Core Flexible

Activity Work Plan 2025/26 – 2027/28

phn
DARLING DOWNS AND WEST MORETON
An Australian Government Initiative

Local Integrated Primary Health Care

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Vulnerable Vaccination Population – COVID Primary Care Support

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to provide support and facilitate local solutions to vaccinate vulnerable populations who may have difficulty in accessing COVID-19 vaccination facilities.

DESCRIPTION OF ACTIVITY

This activity involves responding to general and policy-related enquiries about the COVID-19 vaccination program, facilitating communication between primary care providers, Residential Aged Care Homes (RACHs) and the Department, and sharing Departmental messages as required.

It also includes supporting the connection of priority populations with the primary care sector, offering strategic advice on local issues, and disseminating information about the vaccination rollout to interested or participating providers within the region.

Our PHN will continue to:

- Provide guidance and expert advice to General Practices, Aboriginal Community Controlled Health Services (ACCHs), Residential Aged Care Homes (RACH), disability accommodation facilities and governments on local needs and issues.
- Support vaccine delivery integration within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for General Practices interested in participating, and ensuring consistent communications to local communities.
- Manage enquiries from primary care providers within their region regarding the COVID-19 vaccination program, ensuring timely and accurate information is provided to support effective program delivery.
- Support vaccine delivery to be integrated within local health pathways to assist with the coordination of local vaccine primary care responses, including identification and assistance for primary care providers interested in participating, and ensuring consistent communications to local communities.

This Activity will also support primary care providers and organisations to improve access to immunisation for priority populations in the region, using localised solutions relevant to regional need. These activities will include funding to:

- Provide operational support functions to assist in effective rollout of the program to primary care providers. This may include training, education and resources to support vaccination projects or activities and operational costs associated with improved access to vaccines.
- Distribution and/or development of immunisation resources to improve vaccine literacy for the primary care sector and broader community. This may include community activities aimed at improving community members' understanding and knowledge of pathways to immunisation service providers, Education or skill development for primary health care workforce (immunisation training), and the creation or development of vaccine-related educational resources for priority or general populations.

CONSULTATION AND COLLABORATION

To ensure the vulnerable groups in our region are identified and targeted, consultation with the following key stakeholders will be undertaken:

- Darling Downs Health and West Moreton Hospital and Health Service
- West Moreton Hospital and Health Service
- Residential Aged Care Facilities
- Homeless Shelters and Soup Kitchens
- Agricultural employers who engage high volumes of migrant workers
- Refugee support organisations
- General Practitioners and health professionals
- The Vacseen Project
- Disability services
- Community and religious groups
- Other key stakeholders.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of vulnerable groups	Priority Populations
Appropriate workforce capacity, capability and stability	Enablers

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Living With COVID

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to support and strengthen the primary care system to manage COVID-19 cases through effective and efficient community care management of these patients outside of hospital and provide confidence and assurance to the community and health professionals in the Darling Downs and West Moreton region.

DESCRIPTION OF ACTIVITY

This Activity includes the following:

- COVID-19 Positive Community Care Pathways: Partnering with the local Hospital and Health Services, community care pathways will be developed to provide treatment and escalation pathways which are consistent with the overall national scheme and responsive to vulnerable communities. The pathway will include after-hours access to assessment and care and delineate between formal hospital in the home arrangements and GP-led care in the community.
- Commissioned Home Visits: Engage clinical service providers to undertake home visits to provide care to COVID-19 positive patients, where the patient's General Practitioner does not have the capacity/unavailable to do so, or if the patient does not have a regular General Practitioner.

In addition, patient triage assistance collateral will be designed and distributed to primary care providers, support provided to increase usage of telehealth tools for consultations, educational webinars will be undertaken to keep primary care providers up to date with the latest information on treating and managing infections along with the design of a Winter Preparedness Plan for the winter season.

CONSULTATION AND COLLABORATION

Consultation with the following organisations will be undertaken in the development of this activity:

- Darling Downs Health and West Moreton Hospital and Health Service
- West Moreton Hospital and Health Service
- General Practitioners and health professionals
- Other key stakeholders.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

Workforce Incentive Program (Practice Stream)

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Workforce

AIM OF ACTIVITY

This activity aims to support practices receiving WIP-PS incentives to implement effective models of multidisciplinary team care within the Darling Downs and West Moreton Region.

DESCRIPTION OF ACTIVITY

Consultation has been undertaken with unaccredited practices in the DDWM region to better understand the current barriers and hesitations to achieving accreditation and also with practices that currently have high numbers of MBS case conferencing activity to understand effective models of care. These consultations have informed our PHN's activity support focus.

Supports for this activity will include:

- Provision of one-on-one consultations with respective Primary Care Liaison Officers through face to face practice visits to provide support, promote and share case study examples that showcase effective multidisciplinary team care models and to improve patient outcomes, through multidisciplinary care.
- Provision of ongoing education through newsletters, PHN website and face to face practice visits focusing on MBS Case Conferencing opportunities. This education will be coupled with digital support and information, to complement the implementation of multidisciplinary teams within General Practice.
- Education through quarterly Practice Manager and Nurse Education sessions that provide up to date information on the WIP-PS and resources available will be made available via the PHN GP Practice web portal.

To further develop additional strategies for practice support, our PHN will undertake a survey to collect qualitative and quantitative data from General Practices in our region to better understand the current utilisation of the WIP-PS, determine any barriers or gaps. The results of this survey will inform the activity's implementation strategy moving forward.

This will activity will include:

- Using a targeted survey methodology to develop a clear understanding of how WIP Practice Streams in our region are currently being utilised, including the range of activities nurses and allied health professionals are undertaking in primary care, supported by the WIP-PS.
- Assist our PHN to gain an informed understanding of the existing utilisation of the WIP-PS among GPs, and identify any barriers, enablers and support required, and provide an opportunity to identify where practices may be able to increase their participation in WIP-PS.
- Identify gaps in WIP-PS knowledge and reasons for non-claiming.
- Primary Care Liaison Officer consultations will produce 3-4 qualitative case studies of successful multidisciplinary team care to highlight potential models suitable for the rural and remote primary care setting to be showcased for future mentoring sessions.

