Western Queensland Primary Health Network

After Hours Primary Health Care

2025/26 – 2028/29 Activity Work Plan

phn
WESTERN QUEENSLAND

An Australian Government Initiative

ACTIVITY: AH-HAP - 1 - AHPHC-HAP1 (26-27) HOMELESSNESS ACCESS PROGRAM

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours - Homelessness Access

AIM OF ACTIVITY

The Activity aims to address the significant gaps in healthcare access and disproportionate poor health outcomes for people experiencing homelessness (or at risk of), and to improve equity and access to comprehensive primary health care for this targeted priority population in Western Queensland (WQ).

DESCRIPTION OF ACTIVITY

The Needs Assessments identified the following gaps, issues and priorities for the target demographic within WQ:

- poor access to primary healthcare and specialist services due to remoteness, workforce shortages, and fragmented services
- higher rates of chronic diseases, mental health issues, suicide, substance dependence, and preventable hospitalisations
- socio-economic and housing insecurity, overcrowding, and digital divide limiting access to health and social services
- cultural barriers and the need for culturally responsive, trauma-informed care, particularly for Aboriginal and Torres Strait Islander peoples
- complex navigation of a fragmented health and social services system with duplication and poor integration
- challenges recruiting and retaining local general practitioners, nurses, and aged care providers, particularly in remote/very remote locations

In response to this, WQPHN will commission OneBridge to deliver outreach nursing services through fly-in-fly-out (FIFO) and drive-in-drive-out (DIDO) models targeting people experiencing or at risk of homelessness in priority locations across Western QLD. The service will be delivered by clinicians with expertise in complex healthcare needs, including mental health and intersecting social issues, and will provide culturally responsive, trauma-informed care. The focus is on addressing gaps in access to primary care by engaging clients directly, strengthening local referral pathways, coordinating with existing services, and improving navigation of the broader health and social care system. The approach includes stakeholder collaboration, workforce capacity building, use of interpreters and cultural liaison services, and ongoing evaluation to ensure place-based, integrated care tailored to community needs across Western Queensland.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

Priority	Page Reference
People Experiencing Homelessness	13
Preventive Healthcare	14
Primary Care	14
Aboriginal and Torres Strait Islander	10

Priority	Page Reference
Systems Issues	15
Workforce	15
Health literacy	11
Coordination, Integration and Continuity of Care	9

Activity Demographics

TARGET POPULATION COHORT

People experiencing or at risk of homelessness in WQPHN region.

Activity Consultation and Collaboration

CONSULTATION

- Specialist Homelessness Services (SHSs) – both Youth and Adult
- Relevant non-specialist services and networks with homelessness (or at risk) populations
- Lived Experience in relation to the target groups for this activity; and
- Other stakeholders including Homelessness and service provider peaks e.g. QCOSS, commissioned and non-commissioned
- General Practitioners (GP)
- GP Clinics
- Pharmacists/Community Pharmacies
- Hospital and Health Service (HHS)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Mental health and alcohol and other drug (AOD) services
- Allied health providers (e.g., social workers, psychologists, dietitians)
- Local councils and other community support organisations

The commissioned service providers will also engage in ongoing consultation throughout the Activities, which included ongoing health needs assessments and data insights.

COLLABORATION

Collaboration will occur with the aforementioned stakeholders to inform and implement the Activity throughout the Project.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2025

ACTIVITY END DATE

30/06/2028

ACTIVITY: AH-MAP - 1 - AHPHC-MAP1 (26-27) MULTICULTURAL ACCESS PROGRAM

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours - Multicultural Access

AIM OF ACTIVITY

This activity aims to improve health access and literacy for the Multicultural populations residing in Western Queensland (WQ) through targeted and localised initiatives.

DESCRIPTION OF ACTIVITY

The Needs Assessments (JRHNA and MAP HNA) identified the following gaps, issues and priorities in services for Multicultural Populations in WQ:

- limited culturally secure primary care services and workforce to effectively engage with multicultural communities
- poor health literacy and difficulties navigating the complex health and social service systems affected by language barriers and cultural differences
- insufficient interpreter services and culturally appropriate health communication strategies
- fragmented and uncoordinated service delivery leading to inequitable access to preventive, primary, and specialist health services
- low levels of digital access and digital literacy complicate telehealth and other virtual health service utilisation
- workforce shortage in multicultural health expertise and support roles
- lack of tailored health programs addressing specific needs of multicultural populations in rural and remote contexts
- challenges with integration of services and collaboration among health, social, and community service providers for multicultural peoples

