



# OUR PEOPLE OUR PARTNERSHIPS OUR HEALTH

## 2019-2020 Annual Report

Western Queensland Primary Health Network

**phn**  
WESTERN QUEENSLAND

An Australian Government Initiative





## MY SITTING DOWN PLACE

---

**Gail Kay**

I go down to the creek  
Where the water gurgles  
Joyfully  
As it hurries along  
Over the shining sand and pebbles  
To its destiny  
With the sea.

Dappled sunlight  
Flits and moves  
Across the water, over the creek bank,  
And the birds sing happily  
To the accompaniment  
Of insects and crickets.  
I sit in silence as I soak it all into my soul.

Peace flows  
From the water  
To my heart.  
Whatever life brings me  
I now can face  
Because of this,  
My sitting down place!





# CONTENTS

---

WHAT DRIVES US?.....	3
CHAIR'S REPORT.....	4
CEO'S REPORT.....	5
BOARD OF DIRECTORS.....	6
MEMBERS.....	8
CLINICAL COUNCIL AND CONSUMER ADVISORY COUNCIL.....	10
WQPHN COMMITMENT TO QUALITY.....	12
PROFILE OF FINANCIAL EXPENDITURE.....	13
COVID-19 AND OUR REGION.....	15
WQPHN COMMUNICATIONS.....	18
ENABLING OUR PLACE-BASED COMMISSIONING (PBC) APPROACH.....	22
COMMISSIONING LOCALITIES.....	23
FUNDING PROGRAMS – COMMISSIONED SERVICES.....	24
STRATEGIC PLAN 2020–2025.....	30
STRATEGY 1: INTEGRATED CARE.....	32
STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME.....	34
STRATEGY 3: CLOSING THE GAP.....	36
STRATEGY 4: CHRONIC AND COMPLEX CARE.....	38
STRATEGY 5: CHILD AND FAMILY HEALTH.....	40
STRATEGY 6: MENTAL HEALTH.....	42
STRATEGY 7: CORPORATE GOVERNANCE.....	46
WQPHN ORGANISATIONAL STRUCTURE.....	48
WQPHN FUNCTIONAL DESIGN AND PERFORMANCE MANAGEMENT.....	49
2019-20 ANNUAL FINANCIAL STATEMENTS SUMMARY.....	53
DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2020.....	54
DIRECTORS' REPORT AND DECLARATIONS.....	56
STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION.....	57
STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS.....	58
AUDITOR'S DECLARATIONS.....	60





# WHAT DRIVES US?

## OUR VISION

Western Queenslanders experiencing better health

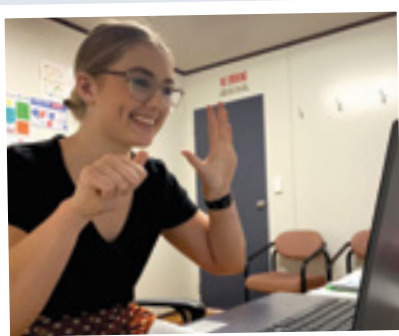
## OUR PURPOSE

To empower our people through partnerships in an integrated primary health care system that delivers better health outcomes for the people of Western Queensland.

## OUR VALUES



**Collaboration**



**Innovation**



**Respect**



**Participation**



Courtesy Gidgee Healing

**Fairness**



**Integrity**



**Responsiveness**



# CHAIR'S REPORT

---



The global COVID-19 pandemic has certainly shaped 2020 and has undoubtedly changed our lives for the foreseeable future. As an organisation and like many others, we have been challenged to continue to do business in such a changed environment.

I am pleased to report that throughout the pandemic, WQPHN staff have remained connected with our commissioned service providers, stakeholders and community to ensure that, despite the challenges of COVID-19, services are adapted and continue to be delivered to people across Western Queensland.

The Maranoa Health Accord is a joint strategic approach that brings together stakeholders and provides a shared vision for improved health services and health outcomes across Western Queensland. This year, the Accord was renewed by the key partners and this will continue to be a key focus into the future.

The WQPHN has continued to work collaboratively with General Practices and Aboriginal and Torres Strait Islander community-controlled health organisations to support the implementation of the WQPHN Health Care Home. The Health Care Home is a critical component to achieve the vision set out in the Maranoa Health Accord.

WQPHN remains committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Access to services and patient outcomes continue to improve through the Nukal Murra Alliance and work has commenced on the development of our inaugural Reconciliation Action Plan with this likely to be in place in the 2020-21 year.

This year, Jim McGowan finished up as a Director with the WQPHN and we welcomed Karen Tully as an incoming Director.

I would like to acknowledge and thank Chief Executive Officer, Stuart Gordon, Executive Management and all staff for their efforts this year. All the WQPHN staff have done a fantastic job in continuing to deliver core business under challenging circumstances. I am certainly very proud of the staff's efforts and the achievements of the organisation.

I would also like to thank Clinical Council and Consumer Advisory Council members for their continued efforts in supporting the implementation

of the WQPHN strategic directions but also ensuring that we remain connected and engaged with our communities and stakeholders. Finally, I acknowledge my fellow Directors for their ongoing commitment and support to the organisation and I look forward to working with you all again in the coming year.

At the time of writing this report, WQPHN are preparing to farewell Chief Executive Officer, Stuart Gordon. After nearly five years in the post, Stuart will be returning home to New South Wales to spend more time with family. Along with leading the establishment and growth of a new organisation, Stuart has expertly led the implementation of our primary health care strategy. I am confident that the WQPHN has forged a strong identity as a leader in the industry and across the region and that the organisation is now in a strong position to continue our work across Western Queensland. Much of this is due to Stuart's leadership, vision, commitment and passion for the region.

Stuart, on behalf of the Board and staff, I wish you all the best for your future endeavours.

A handwritten signature in black ink, appearing to read 'Dallas Leon'.

**Dallas Leon**  
Chair



# CEO'S REPORT – 2020 YEAR IN REVIEW



There is no doubt 2019-20 will be defined by the universal disruption caused through the COVID-19 pandemic. The virus and its severe consequences required leadership and responsibility at all levels and across all settings.

Whilst we will continue to live with this highly infectious agent we have had the opportunity to reflect on what has worked well, the incredible effort and guidance provided through Queensland's Health leaders, new primary care partnerships that have emerged and the collective stewardship across clinical and non-clinical stakeholders of Western Queensland.

For WQPHN, a highly decentralised organisation, the lockdown measures did present challenges but also opportunity as we responded to shore up business continuity, pandemic readiness, PPE distribution and helping to establish GP led respiratory clinics across the catchment.

It is important to acknowledge the incredible work of all our local organisations and partners, particularly our three HHSs, RACFs, AICCHS and General Practice Networks, who together formed a strong partnership with our outback communities and ensured the safety of people and fidelity of COVID-19 responses and support systems.

Despite the disruption of COVID-19, it has been a year of significant maturing across the organisation's governance and operations. The Executive Management Team has continued to drive a performance agenda, with significant increases in access to primary care services, especially mental health services, which have doubled the number of people connected to therapeutic support.

The [Western Queensland Health Care Home \(WQHCH\) Model of Care](#) has contributed to an increased number of people with access to team care arrangements, exceeded planned activity for people with chronic conditions, and supported significant uptake and adoption of Telehealth-care modalities.

Willingness to collaborate, share health intelligence, and shift to more proactive, planned and structured care is evident in outcomes achieved across the year. Our General Practice Networks have sustained a positive trajectory in terms of access to care; Commissioned service providers have delivered more for less cost, and the contribution of consumers and community through local government and new partnerships such as the

Rural Financial Counselling Services are all guiding our development and value.

Our true north continues to be **people and partnerships** and the refresh of the [WQPHN Strategic Plan](#) guides our aspirations to improve population health outcomes through the adoption of a universal Model of Care, clinical integration and good corporate stewardship. The recognition of the Nukal Murra Alliance within the committee to assist the new Health Equity legislation is a significant achievement and places our Western Queensland Indigenous leaders at the heart of an important reform initiative. Additionally, with our renewed [Maranoa Health Accord](#) WQPHN is uniquely positioned to deliver greater remote primary healthcare innovation over the next 5 years.

This is my final year with the WQPHN and I have been privileged to be able to work in this amazing part of Australia and to be part of a passionate and hardworking team. WQPHN continues to mature and exert its influence within communities and across wider policy domains. I would like to thank Dallas and the Board for their support, the Councils and Chapters for their guidance, and especially thank my remarkable Executive colleagues for their loyalty, faith and trust.



**Stuart Gordon**  
Chief Executive Officer



# BOARD OF DIRECTORS

---



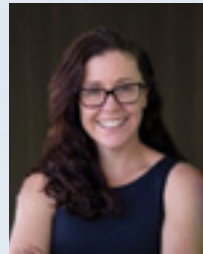
**Mr Dallas Leon**  
*(Chair)*

Dallas is a Kalkadoon and Waanyi man that has worked in the Aboriginal and Torres Strait Islander field for over 20 years, holding a number of roles across Government and non-Government. Dallas previously held the role of CEO for Gidgee Healing, the Aboriginal Community Controlled Health Service in Mount Isa, where he was instrumental in leading the reform of primary health care services for Aboriginal and Torres Strait Islander people across North West Queensland and the Lower Gulf. He is currently employed by the Townsville Hospital and Health Service as the Executive Director, Aboriginal and Torres Strait Islander Health.



**Dr Christopher Appleby**  
*(Director)*

Chris has a Bachelor of Science (Honours), Masters of Business Administration and a Doctor of Philosophy. He is a Senior Lecturer and Practice Support Advisor at James Cook University and a Graduate of the Australian Institute of Company Directors. Chris serves as a Director on the Board of the North West Hospital and Health Service (NWHHS) and is Chair of the NWHHS Financial, Audit and Risk Management Committee. Chris has previously been an owner/Practice Manager of a remote General Practice in rural and remote Queensland for over 20 years.



**Dr Anna Cunningham**  
*(Director)*

Anna is a Fellow of the Royal Australian College of General Practitioners. She graduated from the University of Sydney Medical School in 2007, and has worked in Sydney, rural NSW and Melbourne before moving to Mount Isa in 2014. Her major interests are mental health, women's health, child and adolescent health and skin cancer medicine. She is currently completing a Masters of Psychiatry through the University of Melbourne and a Diploma of Skin Cancer Medicine through the University of Queensland. She is an Associate Lecturer at James Cook University and involved in teaching and supervising medical students who come to Mount Isa for rural rotations.



**Professor Sabina Knight**  
*(Director)*

Sabina is the Director of the Mount Isa Centre for Rural and Remote Health (MICRRH) at James Cook University. She comes from an extensive background in remote and Indigenous primary health care, public health education and workforce. Originally a Remote Area Nurse (RAN), she gained her Master of Tropical Health from the University of Queensland and has held various clinical and leadership roles in remote health and education.



**Ms Sheryl Lawton**  
*(Director)*

Sheryl has been the CEO of Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited (CWAATSICH) for the past 20 years. Prior to her becoming CEO, she was employed in many positions of influence within Aboriginal affairs and Aboriginal Community Controlled Services, spanning legal services, social housing, land council and childcare. Sheryl has been an avid representative of Aboriginal Affairs at regional, state and national levels and through her ongoing dedication, commitment and hard work, has seen CWAATSICH expand service delivery and become the lead service provider of comprehensive primary health care within the Far South West region.





**Mr James McGowan AM**  
*(Director)*

Jim is a former Director-General for the Department of Community Safety, Department of Emergency Services and Justice and Attorney-General and led the Taskforce on Occupational Violence for Queensland's Hospital and Health Services. He is currently the Chair of the South West Hospital and Health Service and Adjunct Professor, School of Government and International Relations at Griffith University. Jim holds a Bachelor of Economics and a Diploma of Education, both from the University of Queensland.



**Mrs Vicki Murphy**  
*(Director)*

Vicki has a degree in Applied Science (Occupational Therapy) and post graduate qualifications in Health Economics. She has over 35 years' experience in the Health, Rehabilitation, Aged Care and Disability Services sectors within the private, state and federal arenas. Her recent positions include, Assistant Secretary, Primary and Ambulatory Care Branch, for the then Department of Health and Ageing and as a Senior Policy Advisor, Healthdirect Australia Ltd.



**Dr David Rimmer**  
*(Director)*

David is a Fellow of the Royal Australian College of General Practitioners, a Fellow of the Australian College of Rural and Remote Medicine, is an Associate Fellow of the Royal Australian College of Medical Administrators and holds a Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. He has over 35 years' experience in General Practice and Emergency Medicine, with a lifetime interest in teaching and workforce development. He has recently stepped down as Executive Director of Medical Services for Central West Hospital and Health Service and continues a part time role as a Senior Medical Officer at Longreach, mentoring the next generation of rural doctors.



**Mr Jason Warnock**  
*(Director)*

Jason is currently the Director of Podiatry for the Metro North Hospital and Health Service in Brisbane. For more than 30 years he worked in his private podiatry practice in Townsville, which included regular visits to rural townships. He was the first podiatrist to deliver services to the Gulf of Carpentaria communities and for 20 years attended a monthly clinic on Palm Island. Jason was the inaugural Chair of the Podiatry Board of Australia from 2009 - 2012 and was awarded a Churchill Fellowship in 2008 to investigate diabetic foot care services in the Indigenous communities of USA and Canada.



**Ms Rachel Portelli**  
*(Company Secretary)*

Rachel is a graduate and Fellow of the Governance Institute of Australia, Fellow of Institute of Chartered Secretaries and Administrators (United Kingdom) and a Graduate of the Australian Institute of Company Directors. For over 10 years she has specialised in providing corporate governance advice to not for profit entities.



# MEMBERS

---

During 2019-2020, the Western Queensland Primary Care Collaborative Ltd had 15 Members. No new membership applications were received during the year.

All Members contribute to WQPHN's overall purpose to support a comprehensive and integrated primary health system that delivers better health outcomes for the people of Western Queensland.

## FOUNDING MEMBERS

Central West Hospital and Health Service (CWHHS)

North West Hospital and Health Service (NWHHS)

South West Hospital and Health Service (SWHHS)

## ADMITTED MEMBERS

Australian College of Rural & Remote Medicine (ACRRM)

Carers Australia

CheckUP

Diabetes Queensland (DQ)

Health Workforce Queensland (HWQ)

Mount Isa Centre for Rural and Remote Health (MICRRH)

Pharmaceutical Society of Australia (PSA) (Queensland Branch)

Queensland Aboriginal and Islander Health Council (QAIHC)

Queensland Alliance for Mental Health (QAMH)

Queensland Network of Alcohol and Other Drug Agencies (QNADA)

Royal Flying Doctors Service (RFDS) Queensland

Services for Australian Rural and Remote Allied Health (SARRAH)







# CLINICAL COUNCIL AND CONSUMER ADVISORY COUNCIL

Since the WQPHN Clinical and Consumer Advisory Councils were established in 2016 we have been supported through consistent and enthusiastic membership on both Councils, with very few changes over the years. In 2020 we said farewell to one of our founding members, Margaret Woodhouse, who resigned after 4 years as an active member of the Consumer Advisory Council.

John Palmer, Chair of the Consumer Advisory Council thanked Margaret for her contribution:

*“As a founding member of the Consumer Advisory Council I have always valued Margie’s opinions in our meetings, and the way she communicated with all Council members in a clear and dignified way, with genuine concern about the primary health care system and the people of western Queensland”.*

In September 2019 there was a 2-day forum held in Brisbane bringing both Councils together to discuss a range of key topics in a workshop environment. Due to COVID-19 in 2020 the Councils made a very successful transition to virtual meetings on a more regular basis, to actively be involved in the WQPHN response to the pandemic, providing vital health intelligence from the ground.

The Councils have continued to provide valuable guidance and input into WQPHN strategic activities including:

- COVID-19 pandemic response plan and activities, including the rapid transition to Telehealth-care opportunities and the development of the WQPHN Telehealth-care plan
- Clinical Chapter updates from each region highlighting local issues and priorities
- Review of the *WQPHN Mental Health Suicide Prevention Alcohol and other Drugs Regional Plan*, including Council members sitting on the Mental Health Consortia leading this project
- Nukal Murra Alliance progress of key activities and programs
- WQ Health Care Home development and expansion across WQ
- *WQPHN Commissioning for Better Health Guide* review process, including a review of all 8 commissioning principles and their relevance to commissioning in 2020.



