



# WA Primary Health Alliance PHN After Hours Primary Health Care Country WA 2024/25 - 2027/28 Activity Summary View

**Approved by the Australian Government Department of Health, Disability and  
Aged Care, July 2025**



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# AH1056 - Homelessness Support Grants Program



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

1056

### Activity Title

AH1056 - Homelessness Support Grants Program

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

To provide appropriate 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.
- Improved planning, coordination, and support for primary health care services.

### Description of Activity

Three activities have been identified to increase the capacity of existing sector organisations that currently work with and deliver primary care services specifically for the target population (people experiencing or at risk of homelessness) and non-sector service organisations that do not currently work with or deliver services specifically targeting this population (people experiencing or at risk of homelessness), but provide primary care services, or are seeking to provide services to this target group to respond to the primary health care needs of people experiencing homelessness or at risk of homelessness:

1. Direct funding to those sector services currently provided by WAPHA funded services (not available in CWA PHN).

2. Grant funding to those sector services not currently receiving WAPHA funding (not available in CWA PHN).
3. Grant funding to non-sector primary health services wishing to increase their capacity to provide culturally safe and inclusive services to priority populations in their locations.

For CWA PHN grant opportunity was published for non-sector services for suitable activities which include activities that build upon an existing primary health care program or service.

Costs associated with the grant could include:

- Employee training, e.g. cultural competency, trauma informed/ aware care.
- Activities related to attaining accreditation.
- Costs related to improving organisational cultural competency, equity and inclusion.
- Piloting of an expansion of existing operations e.g. trialling new locations, increasing availability or undertaking activities which may support organisations to develop these services, noting the requirement for sustainability.
- Outreach services, and/ or activities in collaboration with other agencies.
- Promotion of services to priority communities through a range of activities.
- Identifying and designing services in collaboration with community members to meet community primary health care needs and services.

The grant opportunity was published on 6 December 2024 and closed on 24 January 2025. It is anticipated that contracts will be awarded in February – March 2025.

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Goldfields-Esperance).	6
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Kimberley).	50
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Pilbara).	96
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Mid West).	72



## Activity Demographics

### Target Population Cohort

The target population will include people experiencing homelessness or at risk of homelessness including:

- People living with a disability

- Aboriginal people
- People from multicultural backgrounds
- People in rural and remote Australia
- Older people
- LGBTIQ+ people
- People experiencing socioeconomic disadvantage

### **Indigenous Specific**

No

### **Coverage**

#### **Whole Region**

No

<b>SA3 Name</b>	<b>SA3 Code</b>
Kimberley	51001
Goldfields	51103
East Pilbara	51002
Gascoyne	51102



## **Activity Consultation and Collaboration**

### **Consultation**

Consultation has occurred as a key component of the Homelessness Access Program needs assessment which included:

- PHN employees
- General practitioners and general practice employees
- Australian Government Department of Health, Disability and Ageing
- 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., Royal Flying Doctor Service, Rural Health West, Silver Chain, RUAH Community Services, Health Direct, Mental Health Services, Alcohol and Other Drug Services, Family Violence, Refugee Support Services, Homelessness Health Care, Red Cross Australia, Anglicare WA, HOPE Community Services
- Other relevant non-government organisations such as Homelessness Support Services, Multicultural Services, LGBTIQ+ organisations and Peak Agencies

### **Collaboration**

It anticipated through the recommended procurement process that key service providers will be able identify activities to increase their capacity to respond to the primary health care needs of those experiencing homelessness or at risk of homelessness.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Other Relevant Milestones

Grant program published on 5 December 2024

Grant program closed on 24 January 2025

Procurement process including awarding contracts will begin from February and be completed by 31 March 2025.

Twelve Month Performance Reports 30/09/2025

Activity Work Plan 28/05/2025

Financial acquittal Reports 30/09/2025

Final Report 30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$0.00	\$1,661,092.38	\$0.00	\$0.00	\$0.00	\$1,661,092.38
<b>Total</b>	<b>\$0.00</b>	<b>\$1,661,092.38</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,661,092.38</b>

# AH-HAP 1080 - Person Centered Integrated Model



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-HAP

### Activity Number

1080

### Activity Title

AH-HAP 1080 - Person Centered Integrated Model

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

To provide appropriate 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.
- Improved planning, coordination, and support for primary health care services.

### Description of Activity

Develop a person-centred integrated model to provide primary care access to people experiencing homelessness or at risk in a country location. This may involve collaboration with local GP practices, local support services, Aboriginal Community Controlled Health Services and other health service providers. It may be an outreach or onsite service based on feedback from local stakeholders.

