



Western Queensland Primary Health Network

After Hours Primary Health Care

2024/25 – 2027/28 Activity Work Plan

ACTIVITY: AH-HAP - 1 - AHPHC-HAP1 (24-25: FOR 25-26) HOMELESSNESS ACCESS PROGRAM NEEDS ASSESSMENT

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Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours - Homelessness Access

AIM OF ACTIVITY

The overarching aim of the Activity is the development of a comprehensive health needs assessment report outlining the issues and priorities of people experiencing homelessness or who are at risk of homelessness, in the Western Queensland PHN region, and the impacts on primary health care, including individual and community physical and mental health and wellbeing.

It is anticipated that the report will:

- identify and map support services for people experiencing homelessness and those at risk of homelessness, where it is demonstrated that there are physical, geographic, or other barriers to accessing primary care services

Investigate the intersectionalities of homelessness and other social determinants of health, including the impact on disadvantaged target populations, including (but not limited to):

- Aboriginal and Torres Strait Islander people
- culturally and linguistically diverse (CALD)
- Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+)
- people with mental illness
- people of low socioeconomic status
- people with disabilities
- rural, regional and remote; and

Recommend targeted commissioning for WQPHN to support primary health care access in areas where there are limited or no services available in the local community, through addressing service gaps across the Western Queensland PHN region, for people experiencing homeless and those at risk of homelessness.

The Project will identify the health and other needs of people experiencing homelessness, or who are at risk of homelessness across the million square kilometres over the three WQPHN subregions of:

- North-West Queensland,
- South-West Queensland, and
- Central-West Queensland

DESCRIPTION OF ACTIVITY

Through this Activity, WQPHN will:

- a. Undertake a Needs Assessment of the Western Queensland region by assessing the needs of people experiencing homelessness or at risk of homelessness in the Western PHN region
- b. Use the Needs Assessment to inform the development and implementation of an evidence-based Activity Work Plan. The Needs Assessment will identify service gaps and barriers to ensure PHN commissioned activities do not duplicate or compete with existing services

- c. Promote collaboration and partnerships that support primary health care access by people experiencing homelessness or who are at risk of homelessness, to help meet the needs of the Western Queensland region: including regional planning with HHSs, local primary care service providers including Aboriginal Community Controlled Organisations, Specialist Homelessness Services and relevant health consumer groups; and
- d. Consider opportunities for co-design and co-commissioning to enable more sustainable primary health care and service system solutions delivered to people who are homeless or who are at risk of homelessness, in the Western PHN region

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

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Primary Care	14
People Experiencing Homelessness	13
Systems Issues	15

Activity Demographics

TARGET POPULATION COHORT

People experiencing or at risk of homelessness in WQPHN region.

Activity Consultation and Collaboration

CONSULTATION

To ensure that there are well-informed recommendations from the Project, including from a Lived Experience perspective, about how access to primary health care and enhanced health outcomes can be achieved for the target group, the mandatory consultations will include:

- face to face consultations with Specialist Homelessness Services (SHSs) – both Youth and Adult
- face to face consultations with relevant non-specialist services and networks
- people who identify as having a Lived Experience in relation to the target groups for this Project; and
- other stakeholders including Homelessness and service provider peaks e.g. QCOSS, commissioned and non-commissioned services providers, relevant regional, state, and national networks, HHSs (including any targeted Homelessness Support positions and ACCHOs

COLLABORATION

Collaboration will occur with the stakeholders to co-design and implement the Activity throughout the Project.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2024

ACTIVITY END DATE

30/06/2026

ACTIVITY: AH-MAP - 1 - AHPHC-MAP1 (24-25: FOR 25-26) MULTICULTURAL ACCESS PROGRAM NEEDS ASSESSMENT

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Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours - Multicultural Access

AIM OF ACTIVITY

The overarching aim of the Activity is the development of a comprehensive health needs assessment report outlining the issues and priorities of people from culturally and linguistically diverse (CALD) backgrounds in the Western Queensland PHN region, who experience barriers to accessing primary health care.

It is anticipated that the report will:

- identify and map support services for people from the target group, where it is demonstrated that there are physical, geographic, or other barriers to accessing primary care services

Investigate the intersectionalities of the issues and priorities for people from the target group and other social determinants of health, including the impact on disadvantaged target populations, including (but not limited to):

- Lesbian, gay, bisexual, transgender, queer or questioning, intersex and/or other sexuality and gender diverse people (LGBTQI+)
- people with mental illness
- people of low socioeconomic status
- people with disabilities
- rural, regional and remote¹; and

Recommend targeted commissioning for WQPHN to support primary health care access in areas where there are limited or no services available in the local community, through addressing service gaps across the Western Queensland PHN region, for people from CALD backgrounds.