**Dr Rosie Geraghty**, Chair of the WQPHN Clinical Council and owner of Maranoa Medical Centre in Roma reflected on the 2019-20 year:

*“2020 will always be remembered as the year that enabled us to do things differently as the combined clinical and consumer councils. The emergence of COVID-19 and the rapid rollout of telecommunications meant that the councils came together over Zoom to discuss important issues, such as WQPHN mental health programmes, suicide prevention and alcohol and other drugs regional plans. These virtual meetings have allowed us, as the combined councils, to continue to share ideas and to actively participate in the development of these regional plans, which in turn will have positive benefits for all of our communities in the WQPHN region”.*





**John Palmer**, Chair of the WQPHN Consumer Advisory Council commented on the successes during the 2019-20 year:

*“The Consumer Advisory Council, working alongside the Clinical Council, has certainly stayed very positive throughout the year, with the support and guidance of the Board, CEO and team of hard workers, always working towards better outcomes for the people of western Queensland. Technology has allowed us to have a closer relationship, despite these trying times, to deliver programs that have a huge positive effect right across our communities”.*



Councils workshop September 2019

### CONSUMER ADVISORY COUNCIL MEMBERS:

- |                        |              |
|------------------------|--------------|
| Ms Vanessa Ballard     | Surat        |
| Ms Rebecka Britton     | Boullia      |
| Mr Lane Brookes        | Roma         |
| Ms Donna Hobbs         | Thargomindah |
| Ms Sheryl Lawton       | Charleville  |
| Mr John Palmer - Chair | Longreach    |
| Mrs Maggie Wade        | Charleville  |
| Mrs Margie Webb        | Muttaburra   |

### CLINICAL COUNCIL MEMBERS:

- |                           |   |
|---------------------------|---|
| Dr Don Bowley             | Royal Flying Doctor Service, (Qld Section), Mount Isa |
| Ms Jen Williams           | Central West Hospital & Health Service, Winton        |
| Ms Jean Benham            | Vital Health, Roma                                    |
| Ms Ellaine Wingate        | CWAATSICH, Charleville                                |
| Dr Rosie Geraghty - Chair | Maranoa Medical Centre, Roma                          |
| Dr Sheilagh Cronin        | Ramsay Street Medical, Cloncurry                      |
| Dr David Rimmer           | Central West Hospital & Health Service, Longreach     |
| Ms Margaret Windsor       | WQPHN, Longreach                                      |
| Ms Renee Blackman         | Gidgee, Mount Isa                                     |
| Ms Selena Gomersall       | Outback Futures, Central West                         |

# WQPHN COMMITMENT TO QUALITY

---

WQPHN maintains a commitment to continuous improvement and quality management systems. As a Commissioner of primary health care services informing system capacity and alignment across our stakeholder interests, it is our guarantee of maturity as an organisation and adoption of Quality Management System Accreditation against the ISO 9001:2015 Standards, as certified by SCI Qual International.

Ongoing independent certification against the ISO standard ensures WQPHN is keeping pace with contemporary issues and prioritising quality improvements across the organisation, including internal and external proficiencies and compliance.

The scope of the ISO9001:2015 Quality Management system (QMS) covers:

- the commissioning of Primary Health Care service providers;
- monitoring the performance of contracted Primary Health Care providers; and
- reporting to the funding body.

## EXTERNAL AUDITOR'S REPORT

"Working with WQPHN over the last 5 years has been both challenging and rewarding. Challenging, because WQPHN are so involved in delivering the best outcomes in regional health, their system is always expanding and improving. Rewarding because there is a real sense of commitment to the requirements of their system, and to those of the standard IOS9001:2015. I look forward to the next audit to again be impressed with their innovation".

Brian de Cambra, Auditor - SCI QUAL International

Internal audits were also undertaken by QAS International Director, Brad Bishop, who reflected on the WQPHN commitment to quality:

## INTERNAL AUDITOR'S REPORT

"In May 2016, as a new/start-up organisation, under the stewardship of Stuart Gordon as CEO, WQPHN embarked on implementing a Quality Management System to meet Australian and International Quality Standard ISO 9001:2015. WQPHN was one of the first, if not the first, PHN in Australia to become ISO 9001:2015 Quality Management System Certified, meeting both international and Australian Quality Standards as well as relevant contract, legislative, and risk management compliance requirements. This a credit to Stuart, his Executive Management Team and his loyal and committed staff.

WQPHN has fully embraced the Department of Health's PHN Program Performance and Quality Framework, moving commissioned providers to outcome measures which are linked to quality systems. This includes patient and whole of population metrics, as part of WQPHN's transformational exchange with service providers in terms of collective impact, place-based outcomes, and helping to enable a more robust and better connected primary care system on the ground, ensuring active surveillance and capability development within WQPHN's commissioned service providers.

WQPHN's Quality Management Systems and associated risk management and compliance systems for service delivery have further matured and continue to improve, with beneficial outcomes for end users/consumers of the health care system, and services that WQPHN commissions and oversees.

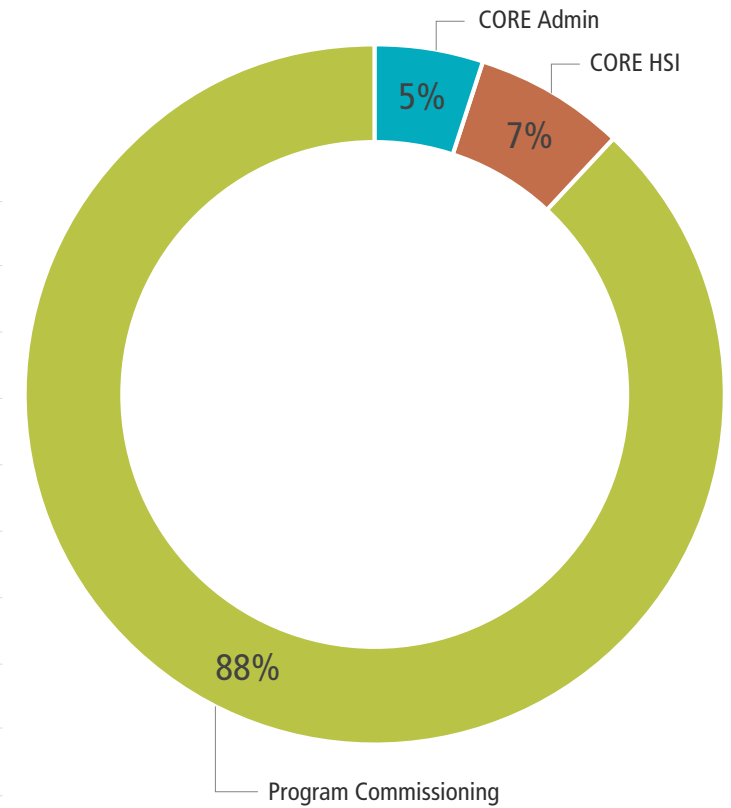
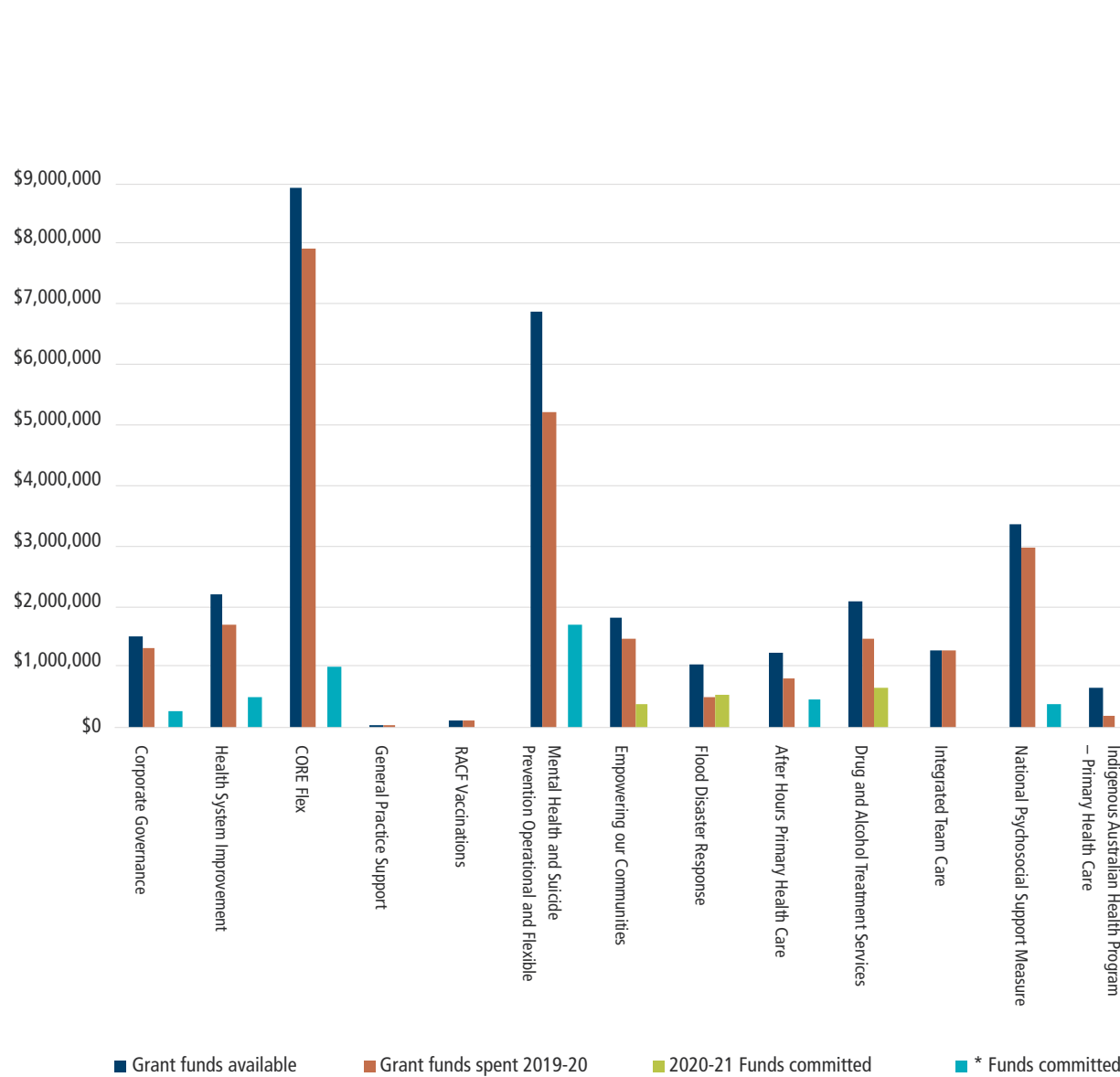
Since their initial Quality Certification in 2016, WQPHN has consistently passed their annual external Quality Certification Audits **with flying colours**, having never received a single audit/compliance non-conformity or non-compliance from external Certifying auditors. This is a most remarkable and indeed exceptional achievement for any organisation and can be largely attributed to the professionalism, drive, commitment and compassion of the CEO, Executive Management Team and WQPHN staff. Well done WQPHN, keep up the amazing work - your communities thank you for your amazing efforts!"

Brad Bishop, Director - QAS International





# PROFILE OF FINANCIAL EXPENDITURE



\*Funds carried forward subject to DOH approval for 2020-21.





# COVID-19 AND OUR REGION

WQPHN responded quickly to support our staff, primary health care professionals and communities to prepare for and help limit the spread of COVID-19 in our region during the pandemic.

## COVID-19

WQPHN's objectives were to provide reliable channels for credible information sources and clear communication to employees, suppliers, and customers to:

- a) Minimise disruption to WQPHN's business services and workplaces
- b) Support commissioned service providers and plan for service disruption, innovation and continuity
- c) Support General Practice networks and other health care providers in Western Queensland with appropriate communication, resources and readiness
- d) Liaise with partner organisations, peak health institutions and other PHNs in planning and responding to the COVID-19 impacts.



Sandy Gillies and Stuart Gordon share an important message



Zoom meetings kept teams connected and communications clear



Executive management meeting with CheckUP team



L-R: Alex Benn St George Medical Centre Business Manager, Dr Ben Brimblecombe and Dr Jeet Patel at the recently opened respiratory clinic

Led by the Executive Management Team a *WQPHN Readiness Plan* and *Action List* was developed and updated at weekly EMT meetings. The following domains were updated daily, and action plans reviewed:

### 1. CAPABILITY, INTERNAL MESSAGING AND STAFF WELLBEING

For the security and safety of all our staff WQPHN moved to a **“virtual” office** scenario, from March 2020, with full support and guidance from the HR Manager and the IT department to ensure the transition was seamless. Work from Home (WFH) has now been implemented with staff adjusting well to the new working environment. Weekly staff meetings were held via zoom to keep the teams connected and communications clear.

A dedicated **COVID-19 intranet site** was also established as an internal information and communications hub for all staff.

### 2. INTERNAL BUSINESS CONTINUITY

Working groups were established to progress and monitor digital continuity readiness risk and mitigation across internal and external digital environment. Key areas included: supply chain issues; technical support from Cloud providers impacted by lockdown; cybersecurity; backup of data; Insurance coverage and readiness to adopt new digital models of care.

### 3. COMMISSIONED CLINICAL SERVICE PROVIDERS

Regular communications were provided to support and monitor continuity of services. All commissioned service providers (CSPs) were asked to complete a survey on their *Service Continuity Plan and Preparedness* to COVID-19. The WQPHN COVID-19 Working Group compiled a summary of these reports, which reflected a positive transition for both clinical providers and patients.

SPC team led the provider transition to virtual support and telehealth, and the development of the *WQPHN Telehealth-Care Guide*.



### 4. GENERAL PRACTICE NETWORKS

Support to General Practices across WQ was a full time focus for the PCI team, who developed a General Practice COVID-19 Pack, MBS Telehealth Guide, distributed ongoing news updates and established the Practice Managers’ COVID-19 Community of Practice to share information and keep connected. WQPHN [COVID-19 website](#) provides the latest updates from Queensland Health, links to *Health Direct*, with symptom checker and Coronavirus information and links. All WQPHN practice and commissioned service providers were provided access to the Health Direct VideoCall platform.

**Five Respiratory clinics** were established across WQ funded by Department of Health (DoH) in St George, Longreach, Cloncurry and Mount Isa communities including a dedicated Aboriginal and Torres Strait Islander clinic provided by Gidgee Healing in Mount Isa. Ongoing funding has been confirmed until March 2021 for the GP Respiratory Clinic program.

**Personal Protection Equipment (PPE)** A total of 36,440 surgical and P2/N95 masks, and 1,425 gowns have been distributed to General Practices/ AICCCHS/RFDS/HHS practices, GP Respiratory Clinics, Pharmacies and Allied Health Providers. WQPHN will continue to provide national and organisation PPE stock as needed.





**HealthPathways** was launched 3 months early (31 March 2020), to deal with COVID-19 pathways as a priority, supported by HHSs.

62 pathways have now been developed including COVID-19 pathways, with 160 users and 1,803 page views on the WQ HealthPathways site.

**WQPHN COVID-19 Taskforce** was established to manage COVID-19 issues as they arise. Work included:

- COVID-19 Information packs for General Practice, Service Providers and Aged Care
- Communications sent to Practices and Commissioned Service Providers with information for preparedness, service and business continuity and to provide WQPHN team with intelligence to gauge next steps
- Working across 6 domains of Workforce, GP Respiratory Clinics, Communications and Website, HealthPathways, Training and Education and PPE.

## 5. OTHER PRIMARY CARE PROVIDERS

The **RACF COVID-19 Community of Practice** was established to share information and work on solutions together on COVID-19 specific issues.

**Nukal Murra Alliance** COVID-19 meetings were held weekly with CEOs and Care Access Manager to cover key issues e.g. workforce, PPE, telehealth. Clinical preparedness plans were put in place across all AICCHSs, supported by communications developed specifically for indigenous communities with a focus on prevention measures.

## 6. COORDINATION AND OPERATIONAL ENGAGEMENT

COVID-19 dominated all WQPHN Communications work, including a dedicated front page on the website. WQPHN website is updated daily with all the latest statistics from QH on COVID-19 confirmed cases, along with direct links to key information sources. The site is also the central point for all our Information Packs, designed specifically for General Practices, Commissioned Service Providers and the Residential Aged Care Facilities (RACFs).

Social Media has been a key communication channel, providing immediate access to WQ communities. WQPHN Facebook reach has increased by more than 50% so will be used as an ongoing communication tool during the pandemic, with a focus on prevention.

