

Annual Report

2015 / 2016

TABLE OF CONTENTS

Acknowledgement of Country.....	2
Chairman's Report	2
Organisational growth and change	2
Needs Assessment.....	3
Structural Arrangements	3
HHS Engagement	4
Strategic Direction	4
Board review	4
Spirit of Collaboration.....	5
What's next?	6
Chief Executive Officer's Report	6
About DDWMPHN	7
Our Vision	7
Our values	7
Our focus areas.....	8
Governance.....	8
Darling Downs and West Moreton PHN Board	8
Darling Downs Clinical Council	9
West Moreton Clinical Council	10
Darling Downs Community Advisory Committee	10
West Moreton Community Advisory Committee	10
Our Needs Assessment Journey	13
The original process.....	13
The refresh process	13
Our Service Directory.....	15
The Services, Workforce and Needs Directory	15
Services, Workforce and Needs Heat maps	16
Overlaying Population Health Data	17
Populating the ShED	17
Engagements	17
Programs	18
Next Developments	18
Technical Details	19
For more information	19
Other achievements	19
Engagement	20
GP and Stakeholder Engagement.....	20
Conferences and Workshops:.....	20
Practice Data and the Clinical Audit Tool	20

Acknowledgement of Country

THE DARLING DOWNS AND WEST MORETON PHN WISHES TO ACKNOWLEDGE AUSTRALIA'S ABORIGINAL PEOPLE AS THE CUSTODIANS OF THIS LAND. WE PAY OUR RESPECT AND RECOGNISE THEIR UNIQUE CULTURES AND CUSTOMS AND HONOUR THEIR ELDERS PAST, PRESENT AND EMERGING.

Chairman's Report

It is with great pleasure that I present you with the first Annual Report for the Darling Downs and West Moreton PHN (DDWMPHN).

On 1 July 2015, the Australian Government established 31 Primary Health Networks to replace the existing Medicare Local system with the 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.

The DDWMPHN works with GPs, allied and mental health professionals, practice nurses, practice managers, the Hospital and Health Services and our key stakeholders to develop and deliver a seamless healthcare system that fulfils the primary healthcare needs of our community.

The organisation is a joint venture between the Darling Downs Hospital and Health Service and GP Connections and is overseen by a Board of Directors and operated as an independent non-government private entity. DDWMPHN did not have the benefit of transitioning from a Medicare Local, nor having the people and infrastructure transition from the previous Medicare Local. There was almost nothing by way of physical and information assets at transition. We were a cold start-up in many ways. I would like to thank the Darling Downs HHS and the GP Connections for their foresight in working together and invest resources to develop the successful business case for this region.

The Darling Downs and West Moreton regions have a combined population of over 530,000 people with differing needs across the communities. From urban to rural communities, individuals and families, diverse cultural groups and Aboriginal and Torres Strait Islander peoples, the DDWMPHN knows that a 'one size fits all' approach to primary health care simply does not work. Through genuine and active engagement, education and training opportunities and partnerships, we will continue to work in the Darling Downs and West Moreton areas to ensure accessible and appropriate primary health care.

ORGANISATIONAL GROWTH AND CHANGE

Starting with a staff of five on July 1, 2015, the DDWMPHN has grown to a current staff component of 27 permanent roles along with three contracted casuals with further growth expected into 2016-17. The inaugural CEO, Mr Ken Murphy, transitioned the organisation from the system previously operated by the Medicare Locals,

working with the Commonwealth Department of Health, key stakeholders and the team to ensure that service delivery was consistent and users of funded services were not disadvantaged during the changeover period. The effort of Mr Murphy and his team was a distinct success of that start-up period.

Replacing Mr Murphy in May 2016, Ms Sam Freeman, as Acting CEO, oversaw a period of growth and regeneration as we worked towards allocating funds to programs we had agreed to by 30 June 2016. Ms Simone Finch joined us in August 2016. Her report, outlining the next steps for the DDWMPHN is found at page 7.

NEEDS ASSESSMENT

The role of all PHNs is to respond to local primary health needs. Our focus is very much on the specific needs of the broad and diverse communities across the Darling Downs and West Moreton regions, with an additional focus across specific cohorts, such as Aboriginal and Torres Strait Islander people, people experiencing mental health challenges, older people and people with chronic illness.

In March 2016, we completed our initial Needs Assessment. The assessment mapped over 1,000 services delivered by more than 400 organisations, and cross related this service data with population demographic, health behaviour and health outcomes data for the 10 local government areas in our region.

This data assists us, and our stakeholders, to understand the needs of a particular community or region, allowing us to respond effectively and tailor our commissioning efforts in useful ways. Further information about the Needs Assessment can be found at page 14.

Of particular interest is the development of the ShED and the 'heat maps'. This technology allows us to understand the particular, emergent needs of a community - with data being able to be drilled down to 'town' level.

Interestingly, this is also allowing us to undertake 'deep dives' into specific issues such as mental health, physiotherapy and community nursing.

STRUCTURAL ARRANGEMENTS

We have been cognisant of the need to engage and provide services in both the Darling Downs area, as well as the West Moreton area. We see ourselves as serving one region.

We conducted a Board meeting in Ipswich in October 2015 and are planning, at least, two Board meetings per annum in Ipswich. This allows us to further engage with general practitioners, allied staff and representatives of the West Moreton HHS.

We have formalised two Clinical Councils that meet on approximately a quarterly basis. These Councils represent the Darling Downs and West Moreton areas respectively. We have conducted one joint meeting of the Two Clinical Councils in April this year.

In October 2016, we coordinated a joint meeting of the Darling Downs PHN and DDHHS Clinical Councils. This has been arranged with the assistance of Dr Colin Owen whose reputation, respect and experience as a practitioner has resulted in significant opportunities for collaboration between the PHN and the DDHHS. The important work currently being done in relation to refining diabetes education, health pathways and treatment is just one example of this collaboration.

We have instigated Community Advisory Committees in both the West Moreton and Darling Downs areas. In the interest of continuing strong collaboration, we will coordinate these Advisory Committees in the West Moreton into

Health Advisory Committees so we work towards multiple ways of working together and truly engage with consumers in order to hear their needs and fully incorporate their experience into our work.

