed multicultural access program.
- Conduct a current market scan and analysis of existing service provision.
- Provide descriptions of and findings from stakeholder (including general practice) and community consultation that identifies barriers and opportunities and priorities to be addressed in relation to multicultural access to primary care in Country WA PHN.
- Analyse and identify any opportunities to enhance person and family centred care, integration and collaboration between the primary care, acute health systems and other sectors in Country WA PHN.
- Identify cultural competency and safety barriers, priority needs and recommended activities (relevant for each program area).
- Provide recommendations for commissioning of service delivery models in the Multicultural Access Program in Country WA PHN with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).
- Develop a draft program logic and suggested evaluation methodology for any new or continuing program activities; and
- Prepare a final report articulating primary health care needs (consumer and service provider) and priorities and recommended commissioning activities for Country WA PHN region.

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## Country WA PHN Needs Assessment

Priorities	Page reference
Improve access to culturally appropriate services for Aboriginal people in the South West.	71
Investigate successful alternatives to the provision of primary care in Emergency Departments in country regions. (Midwest)	56
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management. (Goldfields, Midwest, Wheatbelt, South West)	13

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## Target Population Cohort

- Community member from CALD backgrounds
- Service providers providing support and health service services to CALD community members
- Peak agencies representing service providers and community members

## Coverage

Country WA PHN

## Consultation

Consultation will occur as a key component of the needs assessment.

A stakeholder engagement plan will be developed with the following key stakeholders included:

- PHN staff members
- General practitioners and general practice staff
- Consumers, families, and carers
- Australian Government Department of Health and Aged Care
- State Government Departments of Health, Community Services, Office of Multicultural Interests, Mental Health Commission, and other key agencies
- Health service providers
- Multicultural community leaders
- Non-government organisations including multicultural services and peak bodies.

## Collaboration

Stakeholders will be asked to provide feedback on barriers and opportunities and priorities to be addressed in relation to Homelessness Support in Country WA PHN, opportunities to enhance person and family centred care, integration and collaboration between the primary care, acute health systems and other sectors in Country WA PHN and cultural competency and safety barriers, priority needs and recommended activities (relevant for each program area) resulting in the development of recommendations for commissioning of service delivery models under the Multicultural Access Program in Country WA PHN with a quintuple aim of healthcare and health equity lens within hours and after hours period (as relevant).

## Activity Key Performance Indicators

## Target

Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
Consultant identified and appointed	31 December 2023

Needs Assessment Report completed	30 June 2024
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### Activity Milestones

### Due Date

Activity Work Plan and Budget	30 April 2024
Needs Assessment	30 June 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024

### Activity Start Date

### Activity End Date

1 July 2023	30 June 2024
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### Service Delivery Start Date

### Service Delivery End Date

18 December 2023	30 June 2024
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Multicultural Access Program	\$90,000.00	\$0.00	\$0.00
Multicultural Access Program	\$10,000.00	\$0.00	\$0.00

## AH 2000 - Increasing Access to After Hours Support Services

### Activity Title

Increasing Access to After Hours Support Services

### Activity Number

2000

### Activity Status

Modified Activity

### PHN Program Key Priority Area

Population Health

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### Aim of Activity

The activity aims to reduce the number of potentially preventable hospitalisations by meeting the primary health care needs of people experiencing homelessness or at risk of homelessness.

This will be achieved by funding a mobile GP service providing bulk-billed healthcare to vulnerable and disadvantaged groups within the community. It is a walk-in service, running on a scheduled timetable in locations familiar to the target group, delivering services to people who are unable to access traditional primary health care.

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### Description of Activity

StreetDoctor provides the services of a conventional primary care practice. The service is staffed by a doctor and a nurse, with outreach workers and a mental health outreach worker providing support to those accessing the clinic services. The clinic operates on a drop in/walk in basis from different locations covering the CBD and eastern metropolitan region of Perth. Other commissioned services may be considered to support the needs and health issues of the target group. The service provides six monthly evaluation reports that contain the number of clients contacting the service, the number who return for contact and whether they consider the service improved their condition.

