

A person stands on a dam, looking out over a wide river at sunset. The sky is filled with orange and yellow clouds, and the sun is low on the horizon. The water is calm, reflecting the colors of the sky. The person is silhouetted against the bright light of the sunset. The dam is made of concrete and has a low wall. The river is wide and flows over the dam. The background is filled with trees and vegetation.

**OUR PEOPLE
OUR PARTNERSHIPS
OUR HEALTH**

phn
WESTERN QUEENSLAND
An Australian Government Initiative

2020-2021 Annual Report
Western Queensland Primary Health Network



**HEALING COUNTRY
- YAPATJARRA MUU**

WQPHN undertook an extensive search to find artwork created by local Traditional Owners which would reflect the unique nature of our Western Queensland Aboriginal and Torres Strait Islander heritage.

Brooke Sutton's soulful piece called "Healing Country" was selected by the Working Group to be proudly featured in the WQPHN Reconciliation Action Plan.

Brooke is a contemporary artist from the Kalkadoon Traditional Owner group and this painting is her personal interpretation of "Yapatjarra Muu" which means in the Kalkadoon language "Healing Country".



FRONT COVER

Congratulations to Krys Robinson, who is the winner of the WQPHN Annual Report front cover photo competition with this winning photo of the Doomadgee weir.

ACRONYMS

| |
|---|
| AICCCHS – Aboriginal and Islander Community Controlled Health Service |
| CACH – Cunnamulla Aboriginal Corporation for Health |
| CSPs – Commissioned Service Providers |
| CRRH – Centre for Rural and Remote Health |
| CWHHS – Central West Hospital and Health Service |
| CWAATSICH – Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health |
| CWHHS – Central West Hospital and Health Service |
| DOH – Department of Health |
| ED – Emergency Department |
| EPC – Enhanced Primary Care |
| GP – General Practitioner |
| HNA – Health Needs Assessment |
| HHS – Hospital and Health Service |
| LGA – Local Government Area |
| MOC – Model of Care |
| MoU – Memorandum of Understanding |
| NGO – Non-Government Organisation |
| NMHSS – Nukal Murra Health Support Service |
| NWHHS – North West Hospital and Health Service |
| PBS – Pharmaceutical Benefits Scheme |
| PHN – Primary Health Network |
| RACF – Residential Aged Care Facility |
| RFDS – Royal Flying Doctor Service |
| SMO – Senior Medical Officer |
| SWHHS – South West Hospital and Health Service |
| WQPHN – Western Queensland Primary Health Network |
| WQHSIC – Western Queensland Health Service Integration Committee |
| WQHCH – Western Queensland Health Care Home |

CONTENTS

| | |
|---|----|
| STRATEGIC PLAN 2020-2025 | 2 |
| CHAIR'S REPORT..... | 4 |
| CEO'S REPORT | 5 |
| BOARD OF DIRECTORS | 6 |
| MEMBERS..... | 8 |
| CLINICAL AND CONSUMER ADVISORY COUNCILS | 10 |
| COVID-19 AND OUR REGION | 12 |
| WQPHN COMMUNICATIONS | 14 |
| PLACE-BASED COMMISSIONING | 16 |
| COMMISSIONING LOCALITIES | 17 |
| PROFILE OF FINANCIAL EXPENDITURE..... | 18 |
| FUNDING PROGRAMS – COMMISSIONED SERVICES..... | 19 |
| STRATEGY 1: INTEGRATING CARE | 26 |
| STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME | 30 |
| STRATEGY 3: CLOSING THE GAP..... | 32 |
| STRATEGY 4: CHRONIC AND COMPLEX CARE | 34 |
| STRATEGY 5: CHILD AND FAMILY HEALTH | 38 |
| STRATEGY 6: MENTAL HEALTH & WELLBEING | 40 |
| STRATEGY 7: CORPORATE GOVERNANCE | 44 |
| WQPHN ORGANISATIONAL STRUCTURE | 48 |
| FUNCTION, DESIGN AND PERFORMANCE MANAGEMENT STRUCTURE | 49 |
| 2020-21 ANNUAL FINANCIAL STATEMENTS SUMMARY | 51 |
| DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2021..... | 52 |
| DIRECTORS' REPORT AND DECLARATIONS | 54 |
| STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION | 55 |
| STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS | 56 |
| AUDITOR'S DECLARATIONS..... | 58 |

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



OUR 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 Queensland'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 HCH 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

CHAIR'S REPORT



The 2020-21 period has proven to be another busy year, and I am pleased to provide this report as Chair of the Western Queensland Primary Health Network (WQPHN).

In 2020 WQPHN farewelled Stuart Gordon and welcomed Sandy Gillies into the role of **Chief Executive Officer**. Sandy is a Gunggari woman, an experienced health executive and clinician who brings a range of high level skills, knowledge, and experience to the role. Born and bred in Western Queensland, Sandy possesses first-hand knowledge of the unique health challenges faced in the region and is well positioned to lead the WQPHN.

During the year, the organisation updated the **Western Queensland Mental Health, Suicide Prevention and Alcohol and Other Drugs (MHSPAOD) Regional Plan**. Mental Health and wellbeing continues to be a priority for the region, and I would like to thank members of the Western Queensland MHSPAOD Consortia who worked closely with WQPHN to develop a plan for the next five years to shape the future of mental health and wellbeing services in Western Queensland, and support a more effective, person-centered health service system.

The **COVID-19 pandemic** continued to be an ongoing priority for the WQPHN in 2020-21, with a strong focus on continued collaboration with our health partners to support system preparedness, PPE supply chains, and co-ordinated COVID-19 screening activity. More recently WQPHN have played an integral role in leading the vaccine roll-out across Western Queensland. This will continue to be a priority area for some time, however I am pleased to report strong initial uptake and high coverage across key population groups, including aged care facilities.

WQPHN is fully engaged in **Health Equity** discussions with the Queensland Department of Health and the Aboriginal and Torres Strait Islander community-controlled health sector. The Health Equity legislation represents a strategic policy shift to improve health outcomes for Aboriginal and Torres Strait Islander People, with a strong focus on co-design and collaboration. The WQPHN looks forward to working with our partners to continue our support for better system integration, innovation and long-term improved health outcomes for our Aboriginal and Torres Strait Islander communities.

Whilst it has been a challenge to bring together our **Clinical Council and Consumer Advisory Council** members in person, their continued engagement (via virtual meetings) is sincerely valued and a critical element to maintaining strong partnerships, and a sense of connection across a large and diverse geographical area.

I'd like to thank my fellow Board members for their contribution over the past 12 months. This year we farewelled Dr. Anna Cunningham from the board. On behalf of the Board I wish Anna all the best with her future endeavours. I would also like to acknowledge the hard work of our Executive Management Team and staff, our commissioned service providers and our key stakeholders, who continue to work with us to improve access to primary healthcare across Western Queensland.

A handwritten signature in black ink, appearing to read 'Dallas Leon'. The signature is stylized and fluid.

Dallas Leon
Chair

CEO'S REPORT



The COVID-19 pandemic disruption continued throughout the 2020-21 year, with strong collective leadership required across all levels of the health and community services sectors. During these times we have been encouraged by the way our communities, partners and WQPHN staff responded to the challenges we all faced together.

Firstly it is important to acknowledge the contribution and responsiveness of the three Hospital and Health Services, Residential Aged Care Facilities (RACF), Nukal Murra Alliance members, General Practice Networks and allied health service providers in the COVID-19 response; the Western Queensland communities are fortunate to have the support of a strong network of health professionals who, despite the challenges, ensured that doors remained opened, services continued and the health and safety needs of our people were met.

WQPHN also underwent a large organisational leadership change with the departure of our long-standing CEO Stuart Gordon, who returned home to Bourke in 2020 to be closer to his family and community. It was a privilege and honour to work alongside Stuart for the past four years and his ongoing support in my transition into the role of CEO is acknowledged and greatly appreciated. The strategic foundations developed by Stuart and the WQPHN Board of Directors provides a solid direction of travel for the organisation in our journey towards Western Queenslanders experiencing better health.

The COVID-19 Vaccination Rollout has been a clear demonstration of the incredible relationships that WQPHN has built with communities and organisations over the past six years. Partnerships between the three Hospital and Health Services, Royal Flying Doctors Service and WQPHN resulted in RACF residents all receiving their COVID-19 vaccinations in the Phase 1a timeframes. Vaccination rates across our region are increasing and specific regions are reporting vaccination rates higher than the state and national averages.

The flood and drought program concluded at the end of 2020 with a very successful Recovery an Resilience Summit held in Julia Creek. This was well attended by government representatives, service providers and community members, and WQPHN was honoured to bring stakeholders together during this joint collaboration to assist communities in recovering from the devastating monsoonal event of 2019.

The demand for mental health services spiked in 2020 and low intensity type services increased, reflecting an encouraging sign that community awareness of mental health issues is rising. The addition of the new headspace Roma is timely and the involvement of the local youth in the co-design of the site presents exciting times ahead for the Maranoa region.

Across Western Queensland we have seen an increase in telehealth services and the feedback from communities was very positive, which in turn has created an opportunity for our service providers to provide a mix of face-to-face and telehealth options for their clients.

Finally, I would like to acknowledge and sincerely thank the WQPHN Executive Team and staff for their hard work, dedication and ongoing commitment to our shared goal of building a primary health care system that delivers better health outcomes for the people of Western Queensland.

A handwritten signature in black ink, appearing to read 'Sandy Gillies'.

Sandy Gillies
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 sectors. Dallas previously held the role of CEO at 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 the First Nations Health Advisor for the North Queensland PHN.



Dr Christopher Appleby
(Director)

Chris has a Bachelor of Science (Honours), Master 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 served as a Director on the Board of the North West Hospital and Health Service (NWHHS) for eight years, where he also Chaired the NWHHS Financial, Audit and Risk Management Committee. Chris owned and operated remote and regional General Practices in Queensland for over 20 years and continues to provide consultancy services in the Aboriginal Community Controlled Health Sector.



Dr Anna Cunningham
(Director)
until 27 November 2020

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 and a Diploma of Skin Cancer Medicine.



Prof Sabina Knight AM
(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 development. 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 for the past 20 years. Prior to her becoming CEO, she was employed 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 has seen CWAATSICH expand service delivery and become the lead service provider of primary health care within the Far South West region.



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. She has worked at the Assistant Secretary level for the Federal Department of Health 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, and an Associate Fellow of the Royal Australian College of Medical Administrators. He has over 35 years' experience in General Practice and Emergency Medicine, with a lifetime interest in teaching and workforce development. He works as a Senior Medical Officer at Longreach, is a Senior Fellow with the James Cook University GP Training Program, a member of the Queensland Health Clinical Senate Executive, and sits on the Rural and Remote Health Advisory Committee.



Ms Karen Tully
(Director)

Karen lives in Charleville in South West Queensland and has lived experience of the unique lifestyle which rural communities offer. She currently serves as Board Chair of the South West Hospital and Health Service and a Director with Southern Queensland landscapes as well as serving as an Ambassador for the Queensland Plan Ambassadors Council. Karen holds a Master of Education, Bachelor of Education, Graduate Diploma of Financial Markets and has completed governance courses with the Australian Institute of Company Directors.



Mr Jason Warnock
(Director)

Jason was elected to the WQPHN Board in November 2018, nominated by the Services for Australian Rural and Remote Allied Health (SARRAH). For more than 30 years he worked in his private podiatry practice in Townsville, which included regular visits to rural townships. 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. In 2015 Jason moved to Brisbane to take on the role of Director of Podiatry for Metro North Health.



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 2020–2021, 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



ADMITTED MEMBERS





CLINICAL AND CONSUMER ADVISORY COUNCILS

Since the Clinical and Consumer Advisory Councils were established in 2016, WQPHN has been supported through consistent and enthusiastic Council membership. Having strong Clinical and Consumer Advisory Councils has been an asset this year when faced with the challenges created by the COVID-19 pandemic.

Unlike previous years, the Councils haven't been able to meet face-to-face due to concerns in relation to travelling into more densely populated areas along with unpredictable outbreaks and snap lockdowns getting in the way of best laid plans!

As such, the Councils have continued to meet virtually throughout the year providing guidance and input into strategic activities including;

- COVID-19 Vaccination rollout and the *Jibber Jabber* campaign
- Clinical Chapter updates from each region highlighting local issues and priorities
- Consulting on the development of the Health Needs Assessment
- Participation in the NDIS Mental Health and Disability, Aged Care and Service Pathways Forums
- Involvement in the SW Health Forum in March 2021
- Contributed towards the development of *A five-year plan (2021-2026) to improve mental health, suicide prevention and alcohol and other drug treatment services in Western Queensland (MHSPAOD)*.



