

Strategic Plan to 2028

AS OF SEPTEMBER 2023



Hunter New England and Central Coast (HNECC) PHN acknowledges the traditional custodians of the lands we walk, reside and work upon. We pay our respects to First Nations people and value the continued connection to culture, country, waterways and contributions made to the life of our vast region.





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A MESSAGE FROM OUR CHAIR AND CEO

The PHN's 2023–2028 Strategic Plan represents our strategic intent, our role, priorities, and outcomes we aim to achieve between 2023–2028.

We fund and support primary care services across a substantial region, and our vision is healthy people and healthy communities.

Our purpose is to increase the equity of access to primary care services.

We are pleased to present the PHN's Strategic Plan. It is an ambitious plan, which aims to respond to two distinct challenges for our region and the primary care space, enhancing the primary care workforce and incorporation of digitally assisted services, and the demonstration of exceptional commissioning through leadership and performance.

We recognise the challenges faced by primary care clinicians and providers across the region, and their tireless efforts to provide primary health care in our communities.

Five key ambitions will drive the PHN to respond to these two challenges:

1. We will stabilise and enhance the primary care workforce.
2. We will improve equity of access to primary care through digitally incorporated services.
3. We will improve health access for priority groups.
4. We will maximise funding for the primary care sector in our region.
5. We will demonstrate exceptional value for money in our commissioning of health services.

These areas will be our primary focus over the next five years so that we can make the greatest impact on improving the health of people and communities across the Hunter, New England and Central Coast ensuring we are able to step closer to our long term goal of access to timely and high-quality face-to-face or virtual primary care for every person in the region through needs-based, world class commissioning.

As we put our efforts towards these areas of focus, we recognise that at its heart, health care is all about people, and we are committing to continuing to engage strongly with clinicians and communities across the region. And as the lead organisation for primary healthcare in our region we understand we must partner with others for greater growth, strengthen primary care through the provision of targeted analysis and policy advice and improve the services we deliver through strengthened connection to our communities.

We will continue to be agile and responsive in times of crisis and change and remain committed to building exceptional capability, delivery and culture within our people, providers, partners and communities, benefit is achieved by our region and the wider health system, ensuring that we are able to share our stories of success.

WENDY MACHIN - PHN CHAIR
RICHARD NANKERVIS - PHN CEO



PURPOSE

Increase equity of access to primary care services



LONG TERM GOAL

Access to timely and high-quality face-to-face or virtual primary care for every person in the region through needs-based world-class commissioning



VISION + VALUES

Healthy People & Healthy Communities



RESPECT

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

COOPERATION

We work with others towards common goals, encouraging collaboration, support and compassion.

STRATEGIC CHALLENGES

Enhance the primary care workforce and incorporate digitally assisted services.

Demonstrate exceptional commissioning through leadership and performance.

We will demonstrate exceptional value for money in our commissioning of services.

We will maximise funding for the primary care sector in our region.

We will stabilise and enhance the primary care workforce.

We will improve equity of access to primary care through digitally incorporated services.

We will improve health access for priority groups.



INNOVATION

We invest in new and better ways to improve the health system so people stay well and out of hospital.

ACCOUNTABILITY

We keep our promises and take ownership to get things done We interact constructively.

INTEGRITY

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

RECOGNITION

We will acknowledge and share individual and team achievements and successes.

- Incorporate virtual primary care services that strengthen and support the existing workforce.
- Develop digitally incorporated models of care for priority groups including localised multidisciplinary community health services.
- Develop innovative primary care roles and networked employment arrangements.
- Test and roll-out a system to improve the visibility and entry to key primary care services.
- Demonstrate exceptional commissioning competency through international benchmarking.
- Build exceptional capability, delivery and culture, including the ability to tell our story of success.

STRATEGIC INITIATIVES

STRATEGIC VISION ON A PAGE

STRATEGIC

Diversify PHN income and partner with others for greater growth and impact in primary care.

