



Activity Work Plan 2018-2019:

Core Funding

General Practice Support Funding

After Hours Funding

HNECC PHN

Please follow the below steps (and the instruction sheet) for completing your Activity Work Plan (AWP) template for 2018-19:

1. **Core Operational and Flexible Funding** 2018-2019 has three parts:
 - a) Provide a link to the strategic vision published on your website.
 - b) Complete the table of planned activities funded by the *Core Flexible Funding Stream* under the Schedule – Primary Health Networks Core Funding (including description of any Health Systems Improvement (HSI) activity to support delivery of commissioned activity).
 - c) Complete the table of planned activities funded by the *Core Operational Funding Stream: HSI*¹ under the Schedule – Primary Health Networks Core Funding and planned activities under the Schedule – **General Practice Support Funding**².
2. Attach indicative Budget for Core Operational and Flexible Funding Streams for 2018-2019 using the template provided.
3. Attach the indicative Budget for General Practice Support for 2018-19 using the template provided.

¹ HSI Funding is provided to enable PHNs to undertake a broad range of activities to assist the integration and coordination of health services in their regions, including through population health planning, system integration, stakeholder engagement and support to general practice. HSI activities will also support the PHN in commissioning of health services in its region.

² Planned activities under the Schedule - General Practice Support Funding have been combined with the HSI activities to lessen the reporting burden on PHNs.

June, 2018

4. **After Hours Primary Health Care Funding 2018-2019** has two parts:
 - a) Provide strategic vision for how your PHN aims to achieve the After Hours key objectives.
 - b) Complete the table of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Health Care Funding.
5. Attach the indicative Budget for After Hours Primary Health Care for 2018-2019 using the template provided.

When submitting this Activity Work Plan 2018-2019 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

The Activity Work Plan must be lodged to your Program Officer via email on or before four (4) weeks after the execution of the Core Schedule Deed of Variation.

Overview

The key objectives of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

This Activity Work Plan covers the period from 1 July 2018 to 30 June 2019.

1. (a) Strategic Vision for PHN

HNECC PHN's Strategic Plan can be found online here:

<http://hneccphn.com.au/media/13623/013589-phn-strategic-plan-2016-05.pdf>

Please note the HNECC PHN Board and Chief Executive are currently working through the final versions of an update to the organisation's Strategic Plan from 2018 to 2022. This plan has been developed with and through consultation with the organisation's Clinical and Community Advisory groups.

1. (b) Planned PHN activities

– Core Flexible Funding Stream 2018-19

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. CF 1)	CF1 Services commissioned in response to community need
Existing, Modified, or New Activity	<p>MODIFIED</p> <p>This activity includes activities previously reported as:</p> <p>NPFlex 3 Mobile X-ray Central Coast NPFlex 4 Immunisation Service - Wyong NPFlex 7 Priority Allied Health Services NPFlex 10 Primary Care Nurse Program NPFlex 12 Cancer Screening Clinic – Wyong</p>
Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Nx page 46 health Needs of an Ageing population</p> <p>Nx page 49 Child and Maternal Health</p> <p>Nx page 50 Health Risk Behaviours</p> <p>Nx page 51 Overweight and Obesity</p> <p>Nx page 51 Chronic Disease</p> <p>Nx page 51 Cancer Screening and Incidence</p> <p>Nx Page 56 Rural Health and Access to Services</p>
Aim of Activity	Commission and monitor the delivery of a number of specialised primary care services designed to specifically address locally identified health services gaps across the HNECC PHN region.
Description of Activity	Provide a short description of the activity, including how the activity will address the Needs

Services commissioned under this activity include:

1.1 Cancer Screening Clinic – Wyong

Commission the Wyong Shire Council to administer the bulk-billing Cancer Screening Clinic in the Wyong LGA, which conducts PAP tests and breast checks in partnership with Central Coast Local Health District. Using the principles and recommendations of NSW Cervical Screening Program and Breast Screen NSW (Cancer Institute), actively targeting and recruiting women aged 20 - 69 years for biennial screening, to facilitate increased access to screening for socially disadvantaged women, and greater early detection of cancer and other abnormalities.

1.2 Immunisation Service – Wyong

Increase childhood immunisation rates in the Wyong SA3 by commissioning the Wyong Shire Council to administer and conduct the Childhood Immunisation Service free vaccination programs and communicating information about immunization to the public and health professionals.

1.3 Care coordination – PHN region

Support the commissioning of care coordination activities including but not limited to after hours and integrated team care to achieve better treatment and management of chronic conditions for vulnerable populations including but not limited to Aboriginal and Torres Strait Islander people and rural and remote communities with limited access to appropriate medical practitioners.

1.4 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.

1.5 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

	<p>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.</p> <p>1.6 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.</p>
Target population cohort	<p>Children 0-5 in the Wyong SLA3 LGA</p> <p>Residents living in small and more rural locations with identified health needs</p> <p>Residents living within small rural and remote communities (population < 2000)</p> <p>Women aged 20 – 69 years</p> <p>Patients living in residential aged care facilities</p> <p>Aboriginal and Torres Strait Islander people</p>
Consultation - HSI Component	<p>Regular consultation is undertaken with providers and HNECC PHN Advisory groups including Clinical and Community Advisory Groups, this consultation is ongoing.</p>
Collaboration - HSI Component	<p>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.</p> <p>Planning for the service allocations will occur in conjunction with service providers and based on input from local councils, clinicians and other stakeholders.</p>

HSI Component – Other	Services will be commissioned and managed by the Primary Care Commissioning team. This will include contract admin, stakeholder engagement, and management of the relationship with service providers and evaluation of the contracted service.
Indigenous Specific	NO
Duration	01/07/2018 – 30/06/2019
Coverage	Gosford and Wyong LGAs Wyong LGA Hunter Local Government Areas: Cessnock, Dungog, Gloucester, Great Lakes, Greater Taree, Lake Macquarie, Muswellbrook, Newcastle, Port Stephens, Singleton and Upper Hunter Shire. New England Local Government Areas: Armidale Dumaresq, Glen Innes, Gunnedah, Guyra, Gwydir, Inverell, Liverpool Plains, Moree Plains, Narrabri, Tamworth Regional, Tenterfield, Uralla and Walcha.
Commissioning method (if known)	Renewal of contract is dependent on satisfactory performance. Selective tender will be undertaken only if required.
Decommissioning	Not applicable
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$3,218,791
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	1.1 \$53,177 1.2 \$20,236 1.3 \$224,328 1.4 \$169,259 1.5 \$539,067 1.6 \$2,158,724

Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	Not applicable
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. CF 1)	CF2 Chronic Disease and Obesity
Existing, Modified, or New Activity	MODIFIED This activity includes activities previously reported as: NP Flex 5 HealthPathways NP Flex 6 Collaborative Approaches to Improve Service Integration and Coordination NP Flex 17 Healthy Weight Initiative
Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	Nx page 46 Health needs of an Aging Population Nx page 51 Chronic Disease
Aim of Activity	To make systemic improvements to primary care through partnerships and innovation projects designed to support the development, trial and uptake of new models of care designed to reduce the burden of chronic disease and obesity, resulting demands on health services.
Description of Activity	Activity:

	<p>2.1 COPD Model of Care (Hunter) - A pilot is planned of a new model of care which places pulmonary rehab and specialist appointments in Primary Care settings, increasing the proportion of patients who commence and complete Pulmonary Rehab and reducing patient admissions. Co-commissioning project with HNE LHD.</p> <p>2.2 Diabetes work stream 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 - 12 shared priority areas identified in partnership with Hunter New England Local Health District (HNE LHD), including existing work with Chronic kidney disease programs; and Diabetes projects in collaboration with the HNE LHD across the New England region.</p> <p>Six shared priority areas identified in partnership with Central Coast Local Health District (CC LHD), including the co-commissioning of endocrinology clinics in general practice and activities relating to access and demand management.</p> <p>2.3 E-referral commissioned component (See HSI1 for further details about internal HNECC PHN support for this program. This activity specifically relates to the commissioned elements such as the portal and IT support)</p> <p>2.4 HealthPathways commissioned components (Hunter) – This activity includes funding of costs associated with HealthPathways Streamliners contracts and the associated development and delivery of the online platform.</p> <p>2.5 HealthPathways commissioned components (Central Coast) – This activity includes funding of costs associated with HealthPathways Streamliners contracts and the associated development and delivery of the online platform.</p> <p>2.6 Responding to priority</p> <ul style="list-style-type: none"> • Various other partnership activities continue, including a number of place-based initiatives involving multi-agency collaboration (i.e. Service Delivery Reform – Central Coast; Collective Impact initiative – South Muswellbrook; Dementia Partnership – New England North West). Some place-based commissioned services are also supported (i.e. Cancer Screening Clinic – North Wyong; Youth Counselling Services – Tilligerry Peninsula and Kaurah; Immunisation Clinics – Wyong). Each of these have key local deliverables relevant to the specific activity and/ or population.
--	--

	<ul style="list-style-type: none"> • ENT Telehealth Project – Commission HNELHD to facilitate and support an Ear, Nose and Throat Telehealth project which aims increase access to the John Hunter Hospital ENT Outpatient Service for rural and remote paediatric patients utilising store-and-forward and telehealth technologies. This project aims to provide a conduit between primary care providers, general practice and specialist services which is sustainable and includes y by upskilling local GP’s practitioners in assessing and managing patients with ENT- related issues. • Preventative health initiatives – encourage, provide support and build community capacity for participation in health promotion, wellness and lifestyle activities. This activity is directly linked to HNECC PHNs Needs Assessment findings in relation to health literacy, population health and health screening and other health promotion initiatives. Which will in turn, improve the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes. <p>2.7 Healthy Weight Initiative commissioned component: This activity encourages 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.</p>
Target population cohort	This activity targets all population groups.
Consultation - HSI Component	<p>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:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> Established formal and informal feedback mechanisms.
Collaboration - HSI Component	<p>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.</p> <p>The role of each of these organisations varies for each partnership, however HNECC PHN is the lead organisation in a number of these initiatives.</p>
HSI Component – Other	HNECC PHN is the lead agency for these activities, as such staff and resources are allocated appropriately and responsible for the project management and deliverables associated with achieving the key objectives and outcomes of each initiative.
Indigenous Specific	YES, a number of the partnerships are focused on improving the health of Aboriginal and Torres Strait Islander peoples.
Duration	01/07/2018 – 30/06/2019
Coverage	Each partnership encompassed by this activity focus on a sub-region within the HNECC PHN catchment, however the entire HNECC PHN catchment area comprising of 15 SA3s is covered by this activity.
Commissioning method (if known)	Joint commissioning may be undertaken when opportunities to co-invest exists across partnerships. Other activities will not be commissioned or contracted but will be carried out through HNECC PHN involvement in a number of partnerships.
Decommissioning	Where services are expected to be decommissioned as a result of HNECC commissioning activities, a formal decommissioning process will be undertaken as soon as practicable with the current service provider. HNECC will support the service provider to manage the transition and continuity of care for patients and clients. HNECC does not have any decommissioning planned at the time of completing this AWP.
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$2,023,240

Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	2.1 \$152,700
	2.2 \$203,604
	2.3 \$243,250
	2.4 \$209,628
	2.5 \$72,948
	2.6 and 2.7 \$1,141,110
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	Not applicable
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	In some activities there may be opportunities for co-investment with other stakeholders to occur. Under these circumstances, partnered organisations will contribute funding to specific activities. The quantum of funding and the nature of the partnership, will be determined based on the activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. CF 1)	CF3 Health partnerships and priorities
Existing, Modified, or New Activity	<p>MODIFIED</p> <p>This activity includes activities previously reported as:</p> <p>NP Flex 6 Collaborative Approaches to Improve Service Integration and Coordination</p> <p>NP Flex 11 General Practice Quality Improvement</p> <p>NP Flex 23 Workforce: Priorities</p> <p>OP1.2 Population Health Planning</p>

