Australian Government
Department of Health

phn
An Australian Government Initiative

Primary Health Networks Core Funding

Primary Health Networks After Hours Funding

Activity Work Plan 2016-2018

- **Annual Plan 2016-2018**

Gold Coast Primary Health Network

When submitting this Activity Work Plan 2016-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged via email to *Qld_PHN@health.gov.au* on or before 6 May 2016.

Introduction

Overview

The key objectives of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan template, captures those activities.

This Activity Work Plan covers the period from 1 July 2016 to 30 June 2018. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of 12 months or 24 months. Regardless of the proposed duration for each activity, the Department of Health will still require the submission of a new or updated Activity Work Plan for 2017-18.

The Activity Work Plan template has the following parts:

1. The Core Funding Annual Plan 2016-2018 which will provide:
    a) The strategic vision of each PHN.
    b) A description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
    c) A description of planned general practice support activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.

2. The After Hours Primary Care Funding Annual Plan 2016-2017 which will provide:
    a) The strategic vision of each PHN for achieving the After Hours key objectives.
    b) A description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.

Annual Plan 2016-2018

Annual plans for 2016-2018 must:

- provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;

- be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, as well as identifying clear and measurable performance indicators and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-2018 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the PHN Objectives; the actions identified in Section 1.2 of the PHN Programme Guidelines (p. 7); the PHN key priorities; and/or the national headline performance indicators.

PHNs are encouraged to consider opportunities for new models of care within the primary care system, such as the patient-centred care models and acute care collaborations. Consideration should be given to how the PHN plans to work together and potentially combine resources, with other private and public organisations to implement innovative service delivery and models of care. Development of care pathways will be paramount to streamlining patient care and improving the quality of care and health outcomes.

Primary Health Networks After Hours Funding

From 2016-17, PHNs will have greater flexibility to commission programme specific services, having completed needs assessments for their regions and associated population health planning. PHNs are funded to address gaps in after hours service provision and improve service integration within their PHN region. Item B.3 of the After Hours Funding Schedule may assist in the preparation of the After Hours components of your Activity Work Plan (pages 12-15 of this document).

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake. These will be reported through the six and twelve month reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Activity Work Plan will cover the period 1 July 2016 to 30 June 2018. A review of the Activity Work Plan will be undertaken in 2017 and resubmitted as required under Item F.22 of the PHN Core Funding Agreement between the Commonwealth and all Primary Health Networks.

Once approved, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Activity Work Plan:

- Clause 3, Financial Provisions of the Standard Funding Agreement;
- Item B.3 of Schedule: Primary Health Networks After Hours Funding;
- Item B.4 of Schedule: Primary Health Networks Core Funding;
- PHN Needs Assessment Guide;
- PHN Performance Framework; and
- Primary Health Networks Grant Programme Guidelines.

Please contact your Grants Officer if you are having any difficulties completing this document.

1. (a) Strategic Vision

- See attached Strategic Plan

Local Context

On 1 July 2015, the Primary Care Gold Coast commenced as the Gold Coast PHN, establishing its vision and goals aligned with Commonwealth government expectations.

Vision

"Building one world class health system for the Gold Coast"

Strategic Goals

- Improve coordination of care to ensure patients receive the right care in the right place at the right time, by the right person.
- Increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Engage the support of general practice and other stakeholders to facilitate improvement in our local health systems;
- Be a high performing, efficient and accountable organisation.

Values

1. (b) Planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-18. These activities will be funded under the Flexible Funding stream under the Schedule – Primary Health Networks Core Funding.

Note 1: Please copy and complete the table as many times as necessary to report on each activity.

Note 2: Indicate within the duration section of the table if the activity relates to a two year period (2016-2018) or a one year period (2016-2017).

