Gold Coast - Core Funding
2023/24 - 2027/28
Activity Summary View

CMDT-Admin - 1 - PHN Commissioning of Multidisciplinary Teams - Operational Costs

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT-Admin

Activity Number *

1

Activity Title *

PHN Commissioning of Multidisciplinary Teams - Operational Costs

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

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 *

Existing

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 COVID-19 vaccine program to deliver booster doses to prioritised vulnerable population groups, while continuing the primary course vaccination program.

Description of Activity *

To continue to commission primary care vaccination providers to support the delivery of vaccinations to prioritised vulnerable populations. These are targeted, short-term local solutions to supplement existing activities and arrangements.

Activities include:
• Communications
Local advertising using media and communication channels such as social media, displays, public transport, print and radio to promote vaccine availability across the Gold Coast region.
Promotion 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.
• 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.
• Population Health Data Analysis
Analyse and utilise Gold Coast population health data available via Primary Sense to support delivery of communications and commissioned services in areas where high numbers of the prioritised vulnerable groups reside or seek medical services.

• Residential Aged Care Homes (RACHs)
Work collaboratively with Gold Coast RACHs to:
o Promote awareness of the COVID-19 vaccination program.
o Act as first point of contact for aged care providers in relation to accessing COVID-19 vaccines.
o Assist RACH staff to access a COVID-19 vaccine provider.
o Identify and where possible address barriers for residents to access COVID-19 vaccinations for RACH sites with low uptake.
o Monitor and anaylse Gold Coast RACH vaccination data to identify gaps COVID-19 vaccination rates.
o Provide feedback to DoHAC on identified barriers in relation to accessing COVID-19 vaccines or participating in the COVID-19 vaccine program.
o Complete reporting aligned with DoHAC requirements

Needs Assessment Priorities *

Needs Assessment

GCPHN Needs Assessment_2023

Priorities

Priority	Page reference
Chronic disease	133
Older People	248
Aboriginal and Torres Islander people's health and social and emotional wellbeing	304
Immunisation, Communicable Diseases and COVID-19	82
Potentially preventable hospital care	69
General Practice and Primary Care	39

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses, administration staff working in general practice and Aboriginal Medical Services.
Residents and staff of aged care facilities
Individuals 18+
Culturally, ethnically and linguistically diverse populations
People with disability or who are frail and cannot leave home
Homeless and at risk of homelessness population
Aboriginal and Torres Strait Islander people
People not eligible for Medicare

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 and RACH staff - provide input and advice into the current issues facing general practice and RACHs related to COVID-19 and COVID-19 vaccine program
Gold Coast Health
Gold Coast Health Public Health Unit
Kalwun Health Corporation
Institute for Urban Indigenous Health

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 and RACH 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 - linkage to ensure collaboration and partnership

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Activity Milestone Details/Duration

Activity Start Date

31/12/2021

Activity End Date

30/12/2024

Service Delivery Start Date

01/02/2022

Service Delivery End Date

31/12/2024

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?

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?

Commissioned COVID-19 vaccine service provider for in-home COVID-19 vaccine program will need to be planned if activity concludes on 31/12/2024.

Co-design or co-commissioning comments

n/a

WIP-PS - 1 - Workforce Incentive Program - Practice Stream

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

WIP-PS

Activity Number *

1

Activity Title *

Workforce Incentive Program - Practice Stream

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity will fund PHNs to work with practices receiving Workforce Incentive Program-Practice Stream (WIP-PS) incentives to implement effective models of multidisciplinary team care (MDT).

This activity aims to support implementation of effective models of multidisciplinary team care by:
• understanding current utilisation of WIP-PS in the Gold Coast region;
• identifying and providing additional support to practices addressing gaps in WIP-PS knowledge;
• identifying different models of multidisciplinary care supported by the WIP-PS and the key factors that enable or inhibit these models;
• identifying the range of activities nurses and allied health professionals undertake in primary care supported by the WIP-PS;
• increasing general practice participation in WIP-PS;
• improving patient outcomes by improved access to multidisciplinary care in communities;
• identifying best practice models of care supported by WIP-PS to support general practices to provide sustainable, quality multidisciplinary team care.

Description of Activity *

GCPHN will:

• Engage with general practice owners and managers to gain a deeper understanding of the challenges in utilising WIP-PS funding for multidisciplinary team care. The information collected from this consultation will help shape a comprehensive stakeholder engagement and communication plan, focusing on raising awareness of the advantages of multidisciplinary team care and how participation in the WIP-PS can support MDT healthcare delivery.
• Engage with general practice owners and managers to identify where WIP-PS is effectively supporting high quality multidisciplinary team care to identify best practice models. Best practice models will be shared as case studies with general practices that require support to improve utilisation of WIP-PS funding and enhance current models of multidisciplinary team care. This will be achieved through methods identified during engagement to ensure practice needs are met, but could include face-to-face support, virtual support via a phone and email helpdesk, information through communications channels and training opportunities.
• Provide support through practice support visits and communications to eligible practices that aren't part of the WIP-PS to understand how the WIP-PS funding can support sustainable and effective multidisciplinary team care. This would also include providing information and resources to apply to participate in the Practice Incentive Program and through access to communications and resources ensure general practice staff are aware of ongoing eligibility requirements for the WIP-PS.
• For all practices, provide information and raise awareness of the advantages of multidisciplinary team care through communications channels and education opportunities. Utilising existing resources such as HealthPathways, Quality Improvement Toolkits that are adapted for the local context.
• Identify and address gaps in communication and resources available to support implementation of MDT healthcare delivery models.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Patients with a diagnosis of a chronic disease and who will benefit from access to multidisciplinary team care.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

- General practice
- Allied health professionals (primary care)
- Gold Coast Hospital and Health Service
- Existing GCPHN governance groups (including Clinical Council and Community Advisory Council)

Collaboration

- General Practice
- PHN Network
- Peak bodies

Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2025

Service Delivery Start Date

01/09/2024

Service Delivery End Date

30/06/2025

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): Yes

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

Co-commissioning or joint commissioning not yet known

MyM - 1 - My Medicare

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

1

Activity Title *

My Medicare

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to support Primary Health Networks to develop resources to assist unaccredited practices in their regions to achieve and maintain accreditation under the National General Practice Accreditation (NGPA) scheme, which is a prerequisite for participation in MyMedicare and other Commonwealth incentives programs.

This activity aims to:
o See an increase and maintenance of general practice accreditation rates
o Observe improvements in the safety and quality of health care delivery within the general practice sector.
o See improved access of general practice to Commonwealth funded programs such as MyMedicare.

