

Primary Health Network Core Funding

ACTIVITY WORK PLAN

2016 – 2018

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Introduction

Primary Health Tasmania (PHT) is one of 31 Primary Health Network organisations. The key objectives of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Primary Health Network organisations are required to develop Activity Work Plans (AWP) to describe planned activities funded within the two funding streams (Flexible Funding and Operational Funding) of the Primary Health Networks Core Funding Schedule.

This Activity Work Plan is a refresh of the AWP published in 2016 and covers the period from 1 July 2016 to 30 June 2018. Each activity nominated in this work plan is proposed for a period of 12 months or 24 months.

The *Program Key Priority Area* noted in the AWP has been identified aligned to the Australian Government Program Key Priority Areas with the *Needs Assessment Priority Area* noted in the AWP being identified as part of the Needs Assessment undertaken by Primary Health Tasmania.

Primary Health Tasmania's Activity Work Plan for 2016-2018 has been developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and articulate a set of activities that Primary Health Tasmania will undertake, using the Needs Assessment as evidence.

Strategic Vision

Healthy Tasmanians, healthy communities



Our role: We understand needs, connect systems and invest resources to solve problems for the community

Our Strategic Objectives

- 1. A stronger, integrated primary health oriented system**
 - Health leaders share a **vision**
 - Capacity of the provider market grows
 - Individual providers **improve and change**
 - Local problems addressed via **commissioning**
 - Coordination within the primary health system
 - Primary health & the broader health system better linked
 - Whole-of-population / prevention** approaches incorporated
- 2. People at the centre**
 - Deep understanding of **community need**, and their social determinants, informs investment decisions
 - Consumers** inform & validate solutions and outcomes
 - Providers, clinicians and GPs** engaged as essential design and delivery partners
 - Consumers empowered to **participate** in their own health care
- 3. Outcomes-focused**
 - Systematic **evidence-based** solutions are designed
 - Demonstrable **value & efficiency** in resource allocation
 - Quality and safety** assured
 - Managing for high **performance**
- 4. High quality, contemporary organisational capability**

Embedded in the local context: <i>"We are trusted, indispensable partners"</i>	Local and national exemplar: <i>"Our successes are models for the rest of Australia"</i>	Stewardship of resources: <i>"We attract, leverage and optimise funding, for the long-term"</i>	Capable, inspired people: <i>"We do what it takes to get breakthrough results"</i>	Purposeful governance: <i>"We make, and apply, sound and transparent decisions"</i>	Systems focussed business: <i>"We apply appropriately rigorous processes, consistently and sustainably"</i>	Data driven: <i>"We harness insights for improvement, interconnectedness and accountability"</i>
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Outcomes

- 1. Health outcomes**
 - specific health outcomes (related to health area)
 - quality of life
 - end of life outcomes
- 2. Experience**
 - equitable access
 - health literacy levels
 - self-rated empowerment / ease
 - satisfaction / 'net promoter'
- 3. System Efficiency**
 - avoidable hospitalisations
 - wait times for service
 - reach: "Tasmanians that need the service most, get it"

Our values

TRUSTED COLLABORATION "We do as we say"

- We engage with honesty and openness
- We are inclusive and approachable
- We act with ethics and integrity



PEOPLE-CENTRED "We put people at the centre"

- We are inclusive and respect diversity
- We apply fairness and understanding in our dealings with community.



INNOVATIVE EXCELLENCE "Can do attitude"

- We are an agile organisation that embraces challenge
- We respond creatively and dynamically to develop solutions

1. Planned Activities - Primary Health Networks Core Flexible Funding

Planned activity - NP 1: Commissioning for integrated rural health care	
Activity Title	NP 1: Commissioning for integrated rural health care
Existing or New Activity	Existing
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>Rural health (Needs assessment priority area number 9)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • Commission rural primary health services to address local needs based on available local evidence, including but not limited to: <ul style="list-style-type: none"> ○ coordination of care for people with complex care needs ○ team-based care with a focus on strong local provider networks ○ person centredness • Embed 'The Right Place', 'Shared Transfers of Care Guidelines' and the health and wellbeing home concepts into commissioned rural primary health initiatives. • Encourage the following in commissioned rural primary health activities: <ul style="list-style-type: none"> ○ Use of telehealth ○ Improved local workforce capacity ○ Innovative service models that are sustainable <p>Promote and support the use of eHealth technologies, such as electronic communication and the My Health Record, to improve the sharing and transfer of clinical information.</p>
Description of Activity	The aim of this activity is to commission services and service improvement initiatives in rural areas to meet targeted priority needs and improve coordination of care. The activity will focus on addressing priority population health issues for rural communities, along with a focus on supporting and strengthening the health workforce delivering coordinated care in these communities.

	<p>5 providers have been commissioned to deliver rural primary health outcomes in 21 eligible local government areas across Tasmania. The program focused on improving health outcomes for people living with chronic conditions.</p> <p>These commissioned services will continue for 2017/18. A key focus on activity for 2017/18 will be working with commissioned providers to monitor progress towards identified outcomes through both contract management and collaborative processes.</p> <p>Planned additional activity to support delivery of outcomes and continued planning and prioritisation of resources for rural health will be achieved:</p> <ul style="list-style-type: none"> • working with commissioned providers in building capacity in areas identified under activity NP 9 • engaging with providers and local communities to build participation in ongoing population health planning activities to inform commissioned providers and Primary Health Tasmania about emerging health priorities to inform the current and future commissioning cycles. <p>An integrated approach to application of core PHN capabilities, resources, systems and functions will be applied to all commissioning activity in this area.</p>
<p>Target population cohort</p>	<p>People who live in rural Tasmania and who have chronic health conditions.</p>
<p>Consultation</p>	<p>The process has involved a high level of community and provider consultation. Primary Health Tasmania consulted with rural communities and rural health service providers via a variety of mechanisms giving rural communities the opportunity to have a say in what their needs and priorities were. Engagement was undertaken through regional consultations, an on-line survey, a dedicated rural primary health email address. This engagement process is documented in the <i>Primary Health Tasmania Rural Primary Health Commissioning Intentions Document</i> available on the Primary Health Tasmania website.</p> <p>Three hundred and ninety-seven email invitations were sent to stakeholders to be part of the rural primary health consultations representing 284 organisations. These included general practitioners, health and community service providers, pharmacists, local councils, allied health providers, state and Australian government departments and other peak bodies. Seven regional consultation sessions were undertaken with a total of 230 people participating. Thirty-eight people completed the online survey.</p> <p>Primary Health Tasmania’s Clinical and Community Advisory Councils were also engaged during stages of the needs assessment and design phases of this work, providing input into the proposed consultation process outlined above and</p>

