Western Queensland PHN is one of 31 primary health networks (PHNs) established and funded by the Commonwealth Government to improve the efficiency and effectiveness of primary care services for patients, particularly those at risk of poor health outcomes.

WQPHN is a ‘commissioner’ of services, not a provider. As a commissioner, we are responsible for planning and funding primary health care services, and we will do this through our commissioning and development framework. Currently the Commonwealth has indicated we place a particular emphasis on six areas of primary health care:

- Mental health and addictions (MH & AOD)
- Aboriginal health
- Population health
- Aged care
- Health workforce
- eHealth

Western Queensland’s health system faces considerable challenges. The region covers more than half the State’s land mass although has only 1.5% of the population (approximately 72,000 people) a small population compared to other PHNs. However, in many communities, even the most remote, the population can dramatically increase during the cooler months with many thousands of Australians travelling through this beautiful and culturally iconic landscape. The remoteness and sparse population are associated with large travel distances between the region’s 44 towns and villages. The people living in Western Queensland face a unique set of challenges in maintaining and accessing good health care with poor regional public transport, limited patient and family accommodation, and telecommunication constraints.

In addition, after the Northern Territory PHN, the Western Queensland catchment has the highest Aboriginal and Torres Strait Islander population (19% of the total) with high socio-economic deprivation – a combination that means high health risk factors and poor health outcomes compared with the Australian and State norms.

The capacity of Western Queensland’s primary health care services are significantly impacted on by its vast catchment, climatic extremes and economic downturn. The decline in the traditional privately owned General Practice model in many communities across the region has contributed to poor coordination and lack of integration across critical patient pathways and services. Consequently the region’s three Hospital and Health Services (North West, Central West, and South West) operated by Queensland Health and other regional primary care service providers experience considerable difficulty in recruitment and retention of staff. Patients often experience fragmented, poorly coordinated and unreliable primary and community services, and the configuration of hospital services means patients and families often have to travel out of region to access specialist care.
The funding that Western Queensland PHN has at our direct disposal is relatively small, and we will need to allocate these resources carefully to ensure strategic alignment with health priorities, innovation and good value. We will be working to support our provider organisations to deliver high quality patient-centred care, and build the capacity and sustainability of General Practices, allied health practitioners and NGOs to deliver comprehensive primary health care within an integrated and evidence based model of care.

However, it is through our partnerships that we can make the greatest contribution to the Western Queensland health system. We share with our partners a strong sense of optimism that by working together we can build a better health system for our Western Queensland communities that delivers more effective care for individuals, families and communities.

**Our People, Our Partnerships, Our Health** describes our intention to collaborate with the other key organisations in the Western Queensland health system, including the three HHSs, General Practice, Aboriginal and Islander Community Controlled Health Services (AICCHSs), and significant NGOs and private providers that provide primary health care services in many of our remote communities.

The PHN’s governance structure – with board membership of nominees from the HHSs and Queensland Aboriginal and Islander Health Council (QAIHC) – will foster organisational alignment, clinical leadership through the Clinical Council, and community engagement through the Consumer Advisory Council. Our approach is one of ‘think regional, act local’ in which regional policy, strategy and planning are complemented by responsiveness to the circumstances of Western Queensland’s local communities.

Our collaboration will reach beyond the health system, as we link with agencies in other sectors such as social care, housing, education and local government to address the social and economic factors that impact on health outcomes - including deprivation and remoteness. Such inter-sectoral approaches will be of particular importance in ‘closing the gap’ in outcomes for the Aboriginal and Torres Strait Islander people of Western Queensland.

**Our People, Our Partnerships, Our Health** presents a carefully considered response to the region’s needs and current service configuration. Our five-year Strategic Plan seeks to strengthen primary health care’s contribution to the performance and sustainability of the wider system, through support for innovation that better integrates services and makes best use of the available funding and workforce.
HEALTH CONCERNS

• Outcome inequalities, associated with ethnicity (particularly the high Aboriginal and Torres Strait Islander population), deprivation, and rurality and remoteness
• Low health literacy
• Low life expectancy
• High rates of health risk factors, including smoking, overweight and obesity, and excessive alcohol use
• High rates of potentially preventable hospitalisations (but lower for mental health conditions)
• Poor childhood development profile, and high rate of children at risk
• High incidence of chronic disease and co-morbidities

POPULATION

• 72,000 people – the smallest PHN population
• Encompasses three HHS districts
• 1.5% of Queenslanders in 55% of the land area; 99% of the population live in Remote or Very Remote areas – the most sparsely populated PHN
• High Aboriginal and Torres Strait Islander population (19%), particularly in the North West
• A young population, compared with Queensland and Australian norms
• High socio-economic deprivation
• 44 towns and communities - no single large population centre
• Large travel distances, with poor public transport, accommodation and telecommunications
• Projected slow population growth overall (11.4% by 2036), with shrinkage in Central West
• Significant transient populations, including grey nomads and the mining workforce
OUR VISION