Description of Activity *

GCPHN will:
• Engage with general practice owners and managers to gain a deeper understanding of the challenges in utilising WIP-PS funding for multidisciplinary team care. The information collected from this consultation will help shape a comprehensive stakeholder engagement and communication plan, focusing on raising awareness of the advantages of multidisciplinary team care and how participation in the WIP-PS can support MDT healthcare delivery.
• Engage with general practice owners and managers to identify where WIP-PS is effectively supporting high quality

multidisciplinary team care to identify best practice models. Best practice models will be shared as case studies with general practices that require support to improve utilisation of WIP-PS funding and enhance current models of multidisciplinary team care. This will be achieved through methods identified during engagement to ensure practice needs are met, but could include face-to-face support, virtual support via a phone and email helpdesk, information through communications channels and training opportunities.
• Provide support through practice support visits and communications to eligible practices that aren't part of the WIP-PS to understand how the WIP-PS funding can support sustainable and effective multidisciplinary team care. This would also include providing information and resources to apply to participate in the Practice Incentive Program and through access to communications and resources ensure general practice staff are aware of ongoing eligibility requirements for the WIP-PS.
• For all practices, provide information and raise awareness of the advantages of multidisciplinary team care through communications channels and education opportunities. Utilising existing resources such as HealthPathways, Quality Improvement Toolkits that are adapted for the local context.
• Identify and address gaps in communication and resources available to support implementation of MDT healthcare delivery models.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
First Nations women have a high prevalence of smoking during pregnancy, including passive smoking.	149
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86

Activity Demographics

Target Population Cohort

General practice owners and practice managers 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

General Practice
NGPA approved accrediting agencies
Existing GCPHN governance groups

Collaboration

General practice
PHN Network
NGPA approved accrediting agencies

Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/12/2024

Service Delivery End Date

30/06/2027

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): Yes

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

CMDT - 1 - PHN Commissioning of Multidisciplinary Teams

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

1

Activity Title *

PHN Commissioning of Multidisciplinary Teams

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to improve a multidisciplinary team (MDT) care approach for people with chronic disease, with a focus on chronic obstructive pulmonary disease (COPD) to better support delivery of quality care in primary care settings rather than in hospitals.

Through this activity, GCPHN:
• designed an approach for an MDT care approach in the Gold Coast PHN region based on:
o Identification of, and consultation with, small or solo General Practitioner general practices or Aboriginal Community Controlled Health Services that were unable to engage a MDT care approach through other funding streams, and
o Identification and prioritisation of areas of need in underserved or financially disadvantaged communities (such as treating chronic conditions and injuries, coordinating care for priority patients, mobilising social supports for at risk patients)
• successfully commissioned a service to support a MDT care approach that addressed the prioritised need in the region
• extend GCPHN existing role in supporting general practice to identifying and implementing an appropriate support model for private allied health, nursing and/or midwifery practices across the Gold Coast region
• establish reporting processes supported by data collection and data management practices, including both activity and outcome measures
• monitor implementation of the activity, utilising relevant outcome measures, and develop adjustments to the approach as

required.

Description of Activity *

GCPHN will continue commissioning the service provider to work with the eligible general practices to implement an effective MDT care approach to improve care for Gold Coast patients with chronic diseases. A targeted approach will be used, focusing on patients diagnosed with COPD or those at risk. The goal is early detection and better-quality healthcare, enhancing patients' quality of life.

GCPHN utilised multiple engagement strategies, including consultations with small (2-5 General Practitioners) and solo GP general practice clinics to determine the most efficient and effective commissioning approach for this activity. GCPHN's approach also included a focus on the development of self-sustaining business model following the conclusion of the activity.

The consultation process included consideration of how GCPHN can best provide practice support to the newly commissioned service, and/or to other allied health providers associated with this activity.

This model focusses on implementing a nurse-led multidisciplinary team (MDT) care approach designed for solo or small general practices, defined as those with five or fewer General Practitioners. The model provides comprehensive and coordinated MDT care to patients with chronic diseases. It emphasizes patient access to MDT services identified through GP Chronic Condition Management Plans, with no out-of-pocket costs for referred patients.
Key activities:
2024-2025
• Co-Design – including identification of internal activity governance
• Commissioning (procurement)
• Commencement of service to support MDT care approach
• Identification of a practice support model for the commissioned service and other allied health providers
• Data Collection and Reporting
• Contract Management, Monitoring and Evaluation

2025-2026
• Ongoing commissioning of service to support MDT care approach
• Ongoing practice support for the commissioned service and other allied health providers
• Data Collection and Reporting
• Contract Management, Monitoring and Evaluation
• Exploration of self-sustainable business models for MDT options

2026-2027
• Ongoing commissioning of service to support MDT care approach
• Ongoing practice support for the commissioned service and other allied health providers
• Data Collection and Reporting
• Contract Management, Monitoring and Evaluation
• Support transition to self-sustainable MDT options (de-commissioning / close-out)

Factors GCPHN will include in delivery of this activity are:
• Applicability of the toolkit being developed by the Hunter New England and Central Coast PHN; and
• Principles within the National PHN Allied Health in Primary Care Engagement Framework.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Patients affected by chronic disease with a focus on COPD who cannot access a MDT care approach through their regular General Practitioner or afford fee-paying or co-payment services for allied health professionals on the Gold Coast. This includes patients who may experience increased or extended hospital presentations or admissions due to reduced access to MDT in primary care.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

- Small (2-5 GPs) and solo general practices

- Allied health professionals
- Gold Coast Hospital and Health Service (LHN)
- Existing GCPHN governance groups (including Clinical Council and Community Advisory Council)

Collaboration

- Qld and NT PHN Group
- Peak bodies
- Hunter New England and Central Coast PHN

Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2028

Service Delivery Start Date

01/06/2025

Service Delivery End Date

30/06/2027

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): Yes

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?

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Engage eligible General Practitioners to assist in designing the MDT care approach to ensure the commissioned service meets the needs of the participating GPs, general practices and patients

GPACI-GPM - 1 - General Practice in Aged Care Incentive - GP Matching

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

1

Activity Title *

General Practice in Aged Care Incentive - GP Matching

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Coordinate the matching of residents in residential aged care homes (RACHS) to General Practitioners (GPs) and practices and/or Aboriginal Community Controlled Health Services (ACCHS).