CONSULTATION AND COLLABORATION

Consultation has been undertaken with practices that currently have high numbers of MBS case conferencing activity to:

- Identify practices with successful multidisciplinary practice
- Better understand potential models of MDT care

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In addition consultation with practices who are not participating in WIP-PS have been undertaken to:

- Gain a better understand of how to best increase general practice participation
- Identify and provide additional supports to practices addressing gaps in WIP-PS knowledge utilising national resources.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

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My Medicare

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This activity aims to promote improved safety and quality of health care and increase GP access to Commonwealth funded programs such as My Medicare, through improved rates of General Practice accreditation. It also supports the creation of resources and support mechanisms to assist General Practices achieve and maintain practice accreditation throughout each accreditation cycle.

DESCRIPTION OF ACTIVITY

Our region currently holds an 89.9% General Practice accreditation rate with most of the Darling Downs and West Moreton PHN (DDWM PHN) region's General Practices being registered and eligible for MyMedicare.

Through the PHN's research, unaccredited practices have reported common explanations for non-accreditation as primarily related to being solo practitioners, approaching retirement, and/or related to financial imposts associated with the accreditation process.

Our PHN will support unaccredited general practices in the Darling Downs and West Moreton region to meet the minimum standards of safety and quality and becoming accredited under the National General Practice Accreditation Scheme (NGPA Scheme).

A targeted approach will be undertaken regarding MyMedicare engagement with General Practices, ensuring all practices have been equipped with the relevant resources to adopt MyMedicare in practice. This will be achieved through i) assisting unaccredited practices to overcome barriers to accreditation. and ii) ensuring GPs are informed about the benefits of MyMedicare.

- Overcoming Barriers to Accreditation:

  DDWM PHN will assist unaccredited practices in the Darling Downs and West Moreton PHN region to overcome barriers to accreditation that may prevent them from receiving access to Commonwealth funded programs such as MyMedicare. This approach will involve:

  - Implementation of a Practice Placement Program, where a high performing practice is connected with a practice requiring accreditation support, to provide tailored one-on-one support for achieving and maintaining accreditation.
  - Continuation of linking unaccredited practices with relevant national support systems for maintaining accreditation including RACGP.
  - Providing relevant links to resources on the PHN website regarding MyMedicare.
  - Supporting practices with Quality Improvement Activities through review of de-identified data and PDSA cycles.

- Providing information about the benefits of MyMedicare:

  Our PHN will work to ensure that all General Practices in our region are informed about the benefits of MyMedicare. This will include supporting practices with the preparation of MyMedicare, digital and practical onboarding of MyMedicare and ongoing support for incentives as they are introduced. This support will be provided through multiple methods to ensure a broad reach, and include:

  - Implementation of repeated communication campaigns to General Practices informing practices of MyMedicare through regular newsletter updates, Health Professional Chapter Meeting Updates and via

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the DDWM PHN website which is updated with relevant information linked to Services Australia to ensure currency and validity.

- Quarterly Practice Manager education sessions facilitated by the PHN, with relevant subject matter experts providing information to general practices on MyMedicare and the various incentives as they are introduced.
- Utilisation of the PHNs digital health team to work with General Practices to support practices with the digital requirements of MyMedicare. Examples of specific practice visit activity dedicated to the implementation of the MyMedicare program will include:
  - Supporting practices with PRODA/HPOS MyMedicare registration.
  - Data cleansing initiatives including identification of inactive patients, clinical coding and ensuring all fields are completed in Practice Management Systems.
  - Providing de-identified data reports about practice populations, reviewing patient populations to identify eligible patients for MyMedicare.
  - Identifying patients with upcoming CDM eligible items and patients eligible for GPACI.
- Promotion of the benefits of the GP MBS User Guide Tool, outlining the upcoming changes to CCM and the associated preparatory activities that can be undertaken.
- Reinforcement of the digital and practice support available to practice for preparing for MyMedicare changes through our dedicated Primary Care Liaison Officer Team, providing one-on-one practice visits to promote the resources developed through the National MyMedicare Implementation Group, some of which have been adapted and localised to our region e.g. PDSA cycles. A team of 7 Primary Care Liaison Officers provide this training to all 167 practices in the region.
- Utilisation of the PHN's two GP Liaison Officers to engage with GP's about MyMedicare, providing a GP perspective on the benefits and optimal ways of working with MyMedicare. This is achieved through podcasts, face to face practice visits and GPLO engagement at various networking events.

CONSULTATION AND COLLABORATION

Consultation has been undertaken with unaccredited practices in the DDWM region, to understand the current barriers and hesitations to achieving accreditation.

Consultation has also been undertaken through:

- The PHN's dedicated Primary Care Liaison Officers with all practices that have not registered with MyMedicare although eligible, to understand the barriers to registration, and support this process.
- Engagement and consultation with a local practice manager who presented to the PHN Primary Care team, highlighting the significant barriers to MyMedicare, which has guided our PHN's future messaging to practices.
- DDWM PHN Clinical Council.
- Residential Aged Care Homes.
- Darling Downs and West Moreton Hospital and Health Services.
- General Practices participating in the PHN GPACI program.
- Two General Practice Engagement Events that were held for all practices in the region with Dr Walid Jammal, member of the Strengthening Medicare Taskforce, as a guest presenter. The aim of these events were to introduce MyMedicare ahead of its commencement, showcase team-based care and the positive impact on patient centred care and improved patient outcomes, and support the introduction of the blended funding model.

