Australian Government
Department of Health

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An Australian Government Initiative

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Updated Activity Work Plan 2016-2018:

Core Funding

After Hours Funding

The Activity Work Plan template has the following parts:

1. The updated *Core Funding Annual Plan 2016-2018* which will provide:
    a) The updated strategic vision of each PHN.
    b) An updated description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
    c) An updated description of planned activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.
    d) A description of planned activities which are no longer planned for implementation under the Schedule – Primary Health Networks Core Funding.

2. The updated *After Hours Primary Care Funding Annual Plan 2016-2018* which will provide:
    a) The updated strategic vision of each PHN for achieving the After Hours key objectives.
    b) An updated description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.
    c) A description of planned activities which no longer planned for implementation under the Schedule – Primary Health Networks After Hours Primary Care Funding.

Gippsland PHN

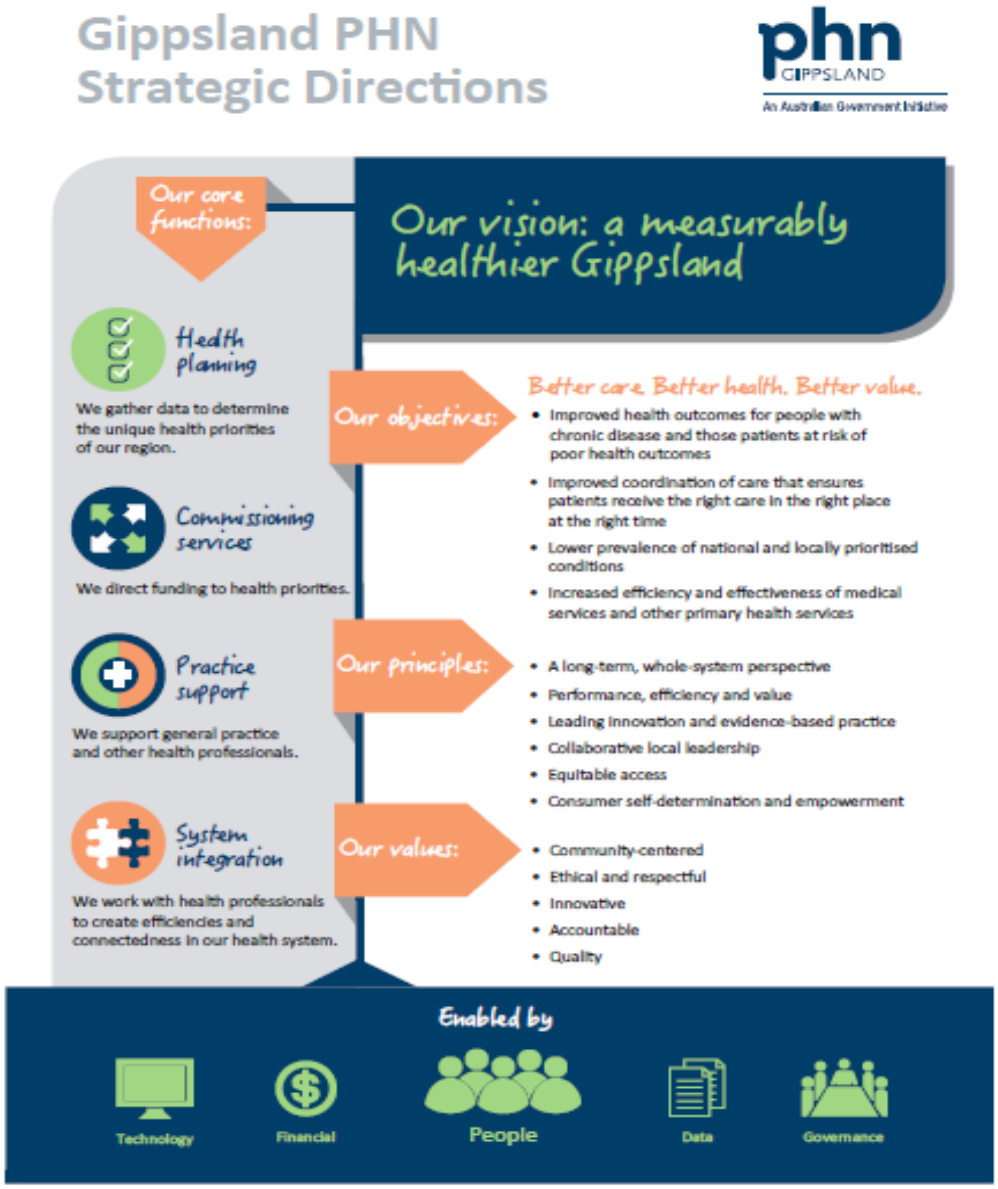
Overview

This Activity Work Plan is an update to the 2016-18 Activity Work Plan submitted to the Department in May 2016.