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Goldfields-Esperance).	6
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Kimberley).	50
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Pilbara).	96
Increase the capacity of homeless healthcare services to respond appropriately to the primary care needs of people experiencing or at risk of experiencing homelessness (Mid West).	72



### Activity Demographics

#### Target Population Cohort

WA Country PHN region priority populations:

People experiencing homelessness or at risk of homelessness including:

- People living with a disability
- Aboriginal people
- People from multicultural backgrounds
- People in rural and remote Australia
- Older people

#### Indigenous Specific

No

#### Coverage

##### Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001
Goldfields	51103
East Pilbara	51002
Gascoyne	51102





## Activity Consultation and Collaboration

### Consultation

The needs assessment involved several stakeholders. The stakeholder engagement for this activity is yet to be determined.

### Collaboration

It is anticipated that through the process of developing the local integrated model, stakeholders including consumers, will be asked to provide feedback on:

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



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/06/2024

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025

Consultant or agency appointed by 01/06/2025

Care navigation model ready for implementation 01/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** Yes



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Homelessness Access Program	\$0.00	\$52,567.00	\$0.00	\$0.00	\$0.00	\$52,567.00
<b>Total</b>	<b>\$0.00</b>	<b>\$52,567.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$52,567.00</b>

# AH-HAP-Ops 1050 - Homelessness Access Program-Ops



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-HAP-Ops

### Activity Number

1050

### Activity Title

AH-HAP-Ops 1050 - Homelessness Access Program-Ops

### Existing, Modified or New Activity

New Activity



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Homelessness Access Program - Ops	\$10,000.00	\$55,040.78	\$0.00	\$0.00	\$0.00	\$65,040.78
<b>Total</b>	<b>\$10,000.00</b>	<b>\$55,040.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$65,040.78</b>

# AH-MAP 1065 - Community Awareness and Education Campaign



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-MAP

### Activity Number

1065

### Activity Title

AH-MAP 1065 - Community Awareness and Education Campaign

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

There is evidence that people from multicultural communities may experience a higher risk of chronic health issues, including cardiovascular diseases, dementia, diabetes, renal disease, and higher rates of hospitalisation as a result of these chronic conditions. WA is a multicultural state experiencing growing diversity; more than 32% of the state's population was born overseas. As such, there is an increasing and ongoing need to support people from multicultural backgrounds in accessing appropriate and effective healthcare services and to support service providers in upskilling to provide culturally appropriate care.

Consultation related to WAPHA PHN multicultural community primary health care needs assessment (February-June 2024) identified the need to develop and conduct an awareness and education campaign for multicultural communities (all PHNs) to address health literacy and awareness of the Australian public and primary health system, increase awareness of services, program and resources in multiple languages, support and training to general practitioners/practices and allied health staff to effectively use interpreter services.

It is planned to design and execute a health awareness and education campaign targeted at multicultural community members and community primary health care providers (including GPs) to:

- Support multicultural communities to successfully navigate the primary health care system in the Country WA PHN. The promotion of the current resources and key messages will support increased access to appropriate services at the right time in the right locations and support better outcomes for community members and their families.
- Support primary care providers, particularly general practice, to know who and how to refer patients to the appropriate support services/agencies within their PHN location, how to use appropriate services/tools including interpreter services and how to access training and education on the health needs of multicultural communities.
- The campaigns created will have a particular focus on the highest need multicultural groups, as identified by demographic information, needs assessments, community advice, and service provider feedback in each PHN.

### **Description of Activity**

Provide easy-to-access information, translated into relevant languages, that supports people from multicultural backgrounds to navigate the healthcare system, understand their rights (e.g., what they can ask for when visiting a primary health service such as the same GP, a female GP, utilisation of a translator), and can support them to make appointments. This campaign would ensure that all information, awareness and promotional materials are culturally appropriate and translated to multiple languages. The activity will include:

#### **Discovery**

- Background research on existing educational materials for community and primary care providers that can be used or adapted, as well as any gaps.
- Conduct three to five focus groups/interviews per PHN to determine key messaging and topics/themes using a co-design approach. This may be conducted online and/or in person, depending on the audience and should cover community members, service providers and general practices.
- Follow up with target audience to confirm approach/key messaging (e.g. WAPHA Multicultural Stakeholder Reference group).

#### **Strategy**

- Developing a campaign creative strategy and concept.
- Developing a campaign media strategy.

#### **Production**

- Developing campaign creative assets.
- Develop an accessible toolkit of information, resources, translated materials, links to training and support services (which may include pre-existing resources) which is segmented by community and general practice.
- Develop a stand-alone online platform or work with WAPHA to use its existing online presence to house the toolkit for communities and general practice.

#### **Execution**

- Rolling out the campaign as per the agreed strategy.

#### **Reporting**

- Producing status reports for the PHN at pre-determined milestones.
- Producing a final campaign insights report.