Vanessa Ballard - Consumer Advisory Council member (second from right) with PHN staff in Longreach

CONSUMER ADVISORY COUNCIL MEMBERS:

| | |
|-------------------------------|-------------------------------|
| Ms Vanessa Ballard | Roma |
| Ms Rebecka Britton | Boulia |
| Mr Lane Brookes | SWHHS |
| Ms Donna Hobbs | Bulloo Council - Thargomindah |
| Ms Sheryl Lawton | CWAATSICH - Charleville |
| Mr John Palmer - <i>Chair</i> | Longreach |
| Mrs Maggie Wade | Charleville |
| Mrs Margie Webb | Weedonwilla, Muttaburra |

CLINICAL COUNCIL MEMBERS:

| | |
|----------------------------------|---|
| Dr Don Bowley | Royal Flying Doctor Service, (Queensland Section) |
| Ms Jen Williams | CWHHS |
| Ms Jean Benham | Vital Health |
| Ms Ellaine Wingate | CWAATSICH |
| Dr Rosie Geraghty - <i>Chair</i> | Maranoa Medical Centre |
| Dr Sheilagh Cronin | Clinician and previous WQPHN Board Chair |
| Dr David Rimmer | CWHHS |
| Ms Margaret Windsor | WQPHN |
| Ms Renee Blackman | Gidgee Healing |
| Ms Selena Gomersall | Outback Futures |



Dr Rosie Geraghty, Chair of the WQPHN Clinical Council and owner of Maranoa Medical Centre in Roma reflected on the 2020-21 year:

“With the ongoing threat of COVID in 2021, the challenges facing our Clinical and Consumer Advisory Councils have continued. Meetings via Zoom have provided a valuable source of feedback for our members to discuss the PHN program including vaccine rollout, health care home progress, diabetes and mental health management and AOD program, as well as the newer initiatives such as the eConsultant program and ePrescribing.

The SW Health Forum, was a positive opportunity bringing PHN partners together and resulted in a “call for action” to help improve and develop the WQ Health Care Home. Improving outcomes for people in the WQPHN region remains the number one priority for the Clinical and Consumer Advisory Councils’ members.”



John Palmer OAM, Chair of the WQPHN Consumer Advisory Council commented on the successes during the 2020-21 year:

“The 2020-2021 year has been like no other – so many challenges we thought we would never have to deal with. But with such an awesome team, the challenges have certainly been managed in a very professional way.

The Council members would certainly like to wish our outgoing CEO Stuart Gordon and Victoria Corner all the very best for the future and welcome our new CEO Sandy Gillies and Jess Silver to their new positions.

Once again working with the Clinical Council has been a pleasure and we look forward to the upcoming year, always working towards better outcomes for Western Queensland communities.”

COVID-19 AND OUR REGION

COMMUNITY SAFETY

COVID-19 remained a threat to our communities throughout the year, with WQPHN continuing to play a key role in providing strategic support and resources for health providers throughout Western Queensland.

WQPHN employed a **COVID-19 Response Manager** and Project Coordinator to ensure the region was prepared for virus outbreaks and to support vaccination efforts.

General Practice Networks continued to be pivotal in providing primary care response to the evolving threat of the virus with the provision of Respiratory Clinics for COVID-19 testing and clinics for vaccination.

COVID-19 VACCINATION CAMPAIGN

WQPHN initiated a **COVID-19 Vaccination Working Group** to ensure information about vaccine clinic locations was shared across providers including the Royal Flying Doctor Service, the Western Queensland Hospital and Health Services, and Residential Aged Care Facilities.

General Practices and our Aboriginal and Torres Strait Islander Community Controlled Health Service providers were supported through regular updates on vaccine information and assisted in maintaining their “business as usual” approach to patients while integrating vaccination programs into their daily routine.

Eleven General Practices in Western Queensland submitted an Expression of Interest (EOI) and were approved to administer COVID-19 vaccines:

- **North West region:** Ramsay Street General Practice, Mount Isa Medical, Mount Isa Super Clinic, Gidgee Healing, Julia Creek General Practice and RFDS Mount Isa Base.
- **South West region:** Roma Clinic, Maranoa Medical Centre, CACH/ Cunnamulla Primary Health Care, St George Medical Centre and RFDS Charleville Base.

MEETINGS AND COLLABORATION

WQPHN has been at the coal face to ensure close collaboration and information sharing between all key parties was maintained. These included:

- meetings with both State and Federal Health Departments to ensure a coordinated approach was planned and managed, fortnightly working group meetings with all vaccine partners, CWHHS, NWHHS, SWHHS, RFDS and RACFs
- Community of Practice meetings with Aged Care Facilities to facilitate transfer of knowledge and provide Infection Control education related to Aged Care.



RESIDENTIAL AGED CARE FACILITIES

Western Queensland was the first rural and remote region in Australia to commence vaccinating its Residential Aged Care Facilities and WQPHN was proud to support the visiting Vaccination Administration Services (VAS) into our region.

Working to a tight schedule, the **WQPHN COVID-19 Response Team** assisted the National Taskforce to coordinate travel routes for the in-reach teams, who worked long days, travelled vast distances and navigated flooded roads. **100% of consenting residents in all Multipurpose Health Centres and Residential Aged Care Facilities in Western Queensland had received both doses of Pfizer vaccine by end of June 2021.**



A stand-out RACF was the Laura Johnson Home in Mount Isa, reaching 100% of vaccination targets for residents and staff well ahead of schedule.

Betty Kiernan, CEO Laura Johnson Home

PHARMACIES JOIN VACCINATION CAMPAIGN

In June 2021, five pharmacies joined the rollout, setting up mechanisms to ensure they could safely provide vaccines. Demand for accessing vaccines through pharmacies increased especially with the boosted flow of tourists through our region as COVID-19 restrictions on travel forced many to holiday in their home state.

HEALTHPATHWAYS

The Western Queensland HealthPathways platform continued as a timely resource of national, state and local COVID-19 information, and showed significant use with over 10% of the site's annual page views being COVID-19 pages. Three COVID-19 vaccination pages were released in March 2021.



WQPHN COMMUNICATIONS

Well established communications channels played a vital role this year as many traditional methods of interaction suffered major upheaval due to the continued influence of COVID-19.

With repeated cancellations of face-to-face events, the WQPHN Communications Team relied heavily on the traction and engagement it had already built among its Western Queensland audiences pre-pandemic, to operate effectively in the new post-COVID world.

In 2021 WQPHN launched a more targeted campaign addressing the high rates of vaccine hesitancy among our First Nations communities through the “Jibber Jabber” campaign, with the tagline: **“Don’t listen to the Jibber, go see a Jabber!”**

Vaccine hesitancy was fuelled in large part by misinformation (Jibber) The thrust of the campaign was to encourage people to seek reliable information from a trusted source, in essence a local clinician (Jabber).

The key social media metrics have shown that the campaign was popular and raised awareness about the importance of getting the vaccine.

SOCIAL MEDIA

The WQPHN has continued to raise the profile of its activities, projects, events, achievements and people through its primary social media platform Facebook, which continues to perform well compared to much larger organisations.

The Communications Team continued to focus on producing content that featured stories about real people across Western Queensland and using video content as a key driver.

We created narratives around local heroes who told their own stories about their struggles with mental health or other health challenges, providing motivation for viewers to complete surveys and provide crucial data for the WQPHN.



FACEBOOK “LIKES”
people who follow us

↑ **37%**



FACEBOOK “REACH”
people who see our posts

↑ **17%**



FACEBOOK “ENGAGEMENT”
people who engage with our posts

↑ **7%**



WEBSITE

The WQPHN website continued to play a role as a trusted source of information for our stakeholders, in particular by providing communication and resources to support rapid responses to COVID outbreaks and awareness about protocols and strategies.



22,155

TOTAL WEBSITE SESSIONS
when a user is being active on
the site for a period of time

↑ 28%



ELECTRONIC DIRECT MAIL

The WQPHN quarterly **“WQPHN Bush Telegraph”** publication is sent to more than 1,060 subscribers on our database and has performed well with an average open rate of 21%.

In 2021, we introduced a new video version of our fortnightly **“Message Stick”** publication, where CEO Sandy Gillies takes us through the events and key highlights of the past fortnight and looks forward to what is occurring in the ensuing two weeks.

This has been produced as a mix of Zoom recorded interviews with Sandy and other staff members, as a way of promoting the importance of our team being **“on the ground”** in Western Queensland.

PLACE-BASED COMMISSIONING

The seven place-based geographic Commissioning Localities (CL) are important in considering the primary care flows, service configurations, referral and support networks, demography, cultural context and supported data and health intelligence. Within the network of CLs are 20 unique Local Government Areas (LGAs) where just over 60,000 Western Queenslanders live.

Western Queensland communities face multiple challenges that are complex and often relate to living conditions, social influences, limited access to services, geographical isolation, and 'siloed' funding models. To address these issues, WQPHN has responded by driving key initiatives that recognise the important role communities play in shaping services and embedding consumer, carer and lived experience engagement into planning.

This highlights the importance of addressing the barriers to integrated care and the importance of collaboration on system-wide priorities.

The following programs provide examples of strategic priorities in action that are driving the reform and change needed to address health inequalities:

- The WQ Health Care Home (WQ HCH)
- WQ HealthPathways
- A five-year plan (2021-2026) to improve mental health, suicide prevention and alcohol and other drug treatment services in Western Queensland (MHSPAOD) – launched in 2020-21.

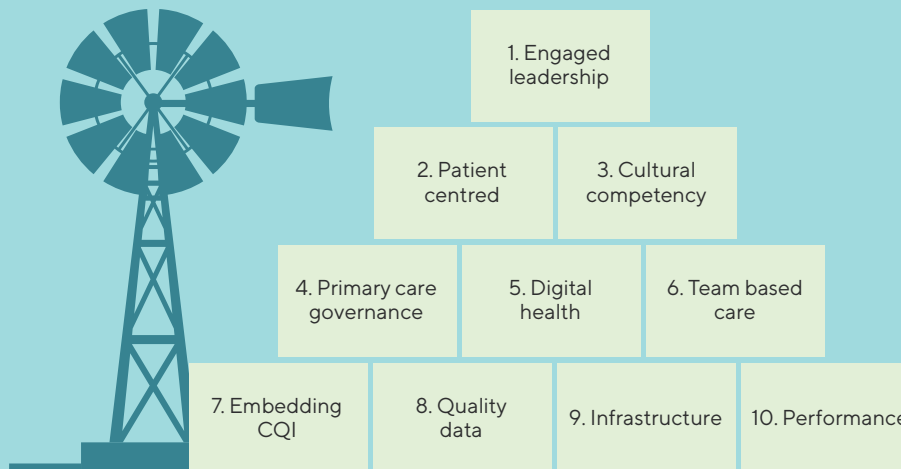
We promote strengths-based approaches that connect people to the right care and support team-based approaches to ensure families and communities are at the heart of commissioning. By harnessing the leadership, resources and opportunities of people and places, WQPHN is making a difference through place-based design where all partners are collaborating to improve health and wellbeing.



Commissioning for Better Health: a Bushman's guide to commissioning in Western Queensland

The refreshed **Commissioning for Better Health Guide** incorporates the WQ HCH Model of Care which provides the vehicle for place-based, person-centred care that is delivering outcomes that are important to individuals. This change reflects the widespread adoption of the WQ HCH model by General Practice Networks, the broader neighbourhood of providers and the wider health system.

