Central Queensland, Wide Bay, Sunshine Coast - Core Funding 2021/22 - 2024/25
Activity Summary View

CF-COVID-VVP - 1 - CF – COVID_VVP: COVID-19 Vaccination of Vulnerable Populations

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

1

Activity Title *

CF – COVID_VVP: COVID-19 Vaccination of Vulnerable Populations

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support and facilitate local solutions to vaccinate vulnerable populations who may have difficulty in accessing vaccines.

Description of Activity *

CV Vaccination of Vulnerable Populations - funding extended to 31.12.22 (and new funding 22-23 financial year)

Provided advice and guidance to GPRC's, General Practices, ACCHS, RACF, Disability accommodation facilities on local needs and

issues relating to access to vaccinations and infection prevention and control.

Supported and facilitated local solutions to vaccinate vulnerable populations who have difficulty in accessing CV vaccinations – Liaise with key delivery partners - GP in reach, HHS in-reach, VAPP provider in reach, Pharmacy in-reach.

Ensured consistent communication of identified vaccination channels to local communities as relevant. Ensured conduit for requesting vaccination support was available on PHN website and details made available to State and Commonwealth departments for ease of referral.

Promoted existing funding mechanisms (MBS item) and developed mechanisms to provide additional financial support to General Practices to deliver innovative vaccination solutions – pop up clinics, mobile visits, reimbursement of MBS equivalent to vaccinate non-Medicare persons.

Developed specific communication for Aboriginal and Torres Strait Islander communities in collaboration with local Elders and ACCHOs to promote the uptake of vaccination.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

While these activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

• Aged Care providers

Collaboration

Ongoing collaboration occurs with the following:

Local Hospital and Health Services

planning, integration, coordination between primary, secondary and tertiary care sectors

Primary and allied health care providers

assessment, intervention and referral; planning and advisory

Local and state government

Peak bodies and ACCHOs

planning, advisory, implementation and referral as appropriate

Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

07/04/2021

Activity End Date

30/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): 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

Decommissioning details?

Co-design or co-commissioning comments

CF-COVID-LWC - 1 - CF-COVID-LWC 1 - COVID-19 Living with Covid

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-LWC

Activity Number *

1

Activity Title *

CF-COVID-LWC 1 - COVID-19 Living with Covid

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support and strengthen the health system to manage increased COVID cases through effective community care management

Description of Activity *

Leveraged off existing relationships, mechanisms and meetings and developed / updated COVID-positive community care pathways for our 3 regions.

Updated Health Pathways for each region to ensure these reflected National and State standards and guidelines for managing COVID 19. Established clear treatment and escalation pathways localised to each area through each local health system.

Promoted and supported GP-led care in the community as part of hospital avoidance approach. Aligned to Healthdirect assessment, triage, and referral infrastructure.

QLD PHN hosted fortnightly state-wide webinars on relevant topics – e.g., models of care, oral treatments

Minimum weekly COVID related communication updates via newsletters to include targeted and tailored communications to reach vulnerable population groups.

Developed and implemented the PHN PPE ordering processes to support the National PPE distribution system.

Communicated to eligible GP's, ACCHSs. GPRC's and vaccinating pharmacies.

Supported access to, tracked and distributed PPE related to infection prevention and control and pulse oximeters to individual primary care practices across region.

Continued to facilitate access for PPE to health practitioners with demonstrated need and in hotspots e.g., delivery/repack/dispatch co-ordination.

Engaged clinical service providers (GP's, practice nurses and indigenous health workers) to undertake in-home visits for individuals who are impacted by a COVID-19 isolation direction or in a Residential Aged Care Facility (RACF) to help avoid unnecessary escalation of COVID positive patients to hospital.

Collected and collated data from home visit service providers and provided reports to Department.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

While these activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

• Aged Care providers

Collaboration

Ongoing collaboration occurs with the following:

Local Hospital and Health Services

planning, integration, coordination between primary, secondary and tertiary care sectors

Primary and allied health care providers

assessment, intervention and referral; planning and advisory

Local and state government

Peak bodies and ACCHOs

planning, advisory, implementation and referral as appropriate

Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

07/04/2021

Activity End Date

30/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

CF - 1 - CF, HSI - 1: Primary Health Networks - Clinical Referral pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

CF, HSI - 1: Primary Health Networks - Clinical Referral pathways

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Health Workforce, Mental Health, Aboriginal and Torres Strait Islander Health, Aged Care, Population

Aim of Activity *

Support and enable:

development, access to and maintenance of region-specific clinical referral pathways for general practitioners and other health professionals.

Promote best-practice care and enhance clinician awareness of local referral options and services

Improve collaboration and integration across the health care sectors.

Description of Activity *

Clinical Pathways Software

Maintain licence to Clinical referral pathways software.

Clinical Pathways (including aged care and dementia pathways):

Partner with HHSs ’across our PHN to identify joint priorities and integration opportunities for clinical pathways and referrals including:

Consult across health care sector to identify gaps and opportunities in further develop new and enhance current models of care for clinical pathways.

Employ a range of local GPs as clinical editors with various specialty knowledge to:

undertake necessary technical writing.

Develop, review, maintain and enhance clinical referral pathways content.

Engagement:

Digital health team will schedule engagement, awareness and education activities as part of their annual operational plan.

This includes monitoring use of referral pathways by practitioners to improve uptake.

Digital health team will monitor feedback from practitioners using clinical pathways and collate for clinical editors.

Collaborate with appropriate peak groups for input into referral pathways and best practice information.

Consult and collaborate with local regional providers to ensure local resources are embedded into pathways.

Collaboration:

Digital health team and Clinical Editors will actively collaborate with other PHN regions to develop appropriate State-wide and national pathways with local service provisions.

Participation in relevant communities of practices and with peak bodies to develop shared pathways – e.g., Covid clinical pathways.

Collaboration with local providers and community groups for local resources to be referenced in pathways

Dementia Specific Pathways and Consumer Referral resources:

Collaboration with Dementia Australia to develop appropriate pathways and consumer/carer resources for dementia specific pathways.

Collaboration with other Qld State PHNs to develop a state-wide dementia clinical pathway with local resources to be embedded.

Project team engaged to develop consumer resources

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

While these activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

Working with providers to ensure treatment guidelines and referral processes are tailored to groups such Aboriginal and Torres Strait Islander communities.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical Councils
- local and state government
- NGOs, carer groups, human and social services sector
- Aged Care providers

Collaboration

Ongoing collaboration occurs with the following:

Local Hospital and Health Services

planning, integration, coordination between primary, secondary and tertiary care sectors

Primary and allied health care providers

assessment, intervention; planning and advisory

Local and state government

Peak bodies and ACCHOs

planning, advisory, implementation as appropriate

Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

07/04/2021

Activity End Date

12/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): 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

Decommissioning details?

Co-design or co-commissioning comments

CF - 1 - CF - 1 - Maternal, Child and Reproductive Health (MCH-P1): Optimise health during pregnancy.

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

CF - 1 - Maternal, Child and Reproductive Health (MCH-P1): Optimise health during pregnancy.

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support and promote optimal health during a woman's pregnancy to increase better long-term health outcomes for children.

Description of Activity *

MCH-P1.3 - Continue to contract the "Little Beginnings" program in Gympie to provide youth friendly pre- and post-natal education around maternal and infant health and parenting skills.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Maternal, Child and Reproductive Health	143

Activity Demographics

Target Population Cohort

Pregnant and parenting young people (have a baby 12 months and under) aged 12-25 years.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Gympie - Cooloola	31903

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• Hospital and Health Services

• General practice

• Primary and allied health providers

• Clinical Councils

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services – planning, integration and coordination between primary, secondary and tertiary care sectors.

• General practice, primary and allied health providers – planning, advisory, implementation as appropriate.

• Clinical Councils – planning and advisory.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with parties mentioned in the consultation section of AWP.

CF - 1 - CF: Primary Health Networks – General Practice Incentive Funds

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

CF: Primary Health Networks – General Practice Incentive Funds

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

Support and facilitate local health workforce solutions to help increase the efficiency and effectiveness of the health care system and improve health outcomes for the community.

Description of Activity *

Engage with the Rural Workforce Peak Bodies (Central Qld Rural Health; Health Workforce Qld) in region to:

Map current primary health workforce in region to identify current gaps and issues (Central Qld – Gladstone chosen as the main site to focus on as it has been identified as a critical area of need for medical workforce in the PHN region).

Identify barriers to accessing high quality GP Services

Engage support from consultant group Beacon Strategies to:

Develop whole-of-region primary care workforce strategy that guides PHN investment and activity in building the capacity and capability of the primary care workforce over the coming 3-5 years, building on the work previously completed with CQRH and HWQ.