The Project will identify the health and other needs of people from CALD backgrounds, or who are at risk of homelessness across the million square kilometres over the three WQPHN subregions of:

- North-West Queensland,
- South-West Queensland, and
- Central-West Queensland

DESCRIPTION OF ACTIVITY

Through this Activity, WQPHN will:

- a. Undertake a Needs Assessment of the Western Queensland region by assessing the needs of people from the target group, in relation to primary health care access
- b. Use the Needs Assessment to inform the development and implementation of an evidence-based Activity Work Plan. The Needs Assessment will identify service gaps and barriers to ensure PHN commissioned activities do not duplicate or compete with existing services
- c. Promote collaboration and partnerships that support primary health care access by people from CALD backgrounds, to help meet the needs of the Western Queensland region: including regional planning with HHSs, local primary care service providers including Aboriginal Community Controlled Organisations, Multicultural and Migrant services, and relevant health consumer groups; and
- d. Consider opportunities for co-design and co-commissioning to enable more sustainable primary health care and service system solutions delivered to people from CALD backgrounds in the Western PHN region

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

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Primary Care	14
People from Multi-Cultural Communities	13
Coordination, Integration and Continuity of Care	9
Systems Issues	15

Activity Demographics

TARGET POPULATION COHORT

- age 15 year or older
- post suicide attempt or suicidal crisis
- not currently supported by an intensive or assertive outreach service

Activity Consultation and Collaboration

CONSULTATION

To ensure that there are well-informed recommendations from the Project, including from a Lived Experience perspective, about how access to primary health care and enhanced health outcomes can be achieved for the target group, the mandatory consultations will include:

- face to face consultations with Multicultural and Migrant services – both Youth and Adult
- face to face consultations with relevant non-specialist services and networks
- people who identify as having a Lived Experience in relation to the target groups for this Project; and
- other stakeholders including Multicultural and service provider peaks e.g. Ethnic Communities Council of Queensland, commissioned and non-commissioned services providers, relevant regional, state, and national networks, HHSs (including any targeted Multicultural Health (Qld Health) positions and ACCHOs

COLLABORATION

Collaboration will occur with the stakeholders to co-design and implement the Activity throughout the Project.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2026



ACTIVITY: AH-MAP - 2 - AHPHC-MAP2 (25-26)

MULTICULTURAL ACCESS PROGRAM

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours - Multicultural Access

AIM OF ACTIVITY

To improve healthcare access, equity, and outcomes for multicultural populations across Western Queensland, this initiative aims to address key barriers such as language differences and limited health literacy. By fostering a culturally safe and accessible healthcare environment, the activity seeks to reduce health disparities and build a more cohesive, inclusive service system and through the engagement of specialist/s to lead this work, WQPHN will take a strategic approach to identifying and addressing service gaps through targeted commissioning.

DESCRIPTION OF ACTIVITY

WQPHN will allocate dedicated resources to drive the Multicultural Access Program, focusing on reducing healthcare access barriers for Multicultural populations across Western Queensland. The project will implement targeted commissioning strategies to address service gaps in underserved areas to improve healthcare access for Culturally and Linguistically Diverse (CALD) populations in the South West, Central West, and North West sub-regions of Western Queensland by:

- expanding the Community Action for a Multicultural Society (CAMS) program in Mount Isa. This will be funded to increase workforce capacity to focus on including primary health service access support, community health literacy by leveraging established community engagement and aligning with the PHN Multicultural Health Framework
- enhancing engagement and coordination utilising dedicated resources to strengthen collaboration within health and social services, improving health literacy and service access for multicultural residents across the region
- developing tailored culturally appropriate information and/or resources to focus on addressing service gaps, partnering with experts to design and promote health service access and literacy, ensuring information is accessible and relevant to multicultural residents
- engage experts to build capacity through training opportunities across the health service system to increase cultural competence and multicultural service awareness will be a major component, improving capacity to deliver and promote inclusive and culturally sensitive care across Western Queensland
- a central element of the activity will be partnering with statewide lived experience organisations such as World Wellness Group to co-design the process, engaging CALD communities to ensure that activities align with specific needs and preferences. Through consultations and partnerships with community leaders, organisations and experts in their related field, the project will incorporate community insights into program planning and delivery. WQPHN will collaborate to address sensitive health issues by embedding community engagement into the process. The activity aims to foster a more inclusive and responsive healthcare system, improving service availability and reducing barriers for multicultural populations across Western Queensland
- expected outcomes include improved health literacy among multicultural populations, increased utilisation of primary healthcare and social service systems, and greater patient satisfaction. By reducing language and cultural barriers, the Multicultural Access Program aims to empower individuals from diverse backgrounds to make informed health decisions, ultimately leading to better health outcomes, reduced health disparities, and a stronger, more cohesive healthcare system across Western Queensland

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

Priority	Page Reference
Mental health	11
Primary Care	14
People from Multi-Cultural Communities	13
Coordination, Integration and Continuity of Care	9
Systems Issues	15

Activity Demographics

TARGET POPULATION COHORT

People from Culturally and Linguistically Diverse (CALD) backgrounds, who may be experiencing barriers to accessing Primary Health Care.