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Chronic Disease Care Coordination
Activity Title / Reference (egg. NP 1.1)	NP 2016.1 Gold Coast Integrated Care
Description of Activity	The Gold Coast Integrated care (GCIC) model is delivered primarily in the primary care sector involving the holistic management of patients with complex and comorbid conditions. It is a proof of concept to be implemented over a 3 year period with funding from the Commonwealth and State Governments. The Model aims to reduce the demand on the Gold Coast Health for acute hospital services by: • reducing presentations to the emergency department • improving capacity of specialist outpatients • decreasing admission rates (including unplanned admissions) • while at the same time acknowledging and better supporting the role of the GP in managing a group of patients with complex and comorbid conditions.
Collaboration	This is an ongoing partnership project with GCHHS. GCPHN Board and management have representation within the Governance Structure of the project including the Strategic and Clinical Advisory groups and Evaluation Monitoring Committee.

Indigenous Specific	No
Duration	Continuing project from 2015/2016 and will continue until 2017/2018
Coverage	Delivered through 14 General Practices across the GCPHN region
Commissioning approach	Direct Engagement as a continuation of existing contract, GCPHN has a service agreement with GCHHS for the of the Service navigators and after hours support The commissioned services will be monitored through quarterly activity reporting and 6 monthly financial reporting Program has separate and extensive evaluation plan
Data source	National Hospital Morbidity Data (NHMD) Admitted Patient Care (APC ABS Estimated resident populations– ABS Indigenous estimated and projections General Practice Clinical Data Pencat a) GCHHS –Hospital Admission and utilisation Data (National Healthcare Agreement: PI 18- Selected potentially preventable hospitalisations, 2016

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Interoperability, General Practice Liaison and My Health Record
Activity Title / Reference (e.g. NP 1.1)	NP 2016.2 Transfer of Care
Description of Activity	Gold Coast Health Service and Gold Coast Primary Health Network support a shared vision where care is patient-centred, accessible, coordinated and delivered in the most appropriate setting. • The objectives of the agreement are: improve coordination of care to ensure patients receive the right care at the right place at the right time • increase efficiency and effectiveness of health services for patients • engage and support clinical stakeholders to facilitate improvements in our local health system A General Practice Liaison unit has been established within the GCHHS to facilitate cross-sector

	integration and care coordination with a focus on systems change and improvement at the interface between hospital and general practice to enhance the patient journey and improve quality of care. The Unit is staffed by a General Practice Liaison Officer (GP), a program manager and administrative officer and have joint reporting and accountability to both the GCHHS and GCPHN
Collaboration	This activity is a strong collaborative partnership between the Gold Coast Hospital and Health Services and GCPHN. The Governance of this agreement includes bi annual meeting between the GCHHS and GCPHN Boards, monthly meetings of the GCHHS/GCPHN Steering Committee which included executive managers, a general practice and community provider representatives. A Lead Clinician Group meets monthly to provide support and advice to integration issues and activities that are or need to be addressed to support integrated care for patients and improve quality of care.
Indigenous Specific	NO
Duration	1 July 2016 – 30 June 2018
Coverage	Entire Gold Coast PHN
Commissioning approach	Services to be commissioned through a partnership with joint funding contribution by both GCPHN and GCHHS. The GCPHN will have a service agreement with GCHHS for the establishment of the GPLO unit to achieve the outcome detailed in the GCPHN/GCHHS Collaborative Plan and GPLO Unit Operational Plan.
Data source	PHN Internal Data (Website activity) National Hospital Morbidity Data (NHMD) Admitted Patient Care (APC ABS Estimated resident populations– ABS Indigenous estimated and projections General Practice Clinical Data Pencat GCHHS –Hospital Admission and utilisation Data GCHHS – Referral rates and Discharge Summaries reporting

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Childhood Immunisation HPV vaccination
Activity Title / Reference (e.g. NP 1.1)	NP 2016.3 Immunisation
Description of Activity	Early Childhood Immunisation program Target Population 0-7 years Service Components will include: • Practice Support • Education programs (for health professionals) • Engagement and collaborative working with local immunisation activities including school based programs, Close the Gap and community activities • Development and implementation of State Immunisation Forum • Development of online training for GP's through MD Briefcase with Flu and HPV focus • Implementation of Smart Vax application in 6 immunisation clinics for adverse event reporting School Immunisation Program Target population Year 7 and 8 male and female students Work with the GCHHS PHU to implement The School Immunisation program. Service Components will include: • Marketing • General practice engagement • Develop and implement social media strategy to address area of parents withdrawing consent from schools HPV program
Collaboration	**Partnership & Collaboration** GCPHN will partner with the Gold Coast Health and Hospital Service Public Health Unit and general practice to: • Implement the Gold Coast Immunisation Strategic Plan • Convene joint forums for health professionals • Continue to implement and evaluate the general practice/PHU immunisation clinics across the region
Indigenous Specific	No