The PHN will continue to develop and maintain a close working relationship with the contracted service providers and will formally review the 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 the services are, and how effective the service and systems are in

relation to patient experience, patient health outcomes, cost efficiency and improved health equity.

The PHN recognizes the impact COVID-19 has had on the community, and primary health and commissioned services activity. With services having returned, monitoring and service impact assessment will continue, to ensure the PHN continues to meet the aims of the activity and the needs of the priority target groups.

## Country WA PHN Needs Assessment

Priorities	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	15
Reduce non-urgent emergency department attendances and improve access to alternative services.	15
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	22
Promote integration and coordinated care pathways for clients with mental health condition and harmful alcohol and other drug use.	31
Support Aboriginal people to navigate the primary care system and access appropriate services.	39

## Target Population Cohort

Vulnerable people experiencing homelessness or at risk of homelessness

## Coverage

Perth City local government area within Country WA PHN

- Tranby Centre, 5/5 Aberdeen Street, East Perth WA 6004
- 92 Moore St West, Perth WA 6000

## Consultation

Consultation will occur as a key component of the proposed Homelessness Support Program needs assessment to identify future commissioning activities.

Current PHN service providers will be engaged as well as:

- PHN staff members
- Consumers, families, and carers

- General practitioners and general practice staff
- Australian Government Department of Health and Aged Care
- other PHNs, where relevant
- State Government Departments of Health, community services, Office of Multicultural Interests, Mental Health Commission, and other key agencies
- Health service providers
- Multicultural community leaders
- Non-government organisations including multicultural services and peak bodies

## Collaboration

Stakeholders will be asked to provide feedback on:

- Barriers, opportunities, and priorities to be addressed in relation to homelessness support in the PHN.
- Identify opportunities to enhance person and family centred care.
- Integration and collaboration between the primary care, acute health systems and other sectors.
- Cultural competency and safety barriers.
- Priority needs and recommended activities (relevant for each program area) resulting in the development of recommendations for commissioning of service delivery models under the Homelessness' Support Program in the PHN with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).

## Activity Key Performance Indicators

### Target

Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
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## Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024

## Activity Start Date

## Activity End Date

1 July 2019	30 June 2024
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## Service Delivery Start Date

## Service Delivery End Date

1 July 2019	30 June 2024
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## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
After Hours	\$610,279.13	\$1,595,672.60	\$0.00

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# AH 3000 – After Hours Integrated Mental Health, Suicide Prevention and Drug and Alcohol Treatment Services

## Activity Title

After Hours Integrated Mental Health, Suicide Prevention and Drug and Alcohol Treatment Services

## Activity Number

3000

## Activity Status

Modified Activity

## PHN Program Key Priority Area

Mental Health

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## Aim of Activity

To provide greater access to mental health and alcohol and drug services in areas where local need and local support for addressing those needs has been demonstrated. To provide afterhours support service to clients who are unable to attend the service within normal business hours.

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## Description of Activity

This activity aims to extend services for clients and their families experiencing harm from alcohol and drug use and extend counselling support services for women experiencing harm from alcohol and drug use and mental health (MH) issues into the after-hours period.

During the initial assessment and throughout their care, clients are encouraged to engage family, partners or other support people who may be helpful for the care planning and of ongoing benefit for the client. This might involve inviting the other person to the counselling/care planning session/establishing rapport (with the client's consent) over the phone and sometimes extending support and services to others in the client's support network if requested.

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.

This activities after hours program funding will cease on 30 June 2024. Following a PHN review of services and clarification of the Federal Government's After-Hours

Program guidance and directions, some services may transition post June 2024 to Alcohol and Drug Funding Streams as appropriate.