Strengthen primary care nationally through the provision of targeted analysis and policy advice.

PARTNERSHIPS TO STRENGTHEN PRIMARY CARE

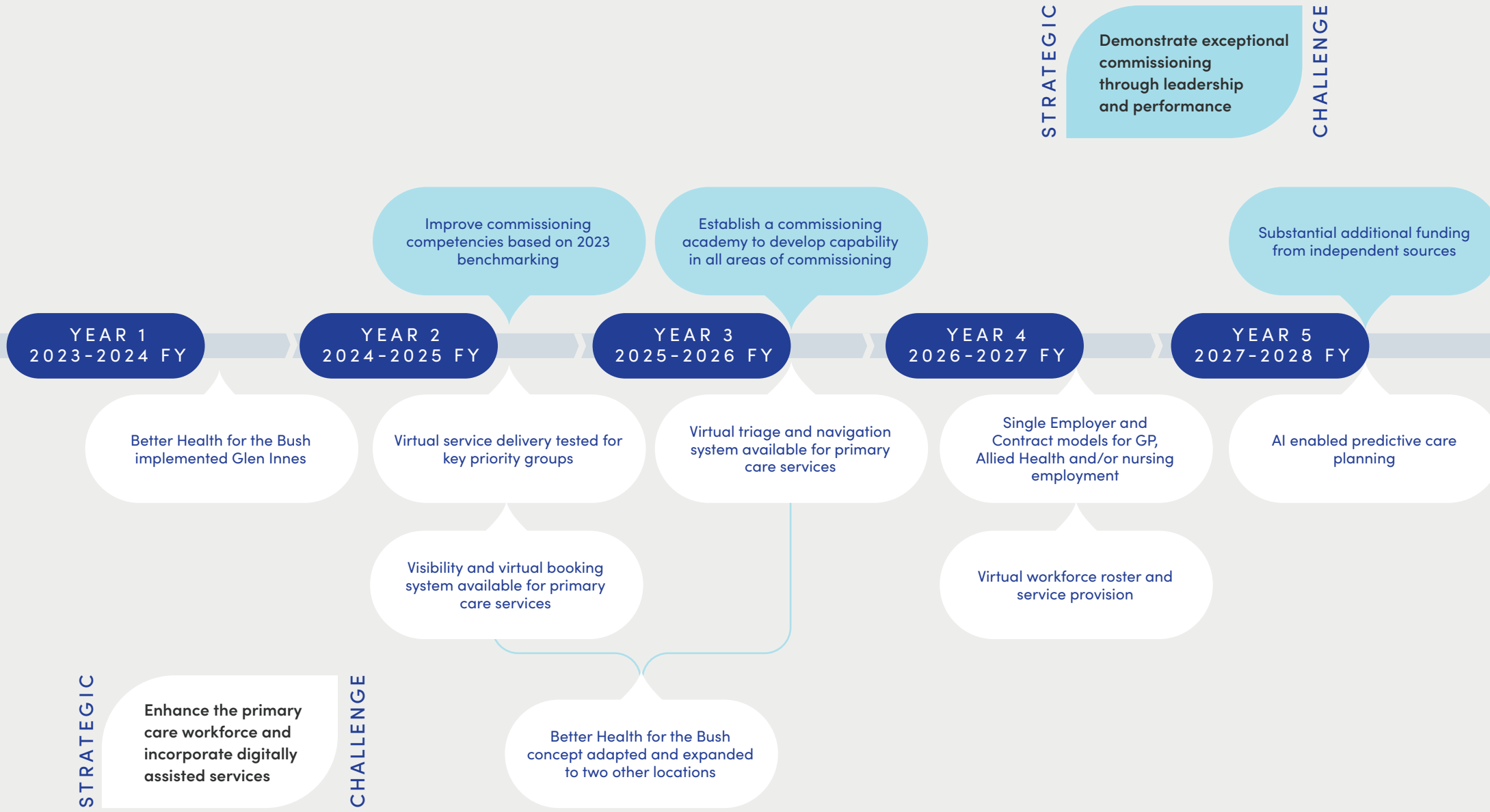
Engage with others for the purpose of increasing equity of access to primary care.