Description of Activity *

GCPHN will:
• Engage with Facility and clinical managers from Residential Aged Care Homes (RACHs) to gain a deeper understanding of the challenges in establishing and retaining General Practitioner (GP) services and/or ACCHS for residents. The information collected from this consultation will help shape a deeper understanding of potential gaps in accessing GP care for residents of aged care homes.
• Engage with general practice owners, practice managers and ACCHS to identify which GPs provide care to residents of aged care homes and have capacity to provide services to additional RACH residents.
• Provide direct support to assist RACH staff to engage a GP when required.
• Develop a communication plan for general practice, ACCHS and RACHs outlining scope of GCPHN in supporting the matching of residents of aged care homes to GPs
• Provide direct support, through practice visits, to GPs and their teams providing care to residents of aged care homes to participate in the GPACI including access to information and resources to support improved delivery of coordinated care

• Conduct consultations with the Primary Care sector to inform strategic advice and guidance to DHDA on local issues and concerns relating GPACI implementation
• Utilise existing consultation and stakeholder engagement forums to build capability in the health system to deliver General Practice care to RACH residents by sharing best practice and successes between practices, GPs, ACCHS and RACHs.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents of aged care homes and general practitioners 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

RACHs
General Practice
ACCHS
Existing GCPHN governance groups

Collaboration

RACHs
ACCHS
General Practice
PHN Network
Peak bodies

Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2024

Service Delivery End Date

30/06/2027

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): Yes

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

CF - 1 - CF1 - Chronic Disease Management - Turning Pain into Gain

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

CF1 - Chronic Disease Management - Turning Pain into Gain

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Currently 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 are:
• Improved patient confidence in self-management.
• Improved patient reported clinical outcomes and overall patient satisfaction.
• Improved general practitioner's confidence in managing patients with a chronic disease
• 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.
• Ongoing review to ensure activity aims are being achieved.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.	194

Activity Demographics

Target Population Cohort

Gold Coast residents who have suffered chronic or persistent pain which has lasted for more than 3-6 months.

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 Gold Coast Health specialist pain and chronic disease services, General Practitioners, allied health professionals, public and private specialists.

The youth focused component of the program (20-35 years) has been co-designed with patients and health care providers.

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 with:
- Gold Coast Health
- GCH Specialist Pain Clinic: collaboration with Provider to ensure alignment of programs and effective use of referral pathways by specialists and general practitioners.

GPs, allied health and other primary care providers, public/private specialists: .
- Refer to the program and access education sessions

Contracted Service Providers
- The program is delivered 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).

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

29/06/2027

Service Delivery Start Date

31/05/2019

Service Delivery End Date

30/06/2027

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 - CF2 - Chronic Disease: Chronic and Complex Wound Management

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

CF2 - Chronic Disease: Chronic and Complex Wound Management

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The current aims of this activity are to promote evidence-based resources including reference sites, guidelines, and pathways to assist participating primary care clinicians managing patients with chronic and complex wound management in their own clinical setting by
o Contracting clinicians to deliver wound training workshops for general practitioners, general practice and RACH nurses; and
o Continuing to provide access to a dedicated, commissioned chronic and complex wound management service, based in the primary care setting.

The desired outcomes of this activity include:
• Improved patient confidence in self-management.
• Improved patient-reported clinical outcomes and overall patient satisfaction.
• Improved primary care clinicians' confidence in managing patients with chronic and complex wounds.
• Improved clinician-reported experience of care and workforce satisfaction.
• Reduction of potentially preventable hospitalisations related to chronic and complex wounds.
Ongoing review to ensure activity aims are being achieved.

Description of Activity *

This activity promotes improved primary care management of chronic and complex wounds by providing a primary care-based clinic as an alternative to hospital-based service in the Gold Coast region. The service will also provide evidenced based training for primary care providers in an interactive workshop environment
The Chronic Disease (Chronic and Complex Wound) Management Clinic 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:
• Ongoing implementation of a primary care-based model of care (GP specialist and Nurse Practitioner wound management clinic) 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 primary care workforce to manage chronic and complex wounds by providing wound management training workshops for general practitioners and nurses (general practice and RACHs).
• To reduce the incidence of chronic and complex wounds through patient education and clinician support.
• To promote access and use of evidenced-based guidelines, resources and planning templates to all clinicians in the Gold Coast PHN region.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
There are high rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.	194
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Insufficient integration, funding mechanisms and capacity for the provision of community based palliative care.	265

Activity Demographics

Target Population Cohort

Gold Coast residents who have a chronic and complex wound requiring ongoing management within primary care.
Gold Coast primary care providers that provide wound management services for Gold Coast residents.

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 primary care nurses across the Gold Coast
o Nursing staff at RACHs
o Patients and families
o Gold Coast Health and private specialists

Collaboration

The activity involves collaboration with:

• Gold Coast Health (GCH) and Gold Coast Primary Health Network (GCPHN). This collaboration supports the development of this activity and ongoing implementation and maintenance of the redesigned models of care.
• GCH Chronic Wound Management Outpatients Clinic and specialists
• General practitioners, allied health and other primary care providers, public/private specialists.
• Participating practices and GPs to ensure their engagement, feedback, and input into ongoing service delivery.
• Referrers to the clinic
• Participants in education workshops.
• Contractors delivering the service and training
• GCH Health pathways team to ensure the service is included as an option for wound care for the region, and clinical health pathways remain contemporary.

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

29/06/2027

Service Delivery Start Date

04/02/2020

Service Delivery End Date

30/06/2027

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?

Co-design or co-commissioning comments

GCPHN has a long-standing work program in relation to Chronic and Complex 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 - CF3 - Health Service Access for Hard-to-Reach Populations – Community Connectors

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3

Activity Title *

CF3 - Health Service Access for Hard-to-Reach Populations – Community Connectors

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aboriginal and Torres Strait Islander Health

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 other 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, Aboriginal medical services, 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

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
There are lower screening rates and increasing morbidity and mortality for cancers in the First Nations community.	86
Need to actively eliminate racial discrimination, lateral violence and institutional racism.	86
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Low rates of people who identify as First Nations in health workforce, particularly for clinical roles.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Limited system partnerships addressing social determinants of health.	86

Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander 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 provider and has encouraged engagement between Krurungal and traditional service providers.

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 Development Corporation (AMS)
3. Krurungal (Aboriginal and Torres Strait Islander Provider)
4. CURA – CALD providers
5. Institute of Urban Indigenous Health (IUIH)
6. Gold Coast Health – Aboriginal and Torres Strait Islander Services
7. Other health and social service providers

Activity Milestone Details/Duration

Activity Start Date

31/05/2019

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2021

Service Delivery End Date

30/06/2027

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

CF - 9 - Enhanced Pathways to Specialist Alcohol and Other Drug Services

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

9

Activity Title *

Enhanced Pathways to Specialist Alcohol and Other Drug Services

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Alcohol and Other Drugs

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:
- address the needs of vulnerable people in the Gold Coast region related to access to specialist AOD withdrawal services,
- provide support to general practices, hospital and community-based services to improve quality of care for vulnerable people with AOD misuse issues
- improve access of vulnerable people to specialist AOD withdrawal services within community,
- improve coordination of care for vulnerable people with specialist AOD needs.