### **Needs Assessment Priorities**

#### **Needs Assessment**

WAPHA Needs Assessment 2025-2027

## Priorities

Priority	Page reference
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Kimberley).	50
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Mid West).	72



## Activity Demographics

### Target Population Cohort

The targeted population of this activity will be people of multicultural or culturally and linguistically diverse (CaLD) backgrounds refers to people whose cultural identity varies from the Anglo-Celtic majority or Aboriginal populations of Western Australia. CWA PHN Primary Care Providers will also be included as part of the targeted population.

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation occurred as a key component of the MAP needs assessment.

Key stakeholders consulted included:

- WA Primary Health Alliance employees
- Consumers, families, and carers
- General practitioners and general practice employees
- Australian Government Department of Health, Disability and Ageing
- Other PHNs
- 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
- Further consultation may occur as part of the development process for the awareness and education strategy.

### Collaboration

Stakeholders will be asked to provide feedback on barriers and opportunities and priorities to be addressed in relation to multicultural information needs and education in Country WA PHN, cultural competency and safety barriers, priority needs and recommended in Country WA PHN with a quintuple aim of healthcare and health equity lens.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Service Delivery Start Date

27/11/2024

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Multicultural Access Program	\$0.00	\$52,567.00	\$0.00	\$0.00	\$0.00	\$52,567.00
<b>Total</b>	<b>\$0.00</b>	<b>\$52,567.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$52,567.00</b>



# AH-MAP 1066 - Multicultural Navigation



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-MAP

### Activity Number

1066

### Activity Title

AH-MAP 1066 - Multicultural Navigation

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

People from multicultural communities face additional barriers to accessing primary healthcare across WA. These include navigating the healthcare system, barriers to making an appointment to see a healthcare professional and advocating for supports to receive appropriate and effective healthcare (e.g., seeing the same GP, requesting use of an interpreter).

As a result, many people from multicultural communities rely on community leaders and families and/or friends to support them to access primary healthcare services, such as making an appointment, attending appointments and translating clinical and other information.

For many people from multicultural communities, navigating the Australian healthcare system presents a new challenge, given its structures and models of care may differ to those in other countries. Many people from multicultural communities require support to learn and understand the Australian Healthcare system. This can include how to get and use a Medicare card, what they are entitled to, and how billing works (e.g., private, mixed and bulk billing).

For some patients, further support is required to access additional supports required, particularly for those living in regional areas. For example, knowledge of Patient Assisted Travel Schemes (PATs) and accessing visiting specialist appointments.

In many instances, multicultural support organisations were identified by consumers as a critical support mechanism to helping them understand how to navigate the Australian healthcare system and their entitlements. However, in many instances, these organisations are operating with limited resources, capacity and capabilities to provide more services.

It was also noted in the WAPHA Multicultural Needs Assessment, that there was very few primary health care services specialising in the care for multicultural populations in CWA PHN.

The objectives of the planned activity are to:

- Design holistic, culturally safe, models of care that provide wrap-around support to individuals and (if required) their families.
- Actively engaged community champions and cultural leaders in the design, promotion and delivery of initiatives.
- Improved access to primary care services for multicultural communities targeted by this activity.

### **Description of Activity**

The primary activity is to commission an appropriate agency/service to develop a navigation model that aims to link targeted community members to relevant primary health care services, in CWA PHN.

It is anticipated the developed navigation service model may:

- Serve as a single point of contact for individuals from multicultural and refugee backgrounds.
- Provide ongoing service navigation support to ensure comprehensive primary care coordination, in partnership with primary health care services.
- Connect clients with community health services.
- Connect clients with a regular general practitioner for ongoing care.
- Set clients up with a Medicare card where eligible.
- Work with each client/family to provide support tailored to their specific health needs.
- Promote access to preventative health care measures such as cancer screening.

The key resources required to support this model may include (but are not limited to):

- A database or library of services to refer patients into, strong relationships to support warm referrals, and processes for sharing information between service providers and GPs.
- Physical location and office environment provides a safe and engaging space for communities.
- Existing resources/infrastructure (e.g. vehicles to conduct outreach services).
- Appropriately skilled staff (e.g. social workers, bicultural workers) with appropriate ties to communities will be crucial to the success of this program.

Once the proposed navigation model has been developed, supported by a PHN Activity Lead, commissioning of the proposed service will occur according to the funds available.

## **Needs Assessment Priorities**

### **Needs Assessment**

WAPHA Needs Assessment 2025-2027

#### **Priorities**

<b>Priority</b>	<b>Page reference</b>
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Kimberley).	50
Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Mid West).	72



## Activity Demographics

### Target Population Cohort

People of multicultural or Culturally and Linguistically Diverse (CaLD) backgrounds. This is referring to individuals who culturally identify outside of the Anglo-Celtic majority or Aboriginal and Torres Strait Islander populations of Western Australia.