FOCUS ON EQUITY (including First Nations)

Improve the services we deliver and strengthen our connection to communities through successful implementation of the First Nations Health and Wellness Framework.

ENABLERS

TIMING OUR INITIATIVES



THE PHN REGIONAL HEALTH NEEDS AND PRIORITIES

The PHN's most recent Health Needs assessment identified a range of key disparities in health outcomes for people and communities in the region. These disparities have highlighted that poorer health outcomes are linked with socioeconomic disadvantage and increasing rurality, as well as older people, those from Culturally and Linguistically Diverse (CALD) backgrounds, infants, and young people, those with a disability, and First Nations people.

The highest priority service issue identified in the needs assessment that contributes to these health disparities is access to primary care services.

Key factors that contribute to poorer access to services include the lack of supply of the primary care clinician workforce, the resulting lack of local services, the lack of visibility and poor timeliness to book into affordable primary care services, and the distances and lack of integration between services.

Other key issues include the ability for people to find and navigate their healthcare, and a range of issues relating to the prevention and management of key diseases and conditions.

Across the two need domains of workforce and access identified in the needs assessment, the highest nine needs have been prioritised based on available qualitative and quantitative data for the region.



WORKFORCE

- Reduce GP and workforce maldistribution through incentives
- Increase sustainability of the region's primary care workforce through recruitment and retention
- Increase uptake of secure messaging to ensure privacy and confidentiality of sensitive health information
- Increase number of Allied Health professionals across the PHN footprint



ACCESS

- Increase access to services
- Improve awareness and navigation for older people, their families, and carers
- Reduce wait time to access a GP
- Increase access to specialist services
- Improve integration of services (referral pathways)

OUR PURPOSE AND OUR LONG-TERM GOAL

The role of Primary Health Networks is to coordinate and fill gaps in primary care services, and to commission (or broker) primary care services. PHN's do not provide health services to communities and do not receive funding to deliver acute care or workforce services.

PHN's work to support and coordinate a broad range of primary care services, and additionally commission a smaller range of primary care services. The area of PHN activity with the greatest funding, influence and impact is commissioning.

Based on its clear role, and the health needs of the region, the PHN has defined its purpose for this strategic plan as follows:

PURPOSE

Increase equity of access to primary care services



THE PHN has additionally clarified its long-term goal, which extends beyond the life of this strategic plan as follows:

LONG TERM GOAL

Access to timely and high-quality face-to-face or virtual primary care for every person in the region through needs-based world-class commissioning



OUR VALUES

RESPECT

We listen to and value the perspectives of others and use them to inform and strengthen everything we do.

INNOVATION

We invest in new and better ways to improve the health system so people stay well and out of hospital.

ACCOUNTABILITY

We keep our promises and take ownership to get things done
We interact constructively.

INTEGRITY

We employ the highest ethical standards demonstrating honesty, transparency, open communication and fairness.

COOPERATION

We work with others towards common goals, encouraging collaboration, support and compassion.

RECOGNITION

We will acknowledge and share individual and team achievements and successes.

STRATEGIC CHALLENGES

Through identification of priority need and an environmental scan, the organisation has identified two strategic challenges it will focus its energy and resources to address from 2023-2028.

Working to this purpose, and tackling the identified strategic challenges, will ensure the organisation is able to respond to the needs of the region in a way that ensures healthier people and healthier communities across the Hunter, New England, and Central Coast regions of NSW.

STRATEGIC

Enhance the primary care workforce and incorporate digitally assisted services.

Demonstrate exceptional commissioning through leadership and performance.

