

# Hunter New England and Central Coast - Core Funding 2019/20 - 2023/24 Activity Summary View



## CF - 8 - CF8 Covid Recovery



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

8

#### Activity Title \*

CF8 Covid Recovery

#### Existing, Modified or New Activity \*

New Activity



### Activity Priorities and Description

#### Program Key Priority Area \*

Other (please provide details)

#### Other Program Key Priority Area Description

COVID

#### Aim of Activity \*

This activity aims to support primary care providers across the HNECC footprint to recover from

- significant reduction in caseload and incomes across General Practice and Allied Health.
- Threatened viability of practices, and subsequent reduction in jobs losses.
- A lack of visibility and coordination regarding capacity in Primary care and Aged Care services; all impacts of COVID-19 pandemic.

#### Description of Activity \*

CF8.01 Urgent Care Network; - through consultation and codesign create a collaborative GP Network around Urgent Care that features;

- Available operating hours across the network as a whole (e.g. 8am-8pm, but not requiring each practice to be open for those

hours)

- Available urgent appointments each day
- Urgent care appointments are booked by patients online
- Patients can view next available appointments and cost
- For any appointments, GP handover to the patient's regular GP
- Electronic referral and access to pathology & imaging (facilitated by HNECC PHN), physiotherapy casting
- Visibility of ED wait times (subject to LHD data, systems & practicality)
- Upskilling and training for GP, nurses

CF8.02 Digital & Telehealth - e-Referral, e-pathology, e-imaging

- Utilise available opportunities to rapidly implement improved and digital and electronic means to transfer care or diagnostics.
- For pathology and imaging, to move to a paperless system using SeNT as the vehicle

CF8.03 Digital & Telehealth – Remote Monitoring

- Enable GPs to support the patients in their home in regional and remote areas who have been diagnosed with an illness and who need access to ongoing health care support in their own home.
- Assist GPs in delivering primary health care with increased access for remote populations to specialist care.
- Assist GPs in delivering primary health care with increased access for remote populations to specialist care

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
A lack of health service integration, coordination and information sharing	42



## Activity Demographics

### Target Population Cohort

Whole of PHN region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Clinical and Community Advisory Committees, Primary Care professionals and providers.

### Collaboration

Clinical and Community Advisory Committees, Primary Care professionals and providers.

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## Activity Milestone Details/Duration

### Activity Start Date

30/06/2020

### Activity End Date

29/06/2021

### Service Delivery Start Date

01/07/2020

### Service Delivery End Date

30/06/2020

### Other Relevant Milestones

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## 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

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

CF8.01 is co-designed and co-commissioned



## CF - 1000 - CF1 Services Commissioned in response to community need



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

1000

**Activity Title \***

CF1 Services Commissioned in response to community need

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

Commission and monitor the delivery of a number of specialised primary care services designed to specifically address locally identified health service gaps across the HNECC PHN region.

**Description of Activity \***

CF1.04 Mobile X-ray – Central Coast

Reduce the need for patients living in RACFs to be transported to hospital in the event of unexpected deterioration by undertaking co-designed hospital avoidance trial which connects RACF residents to local existing diagnostic and transport resources. A 5 day per week Mobile X-Ray Service which provides non-urgent on-site radiography to all residential aged care facility patients living in the Central Coast region. The van is operated by staff from the Central Coast Local Health District (CCLHD) during business hours.

CF1.05 Primary Care Nursing Clinics and Community Participation programs – New England North West NSW

Improved health and wellbeing of people living within small rural and remote communities (with a population of less than 2000), achieved by identifying and addressing local preventative health needs through the supports health screening, health education, preventative health and health promotion services, delivered in partnership with the community and other local stakeholders. The Primary Health Care nursing program targets 50 small communities within the New England Region (population less than 2000 people). The program incorporates a number of strategies to improve the health of these small communities, e.g. health

screening, health education, preventative health activities. The program is delivered in partnership with other organisations to build effective partnerships, e.g. Local Health District, Cancer Council, NSW Police, community groups.

#### CF1.06 Priority Allied Health Services – New England North West NSW

To improve the health and wellbeing of people across the region by increasing access to a range of primary and allied health services and activities provided in targeted communities and improving the local linkages between allied health and general practice through the commissioning of a range of Allied Health Services throughout the Hunter and New England region.

### Needs Assessment Priorities \*

#### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Low levels of health literacy	42
Lower than average life expectancy	42
Health needs of an ageing population	42
Poor health and developmental outcomes for infants and young children	42
Rural health disparities	42
High proportions of semi-urgent and non-urgent emergency department presentations	42
Reduced access to services for older people	42
Reduced access to services in rural and remote areas	42
Transport limitations	42
Cost barriers to healthcare	42



### Activity Demographics

#### Target Population Cohort

Residents living in small and more rural locations with identified health needs  
Residents living within small rural and remote communities (population < 2000)  
Patients living in residential aged care facilities

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

Regular consultation is undertaken with providers and HNECC PHN Advisory groups including Clinical and Community Advisory Groups, this consultation is ongoing.

### Collaboration

Activities will be designed with either existing service providers, or in the case of the Mobile X-ray service within the partnership with Central Coast Local Health District, which is known as the Central Coast Health Alliance. Planning for the service allocations will occur in conjunction with service providers and based on input from local councils, clinicians and other stakeholders.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



**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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

Yes

**Decommissioning details?**

PHN commissioning activity for the Cervical Screening Services consisted of funding to support the administration and promotion of a cervical screening clinic in the Wyong region of the Central Coast LGA. With changes to cervical screening practices, the affects of COVID continuing to impact service availability and services being available to women through general practice across the PHN region, this clinic has been decommissioned in the 2021/22 period.

**Co-design or co-commissioning comments**

n/a

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## CF - 2000 - CF2 Collaborative models of care



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

2000

**Activity Title \***

CF2 Collaborative models of care

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

To make systemic improvements to primary care through partnerships, innovation projects and collaborations designed to support the development, trial, implementation and uptake of new models of care designed to reduce the burden of chronic diseases and demands on health services.

**Description of Activity \***

CF2.01 Central Coast Alliance

The Central Coast Alliance is a joint collaboration between HNECCPHN and the Central Coast Local Health District.

The alliance seeks to facilitate and support improved systems integration, collaboration and partnership between primary care, tertiary and community settings and sectors through the co-design, hot-housing and piloting of projects in six key focus areas to respond to community need on the Central Coast. The key focus areas are:

- Aged Care Integration
- Palliative Care
- Mental Health Integration
- Diabetes Care

All taskforces and working groups have broader multiagency representation including but not limited to including HNECCPHN, CCLHD, GP representation, Ambulance NSW, RACF, Community representation.Im

#### CF2.02 Central Coast Diabetes Case Conferencing in General Practice

Implement the recommendations from the evaluation of the pilot program to establish the diabetes case conferencing model in general practice involving specialist endocrinology input and engagement. The model aims to provide increased support and training to GP's to better manage their diabetes patients by co delivering diabetes consultations in general practice with an endocrinologist. This model aims to improve patient outcomes whilst reducing demand on tertiary services.

#### CF2.03 Hunter New England Integrated Care Partnership

The Partnership works together to co-design, hot house and pilot projects that respond to identified shared priority areas in partnership with Hunter New England Local Health District (HNE LHD). Areas of focus include Aged Care Integration, HNE Diabetes Model of Care and Enablers of integration.

CF2.04 Innovative Models of Care - focusses in 2021/2022 will include initiatives to enhance the practice of Allied Health Professionals in the region, including targeted education sessions, a trial of collection of Patient Reported Outcome Measures in people living with Diabetes and a scholarship program for individual mentoring focused on business development.