Duration	June 2016 - June 2018
Coverage	All general practices across the Gold Coast region. Identified Aged care and child care facilities
Commissioning approach	Direct delivery with key components purchased
Data source	Australian Childhood Immunisation Register (available December, March, June and September

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Social disadvantage and homeless (access to health services)
Activity Title / Reference (e.g. NP 1.1)	NP 2016.4 Access to health services for the homeless
Description of Activity	HealthyGC+ is a program for disadvantaged, homeless and vulnerable clients visiting "St John's Drop-In-Centre". Many of these clients do not seek primary health care services due to self-esteem/ confidence/mental health issues. Podiatry and Social Work services to support connection to other primary health services delivered onsite. The project increases access for vulnerable population groups, as well as workforce development for Social Work and Podiatry students.
Collaboration	The HealthyGC project is implemented in collaboration with Southern Cross & Griffith Universities, as well as Surfers Paradise Anglican Crisis Care (SPACC). Southern Cross University Podiatry faculty provide the students and Student Supervisor for the weekly clinics. Southern Cross & Griffith University Social Work faculties provide 2 students each, per semester, to undertake clinical placements in-situ at SPACC in the "Student Hub".
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? (NO)
Duration	Continuing project from 2015/16, will continue for 12 months to 30/6/2017
Coverage	Situated in Surfers Paradise Surfers Paradise Anglican Crisis Care "St John's Drop In Centre", where any vulnerable and homeless people accessing the site, can utilise the Podiatry and Social Work services.
Commissioning approach	GCPHN will renew its existing contract for primary allied health podiatry services with Southern Cross

	University who provide podiatry students and qualified Podiatry Supervisor. GCPHN will renew its existing contract for Primary Allied health social work supervisor with Surfers Paradise Anglican Crisis Care, and students provided by Southern Cross & Griffith Universities.
Data source	PHN Contractor Reporting

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Persistent pain
Activity Title / Reference (e.g. NP 1.1)	NP 2016.5 Turning Pain into Gain
Description of Activity	The aim of Turning Pain to Gain service is to identify and support self-management strategies that improve patient's ability to live with and access appropriate persistent pain services. Service components include: • Patient self-management education program • Individual patient assessment including support to navigate to appropriate service providers and recommendations to patient's GP • Access to Additional Allied Health Services where required • GP and Allied Health Education Programs • Peer to peer support group lead by previous participants • Refresher workshops for participants at 6 months, 9 months and 12 months post program • Evaluation using validated tools for improvement of Quality of Life in partnership with Griffith University.
Collaboration	This model was developed in collaboration with key stakeholder with GCPHN implementing the program with the education provided in conjunction with GCHHS.
Indigenous Specific	NO
Duration	1 July 2016 – 30 June 2018
Coverage	Entire Gold Coast PHN region

Commissioning approach	GCPHN will renew its service agreement with current providers for 2016/17. This program has been delivered by the same contractor since 2013 and annual evaluations completed by Griffith University continue to support positive outcomes for patients. GCPHN intend to complete a cost effectiveness evaluation on the program to ensure it remains value for money.
Data source	National Hospital Morbidity Data (NHMD) Admitted Patient Care (APC ABS Estimated resident populations– ABS Indigenous estimated and projections PHN Contractor Reporting GCHHS Specialists Outpatient & Pain Clinic Referrals and Waitlists

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Access to information to support referrals and service access
Activity Title / Reference (e.g. NP 1.1)	NP 2016.6 Service Access
Description of Activity	Access to information to support referral and through a comprehensive web based health and wellbeing information portal has been identified as an effective way to provide readily accessible, locally tailored and up to date information to all providers and the broader community. GCPHN will continue to host, market and maintain existing web portal featuring localised referral guidelines and templates for GCHHS, professional resources and a detailed local service directory (including where possible referral information) and to increase awareness of services available and facilitate collaboration and integration of services.
Collaboration	In relation to referral templates and guidelines will collaborate with GCHHS. Work cooperatively with National Health Service Directory
Indigenous Specific	No
Duration	July 2016- June 2018
Coverage	entire PHN region