We have created the Mental Health Committee under the leadership of Dr Pat Stuart. Given the strong government and DDWMPHN focus on mental health, this Committee provides expert clinical and lived-experience advice that assists the DDWMPHN to determine needs and assess opportunities for improvements to overall primary health in this area.

HHS ENGAGEMENT

In addition to the work outlined above, the Chairs of the PHN and two HHSs in this Region have met several times to refine communication and commitment to working together for overall community health improvements. This will translate into benefits in primary health and unnecessary presentations at hospitals.

The Acting CEO, and our new permanent CEO, implemented frequent interactions between the CEOs of the PHN and the two HHS. There is a strong spirit of working together to support and improve community health.

STRATEGIC DIRECTION

The Board met twice with the initial CEO in divining the vision, purpose and high level areas of strategic focus. We agreed that the core customers of the PHN were our 1,500 general practitioners and allied health work force. We took the six core areas of focus as determined by the Commonwealth Government and integrated these into our operational objectives and programs. We assigned each of our six clinical Directors a portfolio of responsibility to cover these clinical priorities.

Originally, there was little opportunity for further strategy development and the submission of the Activity Work Plans (AWP) to the Commonwealth Department of Health. The timing was further complicated by a Federal Government election and related deadlines for submission of the AWP. Many of these AWP were tested and assessed by the Clinical Councils but in hindsight there are a number of learnings about a more deliberate and planned approach to strategy development and execution.

BOARD REVIEW

In August 2016, the board adopted a Board and Committee Performance Policy which included an organisation and further cement the way forward. The performance review included individual questionnaires, discussion between the Chairman and individual Directors and a Board discussion in October 2016. A Governance Improvement Plan has been developed to guide the optimal performance of the PHN.

As mentioned earlier, one area of improvement related to the deliberate and programmed approach to strategy development and execution. As Chairman, I have developed a Governance Blueprint which includes strategy preparation, strategic planning, operational plans and strategies, the budgeting process, the Activity Work Plans, the reporting to Department of Health, the performance assessment of both the CEO and the Board next year and the feedback loop that includes our foundation members the Darling Downs HHS and GP Connections. The CEO has already started the strategy planning with her staff. In the interests of integration and collaboration, it is crucial that our strategy review for 2016/17 is done in collaboration with our key stakeholders – GP Connections and both HHSs.

The Board Performance review did not uncover any surprises with respect to the PHN's and Board's performance since inception. In context, the PHN was new, the Board was new, the specific governance arrangements were new. The Board has responded in 2016 to leadership challenges, as well as inadequate engagement across the sector. However, there have been some clear learnings for our Board.

In the interests of full transparency, we know that the leadership structure and personnel were not optimal to the interests of primary health in our Region. We have fixed that. We know that the engagement with all stakeholders, including our foundation members and core customers was not adequate. I have committed to the Chair of the DDHHS Board that this situation will improve. The key stakeholders forthwith will receive monthly performance reports from the PHN. This will address performance, further strategies and progress on relevant collaboration projects. The engagement with core customers has not been up to standard. With the appointment of our new CEO, we have dramatically improved our engagement. Examples include recent mental health forums in both Ipswich and Toowoomba which were well attended and the topic of very positive feedback. Our CEO is shortly presenting a new Engagement Strategy to Board and this will formalise and rationalise the engagement strategies that a PHN should be performing.

As a Board team, there is good synergy, respect for individual competences, strong clinical backgrounds, a good skill mix in our composition and a passion and energy for improved health outcomes.

I would like to thank all Directors for their enormous contribution to our start-up PHN, the time they have devoted to Board, Council and Committee responsibilities.

We understand that our core customers need our help. We know that with Medicare Levy freezes, general practitioners are doing it hard. We need to be working by their side and assisting them with clinical and practice imperatives. Our commitment to strong engagement will assist us understand how we can best do this.

SPIRIT OF COLLABORATION

Not only is there a strong spirit of collaboration between the foundation members, West Moreton HHS and the PHN, there is real collaboration happening between the PHNs. As a new Chairman of a PHN, I have come to realise that there are many great things being invented with Federal money in individual PHN Regions. It does not make sense to keep these pearls of Federally-funded innovation isolated to a particular region. The Commonwealth Department of Health has brought us together three times now to network, showcase innovation and facilitate collaborative effort. I know that our CEO is working, and meeting, with other Queensland-based PHNs to coordinate innovative services.

I participated in a meeting of all PHN Chairs in Canberra to discuss the implementation of Health Care Homes and Director Stuart represented our PHN only two weeks ago on discussions in this area. The Queensland Department of Health has facilitated a number of forums to bring HHS and PHNs to identify and progress areas of collaborative effort. I don't believe in re-inventing wheels and isolated pillars of primary health excellence. The environment is now ripe for innovation to support our core customers and partner in programs that improve community health.

WHAT'S NEXT?

The DDWMPHN has had a challenging beginning. We have been through change and are now emerging through this period stronger and more focused. We are committed to the Darling Downs and West Moreton communities and the increased efficiency and effectiveness of primary health services in the region.

We look forward to continuing to work with the Darling Downs Hospital and Health Service, GP Connections, the West Moreton Hospital and Health Service, and our other stakeholders to increase accessibility and coordination to patients in the region so they receive the right care in the right place at the right time.



John Minz
Chairman, DDWMPHN

Chief Executive Officer's Report

It is my great pleasure to join with our Chairman, John Minz, to present you with the first Annual Report for the DDWMPHN for our inaugural year of operation.

Over our initial period, DDWMPHN has faced the challenge of mobilising and establishing itself across the region, recruiting and retaining staff with desired skills and experiences and transitioning services, whilst endeavouring to maintain service delivery for legacy Medicare Local programs.

It was a year of establishment, change and hard work. I feel privileged to be leading DDWMPHN into our second year of operation.

As an organisation, we are committed to delivering a seamless healthcare system that fulfils the needs of primary health care providers and community of the Darling Downs and West Moreton region.

In line with this commitment and in light of recent changes in the Executive team, we have worked with EY to undertake a Rapid Current State Assessment with a view of identifying opportunities to improve the way we operate and deliver on our vision.

This assessment was a crucial opportunity to reflect upon the work that has happened over the past year, consider the work that the team is forging ahead on and listen to their perspective on the challenges our PHN is facing.

