

North Coast - PHN Pilots and Targeted Programs 2023-24 - 2027-28 Activity Summary View



PP&TP-GP - 1 - PHN Strengthening Medicare – General Practice Grants Program



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP

Activity Number *

1

Activity Title *

PHN Strengthening Medicare – General Practice Grants Program

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Quality improvement in General Practice

Aim of Activity *

To establish, administer and manage the Strengthening Medicare General Practice Grants Program in relation to general practices (excluding eligible Aboriginal Community Controlled Health Services (ACCHS),

The GP Grants Program will provide one-off grants between \$25,000 to \$50,000 (based on practice size) to support general practices to expand patient access and provide better, safe and accessible quality primary care.

Description of Activity *

The grants have been made available and administered through the PHN for general practices to make investments in innovation, training, equipment, and minor capital works in one or more of the three investment streams below:

1. Enhance digital health capability to fast-track the benefits of a more connected healthcare system in readiness to meet future standards.
2. Upgrade infection prevention and control arrangements to ensure infectious respiratory disease (e.g. COVID, influenza) patients can be safely seen face to face.
3. Maintain and/or achieve accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme to promote quality and safety in general practice.

Practices have been supported to complete and submit a program evaluation form and a financial acquittal form for the activity period listing the grant expenses covered by the grant.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024-25 - 2026-27

Priorities

Priority	Page reference
Improve access to GPs for people in the North Coast to reduce long wait times, reduce cost of healthcare, ensure quality of healthcare and reduce travel times	144
Support the sustainability of the healthcare system in areas of projected population decline, such as Lismore and Kyogle LGAs	152
Improve access to GP services, particularly after-hours, to facilitate management of non-urgent care needs	145
Improve integration of services, continuity of care and consumer/provider experience	145



Activity Demographics

Target Population Cohort

Residents accessing general practice care across NSW North Coast PHN

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation with multiple stakeholders has been undertaken to deliver the administrative requirements for this grant. This is:

- Promote and open a grant opportunity to general practices across the PHN region for the GP Grants Program in April 2023, in line with the grant opening period and national requirements as advised by the Department.
- Receive and assess applications from general practices across the region, in line with the national requirements advised by the Department.
- Using templates provided by the Department, prepare and execute simple grant agreements for each successful general practice applicant.
- Arrange payment of grant funds to successful general practice applicants.
- Manage enquiries from general practice applicants/grant recipients
- Record key monitoring metrics about the GP Grants Program (e.g. uptake and utilisation of grants by rurality, selected investment streams, grant amounts paid) and report this to the Department on a monthly basis using the national template provided by the Department, and assist with ad hoc requests from the Department for updates as required.
- Advise and support the Department on any compliance issues and support the Department with information and insights.
- obtain end-of-program financial acquittals, financial declarations, and self-reported outcomes about the use of grant funding from general practice grant recipients.
- support the Department's evaluation activities to assess the performance and success of the GP Grants Program.

Collaboration

Engagement with all eligible general practices across the region to ensure application agreements re received, understood, completed with all necessary information and returned prior to the deadline for submission.



Activity Milestone Details/Duration

Activity Start Date

01/03/2023

Activity End Date

31/12/2024

Service Delivery Start Date

15/06/2023

Other Relevant Milestones

Launch of GP grant announcement and distribution of individual application agreements to all eligible general practices – 24 April 2023



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No



PP&TP-GP-Ad - 2 - PHN Strengthening Medicare – General Practice Grants Program - Admin



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP-Ad

Activity Number *

2

Activity Title *

PHN Strengthening Medicare – General Practice Grants Program - Admin

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Quality improvement in General Practice

Aim of Activity *

To establish, administer and manage the Strengthening Medicare General Practice Grants Program in relation to general practices (excluding eligible Aboriginal Community Controlled Health Services (ACCHS)).

