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|  | |  | | --- | | **Nepean Blue Mountains - PHN Pilots and Targeted Programs**  **2022/23 - 2026/27**  **Activity Summary View** | |  |  |
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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **PP&TP-GP - 5 - 2024-25 General Practice Grants Program** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | PHN Pilots and Targeted Programs | | **Activity Prefix \*** | | PP&TP-GP | | **Activity Number \*** | | 5 | | **Activity Title \*** | | 2024-25 General Practice Grants Program | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Workforce | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | This activity is to establish, administer and manage the Strengthening Medicare-General Practice Grants Program to eligible general practices in the region. | | **Description of Activity \*** | | Establish, administer and manage the Strengthening Medicare-General Practice Grants Program to eligible general practices in the region within the three streams of the program:   1. enhance digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards.  2. upgrading infection prevention and control arrangements – to support the safe, face-to-face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza)  3. maintain and/or achieve accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice under the General Practice Accreditation Scheme – to promote quality and safety in general practice. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Needs Assessment 2021/22 - 2023/24 | | **Priorities** | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Address the need to improve access to primary healthcare services | 306 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | General Practices in the region | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | |  | | **Collaboration** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 19/04/2023 | | **Activity End Date** | | 30/12/2024 | | **Service Delivery Start Date** | |  | | **Service Delivery End Date** | |  | | **Other Relevant Milestones** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** No  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** Yes | |  | | **Is this activity being co-designed?** | |  | | **Is this activity the result of a previous co-design process?** | |  | | **Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?** | |  | | **Has this activity previously been co-commissioned or joint-commissioned?** | |  | | **Decommissioning** | |  | | **Decommissioning details?** | |  | | **Co-design or co-commissioning comments** | |  | |  | | |  |

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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **PP&TP-GCPC - 1 - 2024-25 GCPC - Activities** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | PHN Pilots and Targeted Programs | | **Activity Prefix \*** | | PP&TP-GCPC | | **Activity Number \*** | | 1 | | **Activity Title \*** | | 2024-25 GCPC - Activities | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Population Health | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | Continue the governance arrangement for the Greater Choice for At Home Palliative Care program with key stakeholders. Implement the recommendations in accordance with the findings of the needs analysis and enhance the referral pathways and improve access to palliative and supportive care services across the region. Continue to enhance the integration of primary and acute services to improve access to palliative care at home in the Nepean Blue Mountains region including education for primary health care providers. Continue to implement the activities identified within the needs assessment to improve access to quality palliative and end of life care at home. | | **Description of Activity \*** | | Maintain the employment of two FTE staff who will continue to work with the joint PHN/LHD established Palliative and Supportive Care Steering Committee to implement and progress work according to the recommendations of the needs analysis to improve access to quality palliative and end of life care in the region. Continue to implement the activities identified through the needs assessment including but not limited to: - Compassionate community activities leveraging the compassionate community work expansion across the region including community connectors, community connector points and health connectors (practice nurse) capacity building to increase their scope of practice to enhance a health connector role in general practice; - deliver education and capacity building activities for primary health care providers through national palliative care projects; - embed programs and measures such as ELDAC and PCOC to improve the quality of palliative care provided in the region; - enhance communication mechanisms across the health system to support quality palliative and end of life care;  - work with RACFs to improve access to quality end of life care through education opportunities, access to clinical support and advice; -implement social prescribing to support access to quality palliative care and resources in the region. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Needs Assessment 2021/22 - 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Improve capture of patient experiences of care | 238 | | Improve Access to after-hours primary care | 239 | | Enhance video Telehealth uptake | 243 | | Apply expert knowledge from key sources | 262 | | Continue to support consumer awareness | 262 | | Skills and Training Capacity | 276 | | Address social isolation and stigma | 290 | | Address service System Integration and interoperability | 291 | | Encourage stronger linkages and collaboration between PHN and LHD | 312 | | Develop and review local referral pathways and guidelines | 269 | | Continue ongoing education and training to build capacity | 242 | | Address the need to improve access to primary healthcare services | 306 | | Address the need to improve access to culturally appropriate health services | 306 | | Establish a joint NBM Palliative Care Steering Committee | 265 | | Improve access for people at end of life to support and services to die at home if that is their preferred place, through improved integration and coordination of services | 265 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | health professionals and people who are palliative and their carers in the Nepean Blue Mountains Region | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Engagement with primary care providers; residential aged care facilities; general practitioners; NBMLHD Palliative and Supportive Care; NSW Ambulance; Community Palliative Care Services; consumer experience and review and engagement of the National Palliative Care work including PEPA, iPEPA. | | **Collaboration** | | Nepean Blue Mountains Palliative and Supportive Care - inform the needs