As a result, we are working on strengthening the structure of the PHN itself and improving our internal systems, tools and governance frameworks to ensure that we remain a functioning and effective organisation.

We understand that there is opportunity to improve on the clarity of our brand and quality of our engagement with our community. We are pleased to announce that we have engaged a creative firm to assist with our communications and marketing. In partnership, we plan to develop a refreshed brand and enhance our social media and web presence.

In addition, we have also engaged EY to undertake a rapid assessment of our Aboriginal and Torres Strait Islander health service coordination, integration and provision. We look forward to implementing their recommendations to improve our engagement with the Aboriginal Medical Services and community-controlled organisations in our region.

As I write this report, we are working on a strategic plan and refreshed engagement strategy for our PHN that will inform our next 18 months. In summary, we are planning a number of key exciting initiatives in the future, including:

- ▶ Facilitation of a staff strategy event in the coming weeks to plan the outcomes and strategies of our key focus areas over the next 18 months
- ▶ Release of a revised organisational structure that aligns to the growing needs of our PHN
- ▶ Roll out of an invigorated brand and enhanced social media and web presence
- ▶ Implementation of EY's recommendations across the organisation
- ▶ Consideration of ways we can significantly improve engagement with our other stakeholders in the region
- ▶ Implementation of new systems, tools and governance frameworks to support commissioning and internal operations

In the coming year, the DDWMPHN will continue to build on our achievement this year to drive improved health outcomes in our community. We look forward to partnering with stakeholders and the broader community in the planning, coordination and integration of services that respond to our regional need.



Simone Finch
Chief Executive Officer, DDWMPHN

About DDWMPHN

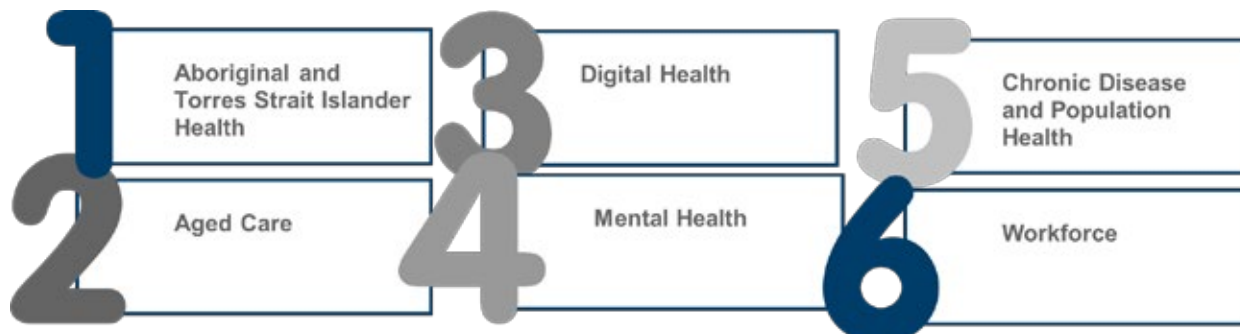
OUR VISION

A seamless healthcare system that fulfils the needs of Primary Health Care Providers and the Community.

OUR VALUES



OUR FOCUS AREAS



GOVERNANCE

In addition to the Board of Directors, the Governance Framework for DDWMPHN includes Clinical Councils, Community Advisory Committees and Mental Health / AOD Sub-Committees for both West Moreton and Darling Down regions, along with an Antimicrobial Taskforce for the Darling Downs region.

Darling Downs and West Moreton PHN Board

Mr John Minz
Chair

John is the Chief Executive Officer of Heritage Bank. He has held this position since late 2003, and has been with Heritage since 1993 when he initially joined as Head of Internal Audit. After fulfilling a number of managerial roles, he became Deputy CEO in 2002 and was then appointed CEO in 2003.

Dr Patricia Stuart
Deputy Chair

Pat worked in General Practice in Chinchilla for 10 years before moving to Toowoomba where she has been in general practice since 1987. During that time, Pat undertook post graduate training and completed a Masters in Medical Education. She has been involved in medical education at both under and postgraduate levels. She is currently the Associate Director of Medical Education (Rural) for General Practice Training Queensland (GPTQ) and Director of Learning for the UQ Rural Clinical Schools. Pat is an examiner for the fellowship of both RACGP and ACRRM colleges. Her special interests are in medical education with an emphasis on recruiting and retaining doctors in rural and regional areas. Pat has maintained her links and interests in all things rural and she and her husband have cattle on a farm near Chinchilla.

Dr Amanda Illingworth

Born in South Africa, Mandy has been in Australia for over a quarter of a century and currently practices in Ipswich. She is passionate about excellent primary health care; involved in local medical politics and medical education to continually improve local health care.

Dr Andy Mellis

Andy and his family moved from the UK to Toowoomba in 2005. As a practising GP in Toowoomba, he is excited to have the opportunity to input into the challenges facing General Practice. His special interests include family health and medical education.

Dr Lynne King

Lynne graduated from the University of Queensland in 1981. Practising in Toowoomba, she provides general medical care to all age groups for both women and men. She has a special interest in aged care and palliative medicine.