	<p>providing feedback on the draft findings from the consultation process. Several Council and political advisory staff members also attended a consultation forum and we asked to provide feedback on their direct observations of the forum activities to inform future consultation processes.</p>
Collaboration	<p>This program will be funded and implemented by Primary Health Tasmania. Whilst the program will not include joint implementation, it will involve significant stakeholder engagement with the Department of Health and Human Services and the Tasmanian Health Service to ensure coordination of resources, along with local government in recognition of their key leadership role in local communities in planning for improved health and wellbeing.</p> <p>Additionally, at a state and local level, key stakeholders will be engaged throughout the process, including but not limited to general practice, allied health providers, local health service providers and aged care services.</p>
Indigenous Specific	<p>No, this activity is not targeted specifically to Aboriginal and Torres Strait Islander people, but will include engagement with Aboriginal Community Controlled Organisations as part of the commissioning process.</p> <p>Commissioned providers were asked to outline how they would work towards culturally safe health service delivery as part of the tender process and Primary Health Tasmania will work with providers to ensure link with Aboriginal Community Controlled Health Organisations in areas that commissioned providers are operating.</p>
Duration	<p>The planned activity will be two years in duration.</p> <p>The preliminary planning for and commencement of the concept phase for this activity commenced during 2015/16 in line with the Australian Government requirement for PHNs to transition to commissioning organisations.</p> <p>During 2016/17 the needs assessment phase was completed, along with the design phase and procurement of the commissioned providers, who established services from 1 January 2017.</p> <p>Contract performance and outcomes monitoring will occur throughout 2017/18, along with identified capacity building activities and local population health planning activities. The timeframes for these will be established with providers and communities.</p> <p>Primary Health Tasmania will evaluate progress towards outcomes with a view to informing the next commissioning cycle once funds available to Primary Health Tasmania beyond 2018/19 are known.</p>
Coverage	<p>Rural areas classified as outer regional, remote or very remote classification were considered as part of the rural health commissioning process, along with review of the Socio Economic Index for Advantage for each of these communities. This</p>

	resulted in 21 of 29 local government areas being eligible for funding, of which all have received commissioned services for improving Type 2 diabetes and 15 have received place based programs.
Commissioning method	Primary Health Tasmania will utilise its clinical commissioning capability model to guide the commissioning process (please refer to activity OP 5)
Approach to market	<p>The procurement process included an approach to market process.</p> <p>The services will be monitored and evaluated utilising two essential approaches:</p> <ul style="list-style-type: none"> • Performance management – through formal contracting arrangements established with engaged providers with quality and performance measures incorporated in contract deliverables • Commissioned provider capability building– will be implemented with engaged providers to continuously monitor progress and also ensure focus improvement in identified areas for development. During the first commissioning cycle, capability building will include a strong focus on the priorities of: quality and safety and data collection and reporting as noted at NP 9 ‘Commissioned provider quality and safety compliance’. <p>The specific qualitative and quantitative evaluation methods have been identified for each provider to ensure these methodologies can effectively measure the outcomes identified through the commissioning process.</p>

Planned activity - NP 2: Integrated models of care in highest need communities	
Activity Title	NP 2: Integrated models of care in highest need communities
Existing or New Activity	Existing activity
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>Population Health (Needs assessment priority area number 1)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • Increase lifestyle risk factor assessment and management (e.g. brief interventions for smoking cessation) • Improve education and health promotion for lifestyle risk factors e.g. smoking cessation in settings such as schools and non-government organisations

	<ul style="list-style-type: none"> • Improve the skills and capacity of the NGO workforce to better support consumers to address lifestyle risk factors • Deliver alcohol and other drugs and mental health brief interventions, mental health first aid and referral to higher level services by community organisations in local government areas that are disproportionately affected by adverse social determinants of health
Description of Activity	<p>The activity aim will be to work with key stakeholders in the highest needs communities in Tasmania to implement effective and efficient health planning approaches to address priority health issues and improve coordination of primary health service delivery. This work is essential to establish a clear foundation for working with primary health services providers to improve the coordination of care through commissioned activity.</p> <p>The Primary Health Tasmania needs assessment has identified a high proportion of low Socio economic status populations as defined by the Socio Economic Index For Areas (SEIFA). Some of the most affected are urban fringe communities, with population health issues are equal to or higher than rural areas. These populations also experience poor integration of services and an understanding of how to best utilise health services.</p> <p>Primary Health Tasmania has used data to formally identify and scope the priority communities during 2016/17 and has engaged with these communities to understand priorities and proposed activities.</p> <p>Primary Health Tasmania is working with community leaders and health and community workers utilising evidence based approaches to design, support and resource integrated service delivery for maximum population health benefit.</p> <p>The project will:</p> <ul style="list-style-type: none"> • Based on engagement with priority local communities to identify priorities, work to support the implementation of and/or commission the delivery of identified activities to meet identified priority needs. • Work concurrently with communities during the implementation of activities to build capacity for local population health planning to inform planning and prioritisation of health needs into the future. • Document and evaluate the approach taken for future implementation in other high needs communities.
Target population cohort	Urban fringe communities with highest health needs.
Consultation	Engagement with communities includes key stakeholders such as local government, general practice, neighbourhood houses, community health centres, but may also include agencies such as Police. The nature of the engagement is tailored to the unique characteristics and stakeholder leaders within each community.

