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| **Nepean Blue Mountains - After Hours Primary Health Care****2023/24 - 2027/28****Activity Summary View** |

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| **AH-HAP - 3 - 2023-24 Homelessness Access Needs Assessment** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| After Hours Primary Health Care |
| **Activity Prefix \***  |
| AH-HAP |
| **Activity Number \*** |
| 3 |
| **Activity Title \***  |
| 2023-24 Homelessness Access Needs Assessment |
| **Existing, Modified or New Activity \***  |
| New Activity |
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| **Activity Priorities and Description** |

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| **Program Key Priority Area \***  |
| Population Health |
| **Other Program Key Priority Area Description**  |
|  |
| **Aim of Activity \***  |
| Needs assessment in the Nepean Blue Mountains Region to identify the needs and gaps across the region for people who are experiencing or at risk of homelessness impacting their ability to access to primary health care services and what services could be commissioned to assist them to access services reducing non-urgent hospital presentations in the after hours period. |
| **Description of Activity \***  |
| Identify the needs of people who are experiencing homelessness to access primary health care services through a robust needs assessment. |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2023 Update |
| **Priorities** |
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| **Priority** | **Page reference** |
| Address the need to improve access to primary healthcare services | 176 |
| Improve Access to after-hours primary care | 150 |
| Reduce potentially avoidable general practitioner (PAGP) type presentations from ED to GP | 152 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| people who are experiencing homelessness |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
| No |
| **Indigenous Specific Comments**  |
|  |
| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
| Homeless organisations and community support providers Primary health care providers and Local Health District Department of Communities and Justice |
| **Collaboration**  |
| Homeless organisations and community support providers Primary health care providers and Local Health District Department of Communities and Justice |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 30/06/2023 |
| **Activity End Date**  |
| 29/06/2024 |
| **Service Delivery Start Date** |
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| **Service Delivery End Date** |
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| **Other Relevant Milestones** |
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| **Activity Commissioning** |

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| **Please identify your intended procurement approach for commissioning services under this activity:**  |
| **Not Yet Known:** No**Continuing Service Provider / Contract Extension:** No**Direct Engagement:** Yes**Open Tender:** No**Expression Of Interest (EOI):** No**Other Approach (please provide details):** No |
| **Is this activity being co-designed?**  |
| No |
| **Is this activity the result of a previous co-design process?**  |
| No |
| **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**  |
| No |
| **Has this activity previously been co-commissioned or joint-commissioned?**  |
| No |
| **Decommissioning**  |
| No |
| **Decommissioning details?**  |
|  |
| **Co-design or co-commissioning comments**  |
| the needs assessment will identify the next steps and codesign approach. |

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| **AH-MAP - 5 - 2023-24 Multicultural Access Program** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| After Hours Primary Health Care |
| **Activity Prefix \***  |
| AH-MAP |
| **Activity Number \*** |
| 5 |
| **Activity Title \***  |
| 2023-24 Multicultural Access Program |
| **Existing, Modified or New Activity \***  |
| New Activity |
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| **Activity Priorities and Description** |

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| **Program Key Priority Area \***  |
| Population Health |
| **Other Program Key Priority Area Description**  |
|  |
| **Aim of Activity \***  |
| Needs assessment in the Nepean Blue Mountains Region to identify the needs and gaps across the region for people from multicultural communities impacting their ability to access to primary health care services and what services could be commissioned to assist them to access services reducing non-urgent hospital presentations in the after hours period. |
| **Description of Activity \***  |
| Identify the needs of multicultural communities to access primary health care services through a robust needs assessment. |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2023 Update |
| **Priorities** |
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| **Priority** | **Page reference** |
| Address the need for culturally appropriate Services | 212 |
| Address the need to improve access to culturally appropriate health services | 176 |
| Address the need to improve access to primary healthcare services | 176 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| people from a multicultural background and community living in the Nepean Blue Mountains region. |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
| No |
| **Indigenous Specific Comments**  |
|  |
| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
| Local Government - Councils Primary health care providers and Local Health District including Multicultural Health Unit and Refugee health Consumers through our Consumer Advisory Committee and other multicultural consumer groups Nepean Multicultural Access, SydWest and other community service providers and multicultural community groups |
| **Collaboration**  |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 30/06/2023 |
| **Activity End Date**  |
| 29/06/2024 |
| **Service Delivery Start Date** |
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| **Service Delivery End Date** |
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| **Other Relevant Milestones** |
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| **Activity Commissioning** |