Plan, procure and commission relevant activities that will address the specific strategies identified above.

Further activities will be added to this plan once the strategy is complete.

Continue with current workforce development strategies including:

Supporting APNA Transition to Practice Program for 6 practice nurses increase the skills of new nursing workforce in General Practices and providing GPs with appropriate support and multidisciplinary team support for patients in FY 2022-23.

Supporting appropriate programs such as Medical Workforce develop programs to upskill reception staff to appropriately assist GPs with procedures.

Developing an annual medical education plan and other health workforce education plan with opportunities across the region to increase skills and knowledge in specialist areas such as mental health, cultural competency, alcohol and other drugs, suicide prevention, chronic disease management, older persons health, palliative care, etc.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

Primary Health Care workforce

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

rural workforce agencies (Central Qld Rural Health, Health Workforce Qld and APNA)

existing local level alliances

Hospital and Health Services

general practices

allied and primary health care providers

ACCHOs

Clinical Councils

NGOs, carer groups, human and social services sector

Collaboration

Ongoing collaboration occurs with the following:

Local Hospital and Health Services

planning, integration, coordination between primary, secondary and tertiary care sectors

Primary and allied health care providers

planning and advisory

Peak bodies and ACCHOs

planning, advisory, and implementation as appropriate

Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

14/06/2021

Activity End Date

29/06/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

Co-design or co-commissioning comments

CF - 2 - CF - 2 - Maternal, Child and Reproductive Health (MCH-P2): Improve access to maternity care

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

CF - 2 - Maternal, Child and Reproductive Health (MCH-P2): Improve access to maternity care

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Maternal, Child and Reproductive Health

Aim of Activity *

Improve access to appropriate and quality maternity care, facilitate coordination and promote continuity of maternity and child health care.

Description of Activity *

Procure:

MCH-P2.3 - Continue to contract the “Foundations for Life” Program in Bundaberg to engage a qualified midwife to deliver antenatal and postnatal care using a settings-based approach to enhance the health and wellbeing of pregnant women aged under 25 years and their infants who are at greater risk of poor health outcomes, particularly Aboriginal and Torres Strait Islander women and adolescent women.

MCH-P2.4 - Continue to contract the “Mums and Bubs” Program in Fraser Coast to engage a qualified midwife to deliver holistic, comprehensive and culturally appropriate antenatal and postnatal care for Aboriginal and Torres Strait Islander mothers and their infants.

MCH-P2.5 - Continue the antenatal shared care program in Central Queensland by developing and implementing program guidelines and GP accreditation program.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Maternal, Child and Reproductive Health	143

Activity Demographics

Target Population Cohort

Pregnant women and infants.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

MCH-P2.4 is specifically for Aboriginal and Torres Strait Islander women.

While the other activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Biloela	30804
Central Highlands (Qld)	30801
Hervey Bay	31904
Bundaberg	31901
Gladstone	30805
Maryborough	31905
Rockhampton	30803

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• Hospital and Health Services

• ACCHOs

• General practice

• Primary and allied health providers

• Clinical Councils

Collaboration

Collaboration *

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services – planning, integration, and coordination between primary, secondary and tertiary care sectors

• General practice, primary and allied health providers – planning, advisory, implementation as appropriate

• Clinical Councils – planning and advisory.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with parties mentioned in the consultation section of AWP.

CF - 3 - HSI - 3- Chronic Conditions Management (Non-Procured) CCD-P1

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3

Activity Title *

HSI - 3- Chronic Conditions Management (Non-Procured) CCD-P1

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation).

Improve the knowledge and skills of general practice and allied health professionals in relation to activities and initiatives of peak bodies by promoting and encouraging involvement.

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

Improve the number and quality of chronic disease management care plans in general practice.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

Improve and increase the use of practice population health data in general practice to support improved health outcomes.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.

Increase the number of health professionals regularly utilising HealthPathways when referring patients.

Description of Activity *

Partner:

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation).

Using the PHN's strong relationships with peak bodies such as the Heart Foundation, Stroke Foundation, Diabetes Queensland, Asthma Foundation and others, we will promote existing initiatives to general practice and allied health professionals. Such activities would include workforce development meetings, promotion of events, special days and weeks (e.g., World COPD Awareness Day, National Diabetes Week), supply of information and promotional materials including patient health literacy resources, redirection to websites and internet pages of interest from e-newsletters etc.

Provide:

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

Through the General Practice Support Team, we provide support to general practices within a tiered model in order to implement best practice management of chronic disease – which may include but not limited to chronic disease management care plans (CDMPs), recall/reminder systems and quality improvement processes that encourage their user, risk stratification and data cleansing.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

Supporting general practice to identify and analyse their practice population health data to better understand and manage their patients' health, with particular emphasis on data cleanliness, benchmarking, quality improvement initiatives, MBS billing activity, cycles of care and recall and reminder systems.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.

Promote the HealthPathways referral program, supporting best practice information to health professionals, actively seeking and providing feedback on the referral processes and educating health professionals on the meaningful use of the pathways.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation).

General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P1.2 - Provide support to general practice to support chronic disease management care plans in general practices.

General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring patients.

General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams; Hospital and Health Service professionals and administration teams.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical Councils
- local and state government
- data extraction software providers

• NGOs, carer groups, human and social services sector

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Education and child and youth sector

o identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Refer to consultation section of AWP.

CF - 5 - CF - 5 - Maternal, Child & Reproductive Health (MCH-P5): Screening, assessment, therapy for children

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

CF - 5 - Maternal, Child & Reproductive Health (MCH-P5): Screening, assessment, therapy for children

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Developmentally vulnerable children under five years of age.

Aim of Activity *

Improve access to timely screening, assessment and evidence-based services and programs for children under five years.

Description of Activity *

Procure:

MCH-P5.3 - Continue to contract the “Paediatric Early Intervention” Program in Bundaberg, Fraser Coast, North Burnett, Discovery Coast and Gladstone and expand the program to Rockhampton.

MCH-P5.4 - Continue to contract “Healthy Play” in the Gympie region to support child development and school readiness for vulnerable families through mobile play sessions, education sessions, pre-screening and health service navigation.

MCH-P5.7 Co-design and procure an intervention that improves child development outcomes in Central Queensland including but not limited to Woorabinda.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Maternal, Child and Reproductive Health	143

Activity Demographics

Target Population Cohort

Children up to 5 years of age

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Biloela	30804
Burnett	31902
Central Highlands (Qld)	30801
Gympie - Cooloola	31903
Hervey Bay	31904
Bundaberg	31901
Gladstone	30805
Maryborough	31905
Rockhampton	30803

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- Hospital and Health Services

• General practice

• Primary and allied health providers

• Clinical Councils

• Education sector

Collaboration

Collaboration *

Ongoing collaboration occurs with the following:

• Children's Health Queensland Hospital and Health Service

o planning, integration and coordination between primary, secondary and tertiary care sectors

• General practice, primary and allied health providers, and education sector

o planning, advisory, implementation as appropriate

• Clinical Councils

o planning and advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

This activity was co-designed with the parties listed in the collaboration section of the AWP.

CF - 7 - CF - 7 - Chronic Conditions (CCD-P1): Management (Non-Procured Activities)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

7

Activity Title *

CF - 7 - Chronic Conditions (CCD-P1): Management (Non-Procured Activities)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions management, access (local priorities).

Aim of Activity *

CCD-P1.1 - Using information from our Health Needs Analysis (HNA), partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation) to address local health issues.

Improve the knowledge and skills of general practice and allied health professionals in relation to activities and initiatives of peak bodies by promoting and encouraging involvement.

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

Improve the number and quality of chronic disease management care plans in general practice.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

Improve and increase the use of practice population health data in general practice to support improved health outcomes.

CCD-P1.4 - Inform and support health professionals in the use of HealthPathways when considering treatment and referral pathways.

Increase the number of health professionals regularly utilising HealthPathways and GP Smart Referrals when referring patients.

Description of Activity *

Partner:

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation).

An Annual Planner has been developed using the PHN's strong relationships with peak bodies such as the Heart Foundation, Stroke Foundation, Diabetes Queensland, Asthma Foundation and others, to promote existing initiatives to general practice and allied health professionals in a timely and coordinated manner to coincide with key times of the year. Such activities include targeted workforce development meetings, promotion of events, special days and weeks (e.g. World COPD Awareness Day, National Diabetes Week, RU OK Day for Mental Health etc), generating target patient reminders, supply of information and promotional materials including patient health literacy resources, redirection to websites and internet pages of interest from e-newsletters etc.

