Gold Coast - Core Funding
2021/22 - 2024/25
Activity Summary View

CF-COVID-VVP - 1 - COVID-19 Vaccination of Vulnerable Populations

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

1

Activity Title *

COVID-19 Vaccination of Vulnerable Populations

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the primary health care based COVID-19 pandemic response including the national roll out of the COVID-19 vaccine program to deliver booster doses to this cohort, while continuing the primary course vaccination work

Description of Activity *

To continue to commission primary care vaccination providers to support and coordinate activities in their regions that enable the delivery of vaccinations to vulnerable populations. These are targeted, short-term local solutions to supplement existing activities and arrangements. Including:
• COMMUNICATIONS
Local advertising on socials, display, public transport, print and radio to promote vaccine availability across the Gold Coast region
Development and publication of culturally appropriate communication materials bespoke for the Gold Coast region
• HOMEBOUND VACCINATIONS

To support the ongoing work vaccinating homebound individuals
Commissioning of health service/s to provide in-home vaccinations and boosters as required
Provide funding support to the vaccination provider to contract/engage additional staff to support vaccinations including engagement of short-term clinical, administration and auxiliary staff.
• VACCINATION CLINICS
Commissioning of health service to provide mobile vaccination clinic where required
• GENERAL PRACTICE MBS REIMBURSEMENT
General Practice MBS equivalent reimbursement for non-Medicare eligible people
Paying an equivalent MBS reimbursement for vaccination of a person without a Medicare card

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Older People	241
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Chronic Disease	170

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses, administration staff working in general practice, Aboriginal Medical Services and GP led respiratory clinics.
Residents and staff of aged care facilities
Individuals 18+
Culturally and Linguistic diverse populations
Disability cohort
Homeless and at risk of homelessness population
Aboriginal and Torres Strait Islander peoples

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff- engagement and implementation
General Practice Staff- engagement and implementation
Residential aged care staff - engagement and implementation
GCPHN Primary Health Care Improvement Committee comprising local general practice staff - provide input and advice into the current issues facing general practice related to the COVID-19 pandemic response and COVID-19 vaccine program
Gold Coast Health
Gold Coast Health Public Health Unit
Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads
Queensland Police Service and Queensland Vaccine Command
Multicultural Organisations
Red Cross
Kalwun Health Corporation and Institute for Urban Indigenous Health (IUIH)
QCOSS (Queensland Council of Social Service)
Mater Hospital
Refugee Health Network Queensland

Collaboration

1.GCPHN Staff- engagement and implementation
2.General Practice Staff- engagement and implementation
3.GCPHN Primary Health Care Improvement Committee comprising local general practice staff
4.Gold Coast Health - linkage to ensure collaboration and partnership
5.Gold Coast Public Health Unit – linkage to ensure collaboration and partnership
6.General Practice Gold Coast (GPGC) - linkage to ensure collaboration and partnership
7. Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads – linkage to ensure collaboration, partnership and consistency in processes and communications

---

Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

30/12/2022

Service Delivery Start Date

01/02/2022

Service Delivery End Date

31/12/2022

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

CF-COVID-LWC - 1 - Living with COVID

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-LWC

Activity Number *

1

Activity Title *

Living with COVID

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the primary health care based sector and workforce COVID-19 pandemic response including the national roll out of the COVID-19 vaccine program and booster doses.

Description of Activity *

This program of work incorporates a coordinated support program to the key stakeholders identified including general practice, residential aged care, Aboriginal medical services, and GP led respiratory clinics. The support program includes:
• Commissioning additional medical and psychological services to provide face to face assessment and management of people who are COVID-19 positive without a usual GP or where the usual GP is not able to provide face to face care
• Access to a dedicated phone and email helpdesk service for the identified key stakeholders
• Access to COVID-19 specific information via webinars and electronic communications
• Access to COVID-19 related resources via a dedicated webpage
• Maintenance of and update of COVID-19 pandemic response Health Pathway and COVID-19 vaccine Health Pathway
• Supporting the distribution of personal protective equipment (PPE) to eligible primary care services
• Supporting the distribution of emergency supply of COVID-19 vaccine related consumables.
• Regular reporting to The Department of Health Primary Health Care branch
• Supporting Fit Testing of P2 Respiratory masks for general practice staff

This activity also supports the local Gold Coast General Practitioners, other Primary Health Care providers and the Gold Coast

population access credible and reliable information associated with the COVID-19 pandemic response and COVID-19 vaccine program.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Older People	241
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Chronic Disease	170

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses, practice support staff working in general practice, Aboriginal Medical Services and GP led respiratory clinics.
Residents and staff of aged care facilities.
Whole of Gold Coast population

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff- engagement and implementation
General Practice Staff- engagement and implementation
Residential aged care staff - engagement and implementation
GCPHN Primary Health Care Improvement Committee comprising local general practice staff - provide input and advice into the current issues facing general practice related to the COVID-19 pandemic response and COVID-19 vaccine program
GCPHN Community Advisory Council
Gold Coast Health

Gold Coast Health Public Health Unit
Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads

Collaboration

1.GCPHN Staff- engagement and implementation
2.General Practice Staff- engagement and implementation
3.GCPHN Primary Health Care Improvement Committee comprising local general practice staff
4.Gold Coast Health - linkage to ensure collaboration and partnership
5.Gold Coast Public Health Unit – linkage to ensure collaboration and partnership
6.General Practice Gold Coast (GPGC) - linkage to ensure collaboration and partnership
7. Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads – linkage to ensure collaboration, partnership and consistency in processes and communications
8. GPGC Community Advisory Council – consultation

Activity Milestone Details/Duration

Activity Start Date

31/10/2021

Activity End Date

30/12/2022

Service Delivery Start Date

December 2021

Service Delivery End Date

December 2022

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

With Gold Coast Health

CF - 1 - Chronic Disease Management - Turning Pain into Gain

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

Chronic Disease Management - Turning Pain into Gain

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity:
• promotes improved primary care and chronic pain management through assessment, self- management training, education, and peer support to patients, with limited access to allied health services where required.
Expected results of this activity include the following local performance measures:
• improved patient's confidence in self-management.
• Improved patient reported clinical outcomes and overall patient satisfaction.
• Improved general practitioner's confidence in managing patients with chronic disease management
• Improved patient reported clinical outcomes and overall patient satisfaction.
• Improved clinician reported experience of care and workforce satisfaction.

Description of Activity *

Turning Pain into Gain is an innovative primary care model of service delivery which combines a number of evidence-based interventions to deliver a patient centred self-management program with the following service components included:
• Individual patient assessment including support to navigate to appropriate service providers and recommendations to patient's GP
• Patient self-management education program
• Access to digitally supported cycle of care decision support tools and resources for healthcare providers
• Access to Additional Allied Health Services where required in addition to MBS funded services.
• GP and Allied Health Education Program

• Peer to peer support group
• Refresher workshops for participants at 6 months, 9 months and 12 months' post program.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Persistent Pain	156
Chronic Disease	170

Activity Demographics

Target Population Cohort

Gold Coast (SA4) residents who comply with the following eligibility criteria:
• Have suffered chronic or persistent pain which has lasted for more than 3-6 months (The youth focused component of the program (20-35yrs) has been co-designed with patients and health care providers.)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

This program was originally designed and developed in consultation and collaboration with GCH specialist pain and chronic disease services, General practitioners, allied health, public and private specialists.
Local provider has developed a strong reputation and respect across the primary and secondary care system within the Gold Coast and nationally

Collaboration

The activity involves ongoing collaboration:
- Gold Coast Health/Integrated Care Alliance
- Joint work to support the development of this activity and to support ongoing implementation and maintenance of the redesigned models of care.
- GPs, allied health and other primary care providers, public/private specialists.
- Referrers to the program and access to education sessions

- Contractor
- Delivers the program in collaboration with a range of specifically identified allied health providers (who have undergone an audit process to ensure suitability and alignment to program outcomes)
Gold Coast Hospital and Health Services
- GCH Specialist Pain Clinic
Collaboration with Provider to ensure alignment of programs and effective use of referral pathways by specialists and general practitioners.

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

This service was originally co-designed and is continually reviewed and modified in consultation with key stakeholders and partners to ensure it is meeting the needs of consumers.

CF - 2 - Chronic Disease Management - Wound Management

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

Chronic Disease Management - Wound Management

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity:
• Promotes evidence - based resources including reference sites, guidelines and pathways to assist participating primary care clinicians with wound management in their own clinical setting to include direct clinical supervision and professional development of participating nurses and general practitioners at the Chronic and Complex Wound Clinic.

Expected results of this activity include the following local performance measures:
• improved patient's confidence in self-management,
• Improved patient reported clinical outcomes and overall patient satisfaction.
• Improved general practitioner's confidence in managing patients with chronic disease management
• Improved patient reported clinical outcomes and overall patient satisfaction.
• Improved clinician reported experience of care and workforce satisfaction.
• Reduction of PPH related to chronic wounds

Description of Activity *

The Chronic Disease Management Activity promotes improved primary care and chronic conditions management through enhanced primary care services that provide general practice and multidisciplinary assessment, self-management training, education, and peer support to patients and primary care health professionals, with prioritized access to allied health services where required. This includes the following programs:
- General Practitioner with Special Interest (Chronic and Complex Wound Care)

The Chronic Wound Service is an innovative primary care model which combines a number of evidence-based interventions to deliver a patient centred model of care with the following service components included:
• To implement a primary care- based model (GP specialist clinic) of care for patients with chronic and complex wounds whilst maintaining close relationships with the patients' usual general practitioner and tertiary services.
• To increase capability of the general practice workforce to manage chronic and complex wounds
• To promote access and use of evidenced-based guidelines, resources, templates and chronic wound management planning templates to all clinicians on the Gold Coast

Access to timely GP wound specialist advice via phone for clinical support and training.