Description of Activity *

The high prevalence of substance use, is a growing concern in the Gold Coast region. There is limited availability of specialist AOD withdrawal services in the region,. Many specialist services are hospital-based which create inherent challenges for individuals including the time commitment required, potential stigma, and disruption to daily life all contributing to reduced access. Additionally, community-based services do not currently offer specialist AOD treatment services, such as AOD withdrawal support so trial of a community based program that can better support community health needs for vulnerable people in this regard would be of benefit.

This activity includes:

• Commissioning of a new GP/health professional-led AOD withdrawal community-based service in a primary care setting.
• Developing appropriate referral pathways between existing community and primary care services to specialist AOD withdrawal services.

Key outcomes include

• Increased access to treatment services that cater to a person's holistic needs
• Seamless pathways of care for vulnerable people as they move through their treatment journey
• Improved access for individuals requiring alcohol and other drugs treatment that is flexible and responsive to their needs
• Reduced problematic substance use or safer substance use

This activity will leverage the existing infrastructure of the programs commissioned through Activity AOD - 2 - NIAS Mainstream AOD Treatment Service Delivery.

Service Model:
The program offers a structured, medically managed, GP-led, alcohol detox service delivered in the patient's home.
The program runs over 7 days and is designed to support patients through safe withdrawal, guided daily by an experienced clinician.
Throughout the detox week, the provider works closely with the patient to develop a personalised aftercare plan. As required assistance with referrals and connections to ongoing support services will be provided along with comprehensive written and verbal handovers to relevant providers ensuring seamless care continuity.
Ongoing Support:
Ongoing review is scheduled at 1, 2, and 3 months with the provider remaining available to liaise with service providers for 3 months post-detox, offering continued support to ensure long-term success.
Referrals will only be sourced from GP's and local harm minimisation providers to ensure ongoing support following the withdrawal program.
The program will be evaluated to guide future funding and refinement of the service model.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
High demand and limited availability of publicly funded AOD services, including after-hours options, acute detox and residential withdrawal services.	221

Activity Demographics

Target Population Cohort

People requiring community support to manage their AOD issues.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

This activity has been informed by consultation that has occurred over several years throughout various co-design processes for AOD and mental health services, during AOD specific working groups.

Extensive consultation to inform the 2024 Health Needs Assessment was undertaken in partnership with Gold Coast Hospital and regional stakeholders. The 2024 Needs Assessment indicates ongoing need in Gold Coast region for access to community based AOD withdrawal services.

Gold Coast Health Alcohol and Other Drugs branch has regularly reported the need for increased access to specialist AOD withdrawal services. Consumers, community members and other service providers have reported this as a need and an important addition to the current service delivery landscape.

Collaboration

1. Gold Coast Health (Collaborative working relationship)
2. Aboriginal and Torres Strait Islander services, mental health services referrals
3. Community based AOD and mental health services (Collaborative working relationships)
4. General Practice including those providing withdrawal management and chronic pain management support.

Activity Milestone Details/Duration

Activity Start Date

30/12/2024

Activity End Date

29/06/2027

Service Delivery Start Date

03/07/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones

During the term of this activity plan, the following milestones are anticipated:
December 2024 – Consultation and contract negotiation with service provider
January 2025 – June 2025– Establishment of commissioned service, referral pathways and service delivery
December 2025 – Interim evaluation of 6 month trial.

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?

Co-design or co-commissioning comments

CF - 10 - Tropical Cyclone Alfred

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

10

Activity Title *

Tropical Cyclone Alfred

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

Disaster response to Tropical Cyclone Alfred

Aim of Activity *

To enhance access to services for people in areas of the Gold Coast significantly affected by Tropical Cyclone Alfred by extending opening hours and sourcing additional staff for such services, and, supporting General Practice to enhance the quality of their services.

Description of Activity *

Gold Coast was impacted by Tropical Cyclone Alfred (Category 2) causing widespread damage and disruption to service.
To ensure continuity of healthcare services in disaster affected areas support is needed to reduce the strain on clinicians and the associated workforce. There is increased demand due to the impacts on the community:

• TC Alfred was a powerful long-lived and erratic weather system that brought severe impacts to South East Queensland with the Gold Coast being heavily affected
• Severe weather and flooding started on 4 March 2025 with warnings to residents to remain indoors, and the closure of schools, roads and businesses. Public transport stopped and airports closed with evacuation centres opening.
• The Gold Coast was impacted by wind gusts more than 100km/h causing havoc to local residents and leaving over 300,000 homes and businesses without power and a loss of internet for up to two weeks.

Natural disasters of this scale can have a physical and emotional impact with above average numbers of people seeking support while available healthcare services continue to be disrupted or under additional strain due to this increased demand.

Funding will be used for:
• Development and implementation a disaster response campaign
• Development and implementation of a disaster resilience campaign
• Additional service capacity to facilitate rapid access to Virtual Psychology during immediate aftermath of the event
• Primary Care workforce recovery grants to support primary care providers, impacted heavily by event.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Insufficient capacity in sub-acute community based residential mental health services.	221
Limited availability of suitable service options to support older population.	221
Growing demand for psychological therapies.	221
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41
Insufficient integration, funding mechanisms and capacity for the provision of community based palliative care.	265

Activity Demographics

Target Population Cohort

People in areas of the Gold Coast significantly affected by Tropical Cyclone Alfred.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

31/03/2025

Activity End Date

29/06/2025

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): Yes

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

HSI - 1 - HSI1 - Commissioning Systems and Stakeholder Engagement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

HSI1 - Commissioning Systems and Stakeholder Engagement

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 provide commissioning excellence support to the GCPHN 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 GCPHN's activities including Flexible Funding, Health System Improvement, and other funding programs including but not limited to, After Hours, Primary Mental Health Care, Drug and Alcohol Treatment, Pilots and Targeted Programs and Aged Care.

The activity provides the following functions and resourcing:
• Needs assessment and annual planning including stakeholder identification, stratification and consultation and engagement activities
• Market assessment and service co-design
• Procurement and contracting
• Performance reporting, monitoring, continuous quality improvement, risk management, innovation, service review and evaluation
• Stakeholder engagement, communications, and marketing promotions

• Build capacity to manage emergency preparedness, planning and coordination functions across primary care. Including participating in Local Disaster Management Group and subcommittees, conducting training and supporting other preparedness activities, and mobilising and coordinating primary healthcare services quickly to provide the appropriate care, reducing burden on local hospitals before, during and after a disaster.