CF2.05 Hunter New England Diabetes Model of Care to further expand the Diabetes Model of Care. HNECC PHN co-commissions the implementation of the Diabetes Model of Care, which enhances Diabetes care in Primary Care with HNE LHD. This model reduces the demand on tertiary services. The Hunter New England Integrated Care Alliance

CF2.06 Funding for organisations who support people living with dementia, including the Dementia Hunter Dementia Alliance and Central Coast Dementia Alliance. Initiaves include support, education and training for consumers, families/carers and health professionals.

CF2.07 E-referral commissioned component includes licencing and purchasing of portal and third party IT Support required to successfully deliver activities detailed in HSI1. (HSI1 is where further details about internal HNECC PHN support for this program are provided from).

CF2.08 HealthPathways Hunter commissioned components– This activity includes funding of costs associated with HealthPathways Streamliners contracts and the associated development and delivery of the online platform.

CF2.09 HealthPathways Central Coast commissioned components – This activity includes funding of costs associated with HealthPathways Streamliners contracts and the associated development and delivery of the online platform.

CF2.10 Aged Care Emergency service (RACF Education and Resources); - This service is a collaboration between HNECCPHN, Hunter New England Local Health District (HNE LHD), NSW Ambulance, Hunter Primary Care and local RACF's. The ACE program is a nurse led model of care that provides support to Residential Aged Care Facilities (RACFs) staff to facilitate resident's non life threatening acute care needs being met within the facility and thus avoiding an Emergency Department (ED) presentation. Where an ED presentation is required, the ACE program will enhance the flow and coordination of the care of the patient during their ED visit. Element funded under this activity is the provision of resources and education to RACFs, patients and carers which enables access to the service.

### **Needs Assessment Priorities \***

#### **Needs Assessment**

HNECC PHN Needs Assessment 2019/20-2021/22

#### **Priorities**

Priority	Page reference
A lack of health service integration, coordination and information sharing	42
Health needs of an ageing population	42
Increasing prevalence of dementia	42
High rates of chronic disease	42
Limited capacity of services to address dementia	42
Limited access to after-hours GPs	42
High proportions of semi-urgent and non-urgent emergency department presentations	42
Reduced access to services for older people	42
Reduced access to services in rural and remote areas	42



## Activity Demographics

### Target Population Cohort

This activity targets all population groups

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
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Lake Macquarie - West	11102
Lake Macquarie - East	11101
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Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

Extensive consultation has and continues to occur across the programs and projects that foster collaboration and partnership. Collaboration is project specific and includes, but is not limited to:

- HNECC PHN Board
- HNECC PHN Clinical Councils and Community Advisory Committees
- LHD Consumer Advisory Committees
- Primary care practitioners through established forums and meetings (i.e. GP Collaboration Panel and engaged Clinical Advisor roles)
- Project/ Program Steering Group meetings that include key stakeholder representation
- Stakeholder and Community forums
- Stakeholder surveys

Established formal and informal feedback mechanisms.

### Collaboration

Each of the initiatives which form a component of this activity are conducted in collaboration with various stakeholders, including: Calvary; Hunter Primary Care; HNE LHD; CC LHD; HealthWISE New England North West; ACCHOs; NSW Ambulance; Family and Community Services representatives; NSW Department of Education representatives; General Practitioner representatives; Residential Aged Care representatives; and Community Aged Care Provider representatives.

The role of each of these organisations varies for each partnership, however HNECC PHN is the lead organisation in a number of these initiatives.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## 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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

With Local Health Districts through alliances





## CF - 3000 - CF3 Health Partnerships and Priorities



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

3000

#### Activity Title \*

CF3 Health Partnerships and Priorities

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

Collaborate and partner with key stakeholders, organisations and lead agencies to improve integration and coordination of primary care services, building on available resources, introducing innovation, encouraging cost effectiveness and improving the use of available data with the intention of improving patient and provider experiences of care and, clinical and health outcomes.

#### Description of Activity \*

##### CF3.01 Health Sector Partnerships

HNECC PHN partners with a number of other primary care agencies. These partnerships include:

- \* GP Collaboration Unit – with joint funding from HNECC PHN and CC LHD, this includes representatives from the CCL HD, HNECC PHN and a cross section of General Practitioners, this Unit facilitates system improvements between primary and tertiary care. This partnership activity is a key component of the Central Coast Alliance, and will transition to become a mechanism to seek GP advice and input into Alliance activities.
- \* Provision of GP and Allied Health Clinical Advisors for Alliance and Partnership programs
- \* Central Coast Aboriginal Partnership Agreement – maintain and foster ongoing engagement with key stakeholders

##### CF3.02 Workforce Priorities

Co-commissioning, in partnership with RDN and Hunter New England Local Health District (HNE LHD), scholarships and education



programs in response to specifically identified client needs. For example upskilling of practice nurses.

#### CF3.04 Research collaborations

Foundation partner in NHMRC NSW Centre for Innovation in Regional Health, building capacity in Primary Care research through scholarship and supported research activities.

CF3.05 Rural Communities Project identifies health needs, inequitable access and service utilisation from the community's perspective and uses this information to co-design a local solution in the form of responsive program and activity and delivery, designed to respond to specifically identified community needs, increase local rural health access and ensure better health outcomes in partnership with local communities.

#### CF3.06 - Digital & Telehealth

This activity follows on from the lessons learned from the COVID-19 Pandemic work in this activity includes: remote patient monitoring activities, continued development and implementation of a Digital Health Strategy; continued commitment to improving access through innovative telehealth models (pilots).

CF3.07 - Seasonal Demand Support – grants for General Practice and other Primary Care Providers to respond to increased demands for services examples including holiday seasons (Easter, Christmas etc), disaster response and other high demand periods.

#### CF3.08 Primary Care Quality and Innovation Awards and Sharing Our Success

The Primary Care Quality and Innovation Awards and Sharing Our Success opportunities have been created to formally recognise outstanding organisations and individuals in their efforts to continuously improve health outcomes that are efficient, effective, equitable and sustainable for the populations in the Hunter, New England, and Central Coast regions.

The awards focusing the objectives of the Commonwealth's 'PHN Program Performance and Quality Framework' together with the PHN's principles as follows:

- Having a whole of system focus that puts people and communities first.
- Being responsive to the diversity of, and differences in, our communities and address health inequalities.
- Helping people understand and care for their own health and supporting them as partners in a better health system.
- Supporting and being guided by GPs and other clinicians as leaders in a better health system.

Sharing Our Success Forum provides an opportunity for Primary Care Providers across the footprint to learn from each other by sharing the challenges, triumphs, and new ways of working that have allowed us to continue to deliver high quality primary health care to our communities during the pandemic and natural disaster response. Examples of shared topics include digital health, telehealth, and technology; pandemic preparedness; keeping the community safe and maintaining community health; mental health and wellbeing; Aboriginal Health and Wellbeing; and Resilience and Recovery.

#### CF3.09 First Nation Health Priorities

The activities delivered under this priority will be guided by the First Nations Health Framework (FNHF). The FNHF will include a guiding document prioritising three key Close The Gap Targets; Mental Health, Child and Family Health and Health Workforce Development. These targets will be underpinned and inclusive of culturally informed programs that are strength based and community informed, building on localised partnerships and established commissioned services.