The CEO is meeting fortnightly with Hospital Emergency Operational Control Centre, (HEOCC) and the State Health Emergency Control Centre (SHECC) to keep up to date with the latest issues and plans. Meetings are also being held with DoH, Qld Clinical Senate, our MOU Partners: RFDS, HWQ, CheckUP, RHealth to communicate and work together in an integrated, coordinated way. The Chairs of the Board, Clinical Council and the Consumer Advisory Council are also being updated on the WQPHN COVID-19 strategy, with zoom

meetings held with the Councils to keep them informed and engaged.

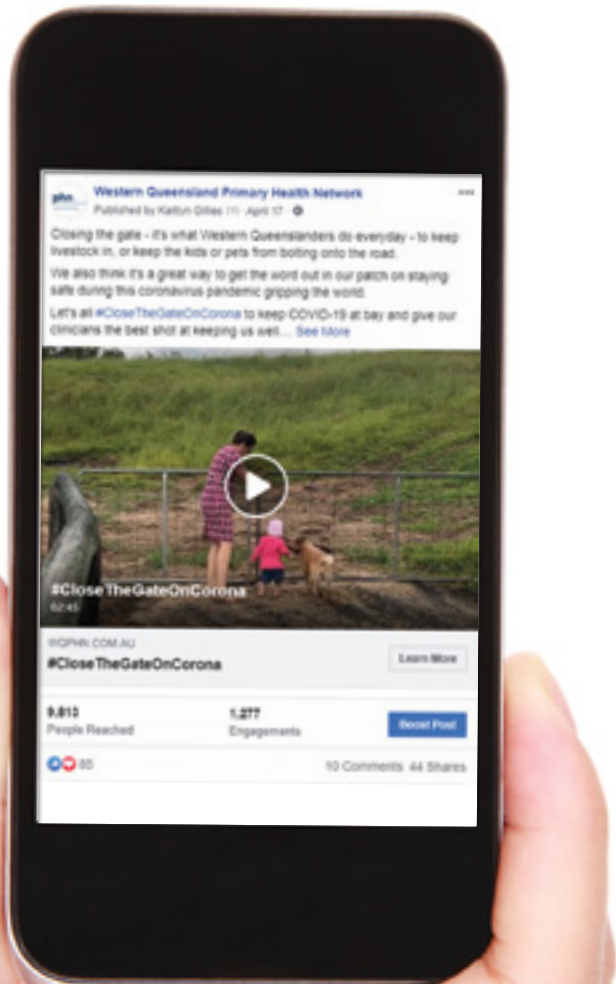
**WQPHN COVID-19 news updates** are being sent out regularly via Mailchimp to relevant stakeholders regarding the latest news including Public health alerts, MBS announcements, Infection training sessions, Residential Aged Care information, Telehealth Services etc.

At the time of writing this report there are no reported positive cases of COVID-19 in the WQPHN region, which is a testament to the dedicated and hardworking organisations and communities the WQPHN have the pleasure of working with. We continue to work with government, peak bodies and our three Hospital and Health Services, AICCHSs, General Practices, RFDS, Health Workforce Qld, CheckUP and many others who are committed to ensuring our primary health care workers are informed, supported and equipped to deliver safe, high-quality health care to our communities in response to the COVID-19 pandemic.

We are all committed to ***closing the gate on Coronavirus in WQ.***



# WQPHN COMMUNICATIONS



The WQPHN Communications Team has had its busiest year to date as it continues to rapidly build awareness about WQPHN activities within our multiple stakeholder groups in Western Queensland.

This year in particular, successful development and execution of awareness campaigns have played a key role in supporting the WQPHN’s core business, by growing audiences, increasing engagement and prompting actions that have influenced major project design and outcomes.

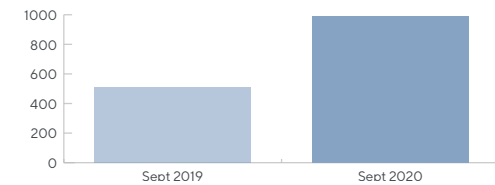
This year, social media has been vital in keeping Western Queenslanders connected, exemplified by our **#CloseTheGateOnCorona** campaign. By leveraging established relationships and creating a narrative unique to the bush, the anxieties of the population facing a potential COVID-19 outbreak were channelled into a positive campaign to prevent the spread of the pandemic into outback Queensland.

## SOCIAL MEDIA

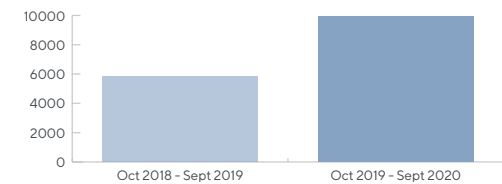
The WQPHN uses Facebook as its primary social media platform, with an occasional use of Twitter for key events when they occur.

The WQPHN Facebook page has experienced exponential growth over the past year, with almost double the number of page **“likes”** (people who follow our page), a **70% increase in engagement** (people who “like”, comment on or share posts) and a **67% increase in reach** (people who see our posts). Crucially, this social media activity is reaching relevant audiences in the major population centres in our patch.

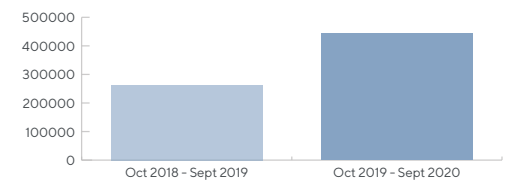
Total page likes



Engagement



Reach





Videos featuring stories about real people across western Queensland have consistently been the top performers this year. Courageous, personal stories about mental health dominated the list of top posts for 2020 and generated a slew of positive comments and reactions. These stories generated vital feedback from clinicians and consumers that, provided valuable insights for our health intelligence and co-design work across the region.



Campaigns to meet the threat of the Coronavirus pandemic featured prominently in the top performers list, namely **"#CloseTheGateOnCoronavirus"** and the **"no handshakes"** campaign, both attracting mainstream media attention.



**Western Queensland Primary Health Network** is with This is a Conversation Starter and TradeMutt.  
Published by Kaitlyn Giles (1) · February 26 · Mount Isa · 🌐

By admission, Tony "Tonka" Tohoke used to really like a drink, a self-described "high-functioning alcoholic".  
But it was only after he gave up the booze that he realised he faced a bigger battle, his mental health was in very poor shape.  
That's where Tonka's life turned completely around, tapping into his inner strength and that of his network of friends and supporters. ... See More

**Don't beat around the bush: Have Your Say**  
05:48

SURVEYMONKEY.COM [Learn More](#)

**Don't beat around the bush: Have Your Say**

36,970 People Reached      7,913 Engagements      [Boost Post](#)

👍❤️👍 245      49 Comments 161 Shares

**Henry Hill** Bloody fantastic Tonka, it's not easy getting clean mate... then working through and understanding why we drank, took drugs or gambled to suppress or mask what is really going on for us... and to stay clean through out and after... kudos to you my friend.  
Like · Reply · Message · 32w      1

**Jodie Campbell** What a privilege to call him my best friend and family by choice. Truly inspired by him and Ranita Tohoke  
Like · Reply · Message · 32w      4

1 Reply

**Karen Whalen** Awesome effort  
So proud of you  
Amazing inspirational bloke that could do so much for others you should be so proud of what you have achieved 🙌👏  
Like · Reply · Message · 32w      1

**Bryan Potts** You're a champion of men Tonk and have always been a top bloke, love the off the shoulder number 🤝 Good on ya mate great cause keep up the good work 🌟👏  
Like · Reply · Message · 32w      1





## WEBSITE

The WQPHN website played a key role as a trusted resource for our stakeholders in 2020, by disseminating important information about COVID-19. Comparing reporting periods, this year the website received 55% more “sessions”, referring to when a user is being active on the site for a period of time. Organic searches (originating from search engines like Google) made up the majority of traffic to the site, with the home page and Coronavirus related pages tracked as the year’s most popular destinations for users.

## ELECTRONIC DIRECT MAIL (EDM)

The WQPHN uses EDMs as a key communication tool to keep our stakeholders informed about a broad range of issues, events and initiatives. On average, WQPHN content produced and shared through this platform performed well compared to industry benchmarks, with our quarterly “**WQPHN Bush Telegraph**” publication sent to more than 1,000 subscribers on our database.

In 2020 we introduced a new fortnightly publication entitled the “**Message Stick**”, which achieved an engagement rate well above industry norms for email opening (20% to 30%) and click through rates (3% to 4%), with our June 26th email blast being opened by 48% of recipients with an 11% click through rate to links embedded in the EDM.



# ENABLING OUR PLACE-BASED COMMISSIONING (PBC) APPROACH

By focusing on people and places, our Place-Based Commissioning (PBC) approach brings together end users of the system, together with multiple agencies, to implement a coordinated and cohesive approach to supporting the communities we serve.

Significant gains have been made in population health through working in partnership to improve health and social care outcomes across the seven (7) localities of the WQPHN catchment. This also includes building community capacity and engagement that empowers local communities.

There is a united commitment to improve health inequalities, particularly for Aboriginal and Torres Strait Islander people as part of a concerted effort to continue to shape approaches, informed by data on the specific health needs of our local communities. We promote strengths-based approaches that connect people to the right care and support team-based approaches to ensure families and communities are at the heart of commissioning. Our outcome measures are closely aligned with General Practice Networks and the communities they support. Our **Health Care Home (HCH)** Model of Care aims to place the right tools and capabilities within the hands of our clinical teams and ensure a continuous focus on quality improvement and strengthening patient activation through their experiences of care.

*Our Bushman's Guide to Better Health* and its ten commissioning foundations is an essential framework which ensures commissioned providers and wider stakeholders in the WQ HCH

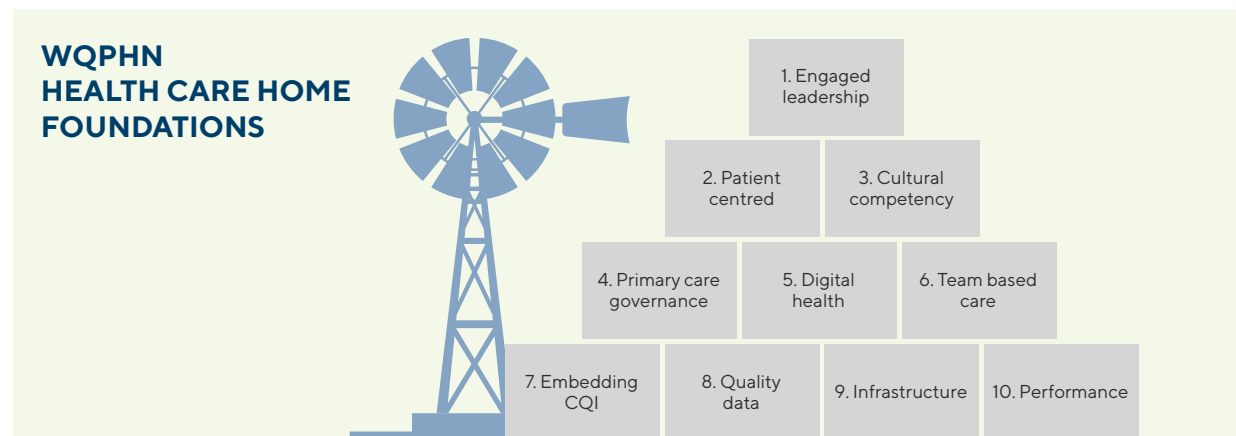
neighbourhood have a common understanding of how these contemporary enablers improve system capability and can shift the dial to achieving outcomes at a whole of population level.

Our approach recognises the geographical diversity of Western Queensland and aims to develop a deeper understanding of 'people and place' including recognition of broader determinants that contribute to social isolation, and fragmented service provision that leads to gaps or duplication.

commissioning process is helping to shape how we support services funded by WQPHN, including harnessing the strengths of commissioned service providers to achieve more value-based care, particularly when they work as a collective team.

With our planning for place-based commissioning we expect to see greater alignment across commissioned providers working together to address unmet needs and creating greater patient centredness. Our collaborative and evidence-informed approaches are customising care, as evidenced through the increase in service offerings across WQPHN strategic priority areas including Aboriginal and Torres Strait Islander services, child and family health, mental health, and chronic disease. The shared health intelligence is a crucial enabler in validating change within clinical systems and creating a greater emphasis on patient needs and behaviours across our huge catchment. As its meaningful use continues to be refined we gain a deeper understanding of the health equity needs across our Commissioning Localities, enabling more responsive and tailored solutions across WQPHN.

We also recognise the importance of building maturity against these foundations and continue to track the uptake, adoption and proficiency across general practice and commissioned clinical providers. This transformative element of the

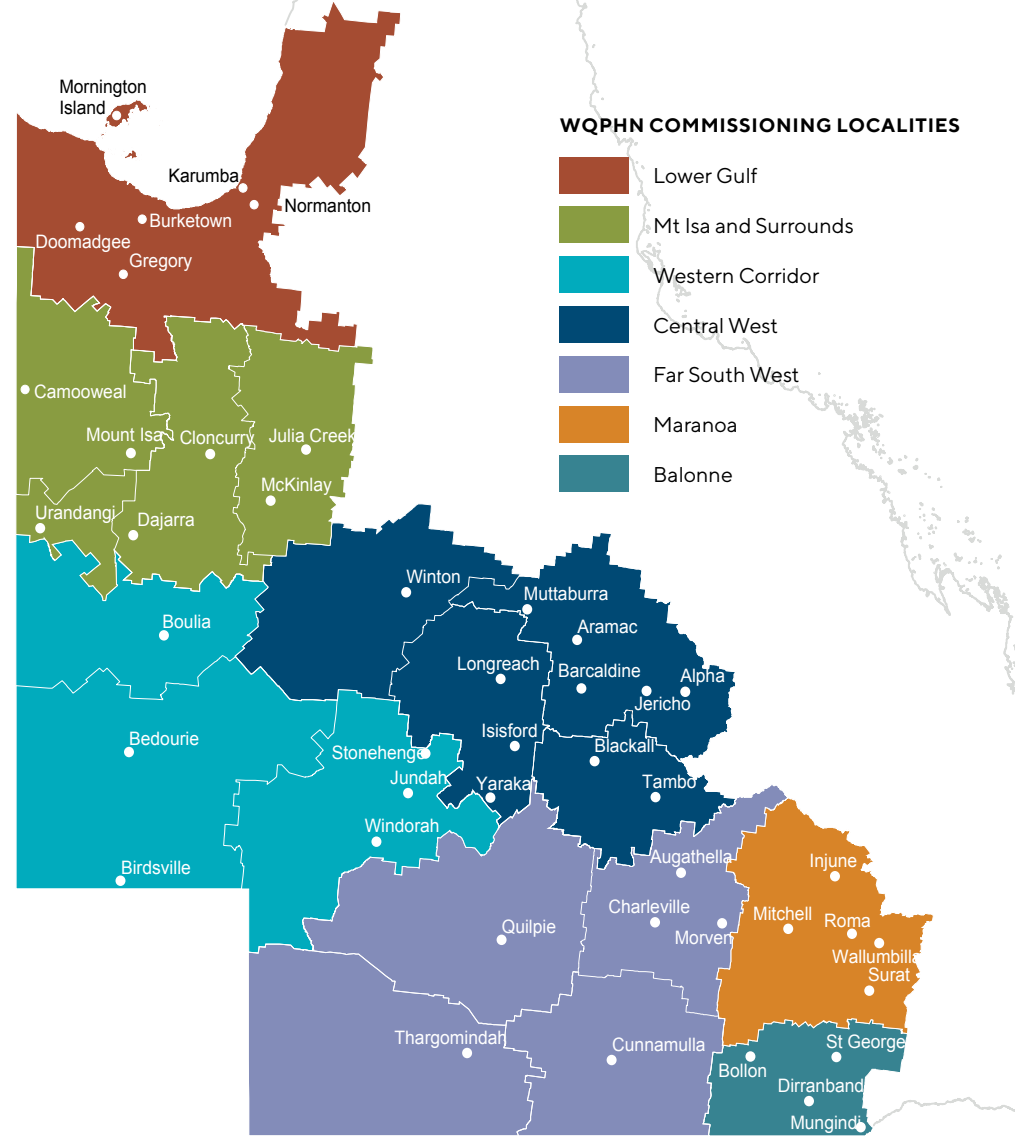












# COMMISSIONING LOCALITIES

## OUR REGION









# FUNDING PROGRAMS – COMMISSIONED SERVICES

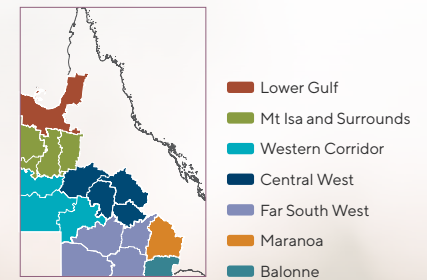
## FUND: INTEGRATED TEAM CARE

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
CACH - Cunnamulla Aboriginal Corporation for Health		Provision of Nukal Murra Health Support Services that improve access to care coordination and supplementary services for Aboriginal and Torres Strait Islander peoples with chronic conditions across the WQ region. This is a co-commissioned service.
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health	 	
Gidgee Healing		
Goondir Aboriginal & Torres Strait Islander Corporation for Health Serv		
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health		Brokerage and administration support for the Nukal Murra Health Support Services.