This activity addresses the needs by providing coordinated and integrated health services focused on provision of evidence-based interventions, and information through a medical home model.
In 2022- 2023, the model of care will pilot a Nurse Practitioner led wound clinic supported by the GP wound Specialist

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Chronic Disease	170

Activity Demographics

Target Population Cohort

Gold Coast (SA4) residents who comply with the following eligibility criteria:
• Have a complex and chronic wound requiring ongoing service within primary care.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Consultation with contractors as part of ongoing contract monitoring and performance management processes including specific feedback from:
o referring GPs and practice nurses across the Gold Coast
o patients and families
o Gold Coast Health and private specialists

Collaboration

The activity involves the following collaboration:
Gold Coast Health/Integrated Care Alliance
Joint work to support the development of this activity and to support ongoing implementation and maintenance of the redesigned models of care.

GPs, allied health and other primary care providers, public/private specialists
In the development of models of care, subsequent translation of these into information and resources to support implementation of the activity in general practice and RACFs; working closely with participating practices and GPs to ensure their engagement, feedback and input into ongoing service delivery
General Practitioners
Referrers to the program and access to education sessions
Contractor delivers the program
Gold Coast Hospital and Health Services
GCH Wound Services

Collaboration with Contractor to ensure alignment of programs and effective use of referral pathways by specialists and general practitioners.

This activity has been extended to work in collaboration with service providers involved with the Commonwealth funded Wound Management Pilot.

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

30/12/2025

Service Delivery Start Date

January 2020

Service Delivery End Date

June 2023

Other Relevant Milestones

- Wound Service Delivery Commence 1 January 2020
- Pilot of the GC Wound Services (January 2020 – June 2022)
- Review and evaluation of pilot GC Wound Services model (2022)

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

GCPHN has have a long-standing work program in relation to Chronic Wound Services across the Gold Coast region and recommendations from the Integrated Care Alliance co-design workshops have informed the model of care design.

CF - 3 - Health Service Access for Hard to Reach Populations – (Community Connectors)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3

Activity Title *

Health Service Access for Hard to Reach Populations – (Community Connectors)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aboriginal and Torres Strait Islander Health and Culturally and Linguistically Diverse Populations

Aim of Activity *

To increase and improve the access and referral pathways to health and related services for people who identify as Aboriginal or Torres Strait Islander. To highlight well-established, trusted and respected service providers already specialising in engaging with hard to reach groups, to provide an integrated approach to navigating services and enhancing cultural awareness and understanding across the Gold Coast region.
For example:
• Primary and secondary health care services including mental health, Alcohol and drug treatment and suicide prevention services as well as other chronic disease services.
• Child and Family services
• Homelessness services
• Legal services
• Financial support services
• Housing services
• Employment services
• NDIS

Description of Activity *

Continued quality improvement towards the service delivery will be monitored and reported against, with a continued focus to improving health and social outcomes for hard to reach groups in the Gold Coast region.
This is being achieved through:

• Increasing awareness of and maximising links between services for Aboriginal and Torres Strait Islander people, including those provided by Commonwealth and state/territory governments, AMSs, and other specialist organisations.
• Supporting services across the health and social sectors to educate, develop and implement strategies to improve access to primary care for Aboriginal and Torres Strait Islander people, i.e. supporting self-identification, providing coaching support to mainstream health provider, providing advocacy on behalf of people accessing services.
• Collaborating with local Indigenous health services and mainstream health services in a partnership approach for the delivery of primary care services to Aboriginal and Torres Strait Islander people.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Child, youth and families mental health	345
Adult mental health	377
Underserviced population groups	387
Aboriginal and Torres Strait Islander Health	482
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people and
Culturally and linguistically Diverse people

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The model was co-designed with the indigenous community and the services provided by an indigenous and CALD provider and will be reviewed after two years of operating with community and service user input.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Co-design and consultations with community, providers (health and social service), clients with lived experience and other funders/commissioners
Ongoing feedback mechanisms to ensure effective implementations.

Collaboration

GCPHN works in collaboration with the following stakeholders to complete and inform the needs assessment and determine locally appropriate and integrated service solution:

1. Indigenous community members
2. Kalwun (AMS)
3. Krurungal (ATSI Providers)
4. CURA – CALD providers
5. Institute of Urban Indigenous Health (IUIH)
6. Gold Coast Health – Aboriginal & Torres Strait Islander Services
7. Other health and social service providers

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

30/12/2025

Service Delivery Start Date

October 2019

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Should the program prove successful consideration will be given to approaching other government agencies of Department of Communities etc to co-fund and potentially extend the program

---

CF - 4 - Enhanced Primary Care (PMP Clinical Educator – Palliative)

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

Enhanced Primary Care (PMP Clinical Educator – Palliative)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Increase knowledge, confidence and skills of RACF staff and primary care (nursing staff and General Practitioners) to provide high-quality palliative and end of life (EOL) care within the identified facilities.
Objectives
• Enhance RACF Staff and GP knowledge and confidence in providing palliative care to residents
• Enhance RACF Staff and GP knowledge and referral pathways to services that can support the residents including access to Specialist Palliative Care and Interact Services.
• Enhance RACF Staff and GP knowledge of resources available to them to support advanced care planning and end of life care
• reduce potentially preventable hospitalisation
• improve the experiences for residents, clinicians and staff

Description of Activity *

The findings from the initial audit and service screening activities from the 5 RACF identified from the initial project PMP Clinical Nurse Educator CF2019.4 have now been identified and designed to under the following service components.
The service components will be underpinned by a coordinated approach to educating the aged care nurses and General Practitioners with three projects running simultaneously including the:
• Palliative Approach Nurse Education, support RACFs to embed within their routine clinical practice a comprehensive evidence-based palliative approach to care, thereby improving resident and family outcomes.
o Work in collaboration and partnership with InterAct team who provide clinical nursing care and intervention to patients residing in RACFs;

o Educate facilities to promote and support an Emergency Department bypass model for specialist palliative care patients in RACFs
o Facilitate the provision of appropriate pathways for specialist palliative care;
o Support quality, timely and responsive care services to RACF residents delivered through a GP led multi-disciplinary primary health care team;
o Support enhancement of a robust clinical governance framework to support the delivery of high quality, safe, evidence-based Specialist palliative care in RACF;
o Identify and implement systems and mechanisms that ensure ongoing sustainability of the project outcomes beyond the Project period.
• Resources and Events conduct educational events and develop promote online educational resources for RACFs as a sustainable strategy to support Advance Care Plan (ACP) Champions and RASS Palliative Nurse Approach in RACFs to provide quality end-of-life care to residents and their families.
o Provide educational support and resources within RACFs to assist in raising the confidence of staff and GP caring for specialist palliative patients;
o Provision of onsite education on clinical/care coordination services with an emphasis on clinical handover and End-of-Life (EOL) care;
o Education, training, information and resources to support RACF staff, visiting health professionals, family of residents in the delivery of the Project.
• Advance Care Planning: support RACFs to embed an evidence-based ACP program, adapted for individual facilities, in their routine clinical care to support high quality EOL care for residents and their families

This component links closely with
• CF 4 PMP Clinical Nurse Educator
• HSI 3 Access to information and resources" activity
• Greater Choices for At Home Palliative Care (GCFAHPC) Project

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment 2020/21-2021/22_update November 2020

Priorities

Priority	Page reference
Aged Care	408
Palliative Care	409

Activity Demographics

Target Population Cohort

Residents of a selected group (approximately 5) Gold Coast RACFs, who are at risk of poor health outcomes due to geriatric syndromes, complex comorbid chronic disease sets, palliative care, frailty and barriers to access to timely appropriate health care. Targeted Residential Aged Care Facilities (5) and the 20 regular GPs who currently provide services

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Extensive engagement and consultation have been completed as part of phase one of the project in the deep dive process within the 5 RACFs and 20 G.ps servicing the RACFs and GCHHS frail Aged Collaborative project Team.
Joint working groups and consultation activities have been undertaken with the GCPHN Clinical and Community Advisory Group, GCH, General Practice, Primary Care Sector, Peak bodies, other State agencies and consumers. Many of these mechanisms will continue in order to provide ongoing feedback and input to ensure ongoing engagement and continuous improvement:

Collaboration

Gold Coast Health/Integrated Care Alliance
Joint work with GCHHS Frail Aged Collaborative continues to support the development of this activity and to support ongoing implementation and maintenance of the redesigned models of care.

Clinical and Executive leadership continues with GCHHS and SPCS to provide senior governance to the project group, with a particular focus on ongoing clinical outreach support and education for general practice and RACFs.

GPs, allied health and other primary care providers, public/private specialists. Continued linking and collaboration to support the subsequent translation of identified pathways of care and related policies and procedures; working closely with participating practices and GPs to ensure their engagement, feedback and input into ongoing service delivery.

Activity Milestone Details/Duration

Activity Start Date

30/06/2020

Activity End Date

29/06/2021

Service Delivery Start Date

July 2020

Service Delivery End Date

June 2021

Other Relevant Milestones

• Conduct and document focus groups with RACFs staff, GPs and residents/families/carers as part of evaluating the commencement of project with initial 5 RACFs (July 2020 -August 2020)
• Refinement of education and quality improvement support package and service model for RACF staff and GPs (August - September 2020)
• Implementation of the education and quality improvement support program (education and support package and service model) in 5 current and additional 5 RACFs (October –May 2021)
• Collection and documentation of program data (ongoing – May 2021)
• Project Evaluation completed June 2021
Any other relevant milestone
• Service Agreement Extended for additional 12 months and Agreed by 1 July 2020
• Extended Ethics approval for formal evaluation with GCHHS Research Team and GCPHN approved July 2020

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Continued quality improvement towards the service delivery model will be monitored and reported against with the Gold Coast Hospital and Health service, participating pilot RACF sites, Model of Care Steering committee and the GCPHN Aged – Pallaitve care Leadership Group.
GCPHN has have a long-standing work relationship with these key stakeholders and Services across the Gold Coast region and recommendations and feedback will be included in the redesign and monitoring of the project.