### Needs Assessment Priorities \*

#### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Low levels of health literacy	42
Poor self-assessed health status	42
High rates of smoking during pregnancy	42
Poor health and developmental outcomes for infants and young children	42

Areas of primary care workforce vulnerability	42
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## Activity Demographics

### Target Population Cohort

People living and working the specific areas as identified in the specific coverage areas identified by activity below.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
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Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

Extensive consultation has and continues to occur across the programs and projects that foster collaboration and partnership. Collaboration is project specific and includes, but is not limited to:

- HNECC Board
- HNECC Clinical Councils and Community Advisory Committees
- LHD Consumer Advisory Committees
- Primary care practitioners through established forums and meetings (i.e. GP Collaboration Panel and engaged Clinical Advisor roles)
- Project/ Program Steering Group meetings that include key stakeholder representation
- Stakeholder and Community forums
- Stakeholder surveys
- Established formal and informal feedback mechanisms

### Collaboration

Each of the initiatives which form a component of this activity are conducted in collaboration with various stakeholders including: HNE LHD; CC LHD; ACCHOS; Rural Doctor's Network; NSW Ambulance; Family and Community Services representatives; Department of Education representatives; General Practitioner representatives; Police; Department of Premier & Cabinet; Department of Education; Local Government; Residential Aged Care representatives; and Community Aged Care Provider representatives.

The role of each of these organisations varies for each activity, however HNECC PHN is the lead organisation in a number of these initiatives.



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2019

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## 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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

n/a



## CF - 4000 - CF4 Healthy Weight



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

4000

**Activity Title \***

CF4 Healthy Weight

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

The Healthy weight and obesity strategy is designed to encourage food and active living environments through a social movement in order to support residents of the HNECC PHN region to engage in healthier behaviours.

**Description of Activity \***

CF4.01 Healthy Weight Initiative is designed to encourage food and active living environments through a social movement in order to support residents of the HNECC PHN region to engage in healthier behaviours. In turn, the evidence suggests that these will have positive effects on waistlines, productivity, and in the long-term reduce the burden of chronic disease and demand on health services.

The initiative consists of a structured, evidence-based weight management program over 12 weeks and Commences with baseline assessment, goal setting for weight loss; calorie intake and physical activity levels,; weekly weight checks and/or education sessions on nutrition and physical activity and utilising additional services and health providers for provision of support to participants progress is tracked and support through a Virtual Fitness Platform (VFP).

CF4.02 Healthy Weight- Lifestyle Community Grants is designed to expand on the evidence that supports models of primary prevention strategies that increase the likelihood of shifting physical activity, healthy eating and lifestyle choices towards an energy balanced approach being delivered at a community or locality level.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

### Priorities

Priority	Page reference
High rates of overweight and obesity	42
High rates of physical inactivity and poor nutrition	42



## Activity Demographics

### Target Population Cohort

Whole of HNECC PHN region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

- HNECC PHN Board
- HNECC PHN Clinical Councils and Community Advisory Committees
- The wider HNECC PHN community including local councils, sporting groups, schools etc
- Primary care practitioners through established forums and meetings (i.e. GP Collaboration Panel and engaged Clinical Advisor roles)
- Project/ Program Steering Group meetings that include key stakeholder representation
- Stakeholder and Community forums
- Stakeholder surveys
- Established formal and informal feedback mechanisms.

### Collaboration

HNECC PHN collaborates with a number of other organisations to deliver on the outcomes of the initiative these include existing service providers, other members of the region's primary care community, ACCHOs; Family and Community Services representatives; NSW Department of Education representatives; General Practitioner representatives; local and regional councils, sporting groups.

HNECC PHN is the lead organisation in this initiative however, the role of each of the listed organisations varies depending on what is deemed most appropriate to achieve an outcome or ensure its execution at the time.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## 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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a







## CF - 5000 - CF5 Care Navigation



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

5000

**Activity Title \***

CF5 Care Navigation

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

To improve vulnerable / disadvantaged individuals' health literacy and ability to navigate and overcome barriers to accessing to services (health, social and community).

**Description of Activity \***

- Implementation of developed health literacy materials including disseminating health promotion information (but not clinical advice)
- Provision of education to ensure empowerment of individuals to engage decisions their healthcare and improve self-management - ensuring understanding
- To understand and inform clients of the rights and responsibilities of patients
- Signposting and/or connecting individuals to primary health care services (including preventative screening) and complimentary community-based services as a means of social prescribing (including local programs, groups, networks and services).
- Providing information / education regarding services
- Assistance with making appointments and providing reminders, improving knowledge of health pathways
- Supporting clients, as appropriate, to identify, troubleshoot and overcome personal barriers to accessing these services in a timely manner. Examples of this may include: Signposting towards local public transport services, community transport services or if required developing an alternative transport solution.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
A lack of health service integration, coordination and information sharing	42
Lack of prevention and early intervention services	42
High proportions of semi-urgent and non-urgent emergency department presentations	42
Cost barriers to healthcare	42



## Activity Demographics

### Target Population Cohort

This activity supports the continuation of Care Navigation pilot program in Armidale to improve vulnerable/disadvantaged individuals' health literacy and ability to navigate and overcome barriers to accessing to services (health, social and community) specifically focusing on supporting the Yazidi population to access appropriate care and services whilst providing support to the regions GP's to service this cohort.

Lessons learned from the continuation of this pilot may result in the expansion of the model to other specifically identified population groups.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Armidale	11001



## Activity Consultation and Collaboration

## Consultation

Consultation for this project previously included a range of stakeholders:

- Service Design and Population Health Committee
- Clinical / Community Advisory Committees
- External subject matter experts (please see list referred to in collaboration)

Ongoing consultation and updates on the pilot's progress are held with the Service provider, Armidale GPs and the relevant pilot participants via the Service Provider.

## Collaboration

HNECC PHN is the lead organisation in this initiative and works collaboratively with the Service Provider and when appropriate other organisations to deliver on the outcomes of the initiative and to date has consulted with external organisations including general discussions with existing service providers, other members of the region's primary care community, ACCHOs; Family and Community Services representatives; NSW Department of Education representatives and General Practitioner representatives.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

01/07/2019

### Service Delivery End Date

30/06/2022

### Other Relevant Milestones

This activity originally consisted of three pilots. The Armidale Pilot has proved to be the most successful and as a result will be reviewed and evaluated throughout 2021/2022 to inform potential expansions in other specific communities of need throughout the HNECC PHN region.



## 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

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Two other activities previously piloted under this activity were not continued into 2021/2022 as their models were not as successful.

**Co-design or co-commissioning comments**

Co design for this project has included a range of stakeholders included/but not limited to:

- Service design and population health committee
- clinical / community advisory committees
- external subject matter experts



## CF - 6000 - CF6 Early Start to Life



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

6000

#### Activity Title \*

CF6 Early Start to Life

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

Develop and implement a pilot program designed reduce health and development disparities for children 0-11 years, identified in communities with high alcohol consumption, through the implementation of childhood intervention and prevention programs.

#### Description of Activity \*

Recognising an emerging need resulting from the 2019/2022 Needs Assessment, HNECC PHN has identified existing issues of child health and development disparities and high adult alcohol consumption in both the Moree Plains, Cessnock and Tamworth Local Government Areas have been identified as the most appropriate pilot sites for this activity.

CF6.01 Community Partner Grants - to deliver innovative, evidence-based initiatives and activities according to the Early Start Community Partner Grants Framework. Examples of potential Community Partner organisations include early learning centres, neighbourhood centres, Playgroup NSW's, PCYC.