## FUND: CORE/FLEX FUNDING

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
Blackall Tambo Regional Council		Healthy Ageing program and initiatives aimed at increasing the participation and enrolment of older persons in primary health care and allied health services within their community. Healthy Ageing Programs are funded in areas where our Health Needs Assessment identifies high needs across the communities.
Bulloo Shire Council		
Quilpie Shire Council		
South West Hospital and Health Service		
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health		CWAATSICH plan, deliver and coordinate a Dietetic Support Program and activities in both Charleville and via Outreach.
Central West Hospital and Health Service		CWHHS plan, deliver and coordinate clinical, preventative and health promotion activities with a specific focus on Ambulatory Blood pressure and Sleep Study Program. The program is a GP referred service.




















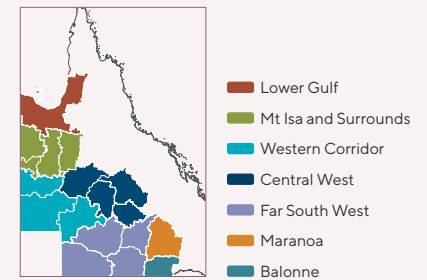
FUND: **CORE/FLEX FUNDING** (CONTINUED)

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
<b>Central West Hospital and Health Service</b>	Western Corridor	CWHHS provides a remote nursing service to support clinical, preventative and health promotion programs and activities within the primary health care centres across the Western Corridor locations of Boulia, Bedourie, Birsdville and Windorah. This is a co-commissioned service.
<b>Matthew Edwards Podiatry</b>	Central West	A clinical, preventative and health promotion podiatry service delivered in the communities of St George, Roma, Blackall and Tambo. This service supports GP referred multi-disciplinary team-based care.
<b>Mount Isa Physiotherapy Services</b>	Mt Isa and Surrounds	Clinical and health promotion physiotherapy service delivered in Mount Isa community. This service supports GP referred multi-disciplinary team-based care.
<b>North Qld Sports Foundation</b>	Mt Isa and Surrounds, Western Corridor, Central West	Commissioned clinical, preventative and health promotion activities - Health Promotion.
<b>North and West Remote Health</b>	Central West, Mt Isa and Surrounds	A range of clinical, preventative and health promotion services and activities in relation to Podiatry, Physiotherapy, Exercise Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics, Continence Advisor, Aboriginal Health Worker across North & Central West regions. This service supports GP referred multi-disciplinary team-based care.
<b>Outback Physical Bodyworx</b>	Far South West	An Exercise Physiotherapy and health promotion service in Cunnamulla. This service supports GP referred multi-disciplinary team-based care.
<b>South West Hospital &amp; Health Service</b>	Far South West	Clinical Physiotherapy services provided in the communities of Morven, Cunnamulla, Augathulla and Wallumbilla. This service supports GP referred multi-disciplinary team-based care.
<b>St George Medical Centre (QLD) Pty Ltd</b>	Western Corridor	An Aboriginal and Torres Strait Islander Close the Gap support service supporting clients and clinicians in the provision of cultural responsive clinical, preventative and health promotion services and programs in St George.
<b>Total Physio Isa</b>	Mt Isa and Surrounds	Clinical and health promotion physiotherapy services in Mount Isa. This service supports GP referred multi-disciplinary team-based care.
<b>Diabetes Queensland</b>	Western Corridor, Maranoa, Far South West, Mt Isa and Surrounds	Provision of credentialed diabetic educational services across Western Queensland regions. This service supports GP referred multi-disciplinary team-based care.
<b>North and West Remote Health</b>	Mt Isa and Surrounds, Western Corridor, Central West	
<b>Vital Health Qld</b>	Far South West	A range of clinical, preventative and health promotion services and activities in relation to Dietetics, Exercise Physiotherapy, Physiotherapy, Speech Pathology and Occupational Therapy in Roma, Surat, St George, Dirrabandi/Hebel, Mitchell, Morven, Cunnamulla, Charleville, Augathulla, Quilpie, Wyandra/Eulo. This service supports GP referred multi-disciplinary team-based care.

FUND: **CORE/FLEX FUNDING** (CONTINUED)

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
Vogelpeol Medical Pty Ltd	All WQPHN areas	HealthPathways Clinical Editor.
CACH - Cunnamulla Aboriginal Corporation for Health		GP practices and Aboriginal and Islander Community Controlled Health Services participating in the WQ Health Care Home program. This provides a proactive patient-centred, coordinated approach to care, with a team of professionals working together to ensure patients receive the right care, based on their needs.
Central West Hospital and Health Service		
CWHHS - Barcaldine Medical		
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health		
Leichhardt Medical Centre		
Mount Isa Medical Centre		
St George Medical Centre (QLD) Pty Ltd		
Maranoa Medical Centre Unit Trust		
Longreach Family Medical Practice		
South West Hospital & Health Service		
Rural Health Management Services - Flinders		
Rural Health Management Services - Julia Creek		
CACH - Cunnamulla Aboriginal Corporation for Health		Universal and targeted maternal and child health services that providers more proactive, systematic approaches across the first 3,000 days of life, to ensure critical milestones are being met and families are empowered to take an active role in the wellbeing for children.
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health		CWAATSICH plan, deliver and co ordinate a Dietetic Support Program and activities in both Charleville and via Outreach.
Dr Tom Palmer	All WQPHN areas	HealthPathways Clinical Editor.
St George Medical Centre (QLD) Pty Ltd		HealthPathways Clinical Editor.








## FUND: DRUG AND ALCOHOL TREATMENT SERVICES

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
North and West Remote Health	■	Provision of Drug & Alcohol services for Aboriginal and Torres Strait Islander population in NW region.
Drug ARM Australasia		
Lives Lived Well	■	Provision of drug and alcohol treatment services to reduce the impact of substance misuse on individuals, families, carers and communities in South West.
Salvation Army		
CACH - Cunnamulla Aboriginal Corporation for Health	■	Implementation of the Nukal Murra SEWB Framework and integration of drug and alcohol services within a primary health service system.
CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health	■ ■	
Gidgee Healing	■	
Goondir Aboriginal & Torres Strait Islander Corporation for Health Service	■	













## FUND: NATIONAL PSYCHOLOGICAL SUPPORT

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
CatholicCare Social Services Southern Queensland	■	Provision of National Psychosocial Support services, Continuity of Support services and continued support for clients to transition to NDIS across the WQ region.
Centacare North Queensland	■	
Stride Mental Health (were Aftercare)	■	
North and West Remote Health	■	
RHealth Ltd	■ ■ ■	Prime contractor for National Psychosocial Support services and Interface Measure across WQ region.

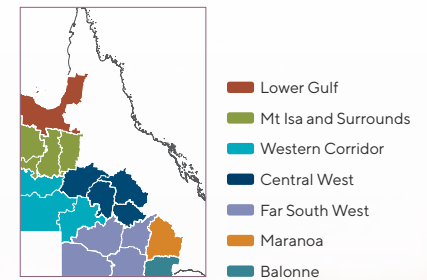
## FUND: AFTER HOURS PRIMARY HEALTH CARE

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
St George Medical Centre (QLD) Pty Ltd		RACF and Palliative Care After Hours Strategy provides increased access to GPs and Nurse Practitioner services in after hours utilising eHealth technology.
Mount Isa Medical Centre		eConsultant strategy: Innovative decision support for rural and remote General Practice.
Gidgee Healing		Mount Isa ED avoidance quality improvement program in General Practice.
Leichhardt Medical Centre		
Mount Isa Medical Centre		

## FUND: PRIMARY MENTAL HEALTH CARE

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
Gidgee Healing		Provision of primary mental health services targeted at young people within HeadSpace Mount Isa.
RHealth Ltd		
RHealth Ltd		Delivery of PMHC services including low intensity psychological therapies, services for people with mental illness in residential aged care facilities and wellbeing in schools.
CACH - Cunnamulla Aboriginal Corporation for Health		Provide coordinated clinical care services for people with severe and complex mental illness in Paroo region.
Flinders Medical Centre - Cloncurry		Provide coordinated clinical care services for people with severe and complex mental illness in various Commissioning Localities across the WQ region.
Gidgee Healing		
Maranoa Medical Centre Unit Trust		
Roma Clinic		
St George Medical Centre (QLD) Pty Ltd		
Outback Medical Services		
Maranoa Regional Council		Co-design and support place-based Suicide Prevention activities through a community engagement model across the WQ region.
Outback Futures		





## FUND: **EMPOWERING OUR COMMUNITIES**

SERVICE PROVIDER	REGION	DESCRIPTION OF SERVICES
<b>RAPAD</b>		Plan and delivery community engagement activities to increase awareness of mental health and wellbeing and encourage help seeking behaviours across the communities in response to climatic events such as drought and floods.
<b>Cloncurry Shire Council</b>		
<b>Bulloo Shire Council</b>		
<b>Paroo Shire Council</b>		
<b>Murweh Shire Council</b>		
<b>Maranoa Shire Council</b>		
<b>Balonne Shire Council</b>		
<b>McKinlay Shire Council</b>		
<b>Outback Futures</b>		Provision of clinical and counselling services for individuals, families and communities impacted by the effects of climatic events such as drought and flooding.
<b>McKinlay Shire Council</b>	McKinlay	Provision of clinical and counselling services for individuals, families and communities impacted by the effects of the monsoonal event 2019.
<b>NQRFCS</b>		Support the planning and implementation of the Weathering Well App across the regions affected by climatic events such as drought and flooding.
<b>SQRFCS</b>		
<b>Outback Futures</b>		Delivery and rollout of the Weathering Well App across the CW and SW regions.

# STRATEGIC PLAN 2020-2025

## OUR VISION Western Queenslanders experiencing better health

### OUR PURPOSE

To empower our people through partnerships in an integrated primary health care system that delivers better health outcomes for the people of Western Queensland

### OUR VALUES



### STRATEGIES

#### INTEGRATING CARE

Supporting collaboration with primary health care partners and lead co-design to enable integrated service frameworks on key health priorities.

#### WQ HEALTH CARE HOME (WQ HCH)

Strengthening general practice and service provider capability and innovation building a contemporary patient centred primary health care strategy.

#### CLOSING THE GAP

Supporting authentic collaboration and partnership with Western Qld's Aboriginal and Islander Community Controlled Health Services (AICCHS) under the Nukal Murra Alliance to strengthen engagement, cultural safety and primary care capacity.

#### CHRONIC DISEASE

Improve management and prevention of chronic disease through planned proactive approaches within the WQ Health Care Home model of care, enhancing coordination, patient self-management and independence.

#### CHILD & FAMILY HEALTH

Support clinically integrated and culturally safe care across the first 3,000 days of life and improve coordination of services supporting health and wellbeing of children and their families.

#### MENTAL HEALTH, WELLBEING & RESILIENCE

Implement a strengths-based approach for those living with Mental Health or Alcohol & Drug issues and enable stepped care with a recovery focus, better coordination and integration across care domains.

#### GOOD GOVERNANCE

Provide accountable quality assured corporate, program and clinical governance to support a responsive efficient organisation, focused on improving patient and population outcomes.

### WQPHN ENABLERS

- Enterprising and respectful partnerships
- Quality data and evidence informed approaches
- Confident, mature and sustainable provider and general practice networks
- Value based care through Commissioning excellence
- Workforce capability and innovation
- Clinical leadership and engagement
- Organisational excellence and good governance
- Cultural respect and strong AICCHS networks
- Authentic consumer engagement
- Adoption of digital technologies



## KEY INDICATORS OF PROGRESS & SUCCESS

### INTEGRATING CARE

- The Maranoa Health Accord is enabling organisational leadership and innovation in WQ
- A Shared Health Intelligence informing evidence based approaches to primary care
- Integrated service frameworks supporting joint investment and service delivery
- Consumer and Clinical leadership sustaining codesign and engagement

### WQ HEALTH CARE HOME (WQ HCH)

- Enable all eligible General Practices and Primary Health Care services to implement the WQHCH Model of Care and participate in PiP QI program
- Year on Year reduction in Category 4 and 5 ED Presentations
- WQHCHs adopt and embed new digital health platforms for risk stratification of population cohorts and support a person-centred care model
- A validated Primary Health Care maturity measure to share with other PHNs and PHC organisations.

### CLOSING THE GAP

- Nukal Murra Alliance enabling co-commissioning innovation, responsiveness and sustainability for our AICCCHS
- Increased year on year % of Aboriginal and Torres Strait Islander people enrolled in Closing the Gap (CTG)
- Maturity in cultural competency of WQPHN commissioned clinical providers evaluated annually
- Increased Aboriginal and Torres Strait Islander workforce and clinical leadership in primary care

### CHRONIC DISEASE

- Increased year on year planned and structured care for people with chronic conditions, especially Aboriginal and Torres Strait Islander people
- Increase in the number of Aboriginal and Torres Strait Islander clients with an Indigenous Health Assessment (715)
- Universal coverage for integrated diabetes lifestyle risk factor management and intervention programs
- Patient activation and self-management measurable and incorporated into clinical practice

### CHILD & FAMILY HEALTH

- WQ Child and Family Health Framework informing general practice and interdisciplinary networks
- Vulnerable children and families identified and receiving targeted primary and secondary care across the first 3000 days
- Expanded Aboriginal and Torres Strait Islander community-based workforce supporting tailored health promotion
- Established information exchange and interoperability between universal child and family health services and other professionals and services

### MENTAL HEALTH, WELLBEING & RESILIENCE

- Implementation of an integrated WQ Mental Health, Suicide Prevention and Alcohol and other Drugs regional plan for WQ
- Increased year on year access to low intensity and psychological therapeutic support for Western Qld'rs
- Expanded general practice care coordination capacity for people experiencing moderate to severe mental illness
- Expansion of the headspace program and pathways to care for schools and primary care services
- Integration of consumers and people with lived experience into service evaluation and co-design

### GOOD GOVERNANCE

- High quality financial, statutory and grant compliance and performance
- Sustain a diverse skills-based Board of Directors and ensure Board and Senior Executive succession
- Maintain ISO 9001-2015 Quality Management System certification
- WQPHN Reconciliation Action Plan embedded in organisational culture and practices
- Commissioning maturity measured and reported through system and population level indicators

# STRATEGY 1: INTEGRATED CARE

Working together has never been more important than during the COVID-19 pandemic of 2019-20. Strong partnerships enabled WQPHN to provide a rapid response in a collective effort to stop the spread of the virus.

It is important to acknowledge the leadership at all levels of government and Hospital and Health services (HHSs), Aboriginal and Islander Community Controlled Health Services (AICCHS), General Practice Networks and local government. The level of engagement and collaboration is unprecedented and is a testimony to the hard work and determination of ensuring Western Queenslanders experience better health.

The **Nukal Murra Alliance** continues to mature and promote opportunities for joint commissioning with our AICCHS. In 2020 CEOs met to review the Alliance, to reflect on what has worked well, opportunities for improvement, building indigenous leadership and working together on key priorities.



L-R: Sheryl Lawton CEO CWAATSICH, Sandy Gillies WQPHN, Stuart Gordon WQPHN, Renee Blackman CEO Gidgee Healing, Floyd Leedie CEO Goondir

The **Maranoa Accord** was updated in 2020, with a commitment to continue to work together. This collaboration was fundamental to the early release of the **HealthPathways** project 3 months ahead of schedule, in response to the COVID-19 pandemic. The release of the *National Health Reform Agreement* during 2020 has highlighted the strategic advantage of having an established framework under the Accord through which to guide integration, engagement and joint approaches to improving system and population level outcomes.