Collaboration	This project will entail working in partnership with key community stakeholders including local councils, state and commonwealth government agencies, general practitioners, current service delivery agencies, consumer groups, health and welfare agencies and any other groups that are affected by or able to contribute to improved integrated models of care.
Indigenous Specific	No, however, it will be intention of the planning process to identify Aboriginal and Torres Strait Islander health needs and work with Aboriginal Community Controlled Health Organisations as part of continuing work with these communities and providers.
Duration	<p>The activity will be two years in duration.</p> <p>Activity commenced in 2016/17, focussed on the planning and design stages of the commissioning process, with a strong focus on collaborative approaches for improved integration. Primary Health Tasmania has also continued the delivery of contracted diabetes services in these areas to ensure continuity of services whilst this project was undertaken. The commissioning of activities associated with developed plans and finalisation of required funding associated with the commissioning intention will be undertaken during 2017/18.</p>
Coverage	This project will focus on those areas that have been identified as urban fringe which are highlighted by the needs assessment as experiencing high levels of poor health outcomes, poor access to health services and ineffective use of health services.
Commissioning method (if relevant)	Primary Health Tasmania will utilise its clinical commissioning capability model to guide the commissioning process (please refer to activity OP 5)
Approach to market	<p>The planned commissioning model will involve a mix of direct engagement with communities and identification of appropriate approaches to market as necessary</p> <p>Communities of priority (high needs/poor health service integration) will be identified based on the needs assessment, service mapping results and current working knowledge that Primary Health Tasmania has gained through contracting services in urban fringe communities.</p> <p>Where an approach to market is required, criteria will be based on the individual requirements of the communities.</p> <p>Up to 5 communities will selected to identify, plan and implement service delivery solutions specific to their locale, health needs and access to resources.</p>

	<p>The project will be monitored and evaluated utilising two essential approaches:</p> <ul style="list-style-type: none"> • Performance management – through formal contracting arrangements established with engaged providers with quality and performance measures incorporated in contract deliverables • Commissioned provider capability building– will be implemented with engaged providers to continuously monitor progress and also ensure focus improvement in identified areas for development. During the first commissioning cycle capability building will include a strong focus on the priorities of: quality and safety and data collection and reporting. <p>The specific qualitative and quantitative evaluation methods will be determined as part of finalisation of the design phase to ensure these methodologies can effectively measure the outcomes identified through the commissioning process.</p>
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Planned activity - NP 3: Improving the management of heart failure	
Activity Title	NP 3: Improving the management of heart failure
Existing or New Activity	Existing
Program Key Priority Area	Other: Potentially Preventable Hospitalisations
Needs Assessment Priority Area	<p>Potentially preventable hospitalisations (Needs assessment priority area number 2)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • Work with Department of Health and Human Services, the Australian Health Care and Hospitals Association and other stakeholders to develop and implement local solutions to prevent heart failure readmissions.
Description of Activity	<p>This collaborative project seeks to better integrate primary and acute care, using a ‘community of practice’ approach to address gaps in care of patients with heart failure through better use and coordination of existing resources and improved linkages between primary health care and specialist care. It is informed by and build upon existing policy and service system resources and architecture, including but not limited to: the forthcoming Heart Foundation Tasmanian Cardiac Services Plan, and Congestive Heart Failure (CHF) Risk Profile, available clinical leadership through the Cardiac Clinical Advisory Group and existing service models and initiative such as community nursing re-design initiatives, and will aim to promote cultural change, and early intervention and prevention.</p>

	<p>Key elements of the project include development and/or review of appropriate health pathways and use of shared transfers of care guidelines to inform and support the efficient and effective transfer of care for people living with heart failure.</p> <p>A goal of the project will be a demonstration of sustainability with the translation of research into practice, and the potential for scalability, beyond the disease area and geography of the project for application in other regions and/or for different chronic conditions.</p> <p>Key objectives of the project are:</p> <ol style="list-style-type: none"> 1. Improve general practice management of heart failure patients in primary health settings 2. Improved patient engagement 3. Improved transfer of care from acute to primary care settings. <p>The first phase of the project is focusing mainly on element 1. Activities associated in include:</p> <ul style="list-style-type: none"> • support for a chronic conditions symposium including a focus on heart failure • Expression of interest for general practices in the target area to participate in a collaborative quality improvement program over a six-month period. • Delivery of tailored education and support activities based on the general practice identified learning needs. • Evaluation of changes in care management over the program period.
Target population cohort	People with heart failure.
Consultation	The project has a steering committee made up of project partners and working group. Working group members include public health and general practice representatives and Tasmanian Health Service representatives, along with access to expertise from Menzies Research Centre. This membership is proving invaluable in planning a practical program for supported practice change.
Collaboration	<p>This project is being implemented in partnership with:</p> <ul style="list-style-type: none"> • Australian Health Care and Hospitals Association (joint project owner) • Novartis Australia (joint project owner) • Department of Health and Human Services (project sponsor) • Tasmanian Health Service (southern region) (project participant) • The Heart Foundation (Tasmania) (joint project lead)

	<ul style="list-style-type: none"> Primary Health Tasmania (joint project lead) <p>Project evaluation is also a component of the project with assistance from the Harvard University School of Public Health and the Deeble Institute for Health Policy Research.</p>
Indigenous Specific	No. However, it is likely that the geographic location chosen for the project will include Aboriginal people and at least one Aboriginal Community Controlled Health Organisation, who will be a key stakeholder in the project planning and implementation.
Duration	Project duration will be extended for another year. This extension has been required due to extended planning requirements, along with the identified need for a longer implementation period for general practices participating in the project.
Coverage	<p>The catchment area for the project will be targeted communities within southern Tasmania.</p> <p>For this pilot project, data and service system analysis has identified that communities to be targeted for this project. These include Brighton, Derwent Valley, Glenorchy, Sorell, Dodges Ferry and Richmond communities.</p>
Commissioning method	The project will not include a formal commissioning process.