The program's initial focus areas will be:

- Maternal Child Health (0-3 years)

- Pre and post-natal support and education to reduce risk behaviours and build parenting skills

- School Readiness (3-6 years)

Programs engaging and improving access to high quality early learning opportunities that target key development domains

- Building Resilience (7-11 years)

Programs to build resilience, emotional intelligence and support engagement in school and community

The activity involves identifying a community-based 'Facilitating Partner' for each local government area who will be engaged to conduct the following activities:

- Early Start Committees – to engage local stakeholders in the evaluation and endorsement of initiatives to be delivered by Community Partners.
- Build capability of Community Partners -- by providing support opportunities for quality improvement and staff training to improve early identification of developmentally vulnerable children.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Poor health and developmental outcomes for infants and young children	42
Youth health needs	42
Rural health disparities	42
Reduced access to services for children and youth	42



## Activity Demographics

### Target Population Cohort

At risk children and their families living in the identified communities of Walcha Shire LGA and Moree Plains Shire LGAs.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Moree - Narrabri	11003



## Activity Consultation and Collaboration

### Consultation

To date a number of consultations have already occurred and are ongoing with:

- Identified pilot communities
- Early Learning centres
- Neighbourhood centres
- Playgroup NSW's
- PCYCs
- ACCHOS
- Department of Education
- Family and Community Services
- Relevant potential community partners for example: Smith Family, Primary Care organisations  
HNECC PHN Community Advisory Committees.

### Collaboration

anticipated through this approach a number of collaborative partnerships will develop including with but not limited to:

- Residents of the identified communities
- Early Learning centres
- Neighbourhood centres
- Playgroup NSW's
- PCYCs
- ACCHOS
- Department of Education
- Family and Community Services
- Relevant potential community partners for example: Smith Family, Primary Care organisations.
- Local Health District
- Local councils



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

July 2019

### Service Delivery End Date

June 2021

### Other Relevant Milestones





## Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a



## CF - 9000 - CF9 Central Coast - GP Incentive Fund



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

9000

#### Activity Title \*

CF9 Central Coast - GP Incentive Fund

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Workforce

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The intended outcomes of this activity are to help increase the efficiency and effectiveness of the health care system in the Central Coast region of NSW; and improve the health outcomes of the community in this region.

This activity aims to: -

- Identify barriers to accessing high quality GP services in the Central Coast region of NSW;
- Provide support and other incentives to attract GPs to areas of the Central Coast region where they are needed; and
- Provide support and other incentives to upskill GPs in the Central Coast region, to help meet local health needs

#### Description of Activity \*

- Collect, assess and analyse GP and GP registrar workforce data and needs on the Central Coast
- Convene an Advisory Group of GP's to advise on strategy and activities
- Develop strategies to attract new GP's and retain existing GP's on the Central Coast
- Implement activities in the following categories:

1. Community Campaign "Don't distance from your health care" to assist General Practice activity levels and viability following the COVID-19 pandemic.

2. Marketing strategy for the Central Coast as a region of choice for GPs and GP registrars.

3. GP showcases, training, counselling and/or scholarships to highlight and share knowledge and success and enable wellbeing support for GP staff.
4. Investing in General Practice – providing payment or incentive for innovative models of care (such as non-face to face, urgent care or aged care) that meet a key community and service need.

### Needs Assessment Priorities \*

#### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Areas of primary care workforce vulnerability	42
Locally relevant professional development and education for primary care clinicians	42
Targeted support for general practice	42
Limited access to after-hours GPs	42



### Activity Demographics

#### Target Population Cohort

Health Workforce

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

No

SA3 Name	SA3 Code
Gosford	10201
Wyong	10202



### Activity Consultation and Collaboration

## Consultation

Central Coast GP Advisory Group consisting of:

- 8 local GP's, a Registrar and a GP Practice Manager facilitated by
- Alison Tattersall, Workforce & CPD Team Leader and Marguerite Grey, Project Officer

Government, educational and training organisations and other relevant associations and organisations

## Collaboration

Mutually productive relationships are being developed with:

- Central Coast Local Health District
- Central Coast Medical School and Research Institute
- University of Newcastle
- GPSynergy
- ACCRM
- RACGP
- Central Coast General Practice Association
- Central Coast GP Community of Practice
- NSW Rural Doctors Network
- Yerin
- Central Coast Women's Health Centre
- HNECCPHN Clinical Council



## Activity Milestone Details/Duration

### Activity Start Date

29/03/2020

### Activity End Date

30/12/2022

### Service Delivery Start Date

30/03/2020

### Service Delivery End Date

31/12/2022

### Other Relevant Milestones

Not applicable



## 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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not Applicable

**Co-design or co-commissioning comments**

Not Applicable



# COVID - 2010 - CO 2.01 COVID Workforce Infection Control and Surge Capacity



## Activity Metadata

### Applicable Schedule \*

Core Funding

### Activity Prefix \*

COVID

### Activity Number \*

2010

### Activity Title \*

CO 2.01 COVID Workforce Infection Control and Surge Capacity

### Existing, Modified or New Activity \*

Existing



## Activity Priorities and Description

### Program Key Priority Area \*

### Other Program Key Priority Area Description

### Aim of Activity \*

### Description of Activity \*

### Needs Assessment Priorities \*

### Needs Assessment

### Priorities



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





# RACF - 1010 - RA 1.01 Residential Aged Care Influenza Vaccination



## Activity Metadata

### Applicable Schedule \*

Core Funding

### Activity Prefix \*

RACF

### Activity Number \*

1010

### Activity Title \*

RA 1.01 Residential Aged Care Influenza Vaccination

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

### Other Program Key Priority Area Description

### Aim of Activity \*

### Description of Activity \*

### Needs Assessment Priorities \*

### Needs Assessment

### Priorities



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## HSI - 2 - HSI2 Systems Integration and Pathways



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

2

**Activity Title \***

HSI2 Systems Integration and Pathways

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

To improve health and clinical outcomes for patients, whilst increasing satisfaction for consumers, GPs and sector staff through improved patient assessments and ensuring the right care, at the right time at the right place.

**Description of Activity \*****HS2.01 HealthPathways**

The CC and HNE HealthPathways will continue to facilitate local involvement and consultation in pathway development and review. Included will be: GPs, Staff Specialists, Allied Health and nurses and midwives. HNECC PHN contributes a number of staff to the HealthPathways project and the collaboration with the LHD is formalised through The HNE HealthPathways Operational Team Meeting. Integration with CCLHD currently being progressed with the agreement between PHN and LHD executive to establish a strategic planning committee. This component of the HealthPathways activity involves use of local clinical editors and champions, pathways are developed and adapted to ensure that they contain relevant referral and treatment and include increasing amounts of local content, including education sessions to further bolster usage of the platform within the region.

**HS2.04 General Practice Quality Improvement**

Commission third party provider to extract and collect aggregated data from general practices using the PAT CAT tool to benchmark and identify those practices which would benefit most from intensive quality improvement activities focused on key

priority areas, such as childhood immunisation and other national and local health priorities. This commissioned activity supports the HNECC PHN Primary Care Improvement team to deliver activity GPS1 General Practice Support

#### HS2.05 General Practice in Residential Aged Care Telehealth Project

Development and implementation of a GP led integrated telehealth model of care for the provision of care services in residential aged care facilities in the New England, North West region. This work recognises and attempts to address the considerable issues faced when accessing general practice services for residential aged care facilities in rural and remote locations. The project will involve extensive collaboration and consultation with key stakeholders including general practice, RACFs, HNE LHD, RDN and service provider HealthWISE. Aged care population is the primary target of this intervention.

### Needs Assessment Priorities \*

#### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
A lack of health service integration, coordination and information sharing	42
Poor self-assessed health status	42
Lower than average life expectancy	42
Health needs of an ageing population	42
High cancer incidence and mortality	42
Barriers to screening in primary care	42
Poorer health outcomes for Aboriginal and Torres Strait Islander people	60



### Activity Demographics

#### Target Population Cohort

2.01 and 2.04- whole HNECC PHN region.

2.05- aged care population living in facilities across the New England North West.

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

See "Collaboration".

