



**Western Queensland Primary Health Network**

# **Core Funding**

2024/25 – 2027/28 Activity Work Plan

**phn**  
WESTERN QUEENSLAND

An Australian Government Initiative

# ACTIVITY: CF-COVID-VVP - 1 - C-COVVVP-1 (24-25: FOR 25-26) VULNERABLE PEOPLES VACCINATION PROGRAM

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To provide access to COVID-19 vaccinations for vulnerable populations that currently do not have a local service provider.

### DESCRIPTION OF ACTIVITY

To commission primary care vaccination providers to support and coordinate targeted and short-term local solutions that enable the delivery of vaccinations to vulnerable populations including:

- those who are experiencing homelessness
- people with disability or are frail and cannot leave home
- people in rural and remote areas with limited healthcare options
- culturally, ethnically and linguistically diverse people
- those who are not eligible for Medicare and/or live in an area without access to a state, territory or Commonwealth Vaccination Clinic
- aged care and disability workers

(The below additional content was provided to AGDoHDA in February 2025 via email - now being added into PPERS version of the activity)

All primary health care providers in the region, including the Royal Flying Doctor Service (RFDS), Hospital and Health Services (HHS), private practices, and pharmacies, were contacted to assess and ensure comprehensive vaccination coverage. Following this outreach, requests were received from the Northwest Hospital and Health Service (NWHHS) for Burketown and Normanton. Further discussions with Gidgee Healing and the Mornington Island Health Council led to an additional clinic request for Mornington Island.

#### **Vax clinic One**

Dates: Two weeks (18th Nov – 28th Nov)

Location: Mornington Island, Burketown and Normanton: Oceana

Total Number: 39 People

**Summary of Activity:** The vaccination event covered three locations: Burketown, Normanton, and Mornington Island. In Burketown, the team attended a disaster prevention meeting and BBQ, vaccinating 10% of attendees and engaging with others for follow-up. Normanton saw a high turnout with 32 vaccinations administered and additional health data shared by attendees. Mornington Island had poor attendance at the BBQ, but the team managed to vaccinate 30% of aged care residents.

Gidgee Healing Normanton had requested future vaccination clinics and support in which were had requested an expansion in our scope for this funding for Jan 24 – June 25. We will reach out to the team at Gidgee to see if community at Normanton now have access to vaccinations initially requested post outreach clinic in November 24.

### Vax clinic Two

Dates: Friday 15th November

Julia Creek: Local solution collaborative approach with Ramsay Street GP

Total Number: 23 people

**Summary of Activity:** The Ramsay Street General Practice conducted two COVID-19 vaccination clinics in Julia Creek, targeting residents over 65 and those severely immunocompromised. The second clinic was held in November with 23 vaccinated.

**Good news story:** The clinics also provided valuable networking opportunities and practical experience for medical students.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Chronic disease	8
Preventive Healthcare	14
Primary Care	14
Coordination, Integration and Continuity of Care	9

## Activity Demographics

### TARGET POPULATION COHORT

Vulnerable Populations

## Activity Consultation and Collaboration

### CONSULTATION

- General Practice, AICCHS

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2022

### ACTIVITY END DATE

01/01/2025



# ACTIVITY: CF-COVID-VVP - 2 - C-COVVVP-2 (NEW 24-25: FOR 25-26) COVID PRIMARY CARE SUPPORT - FUNDED VIA VVP END-OF-ACTIVITY FUNDS

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

To support primary care providers in Western Queensland to increase vaccine uptake.

### DESCRIPTION OF ACTIVITY

We will continue to support general enquiries and general policy related questions from primary care providers in our region.

We will act as a liaison and assist in the collaboration between primary care providers including Royal Flying Doctors Service (RFDS), Hospital and Health Services (HHS) in primary care as well as Residential Aged Care Homes (RACHs), and the Department and ensuring compliance with all reporting requirements, updates and responses. This includes coordinate efforts to promote vaccination and infection control measures across all primary care settings.

To further support our efforts, we will focus on promoting COVID-19 vaccination through targeted winter wellness strategies including a comprehensive campaign to enhance and increase public awareness. This includes leveraging platforms such as social media, web page, newsletters, posters and flyers to disseminate key messages about the importance of vaccinations both from a community and clinical focus. We will support primary care providers with tailored communication resources and clinical engagement strategies to promote COVID-19 vaccination uptake including the dissemination of test kits (COVID and flu).

To increase vaccine uptake our Winter Wellness strategy will include preparing for the roll out of the new Lung Cancer screening program. We will focus on working with primary care to identify patients eligible for lung cancer screening, chronic disease and COVID vaccinations.

Given that patients eligible for lung cancer screening are more likely to have a higher risk of complications associated with a COVID-19 infection particularly if unvaccinated. This initiative will enhance vaccination uptake among this at-risk group, thereby improving their overall health outcomes.

Activities include education, targeted quality improvement and promotion in general practice and primary care sites with an emphasis on identifying patients and clinical teams due for vaccinations.

By implementing these activities, we aim to support primary care providers in Western Queensland, ensuring an increased uptake of COVID-19 vaccinations, particularly in at-risk populations.

AGDoHDA approved the use of unallocated 2024-25 funds from this activity to support the WQPHN enablement of a coordinated, community-focused response to the 2025 Western Qld flood disaster. The approved redirection of available funding helped to ensure there was an effective continuum of needed services during the more immediate response to, and then beyond into a longer-term recovery period, over and above what WQPHN already commissions. The WQ Disaster Response Program includes the development of a comprehensive plan to provide immediate disaster management support and to stabilise, recover, and build resilience within impacted communities, to withstand future disasters. This emerging disaster support activity aligns with new AGDoHDA's Core Schedule activity expectations to build the capacity of our region to manage emergency preparedness, planning and coordination functions across primary care.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Chronic disease	8
Preventive Healthcare	14
Primary Care	14
Coordination, Integration and Continuity of Care	9

## Activity Demographics

### TARGET POPULATION COHORT

Aim is to target the whole of WQPHN population

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices, HHSs, RACHs
- For flood recovery activities - community, councils

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/02/2025

### ACTIVITY END DATE

30/06/2025



# ACTIVITY: WIP-PS - 1 - C-WIPPS-1 (24-25: FOR 25-26) EFFECTIVE MODELS OF MULTIDISCIPLINARY CARE

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Workforce

### AIM OF ACTIVITY

To support primary care practices in the WQPHN region receiving WIP-PS incentives to identify and implement models of multidisciplinary care.