The Multicultural Access Program directly addresses the above by:

- allocating dedicated resources to reduce healthcare access barriers in underserved sub-regions through increasing World Wellness Group's (WWG) capacity to extend their reach of their Multicultural Access Line, providing health care navigation, peer support through their Lived Experience workforce and psychosocial assistance
- expanding existing culturally safe community program in Mount Isa with added focus on health promotion, literacy and access, including integration and coordination with WWG and other existing health services funded through WQPHN and local HHS to reduce service fragmentation and accessibility
- increasing workforce cultural competence through targeted training delivered by subject matter experts and lived experience workforce
- establishment of the Multicultural Access Program Community of Practice to foster culturally safe practices and service coordination/collaboration between services who have intersections with multicultural peoples
- developing workforce through cultural competence training to enhance multicultural service awareness and capability
- commissioning mental health workforce strategy tailored to improve primary care access for multicultural communities and to address needs through commissioning of Queensland Alliance for Mental Health (QAMH)
- improving data collection to further inform health needs of the targeted population group through information-sharing with MAP commissioned services
- identifying community leaders for opportunities for expanding the reach of health literacy and access initiatives, small community grants will be made available throughout the WQ region

All service providers engaged will deliver an exit plan strategy from the communities impacted as a result of funding cessation this financial year.

Expected outcomes align with Needs Assessments identified: improved health literacy, increased primary healthcare utilisation, enhanced cultural safety in service delivery and workforce, reduce disparities, and create stronger, more cohesive healthcare delivery for multicultural populations across Western Queensland.

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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

Activity Demographics

TARGET POPULATION COHORT

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

Activity Consultation and Collaboration

CONSULTATION

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

COLLABORATION

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

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2025

ACTIVITY END DATE

30/06/2027

ACTIVITY: AH - 1 - AHPHC-AH1 (26-27) AFTER-HOURS SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Primary Health Care Support

AIM OF ACTIVITY

To improve and enhance access to primary care services for people living in remote and very remote locations who currently experience limited access to general practitioner services and who are at risk of poorer health outcomes managing chronic conditions and/or to reduce Potentially Preventable Hospitalisations (PPH).

DESCRIPTION OF ACTIVITY

The overarching aim of this activity is to extend access to primary health care services for rural and remote vulnerable communities through telehealth and/or face to face service delivery during the after-hours period, responding to community identified need and place-based models that are most relevant to community settings.

RFDS General Practitioners, General Practice, and other relevant primary care providers will deliver the after-hours services, including:

- services delivered in vulnerable communities where there is not a doctor in the community every day and when there is no RFDS clinic operating
- services in the after-hours period including services within established General Practices with a combination of face to face and telehealth
- vulnerable communities on scheduled fortnightly visits currently provided by the RFDS

These services will:

- ensure the delivery of holistic preventative Primary Health Care Services at the right time, place, and in accordance with community requirements
- include the delivery of culturally appropriate and outcome-focused health services for Aboriginal and Torres Strait Islander people
- include collaboration with Qld Government Hospital and Health Service primary health care sites and workforce to enable continuity of care
- be cost-effective primary health care delivered to vulnerable communities that will potentially reduce preventable patient hospitalisations in the regions, thus reducing the need for retrievals

This activity will provide:

- enhanced access to primary healthcare services through extended operational hours via telehealth and / or face to face during after-hours periods to improve access for vulnerable populations and those at risk of poorer health outcomes
- collaboration between RFDS, General Practitioners, ACCHHOs, HHS Primary Health Care staff, and other relevant primary care providers to ensure continuity of care and reduce preventable hospitalisations and retrieval needs
- collaboration with Queensland Health and RFDS to implement processes to ensure continuity of care using the Chronic Conditions Manual, 3rd Edition
- delivery of cost-effective primary healthcare to potentially reduce preventable hospitalisations
- addressing community feedback regarding increased need for more General Practice services with access in out-of-hours periods

- delivery of innovative holistic preventative primary healthcare services tailored to community requirements, including systematic chronic disease management, mental health and wellbeing and culturally appropriate care for Aboriginal and Torres Strait Islander populations
- targeted learning, development and resourcing to build workforce capability, safety and sustainability, and to support consistent, high-quality after-hours service delivery and continuity of care for patients

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

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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

Activity Demographics

TARGET POPULATION COHORT

Vulnerable populations residing in remote and very remote communities with limited access to GP services in the after-hours period.