1. (a) Strategic Vision

PHNs may attach an existing strategic vision statement. If the PHN does not have a strategic vision statement please outline, in no more than 500 words, an overview of the PHN's strategic vision for the 24 month period covering this Activity Work Plan that demonstrates how the PHN will achieve the key objectives of:

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



1. (b) Planned PHN activities – Core Flexible Funding 2016-18

Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP 1: Place Based Flexible Funding**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	1,3,4,5,7,9,10,11,12,14,15,16,18,19,22 (Refer to Appendix A)
Description of Activity	The Place Based Flexible Funding Program delivers a range of supplementary allied health and primary care services that are based on identified health needs in each community, with a focus on coordinated, multi-disciplinary team based approaches to the provision of integrated primary health care services, access to relevant health promotion and preventative health programs to promote health and wellbeing, and assistance to help individuals in rural and remote Gippsland to adopt or modify behaviours to better manage their health and wellbeing. Service types include: social work, nurses in specialist roles, aboriginal health, family health, clinical/health coordination, health promotion/prevention, and other services such as drug and alcohol/sexual health, foot care. In 2016-17 a number of Indigenous Specific programs will be commissioned including 1. Outreach Diabetic Clinic delivered by mainstream providers working in collaboration with a local ACCHO. 2. Contribution to support an Outreach Worker in response to an identified gap at a local ACCHO, co-funded by the Integrated Team Care agreement. The Outreach Worker offers health linkages, transport and advocacy. Commissioning of services is supported by Population Health Planning which includes the following activities: **1. Regional Analysis, Reporting and Planning** • Gippsland PHN uses POLAR Explorer as a platform for data analysis and reporting. The platform includes access to Victorian health service usage (admitted, emergency

	department and ambulance) as well as survey data from Victorian government and the ABS. Regional data from GP practices will be included via POLAR GP (see under Digital Health). Additional information and reporting capabilities will be added in cooperation with the developers and other users. Access to the information will be facilitated for Gippsland PHN stakeholders as appropriate. Additional data sources will also be used to complement the data available in POLAR in accordance with the Gippsland PHN Population Health Planning Framework. • Continue to work with a range of regional stakeholders such as local government, State Department of Health and Human Services, Primary Care Partnerships, universities and others in health planning roles. The purpose will be to ensure best use of limited planning resources, and a shared and integrated approach to health planning activities in the region. 2. **Development and implementation of a strategy to support ongoing consumer, carer and community input into population health planning work.** • This will include input from the Community Advisory Committee and regional collaboration to collect consumer and community information that will help inform stakeholders across the region. 3. **Development and implementation of a strategy to support on-going professional stakeholder input into population health planning work.** • This will include input from the Clinical Councils and regional service providers to ensure multidisciplinary input from stakeholders across the region. 4. **Working with Gippsland PHN staff and the service system to implement commissioning activities** that will result in measurable improvements across a range of domains including service outputs, care coordination, model/design, location, service integration, improved clinical outcomes, and increased reach to the most disadvantaged in the catchment.
Target population cohort	This activity will provide services to rural, remote and isolated communities in Gippsland, particularly Wellington/East Gippsland and waterline communities of Bass Coast.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual).

	Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Collaboration occurs with each of the Local Health Networks or Provider Organisation who are commissioned to deliver the service in their region.
Indigenous Specific	Some of the provision includes services specifically targeted at Aboriginal and Torres Strait Islander populations.
Duration	2017-18, with future allocation determined through review and consultation with providers
Coverage	Gippsland wide
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP 2: Health Pathways**
Existing, Modified, or New Activity	Existing activity

Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	18,19,21,22 (Refer to Appendix A)
Description of Activity	Gippsland PHN will continue to implement the Gippsland HealthPathways web tool, of locally responsive evidence based clinical pathways supported by local referral processes and resources. New pathways will constantly be developed with scheduled reviews to ensure pathways and current and accurately meet the local area requirements. HealthPathways is a collaborative approach to coordinating patient care across the acute and primary care settings. Bringing together GPs, specialists, nurses and allied health professionals to discuss optimal assessment and management of medical conditions, including when and where to refer patients. The HealthPathways tool enables improved coordination of patients ensuring that patients receive the right care in the right place at the right time, this will be achieved through: • Working closely with the established steering committee representatives, to identify and work on establishment of pathway priorities as identified by the Gippsland PHN needs assessment • Continued commitment of key stakeholders to participate in pathway development, through mechanisms such as workgroups, and subject matter experts engaged to further support pathway development • Collaborate with hospitals who have signed participation agreements to support pathway development, and identify additional services as required to enhance pathway development • Build on existing clinical guidelines, referral pathways and service directories that have been developed • Continued focus on better health outcomes for patients through shared, comprehensive knowledge of the local service system Attempt to reduce the proportion of patients referred to specialist care who could be managed in the primary care setting
Target population cohort	This activity encompasses a regional approach to system improvement and therefore will intersect with a number of target populations as identified in the Needs Assessment. Collaboration with key stakeholders has prioritised work in the areas of Indigenous health, children 0-14 years, population aged over 60 years and youth as well as the priority conditions of mental health, AOD, immunisation, respiratory conditions, cancer and reproductive/sexual health.

Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	This project is being developed in collaboration with Victorian State Department of Health and Human Resources, and a number of Local Health Networks.
Indigenous Specific	There will be Indigenous specific health pathways developed.
Duration	2016-18
Coverage	Entire PHN region
Proposed Activity	

Activity Title / Reference (eg. NP 1)	**NP 3: Digital Health**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Program Key Priority Area	Digital Health
Needs Assessment Priority Area (eg. 1, 2, 3)	18,19,20,21,24 (Refer to Appendix A)
Description of Activity	<u>POLAR GP and POLAR EXPLORER</u> Installation of the POLAR GP Data Extraction Tool across Gippsland will support improvements in efficiency and effectiveness of medical services. Data collected from General Practices in combination with Victorian State Datasets through POLAR EXPLORER will be used to support our Population Health Team through the ongoing Needs Assessment process by increasing understanding of our region's health profile and service gaps. <u>SECURE MESSAGING</u> Through the eHealth initiatives of secure messaging and e-referrals, we are able to improve coordination of care to ensure patients receive the right care, in the right place, at the right time, in a timely, secure, and efficient manner. This work will be used in conjunction with our programs such as HealthPathways, linking in localised pathways for conditions and ensuring that the most efficient, secure method of message delivery is utilised. Through timely e-referrals and the use of secure messaging we aim to reduce the national headline indicator "Potentially preventable hospitalisations". By enabling our primary care physicians we hope to facilitate better communication and service coordination for our community, keeping at the heart the consumer centred care. Through efficient and timely referrals, correct referral information, we envisage a decrease in rejected referrals, a reduction in repeated tests, and reduced wait lists. <u>MY HEALTH RECORD</u> Uptake of the My Health Record in Gippsland has been low and through practice engagement, education and training we aim to further promote and support our primary care physicians in utilising the My Health Record. In Gippsland we have formed a Victorian eHealth Network to collaborate and share our work and experiences to ensure that a united effort and consistent message is delivered. We are working at supporting our general practices through the changes of the ePIP (now Digital Health Incentive Payment) to apply meaningful use of the My Health Record.

	REFERRAL SYSTEM ANALYSIS PROJECT FORUM A forum to bring together all key stakeholders in Gippsland's health referral system (e.g., hospital and health services, Primary Care Partnerships, GPs, medical specialists, allied health, state government) to establish a framework for an authorising environment for digital health solutions aligned through Gippsland.
Target population cohort	This activity encompasses a regional approach to system improvement and therefore will intersect with all key population groups identified in the Needs Assessment including children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years and youth.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in

	consultation activities with key stakeholders.
Collaboration	Collaboration across the four sectors of this activity ranges from health providers to the Victorian eHealth Network.
Indigenous Specific	NO
Duration	2016-18
Coverage	Entire PHN region
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP 4: Community Small Grants Program**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	1-24: Grants Program asks for submissions to align with identified priorities. (Refer to Appendix A)
Description of Activity	A Small Grants Program will be conducted which fosters innovation, supports integration and improved coordination of primary care, and seeks to build capacity in communities to be involved in shaping their own health care system. Grant applications will be requested to align their activities with National Headline Performance Indicators, National Priorities and Local Priorities. Evaluation of applications for small grants will be against standard Gippsland PHN criteria and the evaluation panel will include at least one Community Advisory Committee member, and at least one independent member. In 2017-18, the Community Small Grants Program will offer low value grants and seek increased Community Advisory Committee leadership and guidance to ensure the program reaches the right audience.
Target population cohort	This activity has broad reach and will intersect with key population groups identified in the Needs Assessment which may include children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years and youth. Learnings from the 2016-17 Small Grants Round will

	further inform target population for 2017-18.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Upon grant approval the potential collaboration opportunities will be identified.
Indigenous Specific	It is anticipated that there will be a small number of grant applications that have a specific ATSI focus.
Duration	2017-18
Coverage	The grant program will be advertised across the Gippsland PHN region and in the evaluation process consideration will be given to ensuring an equitable spread of projects across the region.

Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP5: Workforce Support**
Existing, Modified, or New Activity	Existing activity
Program Key Priority Area	Health Workforce
Needs Assessment Priority Area (eg. 1, 2, 3)	22 (Refer to Appendix A)
Description of Activity	Workforce Support activities will include: • Identification of general practices and bush nursing centres willing and capable of supporting clinical placement for students undertaking medical and nurse courses • Working with tertiary institutions to facilitate student placements for nursing students • Development of an online forum to support Practice Managers and Practice Nurses • Coordination of a one day forum targeted at Practice Managers • Identification of local GP and medical specialists who have subject matter expertise and are willing to contribute to the Education and Training Program • Coordinated, place based responses to rural/remote workforce development opportunities, aligned and integrated with other workforce and training organisations • Coordinated response to gaps and opportunities in primary care workforce leadership/clinical governance models • Ongoing, coordinated planning and responsiveness to rural/remote workforce issues, to maximise community access to services and continuity of care
Target population cohort	This activity encompasses a regional approach to system improvement and therefore will intersect with all key population groups identified in the Needs Assessment, with a specific focus on workforce to meet the needs of rural and remote communities, including Indigenous and other vulnerable groups.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region

	across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Collaboration will be with educational providers and service providers.
Indigenous Specific	NO
Duration	2016-18
Coverage	Entire PHN Region
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP6: Immunisation**
Existing, Modified, or New Activity	Existing activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area (eg. 1, 2, 3)	10 (Refer to Appendix A)
Description of Activity	Activities focussed on the topic of immunisation will include • Working closely with general practice Implement activities and disseminate resources to maintain

	optimal immunisation coverage rates in Gippsland at ≥ 95% • Working with the HealthPathways Project Officer to identify relevant referral pathways related to immunisation Working with Cancer Council Victoria and Indigenous Project Officer to plan and implement activities related to the HPV Indigenous Youth Gippsland Strategy 2016
Target population cohort	This activity is focussed on population groups identified as not fully vaccinated based on data monitoring. Target groups currently include children aged 0-14, youth, population aged over 60 years and Indigenous Australians. On-going monitoring will allow timely adjustments to geographical or target groups.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.

Collaboration	Collaboration will be with the network of local practices and local government agencies associated with immunisation.
Indigenous Specific	NO
Duration	2016-18
Coverage	Entire PHN region
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**NP7: ACP, Chronic Disease Care and Aged Care**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Program Key Priority Area	Aged Care
Needs Assessment Priority Area (eg. 1, 2, 3)	2,3,5,7,8,15,19 (Refer to Appendix A)
Description of Activity	Activities associated with the area of Chronic and Complex Disease and Advanced Care Planning will include: • Identification of key stakeholders, referrers, client groups and other applicable parties across Gippsland representing older people and those with chronic and complex health conditions • Working with the Health Planning Team to develop a survey to identify service gaps for an ageing population and those with chronic and complex health conditions to broaden the baseline GPHN Needs Assessment • Working to build sustainable services that are coordinated and connected to the broader health system for an ageing population and those with chronic and complex health conditions • Working with the Health Pathways Project Officer to identify local referral pathways relevant to aged care and chronic and complex health conditions • Liaising with the regional Department of Health and contribute to the development of the Gippsland Dementia Strategy 2016- 2018 specifically representing general practitioners • Liaising with the preferred contractor undertaking the Advance Care Planning project to facilitate access to general practices in regional locations identified as services likely to collaborate with project outcomes • Collaborative work with relevant partners to build greater awareness and understanding of My Aged Care.

	• Focused analysis of localised Advance Care Planning models to understand barriers and opportunities to scale/expand to other communities in Gippsland. • Community survey on Advance Care Planning to better inform health planning and future service system development. • Work with partners to develop and implement a regional pain management strategy. • Analyse existing localised nurse practitioner models to understand opportunities to scale/expand to other communities in Gippsland. • Analyse and implement sub-regional opportunities for system improvement for journey of residents from Residential Aged Care Facilities to Emergency Departments. • Collaborate with partners to facilitate multi-disciplinary, sub-regional forums to examine identified issues for chronic disease and aged care (e.g., medication management, pain management, palliative care, service system/integration, psychological care and treatment in aged and chronic physical illness populations). • Support general practices to implement integrated health checks which recognises interaction between diseases and their risk factors (e.g., cancers, cardiovascular diseases, diabetes, respiratory, mental health etc.)
Target population cohort	This activity is focussed on providing improved services for the population aged over 60 years and people of any age with chronic and complex health care needs.
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects;

	2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Much of this work for this activity will be in collaboration with stakeholders from multiple sectors of the region's health system.
Indigenous Specific	NO
Duration	2016-18
Coverage	Entire PHN region

