



Australian Government
Department of Health



An Australian Government Initiative

Activity Work Plan 2018-2019:

Core Funding

General Practice Support Funding

After Hours Funding

North Coast

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.

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

1. (a) Strategic Vision for PHN

Link to NCPHN Strategic Vision <https://ncphn.org.au/key-documents>

1. (b) Planned PHN activities

– Core Flexible Funding Stream 2018-19

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF1 – Primary Health Care for Older People
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Aged Care
Needs Assessment Priority Area	Care for Older Persons, pp. 74-76.
Aim of Activity	Improve primary health care for older people
Description of Activity	<p>NCPHN will work with older people and other relevant stakeholders to commission the development of a coordinated strategy for primary health care services for older people. In the same period, NCPHN will partner with stakeholders to commission localised initiative(s) to address some of the most pressing age-related challenges identified in the NCPHN needs assessment. These include:</p> <ul style="list-style-type: none"> • Improved exercise and activity for older people through the use of exercise prescribed by General Practice. This will involve a trial undertaken with a limited number of Practices after an Expression of Interest process. • Coordination of care and hospital avoidance – Nurse practitioner in General Practice - in partnership with NNSWLHD.
Target population cohort	Older people
Consultation - HSI Component	Planned: Consultation with older people and their carers, the Department of Family and Community Services (FACS), Commonwealth Home Support Programme (CHSP) providers, Local Health Districts, Local Government, NSW Ambulance, primary health care clinicians, residential aged care providers.
Collaboration - HSI Component	Collaborators are currently being identified and a discussion paper has been circulated to Clinical Councils and Local Health Districts to identify the willingness of appropriate collaborators.
HSI Component – Other	<p>NCPHN staff will be required to progress this activity, including the following functions:</p> <ul style="list-style-type: none"> • Co-ordination of network development and co-design • Management of key stakeholder communications and procurement • Administration of contracts • Monitoring • Evaluation
Indigenous Specific	No

Duration	July 2018 – June 2021
Coverage	Whole NCPHN region
Commissioning method (if known)	Expression of Interest, then the commissioning method will be determined by the outcome of the co-design process.
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,022,757
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$520,880
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$501,877
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF2 –Primary Health Care Workforce
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Workforce
Needs Assessment Priority Area	Health Workforce p. 82
Aim of Activity	Strengthen the primary health care workforce capacity and capability
Description of Activity	<p>NCPHN will work with commissioned providers to manage the delivery of a range of initiatives to support the continued development of an accessible high quality primary health care workforce. NCPHN will capitalise on early opportunities to address workforce shortages by commissioning strategies in areas of high need and high priority. The NCPHN Needs Assessment and local clinicians will inform the focus of these workforce development initiatives but includes:</p> <ul style="list-style-type: none"> • Commission a workforce development agency to provide innovative, high quality, interprofessional development activities that address local needs. • Commission a provider to deliver education to support immunisation for new immunisers and updates • Partner with Rural Doctors Network to address identified workforce and capability gaps for General Practice managers and Allied health Professionals.
Target population cohort	Primary Health Care Professionals
Consultation - HSI Component	Consultation with community and clinician advisory structures, the North Coast Allied Health Association, Divisions of General Practice, Aboriginal Community Controlled Health Organisations, Rural Doctors Network, GP Synergy, local rural training hubs, Universities, and Local Health Districts has already commenced, and will be continued throughout the activity.
Collaboration - HSI Component	To be guided by the consultation process.
HSI Component – Other	<p>NCPHN staff will be required to progress this activity, including the following functions:</p> <ul style="list-style-type: none"> • Co-design coordination • Procurement management • Contract administration • Monitoring • Evaluation
Indigenous Specific	No
Duration	July 2018 – June 2021
Coverage	Whole NCPHN region

