



WA Primary Health Alliance PHN Aged Care Perth South 2024/25 - 2027/28 Activity Summary View

Approved by the Australian Government Department of Health, Disability and Ageing, December 2025



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AC-VARACF 1000 - SUPPORT RACF'S TO INCREASE AVAILABILITY AND USE OF TELEHEALTH CARE FOR AGED CARE RESIDENTS

ACTIVITY DETAILS

| | |
|---------------------------------------|-----------|
| Activity Reference: | AC-VARACF |
| Activity Number: | 1000 |
| Status: | Existing |
| PHN Program Key Priority Area: | Aged Care |

ACTIVITY AIM & OBJECTIVES

The Supporting RACFs to increase availability and use of telehealth care for aged care residents (RACF Telehealth) initiative supports participating RACFs in the Perth South Primary Health Network (PSPHN) region to have appropriate virtual consultation abilities and technology so their residents can access timely health care (with a particular focus on primary health and aged care) via telehealth, and where possible avoid preventable hospitalisation.

This includes:

- Assisting participating RACFs within the PHN region to build telehealth capability with equipment that has been provided by the PHN, to enable residents to virtually consult with primary health care professionals. Providing training to participating RACF staff so they have the capabilities to assist residents in accessing virtual consultation services.
- Providing training and support to General Practice staff to support the provision of virtual care services for residents in aged care homes.
- Promoting the use of enablers of digital health (such as My Health Record [and the eNRM](#)), to improve the availability and secure transfer of resident's health care information between the RACF, primary care and acute care settings. Consulting with key stakeholders to improve technological interoperability between the aged care and health care systems.

DESCRIPTION OF ACTIVITY

Rationale

Many older people living in RACFs have complex health conditions, atypical symptoms, and multiple comorbidities, and their health can deteriorate rapidly.

Western Australian GPs have told the WA Primary Health Alliance (WAPHA) of numerous barriers to working in the RACF context, such as the time it takes to travel to and from the facility and the lost earning opportunity, and challenges with parking at or close to the facility.

Telehealth can address barriers to providing and accessing high quality healthcare in RACFs. It can also provide access to services that may not be available locally, preventing the need for residents to travel and avoiding the negative impacts of removing residents from their home environment for avoidable hospital visits. Telehealth can also assist in reducing the exposure of residents to communicable diseases and infections.

Roles and Responsibilities

WAPHA's Primary Care Portfolio, which works across the three WA PHNs, is responsible for the delivery of the RACF Telehealth initiative. An executive sub-committee oversees all PSPHN aged care activity including the RACF Telehealth initiative to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

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

Key activities

The RACH Afterhours initiative aligns with activity AC-VARACF 1000 - Support RACFs to increase availability and use of telehealth care for aged care residents. RACF Afterhours stakeholder engagement and data collection is undertaken simultaneously with activity AC-VARACF 1000 engagement. In addition, activities comply with the Aged Care Quality and Safety Commissions' Aged Care Quality standards.

PSPHN will:

Communication and engagement

- Engage with other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.
- Undertake engagement to gain an understanding of RACFs after-hours care plans and support, including disseminating surveys.
- Work with RACFs to enhance after-hours action plans.
- Continue engagement with WA Health, and Metropolitan Health Services to ensure activities do not duplicate efforts underway to improve access to RACF after-hours care.
- Share relevant WA Health, and Metropolitan Health Services virtual service information, and other related afterhours activity information with RACFs via WAPHA's Newsletters.
- Promote My Health Record (MHR) and the electronic national residential medication chart (eNRMC) and maintenance of resident digital medical records via WAPHA's Newsletters.
- Promote the uploading of advanced care planning documents into MHR.
- Continue collaboration with key stakeholders throughout the activity to encourage the implementation of telehealth services in RACHs.

Resource development and education

- Seek advice from RACF representatives about what resources are required and their design.
- Seek feedback from RACF representatives to support ongoing maintenance and updating of the after-hours planning resources.
- Review and update the after-hours action planning resources to assist RACFs to develop and regularly update after-hours action plans and processes.
- Undertake an environmental scan to understand which services are available after hours and share the information with RACFs.
- Encourage RACFs to work with residents so that after-hours wishes are included in residents' advanced care plans.

For participating RACFs

- Provide education to RACF staff in relation to out-of-hours health care, including options and processes.
- Facilitate the development and implementation of after-hours action plans to support residents' access to the most appropriate health services after hours, including promoting advanced care planning.
- Encourage RACFs to implement procedures for keeping residents' digital medical records up to date, (use of MHR) particularly following an episode where afterhours care was required.
- Support engagement between RACFs and residents' general practitioner and other identified health professionals, as part of after-hours action plan development.
- Provide ongoing support to participating RACFs in the development of after-hours action plans.