CHALLENGES

AN ADAPTIVE STRATEGY

The PHN seeks to flexibly adapt to the needs of the Hunter New England and Central Coast regions, and often implements policies and programs developed by governments. In the past, this approach has seen the PHN respond to local and regional disasters and emergencies, as well as changing needs and new programs of funding and delivery. In the future, this means to address the needs of the region, it will need to remain adaptive during the Strategic Plan within its role and purpose. The Strategic Plan itself may need to be adapted and updated to a changing national and regional environment.

A BROADER INFLUENCE

In coordinating and strengthening the primary care sector, in recent years the PHN has coordinated and provided national policy advice in areas such as workforce policy, telehealth, Covid impact in primary care, Allied Health needs and support, primary care challenges in supporting Residential Aged Care Facilities (RACF) services, and primary care for ex-Defence personnel. The PHN will continue to rise to the need to provide advice and advocacy on broad primary care sector needs and policies, particularly those that most impact equity of access to primary care services.



STRATEGIC CHALLENGE

Enhance the primary care workforce and incorporate digitally assisted services.

OUR WORKFORCE AMBITION

We will stabilise and enhance the primary care workforce.

Our current state:

- 1420 FTE GPs in the region
- 392 GP Registrars in the region
- 931 Practice Nurses in the region
- 2 Nurse Practitioners in Residential Aged Care implemented by the PHN
- 23 Medical Practice Assistants.

The Five Top Things for Us to Do in 2024:

1. Implement new rural primary care services under the Better Health for the Bush initiative.
2. Assess the viability of general practices and commence a practice sustainability program.
3. Increase the number of GPs and registrars in targeted locations through relocation incentives.
4. Increase the number of nurse practitioners working in Aged Care.
5. Develop a regional Workforce Plan with key partners, incorporating Medical, Allied Health & Nursing.



OUR WORKFORCE AMBITION

OUR METRIC OF OVERALL SUCCESS IN HEALTH ACCESS

We will maintain access to General Practice appointments in priority local government areas (LGAs) (measured by aggregated MBS item data across General Practices).

How we will also measure the success of our implementation:

- Number of services implemented under Better Health for the Bush.
- Development of an endorsed regional workforce Plan in partnership with Local Health Districts – by June 30, 2024.
- Increase the number of General Practitioners and Registrars working in the region supported by relocation grants.
- The number of general practices self-assessing as viable.
- The number of new roles, focusing on nurse practitioners in Year 1.



STRENGTHENING NATIONAL WORKFORCE POLICY

Provide formal written policy advice to the federal government that is based on the feedback of clinicians and practices in the region, with the intent of improving national policy and funding levers that support primary care workforce.

OUR LONGER WORKFORCE JOURNEY

To address key gaps in primary care workforce supply that are not currently addressed by governments or other agencies, in the past the PHN has implemented workforce initiatives including:

- Relocation incentive grants for GPs, GP registrars, Mental Health clinicians
- Care Navigation pilots – Armidale Ezidi Refugee and Central Coast Veterans Care Navigation
- Medical Practice Assist training and placements
- Scholarships for GPs, nurses
- Aboriginal Health Worker scholarships and placements
- Succession Planning pilot
- Commencement of the Workforce Planning & Prioritisation Program
- Support for telehealth service provision
- Better Health for the Bush (Glen Innes) – ongoing development.

These initiatives have provided valuable learnings for the organisation, including the value of training the primary care workforce, assisting placement, piloting new roles to support the existing workforce, engaging to develop locally co-located and integrated services, and effectively complementing face to face service provision with telehealth.

Better Health for the Bush

The Better Health for the Bush program works with communities and health professionals to establish local health models and services. It features the development of multidisciplinary and digitally incorporated care. A key aspect of the program is the development of local support networks with engaged clinicians, providers, and community members. We will implement the Better Health for the Bush program in Glen Innes and adapt the Better Health for the Bush concept and implement in a minimum of two other locations.