The GP Grants Program will provide one-off grants between \$25,000 to \$50,000 (based on practice size) to support general practices to expand patient access and provide better, safe and accessible quality primary care. The grants will be available for general practices to make investments in innovation, training, equipment, and minor capital works in one or more of the three investment streams below:

1. enhance digital health capability to fast-track the benefits of a more connected healthcare system in readiness to meet future standards;
2. upgrade infection prevention and control arrangements to ensure infectious respiratory disease (e.g. COVID, influenza) patients can be safely seen face to face; and/or
3. maintain and/or achieve accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme to promote quality and safety in general practice

Description of Activity *

The administrative requirements for this grant have been to:

- Promote and open a grant opportunity to general practices across the PHN region for the GP Grants Program in April 2023, in line with the grant opening period and national requirements as advised by the Department.
- Receive and assess applications from general practices across the region, in line with the national requirements advised by the Department.
- Using templates provided by the Department, prepare and execute simple grant agreements for each successful general practice applicant.
- Arrange payment of grant funds to successful general practice applicants.
- Manage enquiries from general practice applicants/grant recipients.
- Record key monitoring metrics about the GP Grants Program (e.g. uptake and utilisation of grants by rurality, selected investment streams, grant amounts paid) and report this to the Department on a monthly basis using the national template provided by the Department, and assist with ad hoc requests from the Department for updates as required.
- Advise and support the Department on any compliance issues and support the Department with information and insights.
- obtain end-of-program financial acquittals, financial declarations, and self-reported outcomes about the use of grant funding from general practice grant recipients.
- support the Department’s evaluation activities to assess the performance and success of the GP Grants Program.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024-25 - 2026-27

Priorities

Priority	Page reference
Improve access to GPs for people in the North Coast to reduce long wait times, reduce cost of healthcare, ensure quality of healthcare and reduce travel times	144
Support the sustainability of the healthcare system in areas of projected population decline, such as Lismore and Kyogle LGAs	152
Improve access to GP services, particularly after-hours, to facilitate management of non-urgent care needs	145
Improve integration of services, continuity of care and consumer/provider experience	145



Activity Demographics

Target Population Cohort

Residents accessing general practice care across NSW North Coast PHN

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Initial consultation with all medical services across the region to determine eligibility status for grant.

Ongoing consultation with eligible practices to support grant application process. Continued support during the grant periods to close out outstanding actions and requests for information and reports.

Collaboration

Engagement with all eligible general practices across the region to ensure application agreements are received, understood, completed with all necessary information and returned prior to the deadline for submission. Continued support during the grant periods to close out outstanding actions and requests for information and reports.



Activity Milestone Details/Duration

Activity Start Date

01/03/2023

Activity End Date

31/12/2024

Service Delivery Start Date

15/06/2023

Other Relevant Milestones

Launch of GP grant announcement and distribution of individual application agreements to all eligible general practices – 24 April 2023



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No



PP&TP-EPP - 1 - Endometriosis and Pelvic Pain GP Clinics



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1

Activity Title *

Endometriosis and Pelvic Pain GP Clinics

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Access to specialised Primary Care Services – GP clinics

Aim of Activity *

The aim of this activity is to establish an Endometriosis and Pelvic Pain GP Clinic (GP clinics) at the Women's Health Centre in Coffs Harbour.

The program objectives are to support clinics to provide multi-disciplinary care with a focus on improving diagnostic delay and to promote early access to intervention, care and treatment options for endometriosis and pelvic pain. Each year of funding provided is to continue to expand and build on investment in resources and initiatives, undertaken as part of the program, and/or to implement new activities. GP clinics can utilise funding to provide enhanced services for the treatment and management of endometriosis and pelvic pain, based on the needs of the community, including but not limited to:

1. recruitment of specialised staff, including nurse practitioner and allied health professionals;
2. capital costs such as fit-out costs for pelvic physiotherapy areas;
3. associated equipment; and
4. resources, training and development.

Description of Activity *

Provide support and assistance for the establishment of expanded service offerings and options for women with pelvic pain and endometriosis

GP clinic objectives include:

- improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain
- provision of access to new information, support resources, care pathways and networks
- provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain
- directly benefiting patients from rural and regional areas
- providing enhanced support to priority populations
- increased access to support services, either through a nurse navigator or referral pathway.

Planning and co-design to achieve clinic objectives will include sessions with clinicians, consumers and harder to reach patient groups.

A focus will be on women attending the Coffs Harbour Women's Health Centre (CHWHC) where language/engagement/cultural barriers exist. Service enhancement to conduct a pre-initial appointment with a Women's Health Nurse is arranged, with GP appointments incorporating a full assessment, including referral for ultrasound and pathology, provision of medical treatment and supportive follow up care

Peer led support groups and networks are planned for development and implementation.