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| **Please identify your intended procurement approach for commissioning services under this activity:**  |
| **Not Yet Known:** No**Continuing Service Provider / Contract Extension:** No**Direct Engagement:** Yes**Open Tender:** No**Expression Of Interest (EOI):** No**Other Approach (please provide details):** No |
|  |
| **Is this activity being co-designed?**  |
| No |
| **Is this activity the result of a previous co-design process?**  |
| No |
| **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**  |
| No |
| **Has this activity previously been co-commissioned or joint-commissioned?**  |
| No |
| **Decommissioning**  |
| No |
| **Decommissioning details?**  |
|  |
| **Co-design or co-commissioning comments**  |
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| **AH - 1 - 2024-25 After Hours Activities** |

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| **Activity Metadata** |

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| **Applicable Schedule \***  |
| After Hours Primary Health Care |
| **Activity Prefix \***  |
| AH |
| **Activity Number \*** |
| 1 |
| **Activity Title \***  |
| 2024-25 After Hours Activities |
| **Existing, Modified or New Activity \***  |
| Existing |
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| **Activity Priorities and Description** |

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|  |
| **Program Key Priority Area \***  |
| Population Health |
| **Other Program Key Priority Area Description**  |
|  |
| **Aim of Activity \***  |
| The aims of this activity are to:1. Maintain access to existing after-hours primary health care services across the region. 2. Improve access to after-hours primary health care services in priority populations.3. Reduce inappropriate emergency department presentations during the after-hours period through provision of appropriate after-hours primary health care services.4. To increase community awareness of the primary health care services available and improve health -literacy around use of the appropriate service in the after-hours period. 5. To increase the capacity and capability of the primary care workforce to address the health needs of consumers during both the normal business hours and after-hours periods.6. Addressing GP workforce gaps will improve the capacity of general practices in managing the ongoing health needs of consumers during in-hours period and responding to urgent health needs during the after-hours periods. |
| **Description of Activity \***  |
| 1. Continue to commission the delivery of After-Hours GP services in Penrith, and Lithgow LGAs.2. Support general practices in the utilisation of medical deputising services where available and/or provision of their own after-hours services through the After-Hours Practice Incentive Program. 3. Continue to commission a Medical Deputising Service (MDS) to extend its coverage to the lower Blue Mountains region, where a known After-Hours service gap exists and where it is commercially unviable for an MDS to operate without funding from the PHN.4. Continue to commission an existing pharmacy in Penrith to extend its opening hours to provide 24-hour coverage, seven days a week within proximity of Nepean Hospital and the Penrith After Hours Doctors clinic to provide dispensing services for prescription medicine, over the counter medicines, and pharmacist-provided health advice.5. Continue to deliver the Doctor Closed community awareness campaign and website developed by NBMPHN to direct people to the right level of care/information/advice in the after-hours period. Continued promotion of this website is necessary, particularly in locations where there is poor access to a physical after-hours doctor service (clinic or home-based). |
| **Needs Assessment Priorities \*** |
| **Needs Assessment** |
| Needs Assessment 2021/22 - 2023/24 |
| **Priorities** |
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| **Priority** | **Page reference** |
| Improve Access to after-hours primary care | 239 |
| Enhance video Telehealth uptake | 243 |
| Continue to support consumer awareness | 262 |
| Encourage stronger linkages and collaboration between PHN and LHD | 312 |
| Address gaps in systems that could support improved communication, transfers of care and conjoint care between service providers across sectors including initial assessment for service matching e-refe | 285 |
| Continue ongoing education and training to build capacity | 242 |
| Address the need to improve access to primary healthcare services | 306 |

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| **Activity Demographics** |

