

# Western Sydney - Core Funding 2023/24 - 2027/28 Activity Summary View



## GPACI-GPM - 1 - WSPHN- General Practice in Aged Care Incentive (GPACI -GPM) – GP Matching



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

GPACI-GPM

**Activity Number \***

1

**Activity Title \***

WSPHN- General Practice in Aged Care Incentive (GPACI -GPM) – GP Matching

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

**Other Program Key Priority Area Description****Aim of Activity \***

To implement and manage the matching of residents in residential aged care homes (RACHS) to General Practitioners (GPs) and practices and/or Aboriginal Community Controlled Health Services (ACCHS).

Objectives of activity are for WSPHN commissioned services to work collaboratively with residents (and/or their nominated guardians), residential aged care home (RACH) providers, and local general practices to match RACH residents without a regular GP to an appropriate preferred GP in MyMedicare.

Establish formal, culturally safe partnerships with local Aboriginal Community Controlled Health Services (ACCHS) to support First Nations RACH residents seeking care within the WSPHN region.

WSPHN to support general practices to schedule regular visits to RACH residents, promoting continuity of care and enabling eligibility for the GP Aged Care Incentive (GPACI).

Facilitate networks to identify, share, and scale best-practice models between GPs, ACCHS, RACHs, and practices to strengthen sector-wide capacity

**Description of Activity \***

- Program design for the activity involves:
- undertaking a needs analysis of the region to inform design, implementation, and monitoring
  - undertaking stakeholder engagement to inform design, including engagement with RACHs, general practices, ACCHSs, Aboriginal Medical Services, and First Nations and Culturally and Linguistically Diverse communities
  - describing how WSPHN will engage ACCHSs in the design and delivery of the program
  - describing how the WSPHN will develop and maintain relationships with GPs, general practices and RACHs
  - developing local processes for implementing and managing the program
  - developing, in consultation with relevant stakeholders, communication and engagement processes with primary health, aged care and other relevant service providers and consumers
  - engaging with the Department of Health and Aged Care to support the design of the program
  - communicating program process to primary care practices through direct outreach and regular communications channels (e.g., WSPHN websites, WSPHN network forums etc)
  - describing governance processes.

- Funding will be used to deliver the key functions of the program including:
- increase knowledge of GPs, practices and ACCHS of the GPACI and its benefits to residents of RACHs and providers
  - improve reciprocal relationships between GPs and/ or ACCHS and RACHs to facilitate the delivery of quality and continuous primary care services,
  - improve the capacity of GPs, ACCHS and practices to deliver quality and continuous care through collaborative learning networks and/formalised arrangements such as Memoranda of Understanding, and the embedding of the Best Practice Guidelines (to be developed by the Department in 2024).
  - Supporting RACH residents to register with MyMedicare and formalise relationships with their practice and care team
  - Supporting GPs and practices with initial MyMedicare registration processes and increasing their knowledge of the benefits and requirements of the program, including incentive payments.
  - Ongoing engagement with the Department of Health and Aged Care.

**Needs Assessment Priorities \***

**Needs Assessment**

WSPHN Needs Assessment 2025 - 2028

**Priorities**

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**Activity Demographics**

**Target Population Cohort**

Older persons living in Residential Aged Care Facilities

**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**

07/06/2024

**Activity End Date**

30/06/2027

**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:** Yes  
**Continuing Service Provider / Contract Extension:** No  
**Direct Engagement:** No  
**Open Tender:** No  
**Expression Of Interest (EOI):** No  
**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?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## WIP-PS - 1 - WSPHN- Workforce Incentive Program – Practice Stream (WIP-PS)



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

WIP-PS

**Activity Number \***

1

**Activity Title \***

WSPHN- Workforce Incentive Program – Practice Stream (WIP-PS)

**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 will fund PHNs to work with practices receiving WIP-PS incentives to implement effective models of multidisciplinary team care. This includes recruitment and employment of staff to undertake stakeholder engagement and support the implementation of effective models.

**Description of Activity \***

WSPHN aims to:

- understand current utilisation of WIP-PS in their region;
- identify and provide additional support to practices addressing gaps in WIP-PS knowledge;
- identify different models of multidisciplinary care supported by the WIP-PS to address community need, and the key factors that enable or inhibit these models and to share learnings;
- identify the range of activities nurses and allied health professionals undertake in primary care supported by the WIP-PS;
- increase general practice participation in WIP-PS;
- improve patient outcomes by improved access to multidisciplinary care in communities;
- identify best practice models of care supported by WIP-PS; and
- have general practices providing sustainable, quality multidisciplinary team care.

Western Sydney will leverage QI practice activities that can support the Workforce Incentive Program – Practice Stream by

optimising the integration of nurses, pharmacists, and allied health professionals into general practice, enhancing workforce capacity, and improving access to care, and address the region's high burden of chronic conditions including diabetes, cardiovascular disease, and other complex health needs. This includes:

- data-driven workforce planning and capacity building,
- supporting the education and professional development of General Practitioners, nurses, allied health providers and primary care teams
- design and delivery of chronic condition management models
- embedding multidisciplinary team-based care models and approaches
- Funding and business model support: assisting practices in understanding WIP-PS funding rules and how to allocate resources effectively
- data Measurement and Continuous Quality improvement
- General Practice engagement to improve capability and capacity
- Leveraging PDSA cycles and MBS usage ability within our GP workforce.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

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## Activity Demographics

### Target Population Cohort

#### 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

01/07/2024

### Activity End Date

30/06/2025

### 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: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

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?