Commissioning approach	Direct delivery
Data source	Healthy GC website GCHHS

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Cancer Screening
Activity Title / Reference (e.g. NP 1.1)	NP 2016.7 Cancer Screening
Description of Activity	Aims to increase awareness and overcome hesitation and better embed infrastructure in the General Practice setting to support uptake of screening in General Practice setting.
Collaboration	In collaboration with Gold Coast Public Health Unit; Private health Insurers, National screening providers and general practice data extraction tool companies
Indigenous Specific	No
Duration	July 2016 – June 2018
Coverage	Entire GCPHN region
Commissioning approach	Direct GCPHN Delivery with the procurement of marketing and education material
Data source	Outcome AIHW Cancer Screening in Australia by Primary Health Network Indicator 1 Participation Process Count from website, social media and other communication methods

Proposed Activities

Priority Area (e.g. 1, 2, 3)	Primary Health Care Engagement In addition most identified priorities included aspects of training and education
Activity Title / Reference (e.g. NP 1.1)	NP 2016.8 Workforce
Description of Activity	Training and education was a component identified in most priorities that emerged through the needs assessment. In particular there was a focus on developing a sustainable primary care workforce through the provision of high quality training to both general practice and those involved in multidisciplinary teams.
Collaboration	Activity to be conducted in collaboration with GCHHS, Education providers and Peak bodies and key stakeholders as required
Indigenous Specific	NO
Duration	July 2016-June 2018
Coverage	Entire Gold Coast Region
Commissioning approach	Direct GCPHN delivery with the procurement of resources/video as required.
Data source	PHN CRM Evaluation surveys, Bond and Griffith University

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Primary Care Navigation Service in RACFs
Activity Title / Reference (e.g. NP 1.1)	NP 2016.9 Enhanced Primary Care in RACFs
Description of Activity	This service will: 1. Reduce potentially preventable hospital admissions and emergency presentations for RACF residents 2. Reduce readmission rates 3. Improve residents Quality of Life through effective service navigation

	4. Increase GP Review of care plans to ensure that health care or quality of life goals are supported by the GP, RACF and the patient 5. Increase in the utilisation of evidence based End of Life systems to improve the ability for end of life care to be better managed within RACFs 6. Increase in Education and Training to Primary Care staff as required to support a systemic approach to care
Collaboration	This model will be developed in collaboration with key stakeholders including: • General Practice, RACFs and Multidisciplinary Service Providers with GCPHN implementing the program. • GCHHS supporting collaboration and RACF/GP through a range of frail aged strategies including alignment to the State Wide End of Life Strategy.
Indigenous Specific	No
Duration	July 2016- June 2018
Coverage	Targeted Residential Aged Care Facilities within PHN region and their Regular GPs
Commissioning approach	Commissioned through expression of interest.
Data source	GCHHS data for hospital presentations GCPHN for remainder of KPIs

1. Planned core activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding

PHNs must use the table below to outline core activities (excluding administrative and governance related activities) funded under the Operational Funding stream as described in section 1.5.1 of the PHN Grant Programme Guidelines.

Note 2: Indicate within the duration section of the table if the activity relates to a two year period (2016-2018) or a one year period (2016-2017).

