

WQPHN ANNUAL REPORT 2016-17



OUR PEOPLE, OUR PARTNERSHIPS, OUR HEALTH



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CORPORATE GOVERNANCE : **01**



:01 OUR VISION

A comprehensive and integrated primary health care system that delivers better health outcomes for the people of remote Western Queensland.

:01 OUR GOALS AND OUR VALUES



:01 CHAIR'S REPORT



The past year has seen a move from building our corporate and clinical governance framework since our formation in 2015, to one of implementation, strategic planning and program evaluation. I commend my fellow Directors on another productive and enterprising year and extend my thanks to our founding Hospital and Health Service (HHS) members for their ongoing support and advocacy as WQPHN continues to evolve and mature as an independent non-government organisation.

The active work of our Finance Audit and Risk Management and Nominations and Governance

Committees has assured the development and safe progress of our organisation. I sincerely thank members of the Clinical Council and their Chair Dr Tom Gleeson who, along with input from our three Clinical Chapters, collaborated with the Board and management and provided strong leadership over the past year. Importantly, members of the Consumer Advisory Council, led by their Chair Mr John Palmer, are also to be commended for their enthusiasm and guidance.

Our strategic focus is to support General Practice, and we know that when well supported it delivers economical, patient-centred and comprehensive primary health care. In our region, they are often fragile and many face workforce challenges. It was particularly pleasing to see the commencement of practice-based quality improvement activities in 2016-17 as well as the Diabetes Collaborative and the Mental Health Nurse expansion. While a lot of work remains, the General Practice support team has remained determined and have made a difference in many practices across the catchment.

WQPHN is grateful for the support from the Western Queensland Aboriginal and Islander Community Controlled Health Service (AICCHS) sector. The formation of the Nukal Murra Alliance and the transition of services in the Lower Gulf have delivered very important services to Indigenous patients in the region. Our service providers have been open and willing to embrace commissioning and have continued to contribute to the wellbeing of our communities with dedication. I would like to thank the HHSs for their collaboration and support including the important planning work linked to the introduction of the Western Queensland Health Care Home.

We bid farewell to South West HHS Chair and founding Director, Mr Lindsay Godfrey and look forward to continuing to work with him as Mayor of Cunnamulla. Chief Executive of South West HHS, Ms Glynis Schultz, is also moving on and I would like to thank her for her critical role in the formation of WQPHN.

Our Chief Executive Officer, Stuart Gordon, has put together a small and highly experienced team spread across our offices in Mount Isa, Longreach and Roma. On behalf of the Board, I would like to thank Stuart and our excellent staff for their hard work over the past 12 months. Notwithstanding our vast land area, limited budget and comparatively small workforce, WQPHN has worked hard to build the confidence of the Commonwealth.

There will be challenges, however both the Board and staff are all 'true believers' in working to make our Western Queensland communities healthier and stronger.

A handwritten signature in black ink, appearing to read 'Sheilagh Cronin'.

Dr Sheilagh Cronin
Chair

:01 CEO'S REPORT



It's been a year of prodigious engagement, activity and redesign.

WQPHN has developed from its establishment phase and edged itself into an era of operating as a mature and far-reaching network.

Drought conditions prevailed in 2016-17 across much of the catchment. The impact of climate on the health and social wellbeing of people living in Western Queensland has provided real purpose and drive for WQPHN to enhance the primary health care in the region.

There has been considerable work undertaken to support the outcomes of GP-led multidisciplinary team-based care. I make special mention of the Western Queensland General Practice network – you are at the heart of WQPHN's transformation agenda and I appreciate your support and eagerness to develop a more comprehensive and integrated primary health care system with us.

Contracted service providers have been engaged and aligned to the Board's approach to commissioning, and new reporting frameworks have been adopted to promote the consistent recording of activity. WQPHN has developed Qlik Sense into a clear and prominent focus area for informing our place-based commissioning with carefully sought health intelligence for our localities. This Portal is proving to be an excellent tool for improving our ability to evidence-inform our approaches for different population segments and has brought a richness to our data sharing agreements with providers, practices and alliances. Qlik Sense has the potential to become our greatest contribution as a PHN.

The retention of key staff in some of the catchment's remote locations did have an impact on capacity and overall activity in 2016-17. Similarly, shorter term contracts and changing program requirements created challenges for a small number of providers with some vacancies arising in the allied health and nursing workforces. A longer-term contract with the Commonwealth will allow consideration of multi-year allocations which will bring greater stability to some of the more fragile parts of the network.

I acknowledge the contribution of the Clinical Chapters, Clinical Council and Consumer Advisory Council who have remained committed to their roles in their respective regions and disciplines. I would also like to acknowledge my executive colleagues of the Western Queensland HHSs, AICCHSs and peak NGOs – your advocacy and collaboration has been fundamental to achieving our mutual aspirations for the network in 2016-17.

WQPHN has the smallest workforce of all the PHNs and I like to think we are the most ambitious. I sincerely thank my management colleagues and WQPHN staff for their passion, determination and commitment this year.

Finally, I would like to thank the Board and our Chair, Dr Sheilagh Cronin, for the encouragement and confidence in WQPHN management and staff, and for your leadership in advancing the WQPHN agenda.

Stuart Gordon
Chief Executive Officer

:01 BOARD MEMBER PROFILES



Dr Sheilagh Cronin
Chair

Dr Sheilagh Cronin is an experienced Physician and a key figure in rural health system improvement and primary health strategy in Queensland.

Dr Cronin was appointed as a Medical Advisor to Health Workforce Queensland in 2002 and published a report for the Queensland Rural Medical Support Agency in 2004 titled 'Solutions to the Provision of Primary Care to Rural and Remote Communities in Queensland'.

Dr Cronin has been recognised by the Australian Medical Association for her contribution to rural health and has life membership of the Rural Doctors Association of Queensland (RDAQ).

Dr Cronin also serves on the Board of the RDAQ and is a Principal GP at the Flinders Medical Group.



Dr Christopher John Appleby
Director

Dr Chris Appleby is an experienced Practice Manager with strong ties to Western Queensland. He co-founded the Flinders Medical Group in 2005, establishing the Flinders Medical Centre which operates as the primary health care facility in the region.

Chris has designed, managed and expanded practices in other Queensland communities including Maleny, Richmond and Home Hill. He often works as a consultant on projects ranging from health governance to rural workforce retention.

Chris has strong experience in allied health and was involved in the formation of the North West Queensland Allied Health Service for the Gulf of Carpentaria region.



Mr Mathew Cooke
Director

Matthew is a proud Aboriginal and South Sea Islander from the Bailai (Byellee) people in Gladstone, Central Queensland.

Matthew was elected Deputy Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO) in 2011 and subsequently appointed as Chair in November 2014. He was CEO of Nhulundu Wooribah Indigenous Health Organisation, an Aboriginal and Torres Strait Islander Community Controlled Health Service (AICCHS) in Gladstone, for more than six years.

Matthew has also served as Deputy, Secretary and CEO of the Queensland Aboriginal and Islander Health Council (QAIHC).

In 2012 Matthew was appointed as the Indigenous Affairs Manager for Bechtel Australia, a renowned worldwide engineering, procurement and construction company.



Dr Stephen Buckland
Director

Dr Steve Buckland is a specialist consultant occupational physician and a former aviation medicine practitioner with the Royal Australian Air Force.

As a former Chief Executive Officer at Queensland Health, Stephen has first-hand knowledge of rural health needs and how these translate to service delivery in remote communities. This, combined with his Directorship with CareFlight Queensland, gives him a strong insight into the coordination and integration of services in the Western Queensland region.



Dr David Rimmer
Director

Dr David Rimmer has over 35 years' experience in General Practice and Emergency Medicine, and a lifelong interest in teaching and workforce development.

This combined expertise complements David's role as Executive Director of Medical Services for the Central West HHS.

David has owned and operated his own General Practice, as well as working with the Royal Flying Doctor Service (RFDS) and the Wesley Emergency Centre. He has a demonstrated expertise in medical workforce development in rural practice and understands the importance of effective multidisciplinary teamwork in meeting the clinical needs of the communities in Western Queensland.



Mrs Vicki Anne Murphy
Director

Vicki has over 35 years' experience in the health, aged care and community services sectors in private, State and Commonwealth arenas. She has qualifications in Occupational Therapy and Health Economics and has worked across a range of health, practitioner, academic, management and policy positions. The most recent positions Vicki has held include Assistant Secretary for the Primary and Ambulatory Care Branch at the Commonwealth Department of Health and Senior Policy Advisor for Healthdirect Australia.

Vicki has a keen interest in strengthening partnerships and facilitating collaborative approaches in the health and community care sectors to ensure better integration of the health care system.