The highlights of this partnership were shared at the **Western Queensland Health Services Integration Committee** meeting in June 2020.



Western Queensland Health Services Integration Committee Zoom meeting



L-R: Paul Woodhouse Chair NWHHS, Shaun Solomon Chair Gidgee Healing, Dallas Leon Chair WQPHN

## NW TRIPARTITE AGREEMENT

The North West Tripartite Agreement has been re-established in 2020 by the CEOs and Board Chairs of WQPHN, Gidgee and the NWHHS, with the signing of the **Statement of Commitment**, which articulates more culturally competent and responsive health services.



The WQPHN Planning and Health Intelligence Unit (PHIU) has been established to support planning, evaluation and data stewardship across the organisation.

General Practice Networks continue to inform a deep understanding of Western Queensland populations and advancements in data technology and shape our health intelligence, enabling improvements in population health planning and directing commissioning of services to areas of greatest need.



## MEMORANDUMS OF UNDERSTANDING

Joint partnerships with our MOU partners continued to strengthen in 2019–20, particularly during the COVID-19 pandemic.

*“We are working in collaboration with WQPHN to undertake regional workforce forums and targeted workforce projects with the goal of improving health outcomes for Western Queensland communities”.*

Chris Mitchell – CEO, Health Workforce Queensland

---

*“The strength of our partnership with WQPHN has been highlighted this year particularly with the disruption of COVID-19. We have proudly partnered with WQPHN in mental health roundtables, primary health care initiatives and our response to COVID-19. Together we have adapted service models to ensure continuity of service while remaining focussed on addressing the key health priorities of the region”.*

Meredith Staib – CEO, Royal Flying Doctor Service (Queensland Section)

---

*“One of the highlights of working with WQPHN over the year has been seeing momentum grow for the WQ Health Care Home vision. WQPHN has been successfully taking rural and remote regions towards a truly patient-centred model of coordinated and flexible care”.*

Dr Ross Hetherington – President, RHealth

---



L-R: Stuart Gordon CEO WQPHN, Professor Paul Worley Australian Rural Health Commissioner, Dallas Leon WQPHN Board Chair, Dr David Rimmer CW HHS

## FLOOD RECOVERY SUMMIT NOVEMBER 2019

The WQPHN convened the **NW Disaster Recovery Summit** as a follow up to the North Queensland Monsoon Trough and flooding in early 2019.

The establishment of the **Western Alliance for Mental Health (WAMH)** has provided a long-term mental health response and recovery efforts across NW Queensland, following the monsoonal rain event.

## THE INAUGURAL NORTH WEST AND CENTRAL WEST HEALTH FORUM, MOUNT ISA, NOVEMBER 2019

WQPHN and Health Workforce Qld in collaboration with the JCU Centre for Rural and Remote Health convened the inaugural **North West and Central West Health Forum** in Mount Isa in late November 2019. The event received very strong support from a wide range of local, regional and state based organisations and primary healthcare providers. It provided the opportunity for the WQPHN and its partner organisations to look at what is working well, with an emphasis on supporting local clinical leadership. The forum showcased innovation from local practice networks and service providers and closely considered relative impacts of the Western Queensland Health Care Home (WQ HCH) Early Adoption Program, early outcomes of the historic Tripartite Agreement, progress of the Mount Isa Emergency Department primary care strategy, and a number of other local initiatives across the region.

# STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME

The WQ Health Care Home (WQ HCH) project has gone from strength to strength in 2020 by expanding to include more General Practices seeking to adopt a new Model of Care.

From the seven Early Adopter Practices we welcomed in 2018, the WQPHN now has twelve practices in the WQ HCH stable with a total of 21 across the whole WQPHN patch including private, RFDS, HHS operated and AICCHs.

During the COVID-19 pandemic, General Practices needed to adapt to a rapidly changing primary care operating environment. There was swift implementation of evidence-based pandemic guidelines including infection controls, advice to patients, innovative delivery of services (e.g. telehealth), the urgent deployment and use of Personal Protective Equipment (PPE), and the establishment of GP respiratory clinics.

Practices within the WQ HCH program with systems already embedded in their practice reported that the program provided a level of flexibility and adaptability well-suited to the primary care demands the Coronavirus emergency created.

WQ HCH collateral was rapidly repurposed to include the key pandemic information, such as COVID-19 preparation guides and checklists, which in turn assisted with the coordination of care needed to maintain key links with patients and other necessary organisations and providers. A key challenge for practices across WQ is the decline in GP and Nursing hours available to support the work required to ensure patients have access to proactive, planned and structured care.



An important indicator of the Model of Care benefits was the increase in access to mental health treatment plans and modest increase in General Practice Management Plans for chronic conditions, especially impressive given the disruption of COVID-19 and reduced workforce.

Evaluating the performance of the program's maturity is being led by Professor Claire Jackson from the University of Queensland's Centre for Health System Reform and Integration, each WQ HCH receives a 6 monthly report to gauge their progress against 10 proven foundations that improve healthcare performance.

Professor Jackson and her team have been indispensable in jointly delivering workshops for the Early Adopter, (now Group 1) WQ HCHs, in collaboration with the WQPHN Practice Capability and Innovation (PCI) team. This has included gathering crucial rural and remote information and context for the National Primary Health Care Reform Steering Group, of which Professor Jackson is a member.

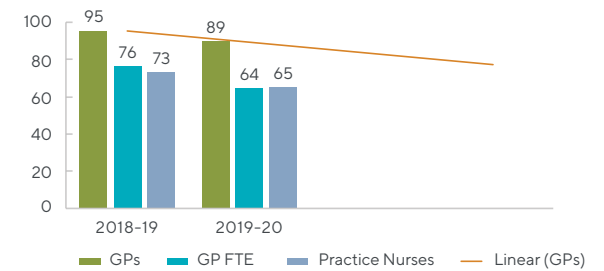


Figure 1. Total GP and Nurse Professionals in General Practice Networks trending year on year

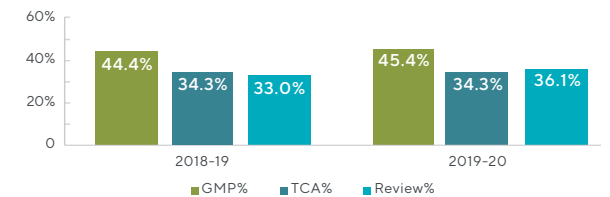


Figure 2. % of Patients on Chronic Disease Register receiving planned care year on year (MBS)

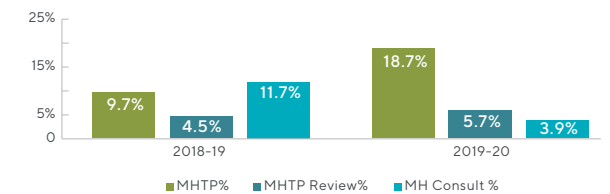


Figure 3. % of Patients on Mental Health Register receiving planned care year on year (MBS)





The team from Maranoa Medical Centre in Roma.  
L-R: Dr Rosie Geraghty, Practice Manager, Di Stone and Dr Alwyn Rapatsa



WQ HCH workshop, Mitchell MPHS



HealthPathways workshop

An evaluation into patient experience and outcomes is being lead through the Centre of Rural and Remote Health (CRRH) in Mount Isa with focus groups and patient surveys being conducted. Central to the successful implementation and adoption of the WQ HCH Model of Care is understanding how the Commissioning Localities or 'neighbourhoods' are guiding a placed-based approach to service configuration and support in and around General Practice.

Through the innovation and adoption of the HealthPathways and referHealth platforms, knowledge of available services and referral pathways are now digitally available to all WQPHN practices. The COVID-19 pandemic provided an accelerator to uptake and registration on the new WQ HealthPathways and has propelled awareness of pathways across a wide reach of primary care providers.

.....  
*“WQ HCH has given us much better visibility on how well we’re performing as a General Practice in meeting the needs of the community, more than any other program that I’ve worked with over recent years in General Practice”.*

Dr Kieran Le Plastrier – GP, Blackall

.....  
*“I’ve learned a lot of lessons and I feel it’s benefited the patients too because we have systems in place so that no one falls through the cracks”.*

Dr Leonie Fromberg – GP, Cloncurry



WQ HCH workshop, Black Stump Medical Centre



WQ HCH workshop, Mount Isa



WQ HCH workshop, Charleville



# STRATEGY 3: CLOSING THE GAP

## NUKAL MURRA ALLIANCE

The power of collaboration in primary health care in the bush was no more evident in 2020 than the way in which the Nukal Murra Alliance (NMA) responded to the Coronavirus Pandemic.

The WQPHN has long recognised the critical role the Aboriginal and Islander Community Controlled Health Services (AICCHS) play in delivering primary care in Western Queensland, through an emphasis on co-design, cultural intelligence and trust.

The Alliance was front and centre during the rise of the pandemic, staying ahead of the rapidly emerging threats to some of Australia's most vulnerable populations.

Weekly Alliance meetings were held during the height of the COVID-19 emergency in order to take stock of activities, share ideas and offer support and guidance to fellow members.



Courtesy Gidgee Healing



L-R: Robin Conlon and Floyd Leedie CEO Goondir Health

This year, the NMA Member CEOs gathered in Charleville to discuss the 5 year vision for the Alliance, marking the start of the review process addressing the cultural strengths of the Alliance in helping to achieve better health outcomes, and the health services the Alliance provides and supports for Aboriginal and Torres Strait Islander communities across the WQ region.

*"It was good that we were having these conversations to confirm that we must be on the right track. The discussions around what we were doing and whether it was right or not helped us all and gave us peace of mind knowing that we must've been heading in the right direction".*

Floyd Leedie - CEO, Goondir Health Services

## NW TRIPARTITE AGREEMENT

This year saw a renewed commitment to the landmark **NW Tripartite Agreement**, a partnership between the WQPHN, Gidgee Healing and the North West Hospital and Health Service.

At the Agreement's inception three years ago, it was acknowledged that there needed to be better health outcomes achieved for Aboriginal and Torres Strait Islander people in the North West and Gulf region, through supporting the AICCHS that were already delivering services on the ground.

The Tripartite Agreement (2020) commits the three parties to continued collaboration to help deliver effective primary care in a region that has immense geographic challenges and cultural complexity.



*"It's a genuine partnership. None of us ever shy away from the more difficult conversations that we've got to have just around making it all work.*

*The signing of the agreement is a reconfirmation that we're still on track and proof that we're able to withstand a lot of the change that we see in the region but remain committed to primary health care in the North West and Gulf".*

Renee Blackman - CEO, Gidgee Healing





## SOCIAL AND EMOTIONAL WELLBEING (SEWB)

The rise of Telehealth-care during the pandemic has provided an unexpected but welcome boost to Social and Emotional Wellbeing and Alcohol and Drug Services in the WQPHN patch.

For the first time, Alcohol and Drug counsellors in the South West have reported a 100% participation rate thanks to the emergence of Telehealth as an adjunct to face to face care.

*“We found it very hard to get off the ground in the early stages but since COVID-19 we’ve seen community members actually ringing up for appointments. COVID-19 in a sense has been a blessing that we’ve been able to improve and get access to people and the services out there to the people that need it”.*

Sheryl Lawton – CEO, CWAATSICH



Nukal Murra Stay Strong trainers in Mount Isa

## CHALLENGES AHEAD

According to the WQPHN Practice Data, approximately one third of the Aboriginal and Torres Strait Islander population receives access to a comprehensive health assessment each year. Whilst WQ HCH practices have experienced a higher year on year rate of assessments, there remains an urgency in lifting the capacity of the primary health care system to provide better access and this will continue to be a priority for the Alliance and WQPHN in the year ahead.

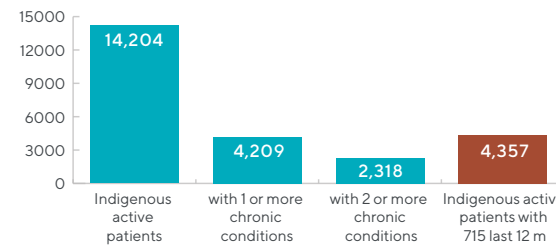


Table 1. WQPHN Aboriginal and Torres Strait Islander PRACTICE population (PATBi)

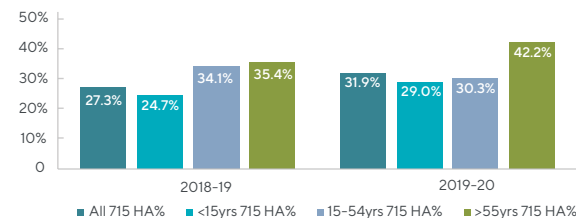


Table 2. WQ HCH Practices % receiving Health Assessments within practice population

Courtesy Glidges Healing



# STRATEGY 4: CHRONIC AND COMPLEX CARE

Providing access to primary care for all Western Queenslanders, especially those with a chronic condition, is a challenge the WQPHN meets every day. 2020 has been a uniquely challenging year, with the limitations on contact and movement sparked by the COVID-19 pandemic.

There are currently almost 20,000 Western Queenslanders being treated across the region's Hospital and Health Services for one or more chronic conditions, with almost 6,000 having 2 or more chronic diseases. Building the capability and collective capacity to respond to these existing and emerging health needs through more proactive care lies at the heart of the WQ HCH Model of Care.

Our priority as a commissioner of health services is to ensure that clients are enrolled in planned and structured care, as a key enabler to support recovery from a chronic and complex condition. Central to high quality comprehensive primary health care is the relationship between the local General Practice and Allied Health providers delivering services in line with the WQPHN's WQ Health Care Home Model of Care.

Despite the Coronavirus pandemic restrictions, the ongoing access to our network of commissioned and allied health service providers has remained strong and was not significantly impacted, with occasions of service rates equivalent in 2020 to the pre-COVID-19 period. Mount Isa and Surrounds saw the largest increase with an additional 1,486 services booked, with the CW increasing by 480 for the same reporting timeframe.

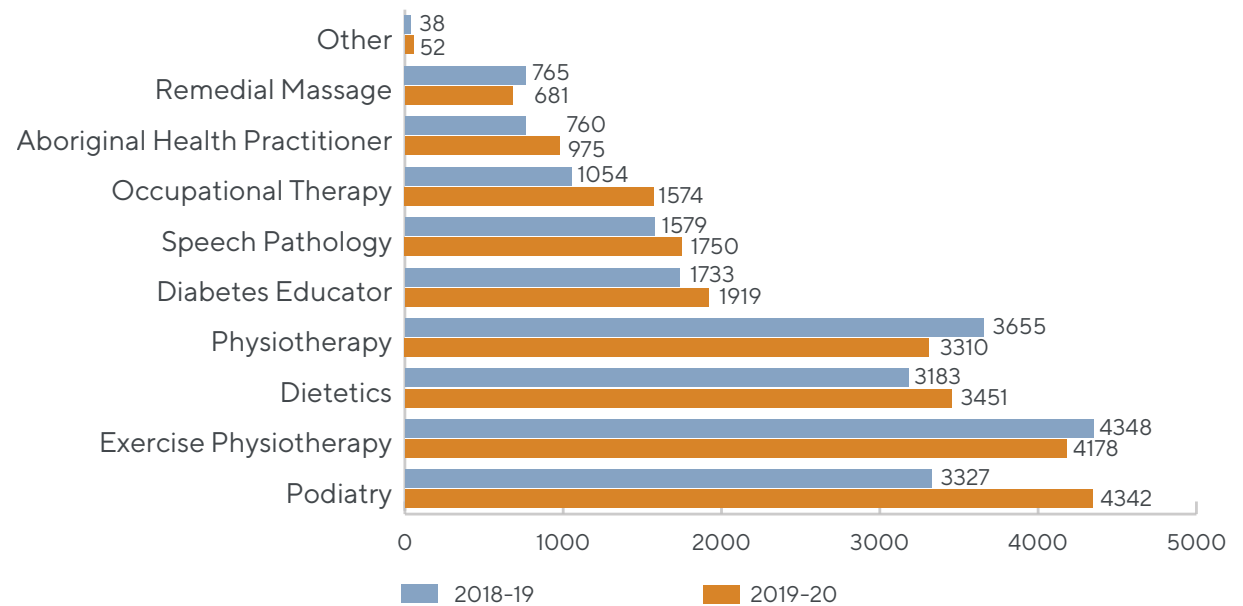


Table 1. Commissioned service provider allied health client sessions year on year

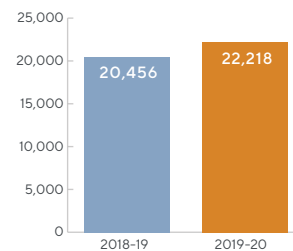


Figure 2. Commissioned allied health provider total client sessions year on year

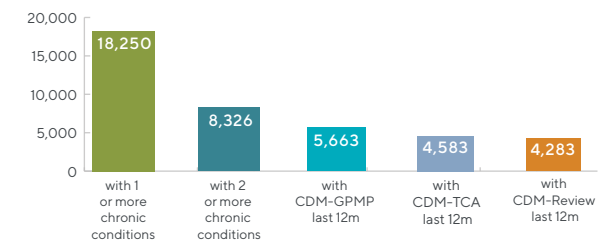


Table 3. Active patients within General Practices with chronic conditions and access to planned and structured care (n = 5,706)



In General Practice and within Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS), planned and structured care numbers improved despite the pandemic and workforce decreases of GPs and Practice Nurses.