Dr Roland Owen	<p>Roland moved over from the UK in 2006 and practices in Highfields.</p> <p>He found that his experience of the turbulent UK system is helping with the current unprecedented changes & similarities occurring within our medical system.</p> <p>As one of the younger GPs in the area, one of his areas of interest is to try to ensure the future of Primary Health Care in the region.</p>
Dr Colin Owen AO	<p>Colin has practised as a GP in Inglewood since 1968 where he has raised five children at their Inglewood property that is now a popular retreat for the grandchildren.</p> <p>He was the founding president of the Rural Doctors Association of Queensland (RDAQ) in 1989, the inaugural president of the Rural Doctors Association of Australia (RDAA) in 1991, a foundation Fellow of the Australian College of Rural and Remote Medicine and a past President of the RACGP.</p>
Ms Annette Scott	<p>In addition to Annette's current role as Director of the board for the DDWMPHN, she is Executive Director Allied Health for the Darling Downs Hospital and Health Service. She commenced her career in health as a physiotherapist. After spending her earlier career as a private practitioner in solo practice in Central Queensland, she joined the public health system in Queensland in 1993. Annette has subsequently fulfilled a number of clinical, quality improvement and management roles, including management of a range of commonwealth and state funded health programs, and has worked across a range of service settings including primary care settings.</p> <p>Annette is a graduate of the Australian Institute of Company Directors and also recently successfully completed the Women in Executive Leadership program through the University of Queensland. In 2015 Annette played a key role in the transition of services from the Darling Downs and Southwest Queensland Medicare local to the Darling Downs and West Moreton Primary Health Network. She brings to the role of Director a strong commitment to improving the integration of health services across the region.</p>
Mr Robert Walker	<p>Rob was a well-known solicitor in private practice in Ipswich for 40 years, and brings to the Board a wealth of experience necessary for effective governance.</p> <p>Rob's experience includes 15 years on the Ipswich Hospital Foundation, half of which was as Chairman. He was also on the Board of Trustees of Ipswich Girls Grammar School for 20 years, 8 years as Chairman, and he's also been a Rotarian for 28 years holding many positions including President.</p> <p>Rob has a strong commitment and affiliation with the local community.</p>

Darling Downs Clinical Council

Dr Colin Owen	Chair
Dr Debra Carroll	GP Liaison Officer
Daphne Cleaves	Speech Pathologist
Mark Goddard	Registered Nurse
Dr Penny Hutchinson	Public Health Physician and Director
Dr Kevin Lynch	General Practitioner
Lainie Nicholson	Psychologist
Dr Hume Rendle-Short	Board Chair
Barry Sheehan	Psychologist
Paige Skinner	Pharmacist

West Moreton Clinical Council

Dr Amanda Illingworth

Georgia Ash

Dr Joan Baker

Dr Simon Barnett

MaryEllen Muller

Mrs Leslie Roberts

Dr Kenny Tay

Cameron Foote

Dean Johnson

Chair

Psychologist

GP

General Practitioner

Nurse

Nurse Practitioner

Emergency Medicine Consultant

Pharmacist

Indigenous Health Coordinator & Professional Lead Indigenous Health Services

Darling Downs Community Advisory Committee

Dr Lynne King

Charlie Rowe

Catherine Scales

Jim Madden

Bree Sauer

Rochelle Jesser

Louisa Handyside

Neil Meiklejohn

Lyn Tate

Louise Judge

Chair

Programs Development Manager/WHS Carbal

Disabilities Support Worker / Carer

Retired Teacher

Accredited Exercise Physiologist

Semi-retired grazier

Pharmacist/Student-Master of Pharm Public Health

Councillor with Southern Downs Regional Council

Corporate Services Team Leader Centacare

Member of Health Consumers Qld

West Moreton Community Advisory Committee

Robert Walker

Belinda Barrie

Helen Mees

Brenda Moloney

Carmel O'Connor

Shandelle Schmidt

Kim Stanton

Tim Eltman

Paul Brew

Tania Schmakeit

Chair

Carer

Retiree

Retiree

Practice Manager

Floresco Carer's Representative

Contract Social Planner - Ipswich City Council

GM Ipswich Hospice Care Inc

PIR Manager West Moreton-Oxley

A summary of identified health needs* in the Darling Downs and West Moreton PHN

KEY HEALTH NEEDS

1. High population growth rate
2. High proportion of aged persons

Demographically, the key issues facing the PHN are the high population growth rate and the high proportion of the population that are aged 65 years and over. These factors will have a significantly impact on future health needs and health service delivery.

3. Low socio-economic status

A significant number of the social determinants of health in the PHN are higher than the state levels, and overall, the region is more disadvantaged than other regions in the state.

4. High prevalence of chronic diseases

Chronic disease prevalence rates in the PHN are all higher than the state averages.

5. High prevalence of poor health behaviors

The health behaviors of the population are generally below the state averages, with weight, diet, physical inactivity and smoking being our key challenges.

The suicide death rate is only slightly above the state suicide death rate.

Childhood immunisation rates in the PHN are above the state average, however they are all below the national target of 95%.

6. Cancer incidence and screening rates

While the region generally has lower incidence and higher screening rates for cancers, the incidence rate for bowel cancer is above the state rate and the cervical cancer screening rate is below the state rate.

7. High premature mortality rates

The premature mortality rates for all disease groups are significantly above the state premature mortality rates.

SOURCES: This dataset is a summary of individual datasets prepared by the Darling Downs and West Moreton PHN between September 2015 and March 2016. Sources for each indicator are identified in the original "By the Numbers" dataset publications.

** These datasets contain preliminary data only, as at March 2016, and will be updated as more up-to-date population health data becomes available.*

Darling Downs and West Moreton PHN
145 Taylor Street TOOWOOMBA QLD 4350 P: 07 4615 0900

Indicator	Priority	PHN	QLD
Demographics (2016 data)			
Projected population 2016		586,328	
Projected population 2026		780,436	
Annual population growth rate	●	3.3%	2.1%
Special needs groups (% of 2011 population)			
Aged population (65+)	●	14.7%	14.0%
Indigenous population	●	3.8%	3.6%
CALD population	●	5.1%	5.2%
Social determinants (2011 data)			
SEIFA Score (Q1%)	●	31.4%	20.0%
Lower paid occupations	●	32.0%	27.7%
Unemployment	●	6.3%	6.5%
Social cohesion	●	20.5%	18.7%
Psychological distress	●	10.9%	10.6%
Self-assessed poor health	●	17.3%	15.7%
Chronic disease health status (2013 to 2015 data)			
Type 2 Diabetes	●	5.3%	4.5%
COPD	●	2.9%	2.4%
Respiratory Disease	●	29.1%	27.2%
Cardiovascular Disease	●	17.9%	17.8%
Health behaviours (2014 data)			
Overweight and obese	●	62.9%	57.8%
Poor fruit consumption	●	43.3%	41.6%
Poor vege consumption	●	91.6%	91.2%
Risky drinking	●	16.1%	19.8%
Insufficient physical activity	●	42.6%	39.9%
Smoking (daily smokers)	●	16.0%	13.8%
Drug offences	●	1.8%	2.1%
Suicide rate (SDR)	●	124	122
Immunisation 1 year olds	●	93.98%	92.98%
Immunisation 2 year olds	●	91.21%	91.10%
Immunisation 5 year olds	●	94.36%	93.15%
Cancer incidence (2005-09 data) and screening rates (2013-14 data)			
Bowel cancer incidence rate	●	66.4	63.4
Bowel cancer screening rate	●	36.3%	35.5%
Breast cancer incidence rate	●	112.3	116.3
Breast cancer screening rate	●	57.8%	57.6%
Cervical cancer incidence rate	●	6.9	8.0
Cervical cancer screening rate	●	50.4%	57.6%
Premature mortality rates (2008-2012)			
from all cancers	●	109.4	108.5
from endocrine diseases	●	9.0	7.0
from circulatory diseases	●	60.5	50.5
from respiratory diseases	●	19.1	15.6
from COPD	●	11.5	9.6
from falls, fires, suicide	●	39.8	37.9
Priority key symbols allocation			
based on rank order within peer group	●	A priority issue	
	●	Currently no issue	
	●	Not a priority issue	

