



Australian Government
Department of Health



Activity Work Plan 2019-2021: After Hours Funding

This After Hours Activity Work Plan template has the following parts:

1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
 - b) Primary Health Networks Core Funding, Item B.4 – Primary Health Networks – After Hours Innovation Funding – GP Access
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
 - b) Primary Health Networks Core Funding, Item B.4 – Primary Health Networks – After Hours Innovation Funding – GP Access

Hunter New England and Central Coast PHN

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

Version 1 – Submitted July 2019

Overview

This After Hours Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

1. (a) Planned PHN activities for 2019-20 and 2020-21

- After Hours Primary Health Care Program Funding
- After Hours Innovation Funding – GP Access

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	AH1.01 Small Town After Hours
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity AH1 Small Town After Hours (STAH) Program
Program Key Priority Area	Choose from the following: Other (please provide details) After Hours
Needs Assessment Priority	NxPH21, pg. 42, Areas of primary care workforce vulnerability NxPH31, pg. 42, Limited access to after-hours GPs NxPH34, pg. 42, Reduced access to services in rural and remote areas
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.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
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, Walcha, Warialda, and Wee Waa.
Consultation	The STAH program continues to build on established relationships with GPs in the New England and North West Region. 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.
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.

Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

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

ACTIVITY TITLE	AH1.02 Aged Care Emergency Program
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity AH2 Aged Care Emergency (ACE) Program
Program Key Priority Area	Choose from the following: Other (please provide details) After Hours
Needs Assessment Priority	NxPH31, pg. 42, Limited access to after-hours GPs NxPH32, pg. 42, High proportions of semi-urgent and non-urgent emergency department presentations NxPH33, pg. 42, Reduced access to services for older people NxPH34, pg. 42, Reduced access to services in rural and remote areas
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 activity is the access to clinical guidance in the After-Hours period which is provided under contract. 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.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
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.
Consultation	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). 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.
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.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? Yes

Decommissioning	1a. Does this activity include any decommissioning of services? No
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Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	AH1.03 GP After Hours Program – Hunter
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity AH3 GP After Hours Program - Hunter
Program Key Priority Area	Choose from the following: Other (please provide details) After Hours
Needs Assessment Priority	NxPH20, pg. 42, A lack of health service integration, coordination and information sharing NxPH31, pg. 42, Limited access to after-hours GPs NxPH32, pg. 42, High proportions of semi-urgent and non-urgent emergency department presentations
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 (3pm for NSW Ambulance, GP and ED early appointments) to 8am the following day. • Weekends: 12midday Saturdays (8am for NSW Ambulance, GP and ED early appointments) till 8am Mondays. • 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, • 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 – 11pm Sunday 9.00am to 11.00pm. <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>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	<p>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.</p>
Consultation	<p>Oversight of activity provided jointly by HNECC and HNE LHD (quarterly meetings). Quarterly meetings with service providers. Monthly operational meetings amongst key staff (including service managers) of all clinics and service provider.</p> <p>Service provider clinical oversight provided by local GPs.</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 and HNE LHD are responsible for commissioning the service. HNELHD is responsible for housing the clinics.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed?</p>

	<p>Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

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

ACTIVITY TITLE	AH1.04 – GP After Hours Program – Central Coast
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Existing Activity AH4 GP After Hours Program – Central Coast</p>
Program Key Priority Area	<p>Choose from the following: Other (please provide details)</p> <p>After Hours</p>
Needs Assessment Priority	<p>NxPH20, pg. 42, A lack of health service integration, coordination and information sharing NxPH31, pg. 42, Limited access to after-hours GPs NxPH32, pg. 42, High proportions of semi-urgent and non-urgent emergency department presentations</p>
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.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	This activity will cover the Central Coast region of the PHN catchment, or the SA3's of Wyong and Gosford.
Consultation	<p>Oversight of activity provided jointly by HNECC and CCLHD Urgent Care Alliance Workstream, membership includes executive managers, NSW Ambulance and local GPs. Quarterly meetings with service providers.</p> <p>Service provider clinical oversight provided by local GPs.</p> <p>Patient satisfaction surveys and stakeholder feedback.</p>
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 suitable premises 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).
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p> <p>Yes</p>

	<p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

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

ACTIVITY TITLE	AH1.05 – After Hours Primary Health Care Planning
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	<p>Choose from the following: Other (please provide details)</p> <p>After Hours</p>
Needs Assessment Priority	<p>NxPH5, pg.42, Health needs of an ageing population NxPH11, pg. 42, Rural health disparities NxPH20, pg. 42, A lack of health service integration, coordination and information sharing NxPH21, pg. 42, Areas of primary care workforce vulnerability NxPH31, pg. 42, Limited access to after-hours GPs NxPH32, pg.42, High proportions of semi-urgent and non-urgent emergency department presentations NxPH33, pg. 42, Reduced access to services for older people NxPH34, pg.42, Reduced access to services in rural and remote areas</p>
Aim of Activity	Update and inform the ongoing implementation of After-Hours primary health care services in our region that meet the program objectives of PHN After Hours activities.
Description of Activity	<p>Activity outputs include:</p> <ul style="list-style-type: none"> i) Undertaking population health planning and assess the after-hours service needs of our PHN region; ii) Review and identify the market factors and drivers relevant to the provision of AH services in our PHN region iii) Analyse relevant and current local and national data, including LHD data. iv) Focussed input, opinions and feedback on After Hours care from local stakeholder/s and community members. v) Determine priorities and identify strategies that can be implemented to better align to the region’s AH service needs.

Target population cohort	Entire PHN population, with a focus on rural and remote communities and disadvantaged groups, e.g. palliative care and house bound patients.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole PHN region
Consultation	Provide details of stakeholder engagement and consultation activities to support this activity. Confirm whether GPs were consulted.
Collaboration	List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 1/07/2019 Activity end date: 30/06/2020
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>