For non-participating RACFs

- Promote this initiative via WAPHA's Aged Care Connect newsletters and website and encourage their engagement in the development of after-hours action plans.

Reporting

- Complete reports as per the executed agreement variation.

PHN NEEDS ASSESSMENT PRIORITIES

- Enable access to after-hours primary health care.
- Enable access to age-appropriate digital health services.

POPULATION & COVERAGE

TARGET POPULATION:

The activities will focus on residential aged care facilities, residents and general practitioners.

INDIGENOUS SPECIFIC

Will this activity target Aboriginal population? No

ACTIVITY CONSULTATION & COLLABORATION

CONSULTATION

Key stakeholders include:

- Residential Aged Care Facilities
- WA Department of Health, Aged Care Directorate
- Residential Care Line Outreach Service
- Royal Australian College of General Practitioners
- Ageing Australia representatives
- Consumer organisation representation
- Department of Health, Disability and Ageing's Local Network Team

The stakeholder group may expand as the activity is implemented, and additional stakeholders are identified.

COLLABORATION

Approximately 99 RACFs operate in the PHN region.

Collaboration will continue with the RACFs that have chosen to receive PHN provided telehealth equipment bundles. Collaboration will continue with relevant local, regional and national stakeholders, who will be engaged to promote the RACH Telehealth and Afterhours activities.

ACTIVITY MILESTONES AND DURATION

Activity Start Date: 6/01/2022

Activity End Date: 30/06/2027

MILESTONES

| | |
|-----------------------------|-----------------------------------|
| Activity Work Plan | Due: 28/05/25, 30/04/26, 30/04/27 |
| Annual Needs Assessment | Due: 15/11/25, 15/11/26 |
| 12-month Performance Report | Due: 30/09/25, 30/09/26, 30/09/27 |
| Final Performance Report | Due: 30/09/27 |

SERVICE DELIVERY DURATION

Service Delivery Date: 1/04/2022

Service Delivery End Date: 30/06/2027

COMMISSIONING APPROACH

Select the commissioning approach:

Choose an item.

Tender for TH equipment provider.

ACTIVITY PLANNED EXPENDITURE

| | FY 24-25 | FY 25-26 | FY 26-27 | FY 27-28 |
|--------------------------------|---------------------|---------------------|---------------------|----------|
| Virtual Access in RACFs | \$610,439.73 | \$199,190.51 | \$202,578.25 | |
| Total | \$610,439.73 | \$199,190.51 | \$202,578.25 | |

AC-AHARACF 2000 - ENHANCED AFTER HOURS SUPPORT FOR RESIDENTIAL AGED CARE FACILITIES

ACTIVITY DETAILS

| | |
|---------------------------------------|------------|
| Activity Reference: | AC-AHARACF |
| Activity Number: | 2000 |
| Status: | Existing |
| PHN Program Key Priority Area: | Aged Care |

ACTIVITY AIM & OBJECTIVES

The Enhanced out of hours support for residential aged care (RACF Afterhours) initiative aims to prevent unnecessary hospital presentations.

Using RACF Afterhours funds, Perth South Primary Health Network (PSPHN) works with RACFs to address any awareness or utilisation issues of available local out-of-hours services among participating RACFs in the PHN region.

The intended outcome of this activity is to help reduce unnecessary hospital presentations among RACF residents by:

- Providing guidance to assist participating RACFs in the PHN region to develop and implement out-of-hours action plans which will support their residents to access the most appropriate medical services out-of-hours.
- Educating participating RACF staff in out-of-hours health care options and processes for residents.
- Encouraging participating RACFs to implement procedures for keeping residents' digital medical records up to date, particularly following an episode where after-hours care was required, and
- Supporting engagement between RACFs and their residents' GP (and other relevant health professionals), as part of after-hours action plan development.

DESCRIPTION OF ACTIVITY

Background

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. Lack of awareness and utilisation of after-hours services provided by GPs and other health professionals can lead to unnecessary ED presentations and hospitalisations. Potentially Preventable Hospitalisation (PPH) data for 2017-18, identifies that 46% of all PPHs across Australia were for people aged 65 and over.

ED transfer may also result in an unnecessary burden to residents, resulting in invasive interventions and 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 RACF Afterhours initiative. An executive sub-committee oversees all PSPHN aged care activity including the RACF Afterhours initiative to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

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

Key activities

The RACH Afterhours initiative aligns with activity AC-VARACF 1000 - Support RACFs to increase availability and use of telehealth care for aged care residents. RACF Afterhours stakeholder engagement and data collection is undertaken simultaneously with activity AC-VARACF 1000 engagement.