### Collaboration

The CC and HNE HealthPathways will continue to facilitate local involvement and consultation in pathway development and review. Included will be: GPs, Staff Specialists, Allied Health and nurses and midwives.

Other activities included under HS2 involve consultation and collaboration with GPs, Primary Care Nurses and General Practice Staff, HNECC PHNs Clinical and Community Advisory Committees.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

**Service Delivery Start Date**

01/07/2019

**Service Delivery End Date**

30/06/2022

**Other Relevant Milestones**



**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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not Applicable

**Co-design or co-commissioning comments**

Activities HS2.01 is not commissioned.  
HS2.04 PEN CAT Tool - continuing service provider / contract extension  
HS2.05 General Practice in Residential Aged Care Telehealth Project - it is not yet known how this activity will be commissioned, however a direct approach is likely as the project is being developed in a close working partnership with an existing HNECCPHN service provider who has been working in this space for some time.



## HSI - 3 - HSI3 Planning and Engagement



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

HSI

#### Activity Number \*

3

#### Activity Title \*

HSI3 Planning and Engagement

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Other (please provide details)

#### Other Program Key Priority Area Description

PHN Capability

#### Aim of Activity \*

- Build and maintain relationships that effectively engage consumers, community and stakeholders
- Improve understanding and awareness of HNECC PHN's role in the community and primary health care
- Create opportunities for stakeholders to contribute to the development of PHN initiatives.
- Undertake and facilitate population health planning activities to support the work of the PHN, including the commissioning of high quality, locally relevant and effective health services across the region in alignment with the Quadruple Aim approach and the needs of the community

#### Description of Activity \*

HS3.01 Health Planning

There are three main areas of activity:

Health Planning

- HNECC PHN Regional Needs Assessment – ongoing monitoring and updating of the health and service needs of the region
- Conduct health access and equity audits for communities facing differential challenges and specific threats to health outcomes



caused by poor access or geographical challenges

- Conduct needs assessments, research and analysis of specific priority areas as needed, e.g., potentially preventable hospitalisations
- Support the development of regional plans, such as the Mental Health and Suicide Prevention Regional Plan
- Apply population needs based resource allocation methodologies to guide the allocation of Commonwealth primary health care funding.

#### Performance, Research & Evaluation

- Monitoring and evaluation (including economic evaluation) of HNECC's commissioned services and other activities. Implement the HNECC Evaluation Guide to support staff to understand and apply credible program evaluation practices promoting reliable, high-quality evaluations
- Support the consistent application of logic models across all program areas
- Continue to establish processes to capture, collate and report PROMs & PREMs within HNECC programs and services to support outcomes-based commissioning and commissioning performance
- Provide advice and support in relation to research activity relevant to the PHN.

#### Data Requests & Data Collection and Analysis

- Ongoing reporting analytics and dashboards for monitoring, evaluation and planning of business and commissioning activities and projects
- Provide planning and intelligence data support to the PHN Emergency Operations Centre for the COVID-19 response
- Data support activities, including development and maintenance of databases and other data sources in HNECC and Primary Health Insights database and data lake storage, and ensure data governance access controls and data release policies and procedures are applied to data resources
- Develop, implement, and maintain the HNECC Matrix database which captures and links key elements guiding the work of the PHN including activity work plans
- Provide support for national reporting responsibilities, including PIP QI csv file submission and AIHW eligible data set reporting obligations
- Provide PHMC MDS administrative support to PHN Mental Health Program Managers and providers as required
- Active participation in organisation, regional, state and national Working groups and other forums such as NSW/ACT Population Health Network
- Respond to internal and external requests for data and data analysis in a timely manner within data governance framework requirements and processes, including CRM, clinical data (PATCAT), PMHC MDS and externally sourced data such as the ABS and PHIDU
- Provide subject matter expert (SME) support to IMIT and other projects.

#### HS3.02 Stakeholder Engagement and PeopleBank

Clinicians, consumers and other stakeholders are an important part of our efforts to improve local health outcomes, and we have made a commitment to consulting broadly about what works, and also what needs to change. For HNECC PHN, the benefits include an improved and consistent information flow (internally and externally) and the opportunity to align initiatives to local need, resulting in better planned, targeted and informed programs, services, policies and projects. For stakeholders, they benefit from greater understanding of HNECC's role in primary health care, have an opportunity to contribute their expertise to collaborate on program and service development, have their issues heard and participate in HNECC PHN's decision making process.

Communication to all stakeholders includes a range of options appropriate to the type of engagement required (inform, consult, involve, collaborate or empower) and is outlined on a content and communication calendar. Communication channels include, but are not limited to: web site, fact sheets, EDM newsletter distribution, email alerts, surveys, media releases, focus groups, committee meetings, public and industry forums and social media.

Peoplebank is HNECC PHN's online consultation tool that is used to include stakeholders in conversations about improving local health. It is a key initiative of our stakeholder engagement strategy and framework.

Peoplebank allows HNECC PHN to broaden its reach of engagement activities through a digital consultation platform. This technology enables us to minimise the physical challenges of engaging with stakeholders across our geographically vast region. Peoplebank is not designed to replace traditional face-to-face engagement and consultation activities, but to complement them. Offering a number of benefits, it:

- Is convenient for the audience
- Allows us to reach the harder to reach audience in order to get a more representative view of issues – such as people who are time poor or geographically isolated
- Makes engagement analysis easier through data mining tools
- Allows conversations to evolve through time (where face-to-face requires participants to ‘think and respond in the moment’), and therefore has the potential to be more of a dialogue – a conversation instead of broadcast
- Demonstrates a commitment to the community through accessibility.

It has the ability to be used across all HNECC PHN functions and can be segmented to target the appropriate audience (eg. consumers/clinicians) for engagement and consultation, which reduces unnecessary communication and digital noise which may become off-putting.

It offers the ability for stakeholders to engage and be consulted via story sharing, discussion forums, managing formal submissions (if required), surveys and deliberative, quick polling. Digital consultation also enables us to spatially map consultation content so as to pinpoint sentiment or feedback trends by location. This will assist local decision-making and planning considerations.

To monitor and quantify engagement, peoplebank supports analytics across the PHN region, a stakeholder database supports the engagement framework so as to map and report on the ‘who, what, where, why and how’ of our stakeholder engagement activities. The database is an online CRM platform that is able to be segmented across all PHN programs and initiatives, geographic location and representative group. This allows for the provision of an engagement health-check and to identify potential gaps in engagement activities. Online analytics for website visits, survey responses and email newsletter open rates is also be used to measure engagement and identify gaps.

Discussions with the communications and engagement teams of Hunter New England and Central Coast Local Health District and all three parties are developing opportunities to expand the use of peoplebank for joint consultation initiatives.

### HS3.02 Stakeholder Engagement and PeopleBank

Clinicians, consumers and other stakeholders are an important part of our efforts to improve local health outcomes, and we have made a commitment to consulting broadly about what works, and also what needs to change. For HNECC PHN, the benefits include an improved and consistent information flow (internally and externally) and the opportunity to align initiatives to local need, resulting in better planned, targeted and informed programs, services, policies and projects. For stakeholders, they benefit from greater understanding of HNECC’s role in primary health care, have an opportunity to contribute their expertise to collaborate on program and service development, have their issues heard and participate in HNECC PHN’s decision making process.

Communication to all stakeholders includes a range of options appropriate to the type of engagement required (inform, consult, involve, collaborate or empower) and is outlined on a content and communication calendar. Communication channels include, but are not limited to: web site, fact sheets, EDM newsletter distribution, email alerts, surveys, media releases, focus groups, committee meetings, public and industry forums and social media.

