Western Queensland Primary Health Network

Core Funding

2025/26 – 2028/29 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: CMDT - 1 - C-CMT-1 (26-27) 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 and 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 2025-2026

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
Systems Issues	15
Workforce	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)
- Nukal Murra Alliance - partners (CWAATSICH, CACH, Goondir, Gidgee Healing, Ngarnal)
- 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 (26-27) GENERAL PRACTICE IN AGED CARE INCENTIVE (GPACI) – CAPABILITY BUILDING

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

This activity provides funding for PHNs to implement and manage the General Practice in Aged Care Incentive program for residents in Residential Aged Care Homes (RACHs), General Practitioners (GPs) and General Practices and/or Aboriginal Community Controlled Health Organisations (ACCHOS).

DESCRIPTION OF ACTIVITY

To support program uptake and sustainability WQPHN will continue to strengthen and maintain relationships with GPs, General Practices and RACHs, driving connection through collaboration, networking and stakeholder engagement to support awareness, participation and effective implementation of the GPACI program.

WQPHN will continue to proactively engage RACHs and General Practitioners who are navigating the complexities of rural and remote service models and assist them in mitigating barriers for GPACI eligibility and servicing requirements.

This support includes capacity -building activities such as training, data collection, development of resources and continue to undertake scoping activities for the WQPHN region. This will support program monitoring and inform service planning as well as identifying the nuance of the remote and very remote context across the WQPHN communities.

WQPHN will continue to provide up-to-date relevant information on the GPACI program that is tailored to the WQPHN context to inform relevant stakeholders in our region through newsletters, website communications and education.

WQPHN will continue to engage with ACCHSs to support culturally appropriate communication and engagement and supports models of care that are culturally safe.

WQPHN will continue to provide guidance and support to assist RACH staff and residents, practices and GPs in registration processes to MyMedicare and GPACI while communicating best practice guidelines to practitioners.

WQPHN will continue to collaborate with other PHNs and engage with the Department of Health, Disability and Ageing and ensure the collection of data and information to enable activity/outcomes/experience measurement against required indicators.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

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, General Practice and Primary Care Providers

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: WIP-PS - 1 - C-WIPPS-1 (25-26 FOR 26-27) EFFECTIVE MODELS OF MULTIDISCIPLINARY CARE

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Workforce

AIM OF ACTIVITY

WQPHN Practice Support Staff will work with General Practice to support the workforce by sourcing staff training opportunities for practices as part of Quality Improvement Activities. Providing upskilling around Chronic Disease Management, including Medicare items, Recall Reminders Practice, and Workforce incentive payments. WQPHN will also explore opportunities for multi-disciplinary chronic disease management for vulnerable populations that do not have access to traditional general practice models, limited Medicare access or other competing workforce issues.

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 or new or enhanced models
- 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 2025-2026

PRIORITIES

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

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, Mater UQ

COLLABORATION

- Primary Care Services

Activity Milestone Details/Duration

ACTIVITY START DATE

01/09/2024

ACTIVITY END DATE

30/06/2026

ACTIVITY: MYM - 1 - C-MM-1 (26-27) 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 continue to assist and support eligible General Practices and Aboriginal Medical Services to understand, register for, participate in MyMedicare including supporting patient registration, awareness and uptake.

This includes continuing to promote system wide understanding of MyMedicare and working with relevant Qld Health Hospital and Health Service teams (including General Practice and management teams) and Royal Flying Doctor Service (RFDS) to ensure consistent messaging, support understanding and benefits to continuity of care for patients.

WQPHN will continue to provide targeted accreditation support where required including for new organisations as well as practices operating within complex service delivery models that may wish to explore options. The WQPHN region is characterised by a diverse and complex mix of service delivery models, including rural and remote practices, practices operating within Hospital and Health Service–linked and outreach models Aboriginal Medical Services and Royal Flying Doctors Service. Given the complexity and diversity of primary care service models across the WQPHN region, and as a result of sustained and targeted PHN support, all general practices and that are eligible for accreditation within the region are already accredited. WQPHN continues to provide focused accreditation assistance where required, including supporting new organisations and practices navigating complex organisational or governance arrangements. WQPHN will continue to systematically explore and assess barriers to MyMedicare registration across the region, recognising the scale, geography and complexity of local service delivery models and use these insights to inform targeted support, advocacy and continuous improvement approaches.

WQPHN will continue to support accredited General Practices and AMS's to maintain accreditation and ongoing MyMedicare eligibility.