Key activities:

In 2022 has been the Winter Wellness promotion for Covid, Influenza and respiratory management to better prepare patients for seasonal winter illness prevention.

Partnering with Qld Cancer Prevention for changes to Cervical Screening.

Provide:

CCD-P1.2 - Provide support to general practice to encourage best practice management of chronic disease.

Through the Primary Health Care Support Team, we provide support to general practices within an expert subject matter model of support in order to implement best practice management of chronic disease – which may include, but is not limited to, chronic disease management care plans (CDMPs), recall/reminder systems and quality improvement activities utilising provided QI toolkits that encourage their use, risk stratification and data cleansing.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage patients' health.

Supporting general practice to identify and analyse their practice population health data to better understand and manage patients' health, with particular emphasis on data cleanliness, benchmarking, quality improvement initiatives, MBS billing activity, cycles of care and recall and reminder systems.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring appropriate patients.

Promote the HealthPathways referral web-based portal, supporting best practice information to health professionals, actively seeking and providing feedback on the referral processes and educating health professionals on the meaningful use of the pathways.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142
Maternal, Child and Reproductive Health	143

Activity Demographics

Target Population Cohort

CCD-P1.1 - Partner with peak bodies to support and promote existing initiatives to general practices and allied health professionals (e.g., Heart Foundation).

General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P1.2 - Provide support to general practice to support chronic disease management care plans in general practices.

General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.3 - Provide support to general practices to use their practice population health data to better understand and manage their patients' health.

General practice staff including general practitioners, practice nurses, practice managers and reception teams.

CCD-P1.4 - Inform health professionals about the use of HealthPathways when referring patients.

General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams; Hospital and Health Service professionals and administration teams.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• data extraction software providers

• NGOs, carer groups, human and social services sector

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Education and child and youth sector

o identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Refer to consultation section of AWP.

CF - 8 - CF - 8 - Maternal, Child and Reproductive Health (MCH-P8): Youth access to sexual health

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

CF - 8 - Maternal, Child and Reproductive Health (MCH-P8): Youth access to sexual health

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Sexual and Reproductive Health

Aim of Activity *

Support youth engagement and access to sexual health and contraception services.

Description of Activity *

MCH-P8.4 - Continue to contract a preventative women's health GP in Gympie to provide access to affordable sexual health, cervical screening and contraception services for financially vulnerable women.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Maternal, Child and Reproductive Health	143

Activity Demographics

Target Population Cohort

Youth aged 15 to 24 years.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Gympie - Cooloola	31903

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• Hospital and Health Services

• General practice

ACCHOs

• Primary and allied health providers

• Clinical Councils

• Education sector

Collaboration

Collaboration *

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration and coordination between primary, secondary and tertiary care sectors

• General practice, primary and allied health providers, and education sector

o planning, advisory, implementation as appropriate

• Clinical Councils

o planning and advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with the parties mentioned in the Consultation section of AWP.

CF - 8 - CF - 8 - Chronic Conditions (CCD-P1): Management (Procured Activities) RURAL PRIMARY HEALTH SERVICES

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

CF - 8 - Chronic Conditions (CCD-P1): Management (Procured Activities) RURAL PRIMARY HEALTH SERVICES

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions management, access (local priorities).

Aim of Activity *

Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

The aim of the RPHS service is to improve people's management of chronic conditions or chronic condition risk factors in regional or remote communities. This will be achieved by recommissioning existing providers to deliver allied health services into regional or remote communities throughout our region where there is limited or no access to allied health services and higher than average prevalence rates of chronic conditions.

Diabetes Education Access (CCD-P1.20)

This activity aims to increase sustainably provided diabetes education services in regional or remote communities with higher-than-average diabetes prevalence rates and/ or limited or no diabetes education services. This will be achieved by providing funding to local health professionals who meet diabetes education credentialling requirements, need to complete 1,000 practice hours and will

Description of Activity *

Procure:

Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

Existing providers in Wide Bay and Central Queensland will be recontracted to deliver the RPHS program with a new model that will increase allied health services being delivered into regional and remote communities by enabling providers to utilise Medicare Benefits Schedule chronic disease management items where appropriate and support capacity building within the sector. The model still enables providers the flexibility to deliver services that best address local barriers but requires providers to utilise alternative funds where possible to create opportunities for local services to be provided sustainably.

Diabetes Education Access (CCD-P1.20)

The funding provided is for local health professionals who meet the prerequisites for the diabetes educator credentialling program to deliver clinical diabetes education services for 1,000 hours to people with or at risk of developing diabetes to attain credentialled status. This will provide additional diabetes education services into regional or remote communities and create an easy pathway for local practitioners to become credentialled diabetes educators so these services can be continued to be provided through the Medicare Benefits Schedule.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

Rural Primary Health Service (CCD-P1.5, CCD-P1.6, and CCD-P1.7)

The target group is people with, or at risk of, chronic disease living in regional or remote communities.

Diabetes Education Access (CCD-P1.20)

The target group is people with, or at risk of diabetes, living in regional or remote communities.
Chronic Conditions identification and management activities will continue to engage with Aboriginal and Torres Strait Islander community members through regional consultation activities and ongoing close relationships with regional ACHHOs, existing networks and Elders groups.

While these activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• Local Hospital and Health Services

• General Practice

• Allied and primary health care providers

• ACCHOs

• Peak Bodies

• Clinical Councils

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with the parties mentioned in the consultation section of the AWP.

CF - 9 - CF - 9 - Chronic Conditions (CCD-P1): Management (Non-Procured Activities).

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

9

Activity Title *

CF - 9 - Chronic Conditions (CCD-P1): Management (Non-Procured Activities).

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions identification and management, access, health system literacy (local priorities).

Aim of Activity *

CCD-P1.9 - Pulmonary Rehabilitation Program

The aim of the pulmonary rehabilitation program is to improve health outcomes for people with chronic respiratory conditions on the Fraser Coast. Rehabilitation and maintenance services will be provided for people with chronic respiratory conditions by a physiotherapist or exercise physiologist.

CCD-P1.10 - Service Administration for Kilkivan

To enable primary healthcare services to efficiently deliver intervention into the Kilkivan community. Funding a service administration position enables bookings to be made for visiting practitioners allowing them to maximise the number of people they see within the community.

CCD-P1.11 - Access to Youth Wellbeing GP in Gympie

Improve access to general practice for vulnerable young people in Gympie. A general practitioner will operate from a local youth service which is utilised by vulnerable young people to provide easy access to a medical service.

CCD-P1.17 - Support Yoonthalla Services Woorabinda (YSW) in CQ.

Increase place-based solutions of Chronic Conditions for Aboriginal and Torres Strait Islander people in the Woorabinda community.

Description of Activity *

Procure:

CCD-P1.9 - Pulmonary Rehabilitation Program.

This service is delivered face to face by a physiotherapist or exercise physiologist with those requiring rehabilitation services receiving one on one intervention and maintenance services being delivered in a group format to people with chronic respiratory conditions. Outcomes are demonstrated from the program by a pre and post intervention survey of the St George Respiratory Questionnaire, Six Minute Walk Test, and average hospitalisation admission.

CCD-P1.10 - Service Administration for Kilkivan.

Administration services allows visiting primary health care services to efficiently provide services to residents of the Kilkivan and surrounding communities. All primary healthcare services visiting Kilkivan have been involved in redesigning how administration services will be delivered in the future. The existing service will continue until the redesign is fully complete.

CCD-P1.11 - Access to Youth Wellbeing GP in Gympie.

A general practitioner has been commissioned to operate from a local Gympie youth service, reducing barriers for vulnerable young people to complete medical assessments, sexual health screening and education, and mental health care plans.

CCD-P1.17 - Support Yoonthalla Services Woorabinda (YSW) in CQ.

The PHN is continuing to support the Woorabinda community in their establishment of a Community Controlled Health Organisation. This will support the community to self-manage chronic conditions, promote screening and prevention activities, maximizing the local workforce and building internal organisational capacity.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

CCD-P1.9 - Pulmonary Rehabilitation Program

The target group is people in the Fraser Coast area with chronic respiratory conditions.

CCD-P1.10 - Service Administration for Kilkivan

All residents in the Kilkivan area.

CCD-P1.11 - Access to Youth Wellbeing GP in Gympie

Vulnerable young people in the Gympie area.

CCD-P1.17 - Support establishment of Yoonthalla Services Woorabinda in CQ

Aboriginal and Torres Strait Islander people living in the Woorabinda local government area.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical Councils
- local and state government
- NGOs
- CALD groups

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral, planning and advisory

• Education and child and youth sector

o identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No

Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with parties mentioned in the consultation section of AWP.