A summary of identified health service gaps* in the Darling Downs and West Moreton PHN

KEY HEALTH SERVICE GAPS

From a **health services** point of view, the PHN region includes communities with both high and low rates or levels of health services. The rate or level of services is linked to the rurality of the communities, with more urban communities having a higher rate or level of service provision than regional and rural communities.

1. Chronic disease services

With the exception of allied health MBS items, the claim rate for all chronic disease item groups in the PHN in 2014-15 was similar to the claim rates in the state.

2. Mental health services

Non-acute mental health services, in 2014-15, were delivered by a range of service providers. The service rate per 1,000 pop for community mental health, mental health nurses and ATAPS was above the state rates for these services, while the rate for GP mental health services and mental health focused allied health services was below the state rates.

3. After hours services

350 after hours services per 1,000 pop were delivered in the region, in 2014-15, by GPs, hospitals and the 1300HEALTH telephone triage service, a rate below the rate for the state.

4. Digital health services

The claim rate for telehealth MBS items in the region in 2014-15 was 12.5% above the state average claim rate.

5. Workforce issues

The number of GPs and doctors per 100,000 pop in the region is equal to the average for similar geographical regions in Australia.

The number of aged care places per 100,00 pop aged 65 years and over in the region is higher than the state average.

SOURCES: This dataset is a summary of individual datasets prepared by the DDWM PHN between September 2015 and March 2016. Sources for each indicator are identified in the original "By the Numbers" dataset publications.

** These datasets contain preliminary data only, as at March 2016, and will be updated as more comprehensive and accurate service delivery data becomes available.*

Darling Downs and West Moreton PHN
145 Taylor Street TOOWOOMBA QLD 4350 P: 07 4615 0900

Indicator	Priority	PHN	QLD
-----------	----------	-----	-----

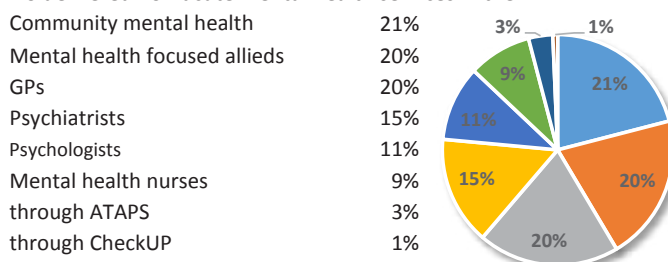
Chronic disease services (per 1,000 pop, 2014-15 data)

Chronic disease MBS items	●	276	278
Allied health MBS items	●	197	231
Health Assessments	●	51	53
Practice Nurse MBS items	●	69	71

Mental health services (per 1,000 pop, 2014-15 data)

by Community mental health	●	345	305
by mental health focused allies	●	337	396
by GPs	●	326	383
by Psychiatrists	●	250	294
by Psychologists	●	174	204
by mental health nurses	●	146	132
through ATAPS	●	56	37
through CheckUP		11	N/A

Who delivered non-acute mental health services in the PHN

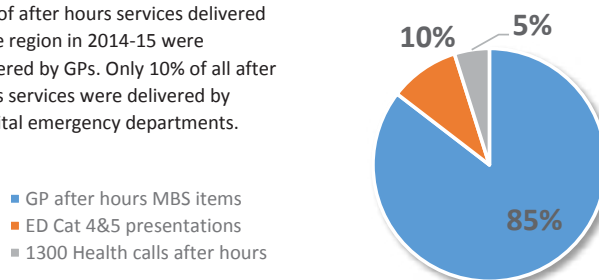


After hours services (per 1,000 pop, 2014-15 data)

GP after hours MBS items	●	299	384
ED Cat 4&5 presentations		34	N/A
(PHN rural hospitals after hours presentations only)			
1300 Health calls after hours		17.0	17.9

Who delivers after hours services in the PHN in 2014-15

85% of after hours services delivered in the region in 2014-15 were delivered by GPs. Only 10% of all after hours services were delivered by hospital emergency departments.



Digital health services (per 1,000 pop, 2014-15 data)

Telehealth MBS items	●	862	765
----------------------	---	-----	-----

Workforce datasets

GPs (per 100,000 pop)	●	106	112
Aged care places	●	85	71

Priority key symbols allocation	●	A priority issue
based on rank order within peer group	●	Currently no issue
	●	Not a priority issue

Our Needs Assessment Journey

The Darling Downs and West Moreton PHN region covers the major Queensland communities of Ipswich and Toowoomba, plus the surrounding rural communities of the Lockyer Valley, Boonah (Scenic Rim), Esk (Somerset), South Burnett, Southern Downs, Goondiwindi and the Western Downs (Dalby, Chinchilla, Miles and Tara).

The PHN region covers two Hospital and Health Service areas, ten local government areas (or parts thereof), nine Australian Statistical Geography Standard (ASGS) SA3 statistical areas (or parts thereof) and 64 SA2 statistical areas.

The original process

The needs assessment process used includes an analysis of health issues (where we identified the health status and needs of our communities); an analysis of service issues (where we undertook service mapping to identify our current capability to address the needs); and an assessment process for identifying priorities and options for possible action (or where to start).

Where possible, the PHN followed the process outlined in the Needs Assessment Guide provided by the government in December 2015.