Yes

### Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments





## CMDT - 1 - WSPHN-Commissioning Multidisciplinary Teams (Commissioning)



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CMDT

#### Activity Number \*

1

#### Activity Title \*

WSPHN-Commissioning Multidisciplinary Teams (Commissioning)

#### 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 \*

Western Sydney PHN (WSPHN), in collaboration with local healthcare providers, spanning general practice, allied health, and aged care is ideally positioned to play a key role in building a MDT that addresses a significant gap, in a thin market, supporting some of the most vulnerable and disadvantaged communities in our region.

WSPHN's intention is to commission and build a MDT workforce hub that can be deployed across a region supporting the need for delivering comprehensive wrap around care to the most vulnerable of our populations, delivering high quality, person-centred care.

Across Western Sydney there are significant long-term issues and needs that impact our region, including increasing population numbers and health complexities, with many pockets of socio-economic disadvantage, difficulty accessing services, high rates of chronic and complex disease, and low health literacy.

Taking a place-based approach, access to the multi-disciplinary team will be phased to cover all 4 LGA's in the Western Sydney Region, based on prioritisation of local need and accessibility (or lack thereof) to current services.

#### Description of Activity \*

A networked approach to delivery is key to the success of the program and the workforce hub, and will consist of practice support functions and implementation of the (currently in development) Allied Health Toolkit, supported by WSPHN's well established Primary Care Transformation & Integration team, the establishment of peer-to-peer leadership, mentoring and networking, connectivity with educational opportunities, alignment with professional CPD requirements, and leveraging existing funding streams to deliver sustainable team based care.

The workforce hub will also benefit from the comprehensive Continuous Quality Improvement approach, Patient Centred Medical Home (PCMH) framework and support functions developed by WSPHN, all of which are centred around an iterative approach to learning and development, as well as true team-based care.

The clinical workforce may initially include (dependent on available funds):

- Social Worker
- Aboriginal Health Worker
- Nurse Practitioner
- Registered Nurse/Midwife
- Pharmacist

Additionally, WSPHN will leverage existing commissioned health professionals including (but not limited to) Allied Health providers, accredited mental health nurses, medical specialists, medical practice assistants and peer workers.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

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## Activity Demographics

### Target Population Cohort

Target populations for the multi-disciplinary team will include (but not limited to):

- Aboriginal and Torres Strait Islander people.
- children and young people
- older Australians
- people from culturally and linguistically diverse backgrounds
- people experiencing socio-economic disadvantage
- people with disability
- people with mental illness

This includes people that:

- are not well linked into health, social and community services
- lack knowledge of their condition
- have limited or no social supports
- have mental health or lifestyle risk factors and lack motivation to change behaviour; or
- have poorly controlled chronic conditions or multiple chronic conditions

### Health Needs

Overall, Western Sydney is an area of relatively low socioeconomic status, high chronic disease prevalence and healthcare access challenges, resulting in the population having poorer health outcomes. For example, more than 60% of Western Sydney residents have or are at risk of developing diabetes. Additionally, inadequate access to healthy food, sports facilities, and exposure to

domestic violence were reported to negatively affect health in the region.

Western Sydney is home to the largest urban Indigenous population in Australia, in the Blacktown local government area, and there is a higher reliance on secondary care within Western Sydney for treatment of population health issues, such as chronic illnesses that could be prevented.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



## Activity Consultation and Collaboration

**Consultation**

Consultation and Co-design (in the form of workshops) are regularly conducted with clinicians, allied health, consumer representatives, General Practitioners, and other key stakeholders to develop processes that will support the care of patients in the community setting.

**Collaboration**

The commissioning of a clinical workforce team will enable the deployment of appropriate clinical service providers to practices within Western Sydney that:

- are unable to provide multi-disciplinary team-based care due to size of the general practice (small/solo practices).
- provide primary healthcare to patients that are unable to access timely care to health and social services, such as nursing, allied health, social and health services due to accessibility, availability, and/or cost.
- provide primary healthcare to vulnerable populations that without access to multi-disciplinary team-based care would present at local emergency departments.

To address recruitment challenges at a practice level and improve access to health professionals such as Aboriginal Health Workers, Nurse Practitioners, Registered Nurse/Midwives, Allied Health Professionals (including Pharmacists) which have been identified as a need by General Practices in Western Sydney, the Multi-Disciplinary Team based workforce hub that will deploy much needed health care teams. We aim to build capability and capacity across primary care, by utilising current capacity within the existing workforce (i.e. engaging local health professionals that have existing capacity) and recruit where gaps exist.



## Activity Milestone Details/Duration

**Activity Start Date**

01/07/2024

**Activity End Date**

30/06/2028

**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:**

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** Yes

**Expression Of Interest (EOI):** No

**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?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**

This activity will be commissioned by WSPHN across Western Sydney region



## MyM - 1 - WSPHN -MyMedicare



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

MyM

#### Activity Number \*

1

#### Activity Title \*

WSPHN -MyMedicare

#### 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 \*

MyMedicare is a voluntary patient registration model that has been established to formalise and strengthen relationships between patients, their general practice and preferred general practitioner (GP) to deliver greater continuity of healthcare. MyMedicare provides patients with better continuity of care and easier access to telehealth consultations. MyMedicare also offers practices with more comprehensive information about their regular patients and access to additional funding packages tailored to their health care needs.

As part of this, the activity will aim to identify and assist unaccredited practices in the Western Sydney region towards accreditation, increasing the number of general practices participating in the NGPA scheme, ensuring they are able to register for Commonwealth funded programs such as My Medicare. It will also involve developing resources and providing ongoing support to help practices achieve and maintain accreditation across each accreditation cycle.

#### Description of Activity \*

WSPHN will develop resources to assist unaccredited practices in their regions to achieve and maintain accreditation under the NGPA scheme, which is a prerequisite for participation in MyMedicare and other Commonwealth incentives programs.