WQ HCH FOUNDATIONS





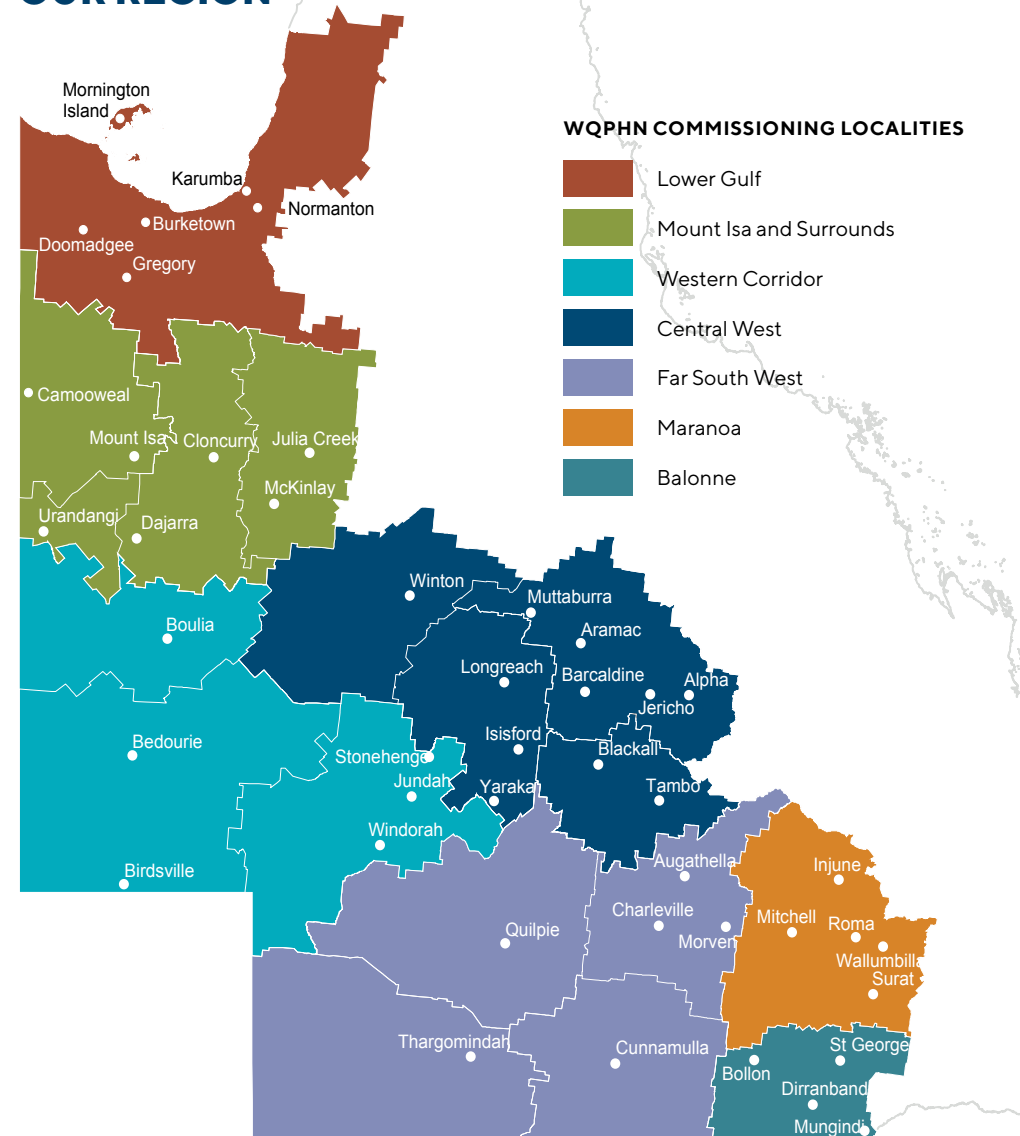
The ten WQ HCH foundations (*illustrated page 16*) provide the key pillars that guide transformation at the General Practice, neighbourhood and specialist level, particularly for people with more complex and unstable conditions. Grounded in international literature from the Patient Centred Medical Home model these foundations are the fundamental enablers that assist transformation and quality improvement.

By shaping the health system within the WQ HCH construct, the consumer journey can be linked with a clear road map; where consumers, carers and health care providers can collaborate effectively to optimise the health and wellbeing of Western Queenslanders.

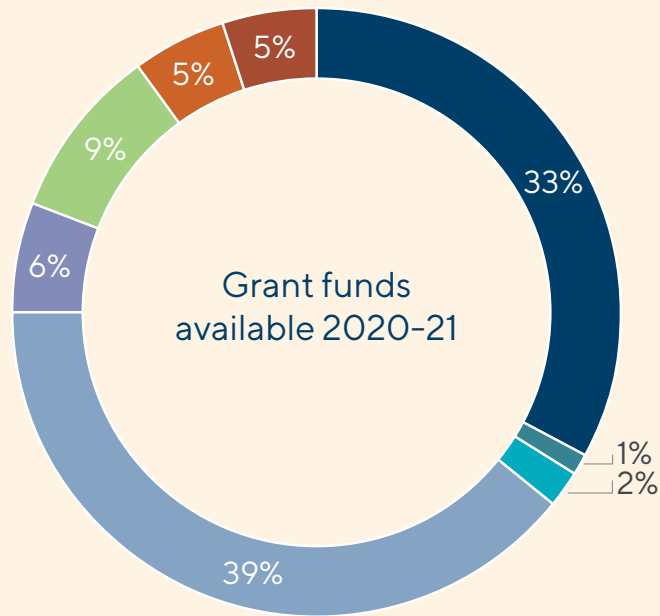
The shared health intelligence is a crucial enabler in creating a greater emphasis on patient needs and behaviours across WQPHN. This includes utilising health intelligence to better understand patterns of health inequality through gathering place-based data profiles that provide insights such as chronic disease prevalence, lifestyle related risk factors and hot spots for potentially preventable hospitalisations. These insights play a role in informing need and priority places and through tackling the root cause of health inequalities it enables more responsive and tailored solutions across WQPHN.

COMMISSIONING LOCALITIES

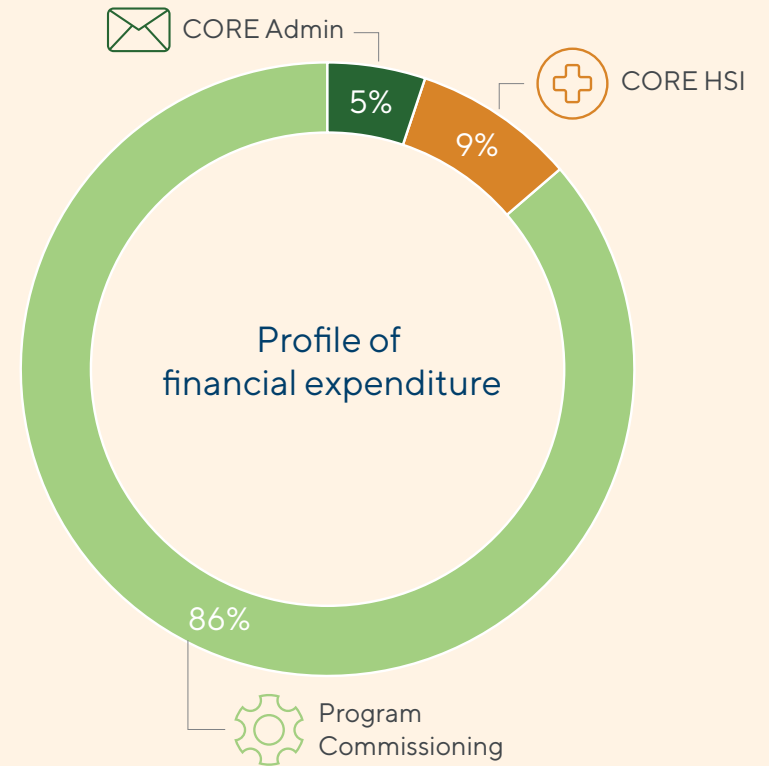
OUR REGION



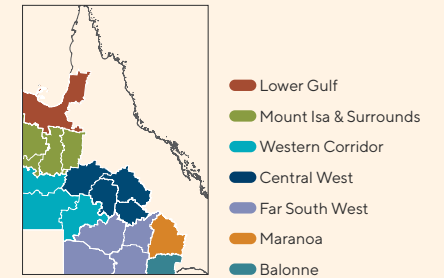
PROFILE OF FINANCIAL EXPENDITURE



- National Psychosocial Support Measure
- Integrated Team Care
- Drug and Alcohol Treatment Services
- After Hours Primary Health Care
- Primary Mental Health Care
- COVID-19 Primary Care Support
- GP-led Respiratory Clinics
- CORE Flexible



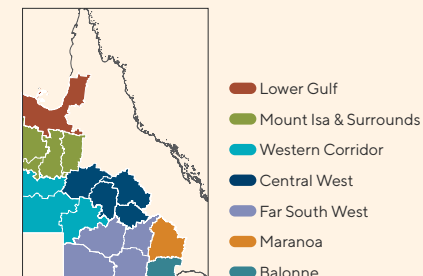
FUNDING PROGRAMS – COMMISSIONED SERVICES



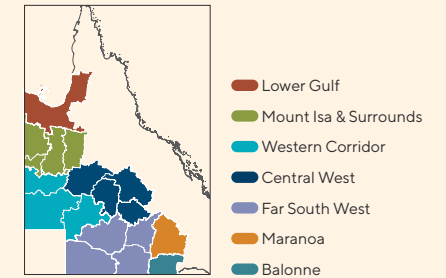
FUND: CORE/FLEX FUNDING

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|---|---|---|
| Blackall Tambo Regional Council | Central West | 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 | Far South West | |
| Quilpie Shire Council | Far South West | |
| South West Hospital and Health Service | Far South West | |
| CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health | Far South West | CWAATSICH plan, deliver and coordinate a Dietetic Support Program and activities in both Charleville and via Outreach. |
| Central West Hospital and Health Service | Central West | 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. |
| Central West Hospital and Health Service | 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. |
| Goondir Aboriginal and Torres Strait Islander Corporation for Health Services | Western Corridor | Goondir plan, deliver and coordinate a Big Buddy Indigenous Youth Support Program and activities to empower Indigenous Youth to achieve their full potential and thrive through life skills, mentorship, education and social interactions. |
| Matthew Edwards Podiatry | Far South West, 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. |
| Mount Isa Physiotherapy Services | Mount Isa & Surrounds | Clinical and health promotion physiotherapy service delivered in Mount Isa community. This service supports GP referred multi-disciplinary team-based care. |
| North Qld Sports Foundation | Mount Isa & Surrounds | Commissioned clinical, preventative and health promotion activities - Health Promotion |
| North and West Remote Health | Central West, Mount Isa & Surrounds, Western Corridor | 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. |
| Outback Physical Bodyworx* | Far South West | An Exercise Physiotherapy and health promotion service in Cunnamulla. This service supports GP referred multi-disciplinary team-based care. <i>*Provider only provided six-months service and left region.</i> |
| South West Hospital & Health Service | 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. |

FUND: CORE/FLEX FUNDING (CONTINUED)



| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|--|--------|--|
| St George Medical Centre (QLD) Pty Ltd | | 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. |
| Total Physio Isa | | Clinical and health promotion physiotherapy services in Mount Isa. This service supports GP referred multi-disciplinary team-based care. |
| CACH - Cunnamulla Aboriginal Corporation for Health | | <p>GP practices and Aboriginal and Islander Community Controlled Health Services participating in the WQ HCH program. This provides a proactive patient-centered, coordinated approach to care, with a team of professionals working together to ensure patients receive the right care, based on their needs.</p> |
| Central West Hospital & Health Service - Black Stump Medical | | |
| CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health | | |
| Leichhardt Medical Centre | | |
| Mount Isa Medical Centre | | |
| Outback Medical Services - Longreach Family Medical | | |
| Outback Medical Services - Barcaldine Medical | | |
| St George Medical Centre (QLD) Pty Ltd | | |
| Maranoa Medical Centre Unit Trust | | |
| Longreach Family Medical Practice | | |
| Ramsay Street General Practice | | |
| Rural Health Management Services - Julia Creek | | |
| South West Hospital & Health Service | | |
| St George Medical Centre (QLD) Pty Ltd | | St George Medical participated in the WQ HCH program and conducted outreach via Thallon. This provides a proactive patient-centered, coordinated approach to care, with a team of professionals working together to ensure patients receive the right care, based on their needs. |

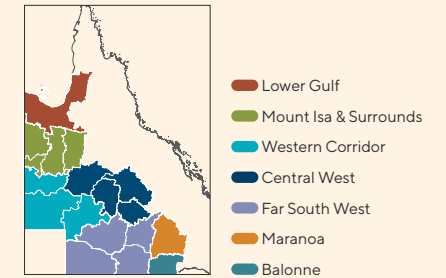


FUND: CORE/FLEX FUNDING (CONTINUED)

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|---|-----------------|---|
| Diabetes Queensland | | Provision of credentialed diabetic educational services across Western Queensland regions. This service supports GP referred multi-disciplinary team-based care. |
| North and West Remote Health | | |
| Vital Health Qld | | 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, Augathella, Quilpie, Wyandra/ Eulo. This service supports GP referred multi-disciplinary team-based care. |
| Maranoa Medical | | Selected WQ HCH General Practices participated in capacity support program, a collaboration alongside Health Workforce Queensland to enable additional GPs in rural and remote areas. This provides additional support to practices and locums to attend rural and remote practices regularly throughout the year. |
| St George Medical Centre (QLD) Pty Ltd | | |
| 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 coordinate 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. |
| Vogelpoel Medical Pty Ltd | All WQPHN areas | HealthPathways Clinical Editor. |

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 | | |

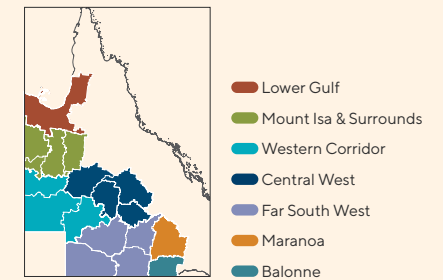


FUND: INTEGRATED TEAM CARE

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|--|------------------------------|---|
| CACH - Cunnamulla Aboriginal Corporation for Health | Far South West | 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 | Far South West, Central West | |
| Gidgee Healing | Mount Isa & Surrounds | |
| Goondir Aboriginal & Torres Strait Islander Corporation for Health Services | Central West | |
| CWAATSICH - Charleville and Western Area Aboriginal and Torres Strait Islander Community Health | Far South West | Brokerage and administration support for the Nukal Murra Health Support Services. |