WQPHN will continue to collaborate to develop and maintain applicable MyMedicare resources that align with program guidelines as well as provide up-to-date relevant information on the MyMedicare program to relevant stakeholders in our region through newsletters, website communications and our education sessions-Learning Lounges.

WQPHN will continue to support MyMedicare participation as a key enabler of improved quality and safety in primary care, promoting accredited practice standards, and supporting quality improvement approaches across the region by developing and implementing a Guided Quality Improvement Toolkit which is aligned to best practice quality improvement tools and resources.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

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: CF - 1 - C-CF-1 (26-27) COMMISSION CLINICAL SERVICES FOR RURAL & REMOTE AREAS (ALLIED HEALTH AND NURSING)

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:

- align with the current WQ Practice Support Program and the Healthy Outback Communities (HOC) model including the Locality Strategy and Commissioning Framework, reflecting a comprehensive approach to primary care reform to drive quality, performance and system integration
- 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

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

Priority	Page Reference
Digital health	10
Chronic disease	8
Child and Maternal Health	7
Ageing	7
Preventive Healthcare	14
Physical Activity	13
Physical Rehabilitation	13
Obesity	12
Aboriginal and Torres Strait Islander	10
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

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2027

ACTIVITY: CF - 1 - C-CRP-1 (26-27) PHN CLINICAL REFERRAL PATHWAYS

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 staff will collaborate within the PHN Network and with relevant Qld Hospital and Health Services, on optimal pathway development. This approach represents the most appropriate pathway development model and optimal use of available activity funding, delivering "value for money in the context of WQPHN region's specific characteristics.

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
- cccess 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
- facilitate community clinical reviews with key stakeholders to support collaborative input into pathway development with outcomes published on HealthPathways site
- maintain ongoing, multi-channel communication to support continuous review, refinement and updating of the pathways as required

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 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 2025-2026

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 - 2 - C-CRP-2 (26-27) AGED CARE CLINICAL REFERRAL PATHWAYS

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 2025-2026

PRIORITIES

Priority	Page Reference
Digital health	10
Ageing	7
Coordination, Integration and Continuity of Care	9
Systems Issues	15
Workforce	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) and Consumer Advisory Committees
- HHSs - SW, CW, NW
- Aged Care services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH, CACH, Goondir, Gidgee Healing, Ngarnal)
- 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, Ngarnal)
- Other PHNs
- Queensland HealthPathways networks

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2027

ACTIVITY: CF - 2 - C-CF-2 (26-27) PRACTICE-BASED COMMISSIONING PROGRAM - WQ PRACTICE SUPPORT

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 Locality Strategy.

DESCRIPTION OF ACTIVITY

WQPHN will undertake an outcomes-based commissioning' approach that integrates a Quintuple Aim framework and evidence informed milestone measures to support and measure uptake of the WQ Practice Support including the Locality Strategy. This system of care model will support place-based system improvement sustainability and integration of primary care services across Western Queensland with a particular focus on prevention and early intervention, and on strengthening primary care access in communities where there is limited or no local general practice or pharmacy presence.

WQPHN will work with system partners, including workforce agencies, universities, Hospital and Health Services, ACCHOs, RFDS and other stakeholders, to co design and support the implementation of regionally appropriate solutions that help mitigate access, workforce, sustainability and performance within general practice, primary care and the Healthy Outback Community model.

Through commissioning and partnership arrangements, WQPHN will work with commissioned general practices to:

- improve access, responsiveness and continuity of care by supporting increased use of virtual consultations and flexible models of care.
- address the three key domains for change: ready access to care; proactive preventative care; managing chronic and complex care
- supported by the associated ten foundations: engaged leadership; embedding CQI; infrastructure; digital health; patient centred; cultural competency; team-based care; primary care governance; performance; quality data
- strengthen business sustainability through tailored health intelligence, informatics and performance support
- enhance GP led multidisciplinary team-based care pathways in collaboration with Hospital and Health Services, allied health, and RFDS
- implement strategies to reduce avoidable demand on emergency departments and hospital services, while optimising preventive, chronic and complex care in the primary care setting
- support the effective use of digital technology to support and connect care across inter-disciplinary and multi-sector domains
- undertake structured, continuous quality improvement activity that builds practice capacity and supports comprehensive primary health care, utilising evidence-based tools, best practice resources and meaningful use of data
- promote the uptake of practice accreditation and provide support for practices to maintain accreditation, Practice Incentive Payments (PIP), Workforce Incentive Payments WIPs as well as MyMedicare and GP in Aged Care Incentive. support provision of data licenses via data collaborative agreements to support deidentified data sharing capabilities for General Practices HHS/RFDS through the Primary Health Insights data governance structures
- support the uptake of the eConsultant program to support Primary Healthcare organisations to manage chronic and complex patient cohorts through a secure specialist consultation