Proposed general practice support activities	
Practice support overview	In 2016/2018 practice support will be delivered through a 3 tiered approach. General Practices will be provided direct Practice Support progressing through 3 tiers from entry level Continuous Quality Improvement (CQI) to implementation of evidenced based interventions. The focus of each of the tiers is outlined below with Health Information Management a key component of each tier • Tier 1 Population level data submitted to PHN • Tier 2 as above plus entry level Continuous Quality Improvement (CQI), focusing on data integrity, data completeness and clinical coding • Tier 3 as above plus practices engaged in formalised CQI aimed at improving clinical outcomes. Data reports will be utilised to track and Improve agreed clinical measures The first 2 tiers are foundational for practices to move into the formalised quality improvement tier 3. The objective of the tiered approach to practice support is to enable general practice to increase the efficiency and effectiveness of their systems and processes in order to become more self-sufficient in utilising health information to inform quality improvement in health care. Each practice has a dedicated Practice Support Officer to support: • Data management including access to and utilisation of a Clinical Audit Tool • Access to resources to support Health Information Management at the General Practice level • Education and training forums aimed at increasing General Practice self-sufficiency in managing data and health information The tiered approach aims to support general practices to increase efficiency & effectiveness of practice systems & processes in order to deliver targeted & timely evidenced based interventions in the community, especially for those patients most at risk. To achieve this, the model takes general practices on a journey through the tiers of practice support from intense engagement and activity to being more self-sufficient in managing data, information, and early intervention to improve patient outcomes in the community (avoiding hospitalisation).

Targets General Practices Accessing Practice Support

Year	Tier 1	Tier 2	Tier 3
2016/2017	80% = 142	60% = 85	17% = 28
2017/2018	95% = 168	61% = 102	23% = 59

Based on denominator of 177 General Practices

Activity Title / Reference (e.g. OP 1)	OP 2016.1 Practice support - Accreditation
Description of Activity	Accreditation support for General Practice is a requirement of The Department's funding agreement and has been a long standing component of the Practice Support model on the Gold Coast 2015/16 was focussed on identifying the number of General Practices on the Gold Coast with accreditation status as outlined below:

Currently accredited	**In the process of accreditation**	**Not currently accredited but interested in progressing**	**Not eligible (special interest) or not interested**
137	7	11	21

2016/17 activity will focus on:

- Supporting General Practices to maintain accreditation status as a key component across all 4 tiers of practice support
- supporting General Practices in the process of gaining accreditation status
- Promoting and supporting the uptake of accreditation in General Practices identified as not currently accredited but interested in attaining accreditation status
- Reviewing and improving current processes and resources available to support General Practices to reach or maintain accreditation status
- Reviewing and providing feedback as part of the consultation process for the development of

	the 5th Standards 2017/18 activity will focus on: • Supporting General Practices to maintain accreditation status as a key component across all 4 tiers of practice support • Working with and encouraging the 21 General Practices that have indicated they are not currently interested in attaining accreditation status to gain accreditation status • Develop processes and resources to align with 5th Edition Standards as they are introduced
Collaboration	Practice support activities are developed and monitored in collaboration with general practice staff including general practitioner, practice nurses, practice managers and administrative staff. GCPHN has a primary health care improvement committee who meets bi-monthly to provide input and advice into the on current issues facing general practice and GCPHN practice support and projects directly interfacing with General Practice. General practices is well represented across all GCPHN governance structures including its Board, Clinical Councils and working groups and committees supporting specific projects such as mental health and risk stratification.
Duration	2015/2016 to and June 2018
Coverage	Entire Gold Coast Region

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	OP 2016.2 Practice support - Digital health
Description of Activity	Aims to increase awareness and the use of digital health technology within primary care including: • General practice compliance with DPIP • Use of e referral from primary care to secondary and tertiary care • Adoption of the use of my health record by clinicians and patients • Data cleaning and accuracy • Provide education and training
Collaboration	Directly provided by GCPHN with strategies and plan developed in collaboration with GCPHN Practice

	Improvement Committee who meets monthly
Duration	Continuing project from 2015/2016 and will continue until June 2018
Coverage	General Practices across the whole of Gold Coast Region

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	OP 2016.3 Practice support - health information management
Description of Activity	The objective of the tiered approach to practice support is to enable general practice to increase the efficiency and effectiveness of their systems and processes in order to become more self-sufficient in utilising health information to inform quality improvement in health care. Each practice has a dedicated Practice Support Officer to support: ➢ Data management including access to and utilisation of a Clinical Audit Tool ➢ Access to resources to support Health Information Management at the General Practice level ➢ Education and training forums aimed at increasing General Practice self-sufficiency in managing data and health information
Collaboration	Directly provided by GCPHN
Duration	Continuing project from 2015/2016 and will continue until June 2018
Coverage	Multiple General Practices across the whole of Gold Coast Region

