



# **Country WA PHN Activity Work Plan**

## **PHN Pilots & Targeted Programs**

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

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

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# PP&TP-GCPC 1000 – Greater Choice for At Home Palliative Care Program

## Activity Title

Greater Choice for At Home Palliative Care Program

## Activity Number

1000

## Activity Status

Modified

## PHN Program Key Priority Area

Aged Care

## Aim of Activity

The expansion of the Greater Choice for At Home (GCfAHPC) measure provides funding to Primary Health Network (PHN) to systematically:

- Improve access to palliative care at home and support end of life (EOL) care systems and services in primary health and community care.
- Generate data and implement data informed palliative and EOL care quality improvement.
- Enhance systems so that people receive the right care, at the right time and in the right place to reduce unnecessary hospital visits.
- Utilise available technologies to provide flexible and responsive care, including care after usual business hours.

The GCfAHPC pilot focused on developing and implementing a Compassionate Communities approach in the Great Southern health region of the Country WA PHN (CWAPHN). Consideration of the pilot activity achievements, lessons learnt, extensive consultation with key stakeholders and the CWAPHN Needs Assessment review shifted expansion activities toward a primary health care workforce focused approach, aligning with the measure's objectives.

For CWAPHN, the expansion of GCfAHPC aims to increase the identification of people whose needs are progressing to advance disease; improving the recognition of this transition within general practice (data informed quality improvement); improving choice through the promotion of advanced care planning for Aboriginal and non-Aboriginal people; and building capability to care.

In addition, CWAPHN staff will work with key Palliative Care and EOL stakeholders at a state, PHN, and health region level to promote primary care provided palliative care

services in the WA palliative care and EOL system.

These activities will be undertaken:

- with a particular focus on people at risk of poor health outcomes and people with advanced chronic disease.
- in the Goldfields health region with the intention to develop resources and programs that can be implemented across the PHN.

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## **Description of Activity**

### **Background**

The GCfAHPC pilot, completed in June 2022, resulted in the City of Albany being recognised as a “Compassionate City” with the development of the city’s Compassionate Communities Charter. A video outlining the activity is available to all PHNs. Pilot resources have transitioned to Palliative Care WA.

WA Country Health Service (WACHS) provides Country WA specialist palliative care services. Fundamental to the model of care is the delivery of palliative care by generalist primary care staff, where the patient lives. The WACHS place-based nurse-led service provides advice and consultancy to primary care generalists and community-based patient care. The medical governance remains with the general practitioner (GP) or alternatively a shared model of care is provided by the Palliative Care Physician and GP.

### **Rationale**

The generalist nature of country primary care providers, competing demands and challenges of working in rural and remote locations can be a barrier to palliative care in the home. There is a need to:

- increase awareness of advanced care planning (ACP) and the benefits of palliative care with community and primary care workforce.
- assist primary care workforce to identify palliative care need within their patient cohort and develop a plan of care that reflects the generalist palliative care role.

People living in the Goldfields have:

- significantly high rates of chronic disease risk factors, particularly high blood pressure and obesity.
- the second highest cardiovascular burden in the state together with low utilisation of General Practitioner (GP) chronic disease management plans.

### **Roles and responsibilities**

WA Primary Health Alliance’s (WAPHA’s) Primary Care Innovation and Development Portfolio, which works across the three WA Primary Health Networks, is responsible for the delivery of the GCfAHPC measure. An executive sub-committee oversees all CWAPHN aged care activity including the GCfAHPC to ensure it aligns with funding

requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

A team, consisting of an activity lead, project officer and quality improvement coach lead GCfAHPC activities across the three WA PHNs. Each WA PHN contributes to the cost of the team via the available GCfAHPC expansion funds. Activities are costed to the relevant PHN. Project management, place-based integration managers, and practice support staff assist the team. A program logic guides activities.