Through this Core Schedule activity, WQPHN will strengthen the capability, sustainability and integration of primary care systems across Western Queensland. Outcomes will include improved access to timely and appropriate care, particularly through increased uptake of flexible and virtual models of care; strengthened general practice sustainability supported by data driven insights and quality improvement; and enhanced GP led, multidisciplinary team-based care pathways across primary and secondary care interfaces. System integration and coordination will be strengthened through consistent application of digital health solutions, shared data and place-based commissioning approaches. These mechanisms will support earlier intervention, more proactive management of chronic and complex conditions, and contribute to a reduction in avoidable demand on hospital and emergency services. Collectively, these outcomes will support the development of resilient, connected and responsive primary care system, including enhanced preparedness, coordination and recovery capability in the context of emergencies and disasters.

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
Systems Issues	15
Workforce	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
- Consumer Advisory Committee
- WQHSIC (Maranoa Accord)
- WQPHN General Practice Network
- Health Workforce Queensland
- 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
- RFDS

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2027

ACTIVITY: CF - 3 - C-CRP-3 (26-27) 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 2025-2026

PRIORITIES

Priority	Page Reference
Digital health	10
Chronic disease	8
Ageing	7
Coordination, Integration and Continuity of Care	9
Systems Issues	15
Workforce	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) and Consumer Advisory Committees
- HHSs - SW, CW, NW
- Dementia support services
- Maranoa Accord (WQHSIC)
- Nukal Murra Alliance - partners (CWAATSICH; CACH; Goondir, Gidgee Healing, Ngarnal)
- 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, Ngarnal)
- 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 (26-27) WQ PRACTICE SUPPORT PROGRAM

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 strengthen systems capability and sustainability and improve quality and safety and effectiveness of care delivery through a multidisciplinary, outcomes focused approach that places the patient at the centre of care, particularly those with chronic conditions. Support will be delivered through enrolment in WQ Practice Support Program and via the Healthy Outback Communities (HOC) model.

Through this activity WQPHN will support primary care to:

- improve practice systems to deliver quality, patient centred care through participation in structured practice support and improvement programs
- address the 3 domains for change: ready access to care; proactive preventative care; managed chronic and complex care supported by the ten foundations for sustainable primary care, including leadership, continuous quality improvement, infrastructure, digital health, team based care, cultural capability, governance, performance and quality data
- undertake structured, continuous quality improvement activity that builds practice capabilityand enable comprehensive primary health care
- promote the uptake of practice accreditation and support eligible practice to participate in Practice Incentive Payments (PIP), Workforce Incentive Programs (WIPs), MyMedicare, General Practice in Aged Care Incentive (GPACI) and new incentives as they emerge for eligible general practices
- support the meaningful use of digital health systems to improve information sharing, care coordination and clinical workflow efficiency
- strengthen health information management system and data capability by supporting primary care and general practices to collect, interpret and use clinical data for quality improvement including education in the use of the WQPHN PHC Dashboard
- enhancement of the WQPHN PHC Dashboard to incorporate trend based visualisation, support a shift from output reporting to outcome focused insights, and provide more comprehensive, accessible and interpretable data to inform practice improvement and decision making.
- support practices to implement innovative and flexible models of care that enhance workforce capacity, capability and sustainability
- work with partner organisations to identify and implement evidenced-based systematic support, to improve general practice and primary care performance, sustainability and responsiveness
- develop and promote tools and resources to support the management of chronic disease and complex care patient needs within primary care
- support and source a mix of clinical and non clinical education tailored to rural and remote contexts, and extend access to this education across pharmacy, allied health and relevant community groups to strengthen multidisciplinary primary care capability and community capacity
- build health literacy to ensure patients receive the right care, at right time, in the right place

WQPHN will strengthen multidisciplinary primary care capability, systems, sustainability and workforce capacity across Western Queensland supporting a coordinated, team-based approach to care delivery. Outcomes will include increased collaboration across general practice, HHS, RFDS, pharmacy, allied health and community-based providers and improved use of education, data and quality improvements to support primary care systems. A stronger focus on outcomes, rather than outputs alone, will support more patient centred, proactive and coordinated care, ensuring the right care is delivered at the right time and place.