### DESCRIPTION OF ACTIVITY

WQPHN will use provided WIP-PS resources to:

- collate and analyse the current access to and utilization of WIP incentives in the WQPHN region
- provide support to eligible primary care practices to increase their uptake of WIP incentives
- work with primary care providers to identify models of multidisciplinary care and key factors that enable or inhibit these models relating to their WQPHN rural and remote context
- enable the review of multidisciplinary care models in primary care to identify elements of best practice that can be shared
- enable the WQPHN Practice Support team to work with eligible practices to understand what sustainable quality multidisciplinary team care looks like within the WQPHN context

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

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

## Activity Demographics

### TARGET POPULATION COHORT

Eligible General Practices and exploration of multidisciplinary models in primary care sites

## Activity Consultation and Collaboration

### **CONSULTATION**

- Primary Care Services

### **COLLABORATION**

- Primary Care Services

## Activity Milestone Details/Duration

### **ACTIVITY START DATE**

01/09/2024

### **ACTIVITY END DATE**

30/06/2027



# ACTIVITY: MYM - 1 - C-MM-1 (25-26) SUPPORTING THE UPTAKE OF MYMEDICARE IN GENERAL PRACTICE

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Workforce

### AIM OF ACTIVITY

This activity will provide support for eligible general practices and Aboriginal Medical Services (AMSs) to implement the successful uptake of MyMedicare.

### DESCRIPTION OF ACTIVITY

WQPHN will assist and support eligible general practices and AMSs to understand, register, participate and support patient registration to MyMedicare.

This activity will also support the patient uptake of MyMedicare.

WQPHN will also work with relevant Qld Health Hospital and Health Service and Royal Flying Doctor Service (RFDS) staff to ensure their understanding of what MyMedicare is and how it would benefit their patients.

WQPHN will assist 100% of practices that are unaccredited but eligible for RACGP accreditation to gain accreditation if they desire.

WQPHN will collaborate to develop and maintain applicable resources.

WQPHN will provide up-to-date relevant information on the MyMedicare program to relevant stakeholders in our region.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Chronic disease	8
Ageing	7
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11

## Activity Demographics

### **TARGET POPULATION COHORT**

General Practices and AMSs eligible for RACGP accreditation

## Activity Milestone Details/Duration

### **ACTIVITY START DATE**

01/06/2024

### **ACTIVITY END DATE**

30/06/2027



# ACTIVITY: CMDT - 1 - C-CMT-1 (25-26) WQ COMMISSIONING OF MULTIDISCIPLINARY TEAMS

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Multidisciplinary models of care - WQPHN Outback Multidisciplinary Teams (MDT) Project

### AIM OF ACTIVITY

The aim of the WQPHN Outback MDT Project is to improve healthcare for diabetic patients with multiple comorbidities in remote Western Queensland by establishing multidisciplinary teams, enhancing care coordination, facilitating access to allied health services, and leveraging local partnerships to address service fragmentation and improve health outcomes.

### DESCRIPTION OF ACTIVITY

1. Deploy MDTs - Form teams led by a Clinical Lead with support from RFDS and GPs.
2. Improve Access - Deliver chronic disease care and manage referrals in remote areas.
3. Enable Digital Tools - Expand telehealth and train staff in digital health systems.
4. Build Workforce Capability - Provide remote-specific training in chronic disease and CQI.
5. Engage Communities - Conduct needs assessments and co-design care with local partners.
6. Monitor & Adapt - Track outcomes and refine delivery using data insights.
7. Strengthen Integration - Align with and operate within Healthy Outback Communities and regional health frameworks to reduce duplication.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Mental health	11
Chronic disease	8
Preventive Healthcare	14
Specialist Care	14
Physical Activity	13
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15

## Activity Demographics

### TARGET POPULATION COHORT

People living in very remote areas of Western Queensland, particularly those with diabetes and multiple comorbidities, including underserved and First Nations communities

## Activity Consultation and Collaboration

### CONSULTATION

- Care Governance Committee (WQPHN's Clinical Council)
- Central West health & Hospital services
- Maranoa Accord (WQHSIC)
- Nukul Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Health Pathways networks
- Royal Flying Doctor Service
- Diabetes Australia
- Check Up
- Diabetes Prevention Working Group
- Local Councils - Boulia, Diamantina and Barcoo
- HOC Alliance

### COLLABORATION

- Central West Hospital & Health Service
- Diabetes Australia
- Local Councils
- Nukul Murra Alliance
- Local Councils - Boulia, Diamantina and Barcoo
- Check Up
- Mates of the Alliance

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/09/2024

### ACTIVITY END DATE

30/06/2027



# ACTIVITY: GPACI-GPM - 1 - C-GPACIGPM-1 (25-26) GENERAL PRACTICE IN AGED CARE INCENTIVE (GPACI) – CAPABILITY BUILDING

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Aged Care

### AIM OF ACTIVITY

This activity provides funding for PHNs to implement and manage the matching of residents in residential aged care homes (RACHS) to General Practitioners (GPs) and practices and/or Aboriginal Community Controlled Health Services (ACCHS).