Upcoming consultation will occur through:

- A General Practice education survey, aimed at determining key education needs for General Practice Staff, including accreditation requirements such as the new Standard, infection control etc.
- PHN Talk About Campaign focusing on Chronic conditions, to support PHN activity in the upcoming CCM changes within MyMedicare.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

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General Practice in Aged Care Incentive (GPACI) - Capability Building

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This activity supports General Practitioners (GPs), practices and/or Aboriginal Community Controlled Health Services (ACCHS) to be matched with residents in residential aged care homes (RACHs), to allow for residents to receive regular visits and care planning services. It aims to improve access to quality, proactive General Practice care for older people who live in Residential Aged Care Homes (RACHs) by incentivising proactive visits, regular, planned reviews and coordinated care planning to deliver improved continuity of care and reduce avoidable hospitalisations.

DESCRIPTION OF ACTIVITY

The Darling Downs and West Moreton PHN will adopt a place-based approach using multiple projects targeted to the needs of our region, ensuring a holistic approach to address the challenges of connecting GP's to RACH's.
To achieve the aims of the GPACI activity, our PHN will:

- Offer training and guidance to support GPs, primary care practices and RACH's/ACCHS to meet the activities eligibility and servicing requirements under GPACI. This includes providing written resources, and in-person or virtual support to these stakeholders during the initial registration processes to MyMedicare and understanding the benefits and requirements of the program, including incentive payments and ongoing support to assist with the coordination of care.
- Support GP practices with Quality Improvement activities to enhance health outcomes for eligible GPACI patients.
- Respond to local access issues as required to ensure sufficient primary care access for residents in aged care. This includes working with practices to identify and assist RACH residents who do not have a preferred GP in MyMedicare to register, and link with their chosen primary care provider. Provide targeted engagement toward General Practices and RACHs who have identified interest in the GPACI program but have expressed concerns whether the initiative will be financially viable for them. This approach aims to share success stories from practices where GPACI has worked well, work with both GPs and RACHs to collaboratively explore sustainable approaches to link and strengthen relationships between General Practices and RACHs and streamline processes for effective implementation and shared understanding of the program's value.
- Leverage collaborative, reciprocal, and formal arrangements with local Aboriginal Medical Services to identify culturally safe and appropriate pathways for Aboriginal and Torres Strait Islander RACH residents who request healthcare from within the PHN region. This may involve connecting identified residents in RACH's in with the closest AMS to help provide care and support in a culturally safe way.
- Undertake a series of workshops with key stakeholders and system partners including practices, RACHs and ACCHs to:
    - Foster collaboration and connection between stakeholders and support access to primary care services in our region
    - Inform the design, implementation and monitoring of the GPACI activity, and
    - Ensure targeted supports are culturally safe and appropriate, and provided in regions with the most need.
    - Provide communications about the GPACI program to all RACHs and practices identified in our region, including email correspondence, website updates, and direct contact via phone or in-person visits to all practices in our region, including:

- Information provided to practices includes an overview of the benefits of the GPACI program, information on how to participate and the provision of ongoing guidance to uplift capability in relation to the GPACI.
- Updates about the progress of the program will be communicated to primary care practices through direct outreach and regular communications channels (e.g. PHN websites, PHN network forums, etc.)

Our PHN will also recruit a dedicated staff member to:

- Implement strategies to develop and enhance relationships between General Practice and RACH's, and to increase access to primary health care within residential aged care homes.
- Develop strategies of alternative models of care to ensure access to primary care with available workforce.
- Develop resources for General Practitioners and GP Practices to improve understanding and awareness of the activity.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

PHN Commissioning of Multidisciplinary Teams

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA
Population Health
AIM OF ACTIVITY

The purpose of this activity is to commission multidisciplinary health care teams to improve the management of chronic conditions and reduce avoidable hospitalisations in our region.

DESCRIPTION OF ACTIVITY

The PHN will design a place-based approach for multidisciplinary team services based on community need, particularly within underserviced or financially disadvantaged communities with a focus on chronic conditions, coordinating care for priority patients and mobilising social supports for at risk patients. In addition, the PHN will be:

- Utilising de-identified GP data and local hospital data to identify areas within the Darling Downs West Moreton region with the highest prevalence of chronic conditions suitable for the implementation of multidisciplinary teams.
- Consulting with small or solo general practices and Aboriginal Community Controlled Health Services that are unable to engage a multidisciplinary team, have high MBS case conferencing rates and primary care providers that currently engage a multidisciplinary team.
- Determining a number of priority rural locations that contain patient cohorts within the Lockyer Valley, South Burnett and Western Downs regions with high prevalence of chronic disease and hospitalisation rates with limited access to existing chronic disease programs.
- Commissioning general practices to engage allied health providers to implement multidisciplinary teams that address the priority needs of their localised area
- Supporting small general practices to formalise relationships with allied health providers, improving access to integrated care for underserved communities.
- Extending PHNs existing supportive role in General Practice to private allied health professionals, nursing and/or midwifery practices.
- Extending PHNs existing role in general practice to support the participation of the WIP-PS
- Establishing reporting processes supported by data collection and data management practices, including both activity and outcome measures
- Monitor implementation of the activity utilising relevant outcome measures through robust reporting activities

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Preventing and managing chronic conditions	Priority Health Conditions

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COVID 19 Vaccination Support for Flood Impacted PHNs

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

The aim of the Primary Care Support for Flood Impacted PHNs activity is to establish a primary health care emergency response function within the organisation.

DESCRIPTION OF ACTIVITY

This activity will ensure access to primary care services for people in our region who have been impacted by Queensland flood events through the establishment of a dedicated primary health care emergency response role that will work to coordinate and enhance the primary care response to emergencies and support people in our region to have better access to care.