Key clinic service setup components include:

- staff upskilling and capability development including attendance at courses and in practice training seminars
- purchase of specialised examination equipment
- model of care and service co-design with consumer groups and priority populations.

Increased promotion and awareness to the community (both residents and clinical care providers) to assist in improving appropriate referrals to the service, and patient information sessions on endometriosis and pelvic pain clinic services will be held.

Promotion of the clinic offerings and services is planned through the Healthy North Coast GP Coffs regional practice managers breakfast events and a plan to deliver broader GP information and clinical education sessions on endometriosis & pelvic pain will to improve capability amongst the primary care provider network.

Facilitation and support to complete requests for information for independent evaluation of service

Assistance to promote and co-ordinate a region wide education activity for community members. The event is designed to increase awareness and understanding about Endometriosis and Pelvic Pain, will be held annually and allows community members to:

- Learn more about endometriosis and other pelvic pain conditions
- Hear from experts in the field
- Meet our health professionals who are part of the EPP clinic
- Connect with others with similar stories and experiences

Support to develop outcome-based evaluation measures for health professionals undertaking training, with evaluation focus on changes in:

- the way clinicians practice or provide care and treatment
- improvement in confidence in managing people with this condition
- improvement in confidence in referring this group of patients for further care.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024-25 - 2026-27

Priorities

Priority	Page reference
Explore opportunities to improve access to health services, including screening services, because people do not feel comfortable with the clinician/staff gender	149
Facilitate opportunities for individuals and communities to participate in preventative health activities	146
Encourage GPs to continue to build strong relationships with patients and families	146
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma	146
Improve prevention and management of chronic disease, including management of risk factors, multimorbidity and polypharmacy	145
Improve integration of services, continuity of care and consumer/provider experience	145



Activity Demographics

Target Population Cohort

Women with endometriosis and pelvic pain. The focus of the program will identify harder to reach cohorts of women, including women from CALD backgrounds, Aboriginal women, and persons who may not identify as women.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The Department of Health sought nominations from PHNs for existing GP practices in their catchment specialising in women's health to meet selection criteria relating to capability, core service provision, education and training needs to be able to provide specialised GP services to manage women with endometriosis and pelvic pain. A broad expression of interest was circulated with 3 regional finalists from the PHN submitted to a national selection panel for assessment and determination of 20 national clinics to be supported to establish this service.

Collaboration

Collaboration and Engagement between the selected GP clinic and the PHN is required to:

- assist in development of areas of focus for implementation

- support ongoing reporting from the clinics to the Department and future planning activities
- support local communications and cross promotional activities
- raise awareness in harder to reach groups



Activity Milestone Details/Duration

Activity Start Date

23/03/2023

Activity End Date

26/03/2027

Service Delivery Start Date

1/08/2023

Service Delivery End Date

26/03/2027

Other Relevant Milestones

Pre-planning and initial engagement- April 2023

Execution of contract agreement – June 2023

Focus group completion, consumer co-design and baseline program data establishment - December 2023

Implementation of Phase 1 service model enhancements - January 2024



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

No

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

No

Decommissioning

No



PP&TP-EPP-Ad - 2 - Endometriosis and Pelvic Pain GP Clinics - Admin



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

2

Activity Title *

Endometriosis and Pelvic Pain GP Clinics - Admin

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Access to specialised Primary Care Services - GP clinics

Aim of Activity *

The aim of this activity is to support and assist in the establishment of an Endometriosis and Pelvic Pain GP Clinic (GP clinics) in a selected primary care setting.

Description of Activity *

PHN administrative assistance and support is required to establish the Endometriosis and Pelvic Pain GP Clinic (GP clinics) in selected primary care settings:

- assist in development of areas of focus for implementation
- support ongoing reporting from the clinics to the Department and future planning activities
- support local communications and cross promotional activities
- raise awareness in harder to reach groups
- assist in baseline data collection

Support independent evaluation of program through data collection activities. Working with Nous Group and commissioned service provider to collect and collate data related to the EPPC clinics, including activity, aggregated patient demographic and expenditure data.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024-25 - 2026-27

Priorities

Priority	Page reference
Explore opportunities to improve access to health services, including screening services, because people do not feel comfortable with the clinician/staff gender	149
Facilitate opportunities for individuals and communities to participate in preventative health activities	146
Encourage GPs to continue to build strong relationships with patients and families	146
Explore opportunities to improve health care environments to ensure patients feel safe, accepted and free from stigma	146
Improve prevention and management of chronic disease, including management of risk factors, multimorbidity and polypharmacy	145
Improve integration of services, continuity of care and consumer/provider experience	145



Activity Demographics

Target Population Cohort

The PHN will provide support as above to the selected GP practice to assist in the establishment of expanded service offerings and options for women with pelvic pain and endometriosis.