Program Key Priority Area	Select one of the following: Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	<p>Nx page 46 and 47 Health Needs of an Aging Population</p> <p>Nx page 51 Chronic Disease</p> <p>Nx page 52 Dementia</p> <p>Nx page 55 Service Integration and Coordination</p>
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	<p>Provide a short description of the activity, including how the activity will address the Needs Assessment Priority and what results the activity is expected to achieve within the planning period (no more than 300 words).</p> <p>Partner in collaborative approaches to improve service integration and coordination of:</p> <p>3.1 Health Sector Partnerships</p> <p>HNECC PHN partners with a number of other primary care agencies. These partnerships include:</p> <ul style="list-style-type: none"> - 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. - Service Delivery Reform partnerships (Central Coast and Tamworth) – a multi-agency collaborations to address local issues identified in the needs assessment. - The Hunter Aboriginal Health and Wellbeing Alliance – maintain and foster ongoing engagement with key stakeholders - Central Coast Aged Care Task Force – a multi-agency representation including NSW Ambulance, Central Coast Local Health District (CC LHD) and Age Care Sectors representatives to consider a whole of system approach to integrating Aged Care (both

	<p>residential care and community care). This partnership is a key component of Central Coast Alliance activities in Aged Care.</p> <ul style="list-style-type: none"> - Central Coast Aboriginal Partnership Agreement – maintain and foster ongoing engagement with key stakeholders - Hunter Dementia Alliance and the re-engagement of a Central Coast Dementia Alliance - Dementia Partnership Project – development of shared diagnostic tools and resources - <p>As a result of these partnerships HNECC PHN contributes to the co-commissioning and delivery of a number of services including: provision of an endocrinologist and diabetes educators.</p> <p>3.2 Workforce Priorities</p> <ul style="list-style-type: none"> - Co-commission, in partnership with RDN and Hunter New England Local Health District (HNE LHD), scholarships and education programs to address workforce needs designed to assist and retain primary care practitioners. <p>3.3 Research collaborations</p> <ul style="list-style-type: none"> - Foundation partner in NHMRC NSW Centre for Innovation in Regional Health, building capacity in Primary Care research through scholarship and supported research activities. - National Headline Performance Indicators - Research Potentially Preventable Hospitalisations in the region and provide recommendations as to how HNECC can address needs and issues through the commissioning of short-term projects. <p>3.4 Rural Communities Strategy</p> <ul style="list-style-type: none"> - Development of a rural communities strategy to increase local rural health access and outcomes through strong community engagement and local governance - Current rural initiatives, including existing place-based activities will be assessed and mapped against health needs to identify local priority areas and identify key LGAs. An initial focus will be the New England and North-West region - Key factors that are likely to inform this prioritisation include: <ul style="list-style-type: none"> o Poor/variable health outcomes o Underserviced populations/limited and/or no GP provision o Some local social capital (community leaders) to help sustain project
--	--

	<ul style="list-style-type: none"> ○ Identifiable patient flows out of the community for both PHC and acute services that demonstrate lack of reasonable access. <p>The Rural Communities Strategy will identify health needs, inequitable access and utilisation from the community's perspective and investigates local solution. Consultation with rural communities and other key stakeholders will be essential components to the project. This includes but is not limited to the commissioning of drought response activities as appropriate and in compliment to any other drought funding that may become available to HNECC PHN.</p>
Target population cohort	This activity targets all population groups.
Consultation - HSI Component	<p>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:</p> <ul style="list-style-type: none"> ● 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. <p>Established formal and informal feedback mechanisms</p>
Collaboration - HSI Component	<p>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 Doctors Network; NSW Ambulance; Family and Community Services representatives; NSW 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.</p> <p>The role of each of these organisations varies for each activity, however HNECC PHN is the lead organisation in a number of these initiatives.</p>

HSI Component – Other	HNECC PHN is the lead agency for these activities, as such staff and resources are allocated appropriately and responsible for the project management and deliverables associated with achieving the key objectives and outcomes of each initiative.
Indigenous Specific	No
Duration	01/07/2018 – 30/06/2019
Coverage	Whole of region Each partnership encompassed by this activity focus on a sub-region within the HNECC PHN catchment, however the entire HNECC PHN catchment area comprising of 15 SA3s is covered by this activity.
Commissioning method (if known)	This is not a specifically commissioned or contracted activity, it is carried out through HNECC PHN involvement in a number of partnerships Activities grouped under CF 3, are co-contributed to by the PHN however the commissioning process and subsequent contracting work are managed by the partners and not necessarily the PHN. The only exception is the Rural Communities Strategy. Drought and other activities under the Rural Communities Strategy are likely to be co-contributed to but depending on the market and nature of the priority activity to be commissioned may be either commissioned wholly by the PHN or commissioned and managed by the partner organisations.
Decommissioning	Not applicable
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$369,752
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	As above
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	As above

Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

1. (c) Planned PHN activities

- **Core Operational Funding Stream: Health Systems Improvement 2018-19**
- **General Practice Support Funding 2018-19**

Please complete this table for Core Operational Funding Stream b) Health Systems Improvement (HSI)³ and planned activities under the General Practice Support Funding Schedule only. Stream a) Corporate Governance, should not be included. Do not include HSI activities previously specified in 1. (b) Planned PHN activities – Core Flexible Funding 2018-19.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. HSI or GPS)	HSI1 Digital Health and information sharing
HSI/GPS Priority Area	Select one of the following: Digital Health
Existing, Modified, or New Activity	MODIFIED This activity includes activities previously reported as: NP Flex 2 Directories / Information Sharing NP Flex 20 Electronic EReferral Extension
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	<ul style="list-style-type: none"> • 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.
Supporting the primary health care sector	<p>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.</p>
Collaboration	<p>National Health Service Directory regarding updates.</p> <p>Best Practice Advocacy Centre 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.</p> <p>HNE LHD is a partner in the development and implementation of the eReferral solution, HealthPathways and the directory required to support both solutions. The referral requirements are taken from the referral processes agreed as part of the HealthPathways program. HNE LHD is responsible for the IT development required to ingest the referrals into their existing systems and processes. HNECC PHN is responsible for on-boarding referrers, mainly General Practices, and private referral receivers.</p>
Duration	01/07/2018 – 30/06/2019
Coverage	Whole of PHN region.