Commissioning method (if known)	Expression of Interest, then the commissioning method will be determined by the outcome of the co-design process.
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,576,940
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$803,120
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$773,820
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF3 – Disease Prevention and Self-Management
Existing, Modified, or New Activity	Modified
Program Key Priority Area	Population Health and Aboriginal Health
Needs Assessment Priority Area	Population Health, pp. 82-84; Aboriginal Health, pp. 70-74
Aim of Activity	To improve health outcomes for the population
Description of Activity	<p>NCPHN will commission initiatives across the spectrum of prevention of chronic disease (i.e. primary, secondary, and tertiary prevention). The initiatives are include, but not be limited to:</p> <ul style="list-style-type: none"> • Health literacy – Co-fund the Northern NSW Health Literacy Programme with the NNSWLHD with an aim of improving availability of easy to understand patient communication across the continuum of care. • Immunisation North Coast in collaboration with the North Coast population health unit (covering NNSW and MNC) implement coordinated strategies to increase immunisation uptake, particularly in low immunising areas • Cancer – Deliver a cancer screening collaborative targeting Aboriginal people to improve participation. Partners include Aboriginal Medical Services, General Practices with more than 200 aboriginal patients, NSW Cancer Institute and North Coast cancer Institute. • Chronic conditions, self-management and enhancing protective health determinants –Commission training and support to General Practices to implement shared medical appointments for patients with targeted chronic conditions. One suitable provider <p>During this period we will also investigate support for practice-population oriented accountable care arrangements.</p>
Target population cohort	Health system consumers and health professionals
Consultation - HSI Component	Planned: Relevant clinicians and people with lived experience of long term conditions, parents and carers will inform the development of locally and culturally relevant strategies.
Collaboration - HSI Component	Collaboration will be tailored for individual initiatives, and will include: Local Health Districts; Social Service Agencies; FACs; Public Health Unit; Aboriginal Community Controlled Organisations; State wide agencies (e.g. Cancer Institute) to ensure integrated approaches are implemented.
HSI Component – Other	<p>NCPHN staff will be required to progress this activity, including the following functions:</p> <ul style="list-style-type: none"> • General Practice Support to improve the quality of chronic disease care • Coordination of co-design • Management of procurement • Administration of contracts

	<ul style="list-style-type: none"> • Monitoring • Evaluation
Indigenous Specific	No
Duration	July 2018 – June 2021
Coverage	Whole NCPHN region
Commissioning method (if known)	<ol style="list-style-type: none"> 1. One provider - LHD 2. Not yet known - this will be identified during the co-design process. 3. Cancer Institute commissioned to provide activity 4. One suitable provider to be commissioned
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$673,094
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$342,800
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$330,294
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF4 – Health Pathways Licences
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Other (please provide details). This activity relates to all Key Priority Areas
Needs Assessment Priority Area	Coordination of Care, pp. 79-80
Aim of Activity	To assist health professionals to navigate the health system at a local level; and to improve access to evidence-based clinical and consumer-focussed resources
Description of Activity	NCPHN will work with Streamliners NZ to further develop the Mid and North Coast health pathways portals. Evidence based, locally relevant clinical and referral pathways to support delivery of the right care, at the right time in the right place. (As agreed with DOH)
Target population cohort	Health system consumers and health professionals
Consultation - HSI Component	General Practitioners, Public and private specialists, allied health clinicians and LHD's
Collaboration - HSI Component	Local Health Districts and consumers
HSI Component – Other	NCPHN staff will be required to progress this activity, including the following functions: <ul style="list-style-type: none"> • Support the promotion and uptake of health pathways • Document information methodically and accurately • Liaison with internal and external parties • Administration of contract
Indigenous Specific	No
Duration	NCPHN has an established contract with Streamliners NZ
Coverage	Whole NCPHN region
Commissioning method (if known)	Sole provider
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$392,703
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$200,000

Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$192,703
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA
Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF5 –Cross sector Partnerships
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Other (please provide details). This activity will address all Key Priority Areas.
Needs Assessment Priority Area	Coordination of Care, pp. 79-80
Aim of Activity	To improve patient experience of the health system
Description of Activity	<p>NCPHN will work collaboratively with key health system stakeholders (e.g. Local Health Districts) to plan, implement and evaluate initiatives designed to improve health system integration across the patient journey. These initiatives may not be led by NCPHN. These initiatives include, but are not limited to Consortiums and partnerships with health and social care agencies. These include:</p> <ul style="list-style-type: none"> • Services developed with cross sector partners targeting children in the first 2000 days in Grafton (currently in codesign) • Delivery of a patient portal containing locally relevant health information and self-management materials. • Centre for Knowledge, Health Care and Innovation is a collaboration with LHD's, NSW Agency for Clinical Innovation, Southern Cross University, University Centre for Rural health, Social Futures, Bulgarr Ngaru Aboriginal Medical Service, CHESS Employment, Allied Health Association and other affiliated bodies.(This partnership collaborates to deliver initiatives to build cross sector integration and understanding particularly targeting the social determinants of health)
Target population cohort	Health system consumers and health professionals
Consultation - HSI Component	Planned: Clinical Councils, community advisory structures, Local Health Districts, social service agencies, FACs, NGO's, Universities, State wide agencies and Aboriginal Community Controlled Organisations.
Collaboration - HSI Component	NCPHN will collaborate with Local Health Districts and Aboriginal Community Controlled Health Organisations.
HSI Component – Other	<p>NCPHN staff will be required to progress this activity, including the following functions:</p> <ul style="list-style-type: none"> • General practice support to improve integration