Increasing the Workforce through Single Employer and Contracted Models

Local consultation and engagement in rural areas have highlighted limitations on the ability to recruit primary care clinicians to rural towns. Clinicians have identified possible improvements, including contractual or single employer models of employment, that could address key barriers and incentivise GPs to live and work within the region. At the same time, consultation in the region has indicated that the same issues are impacting Allied Health and nursing recruitment and retention, in the primary care and aged care sectors. We will test Single Employer & Contracted models for GP, Allied Health and/or nursing employment, including in Aged Care.

New Roles to Support a Stretched Primary Care Workforce

As the primary care workforce in the region faces continued recruitment and retention challenges, the importance increases in enabling clinicians across general practice, Allied Health and nursing to work at the top of their scope of practice. In order to enable this, the PHN has successfully trained and tested Medical Practice Assistants and has successfully piloted Care Navigation roles. Such roles have proven valuable in supporting and assisting an increasingly stretched workforce. We will test and evaluate new roles (such as Nurse Practitioners in Aged Care, Allied Health Assistants, Medical Practice Assistants, and Care Navigators).

Supporting the Viability and Sustainability of Practices

In recent years, because of increasing challenges in the viability of primary care practices, the PHN has seen an increased number of practices close for financial and workforce reasons. To focus the PHN's support for practices on the greatest need, the PHN will develop and apply predictive analysis to identify practices at high risk of closure and maximise a new practice sustainability approach. This will effectively re-prioritise the PHN's approach to its core Primary Care Improvement function.



OUR DIGITAL AMBITION

We will improve equity of access to primary care through digitally incorporated services.

Our current state:

- 206 general practices assessed with an average digital maturity score of 71.4/ 100 (SD6.6)
- 80 Allied Health practices assessed with an average digitally maturity score of 59.2/100 (SD11.3)
- 113 of 206 assessed general practices use telehealth (video)
- 177 of 206 assessed general practices use telehealth (phone)
- General Practices accepting new patients:
 - › Hunter 72.2% (169 of 233)
 - › Central Coast 75.5% (68/91)
 - › New England 73.8% (43/59).
- 80% of the PHN's commissioned services have digital health options.

The Four Top Things for Us to Do in 2024

1. Implement incentives and support to increase telehealth utilisation by GPs and Allied Health clinicians.
2. Incentivise commissioned services to increase Digital Health utilisation.
3. Complete a consultation and scoping project on an aggregated system established for primary care clinicians, providers, and community members to freely view and book into available service appointments.
4. Complete a consultation and scoping project to test commissioned virtual services for priority key groups, incorporated into primary care.



OUR DIGITAL AMBITION

OUR METRIC OF OVERALL SUCCESS IN DIGITALLY ENABLED EQUITY OF ACCESS

We will increase the proportion of general practices utilising telehealth video consultation.

We will maintain or increase number of occasions of PHN commissioned services to priority groups and locations (measured through existing commissioning national minimum data sets).

How we will also measure the success of our implementation:

- The % of PHN commissioned services provided virtually.
- The number of commissioned services providing virtual delivery.
- The rate of general practices where staff have undergone cultural safety training.



STRENGTHENING NATIONAL DIGITAL HEALTH IMPLEMENTATION AND POLICY

Provide formal written policy advice to the federal government on Digital Needs and Recommendations for Primary Care in the region. Develop a National PHN Allied Health Practice Support Toolkit.

OUR LONGER DIGITAL JOURNEY

The PHN has developed a Digital Health Strategy that provides a roadmap and conditions for success. It has also completed a range of foundational digital health activities, including systematic digital baseline maturity assessments for general practices, aged care providers and Allied Health. These activities have been supported by small grants for digital health development across primary care in the region. The PHN's HealthPathways program is one of the higher performing pathways programs when compared with PHN's nationally and experienced extremely high utilisation during the height of the COVID pandemic.