Activity Consultation and Collaboration

CONSULTATION

- multicultural and Migrant services – both Youth and Adult
- relevant non-specialist services and networks in the relevant regions
- people who identify as having a Lived Experience in relation to the target groups for this Project; and
- other stakeholders, including Multicultural and service provider peaks e.g. World Wellness Group, Multicultural Affairs QLD, commissioned and non-commissioned services providers, relevant regional, state, and national networks, HHSs (including any targeted Multicultural Health (Qld Health) positions)

COLLABORATION

Collaboration will occur with the stakeholders to co-design and implement the Activity throughout the Project.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2026

ACTIVITY: AH - 1 - AHPHC-AH1 (24-25: FOR 25-26)

INCREASED SOCIABLE, UNSOCIABLE AND AFTER-HOURS TELEHEALTH SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Primary Health Care Support

AIM OF ACTIVITY

To improve and enhance access to primary care services for people living in remote and very remote locations who currently experience limited access to general practitioner services and who are at risk of poorer health outcomes.

DESCRIPTION OF ACTIVITY

The overarching aim of this activity is to support an extension of current operational hours for primary care services to rural and remote vulnerable communities via telehealth. The activity has been designed to address community feedback indicating an increased need for access to GP services, particularly access to after-hours services.

RFDS General Practitioners and General Practice will provide the after-hours Telehealth services, this includes:

- services delivered in vulnerable communities where there is not a Doctor in the community every day and when there is no RFDS clinic operating
- services in the sociable and non-sociable after-hours period
- vulnerable communities on scheduled fortnightly visits currently provided by the RFDS
- will ensure the delivery of holistic preventative Primary Health Care Services at the correct time, place, and in accordance with community requirements
- will include the delivery of culturally appropriate and outcome-focused health services for Aboriginal and Torres Strait Islander people
- will include collaboration with Qld Government Hospital and Health Service primary health care sites and workforce to enable the delivery of continuity of care
- will be cost-effective primary health care delivered to vulnerable communities that will potentially reduce preventable patient hospitalisations in the regions, thus reducing the need for retrievals

In 2025-2026, this activity will provide:

- enhanced access to primary healthcare services through extended operational hours via telehealth during sociable, unsociable after-hours periods to improve access for vulnerable populations and those at risk of poorer health outcomes
- collaboration between RFDS General Practitioners and HHS Primary Health Care staff to ensure continuity of care and reduce preventable hospitalisations and retrieval needs
- collaboration with Queensland Health to implement processes to ensure continuity of care using the Chronic Conditions manual, 3rd Edition
- delivery of cost-effective primary healthcare to potentially reduce preventable hospitalisations in the regions
- addressing community feedback regarding increased need for more GP services and sociable, unsociable and out-of-hours access
- delivery of holistic preventative primary healthcare services tailored to community requirements, including systematic chronic disease management and culturally appropriate care for Aboriginal and Torres Strait Islander populations

The Activity will also include a dedicated WQPHN staff member to work with all practices and key stakeholders to manage the after-hours program to ensure that people have access to services at the right time at the right place. The dedicated staff member will be able to promote after-hours and work on projects and plans that provide holistic care, systematic chronic disease management and innovative solutions to communities by supporting Clinicians to undertake work planning and access to MBS items where appropriate for work done in the after-hours period.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

Priority	Page Reference
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15

Activity Demographics

TARGET POPULATION COHORT

Vulnerable populations residing in remote and very remote communities with limited access to GP services.

Activity Consultation and Collaboration

CONSULTATION

To ensure this activity continues to meet the needs of the community consultation, co design and collaboration with General Practice, CWHHS, NWHHS and SWHHS will continue. WQPHN Practice Support staff provide support to all after hours services to support data improvement initiatives and quality improvement initiatives via a number of tools including clinical audit tools, QI activities, toolkits, education and upskilling and other resources.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2026



ACTIVITY: AH - 2 - AHPHC-AH2 (24-25: FOR 25-26)

AFTER HOURS PALLIATIVE CARE SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Palliative Care

AIM OF ACTIVITY

Increase the availability and access to palliative care services to Residential Aged Care Homes (RACHs) and/or patients during after-hours periods.