	<ul style="list-style-type: none"> • Liaison with LHDs and other partners • Co-design coordination • Procurement management • Contract administration • Monitoring • Evaluation
Indigenous Specific	No
Duration	July 2018 – June 2021
Coverage	Whole NCPHN region
Commissioning method (if known)	Commissioning method will be identified during the co-design process
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$1,884,976
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$960,000
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$924,976
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

Proposed Activities	
Activity Title / Reference (eg. CF 1)	CF6 –High Needs Populations
Existing, Modified, or New Activity	New activity
Program Key Priority Area	Other (please provide details). This activity will address a number of Key Priority Areas including Aboriginal and Torres Strait Islander Health and Mental Health.
Needs Assessment Priority Area	Coordination of Care, pp. 79-80; Aboriginal Health, pp. 70-74
Aim of Activity	Improve integration of care and health outcomes for high needs population groups
Description of Activity	<p>NCPHN will commission initiatives focussed on improving integration and/or improving the health of high needs groups. These initiatives will arise from ongoing partnership planning processes in combination with the identification of target populations/groups through the NCPHN Needs Assessment. In order to reach high needs populations, and to ensure appropriateness of any initiatives, members of target populations/groups will be involved in program design. Activities will include but not be limited to:</p> <ul style="list-style-type: none"> • Early intervention for patients at risk of developing Chronic disease– Commissioned provider to target early identification and screening for chronic disease indicators to allow early intervention and avoidance. • Pilot GP care of patients with Mental health conditions.-This pilot tests general practice approaches to improving coordination of mental health and physical health to compliment stepped care approaches for people with moderate to severe mental health conditions whose physical wellbeing is not managed in an integrated way.
Target population cohort	Health system consumers and health professionals
Consultation - HSI Component	Planned: Cancer Institute NSW, Clinical Councils, community advisory structures, Local Health Districts, social service agencies, FACs, Aboriginal Community Controlled Organisations, people experiencing disadvantage and their families/carers.
Collaboration - HSI Component	Collaboration will be tailored for individual initiatives, and will include: Local Health Districts; Social Service Agencies; FACs; Aboriginal Community Controlled Organisations; and others as relevant.
HSI Component – Other	<p>NCPHN staff will be required to progress this activity, including the following functions:</p> <ul style="list-style-type: none"> • General practice support to improve integration and care for high needs populations • Liaison with LHDs and other partners • Co-design coordination • Procurement management • Contract administration • Monitoring • Evaluation

Indigenous Specific	No
Duration	July 2018 – June 2021
Coverage	Whole NCPHN region
Commissioning method (if known)	Not yet known – this will be identified during the co-design process
Decommissioning	NA
Planned Total Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$839,576
Planned Flexible Expenditure 2018-19 (GST Excl.) - Commonwealth funding.	\$427,588
Planned Health System Improvement Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$411,988
Planned Expenditure 2018-19 GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

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	
Activity Title / Reference (eg. HSI or GPS)	GPS General Practice (GP) Support and Data Driven Quality Improvement
HSI/GPS Priority Area	General Practice Support
Existing, Modified, or New Activity	Existing
Aim of Activity	To improve primary health care quality
Description of Activity	<p>NCPHN will provide individualised support to GPs (including Aboriginal Medical Services) in the region to improve quality of care. This will be achieved through:</p> <ol style="list-style-type: none"> 1. Delivering a range of practice support activities that promote the delivery of high quality, safe, evidence-based care for patients and communities. This includes promoting and improving the uptake of practice accreditation, supporting practices to adopt digital health systems and technologies; and working with practices to improve business systems and processes. 2. Supporting practices to implement data driven quality improvement initiatives to improve patient care and foster a person centred health system. The primary mechanism for this is NCPHN's Measuring for Improvement (MI) Program. The MI Program involves collecting and using clinical data within general practices to target quality improvement activities that improve the health of their practice population as well as assist them in their transition towards becoming person-centred medical homes.
Supporting the primary health care sector	The primary health care sector will be assisted through the provision of face-to-face practice visits, telephone support, coaching and knowledge transfer activities, access to data reports, and evidence-based resources and tools.
Collaboration	General Practice and Aboriginal Medical Service staff
Duration	July 2018 – June 2021