These activities enable the primary health care sector, professionals, and community to engage in and shape the evaluation of current primary, community and intermediate care services as well as shape future services through:
• Ensuring primary care and community inform the annual and specific needs assessment activities.
• Involving primary care sector and community 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 Health Pathways infrastructure, and for related digital health systems like SmartReferrals and the Queensland Department of Health's The Viewer.
• Ensuring high quality, comprehensive and timely organisational systems that enable internal and provider performance monitoring and reporting, including all DoHAC reporting deliverables.
• Maintaining comprehensive quality management systems, including 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, health and program promotion campaigns; informing, engaging in and contributing through an extensive set of communications and engagement channels and programs.
• Identification, development, promotion and delivery of education and training events to support primary care providers to build and maintain their capability meet priority health needs, including partnering with stakeholders where possible.
• Primary Sense Population Health Management System (incorporating data analytics, data engineering and planning support) to improve quality, safety of care and target population health programs in general practice, commissioned services, and integrated care space. Note this activity was previously detailed in HSI-6 (now merged into this activity HSI-1).

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited effective use of translation services in primary care and ambulance response services.	102
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20

Activity Demographics

Target Population Cohort

Healthcare system, providers and consumers in the GCPHN region.

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 optimise accurate up to date service information availability.

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 – Encourage providers to updates listings to optimise accurate up to date service information availability
7. National PHN Cooperative and Queensland/NT/Adelaide PHNs Collaboration network
Ongoing engagement to ensure a collaborative approach to development work and sharing of materials to ensure best use of public funding and ensure shared learning and continuous improvement to our systems and processes.
8. Active member of Local Disaster Management Group and partner with Gold Coast Health and City of Gold Coast in relation to disaster preparedness and resilience.

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

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: No
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?

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 - HSI2 - Information and Resources

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

HSI2 - Information and Resources

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 aims to provide general practice, consumers, primary care sector, and community providers with access to evidence-based information, resources, services, and referral options tailored to the Gold Coast region. Information is disseminated through GCPHN's website, publications, and social media platforms.

The activities keep the primary health care sector informed about service access, referral pathways, needs assessment, planning, and co-design of current and future primary and intermediate care services.

Description of Activity *

This activity demonstrates the impact of GCPHN's work and the difference the PHN makes to the local community. Key elements include:
1. Health Literacy: providing the community with clear and accessible information as well as providing guidance to the primary care sector so individuals are empowered to make informed health decisions and better manage their health
2. Strategic Engagement: communicating our role and purpose in prioritising and improving local health needs. Establishing two-way communication channels to understand and meet stakeholder needs and expectations.
3. Coordination of Care: ensuring primary care providers and other stakeholders understand and have access to efficient referral pathways for their patients.

4. Health Promotion: using targeted campaigns and educational initiatives to promote cancer screening, primary care visitation and public health matters to motivate improved health outcomes and reduced healthcare costs
5. Stakeholder Collaboration and Advocacy: working with stakeholders, including government agencies, non-profits, and private sector partners to facilitate referral pathways, information sharing and a collaborative approach to overcome issues and meet regional health needs of the Gold Coast community.
6. Crisis Management: during public health emergencies and natural disasters, effective communication is vital for disseminating accurate information quickly and enhancing our organisational reputation.
7. Primary Care support: linking closely with practice support activities, this activity includes the development and hosting of online referral templates, clinician and consumer resources, workforce professional development activities, quality improvement toolkits and initiatives and the promotion of local HealthPathways, uptake of use of the National Health Service Directory and Health Connect Australia.

The activity is guided by specific Communication and Engagement Plans. Performance indicators are reviewed and analysed quarterly through a lens of quality improvement.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.	102
People from multicultural backgrounds have higher reported prevalence of diabetes, arthritis, and heart disease.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
High levels of isolation and loneliness among older people.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Low rate of bowel cancer screening participation across Gold Coast, and across all national cancer screening programs in northern Gold Coast.	194
There are high rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.	194
Sufficient resources required to implement National Lung Cancer Screening Program and respond in a timely way to increased demand.	194
High melanoma incidence rate.	194
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	221
Limited availability of suitable service options to support older population.	221
Reported high prevalence of vaping, particularly among young people.	221
Growing demand for psychological therapies.	221
Stigma and shame associated with mental health, suicidality and AOD issues.	221
Declining vaccination rates, including in children and in RACHs.	71

Prevalence of select chronic disease risk factors (low vegetable intake, high BMI, alcohol) is high and/or significantly increasing for adults in Gold Coast region.	71
There are lower screening rates and increasing morbidity and mortality for cancers in the First Nations community.	86
Low rates Indigenous specific health checks (MBS 715).	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86

Activity Demographics

Target Population Cohort

Primary care sector (in particular General Practice), local health system stakeholders and the community of the Gold Coast region.

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, Consumer Advisory Council and Clinical Council
Provide ongoing engagement opportunities, communication channels and advice about broader primary care sector and key State agencies input.

First Nations
Work with the Institute for Urban Indigenous Health and Kalwun with ongoing engagement, consultation, communication advocacy and collaboration about culturally safe health services for Aboriginal and Torres Strait Islander peoples.

Gold Coast Health
Provide ongoing engagement opportunities, communication advocacy via a formalised partnership where GCPHN consults with the GCH board, executive, administrative and clinical leads about referral templates, service options, service integration and clinical handover and partners in delivering education information and resources, healthpathways and other integration activities.

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 - 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 - 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

29/06/2027

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: No
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 - HSI3 - Integrated Care Alliance

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

HSI3 - Integrated Care Alliance

Existing, Modified or New Activity *

Existing

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 *

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 Proof-of-Concept (PoC) initiatives, incorporating the learning from the Gold Coast Integrated Care (GCIC) program, and building on service design opportunities using Primary Sense, while augmenting the potential benefits that implementing Streamliners HealthPathways and Smart Referrals and other primary – secondary care integration initiatives (e.g. GP advise line; Gold Coast Health (GCH) hospital avoidance app development) bring to the Gold Coast region.

Initial phases of the project will be a specific Gold Coast case study to develop a novel technologically enabled innovation pathway for the health systems based on locally determined priority topics (e.g. COPD, CVD, management of frailty and diabetes). 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 PoC demonstration project/s for this work.

Description of Activity *

Based on the Joint Regional Needs Assessment and Prioritisation, 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) approach. This will incorporate learning from the GCIC program, and build on service design opportunities using Primary Sense population health risk stratification, while augmenting the potential benefits that implementing Streamliners HealthPathways and Smart Referrals, as well as deliver demonstration data linkage projects to the Gold Coast region.

The proposed PoC demonstrator project/s are multi-party and multi-disciplinary collaborations between GCPHN, GCH, and Queensland Department of Health (QH). The project/s 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 PoCs. In 2022/23 Deloitte developed a high level evaluation (cost/benefit) framework for application 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 PoCs 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.