Providing primary care clinicians, providers, and community members with the ability to freely view and book into primary care.

In analysing equity of access to primary care through its regional needs assessment, the PHN has found that visibility of services and ease of entry into services can be too limited for clinicians and consumers. As a result, this can restrict community members from accessing timely care and can unnecessarily increase the difficulty and time for clinicians to assist in navigating a complex system. Digital technologies provide the opportunity to help people find and book available services and appointments. We will establish and test an aggregated system for primary care clinicians, providers, and community members to freely view and book into available service appointments. We will also test and establish a digitally assisted triage and service navigation beginning with a PHN commissioned service.

Incorporating virtual services into primary care for priority groups

Practical experience during the COVID pandemic and recent advancements in practical telehealth utilisation and digital development have contributed to a policy environment that supports investment in virtually enabled primary healthcare. Feedback within the region has indicated that virtual care can be effectively and selectively delivered, in a manner that is incorporated into traditional services. There is an opportunity to develop cooperative virtual workforce rosters and arrangements, to complement and integrate with local practices & Aboriginal Community Controlled Health Services (ACCHS). We will test virtual services for priority key groups that is incorporated into primary care and incentivise commissioned services for digitally enabled and innovative models of care.



STRATEGIC CHALLENGE

Demonstrate exceptional commissioning through leadership and performance, when compared nationally.

OUR COMMISSIONING AMBITION

We will demonstrate exceptional value for money and maximise funding for the primary care sector.

Our current state:

- Annual expenditure target 95% (2022/2023 performance 97%)
- Average Commissioning timeframe tender to service commencement 26 weeks
- PHN Commissioning Competency Reviews completed in 2017, 2020 and planned for 2023.

The Three Top Things for Us to Do in 2024:

1. Expend more than 95% of funding for commissioned services to maximise care for communities.
2. Commission Allied Health services working in Multi-Disciplinary Teams.
3. Complete a Commissioning Competency Review and develop international Commissioning benchmarks.



OUR COMMISSIONING AMBITION

OUR METRIC OF OVERALL SUCCESS IN EXCEPTIONAL COMMISSIONING

We will develop our metrics of overall success in exceptional commissioning during 2024 by the development of internationally informed benchmarks.

How we will also measure the success of our implementation:

- PHN score in the 2023 Commissioning Competency Review.
- Expenditure performance.
- The PHN's % overhead against other PHNs.
- Completed review of commissioning systems.
- Value for Money Framework development.
- Digital and equity measures within commissioning are already discussed in our Strategy.
- Low overheads as a percentage of overall budget.



STRENGTHENING COMMISSIONING IMPLEMENTATION AND POLICY

Complete a National Commissioning Review of the PHN program, in partnership with the national PHN Cooperative and the Department of Health, which includes recommendations for improvements.



OUR LONGER COMMISSIONING JOURNEY

The PHN has been tracking its progress towards achieving internationally recognised commissioning excellence since 2016, including two external Commissioning Competency Reviews in 2017 and 2020. The most recent review in 2020 provided an overview of the PHN's developing maturity as a commissioner of healthcare services. In 2023 HNECC PHN will carry out an analysis of its Commissioning competency and key learnings, including international benchmarking, and will implement key findings. To maximise the impact of the PHN's commissioning of services, it will also develop international commissioning benchmarks, expend more than 95% of funding for commissioned services, develop and implement a value for money framework, and implement updated digital technology in its operations and in commissioned services. Following on from this, the PHN intends to establish a Commissioning Academy to develop capability in all areas of commissioning.

Additionally, the PHN is leading a national review of PHN commissioning, designed to identify more opportunities for collaboration and efficiency between PHNs in their commissioning development.



OUR ENABLERS

Building exceptional capability, delivery, and culture, including the ability to tell “Our Story of Success”.