FUND: PRIMARY MENTAL HEALTH CARE

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|--|---|--|
| Gidgee Healing | Mount Isa & Surrounds | Provision of primary mental health services targeted at young people within headspace Mount Isa. |
| RHealth Ltd | Maranoa | Provision of primary mental health services targeted at young people within headspace Roma. |
| RHealth Ltd | All WQPHN areas | Prime contractor for Primary Mental Health Care Services (low intensity and general psychological services). |
| RHealth Ltd | All WQPHN areas | Delivery of PMHC services including services for people with mental illness in residential aged care facilities (RACF) and wellbeing in schools. |
| CACH - Cunnamulla Aboriginal Corporation for Health | Far South West | Provide coordinated clinical care services for people with severe and complex mental illness in Paroo region. |
| Lifeline Darling Downs & South West | Maranoa | Co-design and support place-based Suicide Prevention activities through a community engagement model within the Maranoa Region. |
| Outback Futures | Central West, Mount Isa & Surrounds | Provision of primary mental health services based at suicide prevention activities. |
| Outback Futures | Central West, Lower Gulf, Mount Isa & Surrounds, Western Corridor | Delivery of PMHC Low Intensity mental health services to the North and Central West regions. |

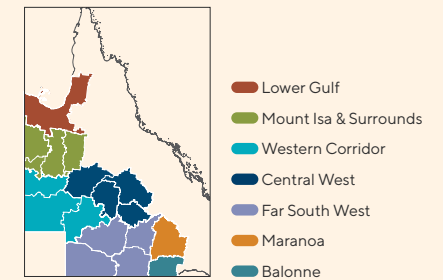


FUND: PRIMARY MENTAL HEALTH CARE (CONTINUED)

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|---|-----------------------|--|
| Gidgee Healing | Mount Isa & Surrounds | Provide coordinated clinical care services for people with severe and complex mental illness in various Commissioning Localities across the WQ region. |
| Maranoa Medical Centre Unit Trust | Maranoa | |
| Roma Clinic | Maranoa | |
| St George Medical Centre (QLD) Pty Ltd | Western Corridor | |
| Outback Medical Services – Longreach Family Practice | Central West | |
| Ramsay Street General Practice | Mount Isa & Surrounds | |
| selectability | Mount Isa & Surrounds | Provision of primary mental health services targeted at providing the Beyond Blue program, The Way Back Support Service – supporting people post suicide attempt in conjunction with NWHHS |
| North West Hospital & Health Service | Mount Isa & Surrounds | |
| CACH - Cunnamulla Aboriginal Corporation for Health | Far South West | 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 | Far South West | |
| Gidgee Healing | Mount Isa & Surrounds | |
| Goondir Aboriginal & Torres Strait Islander Corporation for Health Service | Western Corridor | |

FUND: AFTER HOURS PRIMARY HEALTH CARE

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|--|-----------------------|---|
| St George Medical Centre (QLD) Pty Ltd | Western Corridor | RACF and Palliative Care After Hours Strategy provides increased access to GPs and Nurse Practitioner services in after hours utilising eHealth technology. |
| Laura Johnson Home for the Aged | Mount Isa & Surrounds | |
| UQ/Mater Misericordiae | Mount Isa & Surrounds | eConsultant strategy: Innovative decision support for rural and remote General Practice. |



FUND: AFTER HOURS PRIMARY HEALTH CARE (CONTINUED)

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|--|-----------------------|---|
| Royal Flying Doctor Service (Queensland) | | RFDS participated in the WQ HCH program in very remote areas of WQPHN. 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. |
| Gidgee Healing | Mount Isa & Surrounds | Mount Isa ED avoidance quality improvement program in General Practice. |
| Leichhardt Medical Centre Mount Isa Medical Centre | Mount Isa & Surrounds | |
| Mount Isa Medical Centre | Mount Isa & Surrounds | |
| Ramsay Street General Practice | Mount Isa & Surrounds | |
| North West Hospital & Health Service | Lower Gulf | NWHHS provided commissioned Clinical Services for rural and remote areas supporting strategies to assist repatriation of patients presenting as Category 4 and 5 patients to the Emergency department in Mount Isa to be enrolled into planned and structured care in a General Practice setting. |

FUND: DRUG AND ALCOHOL TREATMENT SERVICES

| SERVICE PROVIDER | REGION | DESCRIPTION OF SERVICES |
|---|-----------------------|---|
| North and West Remote Health | Lower Gulf | Provision of Drug & Alcohol services for Aboriginal and Torres Strait Islander population in NW region. |
| Gidgee Healing | Lower Gulf | |
| Drug ARM Australasia | Maranoa | Provision of drug and alcohol treatment services to reduce the impact of substance misuse on individuals, families, carers and communities in South West. |
| Lives Lived Well | Western Corridor | |
| Salvation Army | Mount Isa & Surrounds | |
| CACH - Cunnamulla Aboriginal Corporation for Health | Far South West | 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 | Far South West | |
| Gidgee Healing | Mount Isa & Surrounds | |
| Goondir Aboriginal & Torres Strait Islander Corporation for Health Service | Western Corridor | |



STRATEGY 1: INTEGRATING CARE

Working together with our partner organisations has never been more important with the impacts of the COVID-19 pandemic continuing to dominate our priorities. Strong, established partnerships have enabled an integrated, informed and coordinated approach to keep the people of Western Queensland as safe and prepared as possible.

MEMORANDUMS OF UNDERSTANDING

Partnerships with our MoU partners continued to strengthen in 2020–21. Working together on joint projects to improve integration of services, manage a coordinated response to COVID-19 activities and build workforce capabilities. Our partners reflected on the past 12 months and the value of our partnerships.



“Over the past year, the WQPHN and CheckUP teams continued to work closely together to really understand the health needs of the region, committed to providing access to clinically and culturally safe, timely and affordable health care, as close to the patient as possible.”

– Ann Maree Liddy, CheckUP, CEO



“Our collaboration ensures that we focus on the health workforce needs of remote and rural communities in Western Queensland. We continue to work together to improve access to health workforce and service delivery in a collaborative approach.”

– Chris Mitchell, Health Workforce Queensland, CEO



“Our partnership with WQPHN continues to strengthen through our shared commitment to enhancing the health outcomes of communities in Western Queensland. Together, we have navigated the impact of the pandemic and rolled out thousands of COVID-19 vaccinations to some of the most remote communities in Queensland.”

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



“Having worked in partnership with WQPHN for several years, we greatly appreciate their innovation and leadership in developing primary health care across such a vast rural and remote area. WQPHN understands the value of maximising the opportunities presented through funded initiatives and RHealth is grateful for the ongoing opportunity to work together.” – **Simone Xouris, RHealth Limited, CEO**



Nukal Murra Alliance meeting



Memorandums of Understanding (MoU) partners meeting



Western Queensland Health Services Integration Committee met via Zoom through 2020-21

NUKAL MURRA ALLIANCE

The Nukal Murra Alliance continues to work with WQPHN and the Aboriginal and Islander Community Controlled Health Services (AICCHS) in a regionally focused, culturally informed partnership to improve the health, social and emotional wellbeing of our communities across the Western Queensland region.

Recent highlights of this collaboration include the review and finalisation of partnerships, including the:

1. Nukal Murra Alliance Strategic Plan
2. Nukal Murra Health Support Services (ITC Program) and;
3. Development of a Western Queensland First Nations Health Workforce Development Strategy.

The alliance partners continue to meet on a regular basis to monitor the progress of the Alliance structure, review new and emerging health policies and funding models to identify opportunities for improvement at a strategic level.

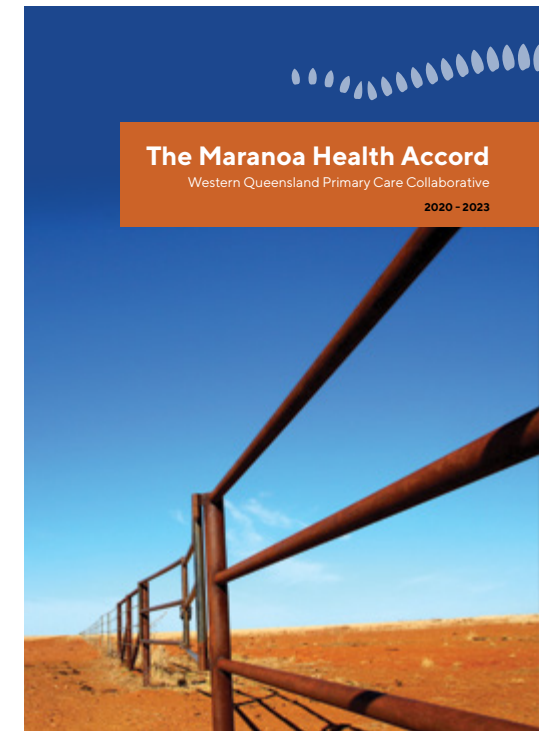
THE MARANOA ACCORD

Partners in the Maranoa Accord: WQPHN, NWHHS, CWHHS, SWHHS, CACH, CWAATSICH, Goondir Health Services and Gidgee Healing continue to work together and lead whole of population improvements in Western Queensland.

In 2020-21, through the **Western Queensland Health Services Integration Committee** (WQHSIC), the partner organisations

- monitored the collective efforts in relation to the COVID-19 vaccination rollout
- supported the revised MHSPAOD
- reviewed a number of State and National health strategies that will inform and influence our local health system.

The CEOs of The Maranoa Health Accord plan to work further on the shared key priorities from the health strategy plans to inform a local Primary Health Care Strategy for Western Queensland.



Statement of Commitment



L-R: Chris Mitchell, Professor Claire Jackson, Sandy Gillies, Stuart Gordon, Professor Ruth Stewart, Dallas Leon

NW TRIPARTITE AGREEMENT

For the North West Tripartite Agreement partners; Gidgee Healing, North West Hospital and Health Service and WQPHN, 2020-21 was a year to reflect on the shared partnership and vision to “adopt a dynamic framework that will achieve more culturally competent and responsive services in North West Queensland”. The University of Queensland Centre for Health Services Research was commissioned to review how the Agreement had been progressing and to highlight opportunities for improvement. Some key strengths included:

- Strong leadership and commitment to the shared vision
- Increased capacity and capability of community-controlled health services
- Improved integration of services and subsequent service efficiencies.

A Recalibration workshop between the partners is planned for early 2021-22 to further develop the partnership with a key focus on operationalising more of the Agreements key priorities.

THE INAUGURAL SOUTH WEST HEALTH FORUM, ROMA

The South West Health Forum in Roma, held in March 2021, was the largest gathering of its kind in the region’s history.

More than 100 delegates attended the Forum, agreeing that better planning and greater collaboration through shared resources will improve patient care and help fill the gaps in rural and remote primary health care.

The Forum was designed to encourage participants to think outside the box on how to make primary care more sustainable, accessible and consistent in the South West and beyond.



Watching over proceedings and presenting her own insights into outback health was **National Rural Health Commissioner Adjunct Professor Ruth Stewart**, (pictured) who spoke on attracting and retaining health professionals in the bush by targeting universities.

“If you attract kids from rural and remote areas into universities to the undergraduate courses, we know that they are much more likely than their urban peers to end up working in the bush.”

“So the challenge is to ensure undergraduates see examples of excellence in rural and remote settings, so they know what that work looks like, and in turn they’ll be more inclined to train for that type of work.”

National Rural Health Commissioner Adjunct Professor Ruth Stewart

Feedback from participants was positive, with future health forums planned for 2021-22 across Western Queensland.



Attendees and panelists at the 2021 Recovery and Resilience Summit, Julia Creek



Mark Goddard, Psychs on Bikes

EMPOWERING OUR COMMUNITIES

The Australian Government's **Empowering our Communities** funding ceased in 2021, however the **Western Alliance for Mental Health** will continue working with communities and stakeholders to promote long term positive wellbeing and resilience, so that when the next natural disaster happens communities will be better prepared for these events.

Events funded included the Recovery and Resilience Summit, rodeo clinics, women's wellbeing workshops, and **Psychs on Bikes** station visits, providing support and promoting positive wellbeing through connectedness and reflection.

STRATEGY 2: WESTERN QUEENSLAND HEALTH CARE HOME

During 2020-21, the WQ HCH program has continued to build on the progress of previous years with 20 practices now participating as WQ HCHs.

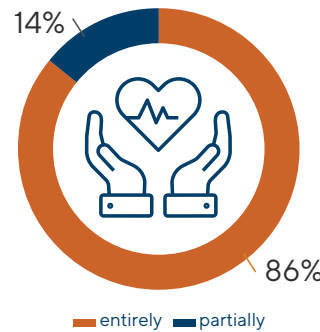
The South-West region now has 13 WQ HCHs, the North-West region has four practices involved in the Program and the Central-West has three practices continuing as WQ HCHs.



