



Perth North 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 all Primary Health Networks (PHNs) 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
- To 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

For Perth North Primary Health Network (PNPHN), the expansion of GCfAHPC aims to:

- Increase the identification of people whose needs are progressing to advance disease.
- Improve the recognition of this transition within general practice (data informed quality improvement).
- Improve choice through the promotion of advanced care planning for Aboriginal and non-Aboriginal people.
- Build primary care and Aboriginal Community Controlled Health Service (ACCHS) capability to care.

In addition, PNPHN 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 targeted areas with engaged general practices ACCHS sites, with the intention to develop resources and programs that can be implemented across the PHN.

Description of Activity

Background

The focus of the PNPHN GCfAHPC expansion activities was developed following:

- review of the GCfAHPC pilot activities.
- extensive consultation with key stakeholders
- review of the PNPHN Needs Assessment.
- the development of a GCfAHPC Needs Assessment.

Rationale

Within PNPHN, specialist palliative care services are provided through a range of hospital, hospice, and community services. PNPHN has 71 Palliative Care Unit beds (22 Public). Across the Perth metropolitan area, Silver Chain's Community Palliative Care Service supports around 3,500 people with a progressive, life limiting illness whose needs are complex and whose life expectancy is less than 12 months.

Not all patients referred to the Silver Chain service are eligible for admission. These patients are declined and referred back to their General Practitioner (GP) for ongoing care. If the patient needs greater care than the GP and practice can support, there is a risk that the patient will present to hospital. This risk increases if the person has become housebound as GPs do not routinely provide home-visiting service.

PNPHN has high rates of chronic disease, particularly coronary heart disease and Chronic Obstructive Pulmonary Disease, with areas identified as a hotspot for Diabetes related potentially preventable hospitalisations (PPHs). Cardiac failure was one of the three top PPHs for the PHN. Chronic disease PPHs are statistically significantly higher for Aboriginal populations in PNPHN. The need to increase access to palliative care services has been identified as a priority for the whole PHN.

The generalist nature of primary care providers, competing demands and primary care sustainability issues can be a barrier to the provision of palliative care in the home. There is a need to increase awareness of:

- advanced care planning (ACP).
- the benefits of palliative care with community and primary care workforce.

There is also a need to assist primary care workforce to identify palliative care needs within their patient cohort and develop a plan of care that reflects the generalist palliative care role.

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 PNPHN 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.
 - further 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:
 - further 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.

Perth North PHN Needs Assessment

Priorities

Page reference

Reduce non-urgent emergency department attendances and improve access to alternative services.	12
There is a need to increase access to at home palliative care services	41

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.

Collaboration

Collaboration is ongoing with:

- Aboriginal Health Council of WA
- Targeted ACCHSs
- Targeted general practices
- Aged care provider representative
- Palliative Care WA

- Linkwest
- Program of Experience in the Palliative Care Approach
- Palliative and Supportive Care Education WA

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
- Palliative Care Australia
- Representative from Home Care Package providers
- Palliative Care Outcomes Collaborative
- Silver Chain – WA Metropolitan Community specialist palliative Care provider
- WA Health End of Life and Palliative Care Advisory Committee
- Murrumbidgee PHN

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 Plans	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 Perth North PHN

Activity Start Date

Activity End Date

10 December 2021	31 October 2025
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Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26
Greater Choice for At Home Palliative Care	\$468,501.03	\$468,501.02	\$0.00

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

Activity Title

PHN Strengthening Medicare – General Practice Grants Program

Activity Number

2000

Activity Status

Modified

PHN Program Key Priority Area

Population Health

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 Perth North 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 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.

Perth North PHN Needs Assessment

Priorities	Page reference
Reduce non-urgent emergency department attendances and improve access to alternative services.	10
Improve access to primary healthcare services to reduce non-urgent emergency department attendances.	10
Promote the utilization of Digital Health platforms to improve access to primary care.	12
Improve coordinated and integrated care for people experiencing complex and severe mental health who can be managed in within primary care settings.	21
Improve the management of chronic conditions for ageing populations and promote healthy ageing at home.	43
Increase childhood immunisation rates for regions not meeting national immunisation targets.	11
Support Aboriginal people to navigate the primary care system and access appropriate services.	37

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

Coverage

The activity will cover the entire Perth North PHN

Activity Start Date

Activity End Date

1 March 2023	31 December 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	\$2,643,569.63	\$0.00	\$0.00

END