Also relates to HSI 2 - Information and Resources, as the publication portal for Gold Coast HealthPathways information and resources and updated HealthPathways. The work also relates to the Greater Choices for at Home Palliative Care program activities, and the Aged Care activities.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Inadequate capacity to provide timely access to several specialist outpatient; procedural; and elective surgery specialties.	20
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20

Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

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 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- Linkage to ensure collaboration and partnership to ensure health pathways and shared care support and actively engage with general practice in the Gold Coast.
6. Queensland Health Reform Office – Linkage and collaboration to support a statewide approach to CVD risk using Primary Sense.

Activity Milestone Details/Duration

Activity Start Date

30/06/2021

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

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 2024 – commence implementation of proof of concept care pathway/s project.
4. 30 June 2026– evaluation of proof of concept demonstrator for integrated pathway of care projects.

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 as 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 clinicians 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 - 7 - HSI7 - Primary Care Engagement

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

7

Activity Title *

HSI7 - Primary Care Engagement

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Practice Support, Digital Health and Population Health Management

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 including Primary Sense (population health management and clinical decision support tool).

This activity will also:
• promote and support use of digital health systems including understanding the digital health readiness of the general practice.
• promote and facilitate data-informed quality improvement activities including clinical audits.
• promote the uptake or maintenance of practice accreditation.
• ensure timely provision of information, resources, and education to support changes in programs and policy that impact on general practice including digital systems.

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:
• Provision of direct support to general practice and Residential Aged Care Home (RACH) staff via in-practice visits.
• Provision of indirect support via a helpdesk to general practice and RACH staff through dedicated phone and email support for access to information and resources that promote best practice methods.
• Promote and support general practice accreditation.
• Support access and meaningful use of digital solutions by general practice staff. Focussing on:

- Primary Sense
- Health Pathways
- Secure Messaging
- MyHealth Record,
- Provider Connect Australia PCA™,
- Telehealth (healthdirect™)
- Health Provider Portal
- Smart Referrals, ePrescribing and eRequesting

• Promote the importance of, and support the improvement of, data completeness and quality in patient records.
• Improve general practice staff knowledge and use of Primary Sense alerts, prompts and reports to support effective practice level population health management particularly for those patients most at risk of poor health outcomes.
• Promote the importance of preventative health activities particularly Immunisation and Cancer screening initiatives
• Identify and report any Primary Sense report, prompt and/or alert enhancement or development requirements to Western Australia Primary Health Alliance (WAPHA), as the lead PHN for Primary Sense development and management, to support effective population health management.
• Promote and support general practice participation in the Practice Improvement Program Quality Improvement Incentive.
• Enhance general practice workforce capacity and capability to identify, plan, and implement quality improvement activities to decrease gaps in healthcare and improve health outcomes for patients especially those most at risk.
• Information to promote uptake of GCPHN 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 developments and changes in regional, national and state policy relevant to the 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

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Low rate of bowel cancer screening participation across Gold Coast, and across all national cancer screening programs in northern Gold Coast.	194
Sufficient resources required to implement National Lung Cancer Screening Program and respond in a timely way to increased demand.	194
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Declining vaccination rates, including in children and in RACHs.	71
Prevalence of select chronic disease risk factors (low vegetable intake, high BMI, alcohol) is high and/or significantly increasing for adults in Gold Coast region.	71
There are lower screening rates and increasing morbidity and mortality for cancers in the First Nations community.	86
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Low rates Indigenous specific health checks (MBS 715).	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

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

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 of local general practice staff
6. National Centre for Immunisation Research and Surveillance (PHN Immunisation Support Program)
7. General Practice Gold Coast - linkage to ensure consultation and partnership
8. Gold Coast Health and Hospital Service, General Practice Liaison Unit
9. Bond University, Griffith University and Southern Cross University
10. Gold Coast Public Health Unit
11. Cancer Screening Branch, Queensland Public Health

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. The Benchmarque Group
7. General Practice Gold Coast

8. Queensland Health and Hospital Service, General Practice Liaison Unit
9. Bond University, Griffith University and Southern Cross University
10. Primary Care Training Providers i.e., Pharmacy Guild, Pharmaceutical Society of Australia, General Practice Gold Coast, Australian Primary Health Care Nurses Association, Royal Australian College of General Practitioners, Local Universities, Western Australia PHA
11. National Improvement Network Cooperative (NINCo)

Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2027

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: No
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?

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 - HSI9 - Data Governance

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

9

Activity Title *

HSI9 - Data Governance

Existing, Modified or New Activity *

Existing

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 information and data governance and improve the data skills (including the use of Primary Health Insights and Primary Sense), infrastructure, security controls, privacy compliance, 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 and privacy compliance 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 program of work will include:

• Develop and work to implement the Information Management Policy Framework.
• Maintain an Information Security Management Systems Top Management Committee and Data Governance Working Committee to oversee and provide advice on implementation of data governance and privacy compliance across the company.
•Maintain and promote mandatory cyber security and privacy compliance training calendar for staff.
• Undertake regular cyber security and privacy compliance testing for all GCPHN staff with links to training and development.

• Establish and maintain registers for Freedom of Information (FOI) requests and data breaches, reporting on results annually.
• Undertake privacy impact assessments and data sharing agreements for all new data collections, as well as retrospectively developing these for historic programs and data collections.
• Undertake and implement recommendations from penetration testing of key corporate systems.
• Maintaining well-curated educational resources for staff and general practice on data governance, cyber security and privacy compliance.
• Work with other PHNs and WAPHA/Went West PHNs (as Data Analytics Centres of Excellence) to continue to develop and roll out the National PHN Data Governance Framework and other prioritised data governance initiatives.
• Undertake and report on progress against recommendations from an annual audit of organisational compliance against the Essential Eight Maturity Model (Australian Signals Directorate), moving towards accreditation against ISO27001 Information Security Management Systems.
• Further work on digital strategy and capability - upgrading/enhancing systems for better efficiencies, information governance, and cyber security towards compliance with ISO27001; including investment in improved data management and governance, analytics/decision support insights and reporting capabilities.
• Support the Queensland – Commonwealth Partnership for Health and Qld PHN collective with implementing the Vision for Data Sharing and Linkage, as well as associated activities to promote optimal data governance within the GCPHN.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71

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.

RACH 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

PPHNs Data Governance Committee, Primary Sense PHN Steering Committee, Primary Health Insights, Qld/NT PHNs Data Analytic Working Group and Queensland -Commonwealth Partnership, National PHN Cooperative ISO27001 Community of Practice, National PHNs Digital Intelligence Jurisdiction Advisory 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

29/06/2027

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: No
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?