In addition, activities comply with the Aged Care Quality and Safety Commissions' Aged Care Quality standards.

PS PHN will:

Communication and engagement

- Engage with other PHNs to identify lessons learnt and opportunities to share resources / mirror activities.
- Undertake engagement to gain an understanding of RACFs after-hours care plans and support, including disseminating surveys.
- Work with RACFs to enhance after-hours action plans.
- Continue engagement with WA Health, and Metropolitan Health Services to ensure activities do not duplicate efforts underway to improve access to RACF after-hours care.
- Share relevant WA Health, and Metropolitan Health Services virtual service information, and other related afterhours activity information with RACFs via WAPHA's Newsletters.
- Promote My Health Record (MHR) and the electronic national residential medication chart (eNRMC) and maintenance of resident digital medical records via WAPHA's Newsletters.
- Promote the uploading of advanced care planning documents into MHR.
- Continue collaboration with key stakeholders throughout the activity to encourage the implementation of telehealth services in RACHs.

Resource development and education

- Seek advice from RACF representatives about what resources are required and their design.
- Seek feedback from RACF representatives to support ongoing maintenance and updating of the after-hours planning resources.
- Review and update the after-hours action planning resources to assist RACFs to develop and regularly update after-hours action plans and processes.
- Undertake an environmental scan to understand which services are available after-hours and share the information with RACFs.
- Encourage RACFs to work with residents so that after-hours wishes are included in residents' advanced care plans.

For participating RACFs

- Provide education to RACF staff in relation to out-of-hours health care, including options and processes.
- Facilitate the development and implementation of after-hours action plans to support residents' access to the most appropriate health services afterhours, including promoting advanced care planning.
- Encourage RACFs to implement procedures for keeping residents' digital medical records up to date, (use of MHR) particularly following an episode where afterhours care was required.
- Support engagement between RACFs and residents' general practitioner and other identified health professionals, as part of after-hours action plan development.
- Provide ongoing support to participating RACFs in the development of after-hours action plans.

For non-participating RACFs

- Promote this initiative via WAPHA's Aged Care Connect newsletters and website and encourage their engagement in the development of after-hours action plans.

Reporting

- Complete reports as per the executed agreement variation.

PHN NEEDS ASSESSMENT PRIORITIES

- Enable access to after-hours primary health care.
- Enable access to age-appropriate digital health services.

POPULATION & COVERAGE

TARGET POPULATION:

RACFs in the PHN region, with a particular focus on RACFs that wish to participate in the RACF Afterhours initiative, and general practitioners and other health professionals as relevant.

INDIGENOUS SPECIFIC

Will this activity target Aboriginal population? No

ACTIVITY CONSULTATION & COLLABORATION

CONSULTATION

A range of stakeholders have been consulted throughout the planning and implementation of this activity including:

- Residential Aged Care Facilities
- WA Department of Health, Aged Care Directorate
- Residential Care Line Outreach Service
- Royal Australian College of General Practitioners
- Ageing Australia representatives
- Consumer organisation representation
- Department of Health, Disability and Ageing's Local Network Team

This engagement will continue as required.

COLLABORATION

The PHN invited RACFs to participate - Approximately 98 facilities operate in the PHN region.

Collaboration will occur with Department of Health, Disability and Ageing's Local Network team, who will be engaged to promote the RACH Telehealth and Afterhours activities.

ACTIVITY MILESTONES AND DURATION

Activity Start Date: 6/01/2022

Activity End Date: 30/06/2027

MILESTONES

| | |
|-----------------------------|-----------------------------------|
| Activity Work Plan | Due: 28/05/25, 30/04/26, 30/04/27 |
| Annual Needs Assessment | Due: 15/11/25, 15/11/26 |
| 12-month Performance Report | Due: 30/09/25, 30/09/26, 30/09/27 |
| Final Performance Report | Due: 30/09/27 |

SERVICE DELIVERY DURATION

Service Delivery Date: 1/04/2022

Service Delivery End Date: 30/06/2027

COMMISSIONING APPROACH

Select the commissioning approach:

Other Approach

The PHN has engaged appropriately qualified staff to deliver this activity, and to achieve the planned outcomes.