The emergency response function will include (but is not limited to) the following key projects:

- Developing plans and responding to emergency health care needs.
- Establishing and maintaining localised crisis protocols (e.g. A register of accredited health professionals able to be deployed in response to a disaster), communication, and referral and care pathways.
- Engaging with local providers to obtain insights into impacts on their service capabilities during an emergency.
- Working with other emergency response bodies and local authorities to support the coordination and provision of primary care services during and following an emergency.

CONSULTATION AND COLLABORATION

The following key stakeholder groups will be engaged and consulted during the activity:

- Darling Downs and West Moreton Hospital and Health Service
- Emergency Services Groups which include key State Government Departments
- Community Working Group/s
- PHN Clinical Council
- GP / Health Service Provider Advisory Groups

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

Services Supporting People with, or At-Risk of Developing, Chronic Conditions

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This activity aims to reduce the impact of the most prevalent chronic conditions in our community via effective and efficient, goal-oriented, client-centred and evidence-based service delivery for clients who are either at risk of developing or already have a diagnosed chronic condition. This includes Aboriginal and Torres Strait Islander children and adults in the Goondiwindi and Inglewood, Southern Downs and Western Downs regions, where chronic conditions like diabetes, cardiovascular disease and cancer contribute to a decreased life expectancy for these cohorts.

DESCRIPTION OF ACTIVITY

In response to the National Strategic Framework for Chronic Conditions, the PHN has aligned this service delivery to include a focus on prevention, early intervention, care coordination and self-management activities that focus on health promotion and literacy, self-management and non-acute clinical interventions.

Commissioning processes have been informed by significant consultation with the sector and includes a model of care for holistic wrap-around, multidisciplinary services for individuals with a rising risk of additional chronic conditions and higher levels of support, and those who would benefit from prevention and early intervention support.

In the Somerset and Southern Downs regions, commissioned services under this activity provide:

- Care Coordination: to maximise health literacy and access to wrap-around services in a timely manner in an appropriate environment
- Self-Management: Targeted self-management programs to improve the ability of clients to effectively manage their condition and reduce deterioration, exacerbation or complication of their chronic conditions which may require an acute response.
- Health promotion: to better manage risk factors associated with chronic conditions and to reduce the likelihood of converting these risk factors to a chronic condition e.g. increase physical activity, healthy eating choices which includes a behavioural change element, community projects to reduce obesity

In the Western Downs, Goondiwindi and Inglewood regions:

- Virtual Health Services (Western Downs region only): to enable access to virtual health services for patients through the use of digital health technology (e.g. a device kit containing monitoring units) that allows patients and their practitioners to monitor patient health and make adjustments that work best for them, according to their specific health needs.
- Provision of services delivered in a GP led multidisciplinary team model by a range of allied health professionals (including but not limited to physiotherapists, podiatrists, exercise physiologists, therapy assistants, diabetes educators, nurses, occupational therapists, dietitians, respiratory nurses, or speech pathologists) and project officers.

Activities are directed across the lifespan in recognition of the impacts to health arising from risk factors prior to birth and throughout childhood including a focus on empowering people to self-manage their health. Darling Downs and West Moreton PHN will continue to partner with key providers to identify evidence-based programmes that target priority populations.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Preventing and managing chronic conditions	Priority Health Conditions

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Workforce Development

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Workforce

AIM OF ACTIVITY

This activity aims to analyse, develop and implement effective workforce solutions to support the healthcare needs of our DDWMPHN population. The focus of this activity is to ensure that strategies are implemented to facilitate system wide approaches to problem solving regional workforce challenges through:

- Enabling better access to primary health care.
- Uplifting the quality of primary health care services.
- Addressing sustainability and viability challenges of general practice and the broader primary care workforce, and
- Tackling workforce shortages at all stages of pipeline i.e. pre-training entry, during training and following training.

DESCRIPTION OF ACTIVITY

This Activity includes a number of elements, including:

1. Collaboration to address regional workforce and access to primary care challenges

   Bringing Primary Care professionals together to develop and grow:

   - Place based health care neighbourhoods.
   - Primary Care Collaboratives.
   - Local General Practitioner, Practice Nurse and Allied Health networks.
2. Collaboration to address regional workforce and access to primary care challenges

   Delivering a multi-agency initiative addressing General Practitioner workforce shortages, particular in rural and remote areas within the PHN Region by supporting a General Practitioner Career Guide role within the Darling Downs Hospital Health Service. This role focusses on:

   - Mentoring and supporting junior doctors with a career interest in General Practice.
   - Encouraging these doctors to stay rural and train as General Practitioners.
   - Works with system partners to support the training experience for junior doctors ensuring a seamless journey through their training pathway.

   In addition, our PHN also brings together Primary Care professionals to develop and grow through the implementation of:

   - Place based health care neighbourhoods and the use of multidisciplinary teams.
   - Primary Care Collaboratives
   - Local General Practitioner, Practice Nurse and Allied Health networks, including local health professional chapter meetings, local practice manager and practice nurse network meetings, annual allied health network meetings/networking events, all of which cover workforce and access topics.
3. Collaborate with key system partners to continue to implement regional responses to address chronic primary care workforce shortages. Our PHN facilitates system wide approaches to problem-solving regional workforce challenges which include:

   - Assessment of the viability and sustainability of local general practices in our region.
   - Initiating and supporting a GP Workforce Working Group to provide strategic advice on workforce initiatives.

- Work in partnership with key stakeholders and system partners to implement our joint regional workforce plan to attract, retain and support primary care workforce, including encouraging medical student / junior doctors to choose general practice career pathways and supporting the General Practice registrar workforce through communities of practice.
- Supporting communities in need to build capacity to attract and retain workforce.
- Implementing workforce strategies to attract allied health professionals to rural locations.
- Working with system partners to improve access to after hours in primary care and to reduce avoidable emergency department presentations.