1. (c) Planned PHN activities – Core Operational Funding 2016-18

Proposed general practice support activities	
Activity Title / Reference (eg. OP 1)	**OP1: Education/CPD Program**
Existing, Modified, or New Activity	Existing activity
Description of Activity	Continuing Professional Development (CPD) is the means by which people maintain their knowledge and skills related to their professional lives. CPD obligations are common for most professions; it is a structured approach to learning to help ensure competence of practice, taking in knowledge, skills and practical experience. Health professionals and other people working in Gippsland's general practices actively seek training and education opportunities to maintain professional standards, influence clinical practice and develop skills

	and expertise. The program offers a variety of events in various formats targeting GPs, other medical professionals, nurses working in general practice and other health services plus practice managers and administration personal such as: **Presentation:** Face-to-face delivery to a maximum of two hours **Workshop:** Face-to-face, hands-on or practical workshop at a minimum of two hours **Small Group Learning:** Small group discussions working through problem-based case studies and/or specialist presentation to expand or provide new knowledge **Network Meeting:** Groups of particular health professionals meeting to provide support, share information and participate in focussed professional development **Forum:** Face-to-face, hands-on and/or practical activities delivered over two and eight hours Speakers and topics comply with CPD standards set by respective health professionals governing bodies such as the Royal Australian College of General Practitioners (RACGP), Nursing and Midwifery Board, Australian Practice Manager Association (APMA). Education sessions are advertised through a fortnightly newsletter – LINKer which is distributed to over 600 subscribers. Comprehensive event details are available through GPHN's website. Participants register online. Events are usually free and open to all stakeholders. Hosting the events in different locations across Gippsland increases opportunity for access however it often fails to satisfactorily meet the needs of health professionals living and working in remote locations such as Omeo, Orbost and Mallacoota.
Supporting the primary health care sector	This activity is popular and well utilised among GPs, medical specialists, allied health, general practice staff, and others. Education events are planned in response to identified needs, either through the Needs Assessment, through our Practice Support staff links to general practice, our Program Officers links to service providers in the primary care sector, our Clinical Councils, our Community Advisory Committee, or in response to emerging issues. It enables many primary care sector staff to achieve their CPD requirements without travel to Melbourne or interstate. For professionals serving our rural and remote communities, this is an important

	consideration.
Collaboration	Many events are run in collaboration with other education providers. GP Advisors Clinical Councils
Duration	2017-18
Coverage	Entire PHN Region
Expected Outcome	Through conducting regular surveys to establish stakeholder expectations in regards to educational/CPD opportunities and structuring the CPD program in response it is anticipated that the primary health workforce in Gippsland will have been able to access CPD opportunities that match their needs. A well-structured CPD program will assist practices in maintaining quality and safe practices by ensuring research and evidence based knowledge is shared.

1. (d) Activities submitted in the 2016-18 AWP which will no longer be delivered under the Core Schedule

Nil identified

3. (a) Strategic Vision for After Hours Funding

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

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

In 2016-18 and onwards, your organisation is required to:

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

Response

After-hours primary health care for people in the community (i.e. not in-patients of hospitals) has historically been provided by General Practitioners (GPs) funded by incentives and grants through the Australian Government Department of Human Services (DHS) and the Australian Government Department of Health (DH) and until 30 June 2015, Medicare Locals.

Additionally, and separate to incentives and grants, rebates for after-hours consultations are funded through the Medicare Benefits Schedule (MBS). MBS billing applies to services provided after 8.00pm on a weekday, all day Saturday, Sunday and Public Holidays.

On 1 July 2015 DHS resumed funding to general practice for after-hours primary care services through the Practice Incentive Payment (PIP) scheme. Primary Health Networks (PHNs) are funded by DH to increase efficiencies and effectiveness of after-hours primary care.

The PIP After Hours Incentive supports general practices to provide patients with appropriate access to medical care during the after-hours period. General practices are eligible for one of five payments valued between $1.00 and $11.00, calculated on their annual patient total dependent on the level of after-hours service they choose to provide plus a loading payment of 20-50 percent.

Gippsland PHN's After Hours Program will address gaps in after-hours service arrangements and improve service integration.

During 2015-2016 GPHN gave priority to maintaining existing after-hours primary care that are not within the scope of the PIP After Hours Incentive and facilitate access to after-hours medical services through innovation and collaboration with regional stakeholders.

From July 2016 GPHN will commission high quality, innovative, local relevant and effective after-hours primary care as identified in the Baseline Needs Assessment (BNA) focussing on:

- Understanding of needs and gaps
- Understanding the diversity and capacity of potential providers
- Solutions focused on a whole-of-system approach, co-design and outcomes
- Sustainability and investment increasing provider capability and consumer access
- Fair and transparent procurement and contracting promoting efficiency and value for money

- Partnership development and sustainability
- Collective governance, decision making and performance management
- Informative evaluation and monitoring processes

GPHN will invite health service representatives to contribute to the development of a quality, innovative, and effective after-hours primary care service system for their Gippsland communities that prioritise:

- Patient outcomes by working collaboratively with health professionals and other services to integrate and facilitate a seamless patient experience
- Appropriate and timely access to health advice and/or medical care after normal business hours
- Service gaps and improved access to after-hours primary health care with consideration to vulnerable populations
- Systems improvements to increase efficiencies and effectiveness to support continuity of care across service providers and the patient's regular GP
- Consumer awareness of after-hours primary health care in their community and improve patient health literacy on the appropriate health service to access in the after-hours period.