CF - 10 - CF - 10 - Chronic Conditions (CCD-P2): Prevention and Early Intervention (Non-Procured Activity)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

10

Activity Title *

CF - 10 - Chronic Conditions (CCD-P2): Prevention and Early Intervention (Non-Procured Activity)

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

CF - 10 - Chronic Conditions (CCD-P2): Prevention and Early Intervention (Non-Procured Activity)

Aim of Activity *

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area. Improve the capacity and capability of primary health care to deliver prevention initiatives.

CCD-P2.10 - Support preventative health activities to promote early detection and prevention of chronic disease.

Improve adoption of disease prevention quality improvement initiatives and access to lifestyle improvement programs in General Practice.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation. Support the foundation of an ACCHO in Woorabinda with best practice governance structures, processes and activities.

Description of Activity *

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area. Liaison with relevant recognised or accredited organisations that provide workforce development as a key component of their disease prevention mandate. Facilitate the delivery of this workforce development with local arrangements, promotion, logistics and alignment with health needs and gaps in capacity and capability.

CCD-P2.10 - Support the successful implementation of preventative health programs such as My Health 4 Life to promote early detection and prevention of chronic disease.

Engage with general practice to introduce and assist in the implementation of disease prevention activities within their practice, including referral to My Health 4 Life.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area.

Liaison with relevant recognised or accredited organisations that provide workforce development as a key component of their disease prevention mandate. Facilitate the delivery of this workforce development with local arrangements, promotion, logistics and alignment with health needs and gaps in capacity and capability.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation. The PHN is partnering with Central Queensland HHS, CheckUP, Yoonthalla Services Woorabinda, Woorabinda Aboriginal Shire Council, and wider community stakeholders to support the community of Woorabinda in their journey towards community-controlled health. The aim is to achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of allied health services.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

CCD-P2.3 - Partner with peak bodies to support and promote targeted initiatives for the PHN area (e.g., Stroke Foundation, Heart Foundation, Diabetes Qld and Queensland Aboriginal and Islander Health Council).

All of the PHN population.

CCD-P2.10 – Work with general practice and allied health professionals to support the implementation and promotion of preventative health strategies and programs. Actively engage with and contribute to local Communities of Practice to support uptake, including engagement with general practitioners, practice nurses, practice managers and reception teams; allied health professionals.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation.

The population of Woorabinda and the Aboriginal and Torres Strait Islander people from surrounding areas.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• relevant NGOs

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Education and child and youth sector

o identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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?

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

CF - 12 - CF - 12 - Older Persons' Health (OPH-P1): Reducing injuries due to falls

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

12

Activity Title *

CF - 12 - Older Persons' Health (OPH-P1): Reducing injuries due to falls

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The overall aim is to:

a) prevent an injury even if a fall has occurred,

b) prevent or reduce the incidence of falls, and

c) Improve the functional wellbeing of individuals over 65 (or 50 for Aboriginal and Torres Strait Islander people)

Description of Activity *

Partner:

OPH-P1.2 - Our PHN will work collaboratively with HHS' in our Region to develop locally relevant community falls prevention initiatives.

Procure:

OPH-P1.3 - The PHN will commission organisation/s to provide in home falls assessments for community dwelling older Australians.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Older People's Health	145

Activity Demographics

Target Population Cohort

People aged over 65 years (or 50 years for Aboriginal and Torres Strait Islanders) who are at risk of injuries due to falls.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation is continually undertaken with:

- GPs
- Residential Aged Care Facilities
- Nurse Navigators and ACAT Assessors
- Pharmacy
- Hospital and Health Services

• Stakeholder groups

• Queensland Ambulance Service

• Experienced academics in the field

• Consumers

• Clinical Councils

•

• Aboriginal and Torres Strait Islander representatives

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

• Primary and allied health care providers

• Local and state government

• Peak bodies and ACCHOs

• Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2023

Service Delivery Start Date

01/07/2021

Service Delivery End Date

29/06/2025

Other Relevant Milestones

Activity Start Date:
OPH-P1.1, OPH-P1.2: 30 June 2019
OPH P1, OPH-P1.3: 01 July 2021

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: Yes
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

OPH-P1.1: This activity was co-designed with a Subject Matter Expert group, which includes the parties described in the Consultation of the AWP.

CF - 13 - CF - 13 - Older Persons' Health (OPH-P3): Increase completion of Advanced Care Plans (ACP)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

13

Activity Title *

CF - 13 - Older Persons' Health (OPH-P3): Increase completion of Advanced Care Plans (ACP)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

OPH-4.3: Increase awareness, understanding and confidence in advance care planning amongst community members

OPH-4.4 Increase awareness, understanding and confidence in advance care planning amongst health professionals

OPH-4.5: Longer term, system change response such as building capacity for RACFs to undertake ACP (e.g., quality improvement activities, education and training, embedding procedures and systems

Description of Activity *

Procure:

OPH-4.3 - Commission the Office of Advance Care Planning to build awareness of Advance Care Planning considerations and processes within communities across Central Queensland, Wide Bay and Sunshine Coast, and to support interested community members in the completion and appropriate storage of the relevant documentation.

OPH-4.4 commission the delivery of interactive workshops for GPs, GP registrars and health professionals across the region on advance care planning, including: Medicolegal requirements of advance care planning for GPs; new and updated resources including the updated Statement of Choices form; PalliPHARM and Q Script

OPH-4.5 Working with key bodies in the sector, the PHN will focus on supporting embedding of Advance Care Planning process in RACFs.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Older People's Health	145

Activity Demographics

Target Population Cohort

People aged 65 and over, or Aboriginal and Torres Strait Islander people aged 50 and over who live in a Residential Aged Care Facility or within the community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Provide details of stakeholder engagement and consultation activities to support this activity.

Consultation has been undertaken with:

• Hospital and Health Services

• general practice

• RACFs

• Queensland Ambulance Service

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

• Australian Digital Health Agency

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.

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services
• Primary and allied health care providers
• Local and state government
• Peak bodies and ACCHOs
• Clinical Councils
• The Australian Digital Health Agency

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2022

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2022

Other Relevant Milestones

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with parties listed in collaboration section of AWP.

CF - 14 - CF 14 – Older Persons' Health (OPH-P6): Improve clinical handover for Residents of Aged Care Facilities

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

14

Activity Title *

CF 14 – Older Persons' Health (OPH-P6): Improve clinical handover for Residents of Aged Care Facilities

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To increase the effectiveness of the clinical handover of information between Residential Aged Care Facilities, General Practice, QAS (Queensland Ambulance Service) and the hospital setting. The activity also aims to conduct a clinical audit of general practitioner handover in residential aged care facilities in the region.

Description of Activity *

Partner:

OPH-P6.1 – Work with other PHNs in Queensland, local primary health care stakeholders, and other identified parties to develop a clinical handover tool which is consistent yet locally relevant and adaptable.

OPH-P6.3 – In partnership with the Hospital and Health Service run a trial of the locally developed clinical handover tool in a select number of facilities, collecting audit data to allow for evidence of effectiveness in order to develop an evaluation to inform a larger scale rollout.

Procure:

OPH-P6.2 – Provide access to accessible and locally relevant education on best practice clinical handover for residential aged care and primary health care staff. The effectiveness of this education will be reviewed independently.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

People aged 65 and over, or Aboriginal and Torres Strait Islander people aged 50 and over and live in a Residential Aged Care Facility.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Provide details of stakeholder engagement and consultation activities to support this activity.

Consultation has been undertaken with:

• Hospital and Health Services

• general practice

• RACFs

• Queensland Ambulance Service

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

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.

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers planning and advisory, implementation

• Local and state government

• Peak bodies and ACCHOs planning, advisory,

• Clinical Councils advisory

• The Australian Digital Health Agency

Integration, advisory, implementation as appropriate

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2025

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2025

Other Relevant Milestones

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

To be co-designed with parties listed in collaboration section of AWP.

CF - 15 - CF 15 - Older Persons' Health (OPH-P7): Capacity Tracker

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

15

Activity Title *

CF 15 - Older Persons' Health (OPH-P7): Capacity Tracker

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to roll out the recently purchased capacity tracker tool to up to 100% of the RACFs and GP practices within our PHN catchment and to ensure appropriate use of the tool post registration and that it is user friendly and fit for purpose.

Description of Activity *

In recent times, work related to COVID-19 preparedness and response has required PHNs to quickly gather information related to RACF workforce, PPE needs, immunisation status and contact details. This quick turn-around required for this information has allowed the PHN to realise the need for a system to allow RACFs to maintain up-to-date contact information.