Expected Outcome	<ul style="list-style-type: none"> 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. Development of 'smart' eReferral forms, to act as 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.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$221,697
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	Nil
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$140,000
Funding from other sources	The \$140,000 above is contribution from Hunter New England LHD towards the Electronic EReferral extension project.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. HSI or GPS)	HSI2 Systems integration and pathways
HSI/GPS Priority Area	Select one of the following: System Integration
Existing, Modified, or New Activity	MODIFIED

	<p>This activity includes activities previously reported as:</p> <p>NPFlex 5.0 Health Pathways NPFlex 15.0 Community Cancer Screening Participation Strategy NPFlex 16.0 NSW Ambulance Alternate Pathways Initiative – Continue and Extend</p>
Aim of Activity	<p>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.</p>
Description of Activity	<p>HealthPathways</p> <p>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.</p> <p>Community Cancer Screening Participation</p> <p>Development and implementation of a Community Cancer Screening Participation Strategy under the guidance of key stakeholders and community groups. This strategy will lead to the implementation programs aimed at increasing access to and participation in cancer (bowel, breast, cervical) screening programs, and the revision of existing information and referral pathways where required. Vulnerable communities within the region are a key focus of these activities, including Aboriginal and Torres Strait Islander people, rural and remote communities and culturally and linguistically diverse (CALD) populations.</p> <p>Ambulance Alternative Pathways</p> <p>HNECC is working collaboratively with NSW Ambulance (NSWA) to further imbed NSWA Protocol 5 (Non-transport recommended) and build awareness across primary and tertiary care. This stems from an initiative piloted on the Central Coast that has now been incorporated state-wide by NSWA.</p>

	<p>System improvements, development and expansion of the NSW Protocol 1 (Authorised and Palliative Care Plans) are also underway to achieve a reduction in hospital admission rates, with a state wide implementation planned by NSW as a result of this work.</p> <p>Ongoing collaboration with NSW, GPs and RACFs will continue to develop resources and information that educate users in the appropriate use of triple zero calls and the completion of Authorised Care Plans when clinically indicated.</p> <p>Other targeted projects will focus on increasing Authorised Care Plans for patients recognised as requiring chronic disease management, for clients under Aged Care support, NDIS and those in the last year of life.</p> <p>General Practice Quality Improvement</p> <p>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 and development.</p>
Supporting the primary health care sector	<p>These initiatives provide the mechanisms to support GPs, clinicians and consumers across the specific activity. Information is provided to support timely assessment, management and referral in line with National Clinical Guidelines, evidence-based practice and accepted local pathways. This is undertaken across these activities to enhance primary care services as an alternative to tertiary sector care when clinically appropriate, to support potentially preventable hospital presentations and admissions, and to encourage participation in preventative health screening in order to optimise early detection and treatment. 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.</p>
Collaboration	<p>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.</p>

	<p>As a result of the Community Cancer Screening Participation activities, HNECC PHN has established and developed mechanisms that enhance collaboration. The Central Coast Cancer Screening Network is a multi-agency network tasked with improving cancer screening participation on the Central Coast. Initially established with key partners including Yerin Aboriginal Medical Service, Central Coast Local Health District (CC LHD) (Aboriginal Health and Multicultural Health), NSW Cancer Council and BreastScreen NSW, it was identified that this platform was scalable across the region. Additional work also identified the need for ongoing peer support between primary care/ practice nurses and the tertiary sector. Women’s Health Communities of Practice have been established across the PHN region to enhance ongoing education and learning opportunities.</p> <p>The role of HNECC PHN Integrated Care Officer - Ambulance Liaison Access and demand is to continue to work collaboratively with NSW Ambulance and other stakeholders to develop a communication strategy and resources that will inform practices, the tertiary health sectors and consumers of the expansion in the paramedics’ role and the alternative transport options.</p> <p>Throughout the initiatives being undertaken, NSWA have provided data and resources to assist with implementation, evaluation and decision-making. NSWA role has also been to ensure scalability of successful initiatives elsewhere within their models of practices.</p> <p>Other collaborative partners include: ACCHOs, HNE LHD, CC LHD and key Residential Aged Care Facilities</p>
Duration	01/07/2018 – 30/06/2019
Coverage	Whole of PHN region.
Expected Outcome	Population outcomes will be improved using the Quadruple AIM approach to service evaluation. The activities outlined under HSI2 System integration and pathways ensure an equitable approach to health service access is enhanced across the key domains and remains in line with HNECC PHN Strategic objectives of providing the right care at the right time at the right place. Improvements in national headline indicators and local priority areas will be observed as a result of these activities.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$ 1,947,421

Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	Nil
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$119,518
Funding from other sources	\$114,924 of the above is contributions from Central Coast and Hunter New England LHDs for Health Pathways. The difference is incidental income.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. HSI or GPS)	HSI3 Health Planning, processes and engagement
HSI/GPS Priority Area	Select one of the following: Population Health Planning
Existing, Modified, or New Activity	<p>MODIFIED</p> <p>This activity includes activities previously reported as:</p> <p>NP Flex 22 Continued development of commissioning capacity</p> <p>OP 1.1 Stakeholder Management, Engagement and Relationships</p> <p>OP 1.2 PHN Population Health Planning</p>
Aim of Activity	<ul style="list-style-type: none"> • 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 commissioning of high quality, locally relevant and effective health services across the region in alignment with the Quadruple Aim approach, including through the monitoring and evaluation of HNECC's commissioned services and other activities.

Description of Activity

Stakeholder Engagement

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

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.