### **Key activities**

- Activity 1 Concentrates on increasing workforce and community palliative and EOL care awareness, and includes:
  - maintaining a dedicated webpage.
  - resource development and implementation.
  - Ongoing engagement with key organisations and ACP awareness training.
  - promotion of My Health Record (MHR).
- Activity 2 Centres on building general practice palliative and EOL care capability by:
  - piloting a practice champion (to trial a model of care which delivers a planned approach to generalist palliative care through early identification of palliative care need for older people who meet the criteria for a GP Management Plan (GPMP) and mentor model.
  - identifying learning needs.
  - providing targeted training.
- Activity 3 Focuses on building ACCHS palliative and EOL care capability. The plan includes:
  - ongoing engagement with the Aboriginal Health Council of WA (AHCWA) and their member organisations.
  - providing small grants to ACCHSs for ACP awareness and quality improvement activities.
  - activities to improve remote community ACP awareness.
  - promoting MHR.
- Activity 4 Concentrates on primary care palliative and EOL care continuous quality improvement (QI) and includes:
  - the development and implementation of a QI toolkit.
  - assisting practices with audits (Supportive and Palliative Care Indicators Tool and 'surprise question').
  - activities to improve ACP awareness

- identification of people that may benefit from palliative care.

The GCfAHPC team participates in the national GCfAHPC evaluation and in a range of forums to promote primary care provided palliative care services in the WA palliative care and EOL system and inform service and system improvement.

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## Country WA PHN Needs Assessment

Priorities	Page reference
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

Primary care workforce, particularly GPs, practice staff and ACCHS staff in their role as “generalist” palliative care providers.

General practice clients living with (advanced) chronic disease whose needs may be better met by a palliative approach to care.

Community members to increase ACP awareness.

Activity 3 focuses on building ACCHS palliative and EOL care capability and improving community ACP awareness. The activity has been designed through engagement with ACCHSs and AHCWA.

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## Collaboration

Ongoing collaboration with:

- Aboriginal Health Council of WA
- Targeted Aboriginal Community Controlled Health Services
- Targeted general practices
- Aged Care provider representatives
- Palliative Care WA
- Linkwest
- Palliative and Supportive Care Education WA
- Program of Experience in the Palliative Care Approach
- WA Country Health Service Palliative Care Team
- Shire of Leonora
- Leonora Community Resource Centre

## Consultation

The PHN consulted with and continues to engage with a range of stakeholders in the planning and delivery of the Greater Choices for At Home Palliative Care measure, including:

- WA GP Panel – Special Interest Group: Care of the older person
- Aboriginal organisations/communities
- General practitioners and general practice staff
- WA Country Health Service
- Nursing staff at Kalgoorlie hospital and Leonora Multi-Purpose Service
- Gwandalan Project
- Palliative Care Australia
- Palliative Care Outcomes Collaborative
- Goldfields Health Professionals Network
- Murrumbidgee PHN
- WA Health End of Life and Palliative Care Team
- Palliative Care WA
- The Advance Project
- End of Life Directions for Aged Care (ELDAC)
- Silver Chain Specialist Palliative Care Service
- Palliative and Supportive Care Education (PaSCE)
- Royal Australian College of General Practitioners (WA) (RACGP WA)
- Best Practice

## Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Departments advice following receipt of the needs assessment and approved AWP.	100%

## Activity Milestone

## Due Date

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

## Coverage

This activity covers the Goldfields region of Country WA PHN.

Activity Start Date	Activity End Date
1 March 2018	31 October 2025

## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Greater Choice for At Home Palliative Care	\$532,071.82	\$532,071.81	\$0.00



# PP&TP-GP 2000 – PHN Strengthening Medicare– General Practice Support Grants Program

## Activity Title

PHN Strengthening Medicare – General Practice Support Grants Program

## Activity Number

2000

## Activity Status

Modified

## PHN Program Key Priority Area

Population Health

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## Aim of Activity

To support general practice to make improvement to their practices, to expand patient access and support safe, and accessible, quality primary care.

This was achieved through investment by the Australian Government Department of Health and Aged Care to eligible general practices to invest in innovation, training, equipment, and minor capital works, to improve patient access.