The Capacity Tracker tool will meet a range of identified needs through gathering real time data from RACFs and GPs, entered by users within these facilities and practices, on a range of issues. It will allow fast notification of workforce issues for GPs/ RACFs. This in turn can contribute to more timely access to care which may have an impact on reducing the burden of unnecessary transfers to hospitals.

It will also support the PHN to work toward a centralised information repository to enable better collaboration with other services, such as GP- RACF and HHS care teams; track vaccination status of residents as well as of staff within RACFs and GP (currently for COVID, soon for flu etc.).

Partner:

OPH-P7.1 - CQWBSC PHN will partner with the National Health Service (NHS) North of England Commissioning Support (NECS) and other PHNs across Australia who are implementing the Capacity Tracker tool to facilitate content and technical changes and ensure that it is fit for purpose in the Australian context.

Procure:

AHT-P9.2 - CQWBSC PHN will purchase the Capacity Tracker tool which is owned by the NECS, based in the UK. The Capacity Tracker is an online tool that enables General Practice (GP) and Residential Aged Care Facilities (RACF) to quickly and easily communicate with the PHN about any issues that currently or potentially impact operations, and to activate PHN support.

Provide:

OPH-P7.3 - CQWBSC PHN will utilise the data available from the Capacity Tracker to analyse gaps or issues related to workforce, bed usage and availability, PPE supply and vaccination status, responding to gaps and issues that arise appropriately and offer support to RACFs and GP.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Residential Aged Care Facilities and General Practices.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Provide details of stakeholder engagement and consultation activities to support this activity.

Consultation has been undertaken with:

• National Health Service, North of England Commissioning Support

• Hospital and Health Services

• general practice

• RACFs

• Discharge Planning teams

• allied and primary health care providers

• Aboriginal Medical Services

• Clinical Councils

• Other PHNs

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.

Ongoing collaboration occurs with the following:

• National Health Service, North of England Commissioning Support

Planning, content, technical, contractual,

• Hospital and Health Services including Discharge Planning teams

Advisory, planning, implementation as appropriate

• general practice

Implementation

• RACFs Implementation

• allied and primary health care providers

• Aboriginal Medical Services Implementation

• Clinical Councils Advisory

• Other PHNs Integration, coordination, planning, implementation.

Activity Milestone Details/Duration

Activity Start Date

29/09/2020

Activity End Date

12/12/2022

Service Delivery Start Date

02/02/2021

Service Delivery End Date

13/12/2022

Other Relevant Milestones

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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

Decommissioning details?

n/a

Co-design or co-commissioning comments

To be co-designed with parties listed in collaboration section of AWP.

CF - 19 - CF - 19 - Older Persons' Health (OPH-P1): Workforce support and development

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

19

Activity Title *

CF - 19 - Older Persons' Health (OPH-P1): Workforce support and development

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

The overall aim is to:

Support and develop the workforce that service the health needs of older Australians through:

* undertaking stakeholder engagement to determine locally relevant and achievable strategies to improve access to Primary Health Care in Residential Aged Care Facilities.

* Co-funding a GP with Special Interest position to work closely with a specialist at the Sunshine Coast Hospital and Health Service's palliative care day unit.

* Providing support to Residential Aged Care Facilities around medication management

* Partnering to facilitate dementia upskilling opportunities for nurses of Residential Aged Care Facilities.

- Provide financial and partnership resources to hospices in the PHN region to allow them to innovate or scale up work they are currently undertaking, where resources are not currently available to allow this.

Description of Activity *

Partner:

- In line with the Department of Health's 'Guiding principles for medication management in residential aged care facilities' The PHN will Support the development of medication advisory committees in partnership with Residential Aged Care facilities, pharmacies, and GP's in Central Queensland to support facilities in medication management policies and procedures and to achieve Aged Care Quality Standard Number 3b

Procure:

Support and co-fund the uptake of Dementia Training Australia (DTA) courses by nurses in RACF's across the PHN region, through collaborating with DTA, conducting EOI processes and facilitating the delivery of courses locally across the region.
- Co-fund a GP with Special Interest position to work closely with a specialist at the Sunshine Coast Hospital and Health Service's palliative care Day unit with the aims of: increased collaboration between primary care and the SCHHS for the benefit of patients at end-of-life; reduction in unnecessary admissions; improved access to timely care and symptom relief for patients; and increased confidence of involved GPs to deliver end-of-life care.
- Provide financial and partnership resources to hospices in the PHN region to allow them to innovate or scale up on work they are currently undertaking, where resources are not currently available to allow this. Funding will be allowed across four capacity building domains: Develop relationships and communications with external stakeholders to enable integration, care coordination and patient access to hospice services; Provide staff education and training to develop knowledge and efficiencies in meeting patient and family care requirements; Foster community links to respond to local needs and raise awareness about palliative care and support options; and, Improve systems, processes, and technology to strengthen quality and safety in clinical practice.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Primary Health Care providers servicing people aged over 65 years (or 50 years for Aboriginal and Torres Strait Islanders)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation is continually undertaken with:

- GPs
- Residential Aged Care Facilities
- Hospices
- Pharmacies
- Nurse Navigators and ACAT Assessors
- Pharmacy
- Hospital and Health Services
- Stakeholder groups
- Queensland Ambulance Service
- Experienced academics in the field
- Consumers
- Clinical Councils
- Dementia Training Australia
- Aboriginal and Torres Strait Islander representatives

Collaboration

Ongoing collaboration occurs with the following:

- Local Hospital and Health Services
- Primary and allied health care providers
- Local and state government
- Peak bodies and ACCHOs
- Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

29/06/2023

Service Delivery Start Date

01/01/2022

Service Delivery End Date

30/06/2023

Other Relevant Milestones

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: Yes
Open Tender: No
Expression Of Interest (EOI): No
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?

Yes

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

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

PCS-FI - 20 - PCS-F1- Primary care support for flood impacted PHNs

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

PCS-FI

Activity Number *

20

Activity Title *

PCS-F1- Primary care support for flood impacted PHNs

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to support communities in our PHN region impacted by the 2022 Queensland and northern NSW flood events through establishing a primary health care emergency response function.

Description of Activity *

• Establish a dedicated primary health care emergency response role and recruit to this position.
• Emergency response role is to develop plans for responding to emergency health care needs.
• Establish localised crisis protocols, communication, referral and care pathways for primary care
• Engage with local providers to obtain insights into impacts on their services and capabilities during an emergency
• Engage with emergency response bodies and local authorities to support coordination and provision of primary care services during and following an emergency

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

Selected general practice and primary care communities affected by flood event 2022

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Noosa Hinterland	31608
Gympie - Cooloola	31903
Maryborough	31905

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:
- existing local level alliances
- Hospital and Health Services
- general practice
- allied and primary health care providers
- ACCHOs
- Clinical Councils
- local and state government
- NGOs, Community and carer groups

Collaboration

Ongoing collaboration occurs with the following:
- Local Hospital and Health Services - planning, integration, coordination between primary, secondary and tertiary care sectors
- General practices

- Primary care, aged care, allied health and specialist service providers
- ACCHOs
- existing professional, network groups, including consumer and carer groups
- Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2023

Service Delivery Start Date

01/07/2022

Service Delivery End Date

30/06/2023

Other Relevant Milestones

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?

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

Decommissioning details?

Co-design or co-commissioning comments

COVID-GPLRC - 3 - COVID-GPLRC - GP Led Respiratory Clinics (COV-P3)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

COVID-GPLRC

Activity Number *

3

Activity Title *

COVID-GPLRC - GP Led Respiratory Clinics (COV-P3)

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support effective General Practice Respiratory Clinic (GPRC) response to initial Covid management, testing and progress through to vaccination program and Living with COVID.

Description of Activity *

Communication with DoH and local HHS's to identify recommended locations for GPRC's. Completed.

Regular update of information to GPRC relating to COVID and influenza via HealthPathways and
targeted correspondence to include importance of Infection Prevention and Control plans
Initial and ongoing support to GPRC's to implement systems and processes advised by Aspen and as required by contract.

Coordinate meetings for key stakeholders – GPRC's, HHS's, PHU's, PHN and providers supporting vulnerable populations.
Support access to, track and distribute PPE related to infection prevention and control. PHN PPE ordering process related to National PPE distribution system communicated to eligible GP's, ACCHSs. GPRC's and vaccinating pharmacies.

Dissemination of links and resources to General Practices through HealthPathways and COVID newsletters highlighting GPRC access channels and services available, ensuring existing GPRC channels and connections are utilised.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

HSI - 4 - HSI - 4 - Chronic Conditions Prevention and Management (Non-Procured): CCD-P2

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

HSI - 4 - Chronic Conditions Prevention and Management (Non-Procured): CCD-P2

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

CCD-P2.10 - Support the My Health 4 Life Program to promote early detection and prevention of chronic disease.