### DESCRIPTION OF ACTIVITY

WQPHN has employed a part-time Coordinator to support and undertake stakeholder engagement, practice collaboration and communication. The Coordinator will enable to PHN to:

- develop and maintain relationships with GPs, general practices and RACHs, driving connection through collaboration, networking and stakeholder engagement including training, data collection, reporting, development of resources and undertaking a needs analysis for the WQPHN region.
- engage with ACCHs in the delivery of the program and communicating with RACHs, GPs and practices across the region in relation to Government programs.
- support RACH residents, practices and GPs in registration processes to MyMedicare and GPACI while communicating best practice guidelines to practitioners.
- engage with the Department of Health and Aged Care throughout the process. and ensure the collection of data and information to enable activity/outcomes/experience measurement against required indicators.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Ageing	7
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11

## Activity Demographics

### TARGET POPULATION COHORT

Residents in Residential Aged Care Homes

## Activity Consultation and Collaboration

### CONSULTATION

- GPs
- RACHs

### COLLABORATION

- GPs
- RACHs

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/09/2024

### ACTIVITY END DATE

30/06/2027

# ACTIVITY: CF - 1 - C-CRP-1 (25-26) PHN CLINICAL REFERRAL PATHWAYS

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Digital Health

### AIM OF ACTIVITY

The aim of the PHN Clinical Referral Pathway is to continue to support the creation, review, enhancement and promotion of service information and referral pathways on the HealthPathways platform.

### DESCRIPTION OF ACTIVITY

The activity will ensure that there are a variety of Clinical Health Pathways that are localised and meet the needs of the WQPHN region, including supporting local health professionals to provide advice and referrals that are focused on their region.

The activity funding will be used to employ Pathway Coordinators and Clinical Editors to consult on and draft pathway content. These pathway workers may also collaborate within the PHN Network and with relevant Qld Hospital and Health Services, on optimal pathway development. This approach is considered the most appropriate pathway development model and use of available activity funding ("value for money") given the characteristics of the WQPHN region.

The WQPHN will continue to engage with various stakeholders to ensure that there are adequate and appropriate Clinical Health Pathways including:

- clinical Editors with local knowledge and experience to ensure that local health pathways are current and operate within the constraints of access
- access to Subject Matter Experts to provide further information in relation to the relevant pathway and provide some high-level support in innovative ways to deliver the care in a rural, remote and very remote setting
- ensuring that through Clinical Chapter Meetings and other Clinical forums that Clinical Health Pathways are socialised and used as a continuous improvement opportunity and ensure Pathways are current with information
- ensuring that orientation of new staff within the area includes the HealthPathways program and that this is updated regularly so that all health professionals continue to be aware of health pathways and provide constant feedback if there are changes locally

WQPHN will undertake regular evaluative review of HealthPathways usage to inform ongoing enhancements of their content and promotion. This will be undertaken as part of our Health Pathways processes including:

- clinical Editors review
- two weekly community clinical reviews with stakeholders and then publishing onto the Health Pathways site
- ongoing communication in all forms in relation to ongoing updating of the pathways as and when it is necessary

Work will be undertaken to gather the existing Health Pathways in line with the newly developing strategies to ensure that where necessary there is reference to sub-region pathways for example:

- ageing in the Outback Strategy with an end-to-end process in the Ageing Continuum of Care in WQ. These pathways will develop in the Healthy Ageing and Early Intervention space through to General Practice and Care Planning through to referral pathways to Allied Health and ultimately Care Finders and Packaged Care where services in aged care will be funded from
- healthy Outback Kids Strategy update and localised pathways for Child and Family Healthcare that is focused on the Healthy Outback Kids site-specific pathways
- healthy Outback Communities sites where it may be appropriate to have a sub-region approach to the Health Pathway

These pathways will ensure that there is access to the right care at the right time in the right place and that clinicians are aware of the processes and how to link as do consumers.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11

## Activity Demographics

### TARGET POPULATION COHORT

Anyone needing to access health and support services

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Clinical Council - Care Governance Committee
- HHSs - SW, CW, NW
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks

### COLLABORATION

- General Practices
- Other primary care providers
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027



# ACTIVITY: CF - 1 - C-DCPR-1 (24-25: FOR 25-26) DEMENTIA CONSUMER PATHWAY RESOURCE

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Digital Health

### AIM OF ACTIVITY

The activity aims to develop consumer-focused dementia support pathway resources detailing the support available for people living with dementia, their carers and families.

### DESCRIPTION OF ACTIVITY

WQPHN will work in collaboration with HHSs, Dementia Australia and other stakeholders to:

- in association with the HealthPathways dementia pathways work, consult broadly across the aged care and dementia sectors, including but not limited to local primary care clinicians, allied health, aged care providers, other health providers, peak bodies and consumers about gaps in consumer information about dementia
- develop high quality resources for consumer use outlining services and options in the prevention and management of dementia in Western Qld
- consider the roles of local, state and federal government, private and community-driven services and support

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Ageing	7
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11

## Activity Demographics

### TARGET POPULATION COHORT

WQPHN population cohort requiring dementia prevention and management services and support

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Consumer Advisory Committee
- Care Governance Committee (WQPHN's Clinical Council)

- HHSs - SW, CW, NW
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks
- Aged Care and Dementia peak bodies (e.g. Dementia Australia)

#### **COLLABORATION**

- WQ HP Steering Group
- General Practices
- WQPHN and HHS Consumer Advisory Networks
- Other primary care providers
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks
- Dementia Australia

## Activity Milestone Details/Duration

#### **ACTIVITY START DATE**

01/07/2023

#### **ACTIVITY END DATE**

30/06/2025

# ACTIVITY: CF - 1 - C-CF1 (25-26) COMMISSION CLINICAL SERVICES FOR RURAL & REMOTE AREAS (ALLIED HEALTH AND NURSING)

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

Counter market limitations and other determinants and provide essential support necessary to assist more equitable management and prevention of chronic conditions and support child and family health in rural and remote populations of western Queensland.