Coverage	Whole of region
Expected Outcome	Enhanced quality of care provided to patients
Planned Core Operational Funding Stream b) Health Systems Improvement Expenditure 2018-19 (GST Excl.) Commonwealth funding	\$470,602 \$61,530 Software Total \$532,132
Planned General Practice Support Funding Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$241,051
Planned Expenditure 2018-19 (GST Excl.) –	\$773,183
Funding from other sources	NA

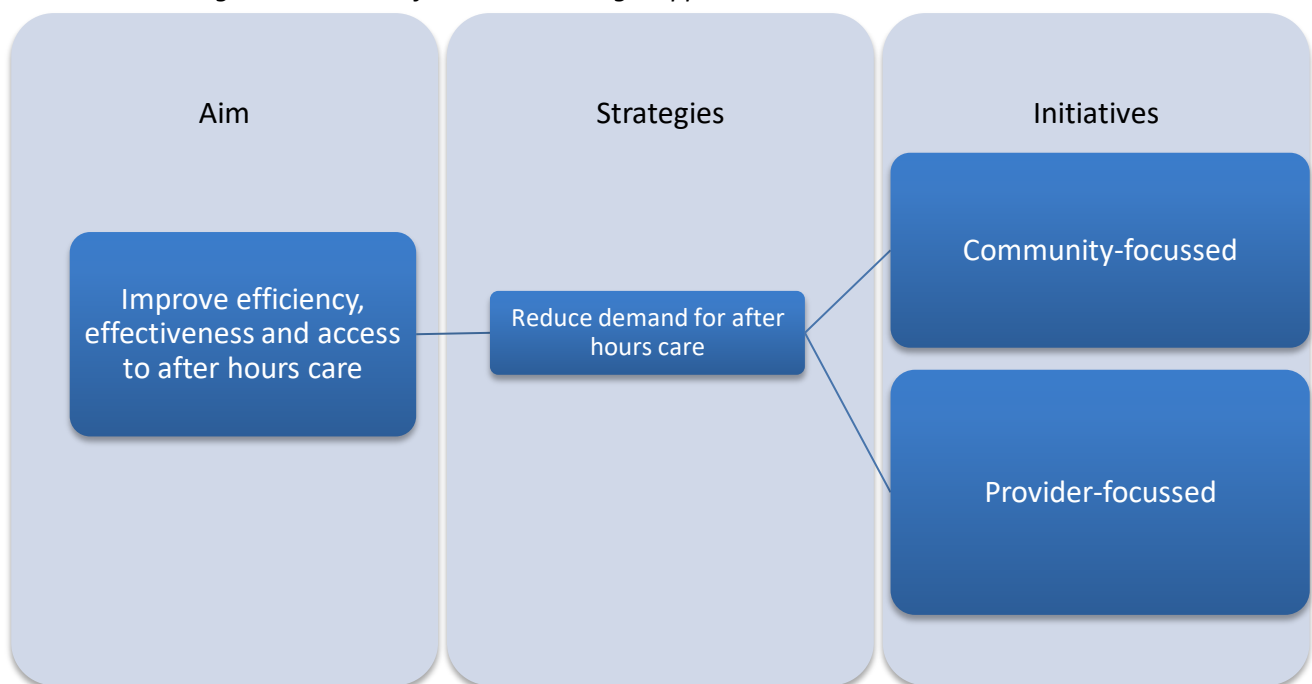
³ HSI funding is to be used to deliver core functions within the PHN program such as population health planning, system integration and stakeholder engagement, as well as support to general practice which is not funded under the General Practice Support Funding Schedule. PHNs are able to use flexible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

- NCPHN is taking a comprehensive approach to improving the efficiency, effectiveness and access to after hours care by approaching the challenge from both a demand and supply perspective. That is, NCPHN will focus on initiatives aimed at both the community and providers to decrease demand for after hours care; and will work with providers to increase the supply of extended hours care. A summary of NCPHN’s strategic approach is presented in Figure 1.
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- *Figure 1: NCPHN After Hours Strategic Approach*