Health Planning

- HNECC PHN regional Needs Assessment - update with new information, data, and learnings gained from engagement activities, and through monitoring and evaluation of commissioned services
- Health planning resources - Monitor the HNECC Population Health webpages and update as required; produce a dashboard style report illustrating the contribution of HNECC to Closing the Gap at a local level
- National Headline Performance Indicators - Research Potentially Preventable Hospitalisations in the region and provide recommendations as to how HNECC can address needs and issues
- HNECC PHN Health and Wellbeing Outcomes Framework – Implement across HNECC's commissioned services and other activities

	<ul style="list-style-type: none"> • HNECC PHN Evaluation Framework – Produce and implement, including assisting in the development of program specific evaluation frameworks, data collection, analysis and reporting as required • HNECC Outcomes-Based Commissioning (OBC) 2020 plan – Continue to implement: Review findings from PRM and shadow contract trial (ITC and PAHS) and include outcome-based payment in new contracts; continue to establish processes to capture, collate and report PROMs & PREMs within HNECC programs and services in line with the 2018 HNECC Health and Wellbeing Outcomes Framework. • HNECC Rural Communities Strategy - Develop information on health access and needs to assist in prioritising local areas. • Researching Important Clinical Questions to Improve Health Outcomes (RICH workshops) – Continue to support funded research opportunities for GPs and Primary Care Clinicians to undertake research in Primary Care. • Mental Health and Suicide Prevention Regional Plan – support the development of this plan including through the use of the NMHSPF-PST • Health Planning and Commissioning Database – Continue to expand collection and integrate key data sets, assess, develop and implement tools for sharing and visualising relevant data across the organisation • PHN Program Performance and Quality Framework – support the implementation of this framework within HNECC • Analytical capability – Continue to expand analytical capacity with respect to PenCAT and General Practice clinical data, PMHC MDS, PREMS/PROMS, provider activity and performance data, PHN engagement and project measures and other evaluation data • Support program staff across HNECC by - providing relevant data; assisting with compliance and interrogation of data obtained from commissioned service providers, including through the PMHC-MDS; assisting with literature reviews to inform service plans and programs; and geospatially mapping service and population data • External data requests – respond in a timely manner • Local, national and state working groups <ul style="list-style-type: none"> - National Qlik Sense implementation
--	---

	<ul style="list-style-type: none"> - NSW PHN Data Information Network - Qld PHN Data Collaborative (by invitation) - AMS Chief Executive/HNECC PHN Data Sub Committee <p>Commissioning Capability</p> <ul style="list-style-type: none"> • Continuation of training in outcomes based commissioning, and change management, • Implementation of outcome measures building on from work undertaken in 2017-2018 • Ongoing service redesign of programs, some of which may require external facilitation • Research Scholarships for service providers • 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 • 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 the 2018 Commissioning Showcase.
Supporting the primary health care sector	<p>These initiatives provide the mechanisms to recognise and support GPs, clinicians and consumers to provide informed input to strengthen the local primary health sector and address issues of importance in each community. Our key stakeholders can offer important insights and it's important that we are relevant and consistent in our consultation, as well as ensuring that they are actively engaged as partners in improving local health outcomes.</p> <p>The Health Planning team is responsible for population health based needs assessment activities, to identify health needs and system shortcomings in our region, and determine priorities for action. The team works with stakeholders to identify evidence-based strategies, and develop innovative plans to better align HNECC activities to population health needs, and national and PHN priorities.</p> <p>This work supports and results 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.</p>
Collaboration	<p>This activity will be led by HNECC PHN with the opportunity for a wide array of stakeholders to contribute and collaborate as appropriate.</p>

	<ul style="list-style-type: none"> • 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.
Duration	01/07/2018 – 30/06/2019
Coverage	Whole of PHN region
Expected Outcome	As an expected outcome of activities undertaken as part of HSI3 Health Planning, process and engagement, HNECC PHN will be well equipped and informed to commission high quality, locally relevant and effective health services across the region. Our commissioning processes will reflect consumer input throughout service design and/or redesign to ensure community needs are considered. Services will be evaluated using the Quadruple AIM approach. Well managed stakeholder relationships will result in a strong understanding of local needs, and this is reflective of HNECC's Strategic direction, where true stakeholder engagement underpins the development of services and initiatives.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,329,949
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	Nil
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$6,627
Funding from other sources	Above amount is incidental income

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. HSI or GPS)	HSI4 Primary Care Quality Improvement
HSI/GPS Priority Area	Select one of the following: Other Practice Support
Existing, Modified, or New Activity	MODIFIED NP Flex 8 Provision of Accredited Professional Development and Education Programs NP Flex 9 Workforce: Analysis and Support OP1.3 Supporting General Practice
Aim of Activity	Work with all internal and external stakeholders to provide continuing professional development, minimise town/suburb vulnerability across the HNECC PHN region.
Description of Activity	This activity will comprise the following elements: <ul style="list-style-type: none"> • 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 YouTube 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 HNECC PHN area • Development a workforce vulnerability matrix to enable the allocation of a vulnerability index to each suburb/town. Key vulnerability indicators will include: town/suburb population against existing workforce FTEs, town/suburb median age, age of existing workforce, registration/provider number access limitations, specialist skills knowledge needed v what is available, known workforce intentions (move/retire etc.), distance from next closest service • Allocate vulnerability index to each town / suburb • Use vulnerability data to identify and manage areas of immediate vulnerability while also developing a short- and longer-term workforce plan
Supporting the primary health care sector	These initiatives provide the mechanisms to recognise and support GPs, clinicians and consumers to provide informed input to strengthen the local primary health sector and address issues of importance in each community. Our key stakeholders can offer important insights and it's important that we are

	<p>relevant and consistent in our consultation, as well as ensuring that they are actively engaged as partners in improving local health outcomes.</p> <p>This work supports and results 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.</p>
Collaboration	<p>This activity will not be jointly implemented with other stakeholders.</p> <p>Hunter New England Local Health District (Role = Local Health District), Central Coast Local Health District (Role = Local Health District)</p> <p>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)</p> <p>General Practice representatives (Role = Provide local clinical community knowledge)</p>
Duration	01/07/2018 – 30/06/2019
Coverage	Whole PHN region
Expected Outcome	Through this activity, the HNECC PHN expects to be able to report improvement in the ways general practices across the 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.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,906,140
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$556,848
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$3,021

Funding from other sources	Above amount is incidental income.
----------------------------	------------------------------------