DESCRIPTION OF ACTIVITY

TWQPHN will engage primary care services to extend availability to provide palliative care services to patients after hours. Palliative care services will be extended during after-hours periods via either telehealth or face-to-face, to clients wherever they reside – in RACH's or at home.

- WQPHN will address issues with the thin market for palliative care services in remote areas by engaging existing general practice and non-government organisations, including ACCHO's, that support vulnerable communities with palliative care services
- clinical support to providers will be facilitative in collaboration with SPARTA via telehealth
- will enable telehealth palliative care support services out of hours to assist the clinical workforce to empower individuals, families, and carers in communities, with up-to-date medication management, pain management and multidisciplinary case conferencing, for any palliative care patients
- this funding will facilitate clinician support to enhance a local approach to delivering coordinated care from industry experts, to build on the knowledge of the most current practices, medication support and delivery of culturally appropriate palliative care to Aboriginal and Torres Strait Islander people, culturally diverse, and all populations of our region
- engagement of the local workforce will build trust and relationships that enable holistic palliative care delivery supported by locals, and care innovation in rural, remote and very remote localities
- after-hours delivery will be targeted to improve service availability for people with identified poor access or at risk of poorer health outcomes

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

Priority	Page Reference
Primary Care	14
Aboriginal and Torres Strait Islander	10
Palliative Care	12
Coordination, Integration and Continuity of Care	9

Activity Demographics

TARGET POPULATION COHORT

Patients with palliative care needs.

Activity Consultation and Collaboration

CONSULTATION

GP, NGO, ACCHO's and RACF service providers. EOI to all providers to supply Primary Care Palliative Care services in the 25/26 FY.

COLLABORATION

GP, NGO and RACF service providers.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2026

ACTIVITY: AH - 3 - AHPHC-AH3 (25-26) AFTER HOURS (AH) CHRONIC CONDITIONS CLINIC

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Primary Health Care Support

AIM OF ACTIVITY

In most remote areas in WQPHN, there is a lack of regular and at times, no access to coordinated, systematic, proactive primary health care and management of chronic disease. This clinic seeks to enhance access to appropriate primary healthcare services for both the remote populations by extending operational hours via telehealth and face-to-face during times when there is no general practitioner. The service will facilitate collaborative care between RFDS General Practitioners and Hospital & Health Service (HHS) Primary Health Care (PHC) staff.

DESCRIPTION OF ACTIVITY

Due to the complexity of the remote and very remote regions and the complexities of the workforce, thin and no markets, it was evident this activity needed to be tweaked and redesigned slightly to meet the needs of the region and align with both the HHS and RFDS workforce. After "extensive consultation with stakeholders, the name "AH Script Clinic" was deemed a risk. For that reason, we have pivoted to a new title, 'After Hours (AH) Chronic Conditions Clinic'."

This activity will continue to collaborate with HHSs and Royal Flying Doctors Service (RFDS) to provide a model of care that connects patients and particularly those with a diagnosis of chronic disease living in the remote and very remote communities with access to primary health care (that is otherwise unavailable); and also and provide patients with a structured model of chronic disease care, delivered collaboratively to ensure patient continuity by both RFDS clinicians and HHS staff, including Director of Nursing.

This service will be provided during the After Hours Period, within sociable and unsociable (after) hours period, where there is no access to a GP and to manage Chronic conditions and/or reduce Potentially Preventable Hospitalisations and retrievals.

It will provide:

- enhanced access to systematic and proactive primary health care via face-to-face and telehealth services
- collaborative approach, tailored for remote and very remote communities, including culturally appropriate care for Aboriginal and Torres Strait Islander populations
- improved access for the most vulnerable populations
- delivery of cost-effective primary healthcare to potentially reduce preventable hospitalisations in the regions
- upskilling HHS clinical staff and RFDS staff in the use of a systematic chronic disease model of care
- the use of Queensland Health Chronic Conditions 3rd Edition to further enhance continuity of care, including a recall and reminder system

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

PRIORITIES

Priority	Page Reference
Chronic disease	8
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15

Activity Demographics

TARGET POPULATION COHORT

MMM7 communities.

Activity Consultation and Collaboration

CONSULTATION

Extensive consultation with RFDS and HHS.

COLLABORATION

- WQPHN – Lead agency for commissioning and training requirements in the PHC
- access to extended GP services via Telehealth and face-to-face consultations
- HHS – Collaborative approach to support an increase in service provision
- RFDS GP access to Telehealth services to enable a systematic, proactive approach to chronic disease management, reducing the pressure on RFDS allocated services into each community each fortnight. Access for both the local vulnerable populations and visiting tourists into the remote WQ regions by increasing service provision

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2026