Activity Title / Reference (e.g. OP 1) OP 2016.4 Practice support – quality improvement	
Description of Activity	A focus of each of the tiers is outlined below with supporting adoption of best practice methods to improve quality of care a key component of tier 3: • Tier 1 includes access to information and resources submission population level data (where possible) • Tier 2 includes entry level Continuous Quality Improvement (CQI) review of practice profiles & populations to target interventions

	• Tier 3 as above plus practices engaged in formalised CQI & evidenced based interventions to improve agreed clinical measures. There will be Identified clinical leaders who will drive CQI at the practice level supported by the PSO & GCPHN GP Lead
Collaboration	• Directly provided by GCPHN
Duration	Continuing project from 2015/2016 and will continue until June 2018
Coverage	Multiple General Practices across the whole of Gold Coast Region

2. (a) Strategic Vision for After Hours Funding

Please outline, in no more than 500 words, an overview of the PHN's strategic vision for the 24 month period covering this Activity Work Plan that demonstrates how the PHN will achieve the After Hours key objectives of:

- Increasing the efficiency and effectiveness of After Hours Primary Health Care for patients, particularly those with limited access to Health Services; and
- Improving access to After Hours Primary Health Care through effective planning, coordination and support for population based After Hours Primary Health Care.

In 2016-17 and onwards, your organisation is required to:

- Implement innovative and locally-tailored solutions for after hours services, based on community need; and
- Work to address gaps in after hours service provision.

Please note, although PHNs can plan for activities in the 2017-18 financial year, at this stage, current funding for PHNs After Hours is confirmed until 30 June 2017 only. PHNs must not commit to spend any part of the funding beyond 30 June 2017.

Local Context

On 1 July 2015, the Primary Care Gold Coast commenced as the Gold Coast PHN, establishing its vision and goals aligned with Commonwealth government expectations.

Vision

"Building one world class health system for the Gold Coast"

Strategic Goals

- Improve coordination of care to ensure patients receive the right care in the right place at the right time by the right person.
- Increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Engage the support of general practice and other stakeholders to facilitate improvement in our local health systems;

- Be a high performing, efficient and accountable organisation.

A needs assessment was undertaken in July and August to determine population profile, service mapping and identify gaps and issues in the afterhours. Initial mapping identified:

- Overall, the Gold Coast Region is well serviced in relation to afterhours general practice services, with one of the highest rates of service delivery by General Practitioners nationally; and
- Availability of pharmacies in the afterhours was also well serviced including on public holidays.

The needs analysis identified a high level of accessibility for general practice and pharmacy after hours services in the Gold Coast region generally. Subsequently, GCPHN has investigated other more specific after hours needs on the Gold Coast, with a focus on the priority areas identified by the government including the frail aged and chronic disease. GCPHN will focus more on these vulnerable populations with the particular aim of reducing avoidable hospitalisations.

GCPHN will achieve the PHN After Hours objectives through supporting older people and people with chronic disease to stay well at home by:

- understanding the health care needs older people and people with chronic disease;
- working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to ensure an integrated approach to improved outcomes for older patients;
- Working collaboratively with the GCHHS to reduce avoidable hospital admission for Residential Care residents
- being outcome focused and performing a critical function in networking health services.

3(b) Planned activities funded by the Primary Health Network Schedule for After Hours Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-18. These activities will be funded under the Primary Health Networks After Hours Funding.

Note 1: Please copy and complete the table as many times as necessary to report on each activity.

Note 2: Indicate within the duration section of the table if the activity relates to a two year period (2016-2018) or a one year period (2016-2017). Please note, although PHNs can plan for activities in the 2017-18 financial year, at this stage, current funding for PHNs After Hours is confirmed until 30 June 2017 only. PHNs must not commit to any part of the funding beyond 30 June 2017.