Improve adoption of disease prevention quality improvement initiatives and access to lifestyle improvement programs in General Practice.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area.

Improve the capacity and capability of primary health care to deliver prevention initiatives.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation.

Support the foundation of an ACCHO in Woorabinda with best practice governance structures, processes and activities.

Description of Activity *

Using the Primary Health Care Support Team Officers, we will support regional Chronic Conditions Prevention and Management (Non-Procured) activities with the general practice and allied health sector.

Partner and Provide:

CCD-P2.10 - Support continuation of the My Health 4 Life to promote early detection and prevention of chronic disease. Activity has largely been on hold for 12 months, however is planned to recommence in May 2022.

Engage with general practice to introduce and assist in the implementation of disease prevention activities within their practice, including referral to recognised providers of My Health 4 Life. Facilitate the recruitment of recognised providers through communication channels and networks.

CCD-P2.3 - Support and promote targeted primary health initiatives to improve workforce capacity and capability through the PHN area.

Liaison with relevant recognised or accredited organisations that provide workforce development as a key component of their disease prevention mandate. Facilitate the delivery of this workforce development with local arrangements, promotion, logistics and alignment with health needs and gaps in capacity and capability.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation.

The PHN is partnering with Central Queensland HHS, CheckUP, Yoonthalla Services Woorabinda, Woorabinda Aboriginal Shire Council, and wider community stakeholders to form the Woorabinda Health and Wellbeing Partnership which will support the community of Woorabinda in their journey towards community-controlled health. The aim is to achieve better treatment and management of chronic conditions for Aboriginal and Torres Strait Islander people, through better access to the required services and better care coordination and provision of supplementary allied health services.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

CCD-P2.3 - Partner with peak bodies to support and promote targeted initiatives for the PHN area (e.g., Stroke Foundation, Heart Foundation, Diabetes Qld and Queensland Aboriginal and Islander Health Council).

All of the PHN population.

CCD-P2.10 - Work with general practice and allied health professionals to support the successful implementation of My Health 4 Life.

General practice staff including general practitioners, practice nurses, practice managers and reception teams; allied health professionals and associated practice teams.

CCD-P2.11 - Support Yoonthalla Services Woorabinda to co-design and develop a locally based Aboriginal Community Controlled Health Organisation.

The population of Woorabinda and the Aboriginal and Torres Strait Islander people from surrounding areas.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• relevant NGOs

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Education and child and youth sector

o identification and referral

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

HSI - 17 - HSI - 17 - PHP: Health System Improvement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

17

Activity Title *

HSI - 17 - PHP: Health System Improvement

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Health System Improvement – Population Health Planning aims to support core PHN functions by:

• delivering health needs assessment

• deliver HHS level population health profiles for communities to access and use;

• providing data analysis and reports for the 12 month reporting to the Department;

• ensuring the PHN is able to identify and respond to emerging health needs that aren't provided within specific program areas;

• reviewing commissioned programs and activities to align with best practice commissioning and co-design methods;

• monitoring the outcomes of activities and optimising health outcomes in line with available evidence.

Description of Activity *

As part of the PHN's health commissioning, population health planning is a significant and interwoven part of our programs and activities. In addition to the population health planning mentioned throughout each activity in this plan, the PHN also delivers additional population health planning functions, which include:

• Horizon scanning of national and international health commissioning best practice (PHP-P1.1),

• Compile Regional Health Needs Assessment (HNA) and related HHS Population Health Profile reports produced for the PHN communities to use (PHP-P1.2),

• Analysis of information for the purpose of 12 month performance reports (PHP-P1.3),

• Expertise on epidemiology of emerging health needs and options (PHP-P1.4).

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

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Activity Demographics

Target Population Cohort

The PHN engages with Aboriginal and Torres Strait Islander community members through regional consultation activities to ensure ongoing close relationships with regional ACHHOs, existing networks and Elders groups.

The PHN Health System Improvement strategy, while not exclusively targeted to Aboriginal and Torres Strait Islander peoples, maintains a commitment to prioritising the health needs of our diverse Indigenous communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Provide details of stakeholder engagement and consultation activities to support this activity.

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• early childhood education and care sector

• Clinical Councils

• local and state government

• Local Universities

• NGOs, carer groups, human and social services sector

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.

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• General practice

o planning, advisory, implementation

• Primary care, aged care, allied health and specialist service providers

o planning, advisory, implementation

• Education and professional development providers

• Peak bodies

• ACCHOs

o planning, advisory, implementation

• existing professional, network groups, including consumer and carer groups

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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?

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

HSI - 18 - HSI - 18 - SIN: Health System Improvement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

18

Activity Title *

HSI - 18 - SIN: Health System Improvement

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The PHN takes careful pride in our approach to System Integration. The aim of this activity is to connect with our communities and stakeholders to enhance system integration across our PHN region, and beyond.

Description of Activity *

Partner:

Central Queensland, Wide Bay, Sunshine Coast participates in and leads various stakeholder engagement and networks which aim to improve system integration, including:

• Facilitating PHN Board and Hospital and Health Service (HHS) Board meetings, aiming to identify common goals and opportunities to work smarter together in our various jurisdictions (SIN-P1.1);

• Working with the HHSs to develop a joint Integrated Care Strategy with commitment from both organisations' senior executive (SIN-P1.5);

• Partnering with providers to identify and deliver support to complex clients (e.g. frequent hospital presenters via integrated care alliance working group) (AHC-P2.1);

• Coordinating and/or participating in various aged care and RACF stakeholder collaborative groups (e.g. Gympie Collaborative Network Aged Care Subgroup, Fraser Coast RACF Networking Group and the Capricorn Coast Aged Care Committee) to discuss local issues and inform local level service commissioning.

• Partnering with the Australian Digital Health Agency (ADHA) in the expansion of the My Health Record project to deliver awareness, education, readiness and support to priority community groups, allied health providers, pharmacy and specialists to enable uptake and meaningful use. The PHN has contributed additional funding to ensure successful implementation of the My Health Record project.

*Note: The expansion of the My Health Record Project is funded from ADHA funding, but has impact on Health System Improvement and is therefore referenced here.

Provide:

• Share hosting and secretariat of Integrated Care groups with each of Central Queensland, Wide Bay and Sunshine Coast Hospital and Health Services.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
System Integration and Collaboration	149

Activity Demographics

Target Population Cohort

While these activities are not specifically targeted to Aboriginal and Torres Strait Islander peoples, the PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• early childhood education and care sector

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• General practice

o planning, advisory, implementation

• Primary care, aged care, allied health and specialist service providers

o planning, advisory, implementation

• Education and professional development providers

• Peak bodies

• ACCHOs

o planning, advisory, implementation

• existing professional, network groups, including consumer and carer groups

• Clinical Councils

o planning, advisory

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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?

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

Funding

HSI - 24 - HSI - 24 - GWP-P1 - Gladstone Workforce Project (GWP-P1)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

24

Activity Title *

HSI - 24 - GWP-P1 - Gladstone Workforce Project (GWP-P1)

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to work with the Gladstone community to co-design and implement a Gladstone Medical Workforce plan

Description of Activity *

The activity will produce a co-designed Gladstone Medical Workforce plan.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

Specific focus on the medical workforce.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Gladstone	30805

Activity Consultation and Collaboration

Consultation

Extensive consultation has been completed with the Gladstone 'Here for Health' working group which includes stakeholders of the Primary Care (GPs), ACCHO, Industry, and Hospital and Health Service.

Collaboration

This project will be a partnership with the 'Here for Health' group.

Activity Milestone Details/Duration

Activity Start Date

28/08/2020

Activity End Date

27/06/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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?

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a

GPS - 16 - GPS - 16 - (GPS) Health System Support and Integration

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPS

Activity Number *

16

Activity Title *

GPS - 16 - (GPS) Health System Support and Integration

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

Within a subject matter expert model of support, Primary Health Care team provides general practice staff with the skills, resources and tools to facilitate increased application of best practice guidelines in patient care; optimised efficiency and quality of services; adoption of technology to improve patient outcomes, and promote and improve the uptake of practice accreditation

Outside of general practice, this activity supports initiatives which improve the linkage of services between general practice and tertiary care for an improved patient journey such as e-referrals, post discharge support programs, HealthPathways integration across the sector and hospital avoidance initiatives.

Digital health activities reach into RACF''s, pharmacy and specialists through My Health Record, aiming to connect providers to support coordinated care.