Planned activity - NP 4: Childhood immunisation	
Activity Title	NP 4: Childhood immunisation
Existing or New Activity	Existing
Program Key Priority Area	Population Health Health Workforce
Needs Assessment Priority Area	<p>Immunisation (Needs assessment priority area number 6)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • Sub-optimal immunisation coverage for the following demographics: <ul style="list-style-type: none"> ○ Children ○ Pregnant women (against pertussis) • Improve immunisation coverage as per the National Immunisation Program Schedule
Description of Activity	<p>The aim of this project is to continue collaboration with key service partners to maintain childhood immunisation rates at or above 90% for Tasmania, in order to reduce the incidence of preventable health conditions. The project has three key strategies:</p> <ul style="list-style-type: none"> • Maintaining, updating and providing access to current resources and information relation to the Childhood Immunisation Schedule. • Providing education updates for general practice and nurse immunisers. • Working with targeted local government areas who have lower than 90% childhood immunisation rates to analyse data, understand local barriers and enablers to accessing immunisation and implementing solutions. This will include specific focus on the North West central coast and north east coast of Tasmania. <p>Additionally, this project focus on increasing immunisation rates for pregnant women against pertussis, utilising the above listed strategies, with a small number of targeted local government areas to be identified to test approaches for improving immunisation rates in this adult target group. These areas are currently being identified with immunisation partners.</p>
Target population cohort	Children and youth as per the childhood immunisation schedule and pregnant women

Consultation	Engagement has occurred in partnership with existing immunisation partners, led by the Department of Health and Human Services Communicable Diseases Prevention Unit.
Collaboration	This activity will require significant collaboration with the Department of Health and Human Services – Public Health Services, as the lead agency for immunisation strategy within Tasmania, along with general practice and local government as key providers of immunisation services in Tasmania.
Indigenous Specific	No, but this work will focus on engagement with Aboriginal Community Controlled Health Organisations to understand immunisation issues and rates and identify potentially culturally appropriate solutions.
Duration	As a core headline performance indicator, this activity will extend to 2017/18. During 2017/18 core education and resource activity will continue, with an increased focus on pertussis and continued work to identify and work with communities achieving lower immunisation rates.
Coverage	The activity has a state-wide focus, but will also target specific local government areas with identified lower childhood immunisation rates, as noted above.
Commissioning method	The project will not include a formal commissioning process. However, there may be commissioning principles applied to some areas of activity, such as results based incentives for general practices in targeted communities to participate in improving sustainable immunisation systems and services.

Planned activity - NP 5: Access to immunisation services for newly arriving humanitarian entrants	
Activity Title	NP 5: Access to immunisation services for newly arriving humanitarian entrants
Existing or New Activity	Existing Activity.
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>Immunisation (Needs assessment priority area number 6)</p> <p>Needs assessment findings:</p> <ul style="list-style-type: none"> • Sub-optimal immunisation coverage for the following demographics: <ul style="list-style-type: none"> ○ Humanitarian entrants (arriving with low immunisation rates) • Improve immunisation coverage as per the National Immunisation Program Schedule
Description of Activity	<p>The project aims to ensure continued access to essential primary health care services for humanitarian entrants on arrival in Tasmania currently provided via two primary health clinic services located in southern and northern Tasmania.</p> <p>During 2017/18 the project will focus on working collaboratively with commissioned provider/s to implement commissioned service activities and undertaking any required support and capacity building activity required to ensure effective commissioned activity.</p>
Target population cohort	Humanitarian entrants
Consultation	Continuous engagement with key stakeholder groups occurs as part of this service delivery model. Intensive engagement will occur with the assessing needs, design and solutions phases of the commissioning activity to be undertaken during the second half of 2016/17.
Collaboration	This activity will require significant collaboration with the Department of Health and Human Services – Public Health Services, as the lead agency for immunisation and humanitarian entrants strategies within Tasmania, along with general practice, settlement services and the Migrant Resource Centre as key providers of immunisation, settlement and primary health care services in Tasmania.
Indigenous Specific	No

Duration	It is planned that commissioned service delivery will commence 1 July 2017.
Coverage	The project will focus on the two regions where the majority of humanitarian entrants settle – the southern and northern regions of Tasmania. The service model will need to remain flexible to respond to increases in the number of people arriving to these areas of the State.
Commissioning method	Primary Health Tasmania will utilise its clinical commissioning capability model to guide the commissioning process (please refer to activity OP 5)
Approach to market	<p>The procurement process will include an approach to market process.</p> <p>The services will be monitored and evaluated utilising multiple approaches:</p> <ul style="list-style-type: none"> • Performance management – formal contracting arrangements will be established with engaged providers including quality and performance measures as part of contract deliverables • Commissioned provider capability building– will be implemented with engaged providers to continuously monitor progress and also ensure focus on identified areas for development. During the first commissioning cycle capability building will include a strong focus on establishment priorities of: quality and safety and data collection and reporting. <p>The specific qualitative and quantitative evaluation methods will be determined as part of the design phase to ensure methodologies can effectively measure the outcomes identified through the commissioning process.</p>

Planned activity - NP 6: Access to influenza immunisation for people at risk of homelessness.	
Activity Title	NP 6: Access to influenza immunisation for people at risk of homelessness.
Existing or New Activity	Existing.
Program Key Priority Area	Population Health
Needs Assessment Priority Area	<p>Immunisation (Needs assessment priority area number 6)</p> <p>Needs assessment findings</p> <ul style="list-style-type: none"> • Sub-optimal immunisation coverage for the following demographics: <ul style="list-style-type: none"> ○ Other higher risk populations/conditions (against HPV, Hepatitis B, pneumococcal disease and influenza)

	<ul style="list-style-type: none"> ○ Homeless people (against influenza) ● Improve immunisation coverage as per the National Immunisation Program Schedule
Description of Activity	<p>This project aims to improve access to immunisation against seasonal influenza for people at risk of homelessness and accessing crisis accommodation. Working in partnership with crisis accommodation providers, general practices and contracted immunisation providers, the project seeks to increase influenza immunisation rates, focussing those populations more at risk of acquiring and transmitting influenza and who also experience more barriers to accessing health care.</p> <p>Objectives of the program are to:</p> <ul style="list-style-type: none"> ● Increase the number of services engaged with the influenza vaccination initiative state-wide. ● To provide influenza vaccination to those at risk of homelessness in the three regions of Tasmania. ● To identify opportunities to commission this work into the future by identifying and collaborating with organisations interested in improving health outcomes for vulnerable population groups. <p>This program has been occurring successfully with service providers and consumers for 3 years and the intent is to ensure continuity of service for this priority population group.</p>
Target population cohort	People at risk of homelessness and accessing crisis accommodation
Consultation	<p>Department of Health and Human Services – Public Health Services</p> <p>Pharmacists</p>
Collaboration	<p>This activity will require significant collaboration with the Department of Health and Human Services – Public Health Services, as the lead agency for immunisation strategy within Tasmania, along with general practice, contracted nurse immunisers and local government as key providers of immunisation services in Tasmania. As part of this work Primary Health Tasmania will work with pharmacists to understand the impact of the introduction of vaccinations in pharmacy settings across the State and will actively work to identify new partners for this service into the future.</p>
Indigenous Specific	No, but this work will focus on engagement with Aboriginal Community Controlled Health Organisations to understand immunisation issues and rates and identify potentially culturally appropriate solutions.
Duration	This activity is two years in duration.