Proposed Activities	
After Hours Priority Area (e.g. 1, 2, 3)	After Hours Palliative and end of life care planning Aged care pathways and coordination
After Hours Activity Title / Reference (e.g. AH 1.1)	AH 1.1 Hospital avoidance – RACFs after hours
Description of After Hours Activity	In order to reduce need for transfer of frail aged patients to hospital in after hours GCPHN will work closely with GCHHS to implement a Geriatric Evaluation and Management in the Home (GEMITH) team which provides flexibility to treat older patients in their place of residence. In addition to the GEMITH project further service design work will be completed collaboratively with all stakeholders and focus primarily on RACF clients to achieve: • Agreed evidenced based integrated and coordinated pathways developed and evaluated that provides triage, consultancy, clinical support, and advice for RACF staff and GPs, so that care for patients can be delivered in the facility where appropriate, and transfer to hospital is avoided • In collaboration with GCHHS, establishment of position in ED to support afterhours advice to RACFs and General Practice including Medical Deputising Services • Opportunities to further education to MDS and After general practitioners and general practitioners to ensure RACF client records are up to date at all times. • Improve capacity of after hour GPs services to support frail aged and palliative patients living in RACFs through: ○ Education and training ○ More effective communication with general practice ○ Advanced care planning ○ Use of My health record

	○ Telehealth
Collaboration	Jointly implemented with Gold Coast Hospital and Health Service GCHHS • Formal agreement defining clear objectives and reporting of outcomes including PIs • Development of model of care to support establishment of position and development of agreed evidenced based integrated and coordinated pathways GCPHN • Formal agreement defining clear objectives and reporting of outcomes including PIs • Implementation, through commissioning, provision of emergent care by GPs in the afterhours.
Duration	1 July 2016 – 30 June 2018
Coverage	GCPHN region
Commissioning approach	Commissioning GCHHS to lead the development of the GEMITH model in relation to referral pathways GP support to RACFs to be commissioned through expression of interest.
Data source	GCHHS Data

Proposed Activities	
After Hours Priority Area (e.g. 1, 2, 3)	After Hours – Chronic Disease
After Hours Activity Title / Reference (e.g. AH 1.1)	AH 1.2 COPD Afterhours
Description of After Hours Activity	**COPD Afterhours** The aim of the COPD after hours project is to provide urgently required after-hours services for patients with COPD through referral from GCHHS, to reduce avoidable hospital admissions. Services will Be appropriate, timely support services across the Gold Coast region for patients with COPD that are discharged/referred from hospital in the after-hours period, in patients' homes.
Collaboration	This service has been established through a partnership with GCPHN, local non-government provider and the GCHHS Chronic Disease wellness program.
Duration	1 July 2016 – 30 June 2018
Coverage	GCPHN region
Commissioning approach	There is a service agreement in place between GCPHN and the non-government provider for the delivery of the afterhour's

	service which will be renewed for 2016/17.
Data source	National Hospital Morbidity Data (NHMD) Admitted Patient Care (APC) ABS Estimated resident populations– ABS Indigenous estimated and projections GCHHS –Hospital Admission and utilisation Data PHN Contractor Reporting

Proposed Activities	
After Hours Priority Area (eg. 1, 2, 3)	**After Hours**
After Hours Activity Title / Reference (e.g. AH 1.1)	AH 1.3 GCIC After hours
Description of After Hours Activity	**Gold Coast Integrated Care (GCIC)** The aim of the Gold Coast Integrated Care is to provide urgently required After Hours services for patients through referral from the GCIC or Royal District Nursing Service, to reduce avoidable hospital admissions. GCPHN is funding the afterhours component of the program.
Collaboration	GCHHS • Formal agreement defining clear objectives and reporting of outcomes including PIs • Monthly reporting GCPHN Formal agreement defining clear objectives and reporting of outcomes including PIs
Duration	1 July 2016 – 30 June 2018 in line with broader GCIC program
Coverage	Delivered through 14 General Practices across the GCPHN region aligned with broader GCIC program
Commissioning approach	This is an ongoing partnership project with GCHHS. GCPHN Board and management have representation within the Governance Structure of the project including the Strategic and Clinical Advisory groups and Evaluation Monitoring Committee. GCPHN has a service agreement with GCHHS for the of the Service
Data source	PHN Contractor Data National Hospital Morbidity Data (NHMD) Admitted Patient Care (APC) ABS Estimated resident populations– ABS Indigenous estimated and projections GCHHS –Hospital Admission and utilisation Data PHN Contractor Reporting

	MBS DATA