WSPHN has established governance personnel by nominating team members to be lead representatives and SME's (General Practice (Better Access and BB PIP), RACH, Communications, Data and Evaluation, ). The lead representatives contribute to

consultation and co-design of national program activities including change management, leadership, coordination, implementation and reporting activities.

SME's and lead representatives will contribute to the development of resources and toolkits which will help the field workforce to better articulate and distribute information regarding the program. This includes recruitment and employment of staff to support the practices to achieve and maintain accreditation as well as provide support in terms of capacity and capability to primary care through this transition to a new way of working.

We aim to

- See an increase in general practice accreditation, and focus on registering these practices for MyMedicare, aiming for approximately 90% of eligible practices.
- See improvements in safety and quality in health care, and
- See improved access to general practice for Commonwealth funded programs such as MyMedicare.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

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## Activity Demographics

### Target Population Cohort

#### 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

01/07/2024

### Activity End Date

30/06/2027

### 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: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

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?

Yes

### Has this activity previously been co-commissioned or joint-commissioned?

No

### Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments





## CF - 2 - Care Pathways (HealthPathways)



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

2

**Activity Title \***

Care Pathways (HealthPathways)

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Digital Health

**Other Program Key Priority Area Description****Aim of Activity \***

The key aim of the program is to improve the overall quality of care received in the region by providing Primary Care clinicians with up to date information and guidance on the agreed management of various medical conditions. Utilisation and adherence to the care pathways can:

- Decrease variations of care in primary care, and unwarranted care
- Increase GP capacity to manage patients within the community
- Avoid unnecessary hospital admissions
- Effectively manage chronic and more complex care in a community setting
- Reduce the number of inappropriate referrals
- Improve quality of referrals to specialists
- Increase patient access to services

The corresponding objective of the program is to improve collaboration and coordination across the healthcare sector; specifically, between primary, specialist, and hospital services. Engagement of clinicians throughout the care continuum in the planning and development of care Pathways offers opportunities to:

- Collaborate on service re-design initiatives
- Identify potential service gaps in the region

- Strengthen relationships of primary and secondary care providers. –
- Build capacity amongst primary care providers to manage a wider range of conditions in the community

#### Description of Activity \*

This activity will be commissioned to Streamliners NZ (The providers of the Health Pathways platform). These costs include the hosting of the site, content management provided by Streamliners, and access to the library of pathways.

HealthPathways is a web-based health informational portal for General Practitioners and other healthcare providers to utilise during a consultation to assist with the assessment, management, and referrals to local specialists and services. It also provides patient information, reference materials, and education resources to increase the capacity for patients to actively assist in the management of their own health.

Pathways are developed by GP Clinical Editors in collaboration with a range of healthcare professionals including; specialists, nurses, and allied health providers. All pathways are periodically reviewed and updated as required by GP Clinical editors.

The provision of technical writing, community fees, website hosting and a sophisticated system to keep track of content in development.

#### Needs Assessment Priorities \*

##### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

##### Priorities

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#### Activity Demographics

##### Target Population Cohort

General practitioners, nurses, allied health professionals, NGO community service providers and specialist Clinicians in the Western Sydney PHN region

##### In Scope AOD Treatment Type \*

##### Indigenous Specific \*

No

##### Indigenous Specific Comments

##### Coverage

##### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Auburn                     | 12501    |
| Dural - Wisemans Ferry     | 11502    |
| Merrylands - Guildford     | 12503    |
| Baulkham Hills             | 11501    |
| Rouse Hill - McGraths Hill | 11504    |
| Ryde - Hunters Hill        | 12602    |
| Pennant Hills - Epping     | 12601    |
| Carlingford                | 12502    |
| Mount Druitt               | 11603    |
| Parramatta                 | 12504    |
| Blacktown - North          | 11602    |
| Blacktown                  | 11601    |



## Activity Consultation and Collaboration

### Consultation

#### - Western Sydney HealthPathways Steering Committee:

We aim to reinstate the Quarterly strategic governance meetings involving: Clinical Leads and executives from Western Sydney Primary Health Network (WSPHN), Western Sydney Local Health District (WSLHD) and the Sydney Children's Hospitals Network (SCHN).

#### - Western Sydney HealthPathways Paediatric Advisory Group:

Aim to reinstate Quarterly strategic governance meetings involving: Clinicians and personnel from WSPHN, WSLHD, SCHN.

#### - Clinical Stream Planning Meeting:

Plan to reinstate the Consultation and planning meetings involving: Heads of Departments (WSLHD, SCHN), GP Clinical Editors, and representatives from relevant service providers.

#### - Clinical Stream Development Working Group Meetings:

Wider consultation on pathway development involving healthcare and social service professionals from western Sydney.

#### - HealthPathways Primary Care Educational Activities:

Consultation with peak bodies and hospital services on development of education activities for primary care providers in western Sydney.

### Collaboration

Below is a list and description of the role of each stakeholder that will be involved in designing and/or implementing the activity:-

- Western Sydney Local Health District: Strategic Governance and coordination of hospital clinicians and services participation
- Sydney Children's Hospital Network: Strategic governance and coordination of hospital clinicians and services participation
- Local Primary Healthcare Providers: Participation in working groups, pathway feedback and reviews
- National and State Peak Bodies: Peak bodies are often engaged in the development of pathways providing up to date research, condition specific management guidelines, and national and state health programs
- HealthPathways Community – Sharing of pathways across regions, collaboration on pathway development, educational, and promotional activities.
- Local community health groups – Consultation and participation in working groups.
- Streamliners New Zealand – Website administration and Technical Writing



## Activity Milestone Details/Duration

### Activity Start Date

01/07/2015

### Activity End Date

30/06/2027

### 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: Yes

Direct Engagement: No

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?