The PHN has proven itself to be competent in the delivery of its core functions. In the past, this has been evidenced by the following examples:

- Has the highest regional Health Pathways utilisation nationally (with its LHD partners).
- Is in the top 3 PHN’s nationally on financial growth and expenditure performance.
- Has an organisational culture of success according to benchmarked surveying of staff.
- Has the largest Grants program of PHN’s nationally.

At same time, to continue its development, the PHN will implement a corporate and operational program to tackle the challenge of Building exceptional capability, delivery, and culture, including the ability to tell “Our Story of Success”.



Partnerships to Strengthen Primary Care

The PHN recognises the limitations of its funding and role in addressing the health needs of the region. It also respects the important roles of a range of organisations that contribute to healthcare in the region, its partnerships with Hunter New England Local Health District and Central Coast Local Health District, and its partnerships with workforce agencies (such as the NSW Rural Doctors Network), Universities and other research institutions, commissioning partners, and other primary care partners such as Aboriginal Community Controlled Health Services (ACCHS). The PHN recognises that to maximise access to primary care service and health outcomes, it needs to continue to build effective partnerships, and to work collaboratively. We commit to building the diversification of PHN income and partner with others for greater growth and impact in primary care.

The PHN also recognises that it can maximise its benefit to primary care in the region by providing constructive advice and guidance to governments. The PHN will strengthen primary care nationally through the provision of targeted analysis and policy advice.



Focus on Equity (including First Nations communities).

To address the health disparities of the region and improve access to primary care services for those that need them most, the PHN is building a focus on equity into this Strategic Plan. This focus will form the basis of engagement for the PHN for the next five years.

First Nations people, infants and young people, people with disabilities, older people, people from rural locations and those from CALD and LGBTIQ+ backgrounds have reduced access to healthcare resulting in poorer health outcomes. The provision of culturally safe health services will improve health outcomes for Aboriginal and Torres Strait Islander people, and in 2024 we will implement our First Nations Health and Wellness Framework.



THE PHN IN 2028 FUTURE STORY

In 2028 the PHN will have increased equity of access to primary care services across the region. The supply of primary care services will be improved, so that people in our region will have more equal access to primary care no matter where they live or their background.

A person living in the region will be able to see, in real time, appointments available with their General practitioner (GP) or other primary care service (including Allied Health and primary Mental Health services) and will be able to book into an appointment from a list of available options on their phone.

When attending primary care with their General Practitioner, care will be connected with a multi-disciplinary care team, including an allied health clinician, nurse, and pharmacist, based on who is the most appropriate clinician to respond to the patient's need at the time.

Throughout this process the person will be informed about the clinicians who are supporting their care, and the difference between the skills of each practitioner, increasing their health literacy and capacity to self-manage their care as their health journey continues. At times the person might be also supported with care coordination or care navigation services where this is particularly needed. Also at times, the person might see their general practitioner or other primary care clinician through a video consultation (which will be available in all general practices) and might be supported through other complementary digital service offerings, such as an online lifestyle support program, be connected to a virtual service. For people of all backgrounds, their primary care services will have received training to support culturally safe and competent care.



This collaborative arrangement between clinicians will mean the person benefits from timely assessments, referrals, and ongoing management of their condition.

For primary care services (including general practitioners, Allied Health clinicians, and primary care nurses), more traditional roles will be supported by new complementary roles such as Medical Practice Assistants, Allied Health Assistants, and Nurse Practitioners. Primary care practitioners will have greater visibility of nearby health services. Where the primary care workforce is most needed, new models of service and employment will be incentivised or implemented.

This collaborative approach to health care and improved communication between primary care clinicians will have resulted in a reduction of the strain on the region's General Practitioners and Allied Health providers, within an accessible primary care system that responds effectively to the individual needs of people at or close to home.



**PRIMARY
HEALTH
NETWORK**

phn
HUNTER NEW ENGLAND
AND CENTRAL COAST

An Australian Government Initiative