ACTIVITY PLANNED EXPENDITURE

| | FY 24-25 | FY 25-26 | FY 26-27 | FY 27-28 |
|-------------------------|---------------------|---------------------|---------------------|---------------------|
| Service Delivery | \$311,176.76 | \$132,793.67 | \$135,052.17 | \$311,176.76 |
| Total | \$311,176.76 | \$132,793.67 | \$135,052.17 | \$311,176.76 |

AC-EI 3000 - COMMISSIONING EARLY INTERVENTION INITIATIVES TO SUPPORT HEALTHY AGEING AND ONGOING MANAGEMENT.

ACTIVITY DETAILS

Funding Schedule Activity Name:

B.5 Commissioning early intervention initiatives to support healthy ageing and ongoing management of chronic conditions

Funding Schedule Activity ID: 4-GJ05545

Activity Reference: AC-EI

Activity Number: 3000

Status: Existing

PHN Program Key Priority Area: Aged Care

ACTIVITY AIM & OBJECTIVES

The Commissioning early intervention initiatives to support health ageing and ongoing management of chronic conditions (Early Intervention) activity provides funds for Perth South PHN (PSPHN) to:

- Commission early intervention activities and models of care for chronic disease management that supports healthy ageing and reduces pressure on local health services.
- Manage the performance of the commissioned services via performance monitoring and contract management, to ensure that the services are effective and efficient and meet the needs of the community.
- Use training, tools, and resources to empower GPs and primary health care workers to undertake activities that contribute to improved health and care outcomes for older people at the participating general practices.

The overarching aim of the Early Intervention activity is to support healthy ageing and reduce pressure on local health services.

PSPHN Early Intervention activities focus on commissioning services to improve access to multi-disciplinary team-based care to older people with or at risk of chronic disease. The aim is to:

- Prevent, identify, and reduce chronic disease and health issues.
- Avoid inappropriate hospital admissions.
- Support healthy ageing in place.
- Improve health outcomes for the elderly.

The activities also build primary health care workforce (in targeted general practices) capability in the care of older people with or at risk of chronic disease and promote self-management and health literacy in older people with or at risk of chronic disease.

DESCRIPTION OF ACTIVITY

Background

In 2024/25, following Needs Assessment review, engagement with key stakeholders and consideration of policy direction and options:

- Pharmaceutical Services Australia (PSA) was engaged to provide Older People's Non-Dispensing Pharmacists into targeted general practices. The contract was executed in late 2023. Participating practices have been identified through an expression of interest (EOI) process.
- South Metropolitan Health Service was engaged to allow primary care referrals to the Metropolitan Community Physiotherapy Service.

With the extension of funding for the Early Intervention activity to 30 June 2027, the PSA engagement to provide Non-Dispensing Pharmacists into targeted general practices will continue to 30 June 2027.

Rationale

Today's Western Australians aged 65 and over are generally living longer and healthier lives than previous generations, and the population of older people is growing. Age is an important determinant of health, and people aged 65 years and over are more likely to have complex and/or chronic conditions as well as comorbidities.

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 Early Intervention initiative. An executive sub-committee oversees all PHN aged care activity including the Early Intervention initiative to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic [Plan](#) 2023-2026.

A small team, consisting of activity leads and contract officer lead the Early Intervention activities across the three WA PHNs. Place-based integration managers, and training and practice support staff assist the team. A program logic guides activities.

Target cohort

Older people with or at risk of chronic disease in target locations, with a particular focus on improving access to services to improve health equity.

Key activities

The commissioned service providers:

- Support collaborative approaches between multidisciplinary teams and primary care providers as an integral part of person-centered service delivery to:
 - prevent, identify and reduce chronic disease and health issues.
 - support healthy ageing in place
 - avoid ED presentations and hospital admissions.
 - improve health outcomes for older people.
- Recruit, support, and manage allied health staff to deliver services in participating general practices as contractually required or accept referrals from general practices.
- Promote the service to the target general practices.
- Collect and manage the required data as agreed through contract negotiation.

Aged Care Program

- Provide reports as specified in the contract to allow contract and performance management.
- Ensure the delivery of culturally appropriate care.

The commissioned service provider clinician:

- Builds relationships between the general practice and other relevant services.
- Builds capability of general practitioners and practice staff
- Provides relevant interventions, including education to older people that access the service.
- Provides relevant education to the older people's family members or carers, as necessary, to meet the older person's health needs.
- Increases awareness of local primary health providers regarding needs of local older people and the local services available.
- Provides relevant information/education to the primary health care providers from the participating practices as needed.
- Promotes the uptake of digital health tools including My Health Record.
- Increases awareness of social initiatives and wrap around services that can support older adults to live at home.
- Implements the collection of Quality-of Life measures as agreed between the contractor and WAPHA.