analysis, members of the Steering Committee General Practitioners - represented on the Steering Committee and inform the needs analysis NBMLHD Primary Care Community Health - inform the needs analysis Palliative Care NGO providers - inform the needs analysis | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 05/12/2021 | | **Activity End Date** | | 30/10/2025 | | **Service Delivery Start Date** | |  | | **Service Delivery End Date** | |  | | **Other Relevant Milestones** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** No  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** Yes | |  | | **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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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **PP&TP-GCPC - 2 - 2024-25 Palliative Care HealthPathways** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | PHN Pilots and Targeted Programs | | **Activity Prefix \*** | | PP&TP-GCPC | | **Activity Number \*** | | 2 | | **Activity Title \*** | | 2024-25 Palliative Care HealthPathways | | **Existing, Modified or New Activity \*** | | Existing | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Population Health | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | Review the existing Palliative and Supportive Care HealthPathways for the Nepean Blue Mountains Region. | | **Description of Activity \*** | | The Palliative and Supportive Care HealthPathways will be reviewed to ensure they reflect the current referral pathways for palliative care in the region. This will occur through engagement of the NBMLHD Palliative and Supportive Care team at the NBMLHD with the HealthPathways GP Clinical Editors to ensure all pathways are up to date and improve access to services for patients in the region. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Needs Assessment 2021/22 - 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Address the need for culturally appropriate Services | 302 | | Develop local guidelines containing culturally safe services | 310 | | Encourage stronger linkages and collaboration between PHN and LHD | 312 | | Develop and review local referral pathways and guidelines | 269 | | Facilitate service Integration | 296 | | Address the need to improve access to primary healthcare services | 306 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | health professionals caring for patients who are palliative, their families/carers | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | Engagement with NBMLHD Palliative and Supportive Care team; HealthPathways Clinical Editors. | | **Collaboration** | | NBMLHD Palliative and Supportive Care team will inform the referral pathways to ensure currency working closely with the GP Clinical Editors. NBMPHN/NBMLHD Palliative and Supportive Care Steering Committee. | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 28/02/2022 | | **Activity End Date** | | 30/10/2025 | | **Service Delivery Start Date** | |  | | **Service Delivery End Date** | |  | | **Other Relevant Milestones** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** No  **Continuing Service Provider / Contract Extension:** No  **Direct Engagement:** No  **Open Tender:** No  **Expression Of Interest (EOI):** No  **Other Approach (please provide details):** Yes | |  | | **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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|  | |  | | --- | |  | | |  |  |  |  | | --- | --- | --- | --- | |  | |  | | --- | | **PP&TP-DVP - 4 - 2024-26 PHC 4 - Family and Domestic Violence Pilot** | |  | | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Metadata** | |  | | |  | | **Applicable Schedule \*** | | PHN Pilots and Targeted Programs | | **Activity Prefix \*** | | PP&TP-DVP | | **Activity Number \*** | | 4 | | **Activity Title \*** | | 2024-26 PHC 4 - Family and Domestic Violence Pilot | | **Existing, Modified or New Activity \*** | | Modified | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Priorities and Description** | |  | | |  | | **Program Key Priority Area \*** | | Population Health | | **Other Program Key Priority Area Description** | |  | | **Aim of Activity \*** | | The Nepean Blue Mountains Recognise, Respond and Refer pilot aims to improve the patient journey for those experiencing or at risk of domestic and family violence (DFV) through integration and coordination of the domestic family violence system and primary care. Wentworth Healthcare Limited (WHL) will continue to work collaboratively with the Nepean Blue Mountains Local Health District (NBMLHD), Safety Action Meeting (SAM) committee members in each LGA, local government, general practitioners and general practice staff, key domestic and family violence stakeholders including people with lived experience and service providers (DCJ and child protection) to deliver the co-designed model to the Nepean Blue Mountains region. The project’s Steering Committee was established in 2020 with members representative from both DFV and Primary Care sectors and provides guidance and advice to the projects implementation and activities. WHL will continue to employ a DFV Integration Coordinator who is responsible for the coordination of services, integration across the sector and provides primary care representation at a local and state level to influence the role of primary care in recognising, responding and referring people who are experiencing or at risk of DFV. The coordinator will be responsible for building capacity within general practice to embed the RRR model with a whole of practice approach and improve the integration of primary care into the DFV sector. To support the integration, local commissioned ‘DFV Linker’ workers provide a locality system navigation role, improving appropriate supportive referral pathways for primary care to domestic and family violence services. The Linkers work across the region covering Penrith, Hawkesbury, Blue Mountains and Lithgow LGA's. | | **Description of Activity \*** | | Continue to deliver the Recognise, Respond and Refer Pilot building on the outcomes of the initial evaluation. This three-pronged approach will demonstrate and align with the objectives of the pilot to ensure consultation and engagement across participating PHNs and will build a body of evidence.  The three pronged approach will include: 1. PHN Domestic and Family Violence (DFV) Integration Officer who will provide strategic integration connecting the primary care sector to the DFV sector; 2. Continue to commission ‘DFV Linker’ workers to work across the DFV service system and connect into general practices as a the first point of call for practices and review referral pathways including HealthPathways; 3. Continue to deliver training and workshops to increase the capacity and capability of the primary care sector to recognise, respond and refer those who are experiencing or at risk of DFV.   