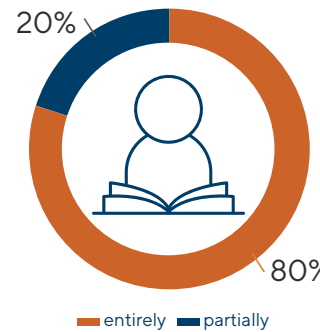
WQ HCHs participated in 10 workshops across the region in 2020-21. Below is a summary of the feedback received from the 78 participants:



32% INCREASE IN THE NUMBER OF ATTENDEES WITH GOOD OR EXCELLENT KNOWLEDGE OF WQ HCH FOLLOWING WORKSHOP PARTICIPATION



WORKSHOP WAS RELEVANT TO ATTENDEES' PRACTICE OR PROFESSION



WORKSHOP MET ATTENDEES' LEARNING NEEDS



QUALITY OF WORKSHOP PRESENTERS

WQ HCHs continue to track their progress of improvement through Progress Tools including Patient Satisfaction and Team Health Check surveys. The Maturity Measurement tool tracks WQ HCH maturity in four levels (Preparation, Entry, Advance or Aspirational)

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, information of available services and referral pathways are now digitally available to all WQPHN practices. The COVID-19 pandemic provided an accelerator for the new WQ HealthPathways platform and has propelled awareness of pathways across a wide reach of primary care providers.

Many WQ HCHs are now providing **COVID-19 Vaccination Clinics** as well as attending to "business as usual". This, as well as adapting to telehealth modes of engaging patients and new processes has created added pressures for General Practitioners, Practice Nurses/Aboriginal Health Workers, Managers and Receptionists.

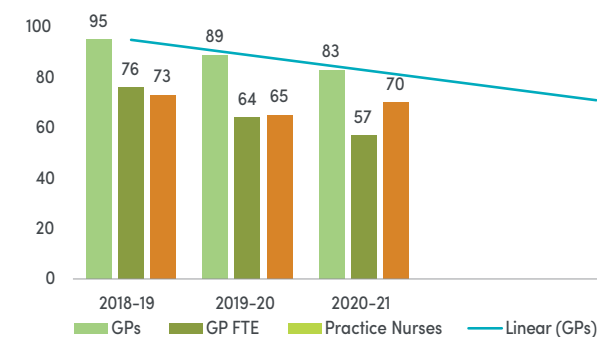


Figure 1. Total GP and Nurse professionals in General Practice Networks trending Year on Year

A key challenge for practices across Western Queensland continues to be the decline in GP and Nursing hours available to support the work required to ensure patients have access to proactive, planned and structured care. A new model to attempt to address this challenge is being developed with WQPHN partners. The Centre for Health System Reform and Integration, Health Workforce Qld and three WQ HCHs will trial a **GP Virtual Integration Program (VIP)** with GPs from urban practices being contracted by remote WQ HCHs to provide a video-conferenced GP service to remote patients.

The evaluation of the WQ HCH program being conducted by the Centre of Rural and Remote Health, Mount Isa is continuing with the post evaluation of Patient Reported Experience and Outcomes Measures (PREMs/PROMs), interviews and focus groups being finalised. A final report will be available in December 2021.



STRATEGY 3: CLOSING THE GAP

According to WQHN Practice data, 30% of Aboriginal and Torres Strait Islander peoples have one or more chronic conditions which highlights the priority focus on targeting preventable and modifiable risk factors, service provision and access.

WQPHN and **Nukal Murra Alliance** (NMA) members are working towards lifting the capacity of the primary health care system to increase access to First Nations Health Assessments across the Western Queensland region.

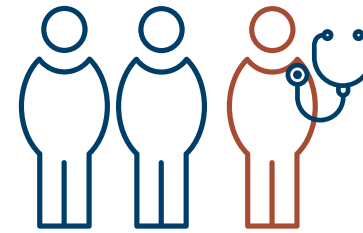
NUKAL MURRA ALLIANCE

The past 12 months have been challenging with all Aboriginal and Islander Community Controlled Health Services (AICCHS) rapidly implementing COVID-19 Pandemic Plans and strategies to ensure all communities were kept safe, and service delivery continued.

WQPHN and the NMA worked closely together in sharing information about the pandemic in a targeted and culturally appropriate way, acting as a collegial force to provide support and confidence within our Aboriginal and Islander communities.

The Alliance also continues to provide a voice for Western Queensland in shaping the reform agenda and its effectiveness in terms of improving health outcomes for Aboriginal and Torres Strait Islander peoples.

In recognition of the strength of the Alliance, Queensland Health has invited a nominee from the NMA membership to join the **Health Equity Regulation sub-committee** to progress the health equity reform agenda in the Hospital and Health Boards Act 2011. This “seat at the table” represents a unique opportunity to be involved in guiding and developing Health Equity strategies that will shape the future of service design and delivery in Western Queensland.



30%

(one in three) Aboriginal and Torres Strait Islander peoples have one or more chronic conditions.

SOCIAL AND EMOTIONAL WELLBEING

Work continued in 2021 on the **Nukal Murra Social and Emotional Wellbeing (SEWB) Framework** and in particular the need to review the document and work on a plan to ensure that the framework is embedded in the region.

The NMA partners agreed in early 2021 to fund a Regional **Stay Strong Integration Officer** who would drive this process and support staff from each partner agency to;

- train and develop confidence, knowledge and the skills needed to use the *Stay Strong* app, and;
- support implementation and integration of *Stay Strong* within client record management systems.

In 2021-22 the WQPHN will recruit and manage the position, inclusive of a region-wide training and implementation plan, focused on supporting the system integration of *Stay Strong* within each of the four NMA partners.



Photo courtesy of Gidgee Healing

Top: L-R Paul Woodhouse (NWHHS), Shaun Solomon (Gidgee Healing), Dallas Leon (WQPHN) sign the North West Queensland Tripartite Agreement
 Middle: Members of the Aboriginal and Torres Straight Islander health professionals together at the South West Health Forum

NW TRIPARTITE AGREEMENT

The NW Tripartite agreement was again renewed in Mount Isa in 2020, with a meeting of the CEOs and Board Chairs of WQPHN, Gidgee and the North West HHS, to review the Tripartite agreement and sign the **Statement of Commitment**, which details how the partnership will work together to achieve more culturally competent and responsive health services in North West Queensland.

INDIGENOUS WORKFORCE FOCUS

The value, strength and power of developing career pathways for First Nations People working in their own communities was clearly demonstrated at the South West Health Forum in 2021. During the Forum, discussion turned to the pivotal role that Aboriginal and Torres Strait Islander health professionals play in the delivery of services in the South West, which prompted WQPHN CEO Sandy Gillies to call on all the Indigenous workers in the room to take the stage.

“The nine of us who stood there on stage represent a much larger group of Indigenous health professionals who’ve made a career out of healthcare, and I wanted to show the audience what workforce options there are for Aboriginal and Torres Strait Islander people in our patch, and how inspiring that can be for others.”

Sandy Gillies, WQPHN CEO

MORNINGTON ISLAND HEALTH PARTNERSHIP

WQPHN is a proud partner in the Mornington Island Health Partnership, an initiative of the Mornington Island Health Council.

One of the key initiatives of the partnership is **Thuaaka Mornington Island Child and Family Health Framework** which is funded by the WQPHN. Thuaaka demonstrates an holistic framework for children and families from pre-conception, maternal health and for children from 0-17 years. The foundations of the framework include improved accessibility and engagement, case management for vulnerable families, continuity of care, support for strong families, building health literacy and ensuring cultural safety.

Work commenced in 2021 to develop a **WQ First Nations Health Workforce Strategy**, which is being led by NMA and supported by WQPHN, CheckUP, RFDS, and Health Workforce Queensland. The Strategy will align with the National Alliance and be supported with an implementation plan, with all partners committed to this plan of action over 2020-21 and beyond.

STRATEGY 4: CHRONIC AND COMPLEX CARE

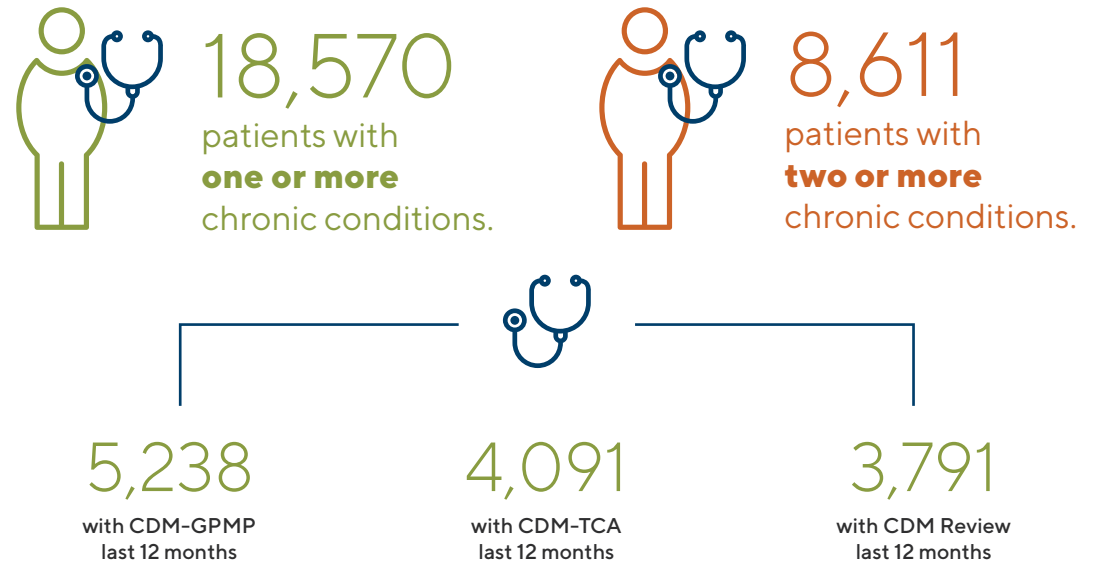
The prevention and management of chronic and complex conditions is an ongoing challenge for health providers in the WQPHN region.

There are currently almost 19,000 Western Queenslanders with one or more chronic conditions, with over 8,000 having two or more. Ensuring that Western Queenslanders can access planned and structured care remains a key priority and has been a core focus of the WQ HCH Model of Care over 2020-21. The impact of the COVID-19 pandemic and requirements for the COVID-19 vaccination rollout has placed extra pressure on health services.

Decline in the number of General Practitioners and Practice Nurses year on year and the impact of interstate fly-in fly-out workforce from other states during COVID-19 restrictions is also putting pressure on the ability of practices to perform planned and structured care for patients living with Chronic Conditions in Western Queensland. However, the delivery of significant numbers of referrals to allied health and other support services has continued during these challenging times.

The potential impact of the pandemic on vulnerable people was recognised and the **General Practice Integrated Care Collaborative (GPICC) Extended Care Program** was instigated to assist the needs of this population in the Mount Isa and Cloncurry communities. Wellbeing checks were developed to assist General Practices to prepare and conduct screening of the vulnerable practice population either by face-to-face, home visits or with patients who have had a CAT 4 and CAT 5 presentation to the Mount Isa Hospital Emergency Department. Over 150 wellbeing checks were completed by three practices.

Assisting residents of aged care facilities has also been a focus this year with a program to assist partnerships, communication and collaboration between the region's Residential Aged Care Facilities (RACFs) and General Practices.



CDM-GPMP: Chronic Disease Management—GP Management Plan, CDM-TCA: Chronic Disease Management—Team Care Arrangement

Figure 2. Active patients within General Practices with chronic conditions and access to planned and structured care.



CRRH Forum, Mount Isa

WQ HEALTHPATHWAYS

Western Queensland (WQ) HealthPathways offers support to health providers across the region by publishing local clinical and referral information to assist in the provision of evidence-based practice. The program is a collaboration of WQPHN, NWHHS, CWHHS, SWHHS and local General Practitioners and is supported by Clinical Excellence, Queensland Health and Streamliners.

The localisation of pathways for chronic care in **WQ HealthPathways** saw significant utilisation in 2020-21. A focus for the WQ HealthPathways program going forward will be the publication of local information on allied health services to further support chronic disease management.

Through broad consultation with both primary care and hospital clinicians, pathways have been released in the cardiology, child health, sexual health, and immunisation specialities. Additionally, clinical, referral or resource information has been published to support the implementation of health system reform and new local or statewide services (e.g. electronic prescriptions, palliative care). Respiratory, diabetes and mental health pathways are now being localised for future release during 2021-22.