Should the role prove to be effective Gold Coast Health have indicated that they would continue to fund the position as a recurrent role within their services from 1 July 2021.

CF - 5 - Alcohol and Other Drugs Home Detox Program

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

Alcohol and Other Drugs Home Detox Program

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

Note: This activity is connected to 2020-21 AH3 Alcohol and Other Drugs After Hours – Treatment
This activity aims to pilot an in-home withdrawal management (detox) program in the Gold Coast region.
• Increase availability of withdrawal management treatment
• Increase timely access to withdrawal management treatment
• Improve continuity of care for clients accessing treatment through supported transition of care between services, particularly on completion of detox and into residential rehabilitation
• Improve AOD treatment outcomes for clients
• Reduce harm associated with drugs and alcohol use, with a focus on methamphetamine use

Description of Activity *

Home Detox program
This activity will see GCPHN co-fund in partnership with QuIHN, an innovative and much needed in-home detox program within the Gold Coast region. The program will be a pilot to support the development and testing the feasibility and efficacy of the model, which will see the provision of home visits to clients engaged in the detox program and support these clients safely through detox in their own homes.
Withdrawal Care Guidelines have been developed to support the delivery of this program. These are evidence-based guidelines that were developed for QuIHN clinicians that will enable them to support their clients in conjunction with the medical team who are engaged in the program to safely manage the withdrawal period.
Service Model details:

• The program will be delivered by an experienced Nurse Practitioner (alcohol and drugs) in collaboration with a Registered Nurse.
• The Nurse Practitioner will lead the development of a service model that includes assessments, risk management, policies and procedures.
• Clients of the program will be (based on assessment criteria):
o Individuals who are existing clients of QuIHN identified as requiring detox
o Individuals seeking detox who are referred directly to the program from eligible referrers
• Prior to undertaking a home detox, the client will be assessed for additional health concerns, risk assessments will be undertaken, support plans will be developed and implemented and a contract with the client entered into to commence the treatment.
• Some individuals who complete the detox program will require further treatment in residential rehabilitation or through outpatient rehabilitation programs. QuIHN will work in partnership with external agencies to support identified clients to transition to the required service.
• This service will not be provided to clients seeking to detox from severe alcohol use, who will be referred to residential detox services.
QuIHN will undertake an external evaluation for this trial program in collaboration with GCPHN. Evaluation of the program is expected in early 2023.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

Individuals 18+ requiring withdrawal management treatment for alcohol and/or other drug use
Individuals requiring detox for severe alcohol use cannot be supported by this program and will be re-referred to other appropriate treatment services.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Increased withdrawal management and detox treatment has consistently been identified as a high priority in the region. Gold Coast providers experience high demand for treatment and report difficulty accessing detox services for clients who require this treatment prior to entering residential rehabilitation.
This need has been identified over several years throughout various co-design processes for AOD and mental health services, during AOD specific capacity building working groups and the development of PHN needs assessments. The Joint Regional Plan consultation has highlighted the absence and need for more of, and alternative models of, detox treatment and has built on the intelligence we had in relation to the complexity of accessing detox at the right place, at the right time and by the right service.
In the development of the model, QuIHN has undertaken a range of planning and their own consultation process internally and externally to the service.

Collaboration

Stakeholder/Partners:
- Gold Coast Health: Collaborative working relationship, Referrals
- Aboriginal and Torres Strait Islander services, mental health services: Referrals
- AOD and mental health services: Collaborative working relationship, Referrals
- General Practice including after-hours services: Service information and referrals

---

Activity Milestone Details/Duration

Activity Start Date

30/11/2020

Activity End Date

30/12/2025

Service Delivery Start Date

March 2021

Service Delivery End Date

December 2025

Other Relevant Milestones

During the term of this activity plan the following milestones are anticipated:
1. Pilot implementation including recruitment, development of policies and procedures, establishment of referral pathways (October 2020 - March 2021)
2. Development of evaluation framework (April 2021 – Dec 2021)
3. Service delivery and business as usual, quarterly performance meetings and regular relationship manager engagement (March 2021 – June 2022)
4. Evaluation outcome to inform ongoing pilot activity or future procurement approach (Jan 2023)

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

CF - 7 - Primary Sense™ Population Health Management and audit tool

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

7

Activity Title *

Primary Sense™ Population Health Management and audit tool

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Primary Sense is as an evidenced based decision assist tool to help inform timely decisions for better primary healthcare. The program involves full adoption of the national scale version of the Primary Sense (version 2.0) product for use by PHNs nationally through the Lead PHN WAPHA, hosted on the Primary Health Insights Platform. This program supports the PHN to implement the tool set to support Gold Coast general practices to care for their respective populations by:
• integrating diagnosis, medications and pathology data from practice management system and applying evidenced based algorithms · identifying high risk groups for proactive care
• providing point of care decision assist for GPs though medication safety alerts and prompts for interventions
• relaying analysed de-identified patient information as data becomes available, enabling the practices to plan and coordinate care in an efficient way so patients get the right care at the right time.
• providing clinical audit functions e.g. pre-accreditation data checks, and a risk stratified profile of the entire practice patient population including high impact conditions, multi-morbidity and polypharmacy profiles.

Primary Sense will also enhance the level and detail of integrated and primary care service planning that the PHN can do based on historic and current de-identified patient level, practice level, and regional level data, enabling predictive modelling and tracking outcomes over time. Increased use by PHNs through the national PHI Primary Sense v2.0 will enable this view to expand to provide a national data collection across a majority of states and territories. Primary Sense also has value to state and territory health services by enabling a practice-based population health management approach to reduce unnecessary hospital use, by
• Correctly identify which patient groups are suitable for appropriate evidence - based interventions at a local (GP) and regional (PHN) level
• Correctly identify patients at risk of poor outcomes on a state/territory level

• Enabling patients to be more effectively managed in primary care and avoid preventable hospitalisations and ED presentations in hours, and after hours

Description of Activity *

Rolling out and fully implementing the scaled up national version of Primary Sense (version 2.0) will ensure PHNs a more attractive, cost effective and value adding toolset to support the broad range of PHNs commissioning functions, enhancing the national infrastructure and value from the PHI (Primary Health Insights) platform. GCPHN having handed over the Lead PHN role for Primary Sense v2.0 to WAPHA under the PHI platform will instead focus its efforts in driving meaningful use of Primary Sense across our general practices and within the local health system through jointly developing proof of concept integrated care demonstrator projects. Primary Sense v2.0 will provide general practices an automated Primary sense tool set that provides de-identified data extraction and analysis of the health profile of the entire practice population - generating actionable reports and medication safety alerts and Prompts for interventions. The architecture and resulting data and analytics will be housed within PHI.
The analysed population health data for the practice is used to inform the service response, and for GCPHN commissioning purposes:
• Highlights patients with complex and comorbid conditions to target proactive and coordinated care · Highlights patients at risk of hospitalisation for coordinated care (some cross over with group above)
• Highlights patients at risk of chronic disease to target proactive health assessment
• Highlights patients at risk of polypharmacy for medication review
• Alerts to patients at immediate risk from medication prescribing safety issues related to avoidable admissions, ED presentations and potential mortality rates.
• Prompts for missing interventions for the most at risk patients during the consult with the GP
Primary Sense is compatible with Medical Director and Best Practice software (comprising approximately 90% of the general practice software market in the Gold Coast). Work is in development by WAPHA development team to complete mapping to be compatible with ZEDMED and Genie products also.

The Primary Sense v2.0 tool set needs to be maintained and regularly updated from a clinical and functional perspective. The national scaled version under the PHI will also increase the ability to develop, test and increase performance efficiencies. Scaling activities enable a supported IT helpdesk model for practices and PHNs nationally. Further programming of medication safety alerts, GP care prompts and reports will continue based on national PHN priorities, user feedback, and advice from key clinicians and academics. System and process enhancements may include
• Optimising care/service navigation for selected populations based on demographics or diagnoses
• Automated access to the Australian Immunisation Register from in the practice
• Automation and time stamping of patient consent collection at the practice
• Targeted patient selection and alerts for research project recruitment
• Outcome monitoring for health activities – such as reduced adverse medication events
• Audit and feedback for GP trainee education
• Automated chart review for GP training and professional development
• Linked databases to better understand potentially preventable hospital admissions
• Quality Improvement Clusters – peer review process
• Public Health – automated post-market surveillance. Post immunisation adverse event tracking
• Public Health early warning of emerging outbreaks/symptom clusters

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Chronic Disease	170

Activity Demographics

Target Population Cohort

Total practice population where Primary Sense™ is installed (up to 85% of general practices in the Gold Coast region)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The ongoing development is supported by feedback from the general practice users, with advice and guidance from key clinicians and academics on clinical enhancements to the system, and IT experts and academics on enhancement to cyber security.
Johns Hopkins University regarding the use of the ACG Risk Stratification tool embedded in Primary Sense.
National collaboration is occurring through a National Project Steering Committee, Clinical Governance Advisory Group, User Group.

Collaboration

GCPHN is collaborating with other PHNs nationally in the Primary Sense v2.0 scale project and to steer further enhancements and development of the tool as part of the PHI Platform offerings to PHNs.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Planned to be in use in 80% (n=146) Gold Coast practices by June 2022 and potential expansion up to 100% of eligible practices by August 2022
10+ partner PHNs by June 2022

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

The Primary Sense™ Population Health Management and audit tool was extensively co-designed with the support of key national expert clinical advisors, local general practice users and our GCPHN Practice Support Team.

HSI - 1 - Commissioning Systems and Stakeholder Engagement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

Commissioning Systems and Stakeholder Engagement

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description

Aim of Activity *

To provide commissioning excellence support to the PHN and partner activities towards supporting one world class health system for the Gold Coast and supporting high performing primary care.