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| **Target Population Cohort**  |
| Adults aged 16-44 year olds and families with children 0-15. In this region, these groups are known to have the highest number of presentations to ED for non-urgent or semi-urgent care in the After Hours period; CALD populations; and older persons. |
| **In Scope AOD Treatment Type \*** |
|  |
| **Indigenous Specific \*** |
| No |
| **Indigenous Specific Comments**  |
|  |
| **Coverage**  |
| **Whole Region**  |
| Yes |
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| **SA3 Name** | **SA3 Code** |
| Blue Mountains - South | 12402 |
| Penrith | 12403 |
| Dural - Wisemans Ferry | 11502 |
| Fairfield | 12702 |
| Bathurst | 10301 |
| Rouse Hill - McGraths Hill | 11504 |
| Lithgow - Mudgee | 10303 |
| St Marys | 12405 |
| Richmond - Windsor | 12404 |
| Hawkesbury | 11503 |
| Blue Mountains | 12401 |

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| **Activity Consultation and Collaboration** |

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| **Consultation**  |
| • Consumers are consulted via the Consumer Advisory Committee, service feedback forms, social media and surveys. A formal evaluation was undertaken on the telehealth pilot for after-hours medical care for RACF residents. This evaluation process involved formal interviews with GPs, RACF staff, carers and residents. |
| **Collaboration**  |
| Consultation regarding the delivery of the after-hours clinics occurs on a regular basis with key stakeholders including Nepean Blue Mountains LHD, and GP Advisory Groups, and relevant consumer and carer groups. The key specific consultation activities are outlined below: • NBMPHN’s GP Clinical Advisor was engaged to provide guidance and clinical advice for the Hawkesbury After Hours GP Clinic.• Nepean Blue Mountains Local Health District: Improve communication and integration between the hospital and the After Hours clinic and advise on co-design elements of after-hours services.• Residential Aged Care Providers: implementation of an after hours doctor telehealth services in residential aged care facilities.• Older Persons Consortium: co-design of services in aged care facilities• NBMPHN’s GP Clinical Council was consulted for input on the service model design, including barriers and enablers of the above RACF initiative. Ongoing consultation will continue with the following stakeholders regarding the telehealth service option in residential aged care facilities: • Aged Care GP Advisor• General Practitioners • Residential Aged Care Facilities• Older Persons Consortium• Nepean Blue Mountains LHD Aged Care Team• GP Clinical Council |
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| **Activity Milestone Details/Duration** |

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| **Activity Start Date**  |
| 24/06/2015 |
| **Activity End Date**  |
| 29/06/2025 |
| **Service Delivery Start Date** |
| July 2019 |
| **Service Delivery End Date** |
| 30 June 2025 |
| **Other Relevant Milestones** |
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| **Activity Commissioning** |

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| **Please identify your intended procurement approach for commissioning services under this activity:**  |
| **Not Yet Known:** No**Continuing Service Provider / Contract Extension:** Yes**Direct Engagement:** No**Open Tender:** No**Expression Of Interest (EOI):** Yes**Other Approach (please provide details):** No |
| **Is this activity being co-designed?**  |
| Yes |
| **Is this activity the result of a previous co-design process?**  |
| Yes |
| **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**  |
| No |
| **Has this activity previously been co-commissioned or joint-commissioned?**  |
| No |
| **Decommissioning**  |
| Yes |
| **Decommissioning details?**  |
| Hawkesbury After Hours Service was decommissioned in February 2022. Consultation occurred with all Stakeholders in the Hawkesbury LGA and communication was provided to consumers through social media channels, local newspaper, community organisations and general practices providing additional pathways in the after hours period. This was decommissioned as the provider no longer wanted to continue due to reduce in demand and increased resource constraints. Additional options for commissioning were considered however the funding uncertainty and year by year funding only restricts the ability to commission a viable new service. |
| **Co-design or co-commissioning comments**  |
| These activities were co-designed and informed by the General Practitioner Clinical Council, Primary Care Advisory Committee and the Consumer Advisory Committee. |

 |  |