Ms Sheridan Cooper
Company Secretary

Sheridan is a corporate governance professional with over 15 years' experience advising boards, executive management and operating committees in organisational governance. Sheridan has a Bachelor of Laws, a Bachelor of Business (Accounting) and a Graduate Diploma in Company Secretarial Practice.

:01 BOARD MEETINGS AND MEMBERS

Directors' Board Meetings	Number eligible to attend	Number attended
Dr Sheilagh Cronin	6	6
Dr Christopher Appleby	6	6
Dr Stephen Buckland	6	4
Mr Matthew Cooke	6	5
Dr David Rimmer	6	6
Mrs Vicki Anne Murphy	3	3

Finance, Audit and Risk Management Committee	Number eligible to attend	Number attended
Dr Sheilagh Cronin	4	3
Dr Christopher Appleby	4	4
Mr Matthew Cooke	4	3

Governance and Nominations Committee	Number eligible to attend	Number attended
Dr Sheilagh Cronin	4	4
Dr Stephen Buckland	4	4
Dr David Rimmer	4	3
Mrs Vicki Anne Murphy	3	3





MEMBERS

North West Hospital and Health Service

South West Hospital and Health Service

Central West Hospital and Health Service

Royal Flying Doctor Service

Health Workforce Queensland

Mount Isa Centre for Rural and Remote Health
(James Cook University)

Queensland Aboriginal and Islander Health Council

:01 CLINICAL COUNCIL AND CONSUMER ADVISORY COUNCIL



Attendees at Combined Councils Forum 28-29 September 2017

CLINICAL COUNCIL MEMBERS

Dr Tom Gleeson, Chair (South West
(Chair South West Clinical Chapter)
Dallas Leon (North West)
(Chair North West Clinical Chapter)
Jen Williams (Central West)
(Chair Central West Clinical Chapter)
Dr Don Bowley (North West)
Ruth Bullen (Out of region)
Sandy Gillies (Out of region)

Josh Freeman (South West)
Jean Benham (South West)
Ellaine Wingate (South West)
Dr Rosie Geraghty (South West)
Marg Windsor (Central West)
Sandra Kennedy (North West)

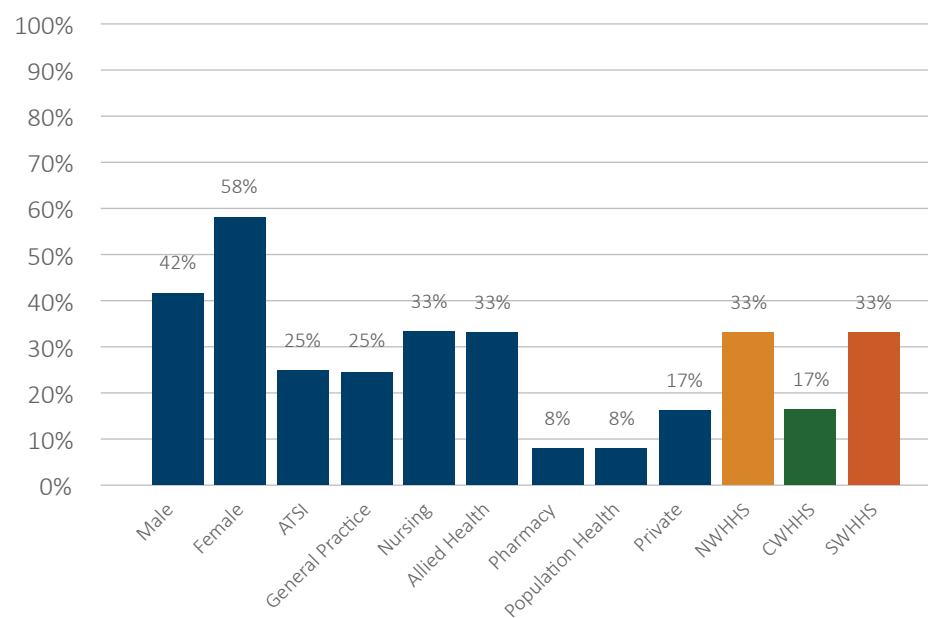
CONSUMER ADVISORY COUNCIL MEMBERS

John Palmer, Chair (Central West)
Monica Thomas (North West)
Lane Brooks (South West)
Margaret Woodhouse (North West)
Kerry Thompson (Central West)
Margie Webb (Central West)

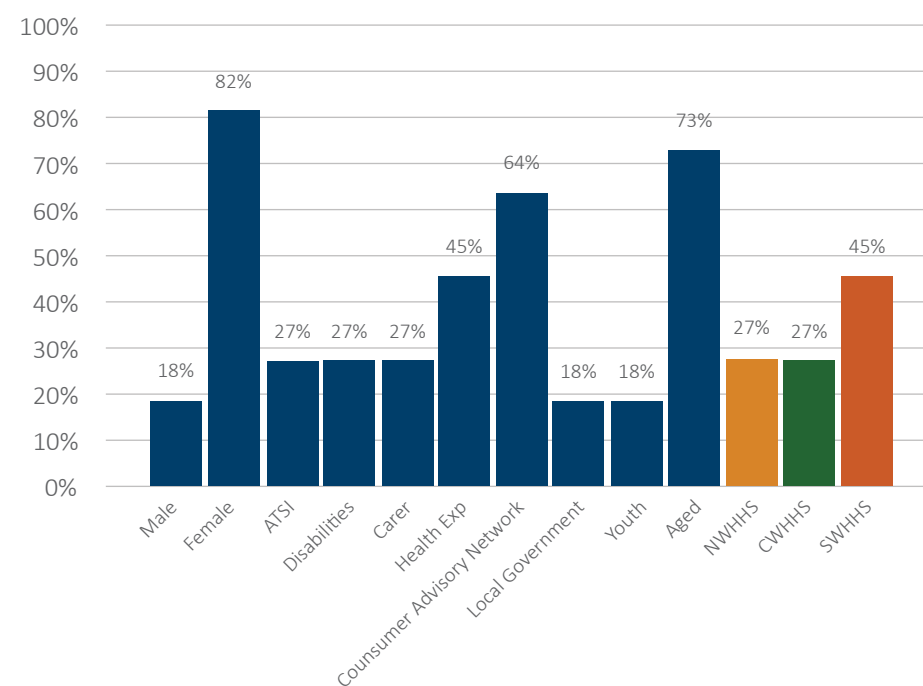
Donna Hobbs (South West)
Sheryl Lawton (South West)
Vanessa Ballard (South West)
Maggie Wade (South West)
Jessica Silver (North West)



CLINICAL COUNCIL MEMBERSHIP PROFILE



CONSUMER ADVISORY COUNCIL MEMBERSHIP PROFILE



:01 PRIMARY HEALTH NETWORK SERVICE PROVIDERS

COMMISSIONED SERVICE PROVIDERS 2016-17		
Service Provider	Funding Type	Region
Alex Donoghue Clinical Consulting	PMHC	SW
Anglicare	ITC	SW
Beyond Blue	PMHC	CW, NW, SW
Blackall–Tambo Regional Council	Flex	CW
Bulloo Shire Council	Flex	SW
Central West HHS – Diamantina	Flex	CW
Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health	DATS, Flex, ITC, PMHC	SW
Cunnamulla Aboriginal Corporation for Health	ITC, PMHC	SW
Drug Arm Australasia	DATS	SW
Flinders Medical Centre	PMHC	NW
Gidgee Healing	PMHC	NW
Goondir Health Services	PMHC	SW
Indigicare Connect	ITC	SW
Lifeline Darling Downs	PMHC	SW
Lives Lived Well	DATS	CW
M Powered Psychology	PMHC	SW
Maranoa Medical Centre	PMHC	SW
Matthew Edwards Podiatry	Flex	SW
Mount Isa Centre for Rural and Remote Health – James Cook University	AH	NW
North and West Remote Health	DATS, Flex, IAHP, ITC, PMHC	NW
Outback Physical Bodyworx	Flex	SW

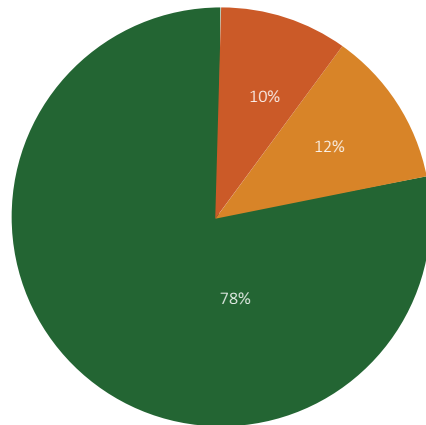


Service Provider	Funding Type	Region
Outback Medical Services	PMHC	CW
Quilpie Shire Council	Flex	SW
Roma Clinic	PMHC	SW
Royal Flying Doctor Service	IAHP, PMHC	CW, NW
Rural and Remote Psychology	PMHC	SW
South West HHS – Charleville	Flex	SW
St George Medical Centre	AH, PMHC	SW
TASC National	PMHC	SW
The Laura Johnson Home	AH	NW
The Salvation Army	DATS	NW
Vital Health	Flex	SW