Description of Activity *

This activity provides the commissioning systems support for the PHN's activities including Flexible Funding, Health System Improvement, General Practice Support, After Hours and Other Funding programs including ITC, MH, AOD, Palliative Care and Aged Care. The activity provides the following functions and resourcing:
• Needs assessment and annual planning
• Market assessment and Service co-design
• Procurement and contracting
• Performance monitoring, Quality Management, Risk management, Innovation and Evaluation
• Stakeholder Engagement, communications and marketing
These activities enable the primary health care sector informs, engages in and shapes the evaluation of current primary and intermediate care services as well as shape future services through:
• Ensuring primary care inform the annual and specific needs assessment activities
• Involving primary care sector in market assessment and service co-design
• Supporting primary care sector to engage in and inform commissioning through procurement and contracting activities
• Providing data and information to the primary care sector that assists in their decision support and driving quality improvement of services and improved patient outcomes including support, promotion and navigation to the Gold Coast streamliners healthpathways infrastructure and for related digital health systems like SmartReferrals
• Ensuring high quality, comprehensive and timely organisational systems that enable internal and provider performance

monitoring and reporting, including all DoH and other funding body reporting deliverables
• Maintaining comprehensive Quality Management Systems and Accreditation to support quality assurance of our products, services and processes, a mature risk management framework and Innovation, Research, Service review and Evaluation frameworks
• Providing mature and comprehensive stakeholder engagement, relationship management, communications (traditional and online) and Commissioned services and program promotion campaigns; informing, engaging in and contributing through an extensive set of communications and engagement channels and programs

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
After Hours	67
Crisis Support and Suicide Prevention	443
People at risk of developing mild and moderate mental illness	294
Severe and complex mental illness	315
Child, youth and families mental health	345
Aboriginal and Torres Strait Islander Health	482
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Palliative Care	272
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

Healthcare system, providers and consumers in the whole PHN region i.e. Gold Coast PHN Region (Gold Coast SA4)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

General Practice Gold Coast
Provide ongoing engagement opportunities, communication channels and advice about general practice in the Gold Coast; input into service review, development and evaluation; partner in delivering education and other quality improvement activities
Primary Care Partnership Council
Provide ongoing engagement opportunities, communication channels and advice about broader primary care sector and key State agencies in the Gold Coast; input into service review, development and evaluation
Provide ongoing engagement opportunities, communication channels and advice about engagement of Aboriginal and Torres Strait Islander People in PHN and partner activities and about culturally appropriate practices and service models in the Gold Coast; input into service review, development and evaluation
Gold Coast Health/Integrated Care Alliance with Gold Coast Health
Provide ongoing engagement opportunities, communication channels and advice and a formalised partnership through which the PHN consults with GCH board, executive, administrative and clinical leads about referral, care coordination, service integration and clinical handover in the Gold Coast; input into service review, development and evaluation; partner in delivering education, models of care development and other integration activities
Gold Coast Health specialists, academics and local providers
Engage with a variety of local, national and international health service specialist and researchers to access expert advice and input to Co-design, service development, evaluation and procurement activities
National Health Service Directory, 13 Health
Ongoing engagement to ensure a collaborative approach to each other's service directory

Collaboration

1.General Practice Gold Coast - Provide advice and input into the service review, development and engagement of Gold Coast General practice in PHN and partner activities
2. Primary Care Partnership Council - Provide advice and input into the service review, development and engagement of Gold Coast Primary Care Sector in PHN and partner activities
3. Gold Coast Health General Practice Liaison Unit - Provide advice and liaison between general practice and Gold Coast Health
4. Gold Coast Health/Integrated Care Alliance with Gold Coast Health - Provide advice and input into referral, care coordination, service integration and clinical handover
5. Gold Coast Health specialists, academics and local providers - Provide advice and engagement of Health Service Providers and researchers in Co-design and procurement
6. National Health Service Directory, 13 Health - Link to each other's service directory and ensure sharing and refining service directory information across these services
7. National PHN Collaborative and Qld/NT/Northern NSW PHN network
Ongoing engagement to ensure a collaborative approach to development work and sharing of materials to ensure best use of public funding

---

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

HSI - 2 - Information and resources

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

Information and resources

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Aim of Activity *

Also complements CF 6 Integrated Care Alliance (ICA) Pathways Non-staff expenses (license/storage costs) which provides for this component of publication platform costs and HSI 3 Integrated Care Alliance (ICA) – Alliance Development and implementation (including development of health pathways and shared care) which provides for the clinical engagement and development of the specialist content for the health pathways, including development of specialist content for HealthPathways for Aged Care, Dementia.
This activity aims to provide general practice, consumers, primary care sector and community providers with access to readily available, evidence based information, resources, service and referral options, tailored specifically to the Gold Coast region through an extensive set of communications and engagement channels and programs particularly including GCPHN's web online publication platform. Information is provided about GCPHN, our programs, services, health literacy information for key health needs and service issues through a stable, reliable, accurate, localised digital platform for general practice, primary care service providers and the broader community to access the necessary curated, up-to-date information and resources that support access to service options, referral and optimal care management.
The activity aims to achieve the following National PHN Performance Framework targets:
• P1 - PHN activities address prioritised needs and national priorities
• P4 - Support provided to general practices and other health care providers
• P7 - Rate of GP style emergency department (ED) presentations
• O14 - PHN stakeholder engagement

The activities ensure that the primary health care sector are kept informed about service access, referral pathways, needs assessment, planning and co-design of current primary and intermediate care services as well as promote opportunities to shape future services through:
• Providing health service access and referral information about available services, pathways and e-referral templates for the Gold Coast region

• Ensuring primary care inform the annual and specific needs assessment activities
• Communicating opportunities for primary care sector in market assessment and Service co-design
• Supporting primary care sector to engage in and inform commissioning through procurement and contracting activities
• Providing data and information to the primary care sector that assists in their decision support and driving quality improvement of services and improved patient outcomes.

Description of Activity *

The activity addresses the needs through delivery of a patient-centred, coordinated, curated online information and resources platform including but not limited to local service options, GCPHN and our programs and services, referral options, health pathways and links to the new Gold Coast Streamliners' healthpathways site and health literacy information on key health needs and service issues.
GCPHN will continue to host, develop the I.T. infrastructure, update and market the existing GCPHN web portal featuring:
• localised referral guidelines and templates for PHN funded services and some private providers
• Review and update of existing referral templates
• An e-library of professional resources and educational material
• patient facing resources
• promotion of HealthPathways information across a number of prioritised service areas/health issues
During 2022/23 to 23/24, priority will be given to increasing pathways information to support improved navigation and access to local service provider information in PHN priority areas and other locally identified health topic areas, to ensure information and resources published online are kept current and appropriately curated to support appropriate, timely referrals and agreed service pathways. Particularly with respect to Aged Care and Dementia healthpathways AWP This links with the activity HSI 3 Integrated Care Alliance (ICA) – Alliance Development and implementation (including development of health pathways and shared care) for the clinical engagement and development of the specialist content for the health pathways that will be published on the GCPHN website and to the Aged Care and health pathways AWP's
The outcomes of this work identifies effective ways to increase communication, awareness and referral and service pathways between service providers and improve user experience in line with contemporary e-solutions.
The activity includes linking and liaison with the National Health Service Directory and other related directories to ensure most effective information sharing.
This activity links closely with practice support activities and other program activities including the hosting of referral templates, resources and information to support local health decision assist tools including:
• referral templates
• resources, clinicians and consumers
• professional development
• resource directory
Expected results include achieving increased access to contemporary evidence-based resources and localised service and referral information.

Needs Assessment Priorities *

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Crisis Support and Suicide Prevention	443
People at risk of developing mild and moderate mental illness	294
Severe and complex mental illness	315
Child, youth and families mental health	345
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Palliative Care	272
Chronic Disease	170
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

Primary Care Sector (in particular General practice), local health system stakeholders and the community of the Gold Coast PHN Region (Gold Coast SA4)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

General Practice Gold Coast
Provide ongoing engagement opportunities, communication channels and advice about general practice in the Gold Coast; input into development and evaluation; partner in delivering educational information and resources for general practice
Primary Care Partnership Council
Provide ongoing engagement opportunities, communication channels and advice about broader primary care sector and key State agencies input
.Provide ongoing engagement opportunities, communication channels and advice about engagement of Aboriginal and Torres Strait Islander People in PHN services and activities and about culturally appropriate practices
Gold Coast Health/Integrated Care Alliance with Gold Coast Health
Provide ongoing engagement opportunities, communication channels and advice and a formalised partnership through which the PHN consults with GCH board, executive, administrative and clinical leads about referral templates, service options, service integration and clinical handover information and resources for the Gold Coast; partner in delivering education information and resources, health pathways publication e-library and other integration activities
National Health Service Directory, 13 Health
Ongoing engagement to ensure a collaborative approach to each other's service directory

Collaboration

1. GCPHN staff - Ongoing support
2. General Practice Staff - Provide input and feedback as key users of the activity; ongoing user support
3. Gold Coast Health and Hospital Service/Integrated Care Alliance - Provide input and feedback as key users of the activity; ongoing maintenance of the content
4. Peak bodies including RACGP, AGPAL and GPA - Consultation to ensure activity aligns to the standards
5. GCPHN Primary Health Care Improvement Committee - Comprises local general practice staff who provide input and advice into the current issues facing general practice, projects directly interfacing with General Practice and GCPHN practice support activities
6. General Practice Gold Coast (GPGC) - Linkage to ensure collaboration and partnership with general practice in the Gold Coast
7. Primary Care Training Providers - Including Pharmacy Guild, Pharmaceutical Society of Australia, General Practice Gold Coast, National Prescribing Service, Australian Primary Health Care Nurses Association, Gold Coast Medical Association, Royal Australian College of General Practitioners, Local Universities. To ensure linkage, coordination and a collaborative approach to avoid duplication of training events and address gaps

---

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

- Review and maintain GCPHN website referral and pathways information and resources and support ongoing linkage and redirection to Gold Coast streamliner's healthpathways information for key priorities - ongoing
- Content migration to new healthpathways being developed for Aged Care and Dementia information published by 30 June 2024

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Activity is not being co-designed but ongoing stakeholders engagement through content development, review and prioritisation at all times.