### DESCRIPTION OF ACTIVITY

Ensure place-based commissioned service providers are supported to:

- ensure alignment with the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model including the Locality Strategy, and Commissioning for Better Health capability
- support a process of capability self-assessment and maturity to identify and drive quality improvement
- undertake a whole of practice population approach to guide and target strategies to optimise management and prevention of chronic conditions in Western Queensland populations
- utilise the WQPHN PHC Dashboard to tailor data cleansing activities to ensure accurate data and chronic disease (CD) cohorts can be identified - cleansing of the undiagnosed population will ensure a clearer vision of the CD Care required in the WQPHN footprint
- identify and implement strategies to respond to market failure, workforce shortages, and other social determinants impacting on health and lifestyle behaviours
- promote digital enablement of care methodologies and systems and expand use of telehealth care
- support integrated care that is customised to meet the unique rural, remote and hard to reach populations in WQ
- to provide culturally competent services
- provide universal access to care and integrate allied health and nursing services, paediatric specialist interventions, and early childhood support
- enable access to diabetes education and self-management support for people living with diabetes in regional and remote communities, focusing on areas of higher need and prevalence
- increase access to consistent, available and targeted preventative health promotion and behaviour modification/brief intervention strategies through training and education, that aims to meet the needs of vulnerable and disadvantages populations
- expansion of the WQPHN Health Outback Kids (HOK) initiative to encompass areas that have thin or no market access
- access a localised HealthPathways platform to provide a single online assessment and management portal to assist clinical prioritisation, navigation of primary, secondary and tertiary referral pathways for improved patient experience
- identify and support localized surge workforce initiatives to address identified community needs

WQPHN will:

- build local capacity of commissioned primary health providers to improve access to care through more integrated approaches, uptake and adoption of the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model, including the local strategy enablers and greater collaboration within the place-based commissioning approaches to service design and implementation
- facilitate joint planning for workforce development and service provider alignment with CheckUp, HWQ, the Nukal Murra Alliance and CSPs and other stakeholders that make up the HOC Mates of the Alliance and HOK Advisory Groups
- support commissioned primary health providers to explore alternative clinical, preventative health methods and health promotion better suited to support and increase rural and remote community engagement and access such as Allied Health Assistants and telehealth
- collaborate with local community directories to increase localised awareness of clinical, preventative and Health promotion services in rural and remote communities

AGDoHDA approved the use of unallocated 2024-25 funds from this activity to support the WQPHN enablement of a coordinated, community-focused response to the 2025 Western Qld flood disaster. The approved redirection of available funding helped to ensure there was an effective continuum of needed services during the more immediate response to, and then beyond into a longer-term recovery period, over and above what WQPHN already commissions. The WQ Disaster Response Program includes the development of a comprehensive plan to provide immediate disaster management support and to stabilise, recover, and build resilience within impacted communities, to withstand future disasters. This emerging disaster support activity aligns with new AGDoHDA's Core Schedule activity expectations to build the capacity of our region to manage emergency preparedness, planning and coordination functions across primary care.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Chronic disease	8
Ageing	7
Child and Maternal Health	7
Preventive Healthcare	14
Physical Activity	13
Physical Rehabilitation	13
Aboriginal and Torres Strait Islander	10
Obesity	12
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11

## Activity Demographics

### TARGET POPULATION COHORT

People at risk of developing or living with a chronic condition

## Activity Consultation and Collaboration

### CONSULTATION

- CheckUP
- HWQ
- General Practices
- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- Children's Health Qld
- Education Qld
- Schools
- APNA
- AAPM
- HHSs - SW, CW, NW
- Commissioned Health Service Providers
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

### COLLABORATION

- CheckUP
- Commissioned Health Service Providers
- Education Qld
- Schools
- HWQ
- General Practices
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Local Government

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027



# ACTIVITY: CF - 2 - C-CF2 (25-26) PRACTICE-BASED COMMISSIONING PROGRAM - WQ PRACTICE SUPPORT

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Population Health

### AIM OF ACTIVITY

Supporting Practice capability and proficiency of general practices through the uptake and adoption of evidence-based contemporary quality improvement collateral within the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model, including the Locality Strategy.

### DESCRIPTION OF ACTIVITY

Undertake a 'practice-based commissioning' approach that integrates a Quintuple Aim approach and evidence informed milestone measures to support and measure uptake of the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model including the Locality Strategy. Work with partners e.g. workforce agencies, universities, HHSs, RFDS to develop innovative solutions to remove identified barriers for the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model.

Work with and ensure commissioned general practices:

- support a communities of practice methodology, share data, utilise the WQPHN Data Portal and contribute to population-level place-based commissioning
- improve access, responsiveness and support for patients through facilitating increased virtual consultations and improved and proactive care planning for complex patients
- undertake prescribed deliverables and outcome measures
- address the 3 domains for change: ready access to care; proactive preventative care; managing chronic and complex care; and the associated 10 foundations: 1. engaged leadership; 2. embedding CQI; 3. infrastructure; 4. digital health; 5. patient centred; 6. cultural competency; 7. team-based care; 8. primary care governance; 9. performance; 10. quality data
- enable greater business sustainability through tailored health intelligence and informatics
- strengthen GP led multidisciplinary team-based care pathways with Hospital and Health Services, allied health, nursing specialists, clinical pharmacists, social workers and mental health workers
- employ strategies to reduce avoidable demand (including after hours and hospital services) and optimise preventative and chronic and complex care
- maximise use of technology to support and connect care across inter-disciplinary and multi-sector domains
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care, through the WQ Practice Support Program use of the essentials guide and other quality improvement resources, to build on the meaningful use of clinical audit and decision tools to extract the patient cohorts who require follow up
- work with partner organisations to identify and implement evidenced-based systematic support, to improve general practice performance, sustainability and responsiveness.
- promote the uptake of practice accreditation and provide support for practices to maintain accreditation, Practice Incentive Payments (PIP) and WIPs
- support provision of data licenses through data collaborative agreements to support the data sharing capabilities for General Practices/AICCH's/HHS/RFDS through the Primary Health Insights data governance structures
- support the uptake of the eConsultant program in partnership with UQMRI, Qld Health and Mater Hospital to support Primary Healthcare organisations to manage their chronic and complex patient cohorts through a secure messaging service