Not applicable

### Co-design or co-commissioning comments

Not Applicable



## CF - 4 - HealthPathways - Dementia



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

4

**Activity Title \***

HealthPathways - Dementia

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Digital Health

**Other Program Key Priority Area Description**

Aged care

**Aim of Activity \***

To develop Dementia HealthPathways that support health professionals to provide advice, referrals and connections for senior Australians with Dementia into local health, support and aged care services.

**Description of Activity \***

Develop, enhance and review aged care referral pathways on the HealthPathways platform.

1. increase the awareness, engagement, and utilisation of relevant pathways by local health care practitioners (including GPs, allied health and practice staff) and engage local clinical practitioners, consumers and aged care stakeholders and experts in their development

2. Develop, enhance and review dementia referral pathways on the HealthPathways platform.

The pathways will reflect the optimal pathway for seeking dementia diagnosis and then post-diagnostic supports including local services/supports that are available in the region.

WSPHN will work in collaboration with Dementia Australia to ensure nationally consistent local dementia support pathways which

will increase dementia literacy in the primary health sector and promote better linkages to early intervention health and social supports, to improve visibility and consistency of post-diagnostic care.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
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## Activity Demographics

### Target Population Cohort

General practitioners, nurses, allied health professionals, NGO community service providers and specialist Clinicians, families, carers and people living with dementia in the western Sydney PHN region.

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Western Sydney HealthPathways Steering Committee:

Aim to reinstate Quarterly strategic governance meetings involving: Clinical Leads and executives from Western Sydney Primary Health Network (WSPHN), Western Sydney Local Health District (WSLHD) and the Sydney Children's Hospitals Network (SCHN).

Clinical Stream Planning Meeting:

Aim to reinstate Consultation and planning meetings involving: Heads of Departments (WSLHD, SCHN), GP Clinical Editors, and representatives from relevant service providers.

Clinical Stream Development Working Group Meetings:

Wider consultation on pathway development involving healthcare and social service professionals from western Sydney.

HealthPathways Primary Care Educational Activities

Consultation with peak bodies and hospital services on development of education activities for primary care providers in western Sydney.

Consultation with Dementia Australia on development, alignment and dissemination of educational activities and resources for primary care providers, patients and carers in western Sydney

#### **Collaboration**

Below is a list and description of the role of each stakeholder that will be involved in designing and/or implementing the activity;- Western Sydney Local Health District: Strategic Governance and coordination of hospital clinicians and services participation

- Local Primary Healthcare Providers: Participation in working groups, pathway feedback and reviews

- National and State Peak Bodies (incl. Dementia Australia): Peak bodies are often engaged in the development of pathways providing up to date research, condition specific management guidelines, and national and state health programs

- HealthPathways Community – Sharing of pathways across regions, collaboration on pathway development, educational, and promotional activities.

- Local community health groups – Consultation and participation in working groups.

- Streamliners New Zealand – Website administration and Technical Writing



### **Activity Milestone Details/Duration**

#### **Activity Start Date**

01/07/2015

#### **Activity End Date**

30/06/2027

#### **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:** Yes

Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
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





## CF - 7 - PHN Collaborative Data and Analytics Centre for Excellence



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

7

#### Activity Title \*

PHN Collaborative Data and Analytics Centre for Excellence

#### Existing, Modified or New Activity \*

Existing



### Activity Priorities and Description

#### Program Key Priority Area \*

Digital Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

To establish a central PHN Collaborative Data and Analytics Centre of Excellence (the Centre), leveraging off existing Primary Health Insights infrastructure.

#### Description of Activity \*

- The Centre will support data capabilities for PHNs, jointly enhance analytics expertise, improve activity outcomes, and will work to increase data linkages across Commonwealth and state and territory health and aged care systems.
- To establish a data driven evidence-based decision-making process to inform the organisation commissioning better service provision, leveraging off capture and utilisation of outcome measures for mental health clients.
- The Health Intelligence Unit (HIU) will support data capabilities for WentWest, enhance data quality and analytics expertise, improve capture of outcome measures, and will work to improve and facilitate effortless referral process for the GPs and other stakeholders

#### Needs Assessment Priorities \*

#### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

## Priorities

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|--------------------------------------|----------------|
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## Activity Demographics

### Target Population Cohort

All Primary Mental Health care cohort

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

A Departmental delegate will serve as a decision maker for the Centre. They will agree the work priorities for the Centre and serve on the Centre's Steering Committee. The Steering Committee shall meet at least four (4) times per annum. The Committee's Secretariat function will be provided by WentWest.

The Steering Committee membership must include:

- DOH senior executives
- PHN CEO's
- Primary Health Insights Steering Committee Chair
- Primary Health Networks (PHNs)

### Collaboration

A Departmental delegate will serve as a decision maker for the Centre. They will agree the work priorities for the Centre and serve on the Centre's Steering Committee. The Steering Committee shall meet at least four (4) times per annum. The Committee's Secretariat function will be provided by Went West.

The Steering Committee membership must include:

- DOH senior executives
  - PHN CEO's
  - Primary Health Insights Steering Committee Chair
  - Primary Health Networks (PHNs)
-



## Activity Milestone Details/Duration

### Activity Start Date

11/04/2022

### Activity End Date

30/06/2025

### 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?

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



## CF - 10 - Support CALD and Refugee Community



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

10

**Activity Title \***

Support CALD and Refugee Community

**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 \***

The aim of this activity is to support the delivery of culturally appropriate primary health care to ensure the needs of these communities are met.

WSPHN will work to improve access to culturally appropriate, integrated primary care services for refugees by employing a Cultural Support Officer.