(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 Reducing After Hours Demand: Community Focussed Initiatives
Existing, Modified, or New Activity	Modified (AH1)
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> • Aboriginal Health (pp.70-74). • Chronic Disease (pp. 77-78) • Coordination of Care (pp. 79-80). • Population Health (pp.82-84). • Service Access (p. 85).
Aim of Activity	To reduce the demand from North Coast NSW residents for after hours care
Description of Activity	<p>In the 2018-19 period, NCPHN will commission to reduce the need for after hours care. These initiatives are likely to include, but not be limited to:</p> <ul style="list-style-type: none"> • Development of community-focussed accessible information • Community campaign(s) • • Healthy Towns program (a continuation of a 2017-18 approved activity). A Needs Assessment has been carried out in the six towns (Evans head, Casino, Maclean, Woolgoolga, Lake Cathie, South West Rocks), community action planning workshops have been held and consultation undertaken with residents, service providers, health professionals and community groups. The next steps involve listing the proposed initiatives for each town and further consultation and co-design with partners (Residents, GP's, LHD, Council etc). <p>PHN has convened local governance groups that include health and community service providers and community to agree shortlists of initiatives that support after hours service access, increase community capacity, and increased health system integration. The initiatives include tools such as the Ambulance NSW Diagnosis Assessment Tool to assist local Ambulance Officers determining if hospitalisation is required for Mental health issues, publishing community information and Advertising of the My Emergency DR app.</p>
Target population cohort	Whole NCPHN region, with priority to older people, Aboriginal and Torres Strait Islander people and people in small towns without physical access to services
Consultation	Ongoing: Mid North Coast and Northern NSW LHDs, community and clinician advisory structures, Aboriginal Medical Services, General Practices, Allied Health professionals, first aid providers, NSW

	Ambulance, Health Direct in the planning, design and implementation of these activities including those commissioned.
Collaboration	NCPHN will collaborate with community members, Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, first aid providers, Ambulance NSW, Local Government, Social Service Agencies, Education providers, Health Direct in the planning, codesign and implementation of these activities
Indigenous Specific	No
Duration	July 2018 – June 2019
Coverage	Whole NCPHN region, with priority to people in small towns without physical access to services
Commissioning method (if relevant)	Not yet identified
Decommissioning	NA
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$812,319 \$962,412 carry forward from 2016-2017
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. AH 1)	AH2 Reducing After Hours Demand: Provider Focussed Initiatives
Existing, Modified, or New Activity	Modified (AH2)
Needs Assessment Priority Area (eg. 1, 2, 3)	<ul style="list-style-type: none"> • Aboriginal Health (pp.70-74). • Care for Older People (pp. 75-76). • Chronic Disease (pp. 77-78) • Coordination of Care (pp. 79-80).
Aim of Activity	To reduce the demand from North Coast NSW residents for after hours care
Description of Activity	<p>NCPHN will commission a number of provider and system-focussed initiatives to reduce the need for after hours care. These initiatives are likely to include, but not be limited to:</p> <ul style="list-style-type: none"> • AMS & General Practice capability building to engage patients in proactive self-management • Strategies to support in hours care where access is limited. • Strategies to improve proactive identification and management of patients at risk of hospitalisation <p>This includes the well-recognised “Winter Strategy” which has been previously recognised by DOH as a successful innovative activity under After Hours and is in its second year of operation. There are 24 practices registered with 793 patients There is also a Complex High Intensity Patients (CHIP) in the Mid North Coast in its initial year with 4 practices and 132 patients registered. These strategies give priority access for appointments and practice nurses for triage, active engagement by nurses with patients, health coaching and alerts to Chronic Disease Management (CDM) Teams in the LHD when the patient presents. The CDM teams also liaise with the practices to discuss care and follows up with the patient.</p>
Target population cohort	Whole NCPHN region primary care providers
Consultation	Ongoing: Mid North Coast and Northern NSW LHDs, community and clinician advisory structures, Aboriginal Medical Services, General Practices, Allied Health professionals, NSW Ambulance, Health Direct
Collaboration	NCPHN will collaborate with community members, Mid North Coast and Northern NSW LHDs, Aboriginal Medical Services, General Practices, Allied Health professionals, Ambulance NSW, Local Government, Social Service Agencies, Education providers, Health Direct and other key stakeholders. All stakeholders will be involved in the planning, codesign and implementation of these activities
Indigenous Specific	No
Duration	July 2018 – June 2019. There will be a variety of commissioning activities with a variety of milestones
Coverage	Whole NCPHN region, with priority to people in small towns without physical access to services
Commissioning method (if relevant)	Not yet identified

Decommissioning	NA
Planned Expenditure 2018-19 (GST Excl.) – Commonwealth funding	\$674,382
Planned Expenditure 2018-19 (GST Excl.) – Funding from other sources	\$0
Funding from other sources	NA