HSI - 3 - Integrated Care Alliance (ICA) – Development and Implementation

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

Integrated Care Alliance (ICA) – Development and Implementation

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Digital health and area population health

Aim of Activity *

Also relates CF 6 Integrated Care Alliance (ICA) Pathways Non-staff expenses (license/storage costs) in relation to publication platform costs and HSI 2 Access to information and resources as the publication portal for Gold Coast health pathways information and resources. The work also relates to the Greater Choices for at home palliative care program activities, Population Health Primary Sense Activity and the new Aged Care activities.

Overall Program Objectives:
Create a single integrated healthcare system for the Gold Coast by:
• Improving the coordination of care to ensure consumers receive the right care at the right place at the right time by the right person.
• Increasing the effectiveness and efficiency of health services for consumers.
• Engaging and supporting clinicians to facilitate improvements in our health system.
The aim of GCPHN's contribution to this program is to accelerate learnings from local innovation and previous integration projects in a Proof-of-Concept (PoC), incorporating the learning from the GCIC program, and building on service design opportunities using Primary Sense, while augmenting the potential benefits that implementing Streamliners HealthPathways and Smart Referrals bring to the Gold Coast region.

Phase 1 of the project will be a specific Gold Coast case study to develop a novel technologically enabled innovation pathway for the health systems. This will demonstrate the management and scale-up of the digital transformation through helping to optimise the treatment pathway across providers, improving the efficiency of the health system and optimising patient outcomes. Revised co-designed new pathways for prioritised areas of care are being developed as proof of concept (PoC) demonstration project/s for this work.

Description of Activity *

Based on integrated models of care for the prioritised diseases/conditions, already developed, this activity seeks to accelerate learnings from local innovation and previous integration projects in a Proof-of-Concept (PoC), incorporating the learning from the GCIC program, and building on service design opportunities using Primary Sense, while augmenting the potential benefits that implementing Streamliners HealthPathways and Smart Referrals bring to the Gold Coast region.
The proposed PoC demonstrator project is a multi-party and multi-disciplinary collaboration between GCPHN, GCH, and Queensland Department of Health. The project combines clinical expertise from across health systems with local innovative technologies. QH's involvement is also being sought to ensure alignment with emerging virtual care strategic priorities and to provide research, ethics and governance, scale up funding and policy advice as well as resources to support the PoC. Deloitte are being commissioned to develop an evaluation (cost/benefit) framework that can be applied to this work in the future.

This model will be supported by advances in technology to demonstrate how, by being data driven, systems can personalise patients' healthcare and improve their health outcomes. The model involves connecting and promoting clinical collaboration across the Gold Coast region to ensure optimal use of the limited health system resources. The PoC will bolster primary care capacity across the Gold Coast and enable us to work across the system to better collaborate for the benefit of our patients. It is expected to potentially demonstrate how this model could be of value, at scale, if rolled out across Queensland.
Primary Sense incorporating the Johns Hopkins University's ACG risk stratification tool systematically promotes prevention and secondary prevention pathways that enhance care of those with complex issues within the GP's workflow, including chronic disease in the community through optimising management in the primary care setting. Importantly, using the Primary Sense and the John Hopkins University ACG risk stratification tool can create a pathway for the right care to be provided to all Queenslanders regardless of location, and support access to the right care at the right time.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Crisis Support and Suicide Prevention	443
People at risk of developing mild and moderate mental illness	294
Severe and complex mental illness	315
Child, youth and families mental health	345
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Palliative Care	272
Chronic Disease	170
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

ICA target population is whole of Gold Coast population, primarily accessing public health services initially. Work has commenced to explore how the private hospital and specialists can adopt these models as care and systems.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

General practices, GPs and General Practice Gold Coast
Provide ongoing engagement opportunities, communication channels and advice about general practice in the Gold Coast; input into design, development, implementation, maintenance and evaluation; partner in delivering educational information and resources for general practice
Primary Care Partnership Council
Provide ongoing engagement opportunities, communication channels and advice about broader primary care sector and key State agencies input into health pathways and shared care development and maintenance
Karulbo Partnership
Provide ongoing engagement opportunities, communication channels and advice about engagement of Aboriginal and Torres Strait Islander People in PHN services and activities and about culturally appropriate practices
Gold Coast Health/Integrated Care Alliance with Gold Coast Health
Provide ongoing engagement opportunities, communication channels and advice and a formalised partnership through which the PHN consults with GCH board, executive, administrative and clinical leads about health pathways, shared care, referral templates, service options, service integration and clinical handover information and resources for the Gold Coast; partner in delivering education information and resources, health pathways and shared care publication e-library and other integration activities

Collaboration

1. Integrated Care Alliance -Role is to Provide input and feedback as key users of the activity; co-design of enhancements to the activity as part of the review, implementation and Ongoing quality improvement review of the program.
2.GCPHN Primary Health Care Improvement Committee-Comprises local general practice staff who provide input and advice into the current issues facing general practice, projects directly interfacing with General Practice and GCPHN practice support activities
3. GPs and allied health and private specialists -Input to the development of models of care and the subsequent translation of these onto health pathways solution and e-library
4. Consumers (representative groups and individuals)-Input to the development of models of care to ensure they are developed with appropriate consideration of consumers input and needs.
5. General Practice Gold Coast (GPGC)- Linkage to ensure collaboration and partnership to ensure health pathways and shared care support and actively engage with general practice in the Gold Coast

---

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/12/2025

Service Delivery Start Date

1 September 2022

Service Delivery End Date

December 2025

Other Relevant Milestones

1. 31 May 2022 - Decision to proceed with Primary Sense implementation at Scale -.
2. 31 July 2022 – Agreement on proof of concept economic evaluation framework
3. 30 September 2022 – commence implementation of proof of concept care pathway project
4. 30 June 2024 – evaluation of proof of concept demonstrator for integrated pathway of care project

---

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

The proof-of-concept Demonstrator integrated pathway will be codesigned between Gold Coast general practitioners and the GCH Specialist Department. This work will engage broader stakeholders and consumer representation.
Historically, between the period 2017-19, co-design involved over 200 clinicals through over 50 workshops over a 12-month period to design optimal model of care for 20 high use conditions are determined by clinicians. The results of the workshops were developed into draft models of care that were reviewed by the clinical reference group, the consumer reference group, and then approved by Alliance Leadership Group. Co-design will continue to be used to ensure that the models of care are translated into online resources such as pathways and clinical prioritisation criteria to enable seamless transfer of care between clinicals and sectors. Primary Sense has been developed by GCPHN to support the implementation of this initiative through a population health planning, data analytics tool incorporating the Johns Hopkins University's ACG risk stratification tool.

HSI - 4 - Regional mental health and suicide prevention plan

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

Regional mental health and suicide prevention plan

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Mental Health Priority Area 8: Regional mental health and suicide prevention plan

Other Program Key Priority Area Description

Aim of Activity *

People with lived experience of mental illness, suicide, misuse of alcohol and other drugs as well as their carers face a wide range of issues when trying to access treatment and support. This includes fragmentation of services and pathways, gaps, duplication and inefficiencies in service provision, and a lack of person-centred care. The mental health, suicide prevention and alcohol and other drugs sector is underway in implementing reform with new policy directions introduced at national and state levels. While there is broad strategic alignment at a National and State level, the multiple layers of responsibility, funding and regulation create a complex environment and there is a need for a regional platform to lead this reform at a local level. Local level planning, coordination and implementation is required to achieve regional outcomes.

This activity aims to continue to progress the implementation of the Foundational Joint Regional Mental Health and Suicide Prevention Plan (the Plan) by providing oversight for regional sector collaboration. This includes supporting the sector to work better together towards shared priorities and more effectively use available resources to meet regional needs in the short term. The Plan will also drive evidence-based service development to address identified gaps and deliver on regional priorities which have been developed and delivered in partnership with local communities.
Building on the foundational plan, the activity will contribute to more detailed joint planning in close partnership with Gold Coast Hospital and QLD Health. This aspect of the work will be progressed in line with revised DoH guidance for this stage of the joint planning once it has been published.

Description of Activity *

Building on previous collaboration, the foundational planning process established joint governance structures between GCPHN and Gold Coast Health and delivered a Plan with shared priorities. Partnership groups have been established across key priority areas including children and youth, adult and older people, suicide prevention and alcohol and other drugs that report to the Steering Committee of the Plan. These groups will be responsible for driving the implementation of the plan and delivering against

the actions. Consumers and carers, NGO service providers, general practice and other mental health service providers will continue to be engaged to progress specific coordination and integration regional priorities jointly agreed upon in the Plan. This activity links to the activity in Mental Health Priority Area: Regional mental health and suicide prevention plan.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Crisis Support and Suicide Prevention	443
People at risk of developing mild and moderate mental illness	294
Severe and complex mental illness	315

Activity Demographics

Target Population Cohort

GCPHN population with mental health needs, with a particular focus on a number of population cohorts including children and young people, adults, older people, Aboriginal and Torres Strait Islander people, people with drug and alcohol issues and people at risk of suicide.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

In addition to the joint governance arrangements, a number of specific working groups will be established to progress key pieces of work in the plan. Membership of such groups will be representative across GC PHN, Gold Coast HHS, GPs, people with lived experience and a range of community based organisations.
Existing groups will be actively engaged including mental health consumer and carer groups and panels, the local Aboriginal and Torres Strait Islander Partnership Group, local Mental Health and Drug and Alcohol sector at multiple times during the process.

Collaboration

1. Gold Coast Primary Health Network – Project partner delivering coordination, engagement, data and planning expertise
2. Gold Coast Health – project partner contributing clinical, data, operational and planning expertise

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2023

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

Yes

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Activity was undertaken as a Joint development project between Gold Coast Health (HHS) and GCPHN

HSI - 5 - Palliative Care

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

5

Activity Title *

Palliative Care

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

To build the capacity and skills of general practitioners in providing palliative care to people with a life-limiting illness. This will be achieved through the provision of coordinated care, and improved information transfer between service providers, with patients and families. This will be available to all GPs across the Gold Coast region.