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. HSI or GPS)	GPS1 General Practice Support and development
HSI/GPS Priority Area	Select one of the following: General Practice Support
Existing, Modified, or New Activity	MODIFIED This activity was previously reported as OP1.3 Supporting General Practice
Aim of Activity	Through this activity, the HNECC PHN Primary Care Improvement team supports general practices 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	<p>Primary Care Improvement Officers (PCIO's) offer guidance and assistance in a range of areas including:</p> <ul style="list-style-type: none"> • Quality Improvement activities • Practice data analysis • Practice Management • Education / Professional Development • Digital Health • Accreditation • Chronic Disease Management • Preventative Health / models of care • Workforce Support • Immunisation. <p>Practice Support Plans</p> <ul style="list-style-type: none"> • Developed in conjunction with key practice staff and form the basis for practice engagement for the following year • Identify priorities and key support areas

	<ul style="list-style-type: none"> • assists with enhanced health outcomes and quality of care for patient and communities, practice viability and efficiency, staff development • Influenced by: national and local health priorities and practices unique challenges and areas of interest • Support the adoption of new models of care <p>Data extraction</p> <ul style="list-style-type: none"> • 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. <p>Practice Nurse</p> <ul style="list-style-type: none"> • Improve utilisation of Practice Nurses particularly in areas of workforce shortage. <p>Digital Health</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Supporting the primary health care sector	<p>This activity will support the primary health sector by:</p> <ul style="list-style-type: none"> • 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.
Duration	1/07/2018 – 30/06/2019 Practice Support Plans are reviewed at least annually with General Practices. Data extraction occurs monthly, with reports back to practices quarterly Website information reviewed biannually.
Coverage	Whole of HNECC PHN catchment
Expected Outcome	Through this activity, the HNECC PHN expects to be able to report improvement in the ways general practices across the 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.
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$909,698
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$556,848
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

³ HSI funding is to be used to deliver core functions within the PHN program such as population health planning, system integration and stakeholder engagement, as well as support to general practice which is not funded under the General Practice Support Funding Schedule. PHNs are able to use flexible funding to commission referral or health pathways activities (including non-

staff costs such as 'Streamliners') but all associated PHN staff costs must be funded from HSI funding. HealthPathways activity to be undertaken by commissioned services should be separately identified as a Core Flexible Activity in 1. (b) *Planned PHN activities – Core Flexible Funding Stream 2018-19*.

PHNs cannot commission frontline services using HSI funding. PHNs may use HSI funding to subcontract specific activities under this stream, for example a health data analyst or consultant may be contracted to identify priorities for improved care coordination. Contracted or consultant arrangements are particularly appropriate for time-limited and specialist projects.

Practice support is to be provided through HSI funding and must be primarily delivered through PHN employees. Practice support cannot be commissioned out to a third party. Practice Support includes general practice support not funded under the General Practice Support Funding Schedule and support provided by your PHN to other practices, eg. allied health practices.

4. (a) Strategic Vision for After Hours Funding

Please outline, in no more than 500 words, an overview of the PHN's strategic vision for the period covering this Activity Work Plan that demonstrates how the PHN will achieve the After Hours key objectives of:

- increasing the efficiency and effectiveness of After Hours Primary Health Care for patients, particularly those with limited access to Health Services; and
- improving access to After Hours Primary Health Care through effective planning, coordination and support for population based After Hours Primary Health Care.

In 2018-19 and onwards, your organisation is required to:

- Implement innovative and locally-tailored solutions for after-hours services, based on community need; and
- Work to address gaps in after-hours service provision.

HNECC PHN Strategic Vision for After Hours

Our Vision – Healthy People and Healthy Communities

Our Purpose – To deliver innovative, locally relevant solutions that measurably improve the health outcomes of our communities.

Our Values – Respect – Innovation – Accountability – Integrity – Cooperation – Recognition

Our Principles – We will deliver better health outcomes that are efficient, effective, equitable and sustainable by:

- 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
- aiming for the best use of health resources, with locally relevant services that are high quality and cost-effective collaborating with other to enable and coordinate timely and appropriate health care, so that people can stay well in their communities.

In order to increase efficiency and effectiveness of After Hours Primary Care across the Hunter, New England and Central Coast Primary Health Network region, HNECC PHN aims to improve access and implement innovative locally-tailored solutions using a rigorous commissioning approach.

Through comprehensive consultation with a range of stakeholders, including the Clinical Councils and Community Advisory Committees, HNECC PHN will utilize sourced data to inform commissioning of After Hours Services. The ongoing needs assessment will identify gaps in After Hours service provision across the region, and inform collaborative opportunities to potentially redesign existing services, value-add to existing services and/or implement innovative pilot models of care to address community and patient/ consumer needs.

The objectives of the HNECC Afterhours Primary Health Care program may include, but are not limited to:

- Develop innovative solutions to address service gaps and improve access to After Hours Primary Health Care, ensuring ongoing consideration for vulnerable populations and those populations who have not been well served by previous After Hours arrangements such as rural and remote populations;
- Address the lack of, or inequity of access to, After Hours Primary Health Care through targeted (and collaborative) programmes;
- Improve patient outcomes through working collaboratively with health professionals and services to integrate and facilitate a seamless patient experience;
- Address fragmentation, increase efficiency and effectiveness and implement systems to support effective communication and continuity of care across After Hours service providers and a patient's regular GP;
- Work with key local After Hours stakeholders, including State and Territory governments, to plan, coordinate, and support population based After Hours Primary Health Care;

The After Hours Primary Care program will commission a range of locally-tailored services to meet the needs of the population. The modalities of care that will be offered at sites across the region may comprise of:

- A phone based patient streaming service (PSS) that assesses and triages calls and directs them to the appropriate level of care that matches their clinical need
- GP Led After Hours Clinics located at multiple sites in the region
- On call GPs who provide home visits, including to residential aged care facilities, group homes and other location that patients/consumers might live
- Patient transport to the nearest clinic, should this be clinically indicated
- Nurse led telephone support for Residential Aged Care Facility (RACFs) to support staff and facilitate residents with non-life threatening acute care needs being met within the facility to avoid emergency department presentations when clinical appropriate
- Nursing support to enhance the flow and coordination of care for the RACF resident during their ED visit when an emergency department presentation is clinically appropriate