102

New localised pages published



551

Users



1,895

Sessions of use



7,913

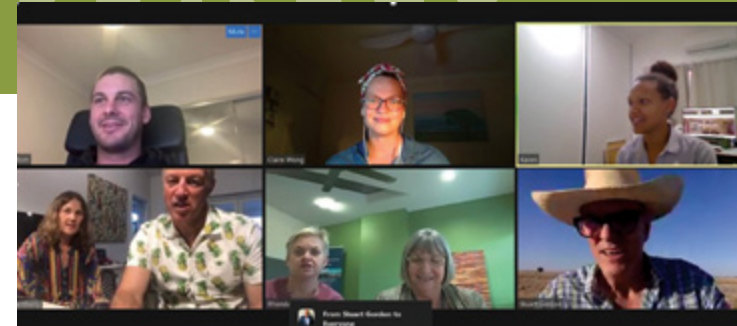
Page views

DIABETES CARE

WQPHN's strong collaboration with **Diabetes Queensland (DQ)** continues, enabling consistent access to specialist care for people living with diabetes through the **WQ Visiting Credentialed Diabetes Educator Program (VCDEP)**. Upskilling and education has been a key focus for DQ over the last twelve months, with diabetes healthcare professional education being delivered to **86% of practices** involved in the VCDEP program in 2020-21. The VCDEP has improved capacity of the rural health workforce to support people living with diabetes and facilitated person-centred care through the delivery of 1,169 individual occasions of service during the 2020-21 financial year.

In response to community need, the WQ VCDEP has expanded into more areas within the central and north west regions, resulting in **CDE services being provided in 16 locations** across 11 LGAs, in 23 distinct primary care practices. In practices involved in the VCDEP, consolidated data indicates increases in reporting of several diabetes-related measures including HbA1c, eGFR, total cholesterol, blood pressure and foot assessments.

Preventive interventions are an important component of addressing the development of chronic conditions and will remain a key priority going forward into 2021-22.



WQ HealthPathways celebrates 50th pathway via video conference



Diabetes Educator visits Jericho Health Centre



Thallon Aged Care Forum



MOVE IT NQ

Move It NQ (delivered by the North Queensland Sports Foundation), is commissioned by WQPHN to connect with local government authorities to offer free sporting or fitness activities for their communities.

Activities are selected that suit a targeted demographic, such as young people, women, or the elderly – any group that a council would like to assist and encourage. It is all about providing the support to keep our communities active and healthy. Move it NQ aims to support healthier and active lifestyles through the delivery of **place-based community physical activity programs**.

The program is being extended for hard-to-reach groups to join in virtually through an increased funding grant to NQSF during the 2021-22 financial year and is now operating or being introduced in eight local government authorities across our Western Queensland region.

.....
“Attending these classes has motivated me to pay for extra classes and involve myself in more activities. The Move It classes are so much fun. The exercise has prompted me to make some dietary changes too.”
.....

.....
“Move it NQ has been helping me to move from my comfort zone and get up early and also to feeling more active during the day.”
.....

WQ HCH NEIGHBOURHOOD

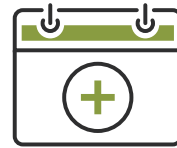
Work commenced in 2020-21 to further communicate the **HCH Neighbourhood** concept to General Practices, commissioned service providers, partners and Western Queensland communities. The integration of the Neighbourhood into the WQ HCH Practices will support patients with improved coordination of care. Patients will have their health needs identified with a health assessment and the results will inform the implementation of wrap around services and support, ensuring a coordinated approach, with patients at the heart of the model.

Understanding patient demographics and data trends will also help inform population health needs and influence commissioning of services more strategically for Western Queensland.

The delivery of allied health services is one of the key parts that make up the WQ HCH Neighbourhood and the current Occasions of Service (OOS) informs the ongoing need for the various disciplines within our region.

Despite the COVID-19 restrictions, access to our network of allied health commissioned service providers remained strong with many providers delivering services via telehealth, where appropriate.

The demand for the various disciplines of allied health has not had any significant changes with podiatry and exercise physiotherapy still being in the highest demand in the region, based on the previous year's figures.



21,993
Allied Health Client
Booked Sessions



4,297
Podiatry



3,768
Exercise Physiotherapy



3,675
Physiotherapy



3,206
Dietetics



1,883
Speech Pathology

HEALTHY AGEING IN 2020-21

Healthy Ageing in 2020-21 took a unique approach with some groups continuing to use virtual means to communicate, then evolving into full face-to-face activities. Despite the challenges of returning to face-to-face groups, services were able to maintain their numbers and connection with the communities to avoid social isolation.

In late 2020, WQPHN hosted two community forums in Thargomindah and Quilpie. Both of these forums were well attended and were able to provide further direction on ageing needs in the area.

The focus for the forums was wellness and empowerment and the health ageing services have continued to design their group activities and future planning around this model.

Participation rates remain strong with nearly 19,000 occasions being recorded for the year, with 156 people attending the services over the year. Activities ranged from cooking classes and balance classes to aqua aerobics.



Thallon Aged Care Forum

Figure 3. WQPHN commissioned allied health provider client sessions (total) 2020-21 and top five allied health providers by number of sessions.

STRATEGY 5: CHILD AND FAMILY HEALTH

WQPHN operates the Child and Family Health strategy under the WQPHN Child and Family Health Framework working closely with the region's Aboriginal and Islander Community Controlled Health Services (AICCHs), the South West Hospital and Health Service (SWHHS) and more recently with BUSHKids, a philanthropic organisation that has been providing free services to children and families in Western Queensland for 85 years.

The **Healthy Outback Kids (HOK)** program commissioned by the WQPHN targets children up to 8 years old, including pre-natal health checks for their mothers. The objective of the program is to track the key health milestones like immunisations and growth assessments for these children. This approach is 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.

The 2018 Australian Early Development Census (AEDC) data shows over one third of children (34%) are developmentally vulnerable on one or more of the five early childhood developmental domains (QLD 26%). Through HOK, the WQPHN is working to target localities with higher developmental risk through a number of early interventions and programs.



BUSHKids team meeting with Cunnamulla Aboriginal Corporation of Health, and WQPHN in Cunnamulla



'BUSHKids' HAVE BEEN PROVIDING FREE SERVICES TO CHILDREN AND FAMILIES IN WESTERN QUEENSLAND FOR

85 years



Towards the end of the 2020-21 WQPHN held a stakeholder partnership meeting in Cunnamulla with Cunnamulla Aboriginal Corporation of Health (CACH) and other service providers to introduce BUSHKids to the community, discuss opportunities to develop further the HOK projects and in particular to look at gaps in service delivery and identify children with current referrals to a paediatrician that could not be actioned.

The outcome of this meeting and other subsequent meetings was to establish the BUSHKids project to support CACH to address the issues around referral pathways and provide additional Allied Health Support commencing with a PitStop scheduled for July 2021.

BUSHKids are also providing education and training to local staff in the Cunnamulla Community and networking with key stakeholders including the Child Health Nurse, Early Learning Partners, Education Qld including outreach to places like Noorama. This also involves working with local GPs and a Paediatrician around clinical and school referrals to support development of activities around those referrals.

“We’re delighted that we’re having these meetings because we have had conversations in the past, but now we’re having substantive conversations with key stakeholders in the region,” BUSHKids CEO Carlton Meyn said.

“What I’ve seen over the past couple of days is that the community is asking for consistency across the services, which is obviously hampered by workforce capacity and FIFO issues.”

“What we would be proposing to do in part would be to provide an ‘allied assistance’ model, where we would mentor local health staff, which in turn would help improve the consistency of service delivery in the region,” Mr Meyn said.

Work will continue between all parties to progress this collaboration into 2021.

IMMUNISATION JUNE 2021 – TARGET 95%



One year olds

ALL – 95%

INDIGENOUS – 92%

(June 2021)



Two year olds

ALL – 90%

INDIGENOUS – 87%

(June 2021)



Five year olds

ALL – 96%

INDIGENOUS – 96%

(June 2021)

INDIGENOUS HEALTH ASSESSMENT 2020-21

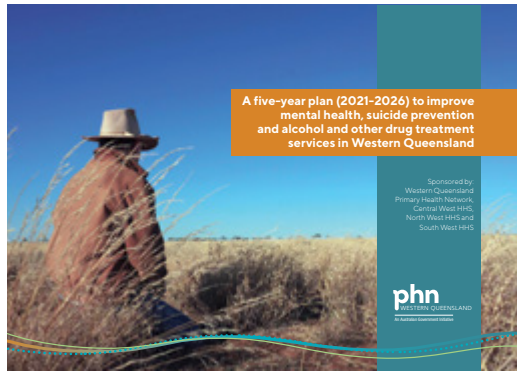
35%

of children up to 15 years of age in WQPHN region received Indigenous Health Assessments.



STRATEGY 6: MENTAL HEALTH & WELLBEING

Following 18 months of engagement with locals and stakeholders from across almost one million square kilometres of Western Queensland, in 2020-21 a major revision of the plan to continue shaping the future of mental health and wellbeing services in the region was developed.



A five-year plan (2021-2026) to improve mental health, suicide prevention and alcohol and other drug treatment services in Western Queensland (MHSPAOD Plan) was co-designed with local organisations, health providers, hospital and health services, and those with lived experience in Western Queensland, across 20 different local government areas.

Building on the existing mental health system's foundation and previous regional plan, the new plan provides a pragmatic approach to tackling complex issues and to support more integrated, coordinated and recovery-orientated service provision. There are a number of focus areas including developing a sustainable mental health

workforce in the bush, the wellbeing of First Nations communities, and responding to major and more severe climatic events like drought and flood.

2020-2021 has seen the further maturing of the WQPHN **Stepped Care** approach to Mental Health service delivery with Commissioned Service Providers and other partners. Central to this reform is the role of the **Mental Health Coordinators** (P4 Coordinators) who are funded to co-locate within General Practices and work with people who require support to navigate the often-complex mental health services system.

In 2020-21 there were 485 P4 referrals for 3563 occasions of service for clinical care coordination across the seven co-located sites.



SPC team meeting with commissioned service providers



Lives Lived Well service providers, Winton

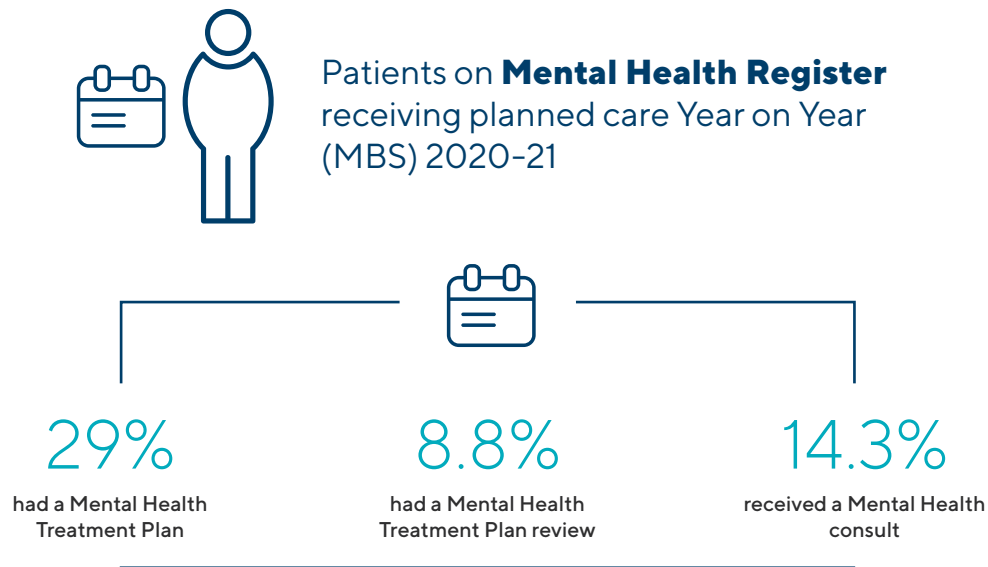


Figure 4. WQPHN Practices – Percentage of patients on Mental Health Register receiving planned care Year on Year (MBS)

The year saw continued challenges with service delivery impacted by COVID-19 affecting community members and service providers alike. Innovative approaches continued in 2020-21 to ensure communities had access to services via digital platforms including **telehealth** and increased uptake of self-help apps available through Head to Health an Australian Department of Health initiative, which brings together apps, online programs, as well as a range of digital information resources.

The **WQPHN Mental Health, Alcohol and Other Drug (MHAOD) Team** held regular sub-regional commissioned service provider workshops across Western Queensland in 2020-21. These meetings provided commissioned service providers and

invited guests with an opportunity to work through local and sub-regional issues with various key stakeholders, with the goal of sharing information and developing more integrated place-based services using the stepped care approach.

In line with the Fifth National Mental and Suicide Prevention Plan a growing number of Western Queenslanders (5.2% increase) now have a Mental Health Treatment Plan in place indicating likelihood of more planned and structured mental health care with their General Practice. WQPHN will continue to work with General Practices to increase the number of treatment plans, and associated reviews, ensuring planned and structured care through a multi-disciplinary approach.