The Key Aims of the Activity
• To provide a high quality, effective and supportive framework for Shared Care and Health Pathways for General Practitioners and the local community in order to support local general practitioners to deliver optimal palliative care for their patients. The model ensures GPs are supported by referral to local specialists (as necessitated) according to current management guidelines through Palliative Care Health Pathways.
• Promote and support the role of general practitioners in providing continuity of care and end of life support in the community for people experiencing a progressive, life limiting illness.
The Key Objectives of the Activity are:
• Increased confidence reported by GPs in the region to deliver palliative care
• Increased uptake of advance care planning
• Increased palliative care-related attendances by GPs into patient's homes and RACFs
• Increased number of linkages and partnerships with non-health related community organisations relating to raising awareness about palliative care and death and dying
• Increased effectiveness of clinical handovers of palliative patients reported by hospital clinicians, GPs, community clinicians and RACF staff
• Improve health, death and compassion literacy within the Gold Coast community
• Increased number of people accessing palliative care services and their carers and families reporting that they feel better

connected to information and supports
• Increased number of linkages and partnerships with non-health related community organisations relating to raising awareness about palliative care and death and dying.

Description of Activity *

The key activities are:
1. Palliative Care Health Pathways and Shared Care
Implementation and monitoring of Health Pathways integrating Primary Care with interdisciplinary palliative care specialist teams to improve access to quality palliative home care / Residential Aged Care addressing multiple domains of end-of-life issues and needs.
Implementation Program
• Implement and trial the final arrangement of works from market testing and embed training and education within the GCHHS, community and Primary care.
• Revise the Palliative Care products/resources and upload to online platform

2. Living Matters Resource implementation for Primary Care linking to Advance Care Planning P.I.P. Q. I program.

3. Development and Implementation of a Quality Improvement Toolkit for General Practice in Advance Care Planning
Utilising the lessons learns from the "Hammond Care "Advance Care Project finalise and implement a quality improvement toolkit to be available for all General Practices on the Gold Coast. Implement as a business and usual tool. Maintenance of resources, information, and education via GCPHN website.
4. GCPHN Project & Contract Management of CF4 Enhanced Primary Care (PMP Clinical Educator – Palliative)
• Transition the project into every day care within RACF's, from the time of admission, to identifying a change in condition, and communicating and documenting relevant information; inclusive of the quality improvement components of the program into business as usual.
• Embed quality improvement actions within the facility and local community level inclusive of primary care and the HHS.
• Complete joint Research with Griffith University and GCHHS for the evaluation of the Project

5. Advance Care Planning: Indigenous & C.A.L.D.
Improve the effectiveness of Aboriginal and Torres Strait Islander people's journey through the system for those that are affected by palliative illnesses – 'Sorry Business" across Gold Coast communities by:

• Dying to Yarn Expo
• Indigenous PEPA program GCHHs
• Reverse Indigenous PEPA training for mainstream
• Implement and sustain the program within Aboriginal Medical Services (AMS)
• Adapt "The Advance Project" for A.M.S
• Adapt "The Advance Project" for C.A.L.D communities.

6. GCPHN Aged and Palliative Care Leadership Group
Provide leadership and co-ordination of the GCPHN Aged and Palliative Care leadership group who oversee the deliverables of the GCPHN/HHS Palliative Care Regional Plan.

7. Partnering with PEPA Queensland to support a State Conference to be held on the Gold Coast in June 2021, originally scheduled in June 2020 but re-scheduled due to Covid 19
This component links closely with
CF4 Enhanced Primary Care (PMP Clinical Educator – Palliative) 2020/21
Greater Choices for At Home Palliative Care (GCFAHPC) Project

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment 2020/21-2021/22_update November 2020

Priorities

Priority	Page reference
Palliative Care	409

Activity Demographics

Target Population Cohort

People with Palliative Care Needs Hospital and Health service

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

A local palliative care needs assessment Regional plan was endorsed by Gold Coast Health and GCPHN in 2019.
The Palliative Care Regional Plan was developed through consultation with key sector stakeholders, including our Gold Coast Health partners, primary care providers, and the carers and representatives of people who have undertaken the palliative care journey in the Gold Coast region.
A joint GCPHN and GCH work plan developed as an outcome of the regional plan is overseen by a Palliative Care Leadership group who meet bimonthly to provide advice on the projects and their deliverables.
In addition to the joint governance arrangements, a number of specific working groups have been established to progress key pieces of work in the plan. GCPHN will be regularly conducting stakeholder and service user interviews and feedback sessions throughout the year. Consultations will take many different forms, such as:
o Consultative Palliative Care Workshops
o Public workshops
o Champion Palliative Clinical Advisory Workshops
PHN advisory councils and other committees

Collaboration

GCPHN has longstanding relationships with palliative care providers including GCH, non-government and private agencies who provide community nursing, allied health, residential care, and general practice which have and will continue to support this project.
In addition GCPHN's standard governance committees will be supporting and advising on this work (including our Community Advisory Group, Clinical Council and Primary Care Partnership Council) a Palliative Care leadership was established with representation from the Gold Coast Health Specialist Palliative Care Team, General Practitioners, community palliative care services and consumers.
The implementation work will be completed in partnership through the establishment of the;
1. Shared Care – Health Pathway Steering Committee which has been established in partnership between GCH, primary care, broader service providers and the GCPHN.
2. Clinical Champion Palliative Care Working Group established to provide clinical and consumer input into appropriate frameworks, systems and processes for the development and validation of future models of care. The group meets on a regular basis.

3. The Gold Coast Health and GCPHN Integrated Care Alliance leadership group signed off the Regional Palliative Care Plan and Needs Assessment in January 2019 and agreed to provide ongoing support and endorsement for the activities detailed in this plan.

Activity Milestone Details/Duration

Activity Start Date

31/10/2020

Activity End Date

30/10/2021

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

Activity was undertaken as a Joint development project between Gold Coast Health (HHS) and GCPHN

HSI - 7 - Primary Care Engagement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

7

Activity Title *

Primary Care Engagement

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Practice Support and Digital Health

Aim of Activity *

The aim is to support general practice and other primary health care providers in the adoption of evidence based, best practice methodology and meaningful use of digital systems. To also promote quality improvement, the uptake of practice accreditation and to ensure timely provision of information, resources and education to support changes in programs and policy that impact on general practice.

Description of Activity *

Supporting general practices to deliver safe, high quality evidence-based care to their communities.
The support model provides a central point of contact for the general practice team, and other primary healthcare providers, enabling regular and targeted contact with GCPHN.
This includes:
• Help desk – to support access to information and resources that promote best practice methods
• Promote and support General Practice accreditation
• Support the use of digital health technologies such as, but not limited to, e-scripts, secure messaging, telehealth, and including awareness and meaningful use of the My Health Record system
• Promote the importance of, and support the improvement of, data completeness and quality in patient records
• Information to promote uptake of Gold Coast PHN programs or those provided in collaboration with other key partners including Gold Coast Health such as Health Pathways and Smart Referrals
• Informing General Practitioners, general practice team members and other primary healthcare providers of key development and changes in National, State and regional policy relevant to sector
• Collection of workforce data related to local general practices and primary health care providers to support better understanding of the primary health care services within the Gold Coast region

• Support workforce development by offering education and training opportunities aligned to evidence-based guidelines and in line with continuing professional development requirements of General Practitioners, the general practice team and other primary healthcare providers
• Proactive and strategic engagement with general practice and other primary healthcare providers through various engagement approaches in response to sector needs during the year

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Chronic Disease	170

Activity Demographics

Target Population Cohort

Practice defined cohorts of patient's dependant on focus area
General Practitioners, Practice Managers, Practice Nurses and Practice Support staff
Primary healthcare provides where relevant to program delivery

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

1. GCPHN Staff
2. General Practice Staff
3. The Australian Digital Health Agency
4. Peak bodies including RACGP and all relevant accreditation organisations
5. GCPHN Primary Health Care Improvement Committee comprising local general practice staff
6. Practice staff participating in the implementation of Primary Sense™ clinical audit tool
7. General Practice Gold Coast (GPGC) - linkage to ensure consultation and partnership
8. Queensland Health and Hospital Service, General Practice Liaison Unit (GPGC)
9. Bond University and Griffith University

10. Public Health Unit
11. Heart Foundation (My Health for Life)
12. Pen CS

Collaboration

1. GCPHN Staff
2. General Practice Staff
3. The Australian Digital Health Agency
4. Peak bodies including RACGP and all relevant accreditation organisations
5. GCPHN Primary Health Care Improvement Committee comprising local general practice staff
6. Practice staff participating in the implementation of Primary Sense™ clinical audit tool
7. General Practice Gold Coast (GPGC)
8. Queensland Health and Hospital Service, General Practice Liaison Unit (GPGC)
9. Bond University and Griffith University
10. Primary Care Training Providers i.e. Pharmacy Guild, Pharmaceutical Society of Australia, General Practice Gold Coast, National Prescribing Service, Australian Primary Health Care Nurses Association, Gold Coast Medical Association, Royal Australian College of General Practitioners, Local Universities

---

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

HSI - 8 - Primary Care Workforce Development

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

8

Activity Title *

Primary Care Workforce Development

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

The aim is to support a skilled, local workforce for general practice and the broader primary care sector in the adoption of evidence-based best practice through workforce development activities. To also promote quality improvement through promoting to and engaging the workforce in accessing quality, targeted information, resources and education based on local assessment of needs and national priorities to support changes in programs and policy that impact on primary health care and consumer outcomes.