AGDoHDA approved the use of unallocated 2024-25 funds from this activity to support the WQPHN enablement of a coordinated, community-focused response to the 2025 Western Qld flood disaster. The approved redirection of available funding helped to ensure there was an effective continuum of needed services during the more immediate response to, and then beyond into a longer-term recovery period, over and above what WQPHN already commissions. The WQ Disaster Response Program includes the development of a comprehensive plan to provide immediate disaster management support and to stabilise, recover, and build resilience within impacted communities, to withstand future disasters. This emerging disaster support activity aligns with new AGDoHDA's Core Schedule activity expectations to build the capacity of our region to manage emergency preparedness, planning and coordination functions across primary care.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Chronic disease	8
Primary Care	14
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15

## Activity Demographics

### TARGET POPULATION COHORT

Primary healthcare practices across the 7 commissioning localities of the WQPHN

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- QPHN practice support network
- WQHSIC (Maranoa Accord)
- WQPHN General Practice Network
- Health Workforce Queensland
- James Cook University (Mt Isa CRRH)
- University of Queensland Mater Research Institute
- HHSs - SW, CW, NW
- CheckUp
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- RFDS

## **COLLABORATION**

- Education Providers
- General Practices
- University of Queensland – Mater Research Institute
- Partner NGOs
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Health Workforce Queensland

## Activity Milestone Details/Duration

### **ACTIVITY START DATE**

01/07/2023

### **ACTIVITY END DATE**

30/06/2027



# ACTIVITY: CF - 2 - C-CRP-2 (25-26) AGED CARE CLINICAL REFERRAL PATHWAYS

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Digital Health

### AIM OF ACTIVITY

The aim of the Aged Care Clinical Referral Pathway is to continue to support the creation, review, enhancement and promotion of aged care related information and referral pathways on the HealthPathways platform.

### DESCRIPTION OF ACTIVITY

The activity will ensure that there are a variety of Aged Care Health Pathways that are localised and meet the needs of the WQPHN region, including supporting local health and aged care professionals to provide advice and referrals that are focused on their region. The Aged Care Health Pathways will be strongly linked to Primary health Care Services and provide clear early intervention pathways to support care within communities which would have previously resulted in people having to leave their communities for care.

The activity funding will be used to employ Pathway Coordinators and Clinical Editors to consult on and draft pathway content. These pathway workers may also collaborate within the PHN Network, regional and state Aged Care services, and with relevant Qld Hospital and Health Services, on optimal pathway development. The pathways will involve the introduction of the Ageing in the Outback Model of Care, which will ensure there is a clear transition to Aged Care services through sustainable and cost-effective pathways. This approach is considered the most appropriate pathway development model and use of available activity funding ("value for money") given the characteristics of the WQPHN region.

The WQPHN will:

- ensure that there are comprehensive Aged Care Clinical Referral Pathways available for health professionals to provide advice referral and connections for older Australians into local health, support and aged care services. These comprehensive pathways will be place-based as even within the larger regions, there is a need to have referral pathways in sub-regions to ensure that there are adequate programs and services when consumers require them, so that there are not long waiting lists or extended timeframes when people need care
- continue to work with all health professionals, Aged Care groups and providers to ensure that there is clear visibility to embed Aged Care pathways in relation to how people navigate through the aged care and health systems and that this is clearly articulated to clinicians and other health professionals within the region or who have been engaged to provider telehealth services into the region
- promote and seek feedback of pathways via Clinical Chapters, Consumer/Provider Forums and other relevant opportunities where applicable

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

## PRIORITIES

Priority	Page Reference
Digital health	10
Ageing	7
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15
Health literacy	11
Infrastructure, Facilities and Equipment	11

## Activity Demographics

### TARGET POPULATION COHORT

Anyone needing to access aged care related health and support services

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Clinical (Care Governance) & Consumer Advisory Committees
- HHSs - SW, CW, NW
- Aged Care services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks

### COLLABORATION

- General Practices
- Other primary care providers
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Aged Care Services
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027



# ACTIVITY: CF - 3 - C-CRP-3 (25-26) DEMENTIA SUPPORT PATHWAYS

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Digital Health

### AIM OF ACTIVITY

The aim of the Dementia Support Pathways is to continue to support the creation, review, enhancement and promotion of dementia related information and referral pathways on the HealthPathways platform.

### DESCRIPTION OF ACTIVITY

The activity will ensure that there are Dementia Support Pathways that are localised and meet the needs of the WQPHN region including supporting local health professionals to provide optimal dementia related service support advice and referrals that are focused on the region.