**Description of Activity \***

The WSPHN will continue to expand its Refugee health focus whilst ensuring culturally appropriate and safe environments within western Sydney. Due to the complex nature of this activity WSPHN will employ a Cultural Support Officer to independently guide and coordinate the multifaceted nature of Refugee Health and social and emotional wellbeing services in the area.

Critical success factors for this function will be neutrality, the ability for this person to move across health sectors and current structures in the WSLHD and the Refugee sector, ensure engagement of the community, cross-sector partnerships and manage change.

WSPHN will work to improve access to culturally appropriate, integrated primary care services for refugees by recruiting a Cultural Support Officer to:

1. Work collaboratively with local migrant and settlement support services
2. Provide cultural input into the work of primary health providers including strengthening links with CALD communities
3. Increase the capacity of refugee-friendly primary care providers to work together to provide integrated care
4. Assist in the delivery of educational activities for primary care providers
5. Provide cultural and linguistic input into health promotional initiatives
6. Improve equity of access and health literacy to meet the needs of the culturally diverse population.
7. Participate in the western Sydney Refugee Health Coalition to identify emerging issues and co-design possible solutions
8. Develop culturally competent resources and frameworks to support the delivery of information and support primary care providers in delivering CALD appropriate and specific material
9. This service will continue to improve patient outcomes through working collaboratively with WSLHD and health professionals and services to integrate and facilitate a seamless patient experience.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



## Activity Demographics

### Target Population Cohort

Refugees, Asylum Seekers and primary care providers in the western Sydney region

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Auburn                     | 12501    |
| Dural - Wisemans Ferry     | 11502    |
| Merrylands - Guildford     | 12503    |
| Baulkham Hills             | 11501    |
| Rouse Hill - McGraths Hill | 11504    |
| Ryde - Hunters Hill        | 12602    |
| Pennant Hills - Epping     | 12601    |
| Carlingford                | 12502    |
| Mount Druitt               | 11603    |
| Parramatta                 | 12504    |
| Blacktown - North          | 11602    |
| Blacktown                  | 11601    |



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred with the following groups:

- Consumers from CALD background – advise on how to engage with the community and inform about emerging issues
- Primary Health care providers in western Sydney
- WSLHD - Multicultural Health – Lead for Refugee Health coalition
- NSW Refugee Health Services, Settlement Services, local migrant centres
- Coalition partners who can inform issues consumers are experiencing and emerging health trends and provide access to communities to deliver health promotion activities.

### Collaboration

Below is a list of stakeholders that will be involved in designing and/or implementing this activity;-

- Refugee Health coalition
- Western Sydney LHD - Multicultural Health – Lead for Refugee Health coalition
- NSW Refugee Health Services, Settlement Services, local migrant centres
- Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)
- Coalition partners who can inform issues consumers are experiencing and emerging health trends and provide access to communities to deliver health promotion activities.
- Consumers from CALD background – advise on how to engage with community and inform about emerging issues



## Activity Milestone Details/Duration

### Activity Start Date

01/07/2015

### Activity End Date

30/06/2027

**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:** Yes

**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?**

Not applicable

**Co-design or co-commissioning comments**

Not Applicable



## CF - 14 - Dementia Consumer Pathway Resource



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

14

**Activity Title \***

Dementia Consumer Pathway Resource

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this initiative is to support people living with dementia to live well in the community for as long as possible. It will support clinicians, primary care and the allied health workforce to enhance the care and support provided to people living with mild cognitive impairment or dementia, as well as their carers and family. The key objectives are to

- improve the timeliness of dementia diagnosis
- increase the uptake of post-diagnostic services and supports
- enhance the ongoing care and support provided to people living with dementia, their carers and families to support them to plan ahead and better navigate their dementia journey

**Description of Activity \***

This activity will develop and enhance the use of existing local dementia support pathways. WSPHN will support clinicians, primary care and the allied health workforce to link people living with mild cognitive impairment or dementia, and their carers to diagnostic and post-diagnostic services and supports so they can receive early intervention and live well in the community for longer. The activity is comprised of two elements:



Development and enhancement of consumer-focused dementia support resources which detail the post-diagnostic care and support available for people living with dementia, and their carers and families, within their local area, including local, state and federal government, private sector, and non-government community-based support.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



## Activity Demographics

### Target Population Cohort

General practitioners, nurses, allied health professionals, NGO community service providers and specialist Clinicians in the western Sydney PHN region. Consumers/Carers and families of people diagnosed with Dementia

### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

In consultation with Dementia Australia on development, alignment and dissemination of educational activities and resources for primary care providers, patients and carers in Western Sydney

### Collaboration

- Local Primary Healthcare Providers: Participation in working groups, pathway feedback and reviews
- National and State Peak Bodies (incl Dementia Australia): Peak bodies are often engaged in the development of pathways providing up to date research, condition specific management guidelines, and national and state health programs
- HealthPathways Community – Sharing of pathways across regions, collaboration on pathway development, educational, and

promotional activities.

- Local community health groups – Consultation and participation in working groups.
- Streamliners New Zealand – Website administration and Technical Writing



## Activity Milestone Details/Duration

### Activity Start Date

17/12/2021

### Activity End Date

30/06/2025

### 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: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

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**



## CF - 15 - Health Pathways- Aged Care



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF

**Activity Number \***

15

**Activity Title \***

Health Pathways- Aged Care

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Digital Health

**Other Program Key Priority Area Description****Aim of Activity \***

To develop, maintain and promote Aged Care HealthPathways that support health professionals to provide advice, referrals and connections for senior Australians into local health, support and aged care services.

**Description of Activity \***

Develop, enhance and review aged care referral pathways on the HealthPathways platform.