4. (b) Planned PHN Activities

– After Hours Primary Health Care Funding 2018-19

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. AH 1)	AH1 Small Town After Hours (STAH) Program
Existing, Modified, or New Activity	MODIFIED*
Needs Assessment Priority Area (eg. 1, 2, 3)	Nx page 53, Service integration and coordination Nx page 56, Rural health and Access to Services
Aim of Activity	Improved access to After Hours primary medical care for residents of small towns, and improved retention and job satisfaction of GPs working in small towns.
Description of Activity	Continuation of the Small Town After Hours (STAH) Program in the New England region, provides telephone medical support to local hospitals for patient presenting with Triage Categories 3 - 5 when the usual general practitioner VMO is absent/unavailable from the town.
Target population cohort	Small rural communities, including disadvantaged groups and infrequent users of health care services are provided with accessible and effective after hour's primary health care services throughout the whole after hours period. * Please note: Murrurundi is now included in the service area of the Small Town After Hours program, in previous years and Activity Work Plans it was not included in the service coverage.
Consultation	The STAH program is well established in the New England North West Region. It supports small town hospitals that are placed on by-pass when the towns GP Visiting Medical Officer (VMO) is unavailable after hours. The STAH program continues to build on established relationships with GPs in the New England and North West Region.
Collaboration	HealthWISE NENW are the contracted service provider for the STAH program. The Hunter New England Local Health District is an integral stakeholder in the implementation of this program.
Indigenous Specific	NO

Duration	01/07/2018 to 30/06/2019
Coverage	This activity will cover the New England region of the HNECC PHN catchment, or the Inverell-Tenterfield, Moree-Narrabri, Tamworth-Gunnedah and Armidale SA3's. More specifically, this activity will be delivered in the following towns: Barraba, Bingara, Boggabri, Emmaville, Manilla, Murrurundi, Quirindi, Walcha, Wialda, and Wee Waa.
Commissioning method (if relevant)	Direct contract negotiation was undertaken with existing providers of the program. Renewal of contract is dependent on satisfactory performance. Selective tender will be undertaken only if required. This program was put to competitive tender in February, 2016.
Decommissioning	N/A
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$20,625
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	Not applicable

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. AH 1)	AH2 Aged Care Emergency (ACE) Program
Existing, Modified, or New Activity	EXISTING
Needs Assessment Priority Area (eg. 1, 2, 3)	Nx page 52, After Hours Health Service Access

	Nx page 56, Rural health and Access to Services
Aim of Activity	The Aged Care Emergency (ACE) program is designed to address an identified gap in supporting staff in residential aged care facilities (RACF) to facilitate residents' non-life-threatening acute care needs being met within the facility and thus avoiding an emergency department (ED) presentation. The model is aimed not just at reducing the need for residents of RACFs to present to an ED for acute care, but also, where an ED presentation is required, to proactively manage the visit through effective clinical handovers.
Description of Activity	<p>This service is a collaboration between HNECC PHN, Hunter New England Local Health District (HNE LHD), NSW Ambulance, Hunter Primary Care and local RACFs. The ACE program is a nurse led model of care that provides support to Residential Aged Care Facilities (RACFs) staff to facilitate residents' 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.</p> <p>There are 7 key elements:</p> <ol style="list-style-type: none"> 1. The use of evidence based algorithms to manage common health problems within the RACF facility 2. A telephone consultation service for RACF staff to access clinical guidance – provided by Local Health Districts in business hours and under contract by Hunter Primary Care in the After Hours period. 3. Development of clear goals of care prior to transferring to an ED 4. Proactive case management within the ED 5. Education and empowerment of RACF staff 6. Collaborative relationships with RACFs, GPs, Hunter Primary Care, NSW Ambulance and EDs 7. A management team to implement and support all the above elements. <p>Element funded under this contract is the access to clinical guidance in the After Hours period which is provided under contract by Hunter Primary Care. Provision of resources and education which enables access to the service is also covered within the contract.</p>

Target population cohort	The ACE Program is designed to address an identified gap in supporting staff in Residential Aged Care Facilities (RACF) to facilitate residents' non-life threatening acute care needs being met with the facility and this avoiding an emergency department (ED) presentation.
Consultation	<p>Quarterly meetings with ACE team to ensure services are well planned, coordinated and appropriate to community needs. Collaborate with other key stakeholders (NSW Ambulance, HNE LHD, Hunter Primary Care, RACFs).</p> <p>Quarterly interagency meetings are held across the Hunter, Manning and New England regions. Facilitated by the partners, these are opportunities for knowledge sharing, innovation sharing and further enhancements of the program.</p>
Collaboration	This activity is a collaboration between HNECC PHN, HNE LHD, Hunter Primary Care, NSW Ambulance and local RACFs. The ACE Program is a collaboration between General Practice and the primary care sector, LHD, Community providers and RACFs.
Indigenous Specific	NO
Duration	01/07/2018 to 30/06/2019
Coverage	This activity will cover specific areas of the HNECC PHN footprint including Lake Macquarie, Newcastle, Port Stephens, Maitland, Singleton, Great Lakes and Taree, Tamworth and Armidale LGAs.
Commissioning method (if relevant)	<p>Direct contract negotiation was undertaken with existing providers of the program.</p> <p>Renewal of contract is dependent on satisfactory performance. Selective tender will be undertaken only if required.</p> <p>This program was put to competitive tender in Feb. 2016.</p>
Decommissioning	Not applicable
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$360,933

Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	The Hunter New England Local Health District provide in kind support from 0.1FTE Staff Specialist, 1.0 FTE Clinical Nurse Consultant and support of ASET nurses.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. AH 1)	AH3 GP After Hours Program - Hunter
Existing, Modified, or New Activity	EXISTING
Needs Assessment Priority Area (eg. 1, 2, 3)	Nx page 52, After Hours Health Service Access Nx page 53, Service integration and coordination
Aim of Activity	Improved access to After Hours primary medical care for residents across the Hunter region.
Description of Activity	<p>Phone based Assessment Service</p> <p>The phone based service assesses and triages callers and directs them to the appropriate level of care that matches their clinical need. The call centre is staffed by a mix of Registered and Enrolled Nurses and call takers.</p> <p>Service Hours are:</p> <ul style="list-style-type: none"> Monday to Friday 5.30pm (4pm for RACF calls only) to 8am the following day Weekends: 12MD Saturdays till 8am Mondays On Public Holidays, the service will be operational for 24 hours/day. <p>The call centre staff use evidence based algorithms to assess callers and to triage them to the most appropriate care. Referral options available to call centre staff would include:</p> <ul style="list-style-type: none"> Health Direct The nearest ED, A clinic with an appointment time,

	<ul style="list-style-type: none"> • An on call GP, • NSW Ambulance, via its 000 or booked patient transport services. <p>GP Led After Hours Clinics located at up to five (5) sites in the Hunter region operating in the hours of:</p> <ul style="list-style-type: none"> • Monday to Friday: 6pm to 11pm • Saturday 1pm – 10pm • Sunday 9.00am to 10.00pm. <p>On call GPs who provide home visits, including to residential aged care facilities, group homes and other locations where patients/consumers might live.</p> <p>Patient transport to the nearest clinic, should this be clinically indicated.</p>
Target population cohort	<p>All of Hunter region community.</p> <p>The GP After Hours Program provides GP led clinics to the residents the Hunter Region. The clinic locations are Belmont Hospital, John Hunter Hospital, Calvary Mater Hospital, Maitland Hospital and Toronto Community Centre.</p> <p>The clinics aim to provide patients access to appropriate, quality after hours primary care reducing low acuity presentations to emergency departments.</p>
Consultation	<p>Regular meetings scheduled with Toronto Community Centre facility Managers and Operational Management teams Maitland, Mater, Belmont and John Hunter Hospital Emergency Departments.</p> <p>Ongoing meetings and communication with the Director Research, Innovation & Partnerships HNE LHD.</p> <p>Patient satisfaction surveys and stakeholder feedback.</p>
Collaboration	<p>This activity is a collaborative initiative between HNECC PHN, HNHE LHD and Hunter Primary Care. Hunter Primary Care are the providers of this service. HNEC PHN is responsible for commissioning the service. HNELHD is responsible for housing the clinics.</p>
Indigenous Specific	NO

Duration	01/07/2018 to 30/06/2019
Coverage	This activity will cover the Hunter region of the PHN catchment, or the SA3's of: Maitland, Newcastle, Lake Macquarie-East; and Lake Macquarie- West; Port Stephens; Lower Hunter; Great Lakes; Taree-Gloucester; and Upper Hunter.
Commissioning method (if relevant)	Direct contract negotiation was undertaken with existing providers of the program. Renewal of contract is dependent on satisfactory performance. Selective tender will be undertaken only if required. This program was put to competitive tender in Feb. 2016.
Decommissioning	Not applicable
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$3,978,516
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	\$650,000 from the Hunter New England Local Health District and in kind support.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. AH 1)	AH4 GP After Hours Program – Central Coast
Existing, Modified, or New Activity	EXISTING
Needs Assessment Priority Area (eg. 1, 2, 3)	Nx page 52, After Hours Health Service Access Nx page 53, Service Integration and coordination

Aim of Activity	Improved access to After Hours primary medical care for residents across the Central Coast region.
Description of Activity	<p>The After Hours Primary Care Service on the Central Coast includes up to three (3) GP-led After Hours Clinics. The GP After Hours Service model is a collaboration of local GPs who work in the clinics during the After Hours period.</p> <p>The Activity fills an identified gap in after-hours care and provides the following benefits to the community:</p> <ul style="list-style-type: none"> • Patient access to appropriate, quality After Hours primary care • Reducing low acuity presentations to Emergency Departments • Emergency Departments and NSW Ambulance Service can transfer patients to co-located clinics for a GP consult when clinically appropriate, e.g. Triage Category four of five. <p>The GP After Hours program will offer a comprehensive model which comprises of:</p> <ul style="list-style-type: none"> • Clinics that are a cooperative arrangement of participating practices, staffed by local General Practitioners to provide the community with quality after hours primary health care outside of normal Practice hours • The Clinics are designed to supplement regular GP services when they are unavailable and to enable people to access a GP • The service is also designed to improve consumer access to safe and secure after hours primary health care • All consultation summaries are provided to the patients regular GP in a timely manner.
Target population cohort	The GP After Hours Program provides GP-led clinics to the community in the Central Coast Region at three locations.
Consultation	This activity will be monitored through a comprehensive annual planning and quarterly reporting cycle. The provider will also provide an evaluation report at the completion of the funding cycle, which will include qualitative and quantitative data, clinician and consumer feedback and indicators of the benefit of the Service including the impact on local Emergency Departments. This data will inform the PHN's ongoing Needs Assessment and Commissioning cycle.

Collaboration	<p>The commissioning of GP After Hours clinics on the Central Coast is a partnership with Central Coast Local Health District (CC LHD). The CC LHD provides accommodation for the each of After Hours clinics at the following locations:</p> <ul style="list-style-type: none"> • Erina (Erina Community Health Centre) • Kanwal (Wyong Hospital campus) • Woy Woy (Woy Woy Hospital campus).
Indigenous Specific	NO
Duration	01/07/2018 to 30/06/2019
Coverage	This activity will cover the Central Coast region of the PHN catchment, or the SA3's of Wyong and Gosford.
Commissioning method (if relevant)	<p>Direct contract negotiation was undertaken with existing providers of the program.</p> <p>Renewal of contract is dependent on satisfactory performance. Selective tender will be undertaken only if required.</p> <p>This program was put to competitive tender in Feb. 2016.</p>
Decommissioning	Not applicable
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$397,383
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	Not applicable
Funding from other sources	In kind support from CCLHD – co-location of clinics and provision of security and administration support.