PSPHN will focus on:

Program management

- Financial management including management of unspent funds.
- Commissioning additional services that meet the funding guidance where there are available funds.
- Strengthening evaluation measures.
- Completing and submitting Early Intervention initiative reports as per the agreement variation.

Contract management

- Management, monitoring, and evaluation of the performance of the commissioned services.
- Data collection and review.
- Promoting the uptake of digital health tools including My Health Record.

Participating general practices

- Linking the Early Intervention initiative into participating general practices' quality improvement activities, such as working with participating practices through WAPHA's Quality Improvement Coaches to identify at risk patients using Primary Sense.

Integration

- Promoting the PHN's other relevant commissioned services to the contractor as referral sources where appropriate.

Communication and engagement

- Sharing good news stories from the initiatives.

- Ongoing engagement with the participating practices through Primary Care Navigators and Quality Improvement Coaches.
- Providing information to the commissioned service provider via contract officers and WAPHA's Provider Connect Newsletter.

PHN NEEDS ASSESSMENT PRIORITIES

- Improve the management of chronic conditions for ageing populations and promote healthy ageing at home.
- Promote early intervention and monitoring activities to support older adults to live at home and reduce early entry into residential care.

POPULATION & COVERAGE

TARGET POPULATION:

Senior Australians living in the community who require support with healthy ageing or support to manage their chronic conditions in the community.

INDIGENOUS SPECIFIC

Will this activity target Aboriginal population? No

ACTIVITY CONSULTATION & COLLABORATION

CONSULTATION

A range of stakeholders may be consulted throughout the planning, design and delivery phases of the Early Intervention activity including:

- General practitioners
- WA Department of Health
- South Metropolitan Health Service
- Ageing Australia
- Local government representatives where appropriate
- Consumer representatives
- Department of Health, Disability and Ageing's Local Network team

COLLABORATION

The PHN will continue to build on established relationships with the WA Department of Health, Health Service Providers, and local government authorities to ensure that the services funded through this activity complement existing support services available through the state and local government, and to facilitate the establishment of appropriate information sharing to support reporting on the effectiveness and impact of this activity.

General practice will be invited to participate in this activity.

ACTIVITY MILESTONES AND DURATION

Activity Start Date: 6/01/2021

Aged Care Program

Activity End Date: 30/06/2027

MILESTONES

| | | |
|-----------------------------|------|------------------------------|
| Activity Work Plan | Due: | 28/05/25, 30/04/26, 30/04/27 |
| Annual Needs Assessment | Due: | 15/11/25, 15/11/26 |
| 12-month Performance Report | Due: | 30/09/25, 30/09/26, 30/09/27 |
| Final Performance Report | Due: | 30/09/27 |

SERVICE DELIVERY DURATION

Service Delivery Date: 6/01/2021

Service Delivery End Date: 30/06/2027

COMMISSIONING APPROACH

Select the commissioning approach:

Expression of interest

Expression of Interest for general practices

ACTIVITY PLANNED EXPENDITURE

| | FY 24-25 | FY 25-26 | FY 26-27 | FY 27-28 |
|------------------|--------------|--------------|--------------|----------|
| Service Delivery | \$478,387.10 | \$494,391.80 | \$503,057.97 | |
| Operational | \$61,165.31 | \$36,782.89 | \$37,150.72 | |
| Total | \$539,552.41 | \$531,174.69 | \$540,208.69 | |

AC-CF 4000 – CARE FINDER PROGRAM**ACTIVITY DETAILS**

| | |
|---------------------------------------|-----------|
| Activity Reference: | AC-CF |
| Activity Number: | 4000 |
| Status: | Existing |
| PHN Program Key Priority Area: | Aged Care |

ACTIVITY AIM & OBJECTIVES

In response to the Royal Commission into Aged care Safety and Quality, 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 Facilities (RACFs) and reduce avoidable hospitalisations for older people.

The care finder program aims to provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community.

To this end, WA Primary Health Alliance (WAPHA) will:

- Maintain the network of commissioned care finders in the Perth South PHN (PSPHN) region.
- Support and promote continuous improvement of the care finder program via a community of practice.
- Facilitate improved integration of care finder into local health, aged care, and other community systems in the PHN region.
- Manage care finder funds including use of unspent funds for targeted care finder activities, such as care finder related training, quality improvement activities to improve reporting, and increasing assertive outreach and local integration.

The care finder program aims to improve health outcomes for people in the care finder target population by facilitating equitable access and allocating efficiency to services for older adults. This will include:

- Improved coordination of support when seeking to access aged care.
- Improved understanding of aged care services and how to access them.
- Improved openness to engage with the aged care system.
- Increased care finder workforce capability to meet client needs.
- Increased rates of access to aged care services and connections with other relevant supports.
- Increased rates of staying connected to the services they need post service commencement.