1. increase the awareness, engagement, and utilisation of aged care pathways by local health care practitioners (including GPs, allied health and practice staff) and engage local clinical practitioners, consumers and aged care stakeholders and experts in their development

2. Develop, enhance and review aged care referral pathways on the HealthPathways platform.

Develop, review, maintain and enhance Clinical Referral Pathways content specifically for aged care, to support local health professionals to provide advice and referrals relevant to the needs of their region including through dedicated clinical editor roles.

Consultation with local primary care practitioners, consumers, and other relevant stakeholders through established advisory networks and councils.

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



## Activity Demographics

### Target Population Cohort

General practitioners, nurses, allied health professionals, NGO community service providers and specialist Clinicians, families, carers in the Western Sydney PHN region.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Western Sydney HealthPathways Steering Committee:

Aim to reinstate Quarterly strategic governance meetings involving: Clinical Leads and executives from Western Sydney Primary Health Network (WSPHN), Western Sydney Local Health District (WSLHD) and the Sydney Children's Hospitals Network (SCHN).

Clinical Stream Planning Meeting:

Aim to reinstate Consultation and planning meetings involving: Heads of Departments (WSLHD, SCHN), GP Clinical Editors, and representatives from relevant service providers.

Clinical Stream Development Working Group Meetings:

Wider consultation on pathway development involving healthcare and social service professionals from western Sydney.

HealthPathways Primary Care Educational Activities

Consultation with peak bodies and hospital services on development of education activities for primary care providers in western Sydney.

#### Collaboration

Below is a list and description of the role of each stakeholder that will be involved in designing and/or implementing the activity;-  
Western Sydney Local Health District: Strategic Governance and coordination of hospital clinicians and services participation

- Local Primary Healthcare Providers: Participation in working groups, pathway feedback and reviews

- National and State Peak Bodies : Peak bodies are often engaged in the development of pathways providing up to date research, condition specific management guidelines, and national and state health programs

- HealthPathways Community – Sharing of pathways across regions, collaboration on pathway development, educational, and promotional activities.

- Local community health groups – Consultation and participation in working groups.

- Streamliners New Zealand – Website administration and Technical Writing



### Activity Milestone Details/Duration

#### Activity Start Date

01/07/2015

#### Activity End Date

30/06/2027

#### 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: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

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**



## CF - 5000 - Chronic Disease Prevention and Management



### Activity Metadata

#### Applicable Schedule \*

Core Funding

#### Activity Prefix \*

CF

#### Activity Number \*

5000

#### Activity Title \*

Chronic Disease Prevention and Management

#### 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 \*

The aim of this activity is to;

- Enhance the prevention and management of chronic disease in primary care by implementing initiatives that will increase provider capability and capacity to better manage chronic disease patients.
- Foster the principles of Integrated Care and Patient-Centred Medical Home of team-based, coordinated care focused on quality outcomes.
- Increase healthy lifestyle initiatives available to residents of Western Sydney.
- Increase and enhance chronic disease prevention management and mental health services available in Western Sydney.
- Promote affordable and culturally appropriate health services and support navigation through the health system and mitigate the risk of untreated or developing chronic conditions.
- Pharmacy integration, assisting primary care practitioners in management of chronic disease, patient experience

#### Description of Activity \*

The programs and initiatives that will be implemented under this activity include, but are not limited to:

1. Initiatives executed in partnership with the WSLHD and other partners to enhance the prevention and management of chronic disease in primary care. This uniquely integrates primary and acute care to address the needs of Western Sydney.
2. Programs to integrate pharmacists into the patient care team in the primary care setting.
3. Tools and programs to assist primary care practitioners in the management of a chronic disease.



4. Commissioning of services to enhance chronic disease prevention, mental health, community knowledge and management initiatives across Western Sydney and include Aboriginal and Torres Strait Islander specific activities.
5. Initiatives and activities relating to disease surveillance, prevention, research and health promotion, including comprehensive data dashboards, virtual and face-to-face education and training sessions and activities to extend the reach to a greater proportion of the Western Sydney population.
6. This service will continue to improve patient outcomes through working collaboratively with WSLHD and health professionals and services to integrate and facilitate a seamless patient experience.
7. Trauma informed play-based therapy and developmental for children and their families identified as being at risk of mental health and comorbid conditions.
8. Opportunity for a trial on integrated mental health and after hours model of care within a neighbourhood health setting.
9. To establish a data driven evidence-based decision-making process to inform the organisation commissioning better service provision, leveraging off capture and utilisation of outcome measures for mental health clients
10. The HIU will support data capabilities for WentWest, enhance data quality and analytics expertise, improve capture of outcome measures, and will work to improve and facilitate effortless referral process for the GPs and other stakeholders

## Needs Assessment Priorities \*

### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



### Activity Demographics

#### Target Population Cohort

Entire WSPHN population

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes

| SA3 Name                   | SA3 Code |
|----------------------------|----------|
| Auburn                     | 12501    |
| Dural - Wisemans Ferry     | 11502    |
| Merrylands - Guildford     | 12503    |
| Baulkham Hills             | 11501    |
| Rouse Hill - McGraths Hill | 11504    |
| Ryde - Hunters Hill        | 12602    |
| Pennant Hills - Epping     | 12601    |
| Carlingford                | 12502    |
| Mount Druitt               | 11603    |
| Parramatta                 | 12504    |
| Blacktown - North          | 11602    |
| Blacktown                  | 11601    |



## Activity Consultation and Collaboration

### Consultation

Consultation has occurred with the following stakeholders:

- GPs
- Primary Care Nurses
- WSLHD
- Western Sydney University
- Agency of Clinical Innovation
- Commissioned service providers

Further consultation will be conducted throughout the plan period to ensure the services being delivered are in line with stakeholder and community needs and priorities.

### Collaboration

WSPHN collaborates with the following stakeholders through regular communication channels including face to face meetings, emails and teleconferencing.