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- Is convenient for the audience
- Allows us to reach the harder to reach audience in order to get a more representative view of issues – such as people who are time poor or geographically isolated
- Makes engagement analysis easier through data mining tools
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- Demonstrates a commitment to the community through accessibility.

It has the ability to be used across all HNECC PHN functions and can be segmented to target the appropriate audience (eg. consumers/clinicians) for engagement and consultation, which reduces unnecessary communication and digital noise which may become off-putting.

It offers the ability for stakeholders to engage and be consulted via story sharing, discussion forums, managing formal submissions (if required), surveys and deliberative, quick polling. Digital consultation also enables us to spatially map consultation content so as to pinpoint sentiment or feedback trends by location. This will assist local decision-making and planning considerations.

To monitor and quantify engagement, peoplebank supports analytics across the PHN region, a stakeholder database supports the engagement framework so as to map and report on the ‘who, what, where, why and how’ of our stakeholder engagement activities. The database is an online CRM platform that is able to be segmented across all PHN programs and initiatives, geographic

location and representative group. This allows for the provision of an engagement health-check and to identify potential gaps in engagement activities. Online analytics for website visits, survey responses and email newsletter open rates is also be used to measure engagement and identify gaps.

Discussions with the communications and engagement teams of Hunter New England and Central Coast Local Health District and all three parties are developing opportunities to expand the use of peoplebank for joint consultation initiatives.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
A lack of health service integration, coordination and information sharing	42
Widespread socioeconomic disadvantage	42
Health needs of an ageing population	42
Poorer health outcomes for culturally and linguistically diverse populations	42
High proportions of people with severe disability and carers	42
High rates of chronic disease	42
Areas of primary care workforce vulnerability	42
Lack of prevention and early intervention services	42
Barriers to accessing disability services	42
Cost barriers to healthcare	42
High rates of mental illness, intentional self-harm and suicide	51
Mental health and suicide prevention needs of youth	51
Mental health and suicide prevention needs of Aboriginal and Torres Strait Islander people	51
Mental health and suicide prevention needs of older people residing in aged care facilities	51
Mental health and suicide prevention needs of members of LGBTIQ community members	51
Lack of integration and collaboration between mental health services	51
Limited services for people experiencing moderate to severe mental illness	51
Lack of cross-sectoral mental health promotion and prevention, and suicide prevention strategies	51
Lack of a systematic evidence-based post-vention strategy across communities	51
Barriers for mental health nurses to gain credentials to work in general practice	51

Poorer health outcomes for Aboriginal and Torres Strait Islander people	60
Reduced access to health services for Aboriginal and Torres Strait Islander people	60
Lack of integration, flexibility and cultural appropriateness of mental health and drug and alcohol services	60
Improve Aboriginal and Torres Strait Islander people's access to high quality, culturally appropriate health care, including primary care and care coordination services.	n/a



## Activity Demographics

### Target Population Cohort

Whole of HNECC PHN region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

- HNECC PHN Board and Staff
- HNECC PHN Clinical Councils and Community Advisory Committees
- Anyone living or working in the HNECC PHN region
- Local Health Districts
- Clinicians
- Community Members
- Primary Care providers both current and potential
- Research organisations
- Partners, both formalised and potential
- Local government
- Other health care providers as appropriate

### Collaboration

This activity will be led by HNECC PHN with the opportunity for a wide array of stakeholders to contribute and collaborate as appropriate.

- In terms of Health Planning, ongoing relationship with Central Coast Local Health District (CC LHD), Hunter New England Local Health District (HNE LHD), Population Health teams and Health Planning teams; Establish relationship with Rural Doctors Network
- Data sharing for specific projects e.g. Diabetes project on the Central Coast

- Joint planning for Program Specific and Regional Needs Assessments to align efforts and avoid duplication
- Partnering with Hunter New England, Central Coast and Lower Mid North Coast Local Health Districts, The University of Newcastle, University of New England and Hunter Medical Research Institute in Research Centre. An ongoing focus will be on strategies to manage and prevent obesity across the region – with a focus on primary care and community development and Clinical Research Trials capacity building.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## 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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

n/a

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# HSI - 4 - HSI4 Primary Care Quality Improvement



## Activity Metadata

### Applicable Schedule \*

Core Funding

### Activity Prefix \*

HSI

### Activity Number \*

4

### Activity Title \*

HSI4 Primary Care Quality Improvement

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Workforce

### Other Program Key Priority Area Description

### Aim of Activity \*

To improve the ways general practices across the HNECC PHN region are supported to operate their businesses in a way which improves their efficiency and sustainability, and in turn, results in the provision of provide high quality, evidence-informed care for their patient community.

### Description of Activity \*

- \* Identify priorities and key support areas,develop a 3-year quality improvement s
- \* Through a continuous quality improvement approach, enhance health outcomes and quality of care for patient and communities, practice viability and efficiency, and staff capacity and capability.
- \* Support practices in capability and capacity development to enable application to the Practice Incentive Program - Quality Improvement
- \* Develop resources in conjunction with key practice staff that form the basis for practice engagement in quality improvement methodology.
- \* Support the adoption of new models of care
- \* Influenced by: national and local health priorities and unique challenges and areas of interest for our region's practices



## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

### Priorities

Priority	Page reference
Targeted support for general practice	42
Cost barriers to healthcare	42



## Activity Demographics

### Target Population Cohort

If relevant, describe the cohort that this activity will target.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

HNECC PHN Clinical Councils  
 Hunter New England Local Health District  
 Central Coast Local Health District  
 Rural Doctors Network  
 HNECC PHN regional general Practices and their staff  
 Other General Practice and Primary Care stakeholders as appropriate

### Collaboration

This activity will not be jointly implemented with other stakeholders.  
 Hunter New England Local Health District (Role = Local Health District), Central Coast Local Health District (Role = Local Health District)  
 Rural Doctors Network (Role = Rural Workforce Agency (RWA) (for health) in New South Wales (NSW) GP Synergy (Role = provider of vocational general practice education and training, GP Registrar placement coordination)  
 General Practice representatives (Role = Provide local clinical community knowledge)



## Activity Milestone Details/Duration

**Activity Start Date**

30/06/2019

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



**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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

n/a





## HSI - 5 - HSI5 Commissioning Capability



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

HSI

#### Activity Number \*

5

#### Activity Title \*

HSI5 Commissioning Capability

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Other (please provide details)

#### Other Program Key Priority Area Description

PHN Capability

#### Aim of Activity \*

This activity seeks to provide a range of activities to build the capability of HNECC PHN, our system partners and service providers to enhance the current level of commissioning and move it towards internationally recognised commissioning excellence. HNECC PHN is striving to be a leading commissioning organisation that maximises the health outcomes for our population against the quadruple aims and maximises the health return on the commissioning investment. This is a multi-year journey noting that the commissioning capabilities of HNECC PHN, its system partners and service providers will need to continue to mature through practical application of commissioning techniques, ongoing learning with shared opportunities across the sector and jurisdiction, and re-assessment against the HNECC PHN commissioning competency framework to guide progress.

It is expected that through the key domains of: Maintaining the commissioning cycle; Developing strategic partnerships; Procurement, monitoring, and evaluation; and Showcases and Forums HNECC PHN, its system partners and service providers will have enhanced confidence and skills to participate in co-commissioning activities and commissioning for better health outcomes. To achieve this overall commissioning maturity, investment in capability building activities is essential.

#### Description of Activity \*

Commissioning capability will be undertaken and delivered through:

5.01 Maintaining the commissioning cycle

- Focused continuous learning opportunities in commissioning based on themes identified in the previous competency

assessment, while developing internal capacity secondary to recruitment as required;

- Areas of focused learning include but are not limited to: contract management and innovation; market shaping; provider performance management, and outcomes-based commissioning and logic modelling;
- Align all learning opportunities with 05.02, 05.03 and 05.04 to maximise an integrated commissioning approach to capability development.