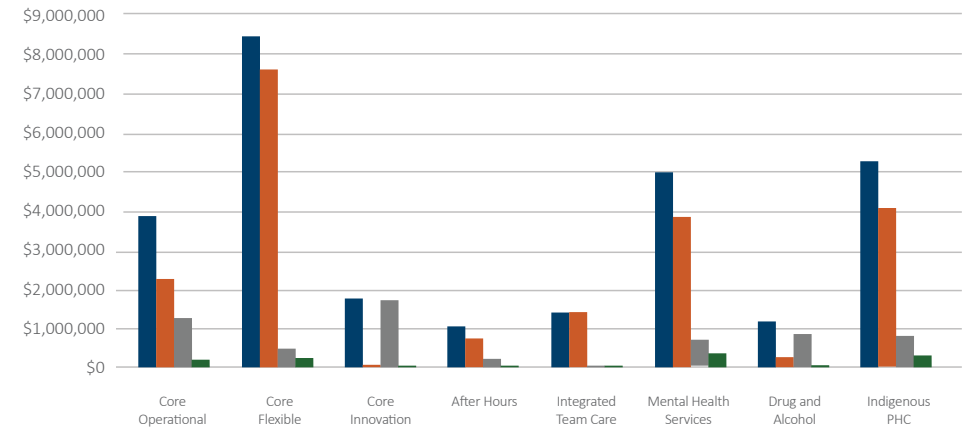
- AH **After Hours** funding aims to increase the efficiency and effectiveness of primary health care for patients with limited access to health services to ensure patients receive the right care in the right place at the right time.
- DATS **Drug and Alcohol Treatment Services** aim to reduce the impact of substance abuse on individuals, families, carers and communities including prevention, early intervention and social support services.
- Flex **Flexible funding** is to commission services to respond directly to local health priorities identified through the health needs assessment and in line with Commonwealth priorities.
- IAHP **Indigenous Australians' Health Programme** is aimed at closing the gap in life expectancy for Aboriginal and Torres Strait Islander people by providing primary health care services and support access to specialist and allied health professionals.

- ITC **Integrated Team Care** funding aims to improve health outcomes for Aboriginal and Torres Strait Islander people with chronic conditions through better access to coordinated, culturally appropriate multidisciplinary care.
- PMHC **Primary Mental Health Care** focuses on improving access to mental health care and suicide prevention services across four identified target populations – children and young people, Aboriginal and Torres Strait Islander people, people in under-served and/or hard to reach areas and people with severe and complex mental illness who are being managed in primary care.

:01 PROFILE OF FINANCIAL EXPENDITURE



- Administration
- Commissioning – Health intelligence, provider support and planning
- Commissioning – Clinical services



■ Grant funds available ■ Grant funds spent 2016-17 ■ *2017-18 Funds committed ■ **Funds uncommitted

* Funds have been committed as carry forward in multi-year funding.

** Funds uncommitted subject DOH approval for carry forward 2017-18.

:01 COMMITMENT TO QUALITY

OUR QUALITY GOAL

The WQPHN's goal is to improve the integration of primary care services to create seamless health care in our shared communities across the one million square kilometres of Western Queensland.

OUR QUALITY OBJECTIVES

- Fully comprehend and meet the funding body contractual obligations in accordance with the organisation's approved annual plans and effective application of the Quality Management System (QMS);
- Ensure that personnel have appropriate qualifications, licences, credentialing and competencies to perform their assigned tasks and functions to the required standard;
- Ensure effective external and internal communication;
- A team approach to problem solving and preventive action by empowering all employees to be quality ambassadors;
- Instil organisation's QMS into the Company's culture and daily practices as a long-term commitment to quality, continuous improvement and customer satisfaction;
- Within the funding allocation, appropriate resources are allocated to ensure effective and efficient delivery of quality system, health and commissioning outcomes;
- Ensure that our Quality System policies, processes and procedures are clear and concise to reflect what we actually do and meet ISO 9001:2015 Quality Standard requirements;
- Ensure that all WQPHN personnel are kept informed of changes in relevant standards, legislation and industry requirements;

- To monitor and analyse WQPHN performance and make any necessary changes, as appropriate, relevant to funding bodies and other interested parties; and
- Ensure continual quality improvement through regular review of performance, including feedback and evaluation, to ensure the effectiveness of the QMS.

OUR QUALITY COMMITMENT

Positive findings were reported in a quality surveillance audit on 15 August 2017:

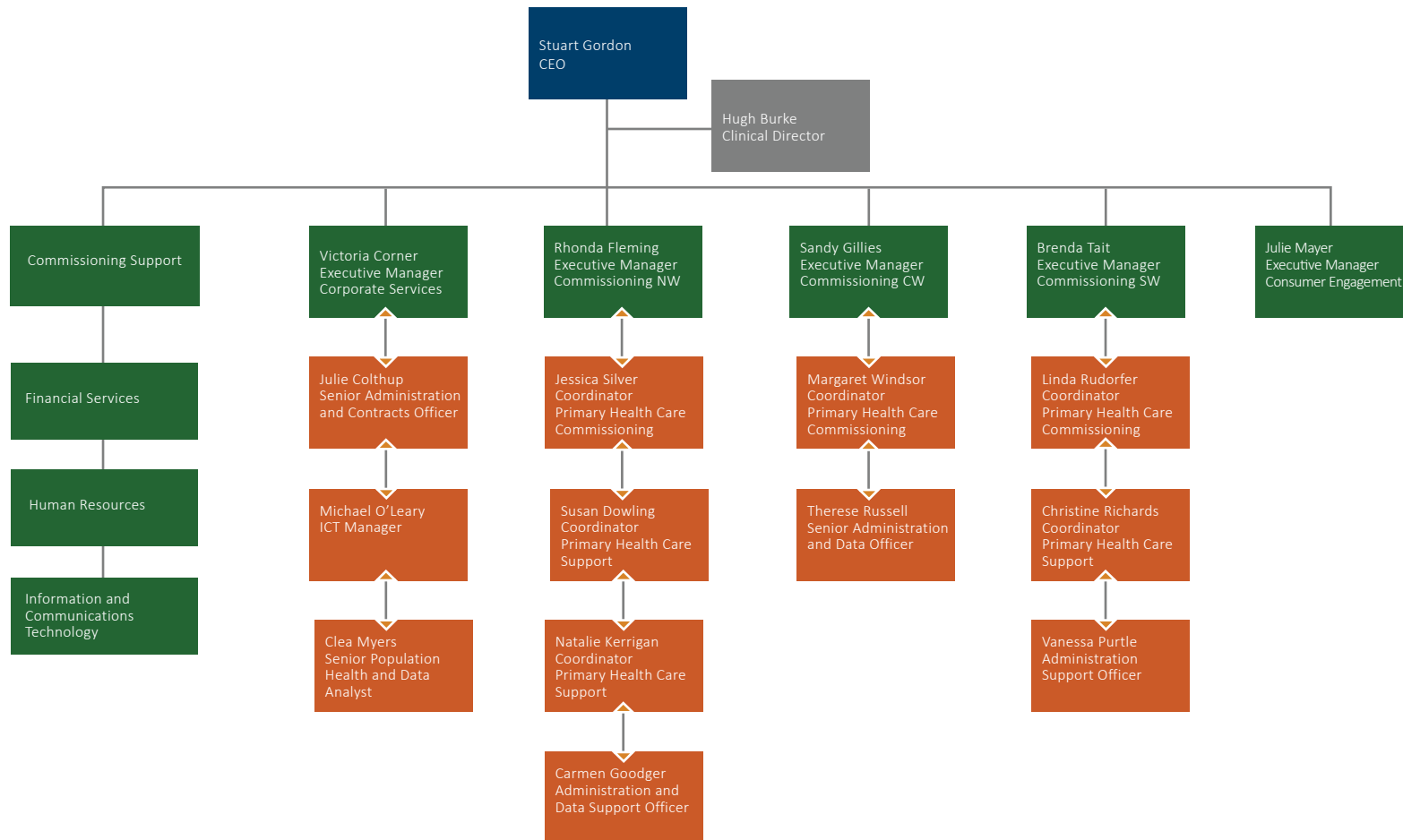
"During this audit the organisation has demonstrated a Management System that is in close alignment with the requirements of ISO9001:2015 and the Strategic Plan of the business. Numerous examples identified via staff and management interviews demonstrate that the organisation is committed to delivering their documented Vision, Goals, Values and Innovation to Primary Health Care. Their recently released publication Commissioning for Better Health is a clear example of how WQPHN analyses their contribution to Primary Health Care and develops solutions to address existing barriers to success".