- WSLHD
- WSDPMI
- Western Sydney University
- NBMPHN
- SWSPHN
- NSW Agency for Clinical Innovation
- Commissioned service providers
- Other partners as needed.



## Activity Milestone Details/Duration

**Activity Start Date**

01/07/2015

**Activity End Date**

30/06/2027

**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: Yes

Direct Engagement: No

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?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

Not applicable

**Co-design or co-commissioning comments**

Co-Commissioned with the Western Sydney region key stakeholders



## HSI - 1 - Health System Improvements



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

1

**Activity Title \***

Health System Improvements

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

System Integration, Quality Improvement, and Governance

**Aim of Activity \***

The aim of this activity is to enable general practices to;

- effectively utilise clinical information for better patient outcomes and management through data-driven quality improvement.
- to provide and support the utilisation of e-shared care plans to enhance the coordination of people living with a chronic disease
- to improve the quality of care through up to date information and guidance on the agreed management of medical conditions.
- to provide information about health care utilisation across the primary and tertiary care sectors by linking datasets. This activity investigates patterns of health service utilisation longitudinally and across existing data siloes, which assists and informs health system planning.
- to increase the efficiency and effectiveness of stakeholder engagement and GP Support in particular to improve coordination of care to ensure residents of western Sydney receive the right care in the right place at the right time.
- to ensure that consumers and members of the wider community have the skills, resources and opportunities to influence and drive the health services priorities in the region.
- to improve the overall quality of care received in the region by providing Primary Care clinicians with up to date information and guidance on the agreed management of various medical conditions.
- to improve collaboration and coordination across the healthcare sector; specifically, between primary, specialist, and hospital services. Engagement of clinicians throughout the care continuum in the planning and development of care Pathways offers opportunities too.

### Description of Activity \*

- Contract and deploy appropriate data extraction tools to practices and create a shared platform with WSLHD. This will raise awareness of practice population health needs and quality and to proactively provide care and track improvement.
  - The commissioned activity includes the provision of technical writing, community fees, website hosting, consultation with general practices, consumers and key stakeholders, to develop a sophisticated system to keep track of content in development.
  - WSPHN considers the ethical use of data including judgment and approaches when generating analysis and distributing data therefore, WSPHN will ensure that they have the right workforce to navigate the systems.
- PHN data team/Health Intelligence Unit (HIU) and Commissioning teams supports continuous data quality improvement, track outcomes and service performance trend analysis, training, reporting, and preparation of 12 month performance reporting. The HIU ensures commissioned services are effectively monitored, aligned with strategic priorities (such as stepped care), and continually improved through evidence informed insights. The commissioning team is monitoring provider's performance and use data to improve or design service and ensure value for money outcomes. This also ensures that all commissioned services meet required standards, manage risks, and deliver high-quality care.

### Needs Assessment Priorities \*

#### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



### Activity Demographics

#### Target Population Cohort

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

### Consultation

- Clinical Councils
- Health consumers from diverse backgrounds
- General Practitioners
- Other medical specialists and service providers

### Collaboration

- WSPHN
- WSLHD
- SCHN
- General Practices
- Health consumers from diverse backgrounds



### Activity Milestone Details/Duration

#### Activity Start Date

01/07/2015

#### Activity End Date

30/06/2027

#### 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: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

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**





## HSI – 2 – Emergency Preparedness



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

HSI

**Activity Number \***

2

**Activity Title \***

Health System Improvements

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description****Aim of Activity \***

The aim of this activity is to enable general practices to;

- effectively utilise clinical information for better patient outcomes and management through data-driven quality improvement.
- to provide and support the utilisation of e-shared care plans to enhance the coordination of people living with a chronic disease
- to improve the quality of care through up to date information and guidance on the agreed management of medical conditions.
- to provide information about health care utilisation across the primary and tertiary care sectors by linking datasets. This activity investigates patterns of health service utilisation longitudinally and across existing data siloes, which assists and informs health system planning.
- to increase the efficiency and effectiveness of stakeholder engagement and GP Support in particular to improve coordination of care to ensure residents of western Sydney receive the right care in the right place



at the right time.

- to ensure that consumers and members of the wider community have the skills, resources and opportunities to influence and drive the health services priorities in the region.
- to improve the overall quality of care received in the region by providing Primary Care clinicians with up to date information and guidance on the agreed management of various medical conditions.
- to improve collaboration and coordination across the healthcare sector; specifically, between primary, specialist, and hospital services. Engagement of clinicians throughout the care continuum in the planning and development of care Pathways offers opportunities too.

## **Emergency Preparedness**

Western Sydney PHN continues to embed emergency preparedness, disaster management and business continuity planning into our broader core commissioning and primary care support activities. Emergency preparedness is not a separate activity but rather is considered at a strategic level in association with other key policies and protocols, to ensure the primary healthcare can respond with resilience during and after a disaster or critical event.

### **Description of Activity \***

- Contract and deploy appropriate data extraction tools to practices and create a shared platform with WSLHD. This will raise awareness of practice population health needs and quality and to proactively provide care and track improvement.
- The commissioned activity includes the provision of technical writing, community fees, website hosting, consultation with general practices, consumers and key stakeholders, to develop a sophisticated system to keep track of content in development.
- WSPHN considers the ethical use of data including judgment and approaches when generating analysis and distributing data therefore, WSPHN will ensure that they have the right workforce to navigate the systems.
- The HIU team support by Quality, Research and Strategic Project teams will support data capabilities for WentWest, enhance data quality and analytics expertise, improve capture of outcome measures, and will work to improve and facilitate effortless referral process for the GPs and other stakeholders

## **Emergency Preparedness**

### **Planning & Coordination**

- Advocating for and ensuring Western Sydney PHN and our partners in primary care are formally recognized and embedded in local, state, and national disaster management planning, response, and recovery arrangements.
- Working closely with Western Sydney Local Health Districts, local emergency response agencies, and other stakeholders to ensure an integrated approach.
- Ensuring our regional health needs assessment identifies local risks, strengths and priorities in considering future disaster responses and resource allocation.
- Supporting general practices and commissioned service providers in developing and regularly updating their own emergency and business continuity plans (BCPs) and including this as a requirement in contractual arrangements where appropriate.