#### 5.02 Developing strategic partnerships

- Enhancing strategic Alliancing partnerships to ensure commissioned services align to Alliance priorities and contribute to the health outcomes being achieved across a 'whole of system' focus
- Developing service providers as system partners to maximise health outcomes across the 'whole of system'

#### 5.03 Procurement, monitoring and evaluation

- Implementation of logic models to identify outcome measures across relevant contracts building on from work undertaken in 2017-2018/ 2018 – 2019;
- Implementation of co-design framework building on from work undertaken in 2018-2019;
- Ongoing service redesign of programs, some of which may require external facilitation;
- Re-assessment of the HNECC PHN Commissioning Competencies using the HNECC PHN Commissioning Competency Assessment Framework, which may require external facilitation;
- Maximise co-commissioning opportunities through Alliancing arrangements, and between PHNs and other system partners;
- Program evaluation using health economic input to measure efficiencies and effectiveness of commissioned services.

#### 5.04 Showcases and Forums

- Opportunities to build strategic relationships with all service providers, while facilitating ongoing engagement through regular service provider forums that encourage shared learnings, networking and educational events relating to commissioning processes;
- Program specific small group forums to develop specific opportunities that encourage consistency in the market, strong network collaboration and skills development;
- Building collegial opportunities across the national PHN network through participation in the NSW/ACT Commissioning Network, the PHN National Commissioning Working Group and by co-hosting an annual PHN Commissioning Showcase.

This work supports and results in the commissioning of high quality, locally relevant and effective health services across the region. Monitoring and evaluation of commissioned services and HNECC activities will assist to determine progress towards achieving expected cost-effective outcomes.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Health needs of an ageing population	42
Youth health needs	42
Rural health disparities	42
High rates of overweight and obesity	42
Limited access to after-hours GPs	42
Reduced access to services for older people	42



## Activity Demographics

### Target Population Cohort

This activity will target HNECC, its service providers, partners and stakeholders.

**In Scope AOD Treatment Type \*****Indigenous Specific \***

No

**Indigenous Specific Comments****Coverage****Whole Region**

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004

**Activity Consultation and Collaboration****Consultation**

- HNECC PHN Board, Clinical Councils and Community Advisory Committees
- NSW/ACT Commissioning Network
- LHD and other system partners
- Service Provider partners

**Collaboration**

Initiatives that form components of this activity are conducted (where relevant) in collaboration with various stakeholders, including but not limited to;

- Local Health District partners - HNE LHD and CC LHD;
- Aboriginal Community Controlled Health Organisations;
- Rural Doctors Network representatives;
- NSW Ambulance representatives;
- Family and Community Services representatives;
- NSW Department of Education representatives;
- General Practitioner representatives;
- Residential Aged Care and Community Aged Care Provider representatives;
- Service Provider partners;
- Consumers and community members
- Universities and Research hubs; and
- Consultants.

Roles of stakeholders will vary dependent on the activity undertaken, but may include:

- Participant
- Co-commissioner/ partner
- Advisor

Educator or teacher



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones



## 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:** Yes

**Open Tender:** No

**Expression Of Interest (EOI):** Yes

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



**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

It is anticipated that some activities under HSI5 Commissioning Capability may require the engagement of external facilitators and/or consultants to assist with co-design to ensure that activities remain fit-for-purpose and achieve the objectives.



# HSI - 1000 - HSI1 Digital Health and Information Sharing



## Activity Metadata

### Applicable Schedule \*

Core Funding

### Activity Prefix \*

HSI

### Activity Number \*

1000

### Activity Title \*

HSI1 Digital Health and Information Sharing

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Digital Health

### Other Program Key Priority Area Description

### Aim of Activity \*

To enhance, support and better connect health professionals and consumers to primary care by improving their understanding and uptake of digital health systems and to work with the primary care sector to improve the quality of referrals to support improvements in efficiency, safety, quality, and security of referrals to both public and private healthcare providers.

### Description of Activity \*

- Improved upload rate of shared health summaries and greater identification of gaps in health information and/or access to such information.
- Updates to the National Health Services Directory and promote the directory to stakeholders.
- Host the Home Care Package Provider Portal servicing the Central Coast and evaluate the ongoing relevance of the portal in the context of the My Aged Care portal.
- Development of 'smart' eReferral forms, which facilitate first level triage by GPs and automatic inclusion of relevant clinical information
- To maintain a database of both public and private health care providers (specialists and allied health) including the clinical areas and conditions or issues they receive referrals to
- To implement the eReferral solution into both General Practices and private healthcare providers to support the receipt of referrals into the public health system.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

### Priorities

Priority	Page reference
A lack of health service integration, coordination and information sharing	42
Low levels of health literacy	42
Targeted support for general practice	42



## Activity Demographics

### Target Population Cohort

These initiatives provide the mechanisms to support GPs, clinicians and consumers across the region with promotion, uptake and ongoing use of digital and eHealth resources and emerging technologies including eReferrals and health service directories, ensuring information is up-to-date- accurate and tailored to the appropriate audience. Information is provided to GPs, clinicians and consumers to facilitate provision of the right care at the right place, supporting the integration between primary and tertiary health sectors, and improving the health literacy of our community.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
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Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

National Health Services Directory, Hunter New England Health Local Health District, Best Practice Advocacy, Streamliners, GPs, clinicians, Digital Health Agency, and consumers.

### Collaboration

National Health Service Directory regarding updates.

Digital Health Agency

BPAC Clinical Solutions LP and Streamliners regarding the potential for system integration between National Health Service Directory, eReferrals and HealthPathways.

Hunter New England Local Health District (HNE LHD) as a partner in both eReferral and HealthPathways programs.

Central Coast Local Health District regarding HealthPathways program.



## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## 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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

n/a





# GPS - 1000 - GP1 General Practice Support and Development



## Activity Metadata

### Applicable Schedule \*

Core Funding

### Activity Prefix \*

GPS

### Activity Number \*

1000

### Activity Title \*

GP1 General Practice Support and Development

### Existing, Modified or New Activity \*

Existing



## Activity Priorities and Description

### Program Key Priority Area \*

Population Health

### Other Program Key Priority Area Description

### Aim of Activity \*

Support General Practice to maximise their business efficiency and sustainability, and provide high quality, evidence-informed care in contemporary models of care for their patient community.

### Description of Activity \*

Primary Care Improvement Officers (PCIO's) offer guidance and assistance in a range of areas.

#### GP1.01 General Practice Support

- Practice data analysis
- Practice Management
- Education / Professional Development
- Digital Health
- Accreditation
- Chronic Disease Management
- Preventative Health / models of care
- Workforce Support
- Immunisation.

\* Quality Improvement

GP1.02 Education & Workforce Development

- \* Consultation with education recipients including regional consultation groups, practice support plans, event evaluation feedback, stakeholder feedback via all staff
- \* Education calendars released quarterly based on consultation and PHN priorities
- \* Webinars, recorded and retained on PHN You Tube channel
- \* Provision and promotion of relevant education events run by internal staff, our collaborators or external providers
- \* Collection of General Practice workforce data for the HNECCPHN area

GP1.03 Data extraction

- De-identified health data
- Help identify health priorities at a Local Government and Statistical Local Area level (see NPFlex 11.0)
- Peer comparison will be provided to practices.