### Indigenous Specific

No

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001
East Pilbara	51002
Gascoyne	51102



## Activity Consultation and Collaboration

### Consultation

Consultation occurred as a key component of the MAP needs assessment.

Key stakeholders consulted included:

- WA Primary Health Alliance team members
- Consumers, families, and carers
- General practitioners and general practice employees
- Australian Government Department of Health, Disability and Ageing
- Other PHNs)
- 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
- WAPHA Multicultural Stakeholder Reference Group

Further consultation and engagement will occur as part of the development process for the care navigation service in a CWA PHN location.

## Collaboration

Stakeholders will be asked to provide feedback on barriers and opportunities and priorities to be addressed in relation to multicultural healthcare navigation in Country WA PHN priority locations, cultural competency and safety barriers, priority needs with a quintuple aim of healthcare and health equity lens.

This will also include service co-design wherever possible.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

<b>Funding Stream</b>	<b>FY 23 24</b>	<b>FY 24 25</b>	<b>FY 25 26</b>	<b>FY 26 27</b>	<b>FY 27 28</b>	<b>Total</b>
After Hours Funding	\$0.00	\$100,000.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Multicultural Access Program	\$0.00	\$680,000.00	\$0.00	\$0.00	\$0.00	\$680,000.00
<b>Total</b>	<b>\$0.00</b>	<b>\$780,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$780,000.00</b>

# AH-MAP-Ops 1060 - Multicultural Access Program-Ops



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-MAP-Ops

### Activity Number

1060

### Activity Title

AH-MAP-Ops 1060 - Multicultural Access Program-Ops

### Existing, Modified or New Activity

New Activity



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Multicultural Access Program - Ops	\$10,000.00	\$102,840.78	\$0.00	\$0.00	\$0.00	\$112,840.78
<b>Total</b>	<b>\$10,000.00</b>	<b>\$102,840.78</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$112,840.78</b>

# AH 1010 - Enabling primary care via Telehealth in RACHs



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

1010

### Activity Title

AH 1010 - Enabling primary care via Telehealth in RACHs

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

This activity aims to improve access to after hours virtual primary health care for residents of aged care homes (RACHs).

As a result of this activity the expected outcomes include:

- Unnecessary hospital admissions will be reduced.
- The number of residents accessing virtual primary health care services will rise.
- All telehealth carts provided to RACHs as part of AC-VARACF 1000 - Support residential aged care facilities to increase availability and use of telehealth care for aged care residents' and Aged Care activity AC-AHARACF 2000 Enhanced afterhours support for residential aged care facilities initiatives will be in active use.
- RACHs will have access to a range of resources to support improved access to virtual health care for residents.

The activity will address the identified needs by supporting RACHs to address the barriers to consistent use of telehealth identified as part of AC-VARACF 1000. The activity will address the need for a battery to support the supplied telehealth carts, support RACHs to develop and implement virtual models of care and provide all CWA RACHs with peer led resources and learning opportunities.

## Description of Activity

### Background

The activity has been developed to build on the outcomes of, and respond to the lessons learnt from the Aged Care activities:

- AC-VARACF 1000 - Support residential aged care facilities to increase availability and use of telehealth care for aged care residents under which 42 CWA RACHs were provided with dedicated telehealth carts.
- AC-AHARACF 2000 Enhanced afterhours support for residential aged care facilities initiatives under which RACHs were provided with support to develop after hours action plans.

The activities are split into three categories based on the target audience:

#### Broad - all CWA RACHs

- Promote the use of telehealth to support residents' access to virtual care and raise awareness of related education events.
- Promote and offer support on WAPHAs After Hours activity plan toolkit.
- Raise awareness of the findings and outcomes of the focused activities.
- Provide access to resources and learning opportunities created as part of the focused activities.

Targeted – all CWA RACHs equipped with a telehealth cart as part of AC-VARACF 1000  
In addition to the above:

- Provide compatible batteries for use with the telehealth carts or fund the extension of software licences

Focused – two CWA RACHs identified via EOI

In addition to the above initiatives, the PHN intends to:

- Allocate a max-term part-time FTE telehealth champion in participating RACHs.
- Assist the telehealth champion in identifying opportunities and overcoming obstacles to integrate telehealth carts into residents' care.
- Provide training and support to relevant RACH staff and associated GPs.
- Co-develop lessons learnt and resources suitable for use by CWA RACHs.
- Provide peer learning opportunities to CWA RACHs.