	<p>Work to identify new partners and commissioning opportunities will commence in early 2016/17</p> <p>This activity will occur in the final quarter of 2016/17, in preparation for the flu season and will also be delivered in preparation for the 2017/18 flu season.</p>
Coverage	The activity has a state-wide focus and will target specific crisis accommodation services in the south, north and north west of Tasmania.
Commissioning method	The application of a formal commissioning process will be dependent upon the confirmation of a future model of care. However, there may be commissioning principles applied to some areas of activity, such as incentivising new service delivery partner participation with a result based approach.

Planned activity - NP 7: Collaborating for cancer screening	
Activity Title	NP 7: Collaborating for cancer screening
Existing or New Activity	Existing.
Program Key Priority Area	Population Health Health Workforce
Needs Assessment Priority Area	<p>Cancer Screening (Needs assessment priority area number 10)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • Target community awareness of benefits of cancer screening, particularly in recognised groups with low screening rates • Increase provider awareness, capacity and capability to advocate for and provide cancer screening • Investigate and pilot evidence based strategies to increase cancer screening • Liaise with service providers to determine possible options (e.g. BreastScreen bus, guest speakers to promote screening)
Description of Activity	The project focuses on working with general practice and key cancer screening stakeholders to identify and/or develop and implement new service delivery for cancer screening, with the aim of increasing the efficiency and effectiveness of cancer screening systems in primary health care services and timely access to screening services and programs with the ultimate goal of increasing screening rates.

	<p>The project targets those communities identified as having lower than average screening rates and will utilise a collaboratives quality improvement approach with general practice to identify and improve screening and assessment processes for clients/patients.</p> <p>An expression of interest process will be undertaken to work with general practices and their local communities to identify, implement and evaluate models of service delivery for cancer screening. Projects will include a focus on testing approaches to accessing and ensuring completeness of data, general practice patient identification and recall system and health literacy initiatives for improved consumer initiation of cancer screening activities.</p>
Target population cohort	People living in communities identified as having lower than average cancer screening rates
Consultation	Engagement activities include working with general practice and also working with cancer services to understand current pathways to more specialist screening or intervention services to ensure a whole of system approach to cancer screening activities.
Collaboration	Collaboration will be essential with the Department of Health and Human Services and the Tasmanian Health Service cancer screening services, as key funding and policy organisations and providers of cancer screening services, along with general practice, who are primary points of contact for people in accessing screening services. Primary Health Tasmania will also engage with pharmacy services to identify opportunities for these services to participate in cancer screening initiatives.
Indigenous Specific	No, but this work will focus on engagement with Aboriginal Community Controlled Health Organisations to understand cancer screening rates and issues with accessing mainstream services and identify potentially culturally appropriate solutions.
Duration	<p>The project duration will extend to two years to enable a longer implementation period for the project.</p> <p>Expressions of interest for targeted communities will commence in 2016/17, with a view to developing and testing models of care, with evaluations to be completed and documented during 2017/18.</p>
Coverage	The project will target regions in Tasmania (as can be identified by available data) where cancer screening rates are lower than average.
Commissioning method	The project will not include a formal commissioning process. However, there may be commissioning principles applied to some areas of activity, such as results based incentives for general practices in targeted communities to participate in improving sustainable cancer screening systems and services.

Planned activity - NP 8: Improving the management of people with diabetes living in residential aged care facilities	
Activity Title	NP 8: Improving the management of people with diabetes living in residential aged care facilities
Existing or New Activity	Existing
Program Key Priority Area	Aged care Health Workforce
Needs Assessment Priority Area	<p>Potentially preventable hospitalisations (PPH) (Needs assessment priority area number 2)</p> <p>Aged care (Needs assessment priority area number 7)</p> <p>Health Workforce (Needs assessment priority area number 12)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • PPH - Deliver primary health care education, training and practice support to general practitioners, nurses, pharmacists and other health professionals providing care to patients with chronic obstructive pulmonary disease, heart failure and diabetes in the community. • PPH - Investigate and implement evidence-based service models (e.g. clinical pathways with a particular focus on chronic obstructive pulmonary disease, heart failure and diabetes in the first instance). • Aged care - Education and training for aged care staff in diabetes management through implementation of the diabetes management in aged care resource (focus on facilities with high rates of transfer to acute care). • Health Workforce - Support strategies that enable all members of the healthcare team to work at their full scope of practice.
Description of Activity	<p>This project aims to improve the delivery of care for people living with diabetes in residential aged care facilities. The project will implement a health workforce development program trialled by Primary Health Tasmania and Diabetes Tasmania in 2015/16.</p> <p>The workforce development program is based on evidence based Diabetes Management in Aged Care Guidelines (developed by the Medical, Education and Scientific Advisory Council and the Australian Diabetes Educators Association and Diabetes Australia) that focus on building the workforce capacity of staff in residential aged care facilities (RACFs) in managing care for</p>

	<p>people with diabetes, with the ultimate aim of ensuring people receive the right care, in the right place at the right time and reduce preventable hospitalisations.</p> <p>The project is based on three strategies:</p> <ul style="list-style-type: none"> • Implementation of RACF audit tools • Implementation of the DMAC guidelines • Implementation of the training tool kit to support knowledge and skill development. • Additional one off carryover funds will be used to target a greater number of residential aged care facilities through this initiative. <p>The project will target those RACFs that transfer people to hospital with higher frequency than other facilities, with a focus on improving management of care at the facility and reducing frequency of hospital presentations.</p>
Target population cohort	People with diabetes living in RACFs
Consultation	Engagement occurred as part of the initial project through research conducted by Diabetes Australia and included aged care providers.
Collaboration	This project will involve collaboration with Diabetes Tasmania, residential aged care providers, Aged Care Services Australia (Tasmania), general practitioners and pharmacists. The project will also investigate opportunities for collaboration with Ambulance Tasmania in managing people within the RACFs.
Indigenous Specific	No, but this work will focus on engagement with Aboriginal Community Controlled Health Organisations to understand issues for people living and receiving care in residential aged care facilities and identify potentially culturally appropriate solutions.
Duration	<p>This activity will be 2 years in duration to allow for greater implementation time at RACFs and associated evaluation activities.</p> <p>The activity will commence in 2016/17, with identification of target areas and engagement of provider to be completed and the project commenced, with monitoring of admission rates to occur for the remainder of 2017/18.</p>
Coverage	The project will focus on targeted RACFs is to be determined based on hospital admission rates.