Western Queenslanders experiencing better health

PURPOSE STATEMENT

To support a comprehensive and integrated primary health care system that delivers better health outcomes for the people of Western Queensland

OUR GOALS

Improve the health of our population and reduce inequalities

Enhance patients and families access and experience of care

Strengthen the capacity and capability of primary care

Foster efficient and effective primary care

OUR VALUES

COLLABORATION
FAIRNESS
INNOVATION
INTEGRITY
RESPECT
RESPONSIVENESS
PARTICIPATION
INTEGRATING CARE

Through partnerships with the Western Queensland HHSs and the AICCHS sector, we will adopt whole of system primary care commissioning across the region. This will involve collaborative approaches with shared health intelligence to support joint planning and analysis, alignment of primary care strategies, pooling of funds, joint staff appointments, and shared service entities. These partnerships will evolve over time as trust and confidence develop, and the benefits of working across organisational boundaries become evident. We will pursue the most appropriate co-commissioning approach and focus on areas where the relationships, common pathways and data exist to support new service frameworks within a GP lead multi-disciplinary team-based approach. We will also work with agencies from other sectors to address the needs of Western Queensland’s most deprived communities and vulnerable families, to better direct Commonwealth and State Resources.

CHRONIC AND COMPLEX CARE

Building on the new model of primary health care (WQHCH), we will work with partners and primary and community service providers to best orientate our system to optimise the identification, management and prevention of chronic conditions, including mental health. We will develop and implement appropriate service frameworks to guide and target our commissioning approach and strengthen team-based approaches within the WQHCH model of care. This will encompass early diagnosis and intervention, risk reduction and effective management and support. The framework will apply across all chronic conditions with an emphasis on diabetes and mental health and reflect the common elements of care, patient reported experiences linked to better self-management and the frequent incidence of co-morbidities.

CHILD AND MATERNAL HEALTH

Working with partners and primary and community service providers, we will design and implement a system of care for Western Queensland’s children and families, that begins with enrolment of the mother early in pregnancy and that continues through to the child’s early development needs and school entry until age 8. The aim is to build greater coordination, alignment and responsiveness across child and family networks and services and to ensure the mother and child receive the appropriate checks, care and referrals, and avoid any child ‘falling through the cracks’. The maternal and child health approach will build on the new model of primary health care, the WQHCH and leverage from the enrolment of children and their families within a program that has universally applied care arrangements, surveillance and milestone outcome measures.

WQ HEALTH CARE HOME

We will work with partners as well as primary and community service providers to co-design and progressively implement a new primary health care model. The WQ Health Care Home (WQHCH) will be the primary enabler to comprehensive primary health care and centered on strengthening and transforming general practice’s role as the health care home for people and their families. In the WQHCH, general practice offers continuity of holistic care, delivered close to peoples’ homes; and individuals, families and carers are informed and active partners in their care. General practice provides the gateway to the wider health system through access to the community-based multi-disciplinary disciplinary team, and to hospital and specialist services where these are required. The intent of the clinically integrated model of primary health is to bring these key components together to establish a critical mass of health professionals, providing good clinical care (especially for children and those with complex conditions), a sustainable, professionally supportive work environment and access to services for everyone living in the communities and remote areas of Western Queensland.

GOOD GOVERNANCE

A new Not for Profit Public Company, formed to deliver the Commonwealth National Primary Health Care agenda, we will ensure the adoption of good governance practices that underpin the growth and maturation of our organisation. Our Board will bring important experience and knowledge relevant to the scope, function and challenges of our task and build confidence through demonstrated performance and corporate citizenship. With a diverse membership of peak organisations and partners, our independence and role as a commissioner of services will seek to innovate the capacity and scope of primary care in Western Queensland. We will support a skilled and experienced workforce and management team, and work to create new partnerships, provide quality information regarding the health needs of our populations and reinforce evidence informed practice. Over time we aim to articulate a clear strategy of partnership, innovation and integration and nurture a shared sense of responsibility and opportunity through accountable care approaches in Western Queensland.
## Integrating Care
- A comprehensive shared health intelligence to plan and evaluate primary health care services
- Support the Maranoa Accord and enable strong advocacy with shared governance and leadership
- Enable local leadership through Councils and ensure Consumer Engagement strategies and structures are implemented
- Ensure joint planning to inform integrated service frameworks on key health priorities
- Comprehensive health needs assessment supporting place-based commissioning approaches
- Build strategic alignment across Commonwealth and State primary care frameworks

## WQ Health Care Home
- Universal support and adoption of the Health Care Home model of care, customised for Western Queensland
- Development and adoption of a quality improvement framework to commission and enable WQHCH capabilities and whole of population approach
- Support a dynamic, skilled and sustainable WQHCH workforce
- Leverage from the WQHCH to support better coordination, uptake and adoption of integrated care
- Harmonise and innovate general practice and service provider support with primary health care quality improvement and business domains
- Establish an academic partnership to build formative evaluation capability and monitor WQHCH exemplar sites within WQ Localities