Description of Activity *

Supporting skilled local workforce for general practices and the broader primary care sector to deliver safe, high-quality evidence-based care to the community through a range of workforce development activities including:

• Providing workforce education and training activities for areas of identified local need
• Update the workforce development resources and infrastructure to support a more digitally enabled strategy
• Identify appropriate training providers, content experts and /or information and resources suitable for specific areas of need
• Priorities topics align with needs identified through the 2021 GCPHN Needs Assessment and include:
o COVID-19 and broader Vaccinations/Immunisation program
o Suicide prevention
o Cultural sensitivity
o Drug and Alcohol
o Palliative Care
o Domestic Violence
o Dementia

o Wound Management
• Maintaining and promoting training calendar
• Ensuring education and training activities are relevant to the role and level of experience and align with evidence-based guidelines, and where practicable in compliance with continuing professional development standards set by professional accreditation/registration bodies.
• Identify suitable workforce development opportunities to support the implementation of key strategies under the Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drugs, to develop more standardised skills across the sector through shared development and networking.
• Offer workforce development and education opportunities through a variety of modalities including virtual platforms and on demand training
• Maintaining well-curated educational resources for local general practice and the broader primary care sector

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Immunisation, communicable diseases, and COVID-19	115
Cancer	101
Older People	241
Crisis Support and Suicide Prevention	443
Primary Healthcare Workforce	20
Persistent Pain	156
Family and domestic violence	196
Child, youth and families mental health	345
Adult mental health	377
Underserviced population groups	387
Palliative Care	272
Chronic Disease	170
Alcohol and Other Drugs	461

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses and Practice Support staff
Broader primary healthcare providers where relevant to program delivery
RACF Staff

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff.
General Practice Staff.Peak bodies including RACGP and APNA
Universities
Gold Coast Health
General Practice Gold Coast (GPGC) - .
GCPHN Primary Health Care Improvement Committee comprising local general practice staff.

Collaboration

Primary Care Training Providers I.e. Pharmacy Guild, Pharmaceutical Society of Australia, General Practice Gold Coast, National Prescribing Service, Australian Primary Health Care Nurses Association, Gold Coast Medical Association, Royal Australian College of General Practitioners, Local Universities - Linkage to ensure collaboration and avoid duplication of training events.

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

30/12/2025

Service Delivery Start Date

Service Delivery End Date

December 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

HSI - 9 - Data Governance

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

9

Activity Title *

Data Governance

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Data Governance

Aim of Activity *

The aim is to support the GCPHN's data governance and improve the data skills (including the use of Primary Health Insights), infrastructure, security controls, and management capabilities of the company towards the industry recognised standard (ISO 27001 or equivalent) by 2026.

Description of Activity *

Supporting skilled PHN workforce and organisational capability to meet industry recognised standards for information management data governance through a range of activities that will improve our systems, policies, and processes for data governance, as well as develop a competent capable workforce. The work program will include:

• Develop and progressively working to implement the Information management policy framework implementation strategy.
• Maintain a Data Governance Committee to oversee and provide advise on implementation of data governance across the company.
• Develop and implement the GCPHN Performance Monitoring and Reporting Business Analytics and Insight Development Roadmap.
• Maintaining and promoting mandatory cyber security and privacy compliance training calendar for staff.
• Undertaking regular cyber security and privacy compliance testing for all GCPHN staff with links to training and development for staff.
• Establishing and maintaining registers for FOI requests and Data Breaches.
• Undertaking Privacy Impact Assessments and Data Sharing Agreements for all new data collections, as well as retrospectively developing these for historic programs and data collections.
• Undertaking and implementing recommendations from Penetration Testing of key corporate systems.
• Identify appropriate training providers, content experts and /or information and resources suitable for specific areas of need

identified in the penetration testing, data breach monitoring and staff security testing program.
• Maintaining well-curated educational resources for staff and general practice on data governance, cyber security and privacy compliance.
• Support the transition of Primary Sense PHN Population Health Management Tool and primary care data (general practice) to the Primary Health Insights Platform.
• Work with other PHNs and WAPHA to continue to develop and roll out the National PHN Data Governance Framework.
• Undertake and report on progress against recommendations from an annual audit of organisational compliance against the Essential Eight Maturity Model (Australian Signals Directorate).

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41

Activity Demographics

Target Population Cohort

GCPHN Staff, Gold Coast General Practitioners, Practice Managers, Practice Nurses and Practice Support staff
Broader primary healthcare providers where relevant to commissioned services program delivery
RACF Staff

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff.
General Practice Staff.
Peak bodies including RACGP and APNA
Universities
Gold Coast Health
GCPHN Primary Health Care Improvement Committee comprising local general practice staff.

Collaboration

PHNs Data Governance Committee, Primary Sense PHN Steering Committee, Primary Health Insights, Qld/NT PHNs Data Analytic Working Group, Royal Australian College of General Practitioners, Local Universities - Linkage to ensure collaboration, joint planning and to ensure resources, guidance, education and development opportunities are shared.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

HSI - 10 - Clinical referral pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

10

Activity Title *

Clinical referral pathways

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Identified need:
As part of the Government's response to the Royal Commission into Aged Care Quality and Safety (Royal Commission), Primary Health Networks (PHNs) are being funded to develop and enhance the use of existing local dementia and aged care support pathways for their region.
The funding will support better access for clinicians to information and advice on dementia and aged care support services for their patients.

B.8.1 HealthPathways
This activity aims to:
• support access to the HealthPathways tool by primary care practitioners in the Gold Coast region
• promote best-practice care and enhance local clinician's awareness of referral options and services
• improve collaboration and integration across the health care and other systems.

The outcomes of this funding are to develop and enhance PHNs' HealthPathways content, create better linkages between primary health care services, other providers and relevant services, improve the patient journey, and increase practitioner capabilities and their quality of care.
B.8.2 Aged Care HealthPathways
This activity aims to:
• Provide health professionals with the necessary information to provide advice, referrals and connections for Senior Australians into local health, support and aged care services
• Increase awareness, engagement and utilisation of aged care pathways by:

o General practitioners
o Allied health
o Practice staff

B.8.2 Dementia HealthPathways
This activity aims to:
• Improve early identification and provide appropriate resources for health care providers to care for those patients with dementia including:
o Assessment
o Diagnosis
o Management
o Referral pathways
o Support services (including carers)

Description of Activity *

HealthPathways
• Engage with Gold Coast Health to support funding of the infrastructure, any associated pathway development costs (including recruitment of clinical editors) to maintain pathways, and in particular, to develop pathways for dementia and aged care
• Provide training and education on use of HealthPathways to appropropriate providers
• Promote, and monitor use of, HealthPathways
• Gather feedback from clinicians and primary care workforce on ease of use, appropriateness of information provided for clinicians and their patients, improvement suggestions, barriers and enablers to uptake
Aged Care HealthPathways
• Scope Gold Coast regional needs to inform appropriate Aged Care HealthPathways to be developed
• Scope current services, support groups and resources to inform pathways and referral options
• Link needs and pathway development topics to support "Commissioning Early Intervention initiatives to support healthy ageing and ongoing management of chronic conditions"
• Promote, and monitor use of, Aged Care Pathways and financially support GCH editing and updating to ensure meets the needs of clinicians
Dementia HealthPathways
• Collaborate with Dementia Australia, other PHNs, Gold Coast Health and relevant stakeholders to develop an optimal dementia support model of care and develop a Dementia clinical pathway, following best practice guidelines of care
• Define appropriate MBS items to support the model of care, and identify opportunities where risk reduction and early intervention activities could be incorporated
• Consider development of a Quality Improvement activity and toolkit for general practices to implement and embed dementia care (linking with pathways and consumer resources) as a priority for their practice population.
• Promote, and monitor use of, Dementia Pathways and financially support GCH editing and updating to ensure meets the needs of clinicians
• Gather feedback from clinicians and primary care workforce on ease of use, appropriateness of information provided for clinicians and their patients, improvement suggestions, barriers and enablers to uptake
• Facilitate regular dementia information sessions for primary care clinicians (including allied health and nurses) Scope current services, support groups and resources to inform pathway development and referral options (including easy access to referral templates)

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Older People	241

Activity Demographics

Target Population Cohort

Senior Australians including those with dementia; health care and service providers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Aged and Palliative Care Leadership Group (consumers {including CALD community}, general practitioners, QLD Health and NGO representatives)
• Gold Coast Health – Aged Care Service providers, SPACE project team and Digital Health transformation team
• Wound Management Pilot in RACFs - Service provider for project
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACF executives and staff
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACFs
• Department of Health – Aged Care
o GC Aged Care Regional Stewardship team
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation

---

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

30/12/2025

Service Delivery Start Date

01/07/2022

Service Delivery End Date

December 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

It is proposed that GCPHN will work collaboratively with QLD PHNs to design and commission identified requirements to support project implementation.