Telehealth has assisted greatly in maintaining access to care with most services reporting increases in sessions booked; podiatry was the strongest performer with an additional 1,200.

Aboriginal and Torres Strait Islander people comprise almost 20% of the population in Western Queensland with approximately **one in three** being treated for one or more chronic diseases. Early detection and treatment of chronic disease provides a roadmap to recovery and prevention. In 2020 General Practices across the region recorded 14,000 Aboriginal and Torres Strait Islander active patients, with 31% of these clients having a 715 Health Check completed, with the SW region recording the highest rate at 44%.



Vital Health Exercise Physiologist with a client in Mitchell, South West Queensland

## DIABETES CARE

Optimising care for patients with type 2 diabetes continues to be spearheaded by a productive collaboration with Diabetes Queensland (DQ), where consistency and continuity of care has been established across 13 primary healthcare clinics in the WQPHN patch.

Across the region, DQ Credentialed Diabetes Educators, who help clients manage their diabetes, have seen **booked sessions increase this year by 26%**, with Mount Isa recording a 53% increase, thanks in part to Telehealth as an adjunct to face to face care.



L-R: Judy Murray and Lynne Harlow participating in a walking group in Blackall

## HEALTHY AGEING

On several fronts, the Coronavirus pandemic presented a challenge to Healthy Ageing services in Western Queensland. Physical distancing and seclusion would prevent the spread of COVID-19 to a high-risk, elderly population, yet social distance and remoteness were exactly what Healthy Ageing programs were designed to overcome.

To their credit, service providers managed to maintain the vital links between our seniors throughout 2020, with the data showing equivalent levels of participation in events compared to 2019.

Despite restrictions on group activities, Healthy Ageing services **were accessed more than 18,000 times**, predominantly in the SW, where services are commissioned through both Local Government Authorities and the South West Hospital and Health Service.

*“I’m what I describe as a group exerciser, if you know that you’re going to meet somebody to go walking in the morning, that gives you the impetus to get yourself there and do it. It’s a good social activity and people support each other and encourage each other to walk, do aerobics or yoga or whatever it might be”.*

Lynne Harlow – Healthy Ageing participant, Blackall







## HEALTHY OUTBACK KIDS

Through its close collaborative relationships with the region's Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHs) and the South West Hospital and Health Service (SWHHS), the WQPHN commissioned the **Healthy Outback Kids (HOK)** program targeting children up to 8 years old, including pre-natal health checks for their mothers.

Under the program, key health milestones like immunisations and growth assessments are tracked, based on research showing children with low birth-weights, or significant growth impairment during infancy, remain developmentally behind as they get older, and suffer an increased risk of heart disease, diabetes, obesity and high blood pressure.

2019 census data shows that most Western Queensland shires have a rate above the state average for children being "developmentally vulnerable" across several key health markers. Through HOK, the WQPHN is working to target these localities through a number of early interventions. New services for the program will include "Bush Kids" and a Community Paediatrics speciality.

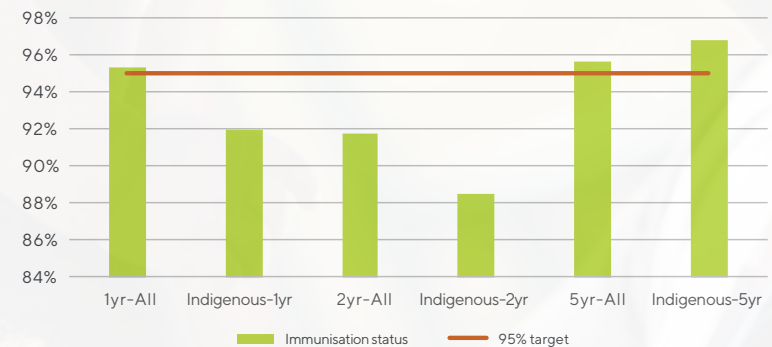
Up to June 2020, immunisation rates were above or close to target (95%), with 96% of 5 year olds immunised, with a higher rate for Aboriginal and Torres Strait Islander children in the same age bracket. One year olds were also above target, however the immunisation rates for Indigenous kids up to 2 years of age remained below that of the general population.

Across the whole WQPHN region, 30% of children up to 15 years of age have received an Indigenous health assessment during 2019-20, a 5% improvement on the previous reporting period. Workforce recruitment and retention challenges with decreases of GP and Practice Nurse numbers in all regions has impacted on the ability to perform planned and structured care. However, despite these challenges and the COVID-19 pandemic, practices have been able to maintain and increase these assessment rates.

The HOK Program is now being expanded into the Lower Gulf region starting on Mornington Island where the Health Council has identified Child and Family Health as a core priority of their recently released **Mornington Island Health Plan**.



WQPHN fully immunised rates (June 2020)



# STRATEGY 6: MENTAL HEALTH

Supporting a steady maturity of commissioned primary mental health and wellbeing services has been a focus for WQPHN during the year to enable better integration and collaboration across provider networks, General Practices and community stakeholders.

The persistent impacts of protracted dry conditions across many areas of the catchment and the ripple effects of the disastrous flood in the North West, combined with burden of the COVID-19 control measures on the economic and social paradigms have increased risk factors for mental illness on Western Queensland communities and this has been reflected in activity throughout the year.

Our health intelligence highlights an increase in the number of people accessing support for mental health and wellbeing and confirms that access to care improves through better alignment with stepped care approaches and wider adoption of the WQ Health Care Home Model of Care. There has also been a corresponding increase in the number of services accessed by clients, with proactive and planned psychological therapeutic and low intensity support services targeting self-management and recovery.

Increases in **occasions of service** have been recorded across all Stepped Care Priority Areas (P1 to P6), with suicide prevention (P5) experiencing a more than 60% surge in activity year on year, while Social Emotional and Well Being (P6) sessions targeting Indigenous populations climbed almost 90% compared to 2019.

The **Wellbeing in Schools program** jumped more than 90% from a low base, while National Psychosocial Services recorded almost 4,000 occasions of service in its first year.

The low intensity mental health services (P1) continue to benefit from strong collaborations with Outback Futures, Lifeline and Lives Lived Well, where activity more than tripled year on year.

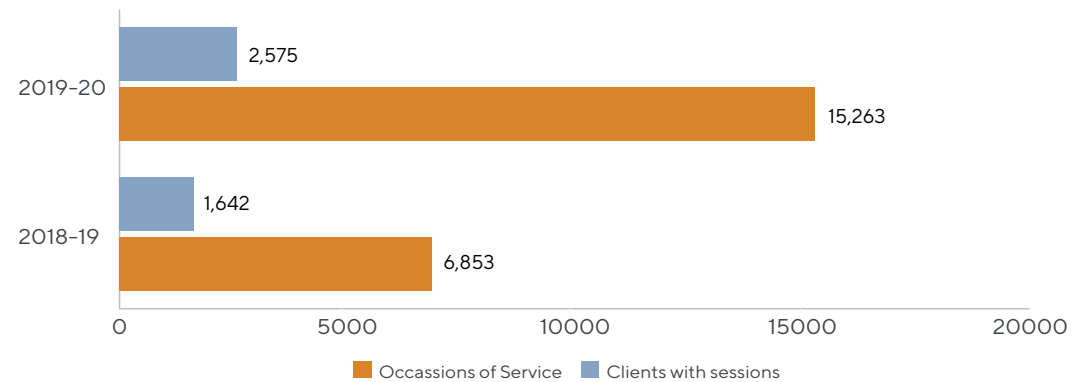


Table 1. Total; clients receiving primary mental health services and total client sessions year on year

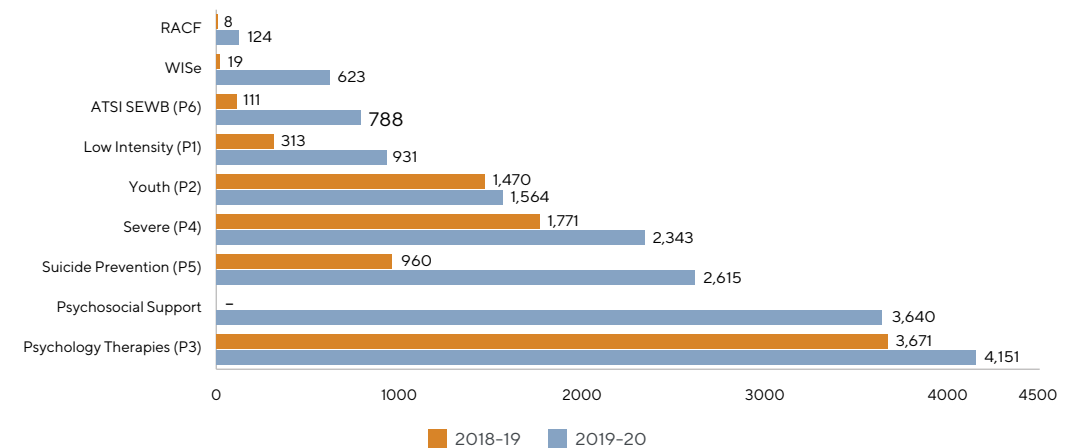


Figure 2. PMHS booked session year on year



## PLANNED AND STRUCTURED CARE

Using the National Mental Health Service Planning Framework as a guide to indicate prevalence and predicted demand, General Practice data indicates nearly 8,300 patients with a diagnosed mental illness, 21% of whom have had access to a plan to help manage recovery of their condition and ensure access to therapeutic support. Importantly, this is a significant increase in the number of patients receiving team care support, but also highlights the critical importance of connecting people to care with an emphasis on recovery.

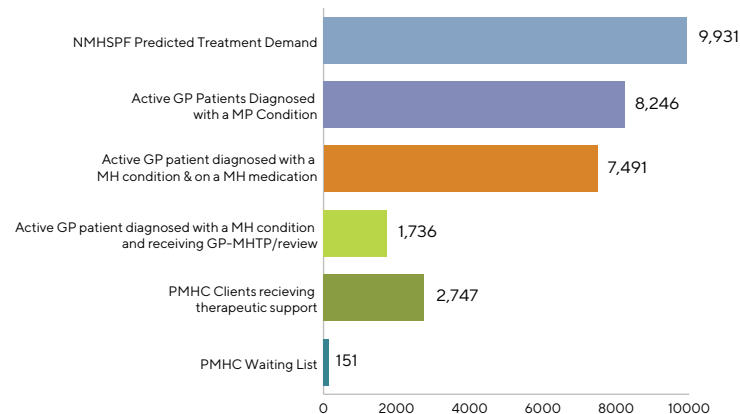


Figure 3. Profile of clients in General Practice Networks receiving support for mental wellbeing and clients receiving primary mental health therapeutic support in 2019-20

As the WQPHN health intelligence improves, so does visibility of how well commissioned clinical services are performing from a patient experience and recovery perspective. With 90% of all commissioned services now being managed through the electronic referral system refeRHealth, a minimal data set is captured that provides critical information regarding patient outcomes. For clients referred by GPs to the general psychological therapy, 88% worked within a management plan including up to 5 sessions with two thirds of all clients with a psychological distress level at discharge that indicates a recovery trajectory.



## MENTAL HEALTH, SUICIDE PREVENTION, ALCOHOL AND OTHER DRUGS STRATEGIC PLAN 2020-2025

In 2020 we embarked on a refresh of the 2017 *Mental Health, Suicide Prevention, Alcohol and Other Drugs Regional Plan*, guiding the direction of mental health services in Western Queensland over the next 3 years and beyond.

With an emphasis on co-design through engagement with local communities, including those with a lived experience of mental illness, the WQPHN team has gathered quantitative data and qualitative feedback through a process spanning 12 months, comprising 36 separate events in 11 different locations, with input from more than 600 people.

Three **Mental Health Roundtables** were held in the South West and North West in the past year, which were key in providing valuable insights from local stakeholders who experience health needs unique to their region.

*“The codesign process has created a richness of data and insights that have directly shaped the focus areas and objectives in the Plan. Western Queenslanders have made it clear where we need to improve the system, so that it is comprehensive and integrated, with a real focus on recovery.”*

Kylie Armstrong – Executive Manager, Planning & Health Intelligence

## NORTH WEST FLOOD RECOVERY SUMMIT

The catastrophic flood that engulfed the North West in February 2019 caught everyone by surprise. Communities immediately set to work rebuilding property and livelihoods, while health services responded in an unprecedented way to mitigate the impacts on mental health.

Working closely with government agencies, local councils and our key health partners WQPHN played a key role in the recovery plan, culminating in the staging of the landmark **NW Flood Recovery Summit** in partnership with the Royal Flying Doctor Service (Qld Section), with the aim of taking stock of the primary care response to the disaster and identifying areas of need to manage the long-term impacts on wellbeing.



*“The organisations that needed to be involved and the people that needed to get in here quickly stopped any major deterioration of mental health after the flood. I really do think the management of this crisis was done well”.*

Dr Leonie Fromberg – GP, Cloncurry

## EMPOWERING OUR COMMUNITIES (EOC): DROUGHT AND FLOOD WELLBEING RESPONSE

### WEATHERING WELL

The Weathering Well (WW) tool was co-designed by and for communities affected by the lengthy, widespread drought, and other extreme climatic events that have impacted mental health, wellbeing, and substance use.

#### KEY 2020 DEVELOPMENTS IN WEATHERING WELL:

- the Rural Financial Counselling Service – Southern Queensland (RFCSSQ) commissioned to provide a WW service to clients across seven SW and CW Shires
- selected RFCS staff trained in WW and a RFCSSQ Wellbeing Coordinator appointed
- Outback Futures and the North Queensland Rural Financial Counselling Service (NQRFCSS) commissioned to provide WW services in CW and NW
- Menzies School of Health Research developing WW COVID-safe self-paced online training modules as an alternative to face-to-face training.

EOC funding also enabled the **Community Wellbeing Grants Program** to be operated through drought and flood affected Shires, allowing funding decisions to be made at a local level delivering a diverse range of COVID-safe community events and activities designed to enhance connectedness, social wellbeing and promote access to existing support services.







Johnathon Thurston Academy visits Quilpie for a series of workshops as part of the *Empowering our Communities* program

## TRANSITION TO TELEHEALTH

Almost 1 in 5 of Western Queensland’s entire population had a Telehealth consult during the COVID-19 pandemic. In response, the WQPHN produced a *Telehealth-Care Guide* to help support rural and remote health practitioners build on their knowledge and improve their capacity to deliver Telehealth in the region.

The comprehensive guide outlines the benefits of Telehealth, how it integrates seamlessly with the WQPHN’s Health Care Home Model of Care, and the support available to providers to assist with transitioning to virtual care.

Almost half of commissioned service providers surveyed had experienced a “satisfactory or advanced” uptake of Telehealth since the pandemic struck, with 88% “willing to change” by incorporating Telehealth as part of their routine service offering post-COVID.

*“Patients are already considering their options when they call our receptionist to book an appointment, they’ve already thought about ‘do I actually need to see the doctor, do I need an examination, or is this something that can be done over the phone’.”*

Dr Zowie Bailey – GP, Charleville



## ALCOHOL AND OTHER DRUGS (AOD)

The commissioning of AOD treatment and counselling services through Drug Arm in the SW, Lives Lived Well in the CW and the Salvation Army in Mount Isa continued in 2020, along with each of the four Aboriginal and Torres Strait Islander Community Controlled Health Services (AICCHS) across Western Queensland.

AOD services migrated quickly to Telehealth platforms, due to COVID-19, but had to innovate to ensure access to care was maintained for those with limited access to technical equipment or know-how.