Activity Consultation and Collaboration

CONSULTATION

To ensure this activity continues to meet the needs of the community consultation, co design and collaboration with General Practice, CWHHS, NWHHS, SWHHS, RFDS and other relevant stakeholders will continue.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/02/2024

ACTIVITY END DATE

30/06/2028

ACTIVITY: AH - 2 - AHPHC-AH2 (26-27) AFTER HOURS PALLIATIVE CARE SERVICES

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Palliative Care

AIM OF ACTIVITY

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

DESCRIPTION OF ACTIVITY

The activity will support continuity of care through integration with patients' usual care teams while enabling symptom management and end of life support in the after-hours period to reduce avoidable emergency department presentations and hospital admissions.

WQPHN will engage primary care services to extend availability to provide palliative care services to patients after hours. Palliative care services will be extended during after-hours periods via either telehealth or face-to-face, to clients wherever they reside – in Residential Aged Care Homes (RACHs) or at home.

- WQPHN will address issues with the thin market for palliative care services in remote areas by engaging existing general practice and other stakeholders that support vulnerable communities with palliative care services
- Will enable telehealth and/or face to face palliative care support services out of hours to assist the clinical workforce to empower indi-viduals, families, and carers in communities, with up-to-date medication management, pain management and multidisciplinary case conferencing, for any palliative care patients
- This funding will facilitate clinician support to enhance a local approach to delivering coordinated care from industry experts, to build on the knowledge of the most current practices, medication support and delivery of culturally appropriate palliative care to Aboriginal and Torres Strait Islander people, culturally diverse, and all populations of our region
- Engagement of the local workforce will build trust and relationships that enable holistic palliative care delivery supported by locals, and care innovation in rural, remote and very remote localities
- After-hours delivery will be targeted to improve service availability for people with identified poor access or at risk of poorer health outcomes
- Facilitation of targeted learning and development opportunities will strengthen and enhance workforce capability
- Support for relevant resources to after-hours palliative care service providers will enhance service delivery

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

Priority	Page Reference
Primary Care	14
Palliative Care	12
Aboriginal and Torres Strait Islander	10
Workforce	15
Coordination, Integration and Continuity of Care	9

Activity Demographics

TARGET POPULATION COHORT

Patients and families with palliative care needs.

Activity Consultation and Collaboration

CONSULTATION

GP, NGO, ACCHO's and RACH service providers.

COLLABORATION

GP, NGO and RACH service providers.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/02/2024

ACTIVITY END DATE

30/06/2028

ACTIVITY: AH - 3 - AHPHC-AH3 (26-27) AFTER HOURS CHRONIC CONDITIONS CLINIC

Activity Priorities and Description

PROGRAM KEY PRIORITY AREA

After Hours Primary Health Care Support

AIM OF ACTIVITY

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

DESCRIPTION OF ACTIVITY

Due to the complexity of the remote and very remote regions - including workforce shortages, recruitment difficulties, and limited service capacity - it was evident that the original approach required modification to address regional realities and align with HHS and RFDS workforce priorities. After "extensive consultation with stakeholders, the name "AH Script Clinic" was deemed a risk. For that reason, we have pivoted to a new title, 'After Hours (AH) Chronic Conditions Clinic'."

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

This service will be provided where there is no access to a GP and to manage Chronic conditions and/or reduce Potentially Preventable Hospitalisations and retrievals.

It will provide:

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

Needs Assessment Priorities

NEEDS ASSESSMENT

WQPHN JRHNA 2025-2026

PRIORITIES

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

Activity Demographics

TARGET POPULATION COHORT

MMM7 communities.

Activity Consultation and Collaboration

CONSULTATION

Extensive consultation with RFDS and HHS.

COLLABORATION

WQPHN – Lead agency for commissioning and training requirements in the PHC.

Access to extended GP services via Telehealth and face-to-face consultations.

HHS – Collaborative approach to support an increase in service provision.

RFDS GP access to Telehealth services to enable a systematic, proactive approach to chronic disease management, reducing the pressure on RFDS allocated services into each community each fortnight. Access for both the local vulnerable populations and visiting tourists into the remote WQ regions by increasing service provision.

Activity Milestone Details/Duration

ACTIVITY START DATE

01/07/2024

ACTIVITY END DATE

30/06/2028