The target population for this activity are as follows:

- People living in Residential Aged Care Homes
- RACH providers in CWA PHN
- Primary health care providers

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027



## Priorities

Priority	Page reference
Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible (Goldfields-Esperance).	7
Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible (Mid West).	73
Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible (South West).	120
Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible (Wheatbelt).	142
Support health and aged care providers to effectively manage chronic conditions for older people and help them live independently for as long as possible (Great Southern).	31



## Activity Demographics

### Target Population Cohort

The target population for this activity are as follows:

- People living in Residential Aged Care Homes
- RACH providers in CWA PHN
- Primary Health Care Providers

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The PHN will continue engaging and consultation with key stakeholders such as:

- other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.

- RACHs to gain an understanding of the opportunities and barriers associated with virtual care.
- health care providers to identify existing and potential virtual services available to residents.

### **Collaboration**

The PHN will continue collaboration with key stakeholders such as:

- Engagement with WA Health and WA Country Health Services (WACHS) to ensure CWAPHN activities do not duplicate efforts underway to improve access to afterhours care in RACHs.
- Sharing relevant WA Health and WACHS virtual service information, and other related afterhours activity information with RACHs via WAPHA's Aged Connect Newsletter.
- Continued collaboration with other key stakeholders throughout the activity to encourage the implementation of telehealth services and increased primary care service provision to RACHs after hours.



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

24/06/2015

#### **Activity End Date**

29/06/2025

#### **Service Delivery Start Date**

27/11/2024

#### **Service Delivery End Date**

30/06/2025

#### **Other Relevant Milestones**

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



### **Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$0.00	\$600,000.00	\$0.00	\$0.00	\$0.00	\$600,000.00
<b>Total</b>	<b>\$0.00</b>	<b>\$600,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$600,000.00</b>

# AH 1040 - After Hours Program - Needs Assessment



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

1040

### Activity Title

AH 1040 - After Hours Program - Needs Assessment

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

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

### Description of Activity

A needs assessment for Country WA PHN is to be conducted including an in-depth needs assessment and analysis of after-hours services in collaboration and consultation with key stakeholders (providers and consumers).

This includes 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. Needs assessment completed in FY23/24.

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. This activity was previously reported against AH1000.

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Goldfields-Esperance).	5
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Pilbara).	95
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Wheatbelt).	141
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Mid West).	71
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Great Southern).	30



### Activity Demographics

#### Target Population Cohort

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

#### Indigenous Specific

No

#### Coverage

##### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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

### Collaboration

Stakeholders for the needs assessment 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 Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Service Delivery Start Date

18/12/2023

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/04/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$108,675.29	\$617,432.00	\$0.00	\$0.00	\$0.00	\$726,107.29
<b>Total</b>	<b>\$108,675.29</b>	<b>\$617,432.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$726,107.29</b>

# AH 1041 - RACH After Hours Telehealth Initiative



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

1041

### Activity Title

AH 1041 - RACH After Hours Telehealth Initiative

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### 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 residential aged care homes (RACHs) and can lead to potentially preventable hospitalisations.

This activity will support participating Residential Aged Care Homes (RACH) to have the appropriate virtual consultation abilities and technology to access virtual out-of-hours services including the purchase of appropriate telehealth equipment. The RACH After Hours Telehealth initiative aims to improve access to after-hours health care and prevent unnecessary hospital presentations.

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 RACHs staff so they can assist residents in accessing virtual consultation services.
- Educate participating RACHs 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 Aged Care Service list identifies 88 RACHs in CWAPHN at 30 June 2023, of these 38 are Multi-Purpose Services (MPS) managed by WA Country Health Service (WACHS), and three are National Aboriginal and Torres Strait Islander Aged Care Program sites.

### 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 afterhours services provided by general practitioners (GP) 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 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.

The Digital Health team leads 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

The RACH Afterhours Telehealth initiative aligns with the PHNs Aged Care activity AC-VARACF 1000 - Support residential aged care facilities to increase availability and use of telehealth care for aged care residents' and Aged Care activity AC-AHARACF 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.

With regard to communication and engagement the PHN will:

- Engage with other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.
- Engage with RACHs to gain an understanding of the RACHs afterhours care plans and support, measure telehealth capabilities, use of MyHR and relevant training needs.

- Invite all RACHs to participate in the initiative to enhance their afterhours action plans.
- Continue consultation and engagement with WA Health and WA Country Health Services (WACHS) to ensure activities do not duplicate efforts underway to improve access to afterhours care in RACHs.
- Share relevant WA Health and WACHS 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.

For resource development and education, the PHN aims to:

- 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 the PHN will:

- Provide education to RACF employees 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, the PHN will:

- 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 RACF staff on the adoption and use of MyHR and aiding with registration where required.

Regarding contract and relationship management the PHN will:

- 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.

For all reporting, the PHN intends to:

- Complete reporting requirements as per the executed WAPHA and Department of Health, Disability and Ageing agreement variation.