Sci Qual International, 2017

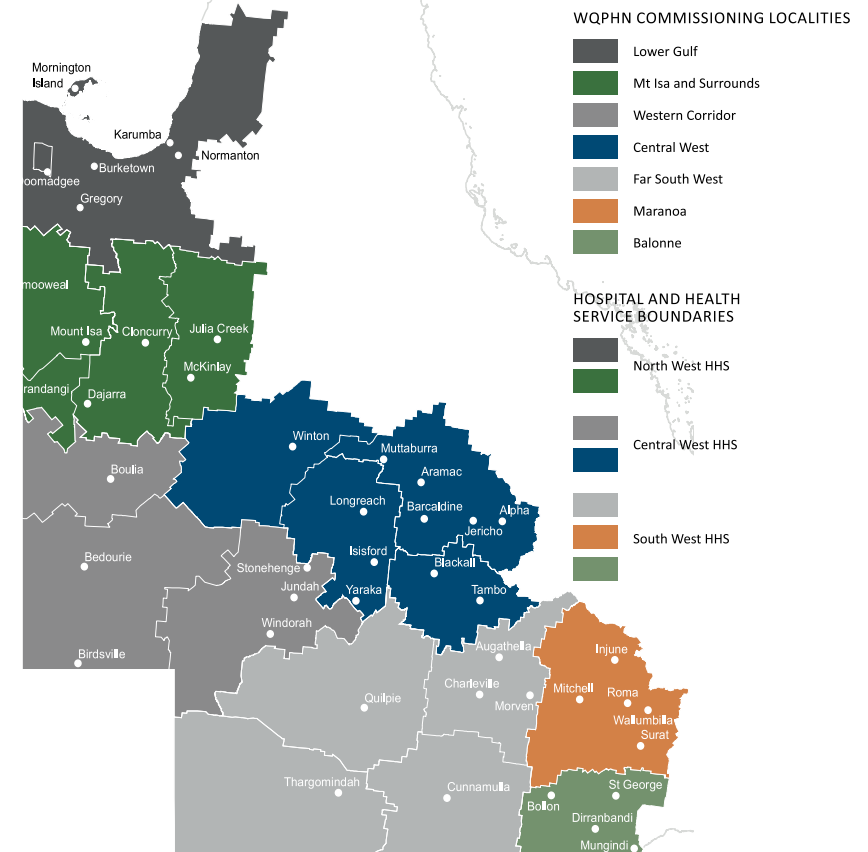
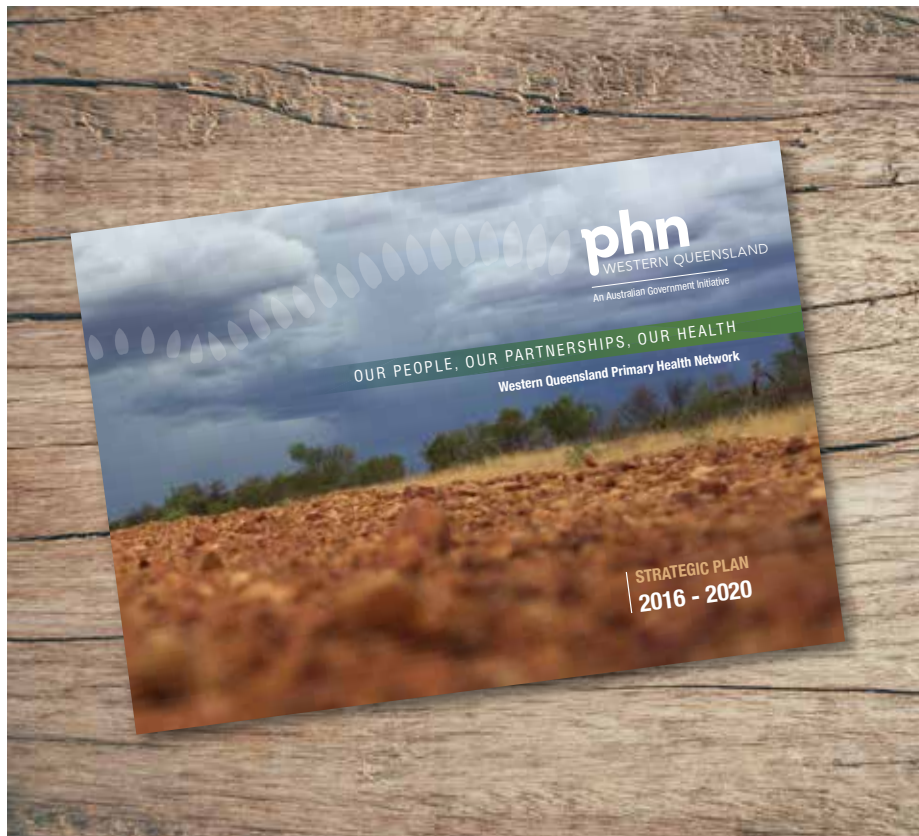


:01 OUR ORGANISATION





:01 OUR STRATEGIES AND COMMISSIONING LOCALITIES





Work with partners to organisationally and financially integrate the Western Queensland health system

- Co-design services
- Jointly plan and evaluate effectiveness
- Co-commission, co-fund
- Achieve value for money
- Adopt shared accountability frameworks
- Promote good governance and clinical leadership



Co-design and support a clinically integrated model of primary health care

- Support General Practice at the heart of the primary health care system
- Enable multidisciplinary team-based care
- Adoption and alignment of Model of Care (MOC)
- Enable interoperability



Improve access to culturally competent primary health care for Aboriginal and Torres Strait people

- Culturally competent primary health care
- Engagement of Aboriginal and Torres Strait people through quality planned care
- Supporting a robust, high performing AICCHS Sector
- System leverage of cultural assets and regional infrastructure



Implement strategies to prevent and better manage chronic and complex conditions

- Development of universally accepted MOC
- Align commissioning outcomes to MOC
- Enable shared accountability framework
- Uptake of digital technology
- Workforce enablement



Implement strategies to support better Maternal and Child Health outcomes including comprehensive support in the first 3,000 days

- Enable early identification of children's physical, developmental and social needs.
- Improve access to timely and appropriate interventions.
- Promote population health through preventing avoidable illness and disease.
- Collaborate with other services to support children, parents and carers.

HIGHLIGHTS : **02**



:01 OUR COMMISSIONING APPROACH

During 2016-17 WQPHN continued to progress its strategic approach to service planning, procurement and evaluation of services funded under the PHN program. Increasingly informed by the WQPHN health intelligence capability, commissioning activities throughout the year saw deliberate steps taken to improve performance, value for money and an orientation to a GP-led multidisciplinary team-based model of care.

Highlights from 2016-17

- Co-design and collaboration through the three Clinical Chapters, Clinical Council and Consumer Advisory Councils.
- Development of the Mental Health, Suicide Prevention, Alcohol and Other Drug Services Regional Plan 2017-2020 with support from the Planning Consortia has influenced how we've commissioned mental health services across the region and focused our journey toward service integration and orientation across the Stepped Care framework.
- Collaboration with Queensland Network of Alcohol and Other Drug Agencies (QNADA) to identify and procure new service providers for this cohort.
- Co-design and development of the Alliance Agreement between WQPHN and its four AICCHSs. The Nukul Murra Alliance is an innovative new commissioning framework to strengthen Aboriginal and Torres Strait Islander engagement under the Integrated Team Care (ITC) and Primary Mental Health Care (PMHC) programs. Nukul Murra is a powerful value proposition for WQPHN to enable leverage from existing AICCHS infrastructure and realise our aspiration to enhance cultural competency in the network.



- Successful transition of the IAHP Close the Gap program from WQPHN to Gidgee Healing, supported by the Tripartite Agreement between North West HHS, Gidgee Healing and WQPHN.
- Uptake of the WQPHN Health Intelligence Data Portal (Qlik Sense) and applying this new capability to planning and evaluation of outcomes.
- Uptake of eHealth and alignment with the GP-led multidisciplinary team-based model of care.
- Release of the 'Bushman's Guide to Commissioning in Western Queensland' has facilitated a common understanding of what is required to deliver more patient-centred care, focused on outcomes over activity.
- Data-sharing with the General Practice network, HHS partners, AICCHSs and service providers has been critical in the analysis of commissioning performance during the year.
- Seven commissioning localities across the catchment to provide the framework for more place-based approaches when planning and delivering health services.
- The Integrated Care Innovation Fund (ICIF), which includes a project in each of the HHSs, presented a unique opportunity to examine new joint commissioning and development methodologies linked to the Lower Gulf (Normanton Primary Health Care), Western Corridor communities and the integrated mental health initiative in the Maranoa.
- New services linked to implementation of the Western Queensland Health Care Home innovation fund activity.
- Opportunity and innovation realised through the collaboration with Diabetes Queensland.
- Harmonisation of workforce planning strategies with CheckUP and Health Workforce Queensland.
- Commencement of Nukal Murra and the Social and Emotional Wellbeing (SEWB) framework.
- Release and road test of the Western Queensland Child and Maternal Health framework.
- Investment in clinical leadership and consumer engagement through the Clinical Chapters and the Clinical and Consumer Advisory Councils.