4. Address chronic workforce shortages through innovative models of care

   The PHN will pilot place-based responses to workforce challenges in identified areas of need, including:

   - Trialling innovative models of practice/supervision to overcome isolation and make rural work attractive.
   - Leveraging technology to fill service gaps through telehealth and virtually connecting urban workforces to rural practices.
   - Co-design new models of care where professionals work to their full scope of practice and non-clinical staff are upskilled (e.g. telehealth, remote technology) to address gaps in rural primary care.
   - Hold quarterly practice nurse and practice manager education / training sessions
   - Ad-hoc training requests as they align with regional needs / demands.

5. Provide education and training programs to ensure general practice staff and allied health have the skills required to support an integrated, person-centred team care approach.

   Implement a region-wide education plan that addresses primary care training and development needs in context of Local Health Needs Assessment and Primary Care Reform Agenda through:

   - Delivering of practice based, local, and PHN region wide education and training initiatives and events based on regional health needs and priorities.
   - Internal Capacity building PHN staff and external capability development for primary care workforce.
   - Upskilling and promoting Practice Nurses and Practice Managers to work in General Practice settings.
   - Supporting General Practitioners and other Allied Health professionals through immersion and placement programs with health system partners to work at top of scope, including covering costs of transport, accommodation and income.

6. Build cultural capability across the mainstream primary care workforce and support the Aboriginal Community Control Sector to attract and retain staff

   - Build cultural capability across primary care through the delivery and enabling mainstream primary care to attend innovative, cultural capability training in collaboration with system partners (e.g. Australian Indigenous Doctors Association).
   - Provide primary care related scholarships to Aboriginal people to build a culturally appropriate, rural, mainstream primary care sector and Aboriginal Community Controlled Health Organisation workforce.
   - Delivering cultural capability training to PHN commissioned service providers, including the development, implementation and evaluation of an online learning platform.

7. Delivery of activities to support primary care provider wellness

   Wellness of primary care providers, particularly those servicing rural areas or vulnerable populations, is a priority for the DDWMPHN. Self care and mental health care will be supported through:

   - Mentoring and peer support programs for General Practice Owners / Supervisors, General Practitioners and General Practice Registrars to encourage more General Practitioners to stay and work in the region

- Facilitating access to EAP programs, GP psychiatry support line and other self care supports for the primary care workforce
- Facilitating Primary Care Chapter Networking Meetings to in local regions to support connection and collaboration at a local level.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing access and coordination of care	Partnerships and Integration
Increasing workforce capacity and wellbeing	Enablers

Initiatives to Support Older People, People with Complex Needs and/or Palliative Care

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

Our region has a growing demand for palliative care services and supports for individuals with life-limiting illnesses to receive care in the comfort of their own homes. Through the provision of outreach and innovative services, this activity aims to improve quality of life and dignity in the most appropriate setting for older people. The activity recognises the need for support to remain independent while maintaining choice and control around support needs.

DESCRIPTION OF ACTIVITY

This activity assists older people remain in their chosen place of residence, improve quality of life while partnering with carers, care agencies and care homes.

This is achieved through:

- Continuation of current contracted service delivery providing non-acute nursing care in an appropriate setting for older people, people who require support with high and complex needs, and/or palliation over and above what is currently provided through Home and Community Care (HACC). The Nurse Practitioner (NP) care model utilised supports residents in residential aged care homes (RACHs) with complex needs and assists GPs to facilitate early identification of deterioration and timely intervention for residents. This approach supports people who may otherwise require social admission to hospital or escalation to acute care and improving resident health outcomes, both in hours and in the after hours space.
- Ongoing consultation to identify partnership opportunities to promote physical and mental health of older Australians across the region improving health and wellbeing including aspects of social isolation. This involves key stakeholders, including local government and Hospital and Health Service. The PHN continues to be mindful of cultural safety to address the unique needs of Aboriginal and Torres Strait Islander people over the age of 50. This will continue to include collaboration to consider care coordination, assistance to individuals and families.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Increasing workforce capacity and wellbeing	Enablers

Service Integration and Decreasing Potentially Preventable Hospital Presentations

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This activity aims to partner with Hospital and Health Services to initiate service integration opportunities which provide alternative health care avenues, reduce hospital presentations that could be better cared for in primary care and assist in decreasing potentially preventable hospitalisations.

DESCRIPTION OF ACTIVITY

Easing pressure on Emergency Departments and providing alternative, low-cost, accessible primary health care solutions continue to be a challenge. Primary health care can assist in decreasing hospitalisations through the provision of appropriate preventative health interventions and early disease management in primary care and community-based settings. Service integration and partnerships are integral in delivering a continuous healthcare system that allows for appropriate ongoing care.

The PHN will explore alternative practices that have potential to minimise preventable hospitalisations and continue to support the positions of General Practice Liaison Officers to link hospitals directly with General Practices across the region. This position aims to improve interface and collaborative partnerships between the health service and primary health care by providing input into the planning and development of services at the local level, and ensuring care is integrated across the entire patient journey and appreciating the position operates within a broader Hospital and Health Service (HHS) network of service delivery. This position also aims to address workforce challenges and supports the junior doctor training pathway to increase General Practice workforce.

CONSULTATION AND COLLABORATION

To ensure the vulnerable groups in our region are identified and targeted, consultation with the following key stakeholders will be undertaken:

- Darling Downs Health and West Moreton Hospital and Health Service.
- Residential Aged Care Facilities.
- Homeless Shelters and Soup Kitchens.
- Agricultural employers who engage high volumes of migrant workers.
- Refugee support organisations.
- General Practitioners and health professionals.
- The Vacseen Project.
- Disability services.
- Community and religious groups.
- Other key stakeholders.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Increasing workforce capacity and wellbeing	Enablers

Prevention and Early Development Initiatives for Children and Young People

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

While the national average shows a trend of women having fewer children, this is not the case in our region, where rates among teenage mothers are rising. This activity aims to reduce risk for vulnerable children and families by partnering with providers to deliver integrated models of care that target those at-risk, and provide health and wellbeing support, and wraparound services.