Commissioning method	<p>The project will commission the delivery of workforce capability building activities, using evidence based resources and training program and evaluating change of practice outcomes.</p> <p>Additionally, there may be commissioning principles applied to some areas of activity, such as results based incentives for RACFs in targeted communities to participate in improving sustainable diabetes management within RACFs and reducing preventable hospital admissions.</p>
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Planned activity - NP 9: Commissioned provider quality and safety compliance	
Activity Title	NP 9: Commissioned provider quality and safety compliance
Existing or New Activity	Existing Activity
Program Key Priority Area	Health Workforce
Needs Assessment Priority Area	<p>Health Workforce (HW) (Needs assessment priority area number 12)</p> <p>eHealth (Needs assessment priority area number 11)</p> <p><u>Needs assessment findings</u></p> <ul style="list-style-type: none"> • HW - Support strategies to increase health literacy • HW - Support initiatives designed to improve patient and consumer centred care and strengthen consumer and community participation. • HW - Support initiatives that identify opportunities for research, innovation and education in person and community centred care. • Ehealth - Provider data – continue to improve breadth and accuracy of provider data. Consolidate/streamline data collection processes.
Description of Activity	<p>This project aims to ensure, that as commissioning becomes established as a core means of achieving PHN objectives, that foundational elements for demonstrating efficient and effective services are developed to a consistent and high standard. This includes focus on the clinical quality and safety of services and improved commissioned provider capability to measure outcomes.</p>

	<p>In working with contracted providers previously, there have been varied standards of, and approaches to the clinical quality and safety of service delivery. Embedding a quality improvement program with commissioned providers is a key strategy in ensuring this standard is achieved.</p> <p>In addition to the mandatory requirements for commissioned provider in respect of clinical governance process, monitoring and reporting, the quality and safety will focus on two key elements in the first instance – consumer centred care and transfers of care in line with the relevant Australian Commission on Safety and Quality in Health Care Standards National Safety and Quality Health Service Standard 2: Partnering with Consumers and Standard 6: Clinical Handover. This will include a strong focus on developing and/or implementing resources, training and quality improvement tools and measures that demonstrate:</p> <ul style="list-style-type: none"> • improved person centred approaches and reported patient experience • improved communication and shared transfers of care between providers to support coordinated care <p>In working with contracted providers, there has been significant variation observed in provider capability to identify, collect and report on measured health outcomes. It is essential that Primary Health Tasmania invests in this area in the establishment stages of commissioning to ensure demonstrable changes on service system efficiency and effectiveness and improved health outcomes.</p> <p>Additionally, through approach to market activity undertaken to date, Primary Health Tasmania has observed variation in market awareness and practice of quality and safety. Therefore, the project will consider opportunities to work with other service providers and key stakeholders. This will include investigating opportunities to partner with other organisations involved in quality and safety to strengthen market capability to work in a commissioning environment.</p>
<p>Target population cohort</p>	<p>Health workforce:</p> <ul style="list-style-type: none"> • Commissioned providers • Primary Health providers across the state.
<p>Consultation</p>	<p>Commissioned providers will be consulted in the first instance to help us understand the constraints and enablers to collecting data, reporting on risk and the processes that are in place to minimise and address clinical risk. This work will occur in the second half of 2016/17 when commissioned providers are in place.</p>

	Other NGOs (including peak bodies) will play a role in helping to disseminate information and where possible co-design resources and co-deliver support in the form of education and training as part of a program of activity focused on addressing quality and safety priorities.
Collaboration	<p>Collaboration will occur with the Department of Health and Human Services to identify shared approaches to quality improvement systems, along with opportunities for identification of agreed outcomes and associated measures and methodologies, in order to facilitate efficient and effective participation in these processes by commissioned providers, who are at times funded by both organisations.</p> <p>Collaboration will also be required with expert organisations in clinical quality and safety and data systems.</p>
Indigenous Specific	No, but engagement and support will occur with Aboriginal Community Controlled Health Organisations as commissioned providers by Primary Health Tasmania.
Duration	The project will be two years in duration to allow time for commissioned providers to identified and enable appropriate capability building and performance requirements to be embedded as commissioning cycles are progressed and commissioned providers become established.
Coverage	The project will be state-wide and targeted towards commissioned providers as a priority group, along with primary health service providers and supporting peak bodies.
Commissioning method	No formal commissioning cycle will be applied to this work, however, where elements of capability building and/or system development are provided by external expertise, there may be commissioning principles applied to some areas of activity, such as results based incentives for providers and in improving quality and safety systems or data collection systems.

Planned activity - NP 10: Tasmanian HealthPathways	
Activity Title	NP 10: Tasmanian HealthPathways
Existing or New Activity	Existing Activity
Program Key Priority Area	<p>Aged Care</p> <p>Mental Health</p> <p>Population Health</p> <p>System Integration</p>
Needs Assessment Priority Area	<p>Potentially preventable hospitalisations (PPH) (Needs assessment priority area number 2)</p> <p>Mental Health (MH) (Needs assessment priority area number 3)</p> <p>Alcohol and other Drugs (AOD) (Needs assessment priority area number 4)</p> <p>Immunisation (Needs assessment priority area number 6)</p> <p>Rural health (Needs assessment priority area number 9)</p> <p><u>Needs assessment findings</u></p> <p>PPH - Investigate and implement evidence-based service models e.g. clinical pathways with a particular focus on chronic obstructive pulmonary disease, heart failure and diabetes in the first instance.</p> <ul style="list-style-type: none"> • PPH -Roll out clinical pathways with a particular focus on chronic obstructive pulmonary disease, heart failure and diabetes in the first instance • PPH -Embed Health Pathways in clinical practice, with a particular focus on chronic obstructive pulmonary disease, heart failure and diabetes in the first instance • MH - Investigate and implement evidence based solutions to address the availability, access to and utilisation of mental health services in Tasmania, including the continued development and implementation of Tasmanian HealthPathways for mental health.