GP1.04 Practice Nurses

- Improve utilisation of Practice Nurses particularly in areas of workforce shortage.
- Scholarships to support the professional development of Practice Nurses

GP1.05 Digital Health

- Support the uptake of MyHealth Record and Secure Messaging by GPs, Allied Health and Specialists to improve information sharing across healthcare providers.
- Promote eReferrals and HealthPathways to all clinicians.

GP1.06 Information distribution

Mechanisms include PHN website and newsletters information covers a range of topics such as those indicated above and other PHN programs such as eReferrals and HealthPathways.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Areas of primary care workforce vulnerability	42
Locally relevant professional development and education for primary care clinicians	42
Targeted support for general practice	42
Cost barriers to healthcare	42



## Activity Demographics

### Target Population Cohort

People employed in general practice and other primary care services across the HNECC PHN region

### In Scope AOD Treatment Type \*

### Indigenous Specific \*



No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

SA3 Name	SA3 Code
Port Macquarie	10804
Inverell - Tenterfield	11002
Kempsey - Nambucca	10802
Lake Macquarie - West	11102
Lake Macquarie - East	11101
Lower Hunter	10601
Great Lakes	10801
Maitland	10602
Upper Hunter	10604
Newcastle	11103
Gosford	10201
Wyong	10202
Port Stephens	10603
Moree - Narrabri	11003
Armidale	11001
Taree - Gloucester	10805
Tamworth - Gunnedah	11004



## Activity Consultation and Collaboration

### Consultation

Consultation is undertaken with general practices and their staff on a one-to-one or small group speciality basis.

Practice nurse meetings and Practice manager meetings are held quarterly.

Consultation and feedback with clinicians undertaken regularly.

The focus of all consultations is how to actively support the primary care sector through the identified areas of:

This activity will support the primary health sector by:

- Helping primary care providers keep abreast of the latest health information, best practice standards and initiatives;
- Support continuing quality improvement;
- Develop and maintain practice viability and sustainability;
- Develop workforce capacity and capability;
- Improved patient outcomes.

## Collaboration

This is a HNECC PHN lead activity but at varying times may include collaborations with General Practices and their staff, the region's Local Health Districts, and other Primary Care Providers as deemed appropriate.

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## Activity Milestone Details/Duration

### Activity Start Date

30/06/2019

### Activity End Date

29/06/2022

### Service Delivery Start Date

### Service Delivery End Date

### Other Relevant Milestones

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## 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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

n/a

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## CG - 2 - CG2 People



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

2

**Activity Title \***

CG2 People

**Existing, Modified or New Activity \***

Modified

---



### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**

---



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 3 - CG3 Board



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

3

**Activity Title \***

CG3 Board

**Existing, Modified or New Activity \***

Modified

---



### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**

---



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones





## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 4 - CG4 Clinical Councils



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

4

**Activity Title \***

CG4 Clinical Councils

**Existing, Modified or New Activity \***

Modified

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### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**

---



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 6 - CG6 Other Operational



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

6

**Activity Title \***

CG6 Other Operational

**Existing, Modified or New Activity \***

Modified

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### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**

---



### Activity Demographics

**Target Population Cohort**

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

**Indigenous Specific Comments**

**Coverage**

**Whole Region**



**Activity Consultation and Collaboration**

**Consultation**

**Collaboration**



**Activity Milestone Details/Duration**

**Activity Start Date**

**Activity End Date**

**Service Delivery Start Date**

**Service Delivery End Date**

**Other Relevant Milestones**



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 1000 - CG1 People



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

1000

**Activity Title \***

CG1 People

**Existing, Modified or New Activity \***

Modified

---



### Activity Priorities and Description

**Program Key Priority Area \***

**Other Program Key Priority Area Description**

**Aim of Activity \***

**Description of Activity \***

**Needs Assessment Priorities \***

**Needs Assessment**

**Priorities**

---





## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CG - 5000 - CG5 Community Advisory Committees



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CG

#### Activity Number \*

5000

#### Activity Title \*

CG5 Community Advisory Committees

#### Existing, Modified or New Activity \*

Modified

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### Activity Priorities and Description

#### Program Key Priority Area \*

#### Other Program Key Priority Area Description

#### Aim of Activity \*

#### Description of Activity \*

#### Needs Assessment Priorities \*

#### Needs Assessment

#### Priorities

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## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



## 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): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



## CF-COVID-PCS - 301 - CO 3.01 COVID Primary Care Support



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF-COVID-PCS

**Activity Number \***

301

**Activity Title \***

CO 3.01 COVID Primary Care Support

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

COVID

**Aim of Activity \***

To provide support for Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary, aged care and disability sectors

**Description of Activity \***

- provide guidance and expert advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care facilities (RACF), disability accommodation facilities and governments on local needs and issues;
- coordinate vaccine rollout within RACFs and disability accommodation facilities for phase 1a of the Strategy as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting;
- coordinate the delivery of vaccination services to RACFs in their areas;
- conduct a needs assessment in their region followed by a rapid expression of interest process to identify suitable General Practices and GPRCs to participate from Phase 1b of the Strategy and provide advice to the Department on the

selection of those sites;  
☑ support vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support; and support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities.

## Needs Assessment Priorities \*

### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Targeted support for general practice	42



## Activity Demographics

### Target Population Cohort

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

29/03/2020

### Activity End Date

29/06/2022

### Service Delivery Start Date

30/03/2020

### Service Delivery End Date

30/06/2022

### Other Relevant Milestones



## Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

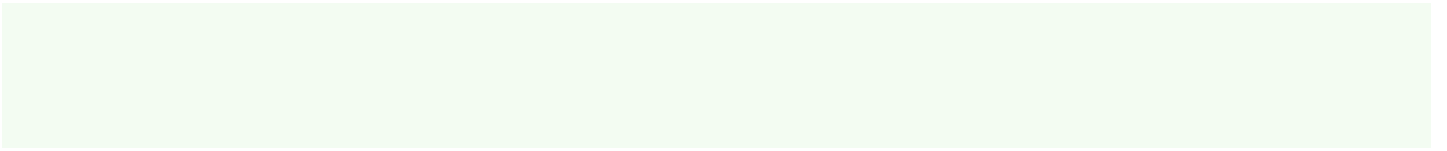
Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments







## COVID-GPLRC - 101 - CO 1.01 COVID GP-led Respiratory Clinic



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

COVID-GPLRC

#### Activity Number \*

101

#### Activity Title \*

CO 1.01 COVID GP-led Respiratory Clinic

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Other (please provide details)

#### Other Program Key Priority Area Description

COVID

#### Aim of Activity \*

This Activity will assist PHNs to provide ongoing support in relation to the Australian Government's COVID-19 response.

#### Description of Activity \*

Including:

- identifying potential GP-led Respiratory Clinic (GPRC) sites; and
- supporting the ongoing distribution of personal protective equipment (PPE) to primary care services as directed by Department-issued guidance.

This is to be completed by 31 December 2021.

#### Needs Assessment Priorities \*

#### Needs Assessment

HNECC PHN Needs Assessment 2019/20-2021/22

#### Priorities

Priority	Page reference
Areas of primary care workforce vulnerability	42



### Activity Demographics

**Target Population Cohort**

[Redacted]

**In Scope AOD Treatment Type \***

[Redacted]

**Indigenous Specific \***

No

**Indigenous Specific Comments**

[Redacted]

**Coverage**

**Whole Region**

Yes



### Activity Consultation and Collaboration

**Consultation**

[Redacted]

**Collaboration**

[Redacted]



### Activity Milestone Details/Duration

**Activity Start Date**

29/03/2020

**Activity End Date**

29/06/2022

**Service Delivery Start Date**

30/03/2020

**Service Delivery End Date**

30/06/2022

**Other Relevant Milestones**



**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

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

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