



An Australian Government Initiative

Activity Work Plan 2019-2022:

Core Funding

GP Support Funding

Community Health and Hospital Program

Australian Capital Territory PHN

1. (a) Planned PHN activities for 2019-20, 2020-21 and 2021-22

– Core Flexible Funding Stream

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2022.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	CF 1 Innovative Primary Care Workforce Models - Pharmacists in General Practice
Program Key Priority Area	Workforce
Needs Assessment Priority	Priority area 8.2: Lack of multidisciplinary primary care team models, page 23 Priority area 7.2: Medication management and support for older people in the ACT through GPs, community pharmacy, or in-place RACF, page 21-22
Description of Activity	<p>ACTPHN funded a two year pilot program to support the employment of a pharmacist in three general practices. The pilot program was externally evaluated by the University of Canberra and demonstrated successful outcomes in improving medication safety and compliance, and improved health outcomes for patients. The pilot was also effective in demonstrating to the GPs/practices involved, the benefit of embedding and sustaining the pharmacist role as part of the health care team.</p> <p>Building on the key findings and success of the Pharmacist in General Practice Program, ACT PHN extended the pharmacist model to four additional general practices in 2018-2019. As the service is evaluated and pharmacists are embedded into general practice business models, four new general practices will be identified to participate in 2019-2021 through an EOI process.</p> <p>This activity aligns with the PHN objective to increase the efficiency and effectiveness of health services to deliver care to patients, particularly those with chronic and complex health conditions.</p>
Target population cohort	Patients of participating ACT general practices with chronic and complex conditions.
Indigenous specific	No
Coverage	Participating general practices in the ACT.
Consultation	Community engagement and consultation with key stakeholders occurred in the development and delivery of the Pharmacist in general practice pilot. Further engagement and consultation will occur with this initiative through input from the ACT PHN Community Advisory Council members and via a stakeholder group of GPs, and pharmacists to guide the program. ACT PHN is also consulting with other PHNs who have implemented primary care workforce models.
Collaboration	<p>ACT Health and Calvary Hospital – GP Liaison Officers: planning and design</p> <p>Pharmaceutical Society of Australia: support to practices</p> <p>University of Canberra: evaluation</p>

	<p>ACTPHN General Practice Advisory Council Members: planning and monitoring</p> <p>Participating general practice staff members and pharmacists: implementation and monitoring</p> <p>ACTPHN Practice Development Team members: support to practices with implementation and management.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2018</p> <p>Activity end date: 30/06/2021</p> <p>Service delivery start date: 1/07/2018</p> <p>Service delivery end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	CF2: In-reach services for priority populations
Program Key Priority Area	CHN priority populations
Needs Assessment Priority	<p>Priority area 9.1: People who are homeless or at risk of being homeless miss out on primary care services due to lack of regular GP or place of care, and ability to access services, page 23</p> <p>Priority area 9.6: Barriers to accessing a primary care provider upon release from prison, increasing the risk of poorer health status</p>

Description of Activity	<p>In/out reach services are those that are delivered directly to the targeted community and may be effective in linking vulnerable groups to mainstream health care. This model of care has been used effectively in reaching vulnerable populations in the ACT with the delivery of The Early Morning Centre and the Nurse Outreach Clinics at the Civic Needle and Syringe Program and Ainslie Village. A crucial element of the success of these programs has been location of the service where the targeted population congregate.</p> <p>The core elements of an 'in-reach' service are:</p> <ul style="list-style-type: none"> • 'in-reach' to a place that is already frequented by the target group on a regular basis and that is considered trustworthy, safe and non-threatening by the client group • filling a void i.e. adding value and not duplicating similar services • acting as a first access point for vulnerable people who do not have access to a trusted primary care home in the ACT • facilitation of client transition back into mainstream general practice, in the local area. <p>ACT PHN commissions, on behalf of ACT Health, two in reach services for vulnerable groups in the community. These services operate from the Needle Exchange Service in Civic, and Ainslie Village a public housing estate. These services have been externally evaluated and have demonstrated success in improving access to health services for vulnerable people with complex health needs. Through the evaluation the need was identified to provide in reach services to another very vulnerable group living at the Oaks Estate a public housing estate on the outskirts of Canberra. ACT PHN will direct additional funding to additional services into Ainslie Village and to commission services into Oaks Estate.</p> <p>The contracted service provider for the in-reach services into Ainslie Village and Oaks Estate will be supported to deliver a mobile primary health care service. The mobile clinic enables the provider to broaden outreach services around Canberra, including making them available to members of our community living rough. It also provides a safe clinical space to deliver the services into the Ainslie Village and Oaks Estate. Through the mobile clinic it is anticipated that access to primary care services for hard to reach priority populations will be improved with two consultation rooms and being fully equipped for primary health care services.</p>
Target population cohort	Priority populations (those exiting prison; those with mental illness; those affected by the harms caused by alcohol and other drugs; people who are homeless; those with a disability etc.)
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	ACT PHN Region
Consultation	A scoping study was undertaken to outline the possible options for expansion of the successful in/out reach model of primary health care service provision to further locations and for other vulnerable population groups in the ACT. Key informant interviews (including Smith Family, Uniting Care Kippax, St Vincent