DESCRIPTION OF ACTIVITY**Background**

The aged care system is complex, and some people find it more difficult than others to navigate and access services. The care finder target population include people who require intensive support for; access to My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres), access to aged care services, and/or access other relevant supports in the community.

In 2022 there were over 171,000 people aged 65 years and over living in the PHN region, representing about 16% of its population, similar to the state rate. While it is difficult to accurately measure the size of the PHN's target care finder population, data analysis indicates that the largest groups include people from non-English speaking backgrounds and people who require assistance with cognitive and emotional tasks. However, other groups also require support such as Care leavers, people with previous experiences with trauma, and older people who identify as Aboriginal or LGBTIQ+.

Service establishment

The PHN engaged with existing Assistance and Care and Housing (ACH) Program providers to support provider transition to the care finder program.

ACH providers (Australian Red Cross, Chorus, People Who Care, St Bartholomew's House) commenced care finder service delivery on 1 January 2023, with a focus on the specialist area of older people at risk of or experiencing homelessness.

In addition to ACH providers, the PHN procured new care finder services for the Perth South region through an open tender process utilising findings from the care finder Needs Assessment. These services commenced in April 2023. Care finder service providers included:

- Advocare
- Chung Wah
- Dementia Australia
- South West Aboriginal Medical Service
- Tuart Place
- Umbrella

PSPHN commissioned care finder services to:

- Provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care, and connect with other, relevant supports in the community.
- Specifically target people within the care finder target population.
- Deliver the functions set out in the 'Care finder policy guidance for PHNs' developed by the Department of Health, Disability and Ageing.
- Respond to local needs in relation to care finder support.
- Engage appropriately qualified, skilled, and trained workforce to deliver services to the care finder target population.

Service provision between 1 July 2025 and 30 June 2029

The extension of care finder funding to 30 June 2029 allows WAPHA to extend current contracts to 30 June 2026, while service planning occurs for WAPHA to review existing services and implement strategies to strengthen care finder coverage across PSPHN.

Planning for the use of non-recurrent funds has been undertaken, and a request has been made to roll over funds to future years. WAPHA intends to use the rolled over funds to:

- Contribute to client centered service transition processes, where transition is required.
- Expand assertive outreach, to ensure the ongoing development of relationships and networks.
- Strengthen communities of practice and program improvement activities in all three PHNs, with a focus on addressing variation between provider performance and reporting, expanding knowledge of aged care reforms, and increasing patient reported outcome measures.

Roles and responsibilities

WAPHA's Primary Care Portfolio, which works across the three WA PHNs, is responsible for the delivery of the RACF Telehealth initiative. An executive sub-committee oversees all PSPHN aged care activity including the RACF Telehealth initiative to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

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

Key activities

PSPHN will:

Program management

- Share Department provided information to care finders as required.
- Collect and maintain data on the number and type of care finders within the PHN region, provider contact details, the geographic reach by LGA of each provider and the number of providers who were ACH providers.
- Notify the Department of any changes to care finder locations in a timely manner to ensure the care finder website is current.
- Monitor the care finder program at PHN level and make changes when necessary and informed by provider service agreements to ensure an effective and efficient PHN care finder network.
- Engage with and contribute to the evaluation of the care finder Program.
- Collaborate and share lessons learnt with other PHNs.

Contract management

- Monitor and manage the performance of service providers informed by submitted data.
- Ensure providers collect and submit monthly reports to the online reporting portal.
- Ensure new providers complete the mandatory MAC Learning Training.

Program improvement

- Facilitate and maintain the WA care finder community of practice for providers, using deidentified data to inform quality improvement activities and connection with key stakeholders.

Integration

- Support local (sub-regional) and regional integration of the care finder services into the broader aged, health and community sectors.
- Engage with WA Elder Care Support (ECS) program managers and providers to facilitate a cooperative relationship and referral of clients (where appropriate) between care finder and ECS providers.
- Promote care finders and their target population with key stakeholders, such as WA Department of Communities and Health Aged and Community Care Policy Teams, and aged care assessment teams

PHN NEEDS ASSESSMENT PRIORITIES

- Improve access to primary care services, early intervention, cultural safety and health literacy for multicultural communities through a care navigation service (Metro)
- Enable access to care finder services for older people (Metro)
- Support people living with dementia and their carers to navigate the aged care system and access appropriate services (Metro)

POPULATION & COVERAGE

TARGET POPULATION:

The target population for the care finder program are people who are eligible for aged care services and have one or more reasons for requiring intensive support. Reasons for requiring intensive support may include living in isolation or no support person, communication barriers, difficulty processing information to make decisions; or resistance to engage with aged care, institutions or government.