Opportunities for 2017-18

- Customisation of the WQPHN Health Needs Assessment following new data input from Local, State and Commonwealth data sources.
- Refining Qlik Sense to enhance data analysis and visualisation at LGA, Locality and HHS levels.



:02 STRATEGY ONE: Work with partners to organisationally and financially integrate the Western Queensland health system



WQPHN undertook a comprehensive range of stakeholder meetings with HHSs, QAIHC, AICCHSs, private General Practice and NGO partners to promote information sharing, problem solving, service planning and evaluation in 2016-17. Our integrated approach has increased dialogue and fine-tuned our shared agendas toward primary health care priorities and system improvement.

Highlights from 2016-17

- Addition of new Member organisations – Queensland Aboriginal and Islander Health Council, Mount Isa Centre for Rural and Remote Health, Royal Flying Doctor Service and Health Workforce Queensland.
- Release of the WQPHN Comprehensive Needs Assessment through Clinical Chapters and the Clinical and Consumer Advisory Councils.
- Well supported Clinical Chapter meetings convened in each of the three HHS regions during the period.
- Signing of the HHS-WQPHN Protocol and the adoption of the Maranoa Accord in collaboration with our HHS partners and QAIHC.
- Established a Mental Health, Suicide Prevention and Alcohol and Other Drugs Planning Consortia and developed a strong plan for the region up to 2020.
- Joint planning and collaboration with CheckUP assisted integrated commissioning of specialist and allied health services.
- Successful engagement with commissioned service providers shifted the network's orientation toward GP-led multidisciplinary team-based approaches and planned care.
- Launch of eReferral for mental health and drug and alcohol service providers.
- Roll-out of the Integrated Care Innovation Fund (ICIF) program in collaboration with South West, Central West and North West HHSs.
- Design and development of the Western Queensland Health Care Home.



- Negotiation of data sharing agreements with AICCHSs, HHSs and private General Practice to support targeted health improvement priorities and inform health intelligence and whole of population approaches.
- Sustained support for uptake of My Health Record.

Opportunities for 2017-18

- Enhance Qlik Sense to incorporate analysis of social determinants across key domains and population segments – Aged Care, Aboriginal and Torres Strait Islander people, Child and Maternal Health, Chronic Disease and Mental Health.
- Launch of the Western Queensland Health Care Home two-year road map under the Maranoa Accord partnership:
 - customise practice support, service provider quality improvement incentives and capability development
 - harmonise key integrated care enablers arising from the ICIF programs
 - an integrated digital health and interoperability plan
 - locality-based workforce planning.
- Integration of commissioning approaches following embedding of the Stepped Care model in mental health and drug and alcohol services.
- Support the integration of clinical governance and consumer membership within the Clinical Chapters to encourage local problem solving and stewardship.



:02 STRATEGY TWO: Co-design and support a clinically integrated model of primary health care

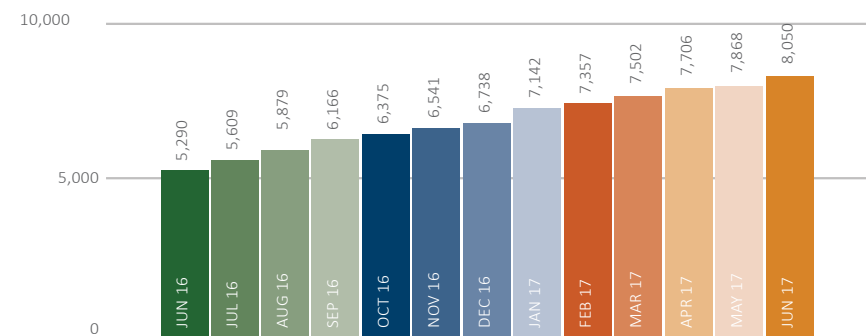
As the first point of access to primary health care for the people of Western Queensland, WQPHN has adopted a deliberate and strategic focus on the critical role of General Practice as a clinically integrated model of care.

By commissioning quality improvement activities across General Practice and reconfiguring local primary health care networks, WQPHN is enabling team-based care and a more responsive, patient centred primary health care system in Western Queensland communities.

Highlights from 2016-17

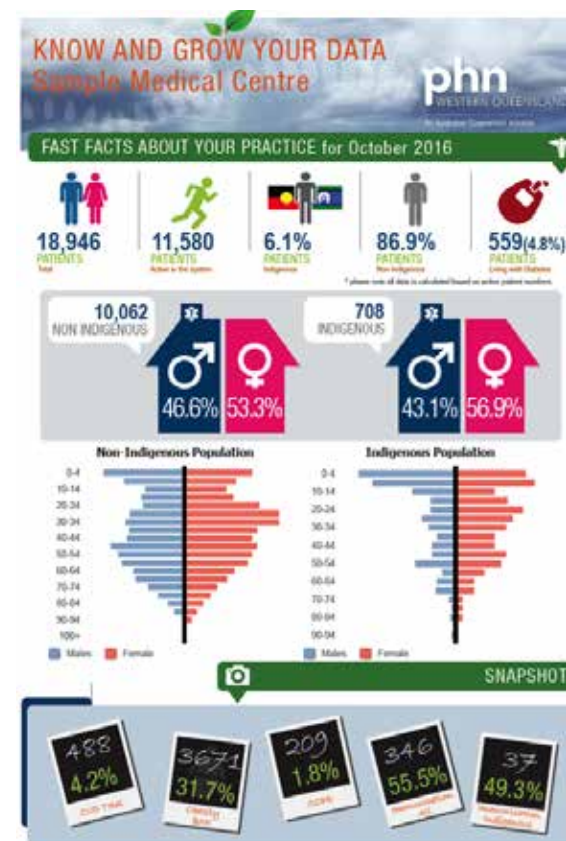
- General Practice data management, system improvement, capacity building and continuous quality improvement (CQI):
 - Implementation of the Tiered Assessment Program. Successful transition of three additional practices into Tier 4 (the Top Tier), lifting the total to six exemplar practices in Western Queensland.
 - Almost 1,000 interactions with General Practice networks including emails, events, meetings, and phone calls and 217 face to face practice visits.
 - 25 subjects were discussed during these interactions including Chronic Condition Management, data cleansing, Cat 4 Plus, Accreditation, Immunisation, Triage Training, Business Modelling, eHealth, Practice Incentive Payments, Practice Manager, Practice Nurse, GP, Receptionist, Aboriginal Health Worker information, TopBar, Training and Education, Capacity Building and Conference Attendance Incentives and Quality Improvement Incentives, Service Incentive Payments and Quality Improvement Practice Incentive Payments (PIP), Diabetes Collaborative.
- 27 education activities and events undertaken in seven towns representing a total of 252 attendees (not including education that occurred in the nine practices participating in the Diabetes Collaborative). Education topics included Triage Training, Overview of My Health Record, Nutrition Support Program, Foot Health Assessment, Otitis Media, and Aural Health Care, Nurse Network meetings, Immunisation updates, Data and Digital Health.
- Launch of the Diabetes Collaborative with nine Practices enrolled in the program in collaboration with Diabetes Queensland and Heart Foundation.
- WQPHN PATCAT system received 24 monthly data submissions from participating practices to improve data reporting and assist CQI and practice capability development.

MY HEALTH RECORD - CONSUMERS REGISTERED ACROSS WQPHN





- Focus and tailor practice support activities with Diabetes Queensland to enable greater identification, management and prevention of Chronic Disease at the population level.
- Active collaboration with other PHNs and peak organisations to support Primary Health Care program including Practice Nursing support with Australia Practice Nursing Association (APNA), Immunisation and the Medicines Wise program with National Prescribing Services, Heart Foundation, and Diabetes Queensland for the Diabetes Collaborative program and AGPAL.
- Customisation of Qlik Sense to support aggregation and data visualisation of de-identified local and regional data sets to support evidence informed approaches within the practice support program.
- 16 private General Practices and AICCHSs, 34 Hospitals, three Pharmacies, one Residential Aged Care Facility (RACF) and 21 Other organisations are currently registered for My Health Record.
- All practices registered for eHealth PIP received assistance to meet Shared Health Summary upload quota requirements and all met the eHealth PIP requirements for all quarters this reporting period.
- Commissioning of new activities to deliver strategies for quality improvement and service enhancement in two RACF facilities in the South West and North West.
- Collaboration with Queensland Doctors Health Advisory Service to develop a framework for commissioning exclusive additional support services for Western Queensland GPs.
- Commissioning of MICCRH and the North West HHS to facilitate joint evaluation activities to examine GP-type presentations to the Mount Isa Hospital in and out of hours.
- Release of the 'WQPHN Guide to MBS items for Chronic Condition Management' resource to practice networks.