DESCRIPTION OF ACTIVITY

Through leveraging current alliances and networks including key stakeholders supporting children and young people who are at risk of adverse health and wellbeing outcomes, Darling Downs and West Moreton PHN will consider enhancements to current mechanisms supporting the health of vulnerable children and young people, including Aboriginal and Torres Strait Islander and other priority population and families. This activity will:

- Develop an internal Early Years strategy, focused on the First 2000 days, to ensure an evidence-based, coordinated response.
- Partner with established place-based initiatives throughout the region with an aim to enhance the local community response when supporting families, children and young people.
- Understand the antenatal experience across the region, addressing gaps in service accordingly to improve continuity of care, maternal factors and birth outcomes.
- Partner with specialist child services to increase the confidence and skills of primary health care providers.
- Provide perinatal mental health programs as preventative interventions that could have an impact on the development of bonding after birth and empower parents/caregivers to maximise child development.
- Provide sexual and reproductive health initiatives which enhance current programs supporting the health and well-being of older children/adolescents, including sexual activity, at risk behaviours and healthy lifestyles.
- Explore the introduction of child development checks and screening services that may be offered in facilities such as early childhood education centres, where families may be supported to access early intervention services when required
- Explore whole-of-community programs to increase sense of wellbeing in children and their families, including resilience and happiness programs delivered within the school setting or within the community.
- Explore ways of upskilling the primary care workforce on child development and child safe training.
- Explore and develop opportunities for partnerships to enhance healthcare for children and young people.
- Deliver youth specific sexual health services within targeted locations to support engagement of young people with highest risk factors of poor health outcomes.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Accessible and responsive services for children, families, and young people across the care continuum	Care across the life span

Population Health with a Focus on Vulnerable and Marginalised People

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This activity aims to support vulnerable and marginalised individuals in our region, with a focus on improving outcomes for Aboriginal and Torres Strait Islander individuals and families across the lifespan. Our regions have a higher-than-average population of Aboriginal and Torres Strait Islander peoples, many of whom experience significantly poorer health outcomes and lower life expectancy. Additionally, our region faces high infant and child mortality rates, underscoring the importance of culturally safe early intervention and support to improve lifelong health and wellbeing.

DESCRIPTION OF ACTIVITY

To improve health outcomes for Aboriginal and Torres Strait Islander people in our region, commissioned service providers under this activity:

- Provide vulnerable families with culturally appropriate wrap-around, integrated culturally appropriate antenatal and postnatal supports to help families maintain healthy environments throughout in the first 2000 days of life.
- Support Aboriginal and Torres Strait Islander young people by providing mentorship that empowers them to reach their potential by encouraging activities that increase social inclusion, provide mentorship, and promote life skills and education.
- Providing holistic, trauma informed and recovery orientated support services that address the social and emotional wellbeing needs of vulnerable people and communities in West Moreton and the Darling Downs.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of vulnerable groups	Priority Populations

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Access and Equity Opportunities Across the Region

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to improve access to services and resources to increase and/or maintain health status and achieve equity of health outcomes for people who experience health disadvantage in our region. This includes Aboriginal and Torres Strait Islander people, multicultural communities, and people in rural and remote areas of our region who may experience barriers when accessing primary care services.

DESCRIPTION OF ACTIVITY

As a population, rural and regional communities experience disproportionate and enduring barriers to accessing the health and community services that they need. Difficulties in accessing primary health care may result in delays to early intervention or ongoing treatment, increased morbidity, increased need for hospitalisation and potentially premature deaths.

The Darling Downs and West Moreton PHN will continue to address health disadvantage through service integration and system reform activities in our region by providing coordinated community access services that ensure equitable access to health care and community supports for priority populations to achieve better health and wellbeing outcomes.

Our PHN will also continue to coordinate the delivery of low-cost access to health services in rural areas, including the rural town of Goondiwindi, where there is a need for mobilisation of both volunteer and community networks and service mapping at the local level to improve system integration, increase accessibility to primary health care for rural communities, facilitating primary health care appointments, case conferencing and providing alternative access options and place-based solutions to assist patients to attend primary health care appointments.

To further support multicultural communities across the region to access health professionals, the provision of interpreter services have been commissioned as required.

This Activity also incorporates the work of the Regional Health Collaborative (RHC), established through the partnership of Darling Downs Health, West Moreton Health and the DDWMPHN. The RHC operates to deliver integrated, system-wide health reform at the local level.

The Collaborative works to formalise coordination of the regional health needs assessment, planning, and coordination activities to identify and address priority health challenges that cannot be effectively resolved by individual organisations.

Its initial focus areas include Mental Health, Suicide Prevention, Alcohol and Other Drugs, Older People, The First 2000 Days, and transitions of care between Hospital and primary care.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

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NEEDS ASSESSMENT PRIORITY	Identified Need
Use of protective health behaviours to deliver positive health outcomes across the lifespan	Priority health conditions
Improving the health of vulnerable groups	Priority populations
Increasing workforce capacity and wellbeing	Enablers

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Dementia Clinical Referral Pathways

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of the Dementia Clinical Referral Pathways activity is to support and enable health professionals to provide advice, referrals and connections for Australians with dementia to local health and dementia support services in the Darling Downs and West Moreton Region.