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The Department of Health sought nominations from PHNs for existing GP practices in their catchment specialising in women's health to meet selection criteria relating to capability, core service provision, education and training needs to be able to provide

specialised GP services to manage women with endometriosis and pelvic pain. A broad expression of interest was circulated with 3 regional finalists from the PHN submitted to a national selection panel for assessment and determination of 20 national clinics to be supported to establish this service

Collaboration

Collaboration and Engagement between the selected GP clinic and the PHN is required to:

- assist in development of areas of focus for implementation
- support ongoing reporting from the clinics to the Department and future planning activities
- support local communications and cross promotional activities
- raise awareness in harder to reach groups



Activity Milestone Details/Duration

Activity Start Date

23/03/2023

Activity End Date

26/03/2027

Service Delivery Start Date

23/03/2023

Service Delivery End Date

26/03/2027



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

No

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

No

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

No

Decommissioning

No



PP&TP-GCPC - 1 - Greater Choice for At Home Palliative Care



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1

Activity Title *

Greater Choice for At Home Palliative Care

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Aim of Activity *

To improve palliative care coordination and integration to support people who have a life limiting condition, by improving choice and quality of care and support in the home

Description of Activity *

2022-2025

HNC conducted a comprehensive Needs Assessment with communities and the health sector to inform the development of new and innovative projects that supported improved end of life and palliative care. This Needs Assessment will be conducted again in 2025 with the view of expanding existing initiatives and implementing new initiatives based on the recommendations of the mid and end point evaluation and findings of the needs assessment and the expansion of existing programs under the program extension as well as new initiatives based on findings:

- Employment of a Senior Manager in palliative and end-of-life care, a project coordinator (0.6 FTE shared with other ageing leads) and a medical educator (0.2 FTE)
- Undertaking a needs analysis of end-of-life care needs and service gaps across the region. The needs analysis has informed the planning and development of activities to facilitate and coordinate improved access to palliative care services at home, with implementation commencing 2022-23 to 2024-25
- Mapping palliative care and end of life care services, including community services and social supports
- Working collaboratively with consumers, service providers and palliative care experts to prioritise areas of action and co-design initiatives
- Reviewing and updating existing palliative care HealthPathways.

- Developing, piloting and implementation of a region wide roll out of three new Early Intervention Palliative Care Health Pathways in Primary Care – palliative care, anticipatory prescribing and ACP.
- Undertaking quality improvement building activities in primary care and aged care
- Delivering education and training to primary care and aged care clinicians and staff including the curation of existing resources
- Undertaking community awareness and health literacy initiatives including commissioning Palliative Care NSW to deliver 10 x Community Conversations, June 24 – June 25
- Sharing information, learnings, resources and tools with other PHNs to support planning and implementing of activities across regions, including attending relevant GCfAHPC Communities of Practice meetings
- Produce locally tailored tools and resources for consumers to understand and navigate Palliative Care
- Conduct a needs assessment with each individual RACH on capability of nursing staff relating to end of life care, anticipatory practices, e-medication management and usage of MHR to facilitate ACD's to prioritise HNC support
- Undertaking evaluation activities to review measures of success
- Other activities as required.