	de Paul, Headspace, ATODA, ACT Health, ACT Community Services (Housing) were undertaken face to face or by telephone to identify any possible locations that would be suitable for engagement with vulnerable groups of people in the ACT.
Collaboration	Clinical services are provided through partnership with Directions Health Services. This is an activity that is under the umbrella of the ACT Coordinating Committee for Primary Health Care and Chronic Conditions, a cross-sectoral committee developed as a joint initiative between the PHN, ACT Health, Canberra Health Services, Calvary Health Care and HCCA.
Activity milestone details/ Duration	Activity start date: 1/12/2017 Activity end date: 30/06/2021 Service delivery start date: 1/12/2017 Service delivery end date: 30/06/2021
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement – As detailed in the activity description ACT PHN will take a direct approach to Directions Health to extend the provision of their in reach clinics.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>

ACTIVITY TITLE	CF3: Innovative multidisciplinary care model
Program Key Priority Area	Workforce
Needs Assessment Priority	8.2 Lack of multidisciplinary care team models, page 23
Description of Activity	<p>Part a: Scoping</p> <p>Under this activity, ACT PHN will commission the scoping and community co-design to develop outcomes and service models related to:</p> <ul style="list-style-type: none"> Social prescribing to support general practice in linking clients with community resources that support physical, social and mental wellbeing. This will include analysis of models including social workers

	<p>in general practice and/or community health workers working directly with clients to link them with supportive services and resources.</p> <ul style="list-style-type: none"> • Multidisciplinary care models for children and families with a history of trauma in alignment with best practice and evidence for addressing Adverse Childhood Experience including domestic and family violence. We will examine models that combine psychological and developmental health. • Chronic conditions. We will scope a range of activities focusing on older Australians with chronic conditions including dementia and frailty building off successful models implemented elsewhere including geriatricians in general practice and residential aged care facilities. <p>Deliverables will include scoping study reports, consultation and co-design papers, and a set of co-designed outcomes and service models. Viable models-of-care will then be commissioned through an open approach to market delivering front-line services.</p> <p>Part B: Service delivery</p> <p>Based on the co-design and scoping activities in part A, ACT PHN will commission service providers to pilot the delivery of multidisciplinary care models focusing on the areas above with the aim of providing team-based care that addresses physical and mental health through a social determinants lens.</p> <ul style="list-style-type: none"> • A social prescribing pilot will enable GPs and other primary health care professionals to provide a wellbeing prescription for social support and preventative health activities. A non-clinical community health worker, peer worker or linkage coordinator, will then work with the client and GP to ensure the wellbeing prescription is actioned and the client is supported to take up the recommendation. • ACT PHN will commission a service provider to work directly with children and families to deliver comprehensive services focusing on mental, developmental, and physical health. Children and families would be able to access this service through a flexible referral pathways from schools, GPs, self referral, or other social services. • ACT PHN will also seek to work with local health care providers to commission services that provide necessary, community-based care including allied health and specialist consultation to clients that have complex health needs including older Australians and people with multiple chronic conditions.
Target population cohort	<p>Various including:</p> <ul style="list-style-type: none"> • People with complex social and health needs • Women and children experiencing domestic violence • Older Australians
Indigenous specific	No
Coverage	ACT PHN region
Consultation	These activities have been identified through consultation with stakeholders during the needs assessment process including with our Clinical Council and Community Advisory Council members.
Collaboration	<p>ACT PHN will facilitate co-design with a range of stakeholders including:</p> <ul style="list-style-type: none"> • Community service providers • Consumers and carers • Health professionals
Activity milestone details/ Duration	<p>Activity start date: July 2019</p> <p>Activity end date: June 2021</p>

	<p>Service delivery start date: December 2019 Service delivery end date: June 2021</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

1. (b) Planned PHN activities for 2019-20 to 2021-22
– Core Health Systems Improvement Funding Stream
– General Practice Support funding