This process was conducted over the six-month period from October 2015 to March 2016 by staff at the PHN, with the support of Health Workforce Queensland who were contracted to undertake service mapping for Primary Health Care in the Darling Downs and West Moreton Region; and Siggins Miller, who were contracted mid-March 2016 to develop a methodology, approach and report identifying, analysing and evaluating the service needs and priorities of the region, with a specific focus on mental health, drugs and alcohol.



The refresh process

The Darling Downs and West Moreton PHN Needs Assessment process has been designed as an iterative process and between March and November 2016 datasets have been updated and/or expanded as new data became available or additional “deep dive” activities were undertaken.

Current outputs include:

1. **The ongoing population of the internal database The ShED (Stakeholder Engagement Database).** In addition to keeping track of all health care providers and health practitioners in the region, this database maps services, records and tracks needs raised by stakeholders, tracks engagement activities and event attendances, and provides reports at the local community, LGA, HHS and PHN levels.

The following table summarises the increase in entries in The ShED from the date of the first Needs Assessment (30/03/2016), to the date of this refresh report (9/11/2016), for each major dataset,

demonstrating the huge increase in data relevant to the PHN Needs Assessment being collected.

Dataset	Mar-16	Nov-16	% Increase
Contacts	901	2363	162%
Orgs	428	800	87%
Services	1009	2891	187%
Needs	262	481	84%
Engagements	297	790	166%
Event Attendees	91	2419	2558%

2. **The development of a series of dynamic Heatmaps** for key datasets in The ShED. These heatmaps show both the number and prevalence of services, workforce and needs in each community in the PHN. The heatmaps data is quite granular, and we currently map 86 service categories, over 200 workforce disciplines and over 400 identified needs. Population health data, including key demographic, disease prevalence and health behaviour data for each sub region (LGA) is overlaid on the heatmaps. This allows users to quickly prioritise service gaps, workforce shortages and stakeholder needs during the planning and commissioning process. (see attached for a more detailed explanation of the heatmaps)
3. **The updating of individual “By the Numbers” datasets** publicly available on the PHN website, www.ddwmpnh.com.au, including demographic, social determinants, chronic disease, health behaviours, health services, and health workforce datasets. The publication of this data contributes to making our planning and commissioning process transparent, and makes local and regional data available to the whole community. In March 2016, 64 “By the Numbers” datasets were published. In November 2016, 82 datasets are available, an increase of 28%, although the additional datasets have not been published on the web as we await the development of a new website.
4. **Ongoing stakeholder consultation** including private providers, non-government organisations and the two Hospital and Health Services, PHN and HHS Clinical Councils, regional chapter meetings and the Clinical Leaders Forum. Over 500 stakeholders in the region have been engaged in topic specific consultations covering Mental Health, AOD, Aboriginal and Torres Strait Islander Health, Refugee and Migrant Health, Aged Care, Palliative Care, Services for Children and Young People and Digital Health.
5. **A range of “Deep Dive” reports** focusing on specific identified needs and/or regions. These deep dive documents include an in-depth analysis of services provided by our public hospitals, an exploration of mental health needs in the Lockyer Valley, and a survey of health service provider perceptions of service coordination across primary and acute health care. Additional “deep dives” will be generated in response to need with the resulting data incorporated into The ShED.
6. **A 2016/17 Health Needs Assessment Report** for stakeholder consultation, also available publicly on the PHN website. This document summarises the wealth of data now available into a format that facilitates the stakeholder engagement, consultation and prioritising process for the PHN. This report is not yet updated.

Our Service Directory

The Darling Downs and West Moreton PHN has developed in-house a cloud based database to store information relevant to the ongoing primary health planning and service commissioning process. This document gives a brief overview of the database, its capabilities and its application as a decision support tool in the PHN population health planning and services commissioning process.

The Services, Workforce and Needs Directory

The Stakeholder Engagement Database (ShED) is primarily a directory of the health workforce working in the PHN region, the health services offered by that workforce, and the specific needs of the sector. The database is relational and geo-coded so that service capacity, workforce and needs data can be filtered at various geographic levels: the whole PHN, local government areas (called Subregions) and even towns or local communities.

Data relating to workforce, services and needs is primarily collected by the PHN engagement team as they work with stakeholders and service providers across the region, augmented with data from a number of sources including sector specific workforce and service directories, community directories, commissioned mapping activities and the internet.

Existing workforce, services and needs data can be accessed and new data can be entered into The ShED while in the field, using a hand held or tablet app. The data available in the app is live data and new data added remotely is instantly available across all devices.

Geo-coding of the workforce, services and needs data allows the presentation of data as heatmaps.



Services, Workforce and Needs Heat maps

Services | HEAT Map



SERVICES: This heatmap shows the number of general practice (GP) related services in each town in the Toowoomba Sub region, colour coded to reflect the number of services per 100,000 population.

This map shows that even though Highfields has four GP services, when compared to the PHN average number of services per 100,000 population, they are well below the average (formatted red). On the other hand, Yarraman, with just two GP services, is formatted blue, indicating that they have above the regional

average number of GP services for their population.

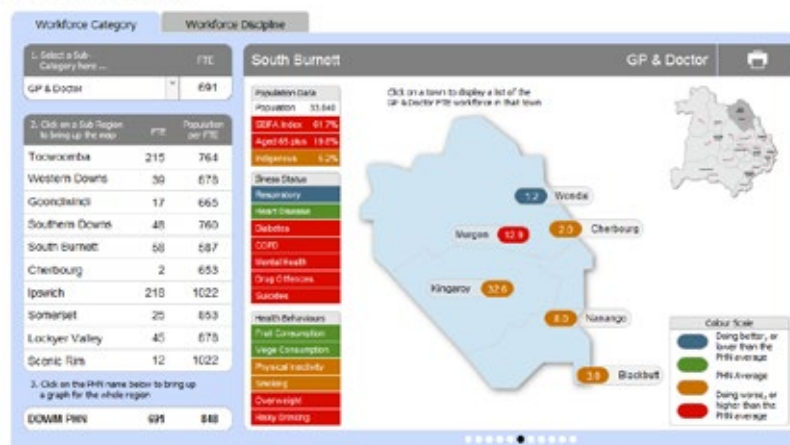
Our services data is quite granular, and we currently have 86 service categories and an additional 113 discipline categories. Frequency of service delivery data is also collected. The database is designed so that additional categories and disciplines can be added at any time without the need to modify or update the database.