*“At first, I was embarrassed but once I got talking about my drinking problem I felt quite at ease. They were easy to listen to and never once judged me. I felt like a great weight was lifted off my shoulders. It has been 3 months, 1 week and 3 days since my last drink. Reaching out to Lives Lived Well has changed my life for the better. I can now see I have the power to change”.*

Testimonial from *Lives Lived Well* client – Longreach

# STRATEGY 7: CORPORATE GOVERNANCE

In 2020 the WQPHN reached a 5-year milestone, since being established as a Company in May 2015.

The maturity of the Company's Corporate capability is reflected in a number of significant achievements in 2019-20 including a comprehensive review and critique of the WQPHN Strategic Plan and its alignment with a forward view including key success indicators for 2020-2025.

In February 2020, the WQPHN held a **Strategic Planning workshop**, which included reviewing key governance documents including resetting the Risk Register and Risk Appetite for the Company. During the year the Board and its sub-committees have refined the Board Charter and related corporate governance instruments, introduced new policies to protect against fraud and corruption, released the Whistleblower policy, and adopted a new Business Continuity Plan that covers internal operations and external commissioning.



WQPHN strategic planning day



The COVID-19 response plan was a feature of the 2020 Board meetings with Directors providing guidance on key actions and readiness plans across internal operations and external commissioning, particularly alignment with the pandemic infectious control measures and, supporting service General Practice and service provider networks and ensuring business continuity to clients of commissioned providers.

The significant stakeholder relationships and networks in Western Queensland enabled us to proactively engage with health partners to safeguard potential outbreaks, with a focus on supporting business continuity on the ground

and access to care by promoting Telehealth-Care modalities.

The pandemic disruption required agile commissioning across the financial year and strategic insight into provider performance, but also required rapid review of risk, retailoring of service level agreements, and active support for the work of the Executive Management team to manage a dynamic operating environment.





RAP Working Group

## WQPHN RECONCILIATION ACTION PLAN

In 2019 at the annual staff conference in Brisbane, there was an opportunity to commence the process of forming a Reconciliation Action Plan (RAP) with the assistance of Donna Jefferies, Director of Yindyamarra Consultancy.

“Trust is a massive issue for Aboriginal and Torres Strait Islander people when it comes to accessing care, so having services that can relate to Indigenous populations and develop relationships, will lead to Indigenous people being more inclined to access care”, Donna stated.

A **Reconciliation Working Group** has now been established which includes our partners, staff and community members who are passionate about developing and piloting innovative strategies to empower Aboriginal and Torres Strait Islander peoples. The WQPHN RAP plan is now in development and will be presented to Reconciliation Australia for endorsement, with plans for implementation in 2021.

The **WQPHN Clinical and Consumer Councils** continue to be a critical part of our governance structure and growth, providing guidance, local health intelligence and advice on priority health and social issues for western Queensland. We appreciate the contribution and commitment our members provide in their ongoing support for WQPHN.

## COMMISSIONING ACTIVITY

The WQPHN portfolio of **Commonwealth funded programs** expanded in 2019-20, particularly in the areas of Mental Health and COVID-19 activities and WQPHN has been able to respond rapidly to these changes due to the organisation’s maturity, systematic approaches, strong partnerships and the agility to adopt and implement change.

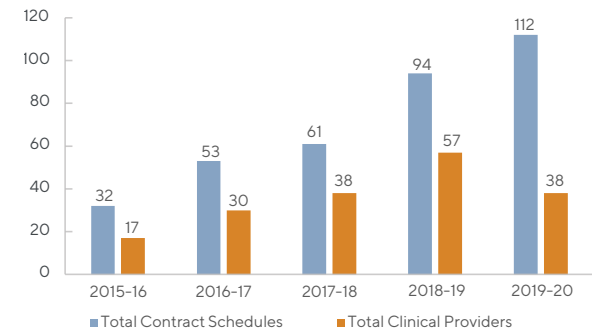


Figure 1. Growth year on year contracts/providers – 20018-19 vs. 2019-20

## PHN PROGRAM QUALITY AND PERFORMANCE

The Commonwealth Department of Health has introduced a new performance and quality framework to assist the maturity of the PHN program across Australia. 54 indicators are used to monitor and assess progress towards achieving the outcomes for the Program, with 39 indicators used to measure performance towards PHN Program and priority outcomes and 15 organisational indicators to measure performance towards capable organisations.

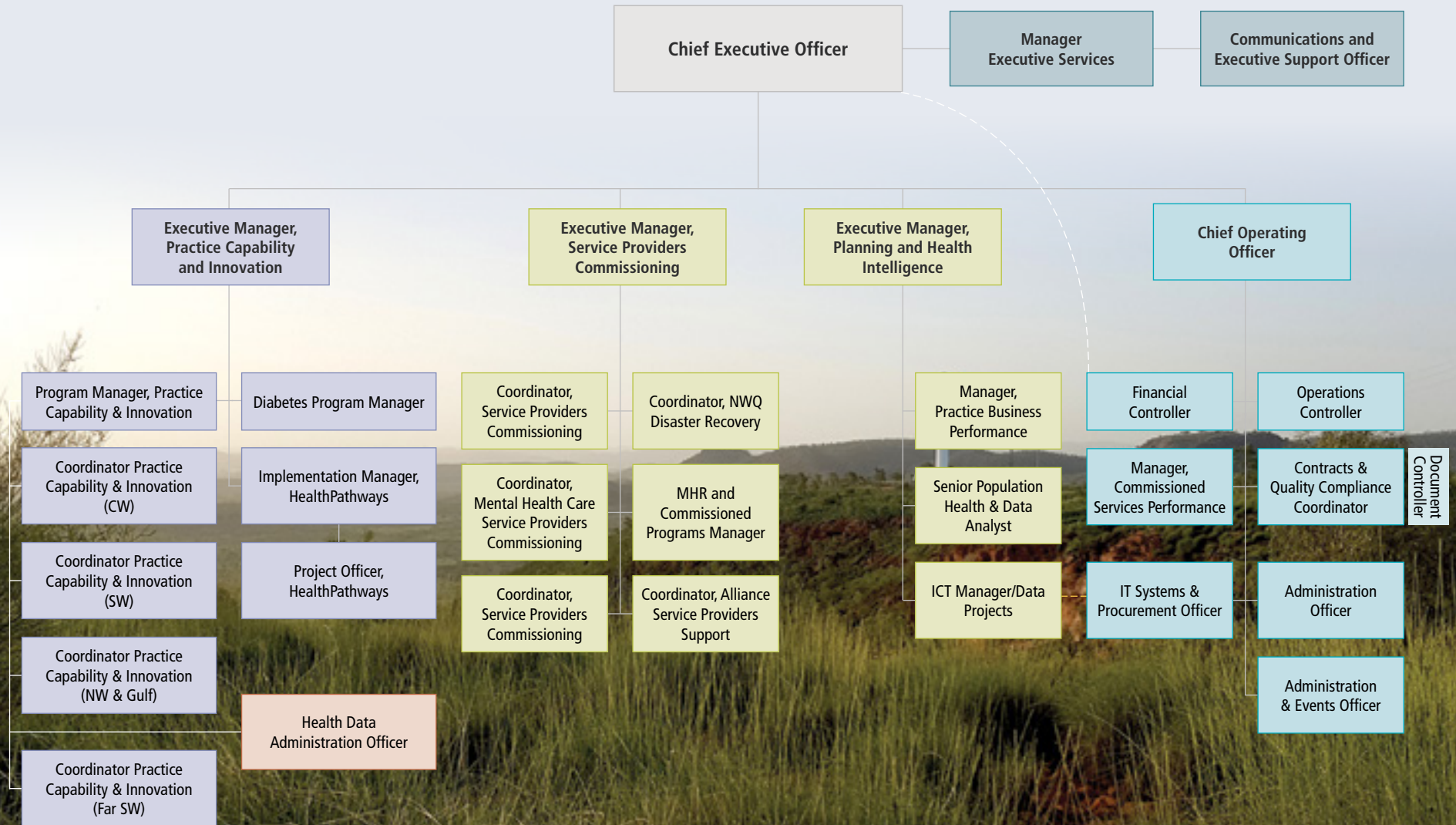
In its first national program assessment under this framework the WQPHN was found to be performing very well and in some indicators leading many of its peers. Commissioning in remote areas of Australia is not without its challenges and the work of the WQPHN continues to evolve and improve. A positive report card under this highly dynamic operating environment does provide confidence to Member organisations and stakeholders across Western Queensland that their organisation is holding its own within a contemporary national program.

*“WQPHN has used their Commissioning for Better Health Outcomes framework to guide the commissioning approach for mental health, suicide prevention and drug and alcohol treatment services. WQPHN note that good population health outcomes are achieved by applying the evidence, local knowledge, skills and resources to best effect. This has resulted in strong partnerships with Local Government Authorities, AICCHS and other stakeholders.*

*Through its activities, WQPHN has endeavoured to improve the health system in its region. WQPHN used best practice guidelines in the commissioning of mental health service providers to provide mental health assessments, triage, referral and limited clinical service delivery to target children and young people living with a mental health condition”.*

Excerpt from the PPQF Evaluation report

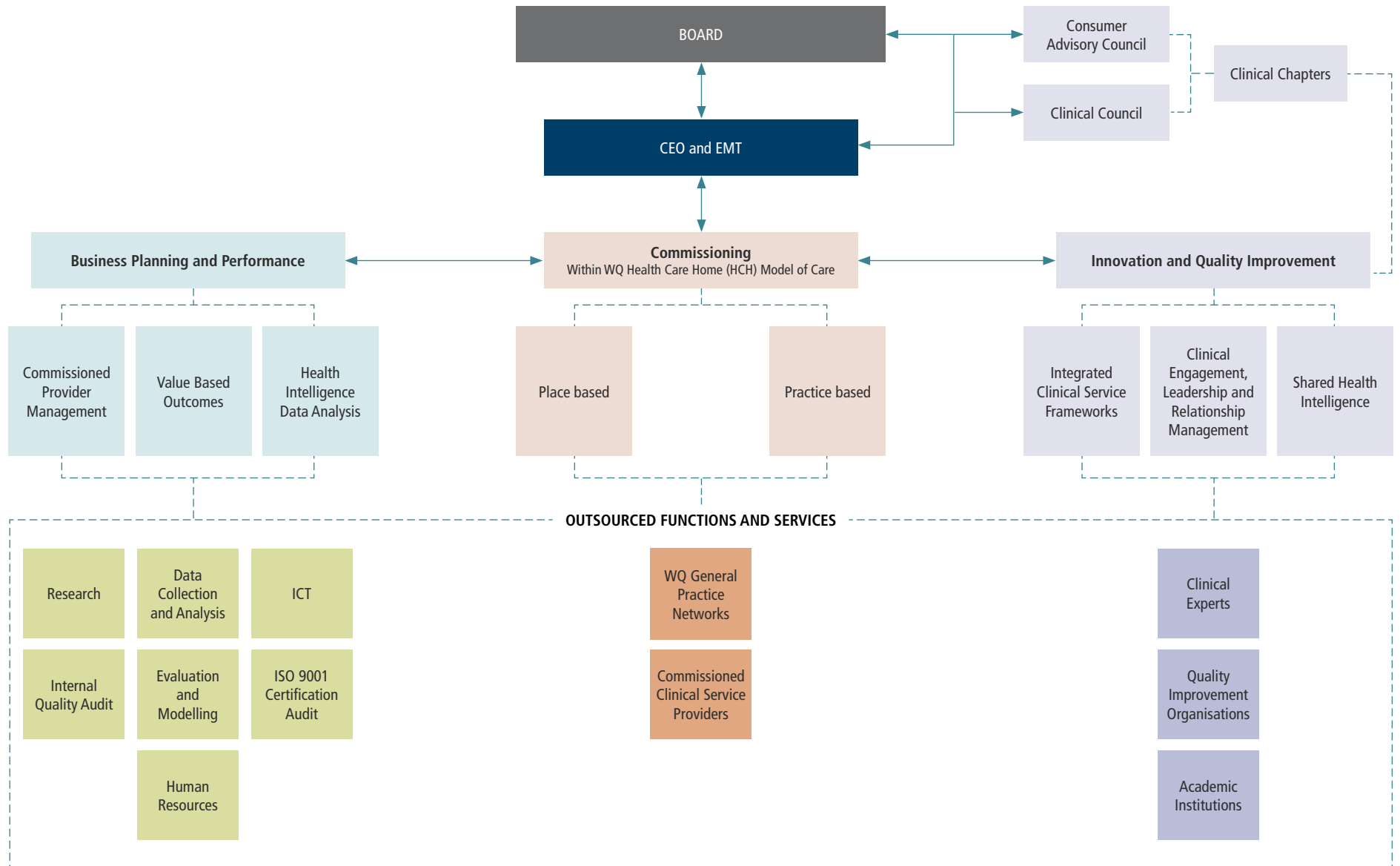
# WQPHN ORGANISATIONAL STRUCTURE



Document Controller



# WQPHN FUNCTIONAL DESIGN AND PERFORMANCE MANAGEMENT



**OUR PEOPLE  
OUR PARTNERSHIPS  
OUR HEALTH  
OUR PATCH**













# 2019-20 ANNUAL FINANCIAL STATEMENTS

## SUMMARY

---



# DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2020

## WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD

ABN: 86 604 686 660

Your directors present this report together with the financial report on Western Queensland Primary Care Collaborative Ltd ("WQPHN" or "the Company") for the financial year ended 30 June 2020.

### DIRECTORS

The names of each person who has been a director during the year and to the date of this report are:

- Dr Christopher Appleby
- Dr David Rimmer
- Mrs Vicki Murphy
- Mr James McGowan (resigned 30 June 2020)
- Mr Jason Warnock
- Prof Sabina Knight
- Mr Dallas Leon - Chair
- Ms Sheryl Lawton
- Dr Anna Cunningham
- Ms Karen Tully (appointed 1 July 2020)

Directors have held office during the entire reporting period unless otherwise stated above

### COMPANY SECRETARY

- Ms Rachel Portelli

### PRINCIPAL ACTIVITIES

The Company's principal activities during the year were;

- consolidation of the WQPHN corporate, financial and program Governance, systems and services
- accreditation of the Company's management systems to the ISO 9001:2016 AU/NZ Standards
- development of the commissioning capability, health intelligence and population data management systems
- building collaborative partnerships with key government and non government primary care provider networks
- commissioning of services in accordance with the Commonwealth's National PHN program
- comprehensive Assessment of Health Needs, development of plans and general practice support
- supporting local innovation through regional Clinical Chapters, and the WQPHN Clinical Council Advisory Council
- continuous quality improvement activities in primary care and general practice Networks
- satisfactory implementation of the PHN Programs within required guidelines and performance measures
- influenced by the impacts of COVID-19 and the resulting changes in government legislation relating to matters such as limited physical contact between staff and with clients, temporary closure of some businesses that WQPHN would otherwise have traded with, changes to the welfare system and various stimulus payments
- further to the COVID-19 pandemic, additional funding was received to assist the Federal Government to formulate a response in primary care and general practice networks.

### OPERATING RESULTS

The entity recorded a surplus of \$307,864 (2019: 306,290).