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Goldfields-Esperance).	5
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Pilbara).	95
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Wheatbelt).	141
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Mid West).	71
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Great Southern).	30



## Activity Demographics

### Target Population Cohort

RACHs in the PHN region that wish to participate in the RACHs Afterhours Telehealth Initiative

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Stakeholder Engagement and Communication will include:

- Engaging with other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.
- Engaging with RACHs to gain an understanding of the RACHs afterhours care plans and support, measure telehealth capabilities, use of MyHR and relevant training needs.
- Inviting all RACHs to participate in the initiative to enhance their afterhours action plans.
- The promotion of My Health Record (MyHR) and maintenance of resident digital medical records via WAPHA's Aged Connect Newsletter.

### Collaboration

Stakeholder collaboration will allow for:

- Continued consultation and engagement with WA Health and WA Country Health Services (WACHS) to ensure CWAPHN activities do not duplicate efforts underway to improve access to afterhours care in RACHs.
- Sharing relevant WA Health and WACHS virtual service information, and other related afterhours activity information with RACHs via WAPHA's Aged Connect Newsletter.
- Continued collaboration with other key stakeholders throughout the activity to encourage the implementation of telehealth services in RACHs.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2023

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/01/2024

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Activity Work Plan	28/05/2025
Twelve Month Performance Reports	30/09/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$271,688.22	\$0.00	\$0.00	\$0.00	\$0.00	\$271,688.22
<b>Total</b>	<b>\$271,688.22</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$271,688.22</b>

# AH 1070 - End of Life, Palliative Care Needs Assessment



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

1070

### Activity Title

AH 1070 - End of Life, Palliative Care Needs Assessment

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of a cure. Most Australians would prefer to die at home, rather than in hospital or residential aged care. The Royal Commission into Aged Care Quality and Safety made key recommendations for palliative care including:

- Compulsory palliative care training for aged care workers.
- Comprehensive sector funding specifically including palliative care and end-of-life care.
- A review of the Aged Care Quality Standards to regulate high quality palliative care in residential aged care.
- Access to multidisciplinary outreach services.
- A new Aged Care Act that includes the right to access palliative care and end-of-life care.

The requested needs assessment has been identified as a gap in understanding the non-specialist, primary care service needs in the after-hours period for those at end of life and/or receiving palliative care at home. The gap was noted as part of the formal WAPHA After Hours Program Needs Assessment and will be confirmed with the conduct of the proposed needs assessment.

The needs assessment aims to:

- Confirm the after hours primary health care needs of those at their end of life.
- Identify regional responses to address the after-hours primary health care needs of local communities and support the after-hours primary health care work force.
- Promote coordination between services at a local level and support after hours service providers to integrate care with a patient's usual primary care provider.
- Address gaps in availability of after-hours primary health care services.
- Identify regional responses to reduce non-urgent attendances at hospital emergency departments in the after-hours period.

### **Description of Activity**

This activity proposes to conduct the following to meet the articulated objectives. Literature review including:

- Analysis of the current national, state, and regional policies and reviews for the program area (After Hours primary health care services for Palliative care, end of life clients).
- Analysis of the current data available to confirm priority communities/populations, health issues and locations for the program area.
- A current market scan of existing services, identifying regional service gaps, barriers and opportunities including workforce models, general practice networks, collaboration, and co-commissioning. This would ensure that there is no duplication or unnecessary competition with existing services.
- Consultation with internal and external stakeholders for the program area building upon previous consultations and needs assessments to avoid unnecessary duplication and avoid consultation fatigue for priority populations.
- Identification of features of person and community-centred, sustainable activities and how to strengthen/build capacity within hours to address the primary health care needs for CWA PHN.
- Identification of cultural competency and safety barriers, priority needs and activities the program activities).
- Recommend regional sustainable primary health care service model/s and/or activities addressing the Quintuple Aim for Health Care Improvement, identified gaps in support for primary care services access and service delivery and strategies to enhance care coordination, post consultation with key stakeholders.
- Develop a draft program logic and suggested evaluation methodology for any new or continuing Program activities.
- Present findings back to WAPHA's Project Sponsor and Team.
- Prepare a final report.

## **Needs Assessment Priorities**

### **Needs Assessment**

WAPHA Needs Assessment 2025-2027

### **Priorities**

<b>Priority</b>	<b>Page reference</b>
Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (Goldfields-Esperance).	7
Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (Pilbara).	97
Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (Mid West).	73

Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (South West).	120
Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (Kimberley).	53
Enable access to local at home palliative care services, and ensure they are culturally appropriate for Aboriginal people (Great Southern).	32



## Activity Demographics

### Target Population Cohort

The target populations include:

- Consumers, community members and stakeholders using or providing end of life care.
- Priority populations include:
  - Aboriginal people
  - People from multicultural backgrounds
  - People in rural and remote Australia
  - Older people
  - LGBTIQ+ people
  - People experiencing socioeconomic disadvantage

### Indigenous Specific

No

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred as a key component of the After-Hours Program needs assessment.