	<ul style="list-style-type: none"> AOD - Implement the 'Alcohol and Other Drugs' pathways (as part of the Tasmanian HealthPathways program). Immunisation – continue the development and implementation of pathways for immunisation as part of the Tasmanian HealthPathways program.
Description of Activity	<p>The project aims to improve system efficiency and effectiveness through the availability of agreed health pathways to ensure people can access appropriate and timely care.</p> <p>Tasmanian HealthPathways has been a highly successful program over the past four years, and it will be a fundamental tool service design resource for the priority areas of focus in the annual plan. It is anticipated that Tasmanian HealthPathways will be a core tool in most elements of work undertaken during 2016-18, with the focus on flexible funded activities including potentially preventable hospitalisations, heart failure, diabetes, immunisation and rural health.</p> <p>It is anticipated that by the end of the project period 620 pathways are either live and/or reviewed, with priority focus to those activities listed above, followed by additional priorities identified by key stakeholder groups.</p>
Target population cohort	All populations
Consultation	Consultation regarding pathways occurs via the process outlined under 'collaboration'. Additionally, engagement with the Tasmanian health Service and the Department of Health and Human Services will continue as key system partners in the governance and implementation of the Tasmanian HealthPathways resource.
Collaboration	Tasmanian HealthPathways will retain its strong collaborative approach that has been embedded in the project to date, including a continued focus on system-wide engagement through to the clinical working group process, bringing clinicians and key stakeholders together in the development and review of health pathways. Primary Health Tasmania will be working with key partners to refine government and collaboration arrangements as part of embedding the program as a resource for the State health system.
Indigenous Specific	No, however the needs of all population groups are considered as part of pathway development.
Duration	The project will be two years in duration and will commence early in 2016/17 in line with the establishment and implementation of project plans for priority areas for flexible funding.
Coverage	As a whole-of-system integration tool, the coverage of Tasmanian HealthPathways is statewide
Commissioning method	No formal commissioning approach will apply to this work.

Planned activity - NP 11: Strengthening digital health capability	
Activity Title	NP 11: Strengthening digital health capability
Existing or New Activity	Existing Activity
Program Key Priority Area	Digital Health
Needs Assessment Priority Area	<p>e-Health (Needs assessment priority area number 11)</p> <p><u>Needs Assessment findings</u></p> <ul style="list-style-type: none"> • Electronic communication – interoperable system for electronic communication and/or video consultations • Education – provide health literate resources for providers and consumers, easier to navigate • Provider data – continue to improve breadth and accuracy of provider data. Consolidate/streamline data collection processes.
Description of Activity	<p>The aim of this project is to improve service system efficiency and effectiveness by connecting, expanding functionality of, and promoting the meaningful use of existing digital health systems throughout the state.</p> <p>The project will focus specifically on supporting and maintaining provider readiness for MyHealth Record activities, building provider capability through the expansion and linkage of existing digital health systems and enhancing the linkages between local and national health directories.</p> <p>One of the core project objectives will be to partner with key stakeholders to link existing secure messaging systems to the hospital network, national service directories and pathway systems to achieve:</p> <ul style="list-style-type: none"> • expanded utility of existing clinical information systems and digital health • improved health service prioritisation and communication between health providers • enhanced safe and timely transfer of patient care. <p>Additionally PHT will embed a Digital Health Strategy within its commissioning framework to establish the core digital requirements and principals throughout the commissioning process to ensure sustainable, digital health elements of commissioned services support the Primary Health Tasmania’s strategic objectives of a stronger, outcomes focussed and integrated primary health oriented system, with people at the centre while also being standards based and compliant with national and state technology and information requirements.</p>

	<p>Finally, the project will also enable Primary Health Tasmania’s organisational application of digital health solutions in both commissioning and management of its own activities within the health sector. The initial focus of this work will be on the investigation of potential digital solutions available for the short and longer term to assist in client service access, where systems do not currently exist or incumbent systems cannot be enhanced to assist in client service access.</p> <p>Successful outcomes in this project will potentially have a positive flow on effect to other activities identified in this plan.</p>
Target population cohort	All populations
Consultation	Engagement at provider level with the Tasmanian Health Service, general practitioners, commissioned providers and software vendors will also be required to successfully achieve the objectives of this project.
Collaboration	Engagement with Department of Health and Human Services and national authorities will be essential to ensure Primary Health Tasmania work is aligned with national and state policy directions. Engagement at provider level with the Tasmanian Health Service, general practitioners, commissioned providers and software vendors will also be required to successfully achieve the objectives of this project.
Indigenous Specific	No, however Primary Health Tasmania will work as needed with Aboriginal Community Controlled Health Organisations as key stakeholders and commissioned providers to improve use of electronic clinical information systems for access to health data.
Duration	The project is two years in duration, with MyHealth Record and rural health activities to commence from July 2016
Coverage	The activity will have state-wide coverage.
Commissioning method	No formal commissioning approach will apply to this work.

Planned activity - Support for Priority 5 Implementation: Mental Health AWP	
Activity Title	NP 12: Supplementary Resourcing for Priority 5 Implementation: Mental Health AWP
Existing or New Activity	Existing
Program Key Priority Area	Mental Health
Needs Assessment Priority Area	Mental health (Needs assessment priority area number 3)
Description of Activity	This supplementary funding aims to provide the capacity to ensure phased, multiple funding stream activity is co -ordinated, integrated and streamlined during the transition to commissioned services.