Description of Activity *

General Practice Support

•Wide suite of Covid support activities including infection control, PPE management, vaccination support, targeting priority populations, changed models of care, escalation/descalation pathways and telehealth.

Enhance professional working relationships and functional communication between PHN, practice personnel and local HHSs (GPS-

P1.1);

• Promote and support the general practice workforce using a structured approach to improve the quality of care. This includes initiatives such as (GPS-P1.2):

o Accreditation support

o Chronic disease risk factor screening and early detection (such as My Health for Life program)

o Immunisation support

o My Health Record

o Data quality and recall systems

o Electronic referrals and HealthPathways

o NDIS awareness and referral pathways

• Offer motivated and high performing practices tailored quality improvement programs to target specific cohorts (such as COPD, CVD, diabetes) (GPS-P1.3);

• Support Sunshine Coast, Wide Bay and Central Queensland Hospital and Health Services in implementation, embedding and utilisation of General Practice Smart Referrals (GPSR) to improve patient access to timely specialist review (GPS-P1.7);

• Facilitate peer-to-peer networking opportunities to assist in development of communities of practice (GPS-P1.8).

Integration Opportunities

• Support GP knowledge on best practice clinical care pathways (HealthPathways) and the integration with Clinical Prioritisation Criteria (CPC) to streamline patient access specialist care providers (GPS-P1.9);

• Designated General Practice Liaison resource (GPLO) based within the PHN across the region to undertake peer to peer education with local GPs, jointly plan with HHS GPLO (where they exist) and provide clinical oversight to the HealthPathways, General Practice Smart Referral program (AHC-P2.4); and

• Promoting the uptake of NHSD self-authorship

*Note: Health Pathways and interactive platform initiative are funded from both Core and After Hours program funding, but is directly related to general practice support, and is therefore referenced here.

Digital Health

• Provide support to assist the general practices across the PHN in the understanding and meaningful use of the digital health system in order to streamline the flow of relevant patient information across the health provider community (GPS-P1.11);

• Demonstrate information technology solutions that are evidence-based to improve the efficiency of general practice work (GPS-P1.12);

• Promote the uptake of telehealth and other innovative solutions, especially in rural and remote areas (GPS-P1.13).

• Purchase CatBI Tool and Database to enable PHN to support practices understand their populations health (GPS-P1.19)

Data and quality

• Provision of training, installation and meaningful use of data analysis tools and relevant licenses to allow participating practices to better understand their patient cohort, offer targeted interventions and continue to support QI PIP activity(GPS-P1.15);

• Practice Quality Benchmark Reports to general practices as an accreditation support tool to improve patient data management and care (GPS-P1.16).

• Collaboration with specialist program leads from Queensland Health and the PHN (such as Integrated Referral Management Systems, mental health and suicide prevention and Rural Generalist training programs) to facilitate sustainable integration between primary and tertiary sectors (GPS-P1.18);

• Actively plan, logistically support and assist in the evaluation of all the workforce development and networking events hosted by the PHN (GPS-P1.17).

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

General practice and primary health care community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs and carer groups

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• general practice

• Primary care, aged care, allied health and specialist service providers

• Education and professional development providers

• Peak bodies

• ACCHOs

• existing professional, network groups, including consumer and carer groups

• Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

12/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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?

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

Decommissioning details?

n/a

Co-design or co-commissioning comments

Co-designed with the parties listed in the consultation section of the AWP.

CG - 1 - G - 1 - People

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

1

Activity Title *

G - 1 - People

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 2 - G - 2 - Office

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

2

Activity Title *

G - 2 - Office

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 3 - CG - 3 - Board

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

3

Activity Title *

CG - 3 - Board

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 4 - CG - 4 – Clinical Councils

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

4

Activity Title *

CG - 4 – Clinical Councils

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 5 - CG - 5 - Community Engagement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

5

Activity Title *

CG - 5 - Community Engagement

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CF-COVID-PCS - 4 - COV-P4 - COVID-19 Primary Care Support

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

4

Activity Title *

COV-P4 - COVID-19 Primary Care Support

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support and enable vaccination for both influenza and Covid for residents and staff.

Support effective General Practice response to initial Covid management, testing and progress through to vaccination program.

Description of Activity *

INFLUENZA

Complete Needs Assessment and coordinate access to influenza vaccinations for staff primarily and residents secondarily of residential aged care facilities.

Collaborate with Health and Hospital Service facilities and services to support program.

COVID

Completing mapping for all relevant details for RACF's.

Preparing RACF for contracted vaccinator teams.

Ensuring RACF contact with visiting GPs to advise vaccination dates and troubleshooting.

Advise General Practices of plans to vaccinate residents in RACF's within practice catchment.

Participate in and facilitate DOH, QHealth and PHN state-wide planning groups.

Interface with DoH contracted vaccinators to help co-ordinate the delivery of vaccination services to RACFs – HCA, SONIC, ISOS, ASPEN.

Support RACF post vaccination, facilitating catch up schedules and complete relevant DoH reporting.

General Practice

Collate and curate large volume of communications, so that practices received timely, relevant, and concise information to reduce overwhelm.

Development, distribution, and relevant support through Coronavirus Practice Plan and protocols relating to:

Appointment booking

Telephone triage

Assessment in the practice

After assessment

Ensure Digital Health tools are up to date to support transition to telehealth, access to Health Pathways for source of truth, support uptake and utilisation of Health Direct Videocall.

Support AMS's and other A & TSI organisations in local COVID vaccination response.

Facilitation and attendance at regular meetings with Hospital and Health services, Public Health Units, Pathology providers, GPRCS, Local councils

Attendance at State Health Emergency Control Committee to receive critical timely information and distribution through key communication channels.

Support access to and distribution of PPE related to testing and infection control.

Vaccination:

Interfacing with DoH to support GP EOI process for vaccination program. Manage and support communications between DOH and 175 practices to prepare for 1b rollout March 22.

Support AMS's and other A & TSI organisations in local COVID vaccination response.

Attendance at DoH, QHealth and PHN collaborative network meetings to share relevant information, troubleshoot emerging issues with a consistent and timely approach.

Development, distribution, and relevant support through Coronavirus (COVID-19) Practice Plan and protocols relating to:

Preparing your practice policies and protocols

Internal preparation for your team

Identifying eligible patients and planning the patient vaccination journey

Preparing and implementing a vaccination clinic

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

While these activities are aimed at whole of region, specific and targeted activities for Aboriginal and Torres Strait Islander peoples were included in collaboration with local elders and ACCHOs. The PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

While these activities are aimed at whole of region, specific and targeted activities for Aboriginal and Torres Strait Islander peoples were included in collaboration with local elders and ACCHOs. The PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

• Aged Care providers

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

07/04/2021

Activity End Date

30/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): 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

Decommissioning details?

No

Co-design or co-commissioning comments

CF - 22 - CF - 22 - CF - Workforce Infection Control and Surge Capacity

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

22

Activity Title *

CF - 22 - CF - Workforce Infection Control and Surge Capacity

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Support and enable vaccination for both influenza and Covid for residents and staff.

Support effective General Practice response to initial Covid management, testing and progress through to vaccination program.

Description of Activity *

INFLUENZA

Complete Needs Assessment and coordinate access to influenza vaccinations for staff primarily and residents secondarily of residential aged care facilities.

Collaborate with Health and Hospital Service facilities and services to support program.

COVID

Completing mapping for all relevant details for RACF's.

Preparing RACF for contracted vaccinator teams.

Ensuring RACF contact with visiting GPs to advise vaccination dates and troubleshooting.

Advise General Practices of plans to vaccinate residents in RACF's within practice catchment.

Participate in and facilitate DOH, QHealth and PHN state-wide planning groups.

Interface with DoH contracted vaccinators to help co-ordinate the delivery of vaccination services to RACFs – HCA, SONIC, ISOS, ASPEN.

Support RACF post vaccination, facilitating catch up schedules and complete relevant DoH reporting.

General Practice

Collate and curate large volume of communications, so that practices received timely, relevant, and concise information to reduce overwhelm.

Development, distribution, and relevant support through Coronavirus Practice Plan and protocols relating to:

Appointment booking

Telephone triage

Assessment in the practice

After assessment

Ensure Digital Health tools are up to date to support transition to telehealth, access to Health Pathways for source of truth, support uptake and utilisation of Health Direct Videocall.

Support AMS's and other A & TSI organisations in local COVID vaccination response.

Facilitation and attendance at regular meetings with Hospital and Health services, Public Health Units, Pathology providers, GPRCS, Local councils

Attendance at State Health Emergency Control Committee to receive critical timely information and distribution through key communication channels.

Support access to and distribution of PPE related to testing and infection control.