Psychs on Bikes hit the roads across Western Queensland



Psychs on Bikes at Isis Downs Station outside of Isisford

THE WAY BACK SUPPORT SERVICE

In 2020–21 **selectability** was commissioned to commence service delivery in July 2021 through **The Way Back Support Service (TWBSS)** in Mount Isa, to provide a non-clinical support service focused on support for people who are experiencing suicidal ideation or have attempted suicide.

TWBSS staff work with their clients to identify social supports and networks that will assist them in their recovery process to connect back to their communities for a period of up to 3 months.

WQPHN also worked closely with **Beyond Blue** and Queensland Health over 2020–21 to establish TWBSS. TWBSS is an evidence-based service that has been successfully trialled in Australia over the past 5 years and part of a national roll out through Beyond Blue, state and Australian governments.



A welcoming space inside headspace Roma



Staff outside the new headspace Roma office

headspace ROMA

The Commonwealth Department of Health announced funding for a headspace service in Roma in 2019 and the WQPHN worked tirelessly with headspace National, RHealth, local government, broader community, and young people of the Maranoa to ensure the centre met the specific needs of young people.

Following a “soft launch” in May 2021, the centre has already provided vital access to mental health and well-being support services for more than 50 of the region’s young people, with almost half of those new clients aged between 12 and 14 years old.

Data emerging from the centre shows it’s already striking a chord with the region’s young people, with 40% of presentations directly related to mental health issues.

“headspace has over 100 centres operating Australia-wide, so the model is a proven success story, and we’re already seeing the early signs of a positive impact in the Maranoa.”

Mark Goddard, WQPHN Coordinator of Mental Health Commissioning

NATIONAL PSYCHOSOCIAL SUPPORT MEASURE

With **National Psychosocial Support Measure (NPSM) funding**, WQPHN commissioned an innovative program focused on building wrap-around support and activities promoting recovery, independence, and social inclusion for those with a lived experience of psychosocial disability.

The WQPHN has developed a dedicated resource on the PHN website in order to support access to this program.

The priority group for this program is Western Queenslanders living with severe mental illnesses who also have complex care needs impacting their activities of daily living and participation in their community and/or in employment.

The commissioned brokerage agencies for the WQPHN region includes CatholicCare Social Services and Centacare NQ. The WQPHN NPS Brokerage Program has successfully interwoven this program within the WQPHN stepped care approach.

In the 2020-21 financial year, 120 participants received and benefitted from NPS Brokerage Program-funded activities. Informal feedback indicates recipients of the program achieving recovery focused goals including taking up healthy activities, gaining employment, developing budgeting skills, addressing homelessness; and participating in community activities.



STRATEGY 7: CORPORATE GOVERNANCE

The ongoing strength of the organisation’s corporate capability is reflected in many significant achievements in 2020–21.

WQPHN has actively participated in new and emerging strategic health policies, including **Health Equity** discussions with the Queensland Department of Health and the Aboriginal and Torres Strait Islander community-controlled health sector, to support better system integration, innovation, and long-term improved health outcomes for our Aboriginal and Torres Strait Islander communities.

The WQPHN **Clinical and Consumer Advisory Councils** continue to be actively involved in the strategic direction, governance, and planning for the organisation, providing valuable guidance on priority health and social issues for Western Queensland, ensuring local issues are considered at all levels.

Supporting the Clinical and Consumer Advisory Councils are the regional **Clinical Chapters** (NW, CW, SW). Quarterly Chapter meetings moved to an online format this year, allowing valuable opportunities for cross-collaboration, information sharing and networking to continue, despite travel restrictions.

Whilst the COVID-19 response dominated the discussions, including updates on the GP Respiratory Clinics, PPE distribution and launch of the new WQ HealthPathways portal, the meetings included regular updates and presentations from service providers on important initiatives underway.

SOUTH WEST CLINICAL CHAPTER



“The Health Care Homes Neighbourhood is a key component of the SW Clinical Chapter strategies. A number of projects were of particular focus for the group this year, including the Nurse Navigator and Community Facilitator roles, enhancement of Palliative Care services, Healthy Outback Kids framework, My Community Directory and the Health Needs Assessment. We look forward to continuing this work and further initiatives into 2021-22, with our members actively engaged in the SW Chapter.”

Jean Benham - Chair, SW Clinical Chapter

CENTRAL WEST CLINICAL CHAPTER



“Working with members representing the different agencies that make up the CW Chapter has created a positive team effort to improving services in our region. During these COVID times many people have remained firmly engaged through social media and with virtual meetings just to stay connected.

Looking forward to the 2021-22 year.”

John Palmer OAM - Deputy Chair,
CW Clinical Chapter

NORTH WEST CLINICAL CHAPTER



“It has been a privilege to serve as the Chair of the North West Clinical Chapter. Despite the many challenges that the COVID-19 pandemic has created, the Chapter has continued to work collaboratively to keep improving the integration and provision of health services for NW Queensland. New members have been welcomed to the Chapter, and with support from the WQPHN team, have provided vital assistance in coordinating the response to the pandemic and the promotion and roll out of the vaccination program.”

Dr Don Bowley - Chair, NW Clinical Chapter

Thank you!

WQPHN would like to thank our dedicated Clinical Chapter Chairs as they complete their term leading each local assembly.



WQPHN Board and Executive Management Team



WQPHN Executive Management Team Strategy meeting

WQPHN BOARD – STRATEGIC PLANNING

In February 2021 the WQPHN Board and Executive Management Team held a Strategic Planning Workshop introducing Sandy Gillies to her new role as CEO, reviewing strategic priorities, discussing operational plans for the year and the ongoing impacts of the COVID-19 pandemic on primary health care systems.

Outcomes from the planning day were then incorporated into business plans within each of the business units, to ensure the strategic direction of the organisation was aligned to all business activities going forward.



WQPHN Board meeting, Mount Isa



Board Strategic Planning Day



COMMISSIONING ACTIVITY

The WQPHN portfolio of Australian Government Department of Health funded programs continues to be responsive to community needs, as well as the National Priorities, and has required an agile approach to commissioning services across Western Queensland.

Changes reflected in the variations in Clinical Providers and Contract Schedules represents completion of specific funded programs, organisational changes and workforce turnover.

WQPHN matured its commissioning processes in 2020–21 to include e-Tendering. It has welcomed new partnerships with Beyond Blue and Queensland Health to develop **The Way Back Support Service** (TWBSS) in Mount Isa, successfully secured a headspace youth mental health site in Roma, and expanded contractual agreements that support the more remote regions of WQPHN, including Lower Gulf and Far South West.

OUTBACK INSIGHTS

WQPHN is participating in a new national technology initiative known as **Primary Health Insights**, initiated to simplify and standardise governance, systems and processes associated with data storage and analysis.

The Primary Health Insights program (locally rebranded by WQPHN as Outback Insights) will:

- increase PHN analytical and reporting capability
- reduce duplication of effort
- simplify processes
- automate manual data and governance processes
- standardise reports where possible
- reduce IT costs.

A new highly secure lockbox environment has been built within the Primary Health Insights environment, with WQPHN retaining full custodianship of data. The onboarding process involved a comprehensive assessment and audit of WQPHN's data governance and privacy measures, to ensure the organisation is operating at a suitable maturity level to join Primary Health Insights. WQPHN successfully completed the onboarding audit and our team was commended for the high quality of our policies, procedures and systems in place to maintain data privacy and cyber security.

The **Outback Insights** project aims to improve the use of data to enable WQPHN to meet objectives around improving population health outcomes.

WQPHN RECONCILIATION ACTION PLAN

The Reconciliation Working Group (RWG) was established in 2019 and continues to drive the development of the WQPHN Reconciliation Action Plan (RAP), working closely with Reconciliation Australia. The RWG is co-chaired by our First Nations leaders, Board Chair, Dallas Leon, and CEO, Sandy Gillies, and includes strong representation from the Nukal Murra Alliance CEOs, Board Directors, and a cross section of staff from business units within the WQPHN.

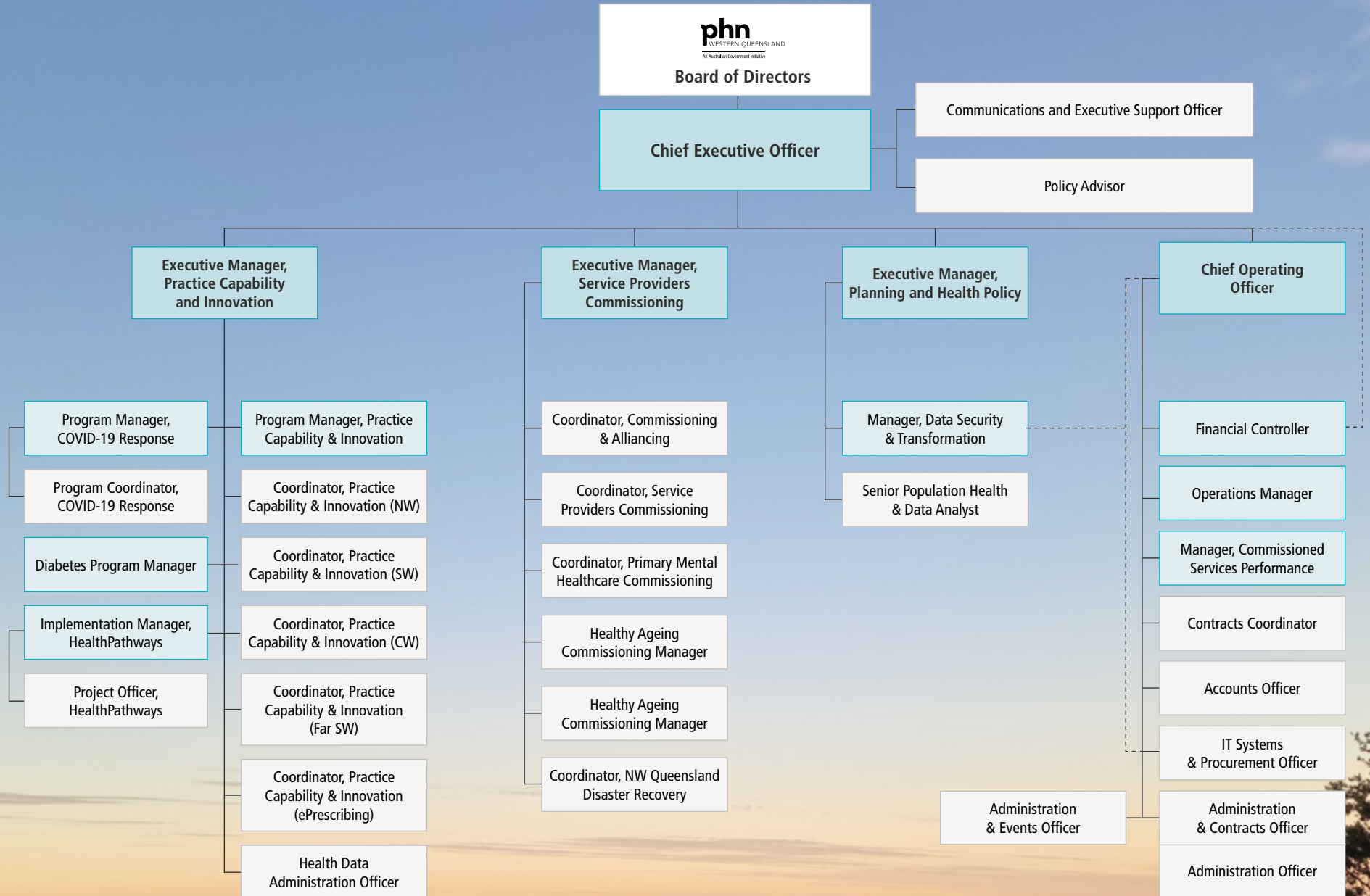
Working group meetings were held during 2020-21 to review the feedback provided by Reconciliation Australia, update the Plan, and to select a piece of art that would proudly reflect the unique cultural heritage of our region and our hopes for its future.

The WQPHN Reconciliation Plan is now in its second draft and is under review with Reconciliation Australia.