WORKFORCE: Here is another cut of our data: this time our GP workforce data for the South Burnett local government area.

This heatmap tells us that while Murgon has a large number of GPs and doctors (FTE 12.9), there are actually less doctors per head of population than the regional average (formatted red).

The heatmaps are both dynamic and interactive. It is possible to map the distribution of over 200 workforce disciplines and by clicking on the town name a popup list of the workforce appears and by clicking on a name in that list, the user is taken to the related data in the workforce table.

Contacts | HEAT Map

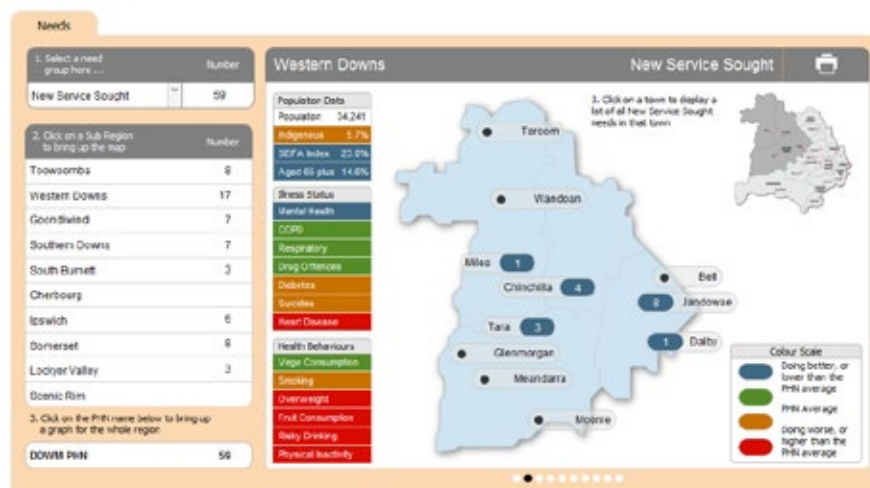


NEEDS: The ShED also stores the wants, requests and needs raised by stakeholders. Currently almost 400 needs

have been recorded in The ShED, arranged into 18 major needs groups that include new services being sought and education requests, and almost 100 need sub groups, providing a high level of granularity.

This needs data is also available in dynamic heatmaps, and here we have a screen shot of the New Services Sought group of needs for the Western Downs region.

Needs | HEAT Map



Again, users can click on the town name to pull up a list of the specific needs on that community and the stakeholder organisation that reported the need. Clicking on the need in the popup takes the user to the related need in the needs table.

Overlaying Population Health Data

Population health data, including key demographic, disease prevalence and health behaviour data for each sub region (LGA) is overlayed on the heatmaps (left hand side panels). This allows users to quickly prioritise service gaps, workforce shortages and stakeholder needs during the planning and commissioning process. The population health data is also ranked as above or below the PHN average and formatted using the same colour system for ease of use.

For example, heart disease has a relatively high prevalence rate in the Western Downs region (compared to PHN average), along with high levels of overweight and physical inactivity, so when the heatmaps are filtered for services, disciplines and needs related to these conditions and behaviours, appropriate planning and commissioning decisions can be made.

Populating the ShED

Like all directories, ensuring the data is comprehensive and keeping it up-to-date is an ongoing, never-ending task. However, the format of the heatmaps quickly reveals where data is missing or incomplete (eg: no numbers against a number of town above), and whether there are simply no GP services available in that town, or available services have not been added to The ShED can be readily investigated and addressed.

Engagements

The ShED also stores data on engagements between the Darling Downs and West Moreton PHN staff and stakeholders. This allows management to manage stakeholder engagement and education activities.

Here we see the number of practice visits in a six-month period in the Goondiwindi sub region. The formatting quickly tells us that we have good engagement in Inglewood and Texas, but need more in Goondiwindi itself. The formatting takes into consideration not only the number of visits and the number of days between selected dates, but the number of stakeholders in each town and region.

Engagements | HEAT Map



Once again, by clicking on the town name a list of all engagements pops up, and clicking on a specific engagement record takes the user to the related details.

Programs

The screenshot shows the 'Programs' section of the PHN system. It displays a list of organizations and a detailed view of a specific organization, 'Medplus Ipswich'.

Organisations: 1 / 621

Organisation Name	Main Phone No	Fax	Org Category
Medplus Ipswich	3202 2000	3202 4200	Service Provider

Address: Warwick & Churchill Road, Ipswich QLD 4305

Main Email: info@medplus.com.au

Web: No known website

Staff: Ms Lynn Henry, Main Contact, Jao Tibe, Practice Manager

Current Status:

Item	Yes	No	Count
Car 4 Initiated	<input checked="" type="radio"/>	<input type="radio"/>	1
Contract signed	<input checked="" type="radio"/>	<input type="radio"/>	1
User set-up completed	<input checked="" type="radio"/>	<input type="radio"/>	1
Top Bar Operational	<input type="radio"/>	<input checked="" type="radio"/>	1
Data Cleaning started	<input checked="" type="radio"/>	<input type="radio"/>	1
Data extract ready	<input type="radio"/>	<input checked="" type="radio"/>	1

Label Notes: 12/6/16 CV Contract signed. Waiting on new usernames...

Label Extracts: Label Benchmark Report

The ShED also allows PHN program staff to track and monitor their engagements with stakeholder organisations. In this screenshot we see a practice's engagement with our PenCS or Quality Improvement Program. Also, this portal allows users to quickly see all practice data and interactions that have been recorded by users.

From this one portal, users can see the full staff list, the status of the stakeholder organisation, events staff have attended, needs expressed, engagements recorded and services delivered.

Next Developments

The ShED is constantly being updated and planned enhancements include improvements in user controlled reporting capability including Qlik Sense Dashboards; an advanced events portal linked to online event registration; and the publishing of the interactive heatmaps to the PHN website.