:02 STRATEGY TWO: Co-design and support a clinically integrated model of primary health care

Opportunities for 2017-18

- Expanded practice support and workforce/system capability development through the Western Queensland Health Care Home.
- Launch of the Mental Health Collaborative CQI program.
- Integration of the PIP and The Royal Australian College of General Practitioners standards for General Practices (5th edition).
- Enrolment of practices in the Primary Care Practice Improvement Tool (PC-PIT) and QI incentive program and new capacity building workforce incentives for practice networks and allied health providers.
- Exploration of co-commissioning opportunities through Diabetes Care Integrated Program and Child and Maternal Health model of care.
- Roll out of online, web-based Practice Portal.
- Roll-out of the integrated Diabetes program including the *My health for life* lifestyle risk factor management initiative in collaboration with General Practice and clinical networks.
- Expansion of the My Health Record with the Australian Digital Health Agency.



WESTERN QUEENSLAND HEALTH CARE HOME



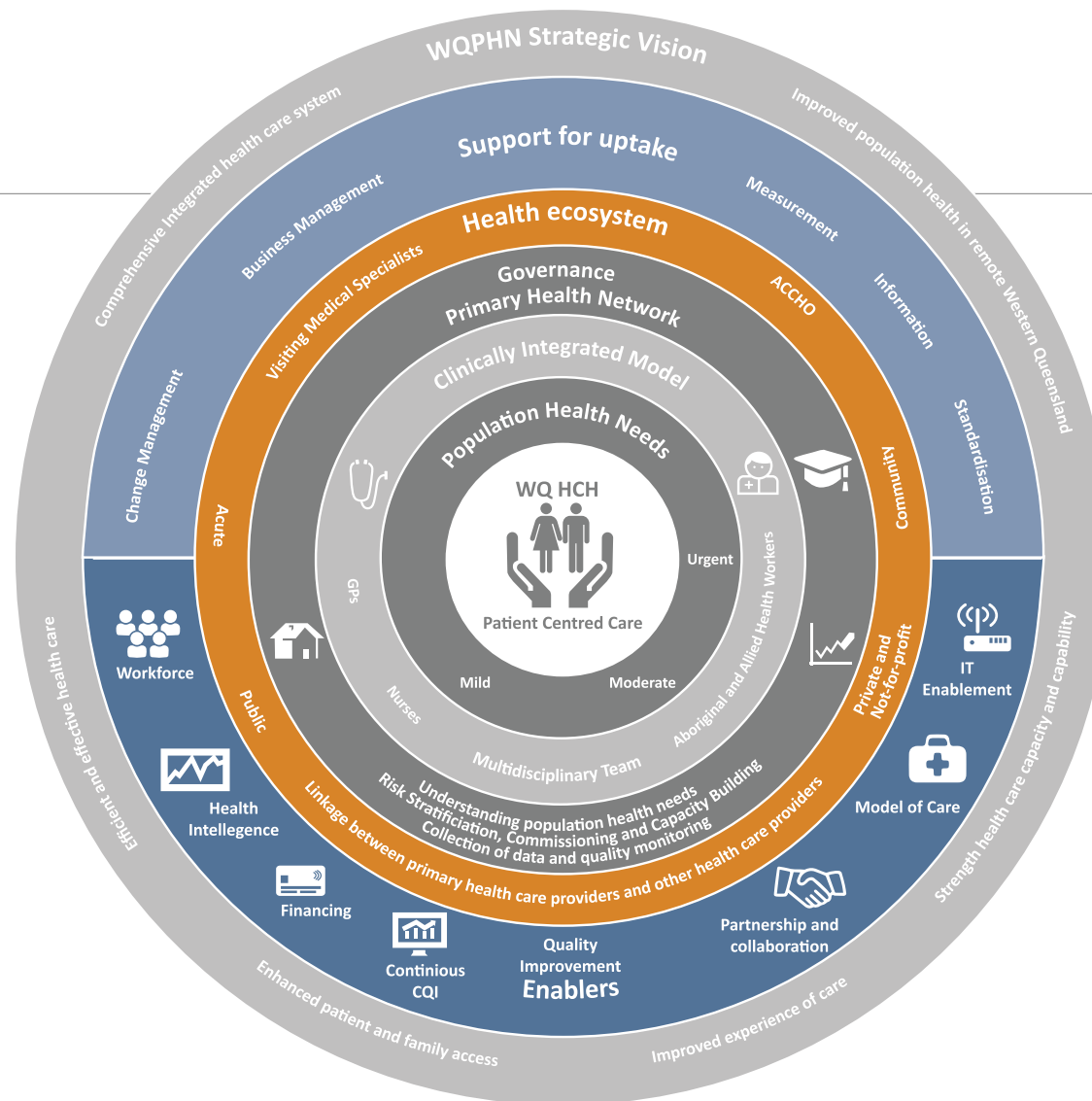
Set Improvement Targets

- Better access to services
- Patient enrolment
- Diabetes shared care
- Child and Maternal Health outcomes
- Mental Health outcomes
- eHealth enablement/uptake
- Workforce metrics
- Improved patient experience
- Improved Aboriginal and Torres Strait Islander health



System Innovation

- Co-commissioning
- Joint planning, measurement and evaluation
- Governance
- Practice capability development



:02 STRATEGY THREE: Improve access to culturally competent primary health care for Aboriginal and Torres Strait people

With a clear strategic aspiration to strengthen partnerships with Western Queensland AICCHSs and explore new opportunities for innovation and engagement, the WQPHN has collaborated to build an Alliance to assist the commissioning of culturally competent primary care services.

Infrastructure, cultural intelligence, clinical capability and resources within the four AICCHSs in the region are directly contributing to greater efficiency, co-design, and commissioning customisation. Our work over the past 12 months has built a solid foundation for an enterprising service delivery environment that is informed by local Aboriginal and Torres Strait Islander people through their community controlled health service.

Highlights from 2016-17

- Co-design of a primary health care Alliance Agreement with the region's four AICCHSs – Goondir, Charleville and Western Areas Aboriginal and Torres Strait people Community Health (CWAATSICH), Cunnamulla Aboriginal Corporation for Health (CACH) and Gidgee Healing. The Nukal Murra Alliance provides a co-commissioning approach to the delivery of the ITC Chronic Disease program and Indigenous-specific elements of the mental health and drug and alcohol program.
- Co-design of the new Social and Emotional Well Being (SEWB) service framework in collaboration with an Aboriginal and Torres Strait Islander expert planning consortia. Co-commissioned through the Nukal Murra Alliance, this new service will clinically integrate across WQPHN mainstream mental health and drug and alcohol services, enabling critical cultural capacity and sensitivity to stepped care approaches.





- Significant boost (62 per cent increase year on year) in more than 32,885 occasions of care coordination under the ITC program through AICCHSs and NGO commissioned service providers.
- Successful transition of the IAHP program portfolio to Gidgee Healing (a 21 per cent increase in total occasions of service was delivered across the various program elements), successful transition of provider and performance requirements from RFDS and North and West Remote Health (NWRH) and transition of the Normanton Primary Health Care Centre.
- Further development of the Tripartite Agreement and sustained leadership, co-investment and joint planning to support the transition and establishment of Gidgee Healing services in the Lower Gulf.
- Commissioning Gidgee Healing to undertake a review of allied health services and practice capability priorities in collaboration with the Institute for Urban Indigenous Health.
- Collaboration with Central West HHS under the Western Corridor ICIF to ensure Aboriginal and Torres Strait Islander input into clinical redesign and service development. Recommendations will inform future state co-commissioning approaches under the current Diamantina Nursing program including a new service framework improving cultural competency, engagement and workforce outcomes.
- Collaboration with CACH to support upskilling of Aboriginal Health Workers in Cunnamulla to Australian Health Practitioner Regulation Agency level to improve GP-led multidisciplinary team-based care and program sustainability.