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

- PHN employees
- General practitioners and general practice employees
- Australian Government Department of Health, Disability and Ageing
- Other PHNs, as relevant
- State Departments of Health, and other key agencies



- Health Service Providers
- Aboriginal Community Controlled Health Services
- Other key service providers e.g., Royal Flying Doctor Service, Rural Health West, Silver Chain
- Other relevant non-government 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 will be consulted where possible to access in the timeframe and within budget

### **Collaboration**

It is anticipated that through conducting the needs assessment collaboration, input by stakeholders will occur to develop proposed activities/services for future years.

Stakeholders will be asked to provide feedback on:

- Barriers, opportunities and priorities to be addressed in relation to after hours end of life support in Country WA PHN region.
- 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 region.
- Cultural competency and safety barriers.
- Priority needs and recommended activities, resulting in the development of recommendations with a quintuple aim of healthcare and health equity lens within hours and after-hours period (as relevant).



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

24/06/2015

#### **Activity End Date**

29/06/2025

#### **Service Delivery Start Date**

27/11/2024

#### **Service Delivery End Date**

30/06/2025

#### **Other Relevant Milestones**

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** Yes



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$0.00	\$50,000.00	\$0.00	\$0.00	\$0.00	\$50,000.00
<b>Total</b>	<b>\$0.00</b>	<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50,000.00</b>

# AH 2000 - Increasing Access to Afters Hours Support Services



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

2000

### Activity Title

AH 2000 - Increasing Access to Afters Hours Support Services

### Existing, Modified or New Activity

Existing



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

To create greater access to primary health after hours services for vulnerable people living in residential aged care facilities RACFs)

Services are delivered in a culturally appropriate manner, to reduce the number of preventable hospitalisations in the after hours period for people living in RACFs.

### Description of Activity

Research shows that substantial emergency department (ED) demand comes from patients living in RACFs. Residents can experience rapid health deterioration during the after-hours period, however immediate transfer to hospital is not always clinically necessary.

This activity funds:

1. An after-hours service for RACF patients In Derby and Broome (Kimberley Region) that involves supporting RACF personnel to improve their knowledge and coordination of care to maximise resident/patient's health outcomes.
2. A general practitioner after hours service In Geraldton in the Mid-west Region provided which provides on call services and visits to the residents of three RACHs. The service includes education of RACF personnel to improve knowledge and coordination of care to optimise resident health outcomes and reduce the requirement for residents to be hospitalised.

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

The PHN will continue to develop and maintain close working relationships with contracted service providers and will formally review services at six and twelve-month intervals using provider reports that assist to inform:  
how well targeted and efficient services are, how effective services and systems are in relation to patient experience, patient health outcomes, service/system integration and service sustainability including provider experience/governance.

## Needs Assessment Priorities

### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Goldfields-Esperance).	5
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Pilbara).	95
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Wheatbelt).	141
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Mid West).	71
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Great Southern).	30



## Activity Demographics

### Target Population Cohort

Vulnerable groups in the population, including people in residential aged care.

### Indigenous Specific

No

## Coverage

### Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001
Mid West	51104



## Activity Consultation and Collaboration

### Consultation

The PHN will continue liaison with the following stakeholders:

- WA Country Health Service (WACHS)
- Residential Aged Care Facilities (RACF)
- General Practices (ACCHSs)

### Collaboration

Ongoing engagement with key stakeholders to ensure that the service is meeting the needs of the community and service providers. The Kimberley ACCHS service providers work closely with the RACHs to ensure their staff are informed about the medical routines of their clients, which prevents most issues that would require GP call out or Emergency admission. Other services operating from the AMS or RACF support the after-hours service where required.

In the Midwest, the Geraldton based general practice works closely with RACF personnel to improve their knowledge and coordination of care to optimise resident health outcomes and reduce the requirement for residents to be hospitalised. They also collaborate with WACHS, supplementing the in-hours GP support they deliver, effectively resulting in 24hr on call GP support.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/07/2019

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/09/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

<b>Funding Stream</b>	<b>FY 23 24</b>	<b>FY 24 25</b>	<b>FY 25 26</b>	<b>FY 26 27</b>	<b>FY 27 28</b>	<b>Total</b>
After Hours Funding	\$610,279.13	\$582,139.00	\$0.00	\$0.00	\$0.00	\$1,192,418.13
<b>Total</b>	<b>\$610,279.13</b>	<b>\$582,139.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,192,418.13</b>

# AH 6020 - GP Collaborative/GP After Hours Clinic



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH

### Activity Number

6020

### Activity Title

AH 6020 - GP Collaborative/GP After Hours Clinic

### Existing, Modified or New Activity

New Activity



## Activity Priorities and Description

### Program Key Priority Area

Population Health

### Aim of Activity

The WAPHA After Hours Needs Assessment found that while many primary care clinics provided by General Practices (GP) would like to offer more after-hours services, in most cases, doing so is not financially viable.