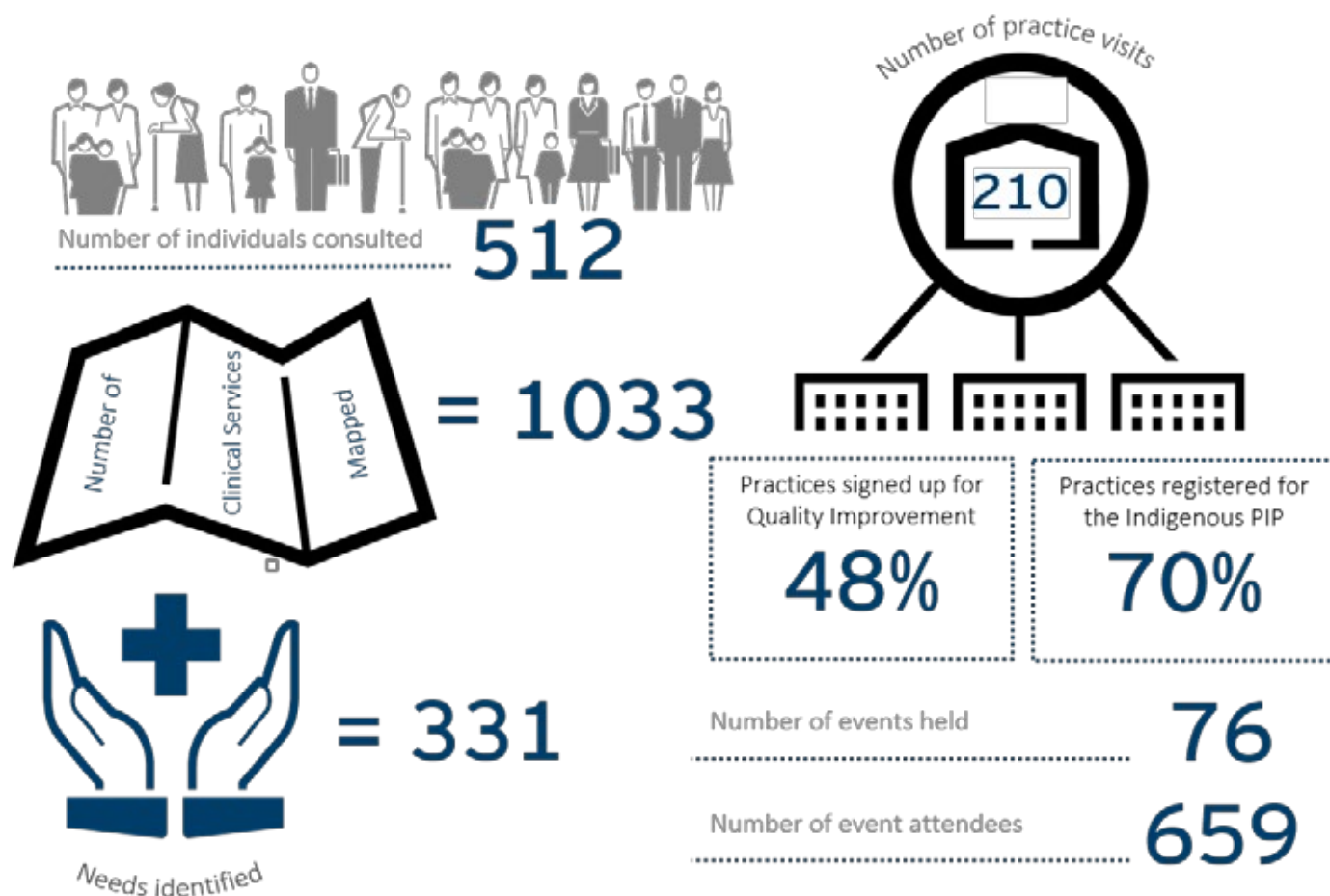
Technical Details

The ShED is a relational database build on the FileMaker Platform. Filemaker is a simple but powerful database software solution that enables the rapid and cost effective development of custom applications that work seamlessly across Apple devices, Apple and Windows computers and the internet. FileMaker allows for the deployment of user friendly and elegant solutions in days, rather than in weeks or months, without the need to engage highly experience programmers.

For more information

Please contact Garry Hansford, Executive Manager, Population Health and Workforce, Darling Downs and West Moreton PHN, on 07 46150900 or via email at garry@ddwmpnh.com.au.

Other achievements



Engagement

Stakeholder management and engagement has been undertaken by various members of the team. They have undertaken a total of 215 engagements in the 2015-16 period (a very slow start in 2015. For the 115 days since 1st July 2016 there have been a total of 230 engagements), working to build strong relationships with our GPs, practice managers, practice nurses, allied health and mental health professionals.

GP and Stakeholder Engagement

Stakeholder engagement is key to the success of the DDWMPHN, particularly in rural and remote areas where GPs and other health professionals struggle to engage and get access to resources. Through our Engagement team, the DDWMPHN has undertaken engagement meetings including, but not limited to, face-to-face meetings and training; conferences and workshops; and chapter meetings.

Conferences and Workshops:

Immunisation (public health units – DDHHS & WMHHS)	Asthma & Spirometry
Cancer Screening – Q health	My Health Record (train the trainer)
AFTERCARE	Chronic Illness
WMHHS – Telehealth, NUM – ED Dept., IGH	Footcare
AGPAL – Accreditation body for General Practice	Nutrition
eHealth Information Event	Personal safety & domestic violence
Chapter meetings: Warwick, Stanthorpe, Goondiwindi, Oakey and Surrounding areas, Kingaroy, Murgon, Chinchilla, Dalby	

Practice Data and the Clinical Audit Tool

The PenCS Clinical Audit Tool (Cat 4) has been installed in 115 practices within the PHN region. This represents 72% of the 159 practices in the region. Our target was to have the software installed on 75% of practices by June 30, 2017.

Support contracts have been signed with 73 practices or 63% of the practices with the software installed. Our target was to have contracts signed with 75% of practices by June 30, 2018.



DARLING DOWNS

PO Box 81
145 Taylor Street
TOOWOOMBA
Queensland 4350

P. 07 4615 0900

E. info@ddwmp hn.com.au

ddwmp hn.com.au

ABN: 51 605 975 602

WEST MORETON

Ipswich Corporate Centre
16 East Street
IPSWICH
Queensland 4305

P. 07 3202 4433