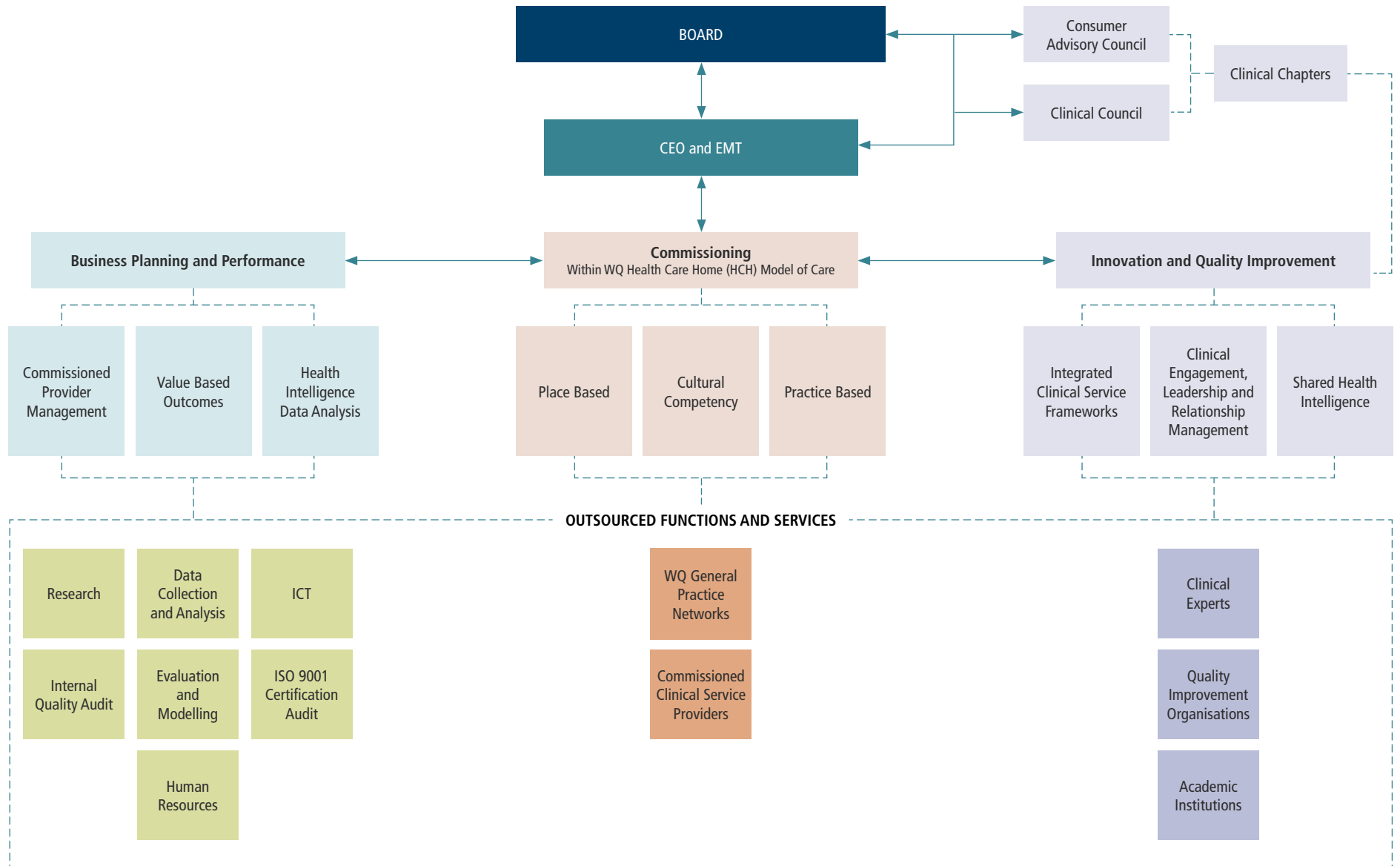
RAP WORKING GROUP MEMBERS

| Name (Traditional Owner group) | WQPHN Position/s held | Business Unit | RWG Role/s |
|---------------------------------|--|---------------|----------------------------|
| Sandy Gillies (Gunggari) | Chief Executive Officer | ESU | RWG Co-Chair /RAP Champion |
| Dallas Leon (Kalkadoon/ Waanyi) | Board Chair | | RWG Co-Chair |
| Sheryl Lawton (Bidjara) | Board Director/Nukal Murra Alliance Member/ Clinical Council Member | | RWG Member |
| Renee Blackman (Gubbi Gubbi) | Nukal Murra Alliance Member/Clinical Council Member | | RWG Member |
| Lane Brookes (Mandandanji) | Consumer Advisory Council Member | | RWG Member |
| Leisa Fraser | Executive Manager, Service Provider Commissioning | SPC | RWG Member |
| Jess Silver | Policy Advisor | ESU | RWG Member |
| Kathleen O'Hara | Program Manager, COVID-19 Response | PCI | RWG Member |
| Heather Hall | Healthy Ageing Commissioning Manager | SPC | RWG Member |
| Cameron Kratzing | Coordinator, Practice Capability and Innovation | PCI | RWG Member |
| Lucille Hill | Administration and Contracts Officer | BCSU | RWG Member |

WQPHN ORGANISATIONAL STRUCTURE



FUNCTION, DESIGN AND PERFORMANCE MANAGEMENT STRUCTURE







2020-21 ANNUAL FINANCIAL STATEMENTS SUMMARY



DIRECTORS' REPORT FOR THE YEAR ENDED 30 JUNE 2021

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 2021.

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 Jason Warnock
- Prof Sabina Knight
- Mr Dallas Leon - Chair
- Ms Sheryl Lawton
- Dr Anna Cunningham (resigned 27 November 2020)
- 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 and Consumer 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 \$144,530 (2020: 307,864).

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 programs:

- 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 2021

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 | 9 | 8 | 7 | 7 | N/A | N/A |
| Dr David Rimmer | 9 | 9 | N/A | N/A | 5 | 4 |
| Mrs Vicki Murphy | 9 | 9 | 7 | 7 | 3 | 3 |
| Mr Jason Warnock | 9 | 8 | 3 | 2 | 2 | 2 |
| Prof Sabina Knight | 9 | 9 | N/A | N/A | 5 | 5 |
| Mr Dallas Leon | 9 | 8 | N/A | N/A | N/A | N/A |
| Ms Sheryl Lawton | 9 | 8 | N/A | N/A | 5 | 5 |
| Dr Anna Cunningham | 3* | 2 | N/A | N/A | 3 | 1 |
| Ms Karen Riethmuller Tully | 9 | 9 | 7 | 7 | N/A | N/A |

* A Cunningham not eligible to attend 25 September 2020 meeting due to previously declared conflict of interest

**In addition there were 3 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 (2020: \$150).

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



Director
Mr Dallas Leon



Director
Dr Christopher Appleby

Dated this 28th day of September 2021

WESTERN QUEENSLAND PRIMARY CARE COLLABORATIVE LTD ABN: 86 604 686 660
DIRECTORS' DECLARATION FOR THE YEAR ENDED 30 JUNE 2021

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 2021 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 28th day of September 2021

STATEMENTS OF COMPREHENSIVE INCOME AND FINANCIAL POSITION

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

| | Notes | 2021 \$ | 2020 \$ |
|---|-------|---------------------|---------------------|
| Revenue and Other Income | | | |
| Contract revenue | 2 | 30,016,229 | 24,869,504 |
| Other income | 2 | 215,529 | 340,365 |
| Total Revenue and Other Income | | 30,231,758 | 25,209,869 |
| Expenditure | | | |
| Employee benefits expense | 3 | (4,301,379) | (4,053,716) |
| Depreciation expenses | | - | (9,688) |
| Clinical service subcontractors | 1(p) | (23,318,740) | (18,781,345) |
| Consulting expenses | | (733,133) | (182,217) |
| Contractors | | (416,359) | (249,844) |
| Lease expense | 11 | (348,463) | (359,406) |
| Finance Costs | 11 | (7,791) | (5,770) |
| Repairs, maintenance & vehicle running expenses | | (31,965) | (45,295) |
| Electricity | | (15,794) | (11,962) |
| Legal fees | | (19,184) | (18,147) |
| Audit fees - audit services | | (36,570) | (37,630) |
| Travel expenses | | (253,308) | (407,877) |
| Other expenses | | (604,540) | (739,108) |
| Total Expenditure | | (30,087,228) | (24,902,005) |
| Net Surplus | | 144,530 | 307,864 |
| Other Comprehensive Income | | - | - |
| Total Comprehensive Income | | 144,530 | 307,864 |

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

| | Notes | 2021 \$ | 2020 \$ |
|--------------------------------------|-------|------------------|------------------|
| CURRENT ASSETS | | | |
| Cash and Cash Equivalents | 4 | 5,906,206 | 9,213,973 |
| Trade and Other Receivables | 5 | 65,919 | 128,204 |
| Other Assets | 6 | 288,049 | 157,972 |
| TOTAL CURRENT ASSETS | | 6,260,173 | 9,500,150 |
| NON-CURRENT ASSETS | | | |
| Property, Plant & Equipment | 7 | - | - |
| Right of Use Assets | 11 | 378,000 | 240,704 |
| TOTAL NON-CURRENT ASSETS | | 378,000 | 240,704 |
| TOTAL ASSETS | | 6,638,173 | 9,740,854 |
| CURRENT LIABILITIES | | | |
| Trade and Other Payables | 8 | 1,247,780 | 981,065 |
| Accrued Employee Benefits | 9 | 335,475 | 304,218 |
| Lease Liabilities | 11 | 185,292 | 230,491 |
| Unearned Revenue | 12 | 2,962,580 | 6,641,082 |
| TOTAL CURRENT LIABILITIES | | 4,731,127 | 8,156,855 |
| NON-CURRENT LIABILITIES | | | |
| Accrued Employee Benefits | 9 | 67,864 | 64,459 |
| Lease Liabilities | 11 | 187,781 | 12,669 |
| TOTAL NON-CURRENT LIABILITIES | | 255,645 | 77,129 |
| TOTAL LIABILITIES | | 4,986,772 | 8,233,984 |
| NET ASSETS | | | |
| EQUITY | | 1,651,401 | 1,506,870 |
| Retained Surplus | | 1,651,401 | 1,506,870 |
| TOTAL EQUITY | | 1,651,401 | 1,506,870 |

STATEMENTS OF CHANGES IN EQUITY AND CASH FLOWS

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

| | Retained Surplus | \$ |
|--------------------------------|------------------|------------------|
| Balance at 1 July 2020 | | 1,506,870 |
| Total Comprehensive Income | | 144,530 |
| Balance at 30 June 2021 | | 1,651,401 |
| | Retained Surplus | \$ |
| Balance at 1 July 2019 | | 1,199,006 |
| Total Comprehensive Income | | 307,864 |
| Balance at 30 June 2020 | | 1,506,870 |

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

| | Notes | 2021 \$ | 2020 \$ |
|--|-----------|--------------------|------------------|
| Cash Flows from Operating Activities: | | | |
| Receipts from Funding Bodies | | 29,094,290 | 28,843,309 |
| Payments to Suppliers | | (27,935,526) | (23,961,029) |
| Payments to Employees | | (4,265,752) | (3,933,411) |
| Interest Received | | 25,454 | 39,914 |
| Interest Payments - Lease | | (7,791) | (5,770) |
| Total Cash from Operating Activities | 10 | (3,089,326) | 983,011 |
| Cash Flows from Investing Activities: | | | |
| Payments for Asset Purchases | | - | - |
| Proceeds from Sale of Assets | | 6,818 | - |
| Total Cash from Investing Activities | | 6,818 | - |
| Cash Flows from Financing Activities: | | | |
| Payments of Lease Liabilities | | (225,260) | (188,094) |
| Total Cash from Financing Activities | | (225,260) | (188,094) |
| Net Cash Increase / (Decrease) in Cash and Cash Equivalents | | (3,307,768) | 794,917 |
| Cash and Cash Equivalents at beginning of period | | 9,213,973 | 8,419,056 |
| Cash and Cash Equivalents at end of period | 4 | 5,906,206 | 9,213,973 |



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.gtd@au.gt.com
W www.grantthornton.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 2021, 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, 28 September 2021

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

www.grantthornton.com.au

'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 (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL 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. GTIL 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.gtd@au.gt.com
W www.grantthornton.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 2021, 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 Director's 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 2021 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.

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 Company's Directors' report for the year ended 30 June 2021, but does not include the financial report and our auditor's report thereon.

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

www.grantthornton.com.au

'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 (GTIL). GTIL and the member firms are not a worldwide partnership. GTIL and each member firm is a separate legal entity. Services are delivered by the member firms. GTIL does not provide services to clients. GTIL 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. GTIL is not an Australian related entity to Grant Thornton Australia Limited.

Liability limited by a scheme approved under Professional Standards Legislation.



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

Grant Thornton Audit Pty Ltd
Chartered Accountants

H.E. Hiscox

H E Hiscox
Partner – Audit & Assurance
Brisbane, 28 September 2021

WQPHN would like to thank all those who contributed images used in the WQPHN Annual Report 2020-21:

Krys Robinson
Sabina Knight
Josephine Pearson
Karen Ticehurst
Josephine Pearson
Jacquie Duffus
Julie Colthup
Troy Williams
Marg Windsor



Australian Government



Western Queensland PHN
11 Barkly Highway (PO Box 2791)
Mount Isa QLD 4825
07 4573 1900
admin@wqphn.com.au
www.wqphn.com.au

This activity is supported by funding from the Australian Government under the PHN Program.

Australian Government Disclaimer: While the Australian Government Department of Health has contributed to the funding of the PHN, the information in this document does not necessarily reflect the views of the Australian Government, and is not advice that is provided or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use of or the reliance on the information provided in this document.

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.

Version: November 2021