The WQPHN will continue to engage with various stakeholders to ensure that there are adequate and appropriate Dementia Support Pathways including:

- seeking the ongoing input and support of Dementia Australian to ensure national consistency of pathways as appropriate to the WQPHN region
- engaging Clinical Editors to ensure pathway content supports improved timeliness of dementia diagnosis
- reducing barriers to accessing dementia specific post-diagnostic services and supports through improved availability of current and accurate service information
- promoting the availability of pathways via relevant and targeted networks, forums and meetings
- regular evaluative review of pathway content from the perspective of health professionals and consumers

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Digital health	10
Chronic disease	8
Ageing	7
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15
Health literacy	11
Infrastructure, Facilities and Equipment	11

## Activity Demographics

### TARGET POPULATION COHORT

Anyone needing to access dementia related health and support services

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Clinical (Care Governance) & Consumer Advisory Committees
- HHSs - SW, CW, NW
- Dementia support services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health
- Queensland HealthPathways networks
- Dementia Australia

### COLLABORATION

- General Practices
- Other primary care providers
- Nominated Clinical Editors
- HHSs - SW, CW, NW
- Dementia support services
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Other PHNs
- Queensland HealthPathways networks
- Dementia Australia

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027



# ACTIVITY: HSI - 1 - C-HSI-1 (25-26) WQ PRACTICE SUPPORT PROGRAM

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Workforce

### AIM OF ACTIVITY

To support the capacity of primary health care networks across Western Queensland to provide quality assured contemporary model of care and support GP/PHC leadership in securing, and supporting a comprehensive primary healthcare capability in rural and remote regions.

### DESCRIPTION OF ACTIVITY

WQPHN will support general and primary health care practices to:

- improve systems to deliver quality care through enrolment in the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model
- address the 3 domains for change: ready access to care; proactive preventative care; managed chronic and complex care; and the associated 10 foundations: 1. engaged leadership; 2. embedding CQI; 3. infrastructure; 4. digital health; 5. patient centred; 6. team-based care; 7. cultural competency; 8. primary care governance; 9. performance; 10. quality data
- undertake structured, continuous quality improvement activity that builds capacity and enables comprehensive primary health care
- promote the uptake of practice accreditation and Practice Incentive Payments (PIP) including PIP QI measures and WIPs for eligible general practices
- support practices in the meaningful use of digital health systems to streamline the flow of patient information
- develop health information management systems to inform quality improvement in health care, specifically, the collection and use of clinical data within practices through education and training in the use of the WQPHN PHC Dashboard
- support practices to implement innovative models of service delivery to enhance workforce development, capacity and sustainability
- work with partner organisations to identify and implement evidenced-based systematic support, to improve general practice performance, sustainability and responsiveness
- develop tools to be utilised in general practice to supplement the identification of chronic diseases and management of complex care patient needs
- develop individual action plans to support training and education, gaps of service and use of national based programs for commissioned general practices
- work towards providing trend data of outcome measures of improvement of health outcomes
- build health literacy of providers to ensure patients receive the right care, at right time, in the right place

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

## PRIORITIES

Priority	Page Reference
Primary Care	14
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15

## Activity Demographics

### TARGET POPULATION COHORT

Whole of general practice/primary health care population

## Activity Consultation and Collaboration

### CONSULTATION

- General Practices
- Care Governance Committee (Clinical Council)
- Consumer Advisory Committee
- QPHN practice support network
- WQHSIC (Maranoa Accord)
- WQPHN General Practice Network
- HHSs - SW, CW, NW
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- RFDS

### COLLABORATION

- General Practices
- University of Queensland – Mater Research Institute
- James Cook University - CRRH
- Partner NGOs (RFDS, HWQ, CheckUp)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027

# ACTIVITY: HSI - 3 - C-HSI-3 (25-26) BUSINESS INTELLIGENCE & INNOVATION

## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Workforce

### AIM OF ACTIVITY

To expand PHN health and business intelligence infrastructure and capability in support of commissioning innovation, excellence and engagement, and apply evidence to facilitate needs and value-based, location aware service delivery models that improve health outcomes.

### DESCRIPTION OF ACTIVITY

WQPHN's Business Intelligence & Innovation Team will support commissioning innovation and excellence through:

- health Planning: identify prioritised health and service needs through population health planning, policy and place-based approaches within the 7 localities of the WQPHN catchment
- data Enablement: building data and information enablement capacity of WQPHN and stakeholders through engagement, developing competency, expanding footprint to support people, places and partnerships
- data & Information Governance: evolve data governance capability through overall management of usability, availability, integrity and security of information, including supporting ISO 27001 implementation
- data Storage, Collection & Use: consolidate infrastructure to improve the collection and usability of data for driving population health insights
- data Quality: to provide timely and accurate information to manage accountability of commissioning, reporting, monitoring and evaluations
- annual Health Assessments: ensure currency of qualitative and quantitative population level data within the Health Needs Assessment and provide validation against contemporary population level outcome measures

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Mental health	11
Digital health	10
Chronic disease	8
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15
Health literacy	11
Infrastructure, Facilities and Equipment	11

# Activity Demographics

## TARGET POPULATION COHORT

Whole of WQPHN population

# Activity Consultation and Collaboration

## CONSULTATION

- HHSs - SW, CW, NW - including under the Qld Joint Regional Needs Assessment Framework
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- General Practice Networks
- RFDS (Qld)
- Health Workforce Queensland
- CheckUp
- Office of Rural and Remote Health
- e-Health Rural and Remote Committee
- QAIHC
- Consumer and Clinical Councils (Care Governance Committee)
- Local Government Organisations
- Other QLD PHNs
- Queensland Health
- Centre for Rural and Remote Health – James Cook University
- University of Queensland Mater Research Institute
- University of Queensland, Substance Use and Mental Health Unit
- Central Queensland University
- Australian Digital Health Agency
- Western Australia Primary Health Alliance (WAHPA) - custodians of Primary Health Insights
- Gold Coast PHN (Primary Sense)
- Primary Health Insights Data Community of Practice
- ISO 27001 Community of Practice
- RHealth
- AIHW
- Consumers, carers and people with lived experience of health services
- HOC Alliance

## COLLABORATION

- Western Queensland Health System Integration Committee (Maranoa Accord membership)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir & Gidgee Healing)
- Queensland Health and Hospital & Health Services
- HOC Alliance

# Activity Milestone Details/Duration

## ACTIVITY START DATE

01/07/2023

## ACTIVITY END DATE

30/06/2027



# ACTIVITY: HSI - 4 - C-HSI-4 (25-26) BUSINESS, COMMISSIONING AND SUPPORT

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Workforce

### AIM OF ACTIVITY

To implement and support an effective commissioning system informed by appropriate health and business intelligence, that enables corporate and clinical/care governance, optimal stakeholder engagement, financial accountability, performance monitoring, infrastructure maintenance, quality, information security and safety management and ensures a values-based-care approach.