The investment is known as the Strengthening Medicare-General Practice Grants Program, with intended outcomes:

- Increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data.
- Increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients).
- Increase the number of accredited general practices.

Grants to eligible general practices were distributed by the Primary Health Network (PHN), who established, administered, and managed the awarding of Strengthening Medicare Grants Program to accredited and non-accredited general practices.

Grants to eligible ACCHS were administered and managed through the National Aboriginal Community Controlled Health Organisation (NACCHO).

## Description of Activity

The Strengthening Medicare-General Practice Grants Program invited general practice to apply for one-off grants, based on practice size and accreditation status, to invest in innovation, training, equipment, and minor capital works.

Grants of between \$25 and \$50K were available to practices against one or more of these streams:

- Enhance Digital Health Capability – (IT hardware and software upgrades) to fast track the benefits of a more connected healthcare system in readiness to meet future standards.
- Upgrade infection prevention/control arrangements – to ensure infectious respiratory disease (e.g., COVID, influenza) patients can be safely seen face to face.
- Maintain and/or achieve Accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

Three tiers of funding for practices were available through the Grants Program:

- Small practice tier (up to 6 FTE Medicare GPs) eligible for one-off grants - \$25,000.
- Medium practice tier (7 to less than 15 FTE Medicare GPs) eligible for one-off grants - \$35,000.
- Large practice tier (15+ FTE Medicare GPs) eligible for one-off grants - \$50,000.
- Unaccredited practices will only be eligible for one-off grants - \$25,000.

Individual practices made the decision on what they would spend the Grant monies on (within the guidance provided).

The PHN supported the implementation of the Strengthening Medicare – General Practice Grants Program by:

- Opening the grant opportunity to eligible general practices in the Country WA PHN.
- Promotion of the grant opportunity through existing channels of communication to general practices.
- Engaging a digital process for Grant Application and Distribution of funds (using content from templates provided by the Department) and leveraging the PHNs digital technology (SRM and ASPIRE).
- Managing enquiries and supporting general practice applicants using a range of support content and tools throughout the application process.
- Recording and reporting on key monitoring metrics within the GP Grants Program in line with the Departments guidelines.
- Assisting the Department of Health and Aged Care in ad-hoc requests as

required during the duration of the program.

- Advising and supporting the Department of Health and Aged Care on compliance against the program guidelines and provide support with information and insights.
- Obtaining end-of-program financial acquittals, financial declarations, and self-reported outcomes on the use of grant funding from general practice grant recipients and reporting to the Department of Health and Aged Care.
- Contributing to and supporting the Department of Health and Aged Care leading evaluation activities on conclusion of the GP Grant Program.
- Supporting general practices to complete all closure activity obligations by 31 July 2024.

## Country WA PHN Needs Assessment

Priorities	Page reference
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
Ensure primary care services are available for people with chronic conditions that provide a holistic approach to management including improving self-management. (Kimberley)	43

## Target population Cohort

RACGP accredited and non-accredited general practices.

Eligible ACCHS will be able to apply for the grants through the National Aboriginal Community Controlled Health Organisation (NACCHO), who will administer and manage the Program in relation to ACCHS.

## Collaboration

The PHN will collaborate with the Department of Health and Aged Care, local GP peak bodies and general practices. Collaboration with GP Peak bodies to support the roll out of the grants to general practice.

## Consultation

The PHN will lead the local communication and engagement strategy targeted to practices and local GP peak bodies.

The PHN will also engage with Practice Principals and Practice Managers via Practice Assist and practice support teams to support the roll out of Grants.

### Activity Key Performance Indicators

Performance Indicator Description	Target
Activities have been undertaken in accordance with the Department's requirements and the approved AWP.	100%
Contribute and support the Department's evaluation activities to assess the performance and success of the GP Grants Program	100%

### Activity Milestone

### Due Date

Activity Work Plan and Budget	30 April 2024, 30 April 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025
Financial Acquittal Report	30 September 2024, 30 September 2025
Closure activity reports due from general practices who received grant funds	31 July 2024

### Coverage

The activity will cover the entire Country WA PHN.