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	HS1 HealthPathways
Needs Assessment Priority	<p>HealthPathways primarily addresses Priority area 1.3: Need for better shared care arrangements between primary and outpatient services.</p> <p>Additionally, HealthPathways is listed as a “possible option” against several priority areas and issues identified in the needs assessment, in particular: 5.3 Support needed for GPs and other primary care professionals in management of patients presenting with AOD misuse 6.4 Need for a greater focus on prevention 6.5 Access to information and resources about managing chronic pain in the community</p> <p>As well as being used as one possible option for improving health equity for our priority groups.</p>
Description of Activity	<p>The ACT PHN implemented a HealthPathways program in partnership with SouthEastern NSW PHN, ACT Health and SNSW Local Health District (SNSWLHD). The project initially ‘went live’ in April 2015.</p> <p>This activity involves the development and promotion of integrated patient care pathways through HealthPathways. The activity is supported by a high-level governance committee made up of major stakeholders and has a team composed of a cross border program manager, project coordinators, administrative supports, GP clinical editors and two GP clinical leads. The program team also includes a project coordinator employed by SNSWLHD to exclusively work with HealthPathways.</p> <p>The HealthPathways activity produces an online tool for primary health care teams, to help guide patient assessment and management and appropriate referral to local specialist and allied health and community services.</p> <p>Priority projects within the ongoing development and implementation of HealthPathways include:</p> <ul style="list-style-type: none"> • Development of pathways that support transition from the hospital to the community • Development of pathways to assist in the shared care of patients within the primary care setting • Indigenous health pathways and establishment of an ACT and SNSW Aboriginal and Torres Strait Islander reference group to assist in development of pathways and provide ongoing feedback • Incorporation of health literacy concepts within HealthPathways and consumer feedback in development of patient resources • Explore the implementation of Hospital HealthPathways
Target population cohort	Health Professionals in the ACT PHN region and Southern NSW

Indigenous specific	No
Coverage	ACT PHN and SE NSW PHN
Consultation	Clinical and referral pathways are developed in consultation with local general practitioners, hospital and community health clinicians and other professionals involved in local patient care and support services. Consultation is conducted either one on one or via Clinical Working Group meetings. An Aboriginal and Torres Strait Islander reference group has been established for consultation and input into Indigenous specific pathways and patient resources. ACT PHN consults with ACT and Southern NSW consumers and discusses proposed pathways at the quarterly HealthPathways Governance Committee meetings and have an agreement with Health Care Consumers Association (HCCA) to undergo regular review of the patient resources and information.
Collaboration	HealthPathways is a joint initiative that is funded by four major stakeholders – ACT PHN, SE NSW PHN; ACT Health and SNSWLHD. Each of these organisations has a senior executive on the HealthPathways Governance Committee which also includes a consumer representative from SE NSW and a HCCA representative. This is an activity that is under the umbrella of the ACT Coordinating Committee for Primary Health Care and Chronic Conditions, a cross-sectoral committee developed as a joint initiative between the PHN, ACT Health, Calvary Health Care and HCCA. Is it in the bilateral agreement?
Activity milestone details/ Duration	Activity start date: 1/07/2015 Activity end date: 30/06/2021
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>None.</p> <p>2a. Is this activity being co-designed? No Yes?</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>

ACTIVITY TITLE	<p>HS2 High performing primary care</p> <p>HS2.A: High Performing Primary Care Practices</p> <p>HS2. B: Population Health Planning</p>
Needs Assessment Priority	8.1: Supporting a sustainable primary health care workforce
Description of Activity	<p>HS2.A: High Performing Primary Care Practices</p> <p>ACTPHN is implementing a targeted collaborative approach to facilitating and supporting the continued development of general practice capacity to provide evidence-based patient centred care. Commencing in July 2019, ACT PHN will roll out a new prospectus of support offerings to engage general practices in key quality improvement initiatives.</p> <p>This activity will include a range of general practice support activities including:</p> <ul style="list-style-type: none"> • Introduction and promotion of the QIPIP • data driven and patient centred improvement initiatives, including individual practice planning and goal setting, as well as ACT PHN led initiatives working with participating practices • facilitation of professional development on management of specific chronic conditions and networking opportunities with relevant local specialists • support for practices to achieve and maintain practice accreditation • provision of a service for general practice and other primary care providers in ACT to post advertisements of vacant positions on the ACT PHN website. • orientation of and training for new health professionals and registrars into primary care. • practice nursing support, including immunisation support and information, particularly targeted on maintaining childhood immunisation targets. • Facilitating change in practices to utilise population data to plan and maximise care and to build team-based care and patient-team partnerships <p>HS2.B: Population Health Planning</p> <p>Population health aims to improve the health and wellbeing of people in the ACT while addressing inequities among and between specific population groups and the needs of the most disadvantaged. It is used to identify health needs, risk and protective factors, service gaps and the effects of targeted interventions. To achieve optimum population health outcomes, comprehensive and integrated population health planning is required. The Population Health Planning program works across primary care, all contracted services, and integration partners to:</p> <ul style="list-style-type: none"> • Source and analyse data to provide information about the health status of the ACT population with a focus on primary health care and to identify the key health issues/needs and problems