Target population sub-groups to be prioritised for care finder support includes:

- People living with dementia.
- Care leavers
- People with previous experiences of trauma
- Aboriginal and Torres Strait Islander people
- Lesbian, gay, bisexual, transgender, intersex, or queer people
- Culturally and linguistically diverse people.

INDIGENOUS SPECIFIC

Will this activity target Aboriginal population? No

ACTIVITY CONSULTATION & COLLABORATION

CONSULTATION

The PHN engaged the following organisations and groups to support the establishment of care finders

- Department of Health, Disability and Ageing Local Network Team
- South Metro Health Service
- East Metro Health Service
- District Leadership Groups
- Aged Care Interagency Groups
- Local Government Authorities
- Council of the Ageing WA
- Ageing Australia
- National Aboriginal Community Controlled Health Organisation
- Aboriginal Health Council of WA (AHCWA)
- Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs) as relevant.

COLLABORATION

The PHN will continue to build on established relationships with key Stakeholders.

The PHN will collaborate with NACCHO, AHCWA, and relevant ACCHOs and ACCOs in the establishment of the Trusted Indigenous Facilitator (TIF) Program throughout Western Australia.

In addition, the PHN will collaborate with the wide range of stakeholders supporting the care of older Australians in Western Australia, when relevant, including:

- WA Department of Health
- Health Service Providers
- Local Government Authorities
- Sector peak bodies and service providers

ACTIVITY MILESTONES AND DURATION

Activity Start Date: 1/07/2022

Activity End Date: 30/06/2029

MILESTONES

| | | |
|-----------------------------|------|--|
| Activity Work Plan | Due: | 28/05/25, 30/04/26, 30/04/27, 30/04/28, 30/04/29 |
| Annual Needs Assessment | Due: | 15/11/25, 15/11/26, 15/11/27, 15/11/28, 15/11/29 |
| 12-month Performance Report | Due: | 30/09/25 30/09/26, 30/09/27, 30/09/28, 30/09/29 |
| Final Performance Report | Due: | Due 30/09/29 |

SERVICE DELIVERY DURATION

Service Delivery Date: 1/07/2023

Service Delivery End Date: 30/06/2029

COMMISSIONING APPROACH

Select the commissioning approach:

Continuing Service Provider

ACTIVITY PLANNED EXPENDITURE

| | FY 24-25 | FY 25-26 | FY 26-27 | FY 27-28 | FY 28-29 |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|
| Care Finder Program | \$2,190,083.75 | \$3,010,310.02 | \$3,064,429.00 | \$3,128,125.32 | \$3,109,137.32 |
| Care finder Operational | \$441,746.55 | \$252,462.50 | \$252,462.50 | \$252,462.50 | \$271,451.05 |
| Transition of the ACH Program | \$785,652.56 | | | | |
| Total | \$3,417,482.89 | \$3,262,772.52 | \$3,316,891.50 | \$3,380,587.82 | \$3,380,587.82 |

AC-OSP 5000 - AGED CARE ON-SITE PHARMACIST MEASURE

ACTIVITY DETAILS

| | |
|---------------------------------------|-----------|
| Activity Reference: | AC-OSP |
| Activity Number: | 5000 |
| Status: | Existing |
| PHN Program Key Priority Area: | Aged Care |

ACTIVITY AIM & OBJECTIVES

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 Aged Care On-Site Pharmacist (ACOP) measure provides funding to community pharmacies and residential aged care homes (RACHs) to employ on-site pharmacists to work in RACHs. Pharmacists participating in the measure will regularly review medications to reduce medication related harm and optimise the use of medicines. They will work with aged care staff to improve health outcomes of residents and build confidence with families and carers. The on-site pharmacist in their role will support aged care providers to meet many of the Aged Care Quality Standards, such as through supporting informed decision making around medications and assisting with clinical care.

Under the measure, the Department has funded PHNs to assist RACHs to engage aged care on-site pharmacists to work in a clinical role to improve medication management for residents.

This activity aims to:

- Increase uptake of aged care on-site pharmacists by RACHs around Australia
- Improve access to aged care on-site pharmacists in RACHs

DESCRIPTION OF ACTIVITY

Background

The Aged Care On-Site Pharmacist measure is a direct response to recommendation 38 of the Final Report of the Royal Commission into Aged Care Quality and Safety, which stated that aged care providers should actively seek to engage allied health practitioners, including pharmacists, by no later than 1 July 2024.