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 - HSI10 - PHN Clinical Referral Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

10

Activity Title *

HSI10 - PHN Clinical Referral Pathways

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To continue to support the health of people in the Gold Coast region through clinical referral pathway activities, supporting the development, access to, and maintenance of region-specific referral pathways for general practitioners and other health professionals.

This activity aims to:
• support promote access to utilisation of 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 GCPHNs' 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 delivery of quality of care.

Description of Activity *

• Engage with Gold Coast Health to support funding of the HealthPathways infrastructure, including software licensing, technical writing and programming, and clinical editor time to develop, review, maintain and enhance HealthPathways content.

• Support training, education and promotional activities that increase awareness, engagement, and utilisation of clinical referral pathways by general practice and other health professionals.
• Promote and monitor use of HealthPathways.
• Consultation with local primary care clinicians, allied health, aged care providers, and other health providers, and consumers to support service mapping and referral pathways to identify gaps and ensure localisation of referral pathways.
• Gather feedback from clinicians and primary care workforce on ease of use, appropriateness of information provided for clinicians and their patients, improvement suggestions, and barriers and enablers to uptake HealthPathways platform.
• Support Gold Coast Health to deliver health professional workshops to promote HealthPathways .

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.	194
Low rate of bowel cancer screening participation across Gold Coast, and across all national cancer screening programs in northern Gold Coast.	194
There are high rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.	194
Sufficient resources required to implement National Lung Cancer Screening Program and respond in a timely way to increased demand.	194
Delayed diagnosis and limited dedicated primary care services for endometriosis and pelvic pain.	194
High melanoma incidence rate.	194
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Some health practitioners have insufficient capability to support patients with complex	41

needs, including mental ill health and social needs.	

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 and RACH nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], general practitioners, QLD Health and NGO and RACH representatives)
• Gold Coast Health – Aged Care Service providers, SPACE project team and Digital Health transformation team
• Primary health care service providers (GPs, allied health etc.)
• Australian Digital Health Agency
• Other PHNs
• 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 and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• 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

29/06/2027

Service Delivery Start Date

30/11/2021

Service Delivery End Date

30/06/2027

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?

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?

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

GCPHN will work collaboratively with QLD PHNs to design, and commission identified requirements to support project implementation.

HSI - 11 - HSI11 - Dementia Consumer Resources

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

11

Activity Title *

HSI11 - Dementia Consumer Resources

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

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 of people 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.

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.

Description of Activity *

• Service mapping of local dementia services and supports to be maintained with quarterly reviews and edits made to service mapping consumer resources (online and hard copy) as required.

• Quality improvement feedback process developed for edits to consumer pathway resource as required including planned consultation with local primary care providers, people living with dementia and their carers, and other relevant stakeholders.

• Dementia consumer pathway resource distribution plan will continue to be implemented, including:
o development of an expression of interest request form for general practice
o service mapping resource to be shared with Dementia Australia to enable the Dementia Australia help desk access to a repository of Gold Coast services and supports.
o Consultation to identify key community distribution points

• Extensive promotion activities undertaken to support consumers to navigate appropriate local services and supports and enhance family and carer's ability to support someone with dementia.

• Consumer resource to be embedded as patient resource in Dementia pathways on HealthPathways platform for access by local practitioners.

• Resource adaptation for culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander peoples to be explored.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.	194
Low rate of bowel cancer screening participation across Gold Coast, and across all national cancer screening programs in northern Gold Coast.	194
There are high rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.	194

Sufficient resources required to implement National Lung Cancer Screening Program and respond in a timely way to increased demand.	194
Delayed diagnosis and limited dedicated primary care services for endometriosis and pelvic pain.	194
High melanoma incidence rate.	194
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	221
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

People with dementia, their carers 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 and aged care
• Memory Clinics/service providers
• PHNs working groups
• Department of Health – South Gold Coast Aged Care Regional Stewardship team
• Peak bodies – Dementia Australia, Dementia Training Australia, Dementia Support Australia, Alzheimer's Qld, Carer Gateway

Collaboration

All of the above listed in stakeholder engagement consultation

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Activity Milestone Details/Duration

Activity Start Date

28/02/2022

Activity End Date

29/06/2025

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?

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

HSI - 12 - HSI12 - Aged Care Clinical Referral Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

12

Activity Title *

HSI12 - Aged Care Clinical Referral Pathways

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:
• Develop, monitor, review and improve aged care referral pathways relevant to the health needs of the Gold Coast region for use by clinicians during consultation with patients, to support assessment and referral to local services and supports.
• Increase awareness, engagement and utilisation of aged care pathways by local health care practitioners, including RACH staff

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 aged care support pathways for their region.
The funding supports better access for clinicians to information and advice on aged care support services for their patients.

Description of Activity *

• Analysis of Gold Coast regional needs to inform appropriate Aged Care HealthPathways topics to be developed and development of a joint regional approach to Aged Care.
• Ongoing consultation with a broad range of stakeholders to support service mapping of current services, support groups and resources to inform localisation of referral pathways.

• Collaborate and share aged care clinical referral pathways development through the Queensland HealthPathways Coordinator network to achieve statewide consistency in clinical pathway content.
• Promote, and monitor use of, Aged Care Pathways and financially support GCH HealthPathways team to edit, maintain and review topics to ensure localisation of pathways while supporting clinicians to provide best practice in the assessment, management and referral to local services and supports.
• Deliver Wound Management training to RACF staff by a commissioned provider, to increase knowledge and skills in wound management and increase utilisation of Wound Management pathways and other aged care pathways to support quality, evidence-based care for residents in RACFs.
• Provide additional funding for the GCH Specialist Palliative Care in Aged Care (SPACE) project to ensure all RACHs have access to palliative care services across the region. This service will actively promote utilisation of the relevant palliative care pathways by RACH staff to support quality palliative care management.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
High levels of isolation and loneliness among older people.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Senior Australians, 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 Palliative and Aged Care Committee (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
• Australian Digital Health Agency
• Gold Coast Specialists involved in dementia care and aged care
• 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 o Department of Health Disability and Ageing Local Network (South East QLD)
• Consumer Peak Bodies - Dementia Australia, Dementia Training Australia, Dementia Support Australia, Alzheimer's Queensland, Carer Gateway

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

28/02/2022

Activity End Date

29/06/2027

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?

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?

Co-design or co-commissioning comments

HealthPathways in GC region are co-designed between Gold Coast Health and GCPHN

HSI - 13 - HSI13 - Dementia Support Pathways

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

13

Activity Title *

HSI13 - Dementia Support Pathways

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

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)
• Develop, monitor, and ongoing review of dementia referral pathways relevant to the health needs of the Gold Coast region for use by clinicians during consultation with patients, to support assessment and referral to local services and supports.
• Increase awareness, engagement and utilisation of dementia pathways by local health care practitioners.