:02 STRATEGY THREE: Improve access to culturally competent primary health care for Aboriginal and Torres Strait people

IAHP TOTAL OCCASIONS OF SERVICE 6 MONTHS TO DECEMBER 2016

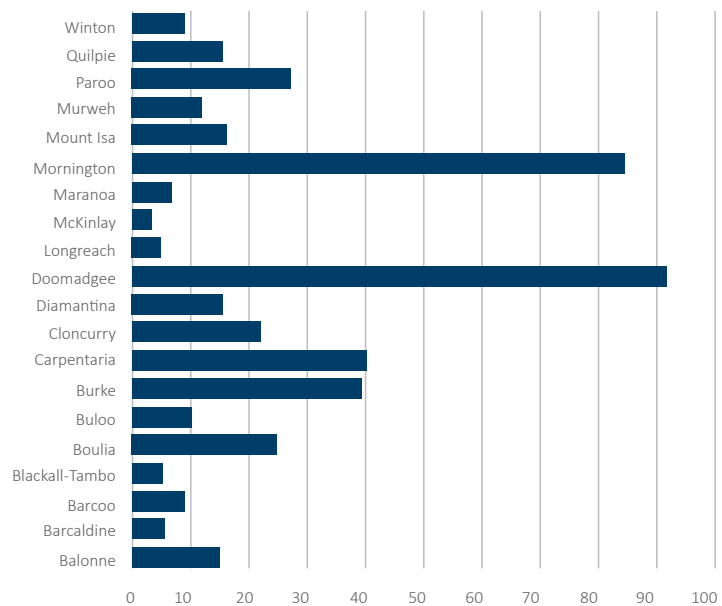


Opportunities for 2017-18

- Roll-out of programs developed under the Nukal Murra Alliance, including a new framework to further expand ITC and introduce new SEWB services across Western Queensland.
- Configuration and adoption of a service matrix to assist the assessment and capability development of cultural competency across all commissioned service providers.
- Continued support for and investment in the Tripartite Agreement.
- Targeted investment in Aboriginal Health Worker training needs assessment and commissioning of training aligned with WQPHN key health priorities and model of care development.
- Maximise AICCHS participation and engagement under Western Queensland Health Care Home activities to promote exemplar sites and the early adoption of integrated care enablers.
- Customisation of Qlik Sense to aggregate local data sets to enable evidence informed analysis of health status and system performance for Western Queensland Aboriginal and Torres Strait Islander populations.
- Continue to promote integrated approaches with AICCHSs, private General Practice, HHS and commissioned service providers in the roll-out of new service frameworks for Child and Maternal Health, Chronic Disease management and stepped care approaches in Mental Health, Suicide Prevention and Alcohol and Other Drug Services.



PERCENTAGE OF INDIGENOUS POPULATION BY LOCAL GOVERNMENT AREA



Source: Australian Bureau of Statistics



:02 STRATEGY FOUR: Implement strategies to prevent and better care for chronic conditions

WQPHN has continued a direct commissioning approach to support people with chronic conditions, including mental health and addictions, while simultaneously transitioning provider networks in line with new guidelines and further structural realignment toward a GP-led lead multidisciplinary model of care.

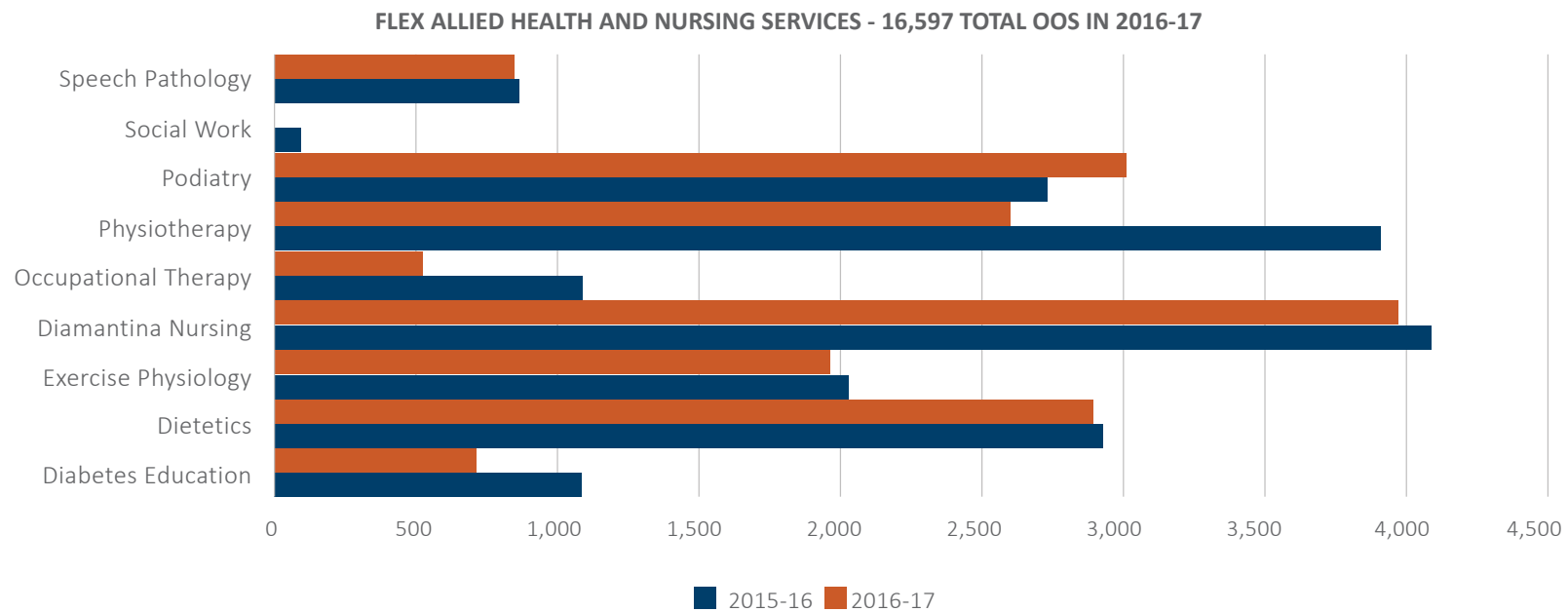
Commissioned providers range from individuals to large organisations with varying capabilities with differing service and business models and include HHS and Local Government providers. In addition to more place-based commissioning approaches under the new locality regions, WQPHN will also explore practice-based commissioning approaches to better target interventions and transition to patient and population outcomes rather than activity as an indicator of performance.

Highlights from 2016-17

- Total of 24,496 allied health, nursing and health promotion related occasions of service (OOS) – an overall decrease of 8 per cent year on year.
- The introduction of new reporting and performance monitoring has enabled a more consistent data and interpretation of activity undertaken by commissioned providers. Overall there has been a slight decrease in some of the Flex activities due to a break in staffing, also a decrease in the health promotion activities under the Healthy Ageing program, mainly linked to service gaps in the Blackall-Tambo region and Quilpie.
- Commissioning of 16,597 OOS for allied health and nursing services to support multidisciplinary team-based approaches in General Practice
- Commissioning of 5,534 OOS for allied mental health services - an increase of 36 per cent to support planned team-care interventions

- 3,203 health promotion and allied health interventions under the Healthy Ageing programs in collaboration with Bulloo, Paroo and Murweh (through South West HHS), Blackall-Tambo and Quilpie Shire Councils.
- Evaluation and redesign of the Diamantina Nursing Initiative as part of the Western Corridor ICIF.
- Commencement of the Mental Health Nurse in General Practice Initiative to support practice-based commissioning across seven sites.
- Engagement with provider networks in collaboration with HHS and AICCHS partners in the redesign and orientation of mental health services to support the stepped care approach to service configuration and service methodology.
- Commencement of the Western Queensland Diabetes Collaborative across nine General Practice Networks, including private General Practice, AICCHSs and HHS including a marked improvement in the currency of data.
- Improved data currency across Western Queensland practice populations to enable better identification of high-risk factors and presence of chronic conditions including co-morbid and complex patients.