Domestic and Family Violence Integration Coordinator is responsible for working with the commissioned DFV Linkers to deliver customised training to increase the capacity and capability of workers in primary care settings to recognise, respond and refer those who have experienced or are at risk of Domestic and Family Violence (DFV). The DFV Integration Coordinator facilitates regular community of practice meetings and coordination of key stakeholders in the region. This role is crucial to the integration of primary care and the DFV system and inter-sector collaboration across services to improve access and supporting the patient journey.  Provision of training for general practice will continue to be provided through a whole of practice approach noting the important role that Practice Managers; Practice Nurses and General Practitioners play in the recognition, response and referral (RRR) process for Domestic and Family Violence (DFV). The training includes trauma informed practice; communication skills needed to effectively recognise, respond and refer; health impacts of domestic and family violence and the demographic and public health consideration of vulnerable population groups. The RRR training is RACGP accredited and contextualised to the local area, to maximise engagement of practices a GP Clinical Advisor is engaged to provide advice. The training is delivered in practice by the DFV Integration Coordinator enabling locality connection to the DFV system and the DFV Linker to the practice enhancing the referral relationship between the practice and the ‘Linker’. Communication material for practices and the wider community has been developed to assist in creating a safe practice environment that will further enhance the integration of the sector communicating the roles of primary care in the recognition, response and referral of DFV.   The role of the DFV Linker was co-designed with key stakeholders including Local Government across the 4 LGAs, NBMLHD, Hawkesbury Hospital/St John of God, members of the Safety Action Meeting committee, GP Clinical Advisor, those with lived experience, key DFV providers in the region, primary care providers including all role specifications and other identified stakeholders. The pilot project steering committee with key stakeholders including those with lived experience meets bi-monthly to inform the work of the project. The DFV Linkers operate across the systems to operationalise the connection and the DFV system connecting with general practice to improve the navigation of the system with a health care neighbourhood approach supporting a locality response.   The DFV Linker is the face of the DFV services in the general practice environment building a relationship with the general practice staff thereby creating a platform of trust and communication leading to improved referral outcomes. The Linker then meets with the patient in an appropriate and safe place which could be in the general practice. The Linker will refer to the most appropriate service and provide a warm referral when required. This role also provides incidental opportunities for further training and capacity building with general practice staff through a coaching model exemplifying appropriate behaviour when working with people who have experienced or are at risk of DFV. The DFV Linker model is commissioned to a region-wide provider covering all 4 LGAs in the NBM region. The Linkers are allocated as part of the DFV service system and are a direct referral point for general practice.   Referral pathways are included in all communication activities and WHL navigation websites to enhance referral systems across primary care and the DFV sector including https://myhealthconnector.com.au/ and https://www.mentalhealthhelp.com.au/ and HealthPathways. | | **Needs Assessment Priorities \*** | | **Needs Assessment** | | Needs Assessment 2021/22 - 2023/24 | | **Priorities** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Priority** | **Page reference** | | Address the need for culturally appropriate Services | 302 | | Commission services to improve coordination of care | 255 | | Improve primary care access to domestic family violence services for appropriate referral | 263 | | Address service System Integration and interoperability | 291 | | Local knowledge and coordination. | 312 | | Facilitate service Integration | 296 | | Address the need to improve access to primary healthcare services | 306 | |  | | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Demographics** | |  | | |  | | **Target Population Cohort** | | people who are experiencing domestic and family violence and those seeking behaviour change programs. | | **In Scope AOD Treatment Type \*** | |  | | **Indigenous Specific \*** | | No | | **Indigenous Specific Comments** | |  | | **Coverage** | | **Whole Region** | | Yes | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Consultation and Collaboration** | |  | | |  | | **Consultation** | | A Steering Committee has been developed to inform, guide and assist in the implementation of the project. The Steering Committee includes membership from across the four local government areas in the NBM region: General Practice including a General Practitioner; Local Health District; consumer with a lived experience; practice nurse; non government organisations across the domestic family violence sector. | | **Collaboration** | | Synergia Consulting was commissioned to facilitate the needs assessment and co-design process to support the implementation of the pilot with the following stakeholders:  • Domestic & family violence services • General Practices • Local Health District including IVPRS service • People with lived experience • Local SAM’s • Local Government organisations • Non Local Government organisations • Greater Western Aboriginal Health Service | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Milestone Details/Duration** | |  | | |  | | **Activity Start Date** | | 13/05/2020 | | **Activity End Date** | | 29/06/2026 | | **Service Delivery Start Date** | | 1 July 2020 | | **Service Delivery End Date** | | 30 June 2026 | | **Other Relevant Milestones** | |  | |  | |  | | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **Activity Commissioning** | |  | | |  | | **Please identify your intended procurement approach for commissioning services under this activity:** | | **Not Yet Known:** No  **Continuing Service Provider / Contract Extension:** No  **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?** | | 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** | | Co-design activities were held between October and December 2020 and involved surveying the key stakeholders prior to two facilitated co-design workshops which informed the pilot design and implementation. The DFV Linker EOI was released in January and closed at the end of February 2021 with three providers commissioned to deliver the DFV Linker service in the region. | |  | |  |