The Needs Assessment found that regional and rural GP practices faced additional barriers in staffing after-hours programs.

In many Country WA regions, the GP workforce is ageing, and clinics struggle to replace these GPs with local staff. It was found that this is driven by a perceived lack of opportunity in regional or remote areas for 'younger' GPs, leading to an increasing transient or non-local GP workforce. Furthermore, recruiting staff who do not live in the region is often more expensive in regional areas due to additional costs (i.e. housing). While some regions, particularly coastal regions, benefit from lifestyle relocation, clinics find that these GPs prefer part-time work and are not amenable to working during the after-hours period.

The Needs Assessment found that directly supporting GP clinics to operate after-hours, including providing support for staffing and other expenses directly incurred in the after-hours service, could increase the availability of after-hours care.

This activity aims to:

- Identify and support sustainable GP primary care services in priority locations within CWA PHN.
- Reduce the number of potentially preventable Emergency Department presentations.

- Support local based, patient centred and coordinated after hours care.
- Provision of culturally safe after-hours primary care.

### Description of Activity

This activity plans to provide funding through a suitable procurement process to RACGP accredited general practices in specific locations in Country WA PHN to provide increased face-to-face onsite services in the After Hours (AH) period. This may build on existing or new services.

Practices will be expected to provide services that deliver low to moderate acuity such as treating minor injuries, pain management, wound care, fractures where appropriate and feasible, lacerations, minor burns, abdominal pain, skin, and soft-tissue infections and focus on improving access to identified Priority Populations in their location.

Practice employees may also be required to undertake training as set by WAPHA, to support service delivery, reporting and continuity of care in the AH period.

### Needs Assessment Priorities

#### Needs Assessment

WAPHA Needs Assessment 2025-2027

#### Priorities

Priority	Page reference
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Goldfields-Esperance).	7
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Pilbara).	96
Enable access to coordinated culturally appropriate primary care for Aboriginal people (South West).	119
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Wheatbelt).	142
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Mid West).	72
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Great Southern).	31
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Kimberley).	51



### Activity Demographics

#### Target Population Cohort

Country WA PHN target populations include:

- Consumers, community members and stakeholders using or providing After Hours services.



- Priority populations including:
- Aboriginal people
- People from multicultural backgrounds
- People in rural and remote Australia
- Older people
- LGBTIQ+ people
- People experiencing socioeconomic disadvantage

### **Indigenous Specific**

No

### **Coverage**

#### **Whole Region**

Yes



## **Activity Consultation and Collaboration**

### **Consultation**

Consultation will occur as a key component of the procurement process.

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

- WAPHA employees
- General practitioners and general practice employees
- Other relevant primary care providers
- RACGP
- Australian Government Department of Health, Disability and Ageing
- Other PHNs
- State Departments of Health and Health Service Providers
- Aboriginal Community Controlled Health Services
- Other key service providers e.g., Rural Health West, Royal Flying Doctor Service, , Health Direct, private service and private

Cohorts of possible service users e.g., parents, older people, and priority populations wherever 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 GP 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 region.
- Identify cultural competency and safety barriers, priority needs.
- Recommend models of care activities, resulting in the development of sustainable service delivery models as part of the After-Hours Program in Country WA PHN with a quintuple aim of healthcare and health equity lens.



## Activity Milestone Details/Duration

### Activity Start Date

24/06/2015

### Activity End Date

29/06/2025

### Service Delivery Start Date

01/07/2023

### Service Delivery End Date

30/06/2025

### Other Relevant Milestones

Twelve Month Performance Reports	30/09/2025
Activity Work Plan	28/05/2025
Financial acquittal Reports	30/04/2025
Needs Assessment	15/11/2024
Final Report	30/09/2025



## Activity Commissioning

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Funding	\$0.00	\$1,698,732.00	\$0.00	\$0.00	\$0.00	\$1,698,732.00
<b>Total</b>	<b>\$0.00</b>	<b>\$1,698,732.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,698,732.00</b>

# AH-Op 1000 - Operational



## Activity Metadata

### Applicable Schedule

After Hours Primary Health Care - Country WA

### Activity Prefix

AH-Op

### Activity Number

1000

### Activity Title

AH-Op 1000 - Operational

### Existing, Modified or New Activity

Existing



## Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
After Hours Operational	\$23,170.83	\$458,744.74	\$0.00	\$0.00	\$0.00	\$481,915.57
<b>Total</b>	<b>\$77,994.54</b>	<b>\$521,372.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$599,366.54</b>