### DESCRIPTION OF ACTIVITY

WQPHN's business, commissioning and support staff will ensure:

- effective management of legislative and contractual compliance
- data aligns with commissioning decision making in collaboration with the Business Intelligence & Innovation Team
- WQPHN's commissioning framework and associated processes and documentation are fit-for-purpose
- that strategies and systems are in place to monitor and manage the performance of commissioned services
- the Board, CEO and Senior Management Team are supported for planning, reporting, risk management and compliance activity
- a system is implemented for measuring organisational capability, performance and compliance
- that decisions are informed by risk assessment and mitigation strategies
- standards of financial accountability and practice are supported by relevant policy and procedure
- that quality management systems are maintained for re-certification (ISO 9000:2015)
- continuous business system improvement within a quality framework, inclusive of human and infrastructure resourcing - a safety management system is maintained for worker health and wellbeing and clinical/care governance of facilitated and commissioned services
- support innovation activity - including the implementation of WQPHN's Healthy Outback Communities (HOC) model of care

AGDoHDA approved the use of unallocated 2024-25 funds from this activity to support the WQPHN enablement of a coordinated, community-focused response to the 2025 Western Qld flood disaster. The approved redirection of available funding helped to ensure there was an effective continuum of needed services during the more immediate response to, and then beyond into a longer-term recovery period, over and above what WQPHN already commissions. The WQ Disaster Response Program includes the development of a comprehensive plan to provide immediate disaster management support and to stabilise, recover, and build resilience within impacted communities, to withstand future disasters. This emerging disaster support activity aligns with new AGDoHDA's Core Schedule activity expectations to build the capacity of our region to manage emergency preparedness, planning and coordination functions across primary care.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

## PRIORITIES

Priority	Page Reference
Digital health	10
Primary Care	14
Coordination, Integration and Continuity of Care	9
Workforce	15
Health literacy	11
Infrastructure, Facilities and Equipment	11

## Activity Demographics

### TARGET POPULATION COHORT

Whole of WQHN

## Activity Consultation and Collaboration

### CONSULTATION

- PHN Network and Professional linkages
- PHN Deliverables and Commissioning subgroup
- QPHN Network (including commissioning and CFO subgroups)
- HOC Alliance

### COLLABORATION

- Commissioned Service Providers
- Queensland and National PHN
- HOC Alliance

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2023

### ACTIVITY END DATE

30/06/2027

# ACTIVITY: HSI - 5 - C-HSI-5 (24-25: FOR 25-26) DISASTER RESPONSE & RECOVERY FOR 2025 WESTERN QLD FLOODS (LWC)

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Emergency Response & Recovery

### AIM OF ACTIVITY

To provide emergency response and recovery support for the 2025 Western Qld Surface Trough Flood Emergency.

### DESCRIPTION OF ACTIVITY

With the approval of AGDoHDA, WQPHN redirected underutilised Living with Covid funds to undertake the following support activities in relation to the 2025 Western Queensland Surface Trough Flood Emergency:

- engaged with local emergency management committees to ascertain immediate and ongoing recovery community needs that the PHN could assist with
- collaborated with service provider partners, including LGAs, RFDS, HHSs, Check Up funded services, to coordinate emergency response and recovery planning within affected LGAs
- in conjunction with all Primary Care Providers in the WQPHN region, coordinated a local primary care response for the delivery of services where and when it was needed, which included working with all PHN commissioned service providers and other stakeholders on a daily basis during the response phase to ensure that there was up to date information to inform Local, District and State Disaster Response teams
- ongoing engagement with communities to ensure that service provider information was well articulated and provided continuity of care for consumers regardless of the service they needed to or were accessing
- the development of pathways for service delivery including telehealth options
- access to fly in services ensuring the availability of needed infrastructure for prioritised service delivery
- the collation and dissemination of up-to-date commissioned services data and information in relation to current providers with surge capacity and other surge capacity providers to increase services in areas of need for post disaster, ongoing, long term recover support of individuals, families and other groups
- used learnings from disaster event to consult and design support tools that could be used to create more efficient and effective emergency and recovery activities for future disasters

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

### PRIORITIES

Priority	Page Reference
Primary Care	14
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15

## Activity Demographics

### TARGET POPULATION COHORT

WQPHN localities experiencing natural disasters

## Activity Consultation and Collaboration

### CONSULTATION

- Local Government

### COLLABORATION

- Local Government
- Emergency response and recovery agencies
- Primary Care Service Providers

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/01/2025

### ACTIVITY END DATE

30/06/2025



# ACTIVITY: HSI - 6 - C-HSI-6 (25-26) EMERGENCY PREPAREDNESS AND COORDINATION

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## Activity Priorities and Description

### PROGRAM KEY PRIORITY AREA

Emergency Preparedness and Coordination

### AIM OF ACTIVITY

To enhance WQPHN's capacity to facilitate primary health care emergency preparedness, planning and coordination across its region.