3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-17

Proposed Activity	
Activity Title / Reference (eg. NP 1)	**AH1: Maintain consumer access to existing after-hours medical services**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (eg. 1, 2, 3)	18 (Refer to Appendix A)
Description of Activity	Gippsland PHN identified service continuity as a focus from 1 July 2016 and reviewed where service compromise would most likely occur if existing funding is withdrawn. The activities target specific regional and remote communities to ensure the best possible consumer access to care is maintained through the provision of General Practitioner (GP) led service models that are considered essential components of the health infrastructure in Gippsland. The activities acknowledge seasonal variation and the subsequent demand on general practices from the influx of visitors in regional tourist destinations such as Mallacoota, Orbost and Phillip Island. It supports general practices that are interdependent with two of Gippsland's smaller health services in Omeo and Orbost and it retains medical services in regional centres of Moe and Phillip Island where hospital services have been withdrawn. **Moe After Hours Medical Service (MAHMS), Moe** - a collaborative after-hours service provided in partnership between four general practices and a community health service located in central Gippsland. The service is open each night until 10.30pm including public holidays. **Cowes Medical Centre, Phillip Island** - a general practice open until 10.00pm each night including public holidays providing after-hours service to a popular holiday and tourist destination in Gippsland. **Mallacoota Medical Centre, Mallacoota** - small general practice providing 24/7 medical coverage to a community isolated from alternative services due to the geographical location in far east Gippsland. An integrated model requires community support for this funding to continue.

	Omeo Medical Centre, Omeo and Orbost Medical Centre, Orbost - co-located with hospital services providing 24/7 medical coverage to a community isolated from alternative services due to the geographical location in far east Gippsland. Priority target population cohort: All Alignment to PHN After Hours Objectives: Deliver high quality, innovative, local relevant and effective after-hours primary health care based on community need. Commissioned services will not duplicate PIP After Hours activities.
Target population cohort	Key population groups identified in Needs Assessment – children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years, youth Key systems and enablers identified in Needs Assessment – access to services, eHealth, service coordination, service quality, workforce Key health outcomes identified in Needs Assessment – alcohol and other drugs (AOD), cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, immunisation, mental health, reproductive/sexual health
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation;

	3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Gippsland PHN continues to collaborate with the general practices in these communities, it liaises with key stakeholders such as State Department of Health and Human Services, Ambulance Victoria, and the 10 regional hospital networks to assist with locally planned and effective after-hours service models. Engagement with Gippsland PHN's Clinical Councils and Community Advisory Committees ensures clinical leadership and patient centred approach is considered on all after-hours planning. Collaboration with other stakeholders from across Gippsland, and more broadly across Victoria (for example via the Victorian PHN Alliance), who are involved in collating population health data assist to determine local after-hours priorities of the region.
Indigenous Specific	NO
Duration	2016-17
Coverage	SA3: Gippsland East, Latrobe Valley, Gippsland South West
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**AH2: Improving health outcomes for people living in aged care homes**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Needs Assessment Priority Area (eg. 1, 2, 3)	15,18,19 (Refer to Appendix A)
Description of Activity	Gippsland PHN will identify service gaps and deficiencies to enhance the Residential In-Reach Program in Gippsland through consultation with regional aged care facilities, directors of nursing and hospital networks. The aim of the activity is increase capacity of the Residential In-Reach Program to decrease the demand

	from residential aged care services and older people who require health care and/or advice during the after-hours period. Through collaboration with the aged care networks, Gippsland PHN will work with stakeholders to: • Identify strategies to decrease unnecessary ED presentations from older people living in aged care facilities • Identify service gaps and deficiencies and implement solutions addressing these issues • Develop regional care pathways and protocols supporting the regional HealthPathways project • Identify continuing professional development opportunities for clinicians working in aged care facilities • Foster GP engagement and clinical leadership across Gippsland for the In-Reach Program • Explore opportunities to extend the program to people living in the community • Utilise Clinical Council support and advocacy to seek collaboration from sub-regional general practices to undertake business and clinical improvements to reduce burden on after hours health services for older people living in Residential Aged Care Facilities, and link this work to identified NP7 activity Priority target population cohort: older people > 60 years Alignment to PHN After Hours Objectives: After-Hours Primary Care Services in Residential Aged Care Facilities
Target population cohort	Key population groups identified in Needs Assessment – disability, indigenous Australians, low socioeconomic status, population aged over 60 years Key systems and enablers identified in Needs Assessment – access to services, eHealth, service coordination, service quality, workforce Key health outcomes identified in Needs Assessment – alcohol and other drugs (AOD), cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, immunisation, mental health, reproductive/sexual health
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover

	– enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Gippsland PHN continues to collaborate with the general practices, it liaises with key stakeholders such as State Department of Health and Human Services, Ambulance Victoria, Residential Aged Care Facilities (RACFS) and the 10 regional hospital networks to assist with locally planned and effective after-hours service models. Engagement with Gippsland PHN's Clinical Councils and Community Advisory Committees ensures clinical leadership and patient centred approach is considered on all after-hours planning. Collaboration with other stakeholders from across Gippsland, and more broadly across Victoria (for example via the Victorian PHN Alliance), who are involved in collating population health data assist to determine local after-hours priorities of the region.
Indigenous Specific	NO
Duration	2016-17

Coverage	Entire PHN Region
Funding from other sources	N/A
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**AH3: Establishing alternative after-hours service solutions**
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)
Needs Assessment Priority Area (eg. 1, 2, 3)	18 (Refer to Appendix A)
Description of Activity	Gippsland PHN will extend its small grants program from 1 July 2016 and provide a financial support --- to general practices and other health providers to implement innovative approaches to after-hours care between 1 July 2016 and 30 June 2017. Gippsland PHN will seek solutions from health providers, including but not limited to GPs, allied health providers and pharmacists and to deliver innovative after-hours services that will assist to decrease the rate of primary care type presentations to the region's Emergency Departments. The aim of the activity is to establish solutions addressing localised needs such as but not limited to: • Primary health care or nurse led clinics • Cooperatives models that enable shared workforce and infrastructure • Co-location of primary care services or workforce personnel in hospital's emergency departments • Telephone triage and advice services • Business hours solutions that reduce demand on the after-hours period • Utilise Clinical Council support and advocacy to seek collaboration from sub-regional general practices to undertake business and clinical improvements to reduce burden on after hours health services for people living with chronic and complex conditions. Where relevant, align with other existing projects (e.g., Innovation Grant, Latrobe Health Innovation Zone, Health Pathways, POLAR GP) to maximise collaboration and integration, and minimise duplication. Priority target population cohort: All Alignment to PHN After Hours Objectives: Address gaps in the provision of After Hours Primary Health Care
Target population cohort	Key population groups identified in Needs Assessment – children 0-14 years, disability, indigenous

	Australians, low socioeconomic status, population aged over 60 years, youth Key systems and enablers identified in Needs Assessment – access to services, eHealth, service coordination, service quality, workforce Key health outcomes identified in Needs Assessment – alcohol and other drugs (AOD), cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, immunisation, mental health, reproductive/sexual health
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Gippsland PHN continues to collaborate with the general practices in these communities, it liaises with key

	stakeholders such as State Department of Health and Human Services, Ambulance Victoria, Residential Aged Care Facilities (RACFS), pharmacists and the 10 regional hospital networks to assist with locally planned and effective after-hours service models. Engagement with Gippsland PHN's Clinical Councils and Community Advisory Committees ensures clinical leadership and patient centred approach is considered on all after-hours planning. Collaboration with other stakeholders from across Gippsland, and more broadly across Victoria (for example via the Victorian PHN Alliance), who are involved in collating population health data assist to determine local after-hours priorities of the region.
Indigenous Specific	NO
Duration	2016-17
Coverage	The grant program will be advertised across the Gippsland PHN region.
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**AH4: Contingency planning for sustainable health communities in remote locations**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (eg. 1, 2, 3)	18,19,22 (Refer to Appendix A)
Description of Activity	Gippsland PHN will work with the Mallacoota Medical Centre and partner organisations, including Department of Health & Human Services, Ambulance Victoria, Rural Workforce Agency Victoria, East Gippsland Shire Council and Mallacoota District Health and Support Services to ensure sustainable health services are available to the Mallacoota community. The collaboration will implement suitable solution(s) to ensure a viable and sustainable health system for this small township and surrounding communities including alternative solutions supporting business viability and workforce sustainability. An integrated model requires community support for this funding to continue.
Target population cohort	Key population groups identified in Needs Assessment – children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years, youth Key systems and enablers identified in Needs Assessment – access to services, eHealth, service coordination,

	service quality, workforce Key health outcomes identified in Needs Assessment – alcohol and other drugs (AOD), cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, immunisation, mental health, reproductive/sexual health
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Gippsland PHN will work with the Mallacoota Medical Centre and partner organisations, including Department of Health & Human Services, Ambulance Victoria, Rural Workforce Agency Victoria, East Gippsland Shire Council and Mallacoota District Health and Support Services.