### Activity Start Date

### Activity End Date

1 March 2023	31 December 2024
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### Service Delivery Start Date

### Service Delivery End Date

1 April 2023	30 June 2024
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### Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
PHN Strengthening Medicare – General Practice Grants Program	\$2,238,710.32	\$0.00	\$0.00
Administration	\$147,330.33	\$0.00	\$0.00

## PP&TP-EPP 4000 – PHN Endometriosis and Pelvic Pain GP Clinics

### Activity Title

PHN Endometriosis and Pelvic Pain GP Clinics

### Activity Number

4000

### Activity Status

Existing Activity

### PHN Program Key Priority Area

Population Health

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### Aim of Activity

To support general practice clinics to improve access for patient's diagnostic treatment and referral services for endometriosis and pelvic pain, build the primary care workforce to manage this chronic condition and provide improved access to new information and care pathways.

The Department of Health and Aged Care 2022-23 Budget committed \$16.4 million over four years to support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics (GP Clinics) in the primary care setting. The intention of these GP clinics is to maximise the role of the GP led multidisciplinary care team in the management of endometriosis and pelvic pain, and to embed the GP as a core part of the care pathway for this chronic condition, optimising the role of primary care.

Endometriosis can be difficult to diagnose and the delay between the onset of symptoms and diagnosis averages 7 years. These GP clinics will provide more people with access to multi-disciplinary care with a focus on improving diagnostic delay and to promote early access to intervention, care and treatment.

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### Description of Activity

The Department of Health and Aged Care announced Pioneer Health Albany as the Endometriosis and Pelvic Pain Clinic within the Country WA PHN.

The Primary Health Network (PHN) will support Pioneer Health Albany to utilise funding to provide enhanced services for the treatment and management of endometriosis and pelvic pain, based on the needs of the community, including but not limited to:

- recruitment of specialised staff, including nurse practitioner and allied health professionals.

- capital costs such as fit-out costs for pelvic physiotherapy areas and associated equipment.
- resources, training, and development.

GP Clinics are not intended to duplicate resources of investment already available to the community, instead are expected to:

- improve access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain.
- provision of access to new information, support resources, care pathways and networks.
- provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain.
- directly benefiting patients from rural and regional areas.
- providing enhanced support to priority populations.
- increase access to support services, either through a nurse navigator or referral pathway.

The PHN will support data collection for program monitoring and continuous evaluation. This will be completed using Primary Sense data providing support for GP clinics for regular quantitative and qualitative data collection and outcome measurements, including baseline data. This data will be used for program evaluation of the GP clinics commencing 2024-25.

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## Country WA PHN Needs Assessment

### Priorities

### Page reference

Reduce non-urgent emergency department attendances and improve access to alternative services.	12
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### Target population Cohort

Women with endometriosis and pelvic pain.

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### Collaboration

The PHN will collaborate with Pioneer Health Albany and other stakeholders as they are identified.

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### Consultation

The PHN will work with Pioneer Health Albany.

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### Activity Key Performance Indicators

**Performance Indicator Description**
**Target**

Activities have been undertaken in accordance with the Departments advice following receipt of the needs assessment and approved AWP.	100%
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**Activity Milestone**
**Due Date**

Activity Work Plan and Budget	30 April 2024, 30 April 2025
Twelve-month Performance Report	30 September 2024, 30 September 2025, 30 September 2026
Financial Acquittal Report	30 September 2024, 30 September 2025, 30 September 2026
Annual Needs Assessment	15 November 2024, 15 November 2025

**Coverage**

This activity covers the Country WA PHN

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

1 March 2023	31 December 2026
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**Service Delivery Start Date**
**Service Delivery End Date**

23 March 2023	30 June 2026
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**Activity Planned Expenditure**

Funding Stream	FY 23 24	FY 24 25	FY 25 26
PP&TP EPP	\$180,000.00	\$180,000.00	\$180,000.00

END