### **Practice Support & Capability Building**

Western Sydney PHN provides resources and support to help individual general practices and healthcare providers prepare:

- Toolkits and online platforms (like the Emergency Response Planning Tool - ERPT) to assist practices in creating tailored emergency response plans.
- Facilitating disaster-specific training opportunities for primary care staff and encouraging the inclusion of emergency planning as a standing agenda item at staff meetings.
- Supplying resources and guides such as checklists for emergency kits, power outage plans for refrigerated vaccines, and communication policies.

### Communication & Information Management

Through our relationships with general practices, allied health providers, commissioned services and other stakeholders, Western Sydney PHN is able to play a pivotal communications role, for example through providing

- Establishing communication policies to manage the flow of information to staff, patients, and other health organisations during disruptions.
- Helping practices plan for continued access to important patient records (e.g., via My Health Record and eScripts) and essential contact information during power outages or evacuations.
- Guides and resources: promoting awareness and use of key resources such as HealthPathways and Healthdirect

### Needs Assessment Priorities \*

#### Needs Assessment

Western Sydney Primary Health Network (WSPHN) 2025-2028

#### Priorities

| Priority              | Page reference |
|-----------------------|----------------|
| Identified Priorities | Pages 105 -109 |



### Activity Demographics

#### Target Population Cohort

#### In Scope AOD Treatment Type \*

No

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes

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## Activity Consultation and Collaboration

### Consultation

- Clinical Councils
- Health consumers from diverse backgrounds
- General Practitioners
- Other medical specialists and service providers

### Collaboration

- WSPHN
  - WSLHD
  - SCHN
  - General Practices
  - Health consumers from diverse backgrounds
  - Commissioned Providers
- 



## Activity Milestone Details/Duration

### Activity Start Date

01/07/2015

### Activity End Date

30/06/2027

### 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:** Yes

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**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**



## CG - 1 - Corporate Governance



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CG

**Activity Number \***

1

**Activity Title \***

Corporate Governance

**Existing, Modified or New Activity \***

Existing



### Activity Priorities and Description

**Program Key Priority Area \*****Other Program Key Priority Area Description****Aim of Activity \*****Description of Activity \*****Needs Assessment Priorities \*****Needs Assessment****Priorities**



## Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type \*

Indigenous Specific \*

Indigenous Specific Comments

Coverage

Whole Region



## Activity Consultation and Collaboration

Consultation

Collaboration



## Activity Milestone Details/Duration

Activity Start Date

01/07/2015

Activity End Date

30/06/2027

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): No

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



## CF-COVID-PCS - 2 - Support for Primary Care



### Activity Metadata

**Applicable Schedule \***

Core Funding

**Activity Prefix \***

CF-COVID-PCS

**Activity Number \***

2

**Activity Title \***

Support for Primary Care

**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 \***

Our comprehensive, multidimension strategy, is designed to support the ongoing re-establishment of connections, capability and capacity across Western Sydney's primary care landscape post-pandemic by:

Building a platform focused on enhanced collaboration at a local (SLA level);

Enhanced education, training and networking opportunities for primary care professionals; and

Driving seasonal preparedness among general practice, residential aged care homes, and Western Sydney communities particularly in supporting identified at-risk and vulnerable populations.

**Description of Activity \***

Place-Based Approach: Healthcare Neighbourhoods:

Establishing a comprehensive and tailored place-based plan across Western Sydney LGAs that strengthens connections and collaboration among primary care providers post-pandemic. These networks seek to create a foundation for a unified approach to addressing local health challenges, shared resources, and seek opportunities for streamlined care coordination to enhance access and quality of care following the pandemic period where providers operating in a relatively isolated environment.



#### Seasonal Preparedness Strategy:

Implementation of a comprehensive seasonal preparedness plan for primary care that ensures optimal readiness and responsiveness to seasonal health challenges. This plan will proactively address seasonal fluctuations in healthcare needs, enabling primary care teams to manage increased patient demand, prevent the spread of seasonal illnesses, and enhance patient outcomes throughout the year and equip practice and RACH teams in supporting the ongoing vaccination of at-risk and vulnerable patients.

#### Education, Training & Events:

Transformation of our Education and Events offering to create an innovative, engaging, and accessible learning environment for primary care professionals following on from the pandemic period.

### Needs Assessment Priorities \*

#### Needs Assessment

WSPHN Needs Assessment 2025 - 2028

#### Priorities

| Priority                             | Page reference |
|--------------------------------------|----------------|
| Identified Priorities Pages 105 -109 | 105            |



### Activity Demographics

#### Target Population Cohort

High-risk and vulnerable patients

#### In Scope AOD Treatment Type \*

#### Indigenous Specific \*

No

#### Indigenous Specific Comments

#### Coverage

#### Whole Region

Yes



### Activity Consultation and Collaboration

#### Consultation

-General Practice  
-Western Sydney Local Health District  
-Western Sydney Public Health Unit

-RACHs  
-Disability Group Homes  
-Local Councils  
Local GP associations  
Industry bodies including RACGP and APNA  
Commissioned providers

#### Collaboration



### Activity Milestone Details/Duration

#### Activity Start Date

01/07/2015

#### Activity End Date

30/06/2026

#### 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: Yes

Direct Engagement: No

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**