Indigenous Specific	NO
Duration	2016-17
Coverage	SA3: Gippsland East
Proposed Activity	
Activity Title / Reference (eg. NP 1)	**AH5: Facilitating a seamless patient experience**
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority Area (eg. 1, 2, 3)	18 (Refer to Appendix A)
Description of Activity	**Ensuring Service Continuity:** Gippsland PHN will continue to collaborate with the broader general practice community to mitigate service gaps that may potentially impact effective delivery of after-hours medical care. In many regional locations the general practitioner is the primary provider of all medical services linking private general practice with hospital specialist services and community after-hours care. The aim of the activity is to address issues related to workforce sustainability such as providing relief to practices for the temporary loss of key medical personnel. The activity supports alternative solutions such as administrative and nursing functions and locum relief to ensure regional and isolated communities have access to medical care, after hours. **Gippsland HealthPathways Program:** After hours care pathways will be developed by local GP editors and pathway clinical working groups to further define and capture local after-hour services, best plan of care in the after-hours period, inform Gippsland PHN on gaps in services and areas of need. The Gippsland HealthPathways portal will allow primary care providers ease of access to information for after-hours primary care options; it will also contain patient resources in relation to after-hours services. **Consumer Engagement** Gippsland PHN will have a planned approach to its stakeholders guided by the Stakeholder Engagement and Partnership Framework. Key components of the Communication and Engagement Plan will include regular communication and engagement mechanisms include the website, newsletter and face-to-face activities. Dedicated marketing and engagement activities will be required to raise community awareness of how to

	access After Hours services, and to identify emerging needs of the community. Priority target population cohort: All Alignment to PHN After Hours Objectives: Delivery challenges for After Hour Primary Health Care in rural and remote locations including funding certainty and crucial links to hospital responsibilities.
Target population cohort	Key population groups identified in Needs Assessment – children 0-14 years, disability, indigenous Australians, low socioeconomic status, population aged over 60 years, youth Key systems and enablers identified in Needs Assessment – access to services, eHealth, service coordination, service quality, workforce Key health outcomes identified in Needs Assessment – alcohol and other drugs (AOD), cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, immunisation, mental health, reproductive/sexual health
Consultation	The Gippsland PHN Community Advisory Committee is the centre of the organisation's community engagement strategy, and developed as a strategic community leadership group who drives community involvement through digital mediums, forums, training and the establishment of a community panel (virtual). Gippsland PHN's Clinical Councils comprise health professionals representative of the sub-region they cover – enabling each group to recommend and advise on issues that are specific to their sub-region across many disciplines. Gippsland PHN also have an Executive Team member as a non-voting member on each council which assists with direct communication to the organisation, as well as the Board through its Board member sponsor. Work plans have been influenced by the population health profile preliminary findings and enable strong consultation with sub-regional representatives. High level Clinical Council objectives are: 1. Support community, GPs and other health professionals to be actively engaged in Gippsland PHN programs/projects; 2. Be involved in activities associated with PHN commissioning (including advising on health needs, service design & evaluation; 3. Support and advise on community and organisational health literacy; 4. Participate in developing and promoting HealthPathways designed to improve quality, streamline services and use resources effectively; and 5. Identify risk and opportunities for innovation and improvement in local, regional and national health

	priorities. Gippsland PHN's Stakeholder Engagement Strategy provides further structure and consistency in consultation activities with key stakeholders.
Collaboration	Gippsland PHN continues to collaborate with the general practices in these communities, it liaises with key stakeholders such as State Department of Health and Human Services, Ambulance Victoria, Residential Aged Care Facilities (RACFS) and the 10 regional hospital networks to assist with locally planned and effective after-hours service models. Engagement with Gippsland PHN's Clinical Councils and Community Advisory Committees ensures clinical leadership and patient centred approach is considered on all after-hours planning. Collaboration with other stakeholders from across Gippsland, and more broadly across Victoria (for example via the Victorian PHN Alliance), who are involved in collating population health data assist to determine local after-hours priorities of the region.
Indigenous Specific	NO
Duration	2016-17
Coverage	Entire PHN region

3. (c) Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Please use the table below to outline any activities included in the May 2016 version of your AWP which are no longer planned for implementation in in 2017-18.

Nil identified

Appendix A: Priority Areas included in Baseline Needs Assessment

1. Alcohol and Other drugs
2. Cancer
3. Cardiovascular Diseases
4. Children 0-14 years
5. Chronic Respiratory Diseases
6. Community Connectedness
7. Diabetes
8. Disability
9. Family Violence
10. Immunisation
11. Indigenous Health
12. Lifestyle Factors
13. Low socio-economic status
14. Mental Health
15. Population >60 years
16. Reproduction / Sexual Health
17. Youth
18. Access to Services
19. Service Coordination
20. e-health
21. Service Quality
22. Workforce
23. Disability
24. Population Health