### SHORT-TERM AND LONG-TERM OBJECTIVES

(a) Short-term Objectives are:

- supporting health professionals to improve the health of local residents through assisting multi-disciplinary team based care outcomes, provision of infrastructure support, health workforce development and clinical leadership
- support the development and adoption of good corporate governance policies & procedures to effectively support the company's establishment and operations
- improving engagement with other key stakeholders
- development of a robust commissioning model to inform future program and primary health care system design and performance
- supporting greater clinical input and leadership in the design and evaluation of primary care services through the WQPHN Clinical Council and related structures
- supporting greater consumer engagement and input in the design and evaluation of primary care services through the WQPHN Consumer Advisory Council and related structures
- building strong primary care partnerships to support joint planning and co-commissioning activities
- integrating effective communication strategies to ensure clear understanding of the role and function of the PHN
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable



(b) Long-term Objectives are:

- supporting the development and adoption of GP lead multidisciplinary models of primary health care
- supporting greater health intelligence to guide integrated planning and evaluation of primary care services and program performance
- building the capacity and sustainability of general practice and general practice related primary health care systems, workforce and infrastructure
- supporting greater organisational and financial integration of primary health care services provided in the WQPHN catchment
- collaborate with key stakeholders and support innovation and quality improvement activities
- building Strategic Alliances between stakeholders to provide full integrated primary care models as close to the local community as possible
- close the gap in the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous
- improve the health and wellbeing of all residents of the WQPHN catchment
- remaining financially viable

## STRATEGY FOR ACHIEVING OBJECTIVES

The company's strategies for achieving these objectives are:

- supporting good corporate, program and clinical governance
- supporting general practice as a cornerstone to quality primary health care systems of care
- ensuring continued effective engagement with key stakeholders and organisational partners
- develop a comprehensive health intelligence capability through which to plan, measure and evaluate the

effectiveness of WQPHN programs and the wider primary health care system

- maintaining and enhancing operational and financial capacity and compliance
- development and implementation of the WQPHN 5 year strategic plan
- support for partnership development and strategic engagement with key health stakeholder organisations

## HOW ACTIVITIES ASSIST IN ACHIEVING OBJECTIVES

These activities assisted in achieving the objectives in the following manner:

- identifying, quantifying and prioritising local population health needs
- ensuring a consistent and seamless transition of clinical and program support services within the region
- supporting an evidence-based approach to the commissioning and evaluation of health services
- alignment of programs, resources and stakeholder engagement with identified health priorities and opportunities for system improvement
- assisting the capacity of service provider organisations and individuals to provide better connected and higher quality health services
- support advocacy action to State and Federal Governments
- improving patient health outcomes through developing better health planning and service delivery structures and relationships
- creating a collegiate environment where local GPs and other health professionals work together for better patient outcomes
- supporting dissemination of information regarding health priorities and system improvement priorities for populations of the WQPHN catchment

- creating opportunities for system change, adoption and innovation through joint planning and collaboration with stakeholders, including consumer networks

## KEY PERFORMANCE MEASURES

Performance is measured and reported on to key stakeholders in the following manner:

(a) in relation to delivery of PHN programmes:

- Commonwealth government funding goals and objectives are reported to funding bodies and compared to benchmarks and
- National Health Standards
- PHN 6 and 12 monthly reporting mechanisms
- financial acquittal reports are prepared for each Commonwealth government funding program and submitted for review and
- approval by the funding body
- Commonwealth government funding contracts specify performance standards and other criteria that need to be achieved to
- secure continued funding and meet compliance

(b) in relation to operations, and financial sustainability:

- compliance with WQPHN Board corporate governance and reporting requirements
- annual operational and financial report to Members and Funding Body
- maintain accreditation against the AS/NZS ISO 9001:2016 Quality Management Standards
- peer group benchmarking
- full compliance under the *Corporations Act 2001* and other relevant statutory obligations including the ACNC.

# DIRECTORS' REPORT AND DECLARATIONS

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660  
**DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2019**

## MEETINGS

Director	Directors' Board Meetings*		Finance Audit & Risk Management Committee		Governance & Nominations Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Christopher Appleby	6	6	8	8	N/A	N/A
Dr David Rimmer	6	6	N/A	N/A	3	3
Mrs Vicki Murphy	6	6	1	1	3	3
Mr James McGowan	6	6	8	6	N/A	N/A
Mr Jason Warnock	6	6	8	8	N/A	N/A
Prof Sabina Knight	6	6	N/A	N/A	3	3
Mr Dallas Leon	6	6	N/A	N/A	N/A	N/A
Ms Sheryl Lawton	6	4	N/A	N/A	3	0
Dr Anna Cunningham	6	6	N/A	N/A	2	2

\*In addition there were 2 Board Circular Resolutions during the Reporting Period.

## MEMBER CONTRIBUTION ON WINDUP

The amount that each Member or past Member is liable to contribute on winding up is limited to \$10.

## TOTAL CONTRIBUTION ON WINDUP

The total amount that members of the Company are liable to contribute if the Company wound up is \$150 (2019: \$150).

Signed in accordance with a resolution of the Board of Directors.

Director

Mr Dallas Leon



Director

Dr Christopher Appleby



Dated this 18th day of September 2020

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660  
**DIRECTORS' DECLARATION FOR THE YEAR ENDED 30 JUNE 2020**

The Directors of the company declare that:-

The financial statements and the notes set out in the attached are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

In the opinion of the Directors:

- (a) The financial statements and notes of the Company are in accordance with the *Australian Charities and Not-for-Profits Commission Act 2012*, including:
  - i. Giving a true and fair view of its financial position as at 30 June 2020 and of its performance and cash flows for the financial year ended on that date; and
  - ii. Complying with Australian Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013;
- (b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable; and
- (c) Commonwealth government funding monies expended by the Company during the financial year have been applied for the purposes specified in the relevant Letters of Offer and the Company has complied with the terms and conditions relating to Commonwealth government funding received.

This declaration is made in accordance with a resolution of the Board of Directors.

Director

Mr Dallas Leon



Director

Dr Christopher Appleby



Dated this 18th day of September 2020



# STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION

## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
<b>Revenue</b>			
Contract revenue	2	24,869,504	22,265,257
Other income	2	340,365	1,073,452
<b>Total Revenue</b>		<b>25,209,869</b>	<b>23,338,709</b>
<b>Expenditure</b>			
Employee benefits expense	3	(4,053,716)	(3,363,564)
Depreciation expenses		(9,688)	(7,962)
Clinical service subcontractors	1(p)	(18,781,345)	(16,883,286)
Consulting expenses		(182,217)	(523,938)
Contractors		(249,844)	(491,590)
Lease expense	11	(359,406)	(202,159)
Finance Costs	11	(5,770)	-
Repairs, maintenance & vehicle running expenses		(45,295)	(139,784)
Electricity		(11,962)	(11,391)
Legal fees		(18,147)	(8,791)
Audit fees – audit services		(37,630)	(34,830)
Travel expenses		(407,877)	(615,921)
Other expenses		(739,108)	(749,203)
<b>Total Expenditure</b>		<b>(24,902,005)</b>	<b>(23,032,419)</b>
<b>Net Surplus</b>		<b>307,864</b>	<b>306,290</b>
<b>Other Comprehensive Income</b>		<b>-</b>	<b>-</b>
<b>Total Comprehensive Income</b>		<b>307,864</b>	<b>306,290</b>

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2020

	Notes	2020 \$	2019 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	4	9,213,973	8,419,056
Trade and Other Receivables	5	128,204	35,644
Other Assets	6	157,972	103,961
<b>TOTAL CURRENT ASSETS</b>		<b>9,500,150</b>	<b>8,558,661</b>
<b>NON-CURRENT ASSETS</b>			
Property, Plant & Equipment	7	-	9,688
<b>TOTAL NON-CURRENT ASSETS</b>		<b>240,704</b>	<b>-</b>
<b>TOTAL ASSETS</b>		<b>240,704</b>	<b>9,688</b>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	8	981,065	1,541,125
Accrued Employee Benefits	9	304,218	219,158
Lease Liabilities	11	230,491	-
Unearned Revenue	12	6,641,082	5,578,056
<b>TOTAL CURRENT LIABILITIES</b>		<b>8,156,855</b>	<b>7,338,339</b>
<b>NON-CURRENT LIABILITIES</b>			
Accrued Employee Benefits	9	64,459	31,004
Lease Liabilities	11	12,669	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>77,128</b>	<b>31,004</b>
<b>TOTAL LIABILITIES</b>		<b>8,233,984</b>	<b>7,369,343</b>
<b>NET ASSETS</b>		<b>1,506,870</b>	<b>1,199,006</b>
<b>EQUITY</b>			
Retained Surplus		1,506,870	1,199,006
<b>TOTAL EQUITY</b>		<b>1,506,870</b>	<b>1,199,006</b>

# STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2020

	Retained Surplus \$
Balance at 1 July 2019	1,199,006
Total Comprehensive Income	307,864
<b>Balance at 30 June 2019</b>	<b>1,506,870</b>
	Retained Surplus \$
Balance at 1 July 2018	892,716
Total Comprehensive Income	306,290
<b>Balance at 30 June 2019</b>	<b>1,199,006</b>

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020

	Notes	2020 \$	2019 \$
<b>Cash Flows from Operating Activities:</b>			
Receipts from Funding Bodies		28,843,309	24,270,108
Payments to Suppliers		(23,961,029)	(23,094,552)
Payments to Employees		(3,933,411)	(3,300,483)
Interest Received		39,914	88,891
Interest Payments – Lease		(5,770)	-
<b>Total Cash from Operating Activities</b>	<b>10</b>	<b>983,011</b>	<b>(2,036,036)</b>
<b>Cash Flows from Investing Activities:</b>			
Payments for Asset Purchases		-	-
<b>Total Cash from Investing Activities</b>		<b>-</b>	<b>-</b>
<b>Cash Flows from Financing Activities:</b>			
Payments for Lease Liabilities		(188,094)	-
<b>Total Cash from Financing Activities</b>		<b>(188,094)</b>	<b>-</b>
<b>Net Cash Increase / (Decrease) in Cash and Cash Equivalents</b>		<b>794,917</b>	<b>(2,036,036)</b>
<b>Cash and Cash Equivalents at beginning of period</b>		<b>8,419,056</b>	<b>10,455,092</b>
<b>Cash and Cash Equivalents at end of period</b>	<b>4</b>	<b>9,213,973</b>	<b>8,419,056</b>







# AUDITOR'S DECLARATIONS



Level 18  
King George Central  
145 Ann Street  
Brisbane QLD 4000

Correspondence to:  
GPO Box 1008  
Brisbane QLD 4001

T +61 7 3222 0200  
F +61 7 3222 0444  
E [info.qld@au.gt.com](mailto:info.qld@au.gt.com)  
W [www.granthornton.com.au](http://www.granthornton.com.au)

## Auditor's Independence Declaration to the Directors of Western Queensland Primary Care Collaborative Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of Western Queensland Primary Care Collaborative Limited for the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton Audit Pty Ltd  
Chartered Accountants

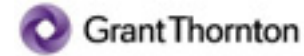
H E Hiscox  
Partner – Audit & Assurance

Brisbane, 18 September 2020

Grant Thornton Audit Pty Ltd ACN 130 913 594  
a subsidiary or related entity of Grant Thornton Australia Ltd ABN 41 127 556 389

'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton Australia Ltd is a member firm of Grant Thornton International Ltd (GTL). GTL and the member firms are not a worldwide partnership. GTL and each member firm is a separate legal entity. Services are delivered by the member firms. GTL does not provide services to clients. GTL and its member firms are not agents of, and do not obligate one another and are not liable for one another's acts or omissions. In the Australian context only, the use of the term 'Grant Thornton' may refer to Grant Thornton Australia Limited ABN 41 127 556 389 and its Australian subsidiaries and related entities. GTL is not an Australian related entity to Grant Thornton Australia Limited.

Liability limited by a scheme approved under Professional Standards Legislation.



Level 18  
King George Central  
145 Ann Street  
Brisbane QLD 4000

Correspondence to:  
GPO Box 1008  
Brisbane QLD 4001

T +61 7 3222 0200  
F +61 7 3222 0444  
E [info.qld@au.gt.com](mailto:info.qld@au.gt.com)  
W [www.granthornton.com.au](http://www.granthornton.com.au)

## Independent Auditor's Report to the Members of Western Queensland Primary Care Collaborative Limited

### Report on the audit of the financial report

#### Opinion

We have audited the financial report of Western Queensland Primary Care Collaborative Limited (the "Company") which comprises the statement of financial position as at 30 June 2020, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Directors' declaration.

In our opinion, the financial report of Western Queensland Primary Care Collaborative Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

Grant Thornton Audit Pty Ltd ACN 130 913 594  
a subsidiary or related entity of Grant Thornton Australia Ltd ABN 41 127 556 389

'Grant Thornton' refers to the brand under which the Grant Thornton member firms provide assurance, tax and advisory services to their clients and/or refers to one or more member firms, as the context requires. Grant Thornton Australia Ltd is a member firm of Grant Thornton International Ltd (GTL). GTL and the member firms are not a worldwide partnership. GTL and each member firm is a separate legal entity. Services are delivered by the member firms. GTL does not provide services to clients. GTL and its member firms are not agents of, and do not obligate one another and are not liable for one another's acts or omissions. In the Australian context only, the use of the term 'Grant Thornton' may refer to Grant Thornton Australia Limited ABN 41 127 556 389 and its Australian subsidiaries and related entities. GTL is not an Australian related entity to Grant Thornton Australia Limited.

Liability limited by a scheme approved under Professional Standards Legislation.



We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Other Information

The Directors are responsible for the other information. The other information comprises the information included in the Directors' report and the Company's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### Responsibilities of the Directors for the Financial Report

The Directors of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Company's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Report

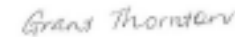
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

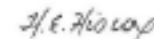
- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Grant Thornton Audit Pty Ltd  
Chartered Accountants



H E Hiscox  
Partner – Audit & Assurance

Brisbane, 18 September 2020

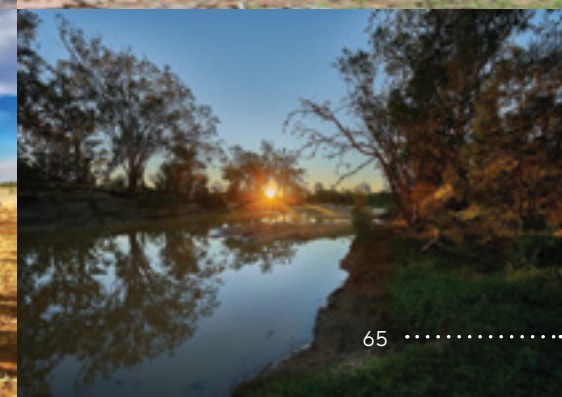
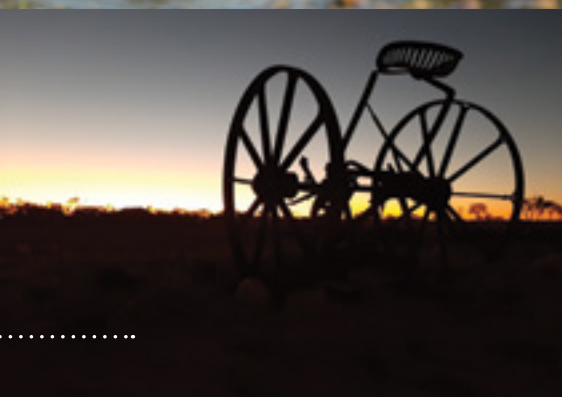
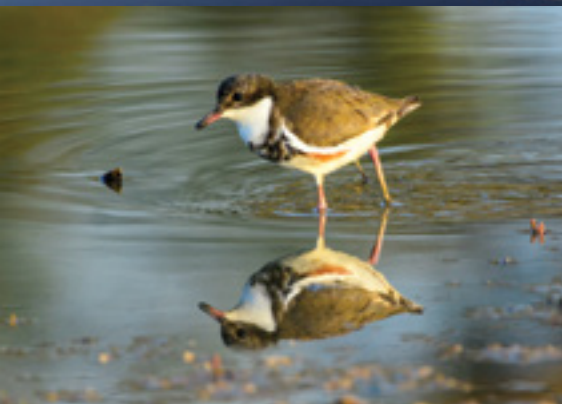


WQPHN would like to thank all those who contributed images used in the WQPHN Annual Report 2019-20:


- Dianne Sainty
- Jack Neilson
- Alayia Weir
- Mariann Burow
- Catherine Hamilton
- Brett Hyde
- Jasmin Hickey
- Heather Moore
- Meg Forbes
- Jodie Cronin
- Rachelle Patterson/Irving
- Anne Schmidt
- Alex Benn
- Tanya Tincknell
- Jacquie Duffus
- Carmen Goodger
- Gidgee Healing
- Outback Futures
- Vital Health









 **Western Queensland PHN**  
11 Barkly Highway (PO Box 2791)  
Mount Isa QLD 4825

 07 4573 1900

 [admin@wqphn.com.au](mailto:admin@wqphn.com.au)

 [www.wqphn.com.au](http://www.wqphn.com.au)

Version November 2020



**Australian Government**



The Western Queensland Primary Health Network is committed to making this information accessible to people from culturally and linguistically diverse backgrounds, people with a perceptual or intellectual disability, a vision impairment or a lower level of literacy. If you have difficulty understanding this publication, you can contact us on 4573 1900 and we will make arrangements to effectively communicate our Annual Report to you.

Copyright protects this material. Western Queensland Primary Health Network has no objection to this material being reproduced but asserts its right to be recognised as the author of this material, and the right to have this material remain unaltered.



Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.



END