DESCRIPTION OF ACTIVITY

The PHN will:

- Continue to work with Dementia Australia to ensure specific support and referral pathways reflect emerging best practice, and appropriate services and supports within the region that allow people living with dementia and their carers and families to live well in the community.
- Continue to develop, enhance and maintain clinical referral pathways for people living with dementia that support General Practice and other local health professionals to provide advice and referral options that are relevant to the needs of our region. This includes consultation with local primary care clinicians, other health, allied health, aged care providers and consumers and will identify current gaps and opportunities in the current model of care.
- Engage General Practitioners and other primary care providers as Clinical Editors to develop, review and/or update existing Dementia Clinical Pathways to ensure alignment with the most up-to-date clinical guidance
- Support increased awareness, use and integration of Dementia Clinical Referral Pathways by local practitioners through activities such as:
    - Web-based promotion of HealthPathways via the PHN website, social media and various digital marketing e-newsletters targeted to health professionals.
    - Promotion of HealthPathways at events such as PHN Meet and Greets, bi-annual GP Education Red Ant Roundup Symposiums and various GP and health professional educational workshops aimed at specific cohorts.
    - Delivery of PHN monthly webinars that will include information regarding HealthPathways aimed at General Practitioners and Allied Health professionals in our region.
    - Development of a podcast series targets for GPs, highlighting everyday clinical matters (including HealthPathways).
    - Face-to-face visits with PHN Primary Care Liaison Officers, who share HealthPathways information such as flyers and other printed resources during practice visits.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Effective referral pathways and transitions of care across the care continuum	Partnerships and integration
Increasing workforce capacity and wellbeing	Enablers

Aged Care Clinical Referral Pathways

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of the Aged Care Clinical Referral Pathways activity is to support and enable health professionals to provide advice, referrals and connections for Australians into local health, support and aged care services in the Darling Downs and West Moreton Region using the HealthPathways digital tool.

DESCRIPTION OF ACTIVITY

The PHN will:

- Update and review existing aged care pathways to reflect contemporary best practice in the Older Persons Care space. This includes consultation with local primary care clinicians, other health, allied health, aged care providers and consumers and will identify current gaps and opportunities in the current model of care.
- Continue to develop, enhance and maintain clinical referral pathways for Older Persons care that support General Practice and other local health professionals to provide advice and referral options that are relevant to the needs of our region.
- Engaged General Practitioners and other suitable primary care providers as Clinical Editors to develop, review and/or update existing Aged Care clinical pathways to ensure alignment with the most up-to-date clinical guidance.
- Ensure that referrers use the correct assessment, management and on-referral guidance relevant to our region.
- Support increased awareness, use and integration of the aged care clinical pathways by local health care practitioners through activities such as:
    - Web-based promotion of HealthPathways via the PHN website, social media and various digital marketing e-newsletters targeted to health professionals.
    - Promotion of HealthPathways at events such as PHN meet and greets, bi-annual GP Education Red Ant Roundup symposiums and various GP and health professional educational workshops aimed at specific cohorts.
    - Delivery of PHN monthly webinars that will include information regarding HealthPathways aimed at General Practitioners and Allied Health professionals in our region.
    - Development of a podcast series targets for GPs, highlighting everyday clinical matters (including HealthPathways). and
    - Face-to-face visits with PHN Primary Care Liaison Officers, who will share HealthPathways information such as flyers and other printed resources during practice visits.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Effective referral pathways and transitions of care across the care continuum	Partnerships and integration
Increasing workforce capacity and wellbeing	Enablers

Dementia Consumer Pathway Resource

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Aged Care

AIM OF ACTIVITY

The aim of this activity is to develop resources that support people living with dementia to live well in the community. These resources will enhance the care and support provided to people living with mild cognitive impairment or dementia, and support as well as their carers and family.

DESCRIPTION OF ACTIVITY

The PHN will develop, review, maintain and enhance localised dementia consumer resources that support older people, their carers and families to understand and make informed choices about health and aged care services that may be of benefit to them. Where there are existing localised dementia consumer resources available, these will be reviewed and updated to reflect contemporary best practice and will be informed by broad local consultation. The localised dementia consumer resources have been developed with input from Dementia Australia to ensure the resources are nationally consistent at a high level and reflective of individual services and supports within our PHN region. These resources are in the process of being reviewed and updated.

In addition, our PHN is developing a dementia journal, which will provide a way for people with dementia (and their carers) to keep track of appointments, medications and their emotional wellbeing. We will also work with other priority populations in our region, including local Aboriginal and Torres Strait Islander, LGBTIQ+ and multicultural communities to ensure that the journal is culturally appropriate and representative for the various priority population cohorts.

CONSULTATION AND COLLABORATION

The Dementia Consumer Resources have been developed with input from Dementia Australia to ensure the resources are both nationally consistent at a high level and reflective of individual services and supports within our PHN region. The consultation with Dementia Australia also extends to people living with dementia, their carers, friends and families and specifically identify what information they would find useful during or immediately after dementia diagnosis, and what could be incorporated in consumer resources.

Consultation may also include discussions with:

- Dementia peak bodies as appropriate such as Carers Australia, Dementia Support Australia, Dementia Training Australia and the Australian Dementia Network (ADNeT)
- Consumer Groups and Local Networks
- Hubs and Neighbour Centres
- Local Dementia Collaborative

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Effective referral pathways and transitions of care across the care continuum	Partnerships and integration
Increasing workforce capacity and wellbeing	Enablers

PHN Clinical Referral Pathways

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

The aim of the PHN Clinical Referral Pathways activity is to support the creation, review and enhancement of information and referral pathways on the HealthPathways platform.

DESCRIPTION OF ACTIVITY

In collaboration with Darling Downs Health and West Moreton Hospital and Health Service, the PHN will continue to review, create and enhance PHN Clinical Referral Pathways. Pages within the current solution HealthPathways, are localised and developed by local General Practitioners as the clinical editors and specialists and used in assessment, management and referral decisions.

The PHN will achieve the aims of this activity through:

- Broad consultation with local Primary Care clinicians, Allied Health, Aged Care and other providers about the gaps and opportunities for enhancement of existing pathways and models of care within our region.
- Develop, review and maintain clinical referral pathway content, ensuring they are up to date and fit for purpose.
- Improving collaboration and integration between the health system and other providers, and service systems.
- Increase awareness, engagement and use of clinical referral pathways by local health care practitioners (including Allied Health, Pharmacy and General Practice) within the Darling Downs and West Moreton regions.
- Participation on Primary Health Integration Steering Committee meetings.
- Collaborate and share clinical referral pathway capabilities and achievement with other PHN Regions.