From May 2025

- Undertake a new needs assessment to inform the prioritisation, planning and development of activities to facilitate and coordinate improved access to palliative care services at home. Complete by September 2025
- Based on Needs assessment outcomes, develop a program of activities that balance short term activities with multi-year activities targeting a broader system change and linkages to other Commonwealth and State/Territory initiatives. Completed in late 2025, this will include the expansion of existing initiatives such as the roll out of new Health Pathways and Community Conversations and new initiatives, partnerships and commissioned services.
- Implement an education and capacity building program to build knowledge and capability of health and aged care providers to respond to the End-of-Life Pathways from My Aged Care available from 1 July 2025
- Continue to build capability in Residential Aged Care to improve the knowledge of end of life and palliative care in the home with stakeholders including RACH staff, residents and families. This includes targeted support for Aged Care providers to meet new Quality Standards
- Explore partnership opportunities with PSA
- Proactively supporting MNC and NSW LHD's in the optimisation of Aged Care Outreach services with a specific focus on avoiding unnecessary hospitalisation of aged care residents and older people living in community.
- Lead and/or participate in regional collaboratives, working groups and committees to support the coordination and integration of the health care, aged care, and community care sectors to together build a more coordinated local palliative care and end of life planning system.
- Implement a region wide campaign to improve the uptake of ACD's
- The co-production of a suite of localised consumer resources to be distributed through multiple channels. Developed with LHD's, consumer reference groups and local experts,
- Education of primary care providers to better identify and support the needs of carers to improve health outcomes for the patient and carer.

All measures will be designed and implemented in line with HNC's Healthy Living and Ageing Strategy and evaluated using qualitative and quantitative indicators and outcomes measures.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2024-25 - 2026-27

Priorities

Priority	Page reference
Reduce potentially preventable hospitalisations in the North Coast, particularly for chronic conditions in the Mid North Coast area and Nambucca Valley LGA	146
Enhance capacity of the health and social care services, including workforce capability, to manage increase of older person population	144
Improve access to palliative and end-of-life care services	152
Support early intervention and management of dementia in the North Coast	145
Improve integration of services, continuity of care and consumer/provider experience	145



Activity Demographics

Target Population Cohort

People with life limiting illnesses, and their carers

Indigenous Specific *

No

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consumers, Palliative Care Services – LHD, community and private, Palliative Care state and national peak bodies, Palliative Care friends groups, RACHs, community aged care providers, , RSLs, general practitioners, practice nurses, allied health professionals, Aboriginal health workers, general practices, Aboriginal Medical Services, MNC and NNSW LHDs, NSW Department of Communities and Justice, Booroogen Djugun, local government, Clinical Councils, Ambulance NSW, community support and volunteer groups.

Collaboration

Consumers, RACHs, community aged care providers, aged care peak bodies, community support and volunteer groups, RSLs, CWA, general practitioners, practice nurses, allied health professionals, Aboriginal health workers, general practices, Aboriginal Medical Services, MNC and NNSW LHDs, NSW Department of Communities and Justice, Booroogen Djugun, local government, Clinical Councils, NSW Ambulance, PCNSW, National Palliative Care Programs, peak nursing and pharmacy associations including PSA and APNA.



Activity Milestone Details/Duration

Activity Start Date

05/11/2021

Activity End Date

30/10/2025

Service Delivery Start Date

1/07/2025

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Needs Assessment complete by September 2025



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

Yes

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

Yes

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

No

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

No

Decommissioning

No

Co-design or co-commissioning comments

HNC undertook comprehensive consultation in 2021 to develop the North Coast Healthy Living and Ageing Strategy systems dynamic modelling and social research. Consumers, carers, local service providers and peak bodies were consulted as part of this process and end of life care planning and palliative care was considered. Further consultation and co-design of prioritised interventions was undertaken in 2022 to inform Greater Choice initiatives.

HNC undertook further consultation and co-design activities in 2022 – 2023 to inform the HNC palliative and end-of-life care needs analysis. Consultation and co-design activities were conducted with consumers, carers, local service providers and peak bodies and included 2 face-to-face palliative and end-of- life care journey workshops, an online survey and key stakeholder interviews.

HNC continues to work collaboratively with consumers, service providers and palliative care experts to identify areas of activity prioritisation and to co-design initiatives. Consultation activities include:

- Codesign sessions to support the design of an HNC lead Regional Integrated Model of Support for RACHs. These sessions were attended by over 50 representatives from Residential Aged Care Homes, The Local Health Districts, General Practitioners, Nurse Practitioners, Pharmacists, NSW Ambulance and university facilitators.
 - In February 2024, HNC facilitated a codesign session with 10 community members and death and grief specialists to understand what people wanted in a regional palliative care information resource. Utilising this feedback and feedback from our wider consumer consultation and engagement activities HNC has developed a regional palliative care information booklet for release mid- 2025.
-