## Closing the Gap
- Promote the Nukal Murra Alliance joint commissioning framework to improve cultural competency, better access and performance
- Implement an appropriate cultural integrity framework to guide primary care commissioning
- Provide integrated indigenous workforce solutions in Western Queensland
- Provide advocacy and support to build Aboriginal and Torres Strait Islander clinical leadership in collaboration with AICCHS and partners

## Chronic and Complex Care
- Design and implement evidence-informed service frameworks for early intervention and prevention
- Promote practice-based commissioning to support WQHCH capability and targeting of chronic conditions
- Activate allied health commissioning to strengthen WQHCH outcomes with an emphasis on disease prevention and better self management
- Enable integrated stepped care approach to MH and AOD and support uptake of digital health for chronic disease management
- Incorporate Workforce development, up-skilling and innovation through commissioning
- Support development of local clinical pathways for key health priorities

## Child and Maternal Health
- Implement the WQ child and maternal health (CMH) service framework prioritising health outcomes in the first 3000 days
- Promote integrated clinical and health promotion activities to support targeted cohorts during important developmental milestones
- Build partnerships with non-health child services and stakeholders aligned with childhood development and families
- Support uptake of digital technologies to enhance CMH outcomes, surveillance and coordination
- Support local clinical pathways including specialist or tertiary services

## Good Governance
- Provide accountable, quality assured corporate, program and clinical governance
- Support a progressive and inclusive corporate culture
- Maintain high quality financial performance, controls and fidelity
- Support an efficient organisational structure and highly skilled and motivated workforce
- Maintain ISO 9001-2016 Certified Quality Management Systems and effective performance monitoring and surveillance
- Build and maintain effective stakeholder engagement and industry confidence
Primary care is used interchangeably with primary medical care as its focus is on clinical services delivered to individuals, provided predominantly by general practitioners (GPs) and practice nurses. This is also known as general practice.

Primary health care incorporates primary care, but has a broader focus through providing a comprehensive range of generalist services by multidisciplinary teams that include not only GPs and nurses but also allied health professionals and other team members such as Aboriginal health, health education/promotion and community development workers. As well as providing services for individuals and families, primary health care services also operate at the community level. This primary health care model reflects that used by the AICCHSs, and has parallels with the concept of the extended general practice used in other jurisdictions.

Core functions and characteristics:

- the first point of contact with the health system for the majority of the population;
- a gateway to other parts of the health system via referral pathways;
- the provision of generalist services across the spectrum of care, with an emphasis on episodic care for common time-limited health problems, anticipatory preventive care, early detection of and intervention for risk factors, and the ongoing management of chronic conditions;
- the comprehensive provision of major ambulatory health needs for individuals/families/local communities across the span of life;
- an understanding and focus on psychosocial care;
- continuity of care over time and over episodes; and
- the use of multidisciplinary approaches.
As a primary health network, WQPHN is a commissioner of health services. At its simplest, commissioning is the process of planning, agreeing, funding and monitoring services. Our commissioning and development framework is summarised below:

**Strategy**
- Understand
- Health Needs
- Plan
- Co-Design
- Modify
- Enhance
- Procure
- Evaluate
- Monitor

**Co-Design**
- Detect when we need to intervene in our health system
- Make tactical and evidence-based decisions about how to intervene and which change lever to use
- Orchestrating change successfully and confidently with the right change lever

Commissioning is a dynamic and real-time change process. Through our commissioning and development framework we will deliver on our vision and goals for primary health care, as well as contributing to the success of the wider Western Queensland health system.

The components of our commissioning and development framework are:

- **Strategy**
  - Developing a clear primary health care strategy for Western Queensland that aligns with wider health system strategies
- **Understand Health Needs**
  - Continuously assessing the health needs of our population, and determining priorities
- **Plan**
  - Planning which types of health services will best meet our population’s prioritised health needs
- **Co-Design**
  - Designing clinically informed, culturally responsive and evidence-based services
- **Modify and Enhance**
  - Modifying and enhancing existing service provision to align with the future model of care
- **Procure**
  - Specifying, contracting and funding health services using the most appropriate procurement mechanism
- **Monitor**
  - Monitoring provider service delivery and building provider capability
- **Evaluate**
  - Evaluating health service performance and adapting commissioning strategies as priorities change
Western Queensland PHN
07 4573 1900
admin@wqphn.com.au
www.wqphn.com.au
11 Barkly Hwy (PO Box 2791)
Mount Isa QLD 4825

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Western Queensland Primary Care Collaborative Ltd acknowledges Aboriginal and Torres Strait Islander traditional custodians on whose land we walk, work and live, and we recognise their continuing connection to land, waters and community of our catchment.

We pay respect to them and their cultures and to Elders past, present and yet to come.

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