WQPHN practice support team will continue to support practices to maintain accreditation and effectively participate in relevant and new programs. Practices will be supported to make meaningful use of digital health systems and clinical data to inform quality improvement, service planning and care coordination. Collectively, these outcomes will contribute to improved access to timely and appropriate care, more proactive prevention and management of chronic and complex conditions, and enhanced workforce capacity and resilience.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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

Activity Demographics

TARGET POPULATION COHORT

General Price and Primary Care

Activity Consultation and Collaboration

CONSULTATION

- General Practices
- Care Governance Committee
- Consumer Advisory Committee
- WQHSIC (Maranoa Accord)
- CWHHS, SWHHS, NWHHS
- Nukal Murra Alliance partners
- RFDS
- Pharmacy
- Allied Health

COLLABORATION

- General Practices
- University of Queensland – Mater Research Institute
- Partner NGOs including CheckUp, Health Workforce Queensland
- RACGP
- ACCRM
- Nukal Murra Alliance partners

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2023

ACTIVITY END DATE

30/06/2027

ACTIVITY: HSI - 3 - C-HSI-3 (26-27) BUSINESS INTELLIGENCE & INNOVATION

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

Workforce

AIM OF ACTIVITY

To ensure scalable, interoperable health and business intelligence infrastructure and capability to support current and future commissioning needs, innovation, excellence and engagement, and to leverage evidence and advanced analytics to support the development, delivery and evaluation of value-based care models.

DESCRIPTION OF ACTIVITY

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

- Health Needs Assessment & Planning: enabling required health needs assessment processes, progressing a sustainable dynamic and regional HNA representation, communicating prioritised health and service needs through population health planning, policy and place-based approaches within the 7 localities of the WQPHN catchment
- Data Enablement: maintaining and improving data and information enablement capacity of WQPHN and stakeholders through engagement and ongoing development of competency to support people, places and partnerships
- Data and Information Governance: ensuring data governance capability through overall management of confidentiality, usability, availability, integrity and security of information, including through supporting the maintenance of certified ISO 27001 controls
- Data Storage, Collection and Use: enabling the collection and usability of data for driving population health insights
- Data Quality: the provision of timely and accurate information to manage accountability of commissioning, reporting, monitoring and evaluations

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

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
Systems Issues	15
Workforce	15

Priority	Page Reference
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
- 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
- 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
- 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 (26-27) BUSINESS, COMMISSIONING AND SUPPORT

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 ISO 9001 recertification
- that information security systems and controls are maintained for ISO 27001 recertification
- 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 for innovation activity - including the implementation of WQPHN's Healthy Outback Communities (HOC) model of care
- stakeholder and community engagement, including co-design with consumers, clinicians and local partners informs commissioning decisions and supports culturally safe and appropriate service delivery, particularly for Aboriginal and Torres Strait Islander communities

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

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
- 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 - 6 - C-HSI-6 (26-27) EMERGENCY PREPAREDNESS AND COORDINATION

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 possible emergency scenarios, including consideration of priority populations and service access risks, to support prioritisation of service response based on need
- collaborate with service provider partners including LGAs (local emergency management committees), RFDS, HHSs, Check Up, ACCHOs, emergency service agencies and other funded services, including alignment with Local, District and State Disaster Management Groups (LDMG/DDMG/SDMG) where appropriate
- 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 required during disasters, including consideration of workforce continuity and sustainability
- establish disaster preparedness protocols with commissioned service providers and key stakeholders to ensure up-to-date information is available to inform Local, District and State Disaster Response teams, including timely situational awareness and intelligence sharing
- undertaken community engagement to ensure service information during disasters is clearly articulated and supports continuity of care for consumers, , with a focus on accessibility for vulnerable and priority populations
- facilitate development of service delivery pathways, including telehealth and fly-in services, and other flexible models to address logistical constraints such as transport, fuel and supply chain disruptions
- maintain an understanding of available service delivery infrastructure across the region during different disasters scenarios, including associated limitations and contingencies
- maintain current data on commissioned and potential surge service providers to enable increased service delivery during and after disasters, ensuring alignment with existing services and effective transition of care through response and recovery phases.- implement and maintain resilient disaster management digital capability to capture local knowledge and support flexible service adaptation in response to changing community's needs, including monitoring, evaluation and continuous improvement
- support disaster preparedness through training and capability uplift activities with commissioned providers and key stakeholders to enhance regional readiness and response capability across the region

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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

30/06/2027

ACTIVITY: CF-COVID-PCS - 1 - C-COVPCS-1 (25-26 FOR 26-27) COVID PRIMARY CARE SUPPORT

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.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

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