HSI - 11 - Dementia Consumer Pathway Resource

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

11

Activity Title *

Dementia Consumer Pathway Resource

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Need:
The Final Report of the Royal Commission into Aged Care Quality and Safety (Royal Commission) recommended wide ranging reform to the aged care system including specifically calling out the need for better access to information and advice on dementia and support services available across the dementia journey.
Aim:
The aim of this initiative is to support people living with dementia to live well in the community for as long as possible. It will support and enhance patient experience living with mild cognitive impairment or dementia, as well as their carers and family. The key objectives are to
• improve the timeliness of dementia diagnosis
• increase the uptake of post-diagnostic services and supports
enhance the ongoing care and support provided to people living with dementia, their carers and families to support them to plan ahead and better navigate their dementia journey

Description of Activity *

In collaboration with Dementia Australia and other PHNs, and key stakeholders, a nationally consistent consumer pathway will be developed which also incorporates GCPHN services and support details, to enable people living with dementia, their carers and families to have appropriate and timely access to meet their care needs.
Resources will be available in:
• online format
• hard copy
• Dementia HealthPathway

Resources will be developed for:
• Consumer (simple format)
• Carers, families and friends with more details to enhance their ability to support someone with dementia
• People from culturally and linguistically diverse backgrounds

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
Older People	241

Activity Demographics

Target Population Cohort

People with dementia, their career and families

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• Gold Coast Health HealthPathways team
• Dementia Australia
• Primary care health service providers (general practitioners, allied health etc)
• Aged care service providers
• Consumer and peer support groups –dementia
• Carer support groups, including respite service providers
• Gold Coast Specialists involved in dementia care
• Memory Clinics/service providers
• PHNs
• Gold Coast Aged Care Regional Stewardship team

Collaboration

All of the above listed in stakeholder engagement consultation

Activity Milestone Details/Duration

Activity Start Date

28/02/2022

Activity End Date

29/12/2025

Service Delivery Start Date

01/01/2023

Service Delivery End Date

December 2025

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

GPS - 1 - Primary Care Improvement Program

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPS

Activity Number *

1

Activity Title *

Primary Care Improvement Program

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support general practices and other primary healthcare providers as relevant, to implement data informed Continuous Quality Improvement (CQI) activities using an evidence-based model of improvement through:
• supporting health practitioners and their teams to deliver data informed, high quality and safe health care to their communities on the Gold Coast
• support the integration of CQI including Clinical Audits into general practice workflow
• to progress CQI from GCPHN led to practice led
• support practices to meet the requirements of the PIP QI Incentive Payment
• integrate Digital Health requirements into all activities to support sustainable business systems and processes
• Support practices to maintain delivery of care to patients during the COVID-19 global pandemic response and recovery..

Description of Activity *

This program of work moves beyond general practice engagement activities by supporting the implementation of a wider program based on evidence-based best practice methods to achieve high performing primary care.
Based on Bodenheimer's 10 Building Blocks of High Performing Primary Care and utilising the Quadruple Aim to measure outcomes the Primary Care Improvement Program will focus on supporting General Practitioners, other members of the general practice team and primary healthcare providers where relevant to identify, using a population health management and risk stratification tool, and implement CQI activities based on the needs of the practice population.
.
Each practice that enrols in this program has access to Helpdesk where support requests are triaged and an allocated GCPHN Primary Care Improvement Project Officer (PO) who supports practice staff, using a population health management and risk stratification tool, to identify their quality improvement (QI) goals and activities. The PO provides support to increase the practice

team's confidence and abilities to independently lead QI initiatives. This includes identifying and implementing processes required to support the COVID-19 pandemic response and recovery.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Chronic Disease	170

Activity Demographics

Target Population Cohort

Practice defined cohorts of patients dependent on general practice population profile
General Practitioners, Practice Managers, Practice Nurses, practice support staff

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The aim of the activity is to increase the number of Aboriginal and Torres Strait Islander people with an annual health assessment completed in main stream general practice. Utilising a clinical audit tool under a quality improvement model general practice staff will be supported to identify Aboriginal or Torres Strait Islander peoples who have not had an annual health assessment completed.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff- .General Practice Staff- .Peak bodies including RACGP and all relevant accreditation organisations-
Consultation to ensure activity aligns to the standards.
The Australian Digital Health Agency
GCPHN Primary Health Care Improvement Committee comprising local general practice staff - provide input and advice into the current issues facing general practice, projects directly interfacing with General Practice and GCPHN practice support activities.
Practice staff participating in the implementation of Primary Sense™ population health management and audit tool -- .

General Practice Gold Coast (GPGC) - .
Queensland Health and Hospital Service, .
State and National Universities- .

ACG Johns Hopkins ACG Risk Stratification tool support team.
NPS

Collaboration

1. GCPHN Staff
2. General Practice Staff
3. Peak bodies including RACGP and all relevant accreditation organisations
4. The Australian Digital Health Agency
5. GCPHN Primary Health Care Improvement Committee comprising local general practice staff
6. Practice staff participating in the implementation of Primary Sense™ clinical audit tool
7. General Practice Gold Coast (GPGC)
8. Queensland Health and Hospital Service, General Practice Liaison Unit (GPGC)
9. Bond University and Griffith University
10. ACG Johns Hopkins ACG Risk Stratification tool support team
11. Other PHNs through the National Improvement Network Community of Practice

---

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Service Delivery Start Date

July 2019

Service Delivery End Date

June 2024

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A

CF-COVID-PCS - 1 - COVID-19 Primary Care Support

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

1

Activity Title *

COVID-19 Primary Care Support

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the primary health care based COVID-19 pandemic response including the national roll out of the COVID-19 vaccine program and booster doses.

Description of Activity *

This program of work incorporates a coordinated support program to the key stakeholders identified including general practice, residential aged care, Aboriginal medical services, and GP led respiratory clinics. The support program includes:
• Dedicated support to general practices, AMS and GP led respiratory clinics participating in the COVID-19 vaccine program
• Access to a dedicated phone and email helpdesk service for key stakeholders
• Access to COVID-19 specific information via webinars and electronic communications
• Access to COVID-19 related resources via a dedicated webpage
• Maintenance of and update of COVID-19 pandemic response Health Pathway and COVID-19 vaccine Health Pathway

• Coordination and promotion of COVID-19 pandemic response and COVID-19 vaccine program related education and training for the region
• Dedicated support to residential aged care facilities to support access to a COVID-19 vaccine program for all residents
• Supporting the Gold Coast primary health care community to access an appropriate COVID-19 vaccine pathway
• Supporting the distribution of personal protective equipment (PPE) to eligible primary care services
• Supporting the distribution of emergency supply of COVID-19 vaccine related consumables.
• Regular reporting for Dept.
• Supporting Fit Testing of P2 Respiratory masks for general practice

This activity also supports the local Gold Coast General Practitioners, other Primary Health Care providers and the Gold Coast population to access credible and reliable information associated with the COVID-19 pandemic response and COVID-19 vaccine program.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Older People	241
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Chronic Disease	170

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses, administration staff working in general practice, Aboriginal Medical Services and GP led respiratory clinics.
Residents and staff of residential aged care facilities (RACF).
Individuals 18+

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff- engagement and implementation
General Practice Staff- engagement and implementation
Residential aged care staff - engagement and implementation
GCPHN Primary Health Care Improvement Committee comprising local general practice staff - provide input and advice into the current issues facing general practice related to the COVID-19 pandemic response and COVID-19 vaccine program
Gold Coast Health

Gold Coast Health Public Health Unit
Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads

Collaboration

1. GCPHN Staff- engagement and implementation
2. General Practice Staff- engagement and implementation
3. GCPHN Primary Health Care Improvement Committee comprising local general practice staff
4. Gold Coast Health - linkage to ensure collaboration and partnership
5. Gold Coast Public Health Unit – linkage to ensure collaboration and partnership
6. General Practice Gold Coast (GPGC) - linkage to ensure collaboration and partnership
7. Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads – linkage to ensure collaboration, partnership and consistency in processes and communications

---

Activity Milestone Details/Duration

Activity Start Date

31/03/2020

Activity End Date

30/12/2022

Service Delivery Start Date

April 2020

Service Delivery End Date

December 2022

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

COVID-GPLRC - 1 - GP-led Respiratory Clinics

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

COVID-GPLRC

Activity Number *

1

Activity Title *

GP-led Respiratory Clinics

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the primary health care based COVID-19 pandemic response including the national roll out of the COVID-19 vaccine program to deliver booster doses particularly to people who are Medicare in-eligible or do not have a regular GP, while continuing the primary course vaccination work. Continue to provide COVID-19 assessment, testing and management for COVID-19 positive people, particularly people who are Medicare in-eligible or do not have a regular GP.

Description of Activity *

This program of work incorporates a coordinated support program to General Practitioners and staff working in the GPRCs. The support program includes:
• Dedicated support to GPRC staff via:
• Access to a dedicated phone and email helpdesk service
• Access to COVID-19 specific information via webinars and electronic communications
• Access to COVID-19 related resources via a dedicated webpage
• Maintenance of and update of COVID-19 pandemic response Health Pathway and COVID-19 vaccine Health Pathway
• Coordination of and promotion of COVID-19 pandemic response and COVID-19 vaccine program related education and training
• Supporting the Gold Coast primary health care community to access an appropriate COVID-19 vaccine pathway via GPRCs
• Supporting the Gold Coast primary health care community to identify GPRC capacity and service in assessment, testing and management for COVID-19 positive people
• Supporting the distribution of personal protective equipment (PPE) and fit-testing to local GPRC staff
• Supporting the distribution of emergency supply of COVID-19 vaccine related consumables to GPRC staff

This activity also supports the local Gold Coast General Practitioners, other Primary Health Care providers and the Gold Coast

population access credible and reliable information associated with the COVID-19 pandemic response and COVID-19 vaccine program.

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2021

Priorities

Priority	Page reference
General Practice and Primary Care	41
Older People	241
Social & emotional wellbeing for Aboriginal and Torres Strait Islander people	499
Chronic Disease	170

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses and administration staff working GP led respiratory clinics.
Individuals Medicare in-eligible or do not have a regular General Practitioner.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

GCPHN Staff- engagement and implementation
GPRC Staff- engagement and implementation
GCPHN Primary Health Care Improvement Committee comprising local general practice staff - provide input and advice into the current issues facing general practice related to the COVID-19 pandemic response and COVID-19 vaccine program
Gold Coast Health
Gold Coast Health Public Health Unit
Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads

Collaboration

1. GCPHN Staff- engagement and implementation
2. GPRC staff- engagement and implementation
3. GCPHN Primary Health Care Improvement Committee comprising local general practice staff
4. Gold Coast Health - linkage to ensure collaboration and partnership
5. Gold Coast Public Health Unit – linkage to ensure collaboration and partnership
6. General Practice Gold Coast (GPGC) - linkage to ensure collaboration and partnership
7. Queensland PHN COVID-19 leads for general practice and residential aged care and communication leads – linkage to ensure collaboration, partnership and consistency in processes and communications

---

Activity Milestone Details/Duration

Activity Start Date

31/03/2020

Activity End Date

29/09/2022

Service Delivery Start Date

April 2020

Service Delivery End Date

September 2022

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/A