CONSULTATION AND COLLABORATION

In collaboration with Darling Downs Health and West Moreton Health, the PHN will continue to implement HealthPathways. Pages within HealthPathways are localised and developed by local general practitioners as the clinical editors and specialists and are used in assessment, management and referral decisions.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Improving the health of older Australians	Care across the life span
Effective referral pathways and transitions of care across the care continuum	Partnerships and integration
Increasing workforce capacity and wellbeing	Enablers

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Health Systems Improvement

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

This Activity aims to provide the resourcing required to:

- Scope, develop, commission, manage, monitor and evaluate activities.
- Complete population health planning including Health Needs Assessment.
- Provide stakeholder engagement and support across health care in the region to identify and design solutions to address relevant health issues.
- Collaborate with regional health services to improve integrated care pathways.
- Ensure PHN staff are appropriately trained, including cultural safety and awareness.
- Manage operational and reporting obligation of the PHN.

DESCRIPTION OF ACTIVITY

Elements of this activity include:

1. Population Health Planning

- Data analysis using multiple qualitative and quantitative platforms such as consumer/ community and stakeholder consultation, general practice information and data, Hospital and Health Service (HHS)s, Departmental data sources, to determine local priorities and potential actions.
- Ongoing review and analysis of data elements for health needs and service gaps with quarterly Health Needs Assessment updates.

2. Stakeholder Engagement

- Co-designing activities to address identified needs.
- Consultation for evaluation of implemented activities.
- Consideration for an on-line platform for real-time feedback opportunities.
- Community education and health literacy events.
- Proactively managing relationships with key stakeholders such as Public Health Units, Hospital and Health Services, Other PHNs, Regional Councils and Education providers.
- Membership with community organisations.

3. Health Promotion

- Multi-modal communication platforms including social media.
- Health promotion and awareness campaigns.

4. Quality Improvement Projects and Education

- Providing education to allied health providers.
- Consideration to partnerships for annual medical conferences.
- Partnering to develop, implement and evaluate innovative models of care for allied health care providers.

5. Project Development and Management

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- Developing mechanisms to improve coordination of care.
- Ensuring activity development aligns with priorities identified through the Health Needs Assessment.
- Monitoring to ensure service is value for money and maintains effectiveness and efficiencies in service provision.
- Partnering to develop appropriate outcome measures that demonstrate health care improvements.
- Developing partnerships to support a coordinated approach to health care delivery.

6. Commissioning Support

- Following all elements of a quality commissioning framework.
- Development of outcome-based commissioning.
- Procurement and monitoring.

7. Performance Management and Compliance

- Maintenance of organisational legislative compliance.
- Development of quality management systems.
- Ongoing monitoring, evaluation and reporting for Department of Health deliverables.

8. Primary Care Support

- Resourcing of primary care engagement team.
- Support to allied health service providers and pharmacies including education.
- Service integration and partnerships.
- Delivery of education to primary care providers through scholarships guided by annual Training Needs Analysis and the PHN identified priorities guide and delivered in collaboration with Health Workforce Queensland.
- Support wellness of primary care providers, particularly those servicing rural areas or vulnerable populations. Wellness activities are incorporated within key events such as the Goondiwindi Muster, Dalby Medical Conference and the Red Ant Round-Up Medical Conference. Also a mentoring/peer support program for GPs.

9. Operations

- Appropriate oversight of financial and budgetary matters.
- Human resource management and staff performance and development.

10. Identification of Workforce Gaps and Development of Local Workforce Plan

- Partnership with Health Workforce Queensland to analyse the workforce needs for the PHN region.

11. Enhancing networks and supports for existing primary care providers

- Continuation of networking groups for all primary care professional groups in multiple Local Government Areas, including:
    - General Practice Chapters/network.
    - Practice nurse networks.
    - Practice manager networks.
    - Allied health professional networks.
    - Online networking groups are being scoped.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing workforce capacity and wellbeing	Enablers

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Emergency Preparedness

ACTIVITY PRIORITIES AND DESCRIPTION

PROGRAM KEY PRIORITY AREA

Population Health

AIM OF ACTIVITY

The aim of this activity is to strengthen the PHNs capacity to effectively manage emergency preparedness, planning, and coordination across primary care within the Darling Downs and West Moreton region. Through this work, our PHN will build a more resilient primary care sector that can respond quickly and effectively to a range of emergency scenarios, ensuring continuity of care and minimising the health impacts on the community.

DESCRIPTION OF ACTIVITY

To strengthen disaster preparedness and planning in our region, our PHN will:

- Develop, implement, and maintain emergency preparedness protocols aligned with the Emergency Preparedness Guidelines provided by the Department. These protocols will be reviewed and updated regularly to ensure they reflect current best practices and emerging risks.
- Conduct proactive engagement with key local and district stakeholders such as general practices, local health districts, emergency services, and community health organisations to support collaborative planning and disaster response efforts. Regular communication and coordinated planning with these stakeholders will strengthen local readiness and ensure an aligned approach to emergency situations.
- Integrate and coordinate local health services to support a region-wide response in the event of natural disasters (e.g. bushfires, floods) or public health emergencies (e.g. pandemics, disease outbreaks). This includes ensuring that primary care services are prepared to respond effectively and continue delivering essential healthcare during emergencies.

NEEDS ASSESSMENT PRIORITY

Joint Regional Needs Assessments undertaken with West Moreton Health and Darling Downs Health 2025/26-2027/28.

NEEDS ASSESSMENT PRIORITY	Identified Need
Increasing workforce capacity and wellbeing	Enablers

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