	<ul style="list-style-type: none"> Identify the population groups or localities most affected and identify the social determinants at play and/or the health inequities present Assess the adequacy of present efforts to meet current and future needs Identify gaps in programs and services and opportunities to improve coordination and collaboration with general practice, other primary health care providers, and the acute sector. Develop innovative workforce models that improve the delivery of primary care Plan for primary health care services Monitor and evaluate contracted services to determine progress towards achieving expected outcomes.
Target population cohort	Primary care service providers
Indigenous specific	No
Coverage	ACT PHN region
Consultation	ACT PHN undertakes general consultation with practice staff via practice visits and at education events. We utilise the expertise within our General Practice Advisory Committee and Clinical Advisory Council to develop and refine ideas and help inform next steps in planning activities.
Collaboration	Local universities, General Practice champions, local hospitals, specialists and other subject-matter experts are key stakeholders working collaboratively with the PHN to identify and support opportunities for primary care practitioners to further develop existing knowledge and skill-sets, as well as provide opportunities for development of new and innovative service delivery models better suited to complex and chronic conditions.
Activity milestone details/ Duration	Activity start date: 1/07/2015 Activity end date: 30/06/2021
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>This does not require procurement/commissioning. In the case that procurement activities are required, for example, to identify an appropriate training provider for the CPD component, typically direct engagement or an EOI process will be used.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process?</p>

	<p>No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
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1. (c) Planned PHN activities for 2019-20 to 2021-22

– Community Health and Hospitals Program

Proposed Activities	
ACTIVITY TITLE	CHHP 1: Pharmacists in Residential Aged Care facilities
Needs Assessment Priority	Aligns with priority 7, Aged Care, specifically around medication management as well as consistent themes across multiple priorities around improved access to primary care in RACFs and multidisciplinary/team-based care.
Description of Activity	<p>ACT PHN Needs Assessment identified medication management as an important factor to reduce harm in older people who are at greater risk of experiencing side effects of their medications. This is exacerbated as many older people experience difficulties with vision, hearing, memory and cognitive function. Additionally, the Pharmaceutical Society of Australia have recently released their report <i>Medication Safety: Take Care</i>, in which they highlight: Inappropriate medicine use in residential aged care</p> <ul style="list-style-type: none"> • 98 per cent of people living in aged care facilities have at least one medication-related problem identified at review, and up to 80 per cent are prescribed potentially inappropriate medicine. • 17 per cent of unplanned hospital admissions by people living in aged-care facilities are caused by an inappropriate medicine.' <p>To address this ACTPHN will commission a service provider to:</p> <ul style="list-style-type: none"> • Develop a fit-for-purpose service model and evaluation framework • Support each RACF in the ACT to employ a pharmacist • Deliver and evaluate pharmacist-led services in all residential aged care facilities in the ACT providing medication management support services to RACFs including medication reviews, liaising with GPs about medications, establishing internal process and QI initiatives to improve medication management. <p>The intended outcomes include:</p> <ul style="list-style-type: none"> • Older people living in RACFs have improved health and quality of life as measured by reduced medication-related adverse events and reduced hospitalisation and reduced use of chemical and physical restraints. • Quality and safe use of medicines is embedded within RACF services • RACFs have the capability to better manage medications. <p>ACTPHN will also convene a project governance group to ensure that services are safe, high quality, and appropriate.</p>
Target population cohort	Older people living in RACFs
Indigenous specific	No
Coverage	All ACT
Consultation	University of Canberra as subject matter experts Additional consultation will take place with ACTPHN's Clinical Council, General Practice Advisory Committee, and Community Advisor Council.

Collaboration	<p>A project governance committee will be convened by ACTPHN including members from:</p> <ul style="list-style-type: none"> ○ Pharmaceutical Society of Australia ○ The Pharmacy Guild ○ ACT Health ○ RACF Directors of Nursing group ○ General Practice
Activity milestone details/ Duration	<p>Activity start date: 2/07/2019 Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. ACTPHN will directly engaged University of Canberra to pilot and evaluate this service. University of Canberra have lead implementation and research in this area, have strong relationships with RACFs, and have subject matter expertise. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>None.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>