### DESCRIPTION OF ACTIVITY

In accordance with the scale of the provided resourcing, WQPHN will:

- maintain a Needs Assessment with ongoing monitoring and risk assessment of the possible emergency scenarios, to support the appropriate prioritisation of service response based on need
- collaborate with the other service provider partners including LGAs (local emergency management committees), RFDS, HHSs, Check Up, ACCHOs, emergency service agencies and other funded services
- maintain in conjunction with all Primary Care Providers in the WQPHN region, a coordinated, local primary care response plan to deliver services where and when it is needed in times of disaster
- establish disaster preparedness protocols with all commissioned service providers and other key stakeholders to ensure that when there is a threat of, or an actual disaster, that there is up to date information to inform Local, District and State Disaster Response teams in the WQPHN region
- undertaken engagement opportunities with communities to ensure that service provider information in times of disaster is well articulated and provides continuity of care for consumers regardless of the service they are accessing
- facilitate the development of pathways for service delivery including telehealth options, access to fly in services
- ensure an understanding of possible available service delivery infrastructure in the region during different types of disasters
- maintain current and up-to-date commissioned service provider data and information in relation to providers with surge capacity and other possible surge capacity providers, that can increase services in areas of need during and post disaster, to support individuals, families and other groups - ensuring that possible surge providers complement existing services and provide handover of consumers post disaster to aid in recovery and ongoing support
- implement and update resilient disaster management support digital capability, with the aim of ensuring the local knowledge of the WQPHN region is captured to enable the pivoting of services and their flexible adaptation to unfolding situations in response to the fluctuating needs of communities moving through the different stages of a disaster event

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

## PRIORITIES

Priority	Page Reference
Digital health	10
Preventive Healthcare	14
Primary Care	14
Coordination, Integration and Continuity of Care	9
Workforce	15
Systems Issues	15
Health literacy	11

## Activity Demographics

### TARGET POPULATION COHORT

WQPHN localities experiencing broad-scale emergency and natural disaster events

## Activity Consultation and Collaboration

### CONSULTATION

- Local Government

### COLLABORATION

- Local Government
- Emergency response and recovery agencies
- Service Providers

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2025

### ACTIVITY END DATE

30/06/2025

# ACTIVITY: CF-COVID-PCS - 1 - C-COVPCS-1 (25-26)

## COVID PRIMARY CARE SUPPORT

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### Activity Priorities and Description

#### PROGRAM KEY PRIORITY AREA

Population Health

#### AIM OF ACTIVITY

To support primary care providers in Western Queensland to increase COVID-19 vaccine uptake and enhance long-term immunisation sustainability through targeted public health initiatives and dedicated administrative support.

#### DESCRIPTION OF ACTIVITY

WQPHN will:

- continue to support general enquiries and general policy related questions from primary care providers in our region
- where possible and appropriate, employ a 1 FTE administrative support officer to carry out admin duties to continue supporting the national covid vaccination program (NCVP)
- act as a liaison and assist in the collaboration between primary care providers, including Royal Flying Doctors Service (RFDS), Hospital and Health Services (HHS) in primary care, Residential Aged Care Homes (RACHs), disability support services and community pharmacy, as well as the Department, and ensuring compliance with all reporting requirements, updates and responses. This includes coordinating efforts to promote vaccination and infection control measures across all primary care settings. WQPHN will also monitor uptake and identify any barriers in relation to the NCVP.
- liaise with RACHs to follow up vaccination rates less than 10% and monitor and evaluate vaccination rates in RACHs between 11% to 30%
- support vaccine delivery sites in their establishment and operation, including where appropriate, performing functions of assurance and assessment of suitability and ongoing quality control support
- maintain COVID 19 health pathways sites in collaboration with the Health Pathways community and Clinical Excellence division

To further support our efforts, WQPHN will focus on promoting COVID-19 vaccination through targeted winter wellness strategies including a comprehensive campaign to enhance and increase public awareness. This includes leveraging platforms such as web pages, newsletters, posters and flyers to disseminate key messages about the importance of vaccinations both from a community and clinical focus. WQPHN will support primary care providers with tailored communication resources and clinical engagement strategies to promote COVID-19 vaccination uptake including the dissemination of test kits (COVID and flu).

To increase vaccine uptake our Winter Wellness strategy will include preparing for the roll out of the new Lung Cancer screening program. WQPHN will focus on working with primary care to identify patients eligible for lung cancer screening, chronic disease and COVID vaccinations. Given that patients eligible for lung cancer screening are more likely to have a higher risk of complications associated with a COVID-19 infection particularly if unvaccinated, this initiative aims to enhance vaccination uptake among this at-risk group, thereby improving their overall health outcomes.

Activities include education, targeted quality improvement and promotion in general practice and primary care sites with an emphasis on identifying patients and clinical teams due for vaccinations.

By implementing these activities, we aim to support primary care providers in Western Queensland, ensuring an increased uptake of COVID-19 vaccinations, particularly in at risk populations.

AGDoHDA approved the use of unallocated 2024-25 funds from this activity to support the WQPHN enablement of a coordinated, community-focused response to the 2025 Western Qld flood disaster. The approved redirection of available funding helped to ensure there was an effective continuum of needed services during the more immediate response to, and then beyond into a longer-term recovery period, over and above what WQPHN already commissions. The WQ Disaster Response Program includes the development of a comprehensive plan to provide immediate disaster management support and to stabilise, recover, and build resilience within impacted communities, to withstand future disasters. This emerging disaster support activity aligns with new AGDoHDA's Core Schedule activity expectations to build the capacity of our region to manage emergency preparedness, planning and coordination functions across primary care.

## Needs Assessment Priorities

### NEEDS ASSESSMENT

WQPHN JRHNA 2024-2025

#### PRIORITIES

Priority	Page Reference
Chronic disease	8
Preventive Healthcare	14
Primary Care	14
Coordination, Integration and Continuity of Care	9

## Activity Demographics

### TARGET POPULATION COHORT

All over 18 years, vulnerable populations for COVID 19

## Activity Consultation and Collaboration

### CONSULTATION

- GPRCs
- General Practice
- RFDS
- ACCHs
- HHSs

### COLLABORATION

- General Practice
- AICCHs
- RFDS
- HHSs
- QHealth

## Activity Milestone Details/Duration

### ACTIVITY START DATE

01/07/2022

### ACTIVITY END DATE

30/06/2026