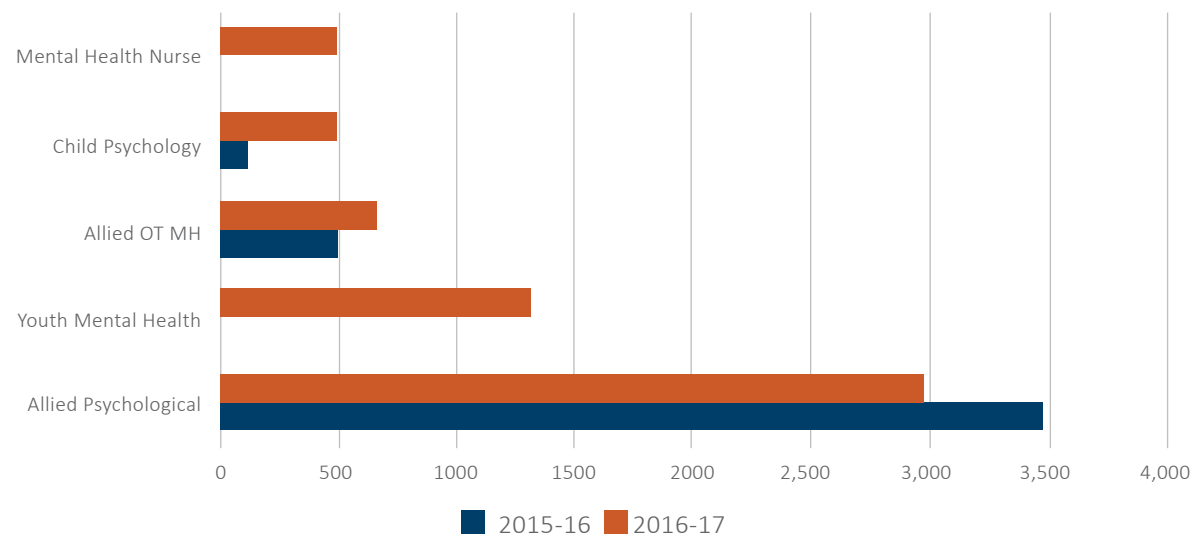


:02 STRATEGY FOUR: Implement strategies to prevent and better care for chronic conditions

Opportunities for 2017-18

- Further customisation, data acquisition and aggregation in Qlik Sense to drive evidence-informed commissioning and innovation within localities.
- Collaboration with Queensland Mental Health Commission to advance suicide prevention activities across the Western Queensland region.
- Continued roll out and tailoring of the stepped care approach within the commissioned the Mental Health service provider network.
- Improve access for clients through expansion of low intensity interventions and new face to face and digital services.
- Broadening the provider base to ensure quality multidisciplinary and intradisciplinary team-based approaches, including non-clinical provider networks.
- Implementation of the Integrated Diabetes strategic framework including greater emphasis on Health Promotion and early intervention under the *My health for life* collaboration.
- Leveraging from the Western Queensland Health Care Home to incentivise uptake and adoption of greater practice-based systemisation to support enrolment of priority patients in multidisciplinary planned care:
 - Risk stratification in high performing practices
 - New workforce models to link with recovery and social care support
 - Introduction of eReferral and telehealth to optimise management and triage of patients
 - Expanded Chronic Disease management nursing support.



OCCASIONS OF PRIMARY MENTAL HEALTH SERVICE IN PRIORITY AREAS

:02 STRATEGY FIVE:

Implement strategies to improve maternal and child health and wellbeing

Western Queensland features a younger population with 23 per cent aged less than 15 years compared to the rest of Queensland (20 per cent), with almost 40 per cent of the younger population being Aboriginal and Torres Strait Islander children. While much of WQPHN funded programs target chronic conditions, there has been a deliberate effort to better respond to the WQPHN Health Needs Assessment which highlights the disparity between Aboriginal and Torres Strait Islander children in the region compared to children in the rest of Queensland.

Greater numbers of children have higher perinatal risks (such as low maternal age, fewer antenatal visits, mothers smoking during pregnancy, babies that are not breast fed and lower birthweight babies) and a poorer health, learning development, safety and wellbeing profile.

There is considerable evidence demonstrating the importance of the period from conception through the early years of a child's life and that these years provide the foundation for lifelong physical and mental health, and social and emotional wellbeing. Early childhood experiences, starting in pregnancy with foetal development and continuing through infancy, childhood and adolescence, shape these outcomes throughout the lifespan.

Early childhood is a critical stage in which the foundation for future health and wellbeing is established.

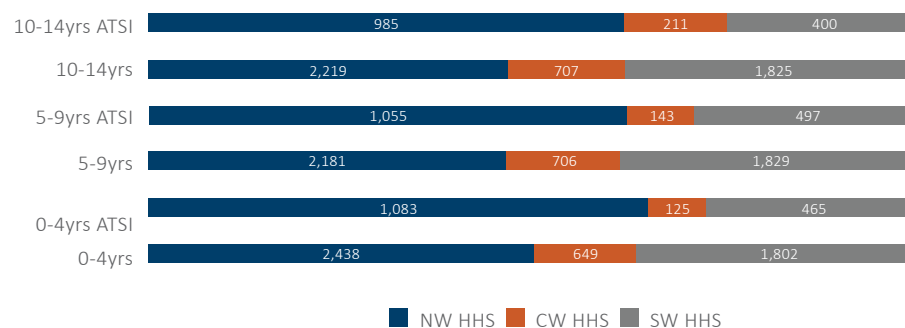
Highlights from 2016-17

- Significant emphasis on the analysis of health intelligence to guide strategic planning and engagement activities with HHS and AICCHS partners.
- Commissioning the development of a new Child and Maternal Health Service Framework to guide efforts toward universal coverage of child and family services in Western Queensland. Supported by an experienced community paediatrician,

the Framework is being developed in collaboration with HHS, AICCHS and NGO partners and targets maternal health and the first 3,000 days of life.

- Transition of commissioned child and maternal health services (Early Childhood Nurse, Midwife, Aboriginal Health Worker, allied health provider) from WQPHN program management to Gidgee Healing as part of the New Directions program and the Tripartite Agreement Framework.
- Commissioning of detailed service mapping in the Far South West locality in collaboration with South West HHS.

PROFILE OF CHILDREN AND YOUTH IN WESTERN QUEENSLAND REGIONS





Opportunities for 2017-18

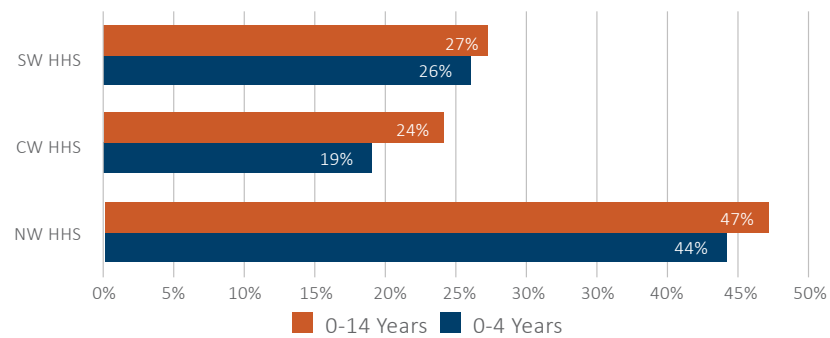
- Release of the Western Queensland Child and Maternal Health Strategic Framework to guide new service commissioning and achieve better orientation and coordination across maternal health and 0-8 years (0-3 years, 3-5 years and 5-8 year domains).
- Collaboration with HHS, AICCHS and CheckUP to harmonise investment and service design to deliver universal child and family services across Western Queensland.
- Ensure greater emphasis on maternal and child health mental health needs through an increase in face-to-face and digitally assisted commissioned mental health and psychological services for perinatal and early childhood service support.
- Leverage from the Western Queensland Health Care Home to incentivise uptake and adoption of greater practice-based systemisation to support enrolment of families in multidisciplinary planned care:
 - promote proof of concept initiatives within the priority regions of Mount Isa, the Lower Gulf and Far South West localities and enable greater integrated care and collaboration across health, education and other social providers
 - implement data sharing arrangements and boost assessment, referral and activate surveillance in first 3,000 days
 - introduce new local workforce models linked to early learning and child development
 - introduction of eReferral and telehealth to optimise management and triage of priority patients.
- Joint development and expansion of structured culturally appropriate child and family health promotion programs and home and school based programs.
- Data acquisition, aggregation and customisation in Qlik Sense to assist implementation of the new Child and Maternal Health Service Framework and drive evidence informed commissioning and innovation within localities.



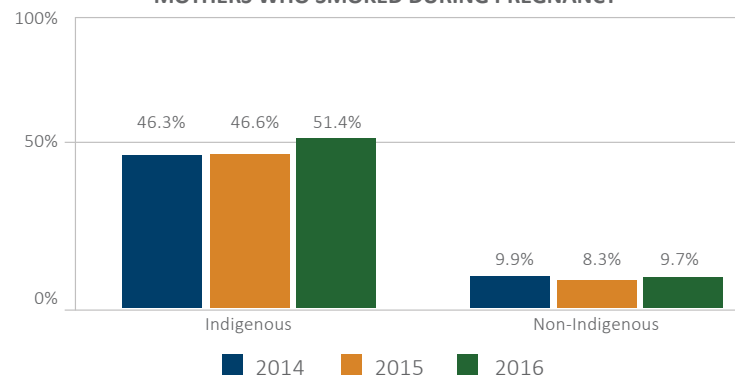
:02 STRATEGY FIVE:

Implement strategies to improve maternal and child health and wellbeing

PERCENT OF INDIGENOUS CHILDREN IN WESTERN QUEENSLAND REGIONS



MOTHERS WHO SMOKED DURING PREGNANCY



:02 NOTES



Australian Government

phn
WESTERN QUEENSLAND

An Australian Government Initiative



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.

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