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## Country WA PHN Needs Assessment

### Priorities Page reference

Reduce non-urgent emergency department attendances and improve access to alternative services.	17
Ensure primary care services are available for people with chronic conditions that provide a holistic approach to management including improving self-management.	47

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### Target Population Cohort

Women with current or previous alcohol and other drug issues, and their families.

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### Coverage

Perth City local government area within Country WA PHN

- 227 Newcastle Street Northbridge 6003

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### Consultation

The PHN will engage with the following stakeholders to support the transition and cessation of services associated with this activity:

- WA Network of Alcohol and other Drug Agencies
- Mental Health Commission

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### Collaboration

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

#### Contracted service provider

The contracted service provider where possible will establish links with the client's nominated primary health care provider such as the GP/referring agency and ensure there are procedures in place to facilitate and review internal and external referral processes.

**Activity Key Performance Indicators**
**Target**

Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
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**Activity Milestone**
**Due Date**

Activity Work Plan and Budget	30 April 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024
Contracted service provider - Quarterly data uploads to Commissioned Services Reporting Portal	Quarterly
Contracted service provider - Financial Acquittal Report	30 September 2024

**Activity Start Date**
**Activity End Date**

1 July 2019	30 June 2024
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**Service Delivery Start Date**
**Service Delivery End Date**

1 July 2019	30 June 2024
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**Activity Planned Expenditure**

<b>Funding Stream</b>	<b>FY 23 24</b>	<b>FY 24 25</b>	<b>FY 25 26</b>
After Hours	\$144,973.92	\$0.00	\$0.00

## AH 5000 - Strengthening General Practice in WA

### Activity Title

Strengthening General Practice in WA

### Activity Number

5000

### Activity Status

Modified Activity

### PHN Program Key Priority Area

Population Health

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### Aim of Activity

This activity complements the existing practice support offered through the Primary Health Networks (PHN) Core Operational funding stream for activities HSI 1010 - General Practice Support.

All activities are consistent with the foundations of the Comprehensive Primary Care (CPC) program based heavily on the Quintuple Aim of High Performing Practices. Building on this program our work will expand to a larger number of practices to integrate primary health services to address fragmentation, provide a seamless patient experience, and support effective communication and continuity of care.

This activity will build capacity, capability, and sustainability through collaboration with Country WA PHN general practice and increase the overall health of communities, reducing potentially preventable hospitalisations and non-urgent emergency department presentations. The activity will develop sustainable general practice business models which increase access to practices and reduce reliance on hospital emergency departments. It will 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.

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

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### Description of Activity

Country WA PHN will continue to deliver the program based on CPC and the Quintuple Aim with activity listed below:

- The PHN supports practices to lead and develop practice teams which support the provision of sustainable primary care services in the PHN region, including access to after-hours care as appropriate.

- 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.
- 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.
- Practices develop, and improve, sustainable quality improvement systems and processes to provide optimal health services.
- Practices improve emergency response planning to maintain after hours and emergency services and engage with the community to provide services which are place-based and address gaps in service.
- While ensuring COVID-19 response activities the PHN will continue to support the management of chronic disease and screening initiatives.
- Practices improve coordination and continuity of care to support patients and ensure better health and seamless primary care.
- 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 Quintuple Aim.
- 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 practices, to network, share lessons learned and best practice; training to support general practices in the use of clinical software programs.
- A non-dispensing pharmacist (practice pharmacist) will be integrated into general practice multidisciplinary teams with an overall goal to improve patient health outcomes and provide effective and efficient care, through quality use of medicines. Medication management has been frequently raised by general practice as an area for improvement particularly for those patients who frequently attend Emergency Departments after hours.

## Country WA PHN Needs Assessment

Priorities	Page reference
Reduce non-urgent emergency department attendances and improve access to alternative services.	17
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management.	15

## Target Population Cohort

PHN Population with a focus on priority communities/those with the greatest need.

## Coverage

Country WA PHN

## Consultation

Consultation with key stakeholders – general practices – through GP Advisory Group; Practice Managers; and general practice staff

## Collaboration

All relevant practice staff including general practitioners; practice nurses, practice managers, reception staff; other clinical staff within the practices.