Vaccination:

Interfacing with DoH to support GP EOI process for vaccination program. Manage and support communications between DOH and 175 practices to prepare for 1b rollout March 22.

Support AMS's and other A & TSI organisations in local COVID vaccination response.

Attendance at DoH, QHealth and PHN collaborative network meetings to share relevant information, troubleshoot emerging issues with a consistent and timely approach.

Development, distribution, and relevant support through Coronavirus (COVID-19) Practice Plan and protocols relating to:

Preparing your practice policies and protocols

Internal preparation for your team

Identifying eligible patients and planning the patient vaccination journey

Preparing and implementing a vaccination clinic

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Workforce	147

Activity Demographics

Target Population Cohort

While these activities are aimed at whole of region, specific and targeted activities for Aboriginal and Torres Strait Islander peoples were included in collaboration with local elders and ACCHOs. The PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

While these activities are aimed at whole of region, specific and targeted activities for Aboriginal and Torres Strait Islander peoples were included in collaboration with local elders and ACCHOs. The PHN maintains a commitment to prioritising the health needs of our diverse communities across the Region.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation has been undertaken with:

• existing local level alliances

• Hospital and Health Services

• general practice

• allied and primary health care providers

• ACCHOs

• Clinical Councils

• local and state government

• NGOs, carer groups, human and social services sector

• Aged Care providers

Collaboration

Ongoing collaboration occurs with the following:

• Local Hospital and Health Services

o planning, integration, coordination between primary, secondary and tertiary care sectors

• Primary and allied health care providers

o assessment, intervention and referral; planning and advisory

• Local and state government

• Peak bodies and ACCHOs

o planning, advisory, implementation and referral as appropriate

• Clinical Councils

Activity Milestone Details/Duration

Activity Start Date

07/04/2021

Activity End Date

30/12/2022

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): 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

Decommissioning details?

No

Co-design or co-commissioning comments

CHHP - 21 - CHHP - 21 - Bundaberg Community Diabetes Service (CDS-P1)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CHHP

Activity Number *

21

Activity Title *

CHHP - 21 - Bundaberg Community Diabetes Service (CDS-P1)

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Chronic conditions management, access (local priorities).

Aim of Activity *

To reduce potentially preventable hospitalisations and emergency department presentations for diabetes related complications by managing patients with complex and/or poorly manage diabetes in a community setting.

Description of Activity *

CDS-P1.1 - The Bundaberg Community Diabetes Service is an innovative model of complex diabetes care, delivered by advanced skill general practitioners in a general practice setting, supported by an endocrinologist and multidisciplinary care team.

Patients with complex and/or poorly managed diabetes who would otherwise be referred to a specialist are instead referred to the Community Diabetes Service. Patients initially undergo a comprehensive screening and review of medications, diabetic history, retinal photographs, foot assessment, depression screening and appropriate blood and urine testing.

They are then booked for the next 'diabetes clinic', which is a four-hour session involving the endocrinologist, advanced skill GP and diabetes educator. A management plan is developed by the GP in consultation with the endocrinologist. Appointments are also made with other relevant allied health services.

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Chronic Disease Prevention and Management	142

Activity Demographics

Target Population Cohort

Rates of diabetes are generally higher among the elderly, Indigenous Australians and people living in rural and remote and socioeconomically disadvantaged areas. With an ageing population, a high number of Indigenous Australians and significant socioeconomic disadvantage, Bundaberg has a greater than average number of people with diabetes. In Bundaberg 6.7 percent of residents, or 7,255 people, are registered with the National Diabetes Support Scheme. This is higher than the rate for Queensland, with only 4.8 percent of the State's population registered.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bundaberg	31901

Activity Consultation and Collaboration

Consultation

Wide Bay Hospital and Health Service

Private specialists

General practices

Allied and primary health care providers

ACCHOs

Wide Bay Clinical Advisory Council

Collaboration

Wide Bay Hospital and Health Service

Planning, integration, coordination between primary, secondary and tertiary care sectors

Private specialists

Planning, integration, coordination between primary, secondary and tertiary care sectors

General practices

Planning, integration, coordination between primary, secondary and tertiary care sectors

Allied and primary health care providers

Planning, integration, coordination between primary, secondary and tertiary care sectors

ACCHOs

Planning and advisory

Wide Bay Clinical Advisory Council

Advisory

Activity Milestone Details/Duration

Activity Start Date

28/12/2019

Activity End Date

29/10/2022

Service Delivery Start Date

31/08/2021

Service Delivery End Date

31/08/2022

Other Relevant Milestones

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

Decommissioning details?

Co-design or co-commissioning comments

CG - 7 - CG-7 - PMH-P3 Mental Health Flexible Fee for Service Activity

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

7

Activity Title *

CG-7 - PMH-P3 Mental Health Flexible Fee for Service Activity

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Mental Health	74

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

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): No

Is this activity being co-designed?

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

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

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

No

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

n/a

CF - 21 - CF-21 - PMH-P3 Mental Health Flexible Fee for Service Activity

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

21

Activity Title *

CF-21 - PMH-P3 Mental Health Flexible Fee for Service Activity

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Mental Health

Other Program Key Priority Area Description

Aim of Activity *

The aim of this activity is to reduce service gaps and inequities across the region by commissioning mental health services targeting selected underserviced populations. These services are provided where access to Medicare Benefits Schedule funded psychological services are limited or not easily accessible, or to particular subpopulations that are not accessing available services to the same extent as the general population.

Description of Activity *

Since 2020, the PHN has procured psychological therapy services via the establishment of a Mental Health Clinical Services Panel in 2020. Panel providers deliver mental health support to people at risk of, or with mild to moderate (non-complex) mental illness using a model of care delivered flexibly through face to face, telephone and/or group work within the PHN region (PMH-P1.3). As demand has exceeded funding available, the PHN will no longer operate a 'fee for service' model after 30 June 2022. As an alternative to this model, the PHN will provide community mental health providers with pre-funding for an identified number of sessions of low intensity or psychological therapy. Funding will be allocated geographically based on modelling of need and with the goal of ensuring equitable access to services across the region. Modelling will draw on data from the PHN Health Needs Assessment and the National Mental Health Service Planning Framework. Pre-funding will be provided quarterly in advance. The new model is anticipated to be in place, after an EOI process, as of September 2022 and will be operated in accordance with targets allocated from the PHN Stepped Care Intake Service (PMH-P3.7).

Needs Assessment Priorities *

Needs Assessment

2021-24 Health Needs Assessment

Priorities

Priority	Page reference
Mental Health	74

Activity Demographics

Target Population Cohort

Eligibility criteria for access to psychological services for underserviced and hard to reach groups are: • Clients residing in the Central Queensland, Wide Bay and Sunshine Coast PHN region; • Clients with mild, moderate or severe mental health illness; • Clients part of underserviced or hard to reach target group; • Funding for sub-area and service stream not exhausted; and • Client consents to participate in the program.

Underserviced Target Groups include: • Rural and remote residents • People from culturally and linguistically diverse backgrounds (CALD) • Aboriginal and Torres Strait Islander people • People who are members of the LGBTI community • Financially disadvantaged (e.g. unemployed, concession card) • Victims of domestic violence • Homeless • Other hard to reach groups not elsewhere classified.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Comprehensive stakeholder consultations were conducted on Stepped Care services by our PHN in 2016-17 and 2017-18. Consultation required for continuous improvement was undertaken as part of ongoing evaluation and monitoring and resulted in an approach to market to form a Mental Health Clinical Services Panel. In November 2019 stakeholder consultations were held to notify that a Mental Health Clinical Services Panel would be formed to expand service providers. A Pre-Qualifying Questionnaire was opened on 16 December 2019 and closed on 13 February 2020 to evaluate suitably placed providers to deliver these services under new fee for service arrangements administered through a central PHN Stepped Care Intake.

Collaboration

General practice staff and allied health professionals, role: Subject matter experts Regional MHAOD Council, role: High level partnership and joint planning governance Central Queensland, Wide Bay and Sunshine Coast, Hospital and Health Services, role: Local level partnerships to achieve implementation, local coordination Primary health care providers, NGO providers, peak bodies, NDIS, NGO stakeholders within PHN region, role: Subject matter experts Consumers and carers, role: Lived experience subject matter experts

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Activity Milestone Details/Duration

Activity Start Date

29/06/2019

Activity End Date

28/06/2025

Service Delivery Start Date

01/07/2019

Service Delivery End Date

29/06/2025

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

Decommissioning details?

Artius Stepped Care contract end date 30/03/20 not renewed The Butterfly Foundation for Eating Disorder Trail and Eating Disorder Transition activity, end date 30 June 2022.

Co-design or co-commissioning comments

n/a