The Aged Care On-Site Pharmacist measure is intended to improve medication management and safety for residents through aged care credentialed pharmacists working on-site in RACHs in a clinical role.

Rationale

Polypharmacy is common in older people because they are more likely to be living with several chronic conditions, requiring medicines to prevent or control symptoms. About 80% of Australia's population aged 65 years and over have one or more chronic conditions, and over half (51%) have two or more. Because people become more sensitive to the effects of medicines as they age, the consequences of polypharmacy tend to be more serious in older people.

Polypharmacy is also associated with harms including delirium and falls, hospitalisation, reduced quality of life and premature morbidity and mortality.

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 Aged Care On-Site Pharmacist measure. An executive sub-committee oversees all PHN aged care activity including the ACOP measure to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

Target cohort

RACH's in WA, including those already participating in ACOP, to support understanding of the ACOP role, their entitlements and ongoing participation requirements.

Pharmacists in WA, to support understanding of the opportunity, eligibility requirements and employment opportunities in RACH's.

Key Activities

The Aged Care On-Site Pharmacist measure provides funds for Perth South PHN (PSPHN) to:

- Identify eligible pharmacists seeking to participate in the ACOP measure.
- Coordinate the provision of information to RACHs in the PSPHN region about the ACOP measure, including information about eligible pharmacists seeking to be employed by RACH's under the measure.
- Assist RACHs, including those already participating in the ACOP Measure with their understanding of the Measure and avenues for further assistance.
- Manage requests for support from RACHs seeking to engage eligible pharmacists
- Support participating RACHs to engage eligible pharmacists to work on-site
- Support communication and collaboration between RACHs, their pharmacist, their residents' GPs and other health professionals
- Support communication and collaboration between pharmacists employed by RACHs under this measure within the PSPHN region.

Priority activities for 2025:

- Recruitment of dedicated resource to coordinate and manage the ACOP activity across the three WA PHNs
- Promotion of the ACOP activity, eligibility requirements and career opportunity to pharmacists in WA.
- Consulting with the providers of the required accredited training programs pharmacists are required to complete to be eligible to participate in ACOP (Australian Pharmacy Council (APC), Pharmaceutical Society of Australia, University of WA) to understand availability, cost, time requirements and modality
- Establishment of a database of credentialed pharmacists who are seeking to take up this opportunity
- Communication and promotion of the ACOP measure to Residential Aged Care Homes via established communication pathways, promoting the value proposition to the RACH team, residents and visiting clinicians.
- Establish and promote clear communication pathways to enable RACHs and pharmacists to engage with WAPHA, and each other as appropriate.

PHN NEEDS ASSESSMENT PRIORITIES

- Support primary health care providers (including general practices, allied health providers and aged care service)
- Support people living with dementia and their carers to navigate the aged care system and access appropriate services

POPULATION & COVERAGE

TARGET POPULATION:

Residents of Perth South PHN who are living in Residential Aged Care Homes, particularly those with complex and chronic conditions and who are currently prescribed 5+ medications.

INDIGENOUS SPECIFIC

Will this activity target Aboriginal population? Yes

ACTIVITY CONSULTATION & COLLABORATION

CONSULTATION

- Regional Aged Care collaboratives
- Primary care portfolio including digital health team
- RACHs
- Pharmacists
- General Practice

COLLABORATION

- Pharmacy peak bodies (WA)
- Pharmacist education and training providers
- RACHs
- Ageing Australia (WA)
- Residential aged care forums

ACTIVITY MILESTONES AND DURATION

Activity Start Date: 24/06/2025

Activity End Date: 30/09/2027

MILESTONES

| | | |
|-----------------------------|------|------------------------------|
| Activity Work Plan | Due: | 28/05/25, 30/04/26, 30/04/27 |
| Annual Needs Assessment | Due: | 15/11/25, 15/11/26 |
| 12-month Performance Report | Due: | 30/09/25, 30/09/26, 30/09/27 |
| Final Performance Report | Due: | 30/09/27 |

SERVICE DELIVERY DURATION

Service Delivery Date: 1/07/2025

Service Delivery End Date: 30/06/2027

COMMISSIONING APPROACH

Select the commissioning approach:

Other Approach

ACTIVITY PLANNED EXPENDITURE

| | FY 24-25 | FY 25-26 | FY 26-27 | FY 27-28 |
|-------------------------|------------------|------------------|------------------|----------|
| Service Delivery | \$120,000 | \$130,000 | \$130,000 | |
| Total | \$120,000 | \$130,000 | \$130,000 | |