Description of Activity *

• Ongoing collaboration with Dementia Australia, other PHNs, Gold Coast Health and relevant stakeholders to develop and/or review optimal dementia clinical referral pathways, following best practice guidelines of care.
• Ongoing consultation with a broad range of stakeholders to support service mapping of current services, support groups and

resources to inform localisation of dementia specific referral pathways.
• Ongoing collaboration and sharing of dementia specific clinical referral pathways development through the Queensland HealthPathways Coordinator network to achieve statewide consistency in clinical pathway content.
• Ongoing promotion, usage monitoring and support of GCH in editing, maintaining and reviewing topics to ensure localisation of Dementia HealthPathways, while supporting clinicians to provide best practice in the assessment, management and referral to local services and supports.
• 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 best practice dementia training and education opportunities for general practice audience to decrease diagnostic time and improve care quality, with linkages and promotion of Dementia specific HealthPathways as part of this training.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
High levels of isolation and loneliness among older people.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.	194
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Senior Australians, 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 Palliative and Aged Care Committee (consumers [including CALD community], general practitioners, QLD Health, and NGO representatives)
• Primary care health service providers (general practitioners, allied health etc)
• Consumer and peer support groups – dementia
• Carer support groups, including respite service providers
• Gold Coast Specialists involved in dementia care and aged care
• Memory Clinics/service providers
• Gold Coast Health HealthPathways team
• Gold Coast Health – Aged Care Service providers, and Digital Health transformation team
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACH 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 RACHs
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Peak bodies – Dementia Australia, Dementia Training Australia, Dementia Support Australia, Alzheimer's Queensland, Carer Gateway

Collaboration

All of the above listed in stakeholder engagement consultation

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Activity Milestone Details/Duration

Activity Start Date

28/02/2022

Activity End Date

29/06/2027

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?

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?

Co-design or co-commissioning comments

HealthPathways in GC region are co-designed between Gold Coast Health and GCPHN.

HSI - 14 - HSI14 - Emergency Preparedness

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

14

Activity Title *

HSI14 - Emergency Preparedness

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

Emergency preparedness

Aim of Activity *

Support and coordinate primary care contribution to emergency preparedness; build capacity of local care providers for in emergency planning; response and recovery; and support primary care to prepare for continuity of service delivery in the event of a health emergency.

Description of Activity *

Build capacity to coordinate emergency preparedness, planning and coordination functions across primary care in the Gold Coast region including:
• Considering health emergencies in health needs assessment
• Communication of emergency preparedness information to primary care
• Engage with regional emergency management committees including Gold Coast Hospital and Health Service
• Liaison with RACHs, UCCs and other key services regarding emergency preparedness
• Plan for health emergencies including infectious diseases and natural disasters
• Review disaster preparedness activities, with stakeholders following an event to identify potential improvements
• Additional activities to be determined once guidelines are finalised and depending on capacity.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited resources, variable capability and unclear pathways for primary healthcare practitioners and paramedics to recognise and support patients experiencing family and domestic violence	102
Limited effective use of translation services in primary care and ambulance response services.	102
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Whole of GCPHN region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

LDMG partners and primary care providers

Collaboration

LDMG partners

Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Recruitment of part time staff – approx. September

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?

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?

Co-design or co-commissioning comments

CG - 1 - CG1 - People

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

1

Activity Title *

CG1 - People

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 2 - CG2 - Office

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

2

Activity Title *

CG2 - Office

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 3 - CG3 - Board

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

3

Activity Title *

CG3 - Board

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 4 - CG4 - Clinical Councils

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

4

Activity Title *

CG4 - Clinical Councils

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 5 - CG5 - Community Advisory Council

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

5

Activity Title *

CG5 - Community Advisory Council

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

CG - 6 - CG6 - Other

Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

6

Activity Title *

CG6 - Other

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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: 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?

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

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 *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support primary health care providers' participation in the COVID-19 vaccination program.

Description of Activity *

Activity incorporates coordinated support to key stakeholders identified, including primary health care providers from general practice, residential aged care homes (RACH), and Aboriginal medical services (AMS).

Activity incorporates coordinated support to key stakeholders identified, including primary health care providers from general practice, residential aged care homes (RACH), and Aboriginal medical services (AMS).

Support includes:
• Access to an identified Project Officer to provided dedicated support to general practices, RACHs, and AMS participating in the COVID-19 vaccine program.
• Access to a dedicated phone and email helpdesk service for key stakeholders.
• Dissemination of COVID-19 specific information via electronic communications and other prioritised immunisation related communications.
• Access to COVID-19 related resources via a dedicated webpage and other prioritised immunisation related communications.

• Contribute to maintenance, and update of, COVID-19 Health Pathway and COVID-19 vaccine Health Pathway.
• Dedicated support to RACH to support access to a COVID-19 vaccine program for all residents. Prioritising RACHs with low COVID-19 vaccination rates.
• Supporting the Gold Coast primary health care community to access an appropriate COVID-19 vaccine pathway.
• Coordination and promotion of immunisation education and training programs for Primary Health Care teams including COVID-19 vaccine program for the region aimed at increasing immunisation rates across the Gold Coast region.
• Support general practice teams to implement quality improvement activities in general practice to identify patients eligible for immunisations including the COVID-19 vaccine program.
• Consumer communications to improve uptake of vaccinations including the COVID-19 vaccine program with the aim of increasing immunisation rates across the Gold Coast region.
• Liaising between Department of Health Disability and Ageing (DHDA), primary care providers, RACH teams and PHN teams.
• Conduct consultations with the Primary Care sector to inform strategic advice and guidance to DHDA on local issues and concerns relating to COVID-19 and other vaccinations that contribute to declining immunisation rates for the Gold Coast region.

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 COVID-19, and the COVID-19 vaccine program.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Declining vaccination rates, including in children and in RACHs.	71

Activity Demographics

Target Population Cohort

General Practitioners, Practice Managers, Practice Nurses, administration staff working in general practice and Aboriginal Medical Services.
Residents and staff of RACH.
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
RACH staff - engagement and implementation
GCPHN Primary Health Care Improvement Committee comprising local general practice and RACH staff - provide input and advice into the current issues facing general practice related to COVID-19 and COVID-19 vaccine program
Gold Coast Health
Gold Coast Health Public Health Unit

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 and RACH 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 - linkage to ensure collaboration and partnership

Activity Milestone Details/Duration

Activity Start Date

31/12/2024

Activity End Date

29/06/2026

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?

na

Co-design or co-commissioning comments

na