## Activity Key Performance Indicators

### Target

Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
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## Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024

## Activity Start Date

## Activity End Date

1 March 2020	30 June 2024
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## Service Delivery Start Date

## Service Delivery End Date

1 March 2020	30 June 2024
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## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
After Hours	\$8434,701.16	\$0.00	\$0.00

# AH 6000 - Urgent Care Clinic Public Awareness and Education Campaign

## Activity Title

Urgent Care Clinics Public Awareness and Education Campaign

## Activity Number

6000

## Activity Status

Modified Activity

## PHN Program Key Priority Area

Population Health

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## 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.

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## Description of Activity

WA Primary Health Alliance partnered with the WA Department of Health (DoH) to deliver the pilot phase of the General Practice Urgent Care Network (GPUCN) with the aim to address behavioural change encouraging people to choose primary care over hospital options. The network is a group of existing general practices demonstrating direct action towards integrated urgent care, supported by development and implementation of a public awareness campaign to improve urgent care awareness and knowledge, and demonstrated use of the GPUC Network.

Practices applied to participate in the GPUCN project. They were accepted into the network if they demonstrated the minimum expectations for how urgent care services are to be delivered within the GPUCN project. Membership to the GPUCN Project allows primary care urgent care providers endorsement within the Department of Health and Aged Care and WA Primary Health Alliance's community education and awareness campaign, support for improving lines of communication with public hospital emergency departments, opportunities for networking and direct contribution to the development of future policy and strategy for urgent care services in WA.

Success of the GPUCN is dependent on people's awareness and acceptance of such services. The intention is that the GPUCN will assist people's knowledge of primary care urgent care, options for management of urgent care, and specific locations for where

urgent care can be managed. The GPUCN project has leveraged the National Health Services Directory and the booking platform vendors to create an Urgent Care landing page which shows all the general practices participating in the network and their next available urgent care appointment. This appointment can be booked directly via the landing page HealthEngine, HotDoc, AutoMED, and CODDs.

Training for general practice staff to up- skill in urgent care is a key component of the project. This includes general practitioners, practice nurses and other administration staff who manage the reception desk.

With the inception of seven Medicare Urgent Care Clinics in WA, the GPUCN activities were paused in 2023, the activity was granted extension for a further 6 months until 30 June 2024 to support both the Medicare UCCs and the GPUCN.

WAPHA has commissioned Benchmarque Group to deliver practical skills workshops relevant to Urgent Care presentations including wound management, splinting, IV cannulation and Advanced Life Support.

A communications package is in development to support the GPUCN to promote their services to their local community. This package includes social media tiles, suggested text for websites and social media posts and key messaging for the GPUCN. The communications package will be complimented with Digital Marketing Training, delivered by Cannings Purple.

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## Country WA PHN Needs Assessment

### Priorities

### Page reference

Reduce non-urgent emergency department attendances and improve access to alternative services.	17
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## Target Population Cohort

Population of the Country WA PHN

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## Coverage

Country WA PHN

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## Consultation

The PHN continues to consult with a variety of stakeholders including:

- Hospital emergency department teams
- WA Health management
- GP Urgent Care network

**Activity Key Performance Indicators**
**Target**

Activities have been undertaken in accordance with the approved Activity Work Plan as amended and agreed by the Department as appropriate.	100%
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**Activity Milestones**
**Due Date**

Activity Work Plan and Budget	30 April 2024
12-month performance report	30 September 2024
Financial Acquittal Report	30 September 2024

**Activity Start Date**
**Activity End Date**

1 July 2023	30 June 2024
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**Service Delivery Start Date**
**Service Delivery End Date**

18 December 2023	30 June 2024
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**Activity Planned Expenditure**

Funding Stream	FY 23 24	FY 24 25	FY 25 26
After Hours	\$86,940.23	\$0.00	\$0.00

END