Planned activity – NP 13: Medication Management	
Activity Title	NP 13: Medication Management
Existing or New Activity	New Activity.
Program Key Priority Area	Aged Care
Needs Assessment Priority Area	Aged care (Needs assessment priority area number 7) Needs Assessment findings <ul style="list-style-type: none"> • Support provider education and training in deprescribing of antipsychotics, antidepressants and benzodiazepines with a focus on southern Tasmania in the first instance.
Description of Activity	The project will have two elements: (1) Understanding prescribing in southern communities Higher rates of benzodiazepine, antidepressant, opioid and antipsychotic prescribing occur in the following Tasmanian communities: Bothwell, Oatlands, New Norfolk and Brighton. It is proposed that a multi-pronged approach be developed to

	<p>understanding the contributors to current prescribing patterns and identify solutions to aid prescribing of these medications in these communities. Activities could include:</p> <ul style="list-style-type: none"> • (a) working with general practices directly • (b) directly engaging consumers, through community based education sessions • (c) engaging with local pharmacies, • (d) engaging with aged care facilities <p>(2) Prescribing Guides for Consumers</p> <p>For older members of the community, taking multiple medications can cause problems such as falls and reduced or different effects from when originally prescribed. Multiple medications are also a significant cause of hospital visits. As part of Primary Health Tasmania’s commitment to person-centred care, a set of guides will be developed to help older consumers work with their GP or pharmacist to take and manage only the most appropriate and beneficial medications for their individual health needs. Engagement with consumers, GPs and pharmacists will raise awareness of the resources.</p>
Target population cohort	Older people and focus on benzodiazepine, antidepressant, opioid and antipsychotic medications
Consultation	<p>Consultation will be undertaken in the first instance with GPs and relevant health providers in targeted communities to understand current prescribing patterns and to identify potential solutions.</p> <p>Consultation will also occur with consumer groups in the development of guides for health consumers.</p>
Collaboration	Collaboration will seek to involve: general practice, pharmacy, consumer groups, Aged and Community Services Tasmania, Department of Health and Human Services and Tasmanian Health Service and identification of potential opportunities for collaboration with University of Tasmania.
Indigenous Specific	No, however Primary Health Tasmania will work as needed with Aboriginal Community Controlled Health Organisations.
Duration	1 year.
Coverage	The consumer element of the project will have application state-wide. The understanding prescribing practice in communities will initially target some communities in southern Tasmania identified as having different prescribing patterns from some other areas of the state. These communities will be confirmed on approval of the activity work plan.

Commissioning method	<p>The project will commission the delivery of workforce capability building activities, using evidence based resources and training program and evaluating change of practice outcomes.</p> <p>Additionally, there may be commissioning principles applied to some areas of activity, such as results based incentives in targeted communities to participate in identifying and implementing solutions to identified prescribing issues.</p>
Approach to market	Approach to market may include targeted expression of interest.

Planned activity – NP 14: Support for OP 6: General practice and primary health workforce support	
Activity Title	NP 14: Support for OP 6: General practice and primary health workforce support
Existing or New Activity	Support for existing activity - OP 6: General practice and primary health workforce support
Description of Activity	<p>Additional investment of resources to deliver priority activities for general practice as described at OP 6 General practice and primary health workforce support for details</p> <p>Please see OP:6 General practice and primary health workforce support for details</p>

Planned activity – NP 15: support for Community Health Forum	
Activity Title	NP 15: Support for Community Health Forum
Existing or New Activity	Extension of current activity through to organisation establishment and operation (See ICCM activity proposal)

Description of Activity	Support for partnership contribution to implementation costs for the Tasmanian Health Consumer Network that will be providing strategic whole of system consumer input and advice across agencies and key commissioning entities. This partnership includes: Primary Health Tasmania, Department Health and Human Services, Tasmanian Health Service and University of Tasmania.
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2. Planned Activities - Primary Health Networks Core Operational Funding

Planned activity - OP 1: Clinical and Community Councils	
Activity Title	OP 1: Clinical and Community Councils
Existing or New Activity	Existing Activity
Description of Activity	<p>As a core part of PHN governance requirements, Clinical and Community Advisory Councils will continue to provide strategic advice and input to the Board and Executive.</p> <p>The Board is obligated to both seek and respond to their advice and input into all key decision making processes for the organisation. This includes but is not limited to: strategic and annual planning; clinical commissioning key stages; needs assessment review and priority setting; budget setting; outcomes monitoring and evaluation; issues resolution and advice regarding clinical and community engagement process and impact.</p> <p>The Council establishment processes as well as the first year of operation will be reviewed in 2017. The scope of the review will include terms of reference, membership, skills gaps, training considerations and a renewal strategy.</p> <p>The Councils operate on a quarterly schedule meeting in Feb/March, May, August and October.</p>
Supporting the primary health care sector	Council input is instrumental in ensuring stakeholder engagement processes are robust and that the scope of commissioning work is appropriate and well defined – they have a role in building the trust of the primary health care sector to understand that PHN resource allocation is underpinned by need and backed by data and stakeholder input.
Collaboration	This activity is a PHN organisation specific activity.
Duration	Commence 1/7/2016 – 30/6/2018
Coverage	PHN Tasmania Catchment
Expected Outcome	Clinical and community engagement in the key decision making processes for the PHN.

Planned activity - OP 2: Health System Integration and Interaction	
Activity Title	OP 2: Health System Integration and Interaction
Existing or New Activity	Existing Activity
Description of Activity	This activity supports development of a defined and strategic health system manager partnership between State, local health district, general practice representational bodies and PHN. It enables the PHN to deliver on its core obligations of improved system efficiency, effectiveness and integration and provides a strong foundation for the building of sustainable system and service responses to priority needs.
Supporting the primary health care sector	An important ongoing element of the PHNs capacity to deliver high quality commissioning capability lies in its ability to operate as an identifiable, respected, integrated and trusted health system partner. This requires considerable investment of time, effort and consultation at Board, and executive level in system policy, planning, relationship building and joint problem solving.
Collaboration	<p>Principal collaborative partners in the activity will be:</p> <ul style="list-style-type: none"> • State Government and Health Department – as principal system management partners with PHT, as drivers of state level policy and representing significant healthcare agreement investment in community health services and hospitals. • Local Health District – as there is only one in Tasmania, the role of the LHD as the principal deliverer of services through the States hospital and community health services system makes a strong and productive relationship as key collaborative partner essential. This includes in the management of avoidable admissions, complex chronic care services and in the provision of emergency after hours services. Their partnership in development and embedding of HealthPathways is also crucial. • GP representational organisations – including Associations, rural GP bodies and the College – this collaborative partnership is essential to inform the advocacy role of PHNs for the place and capacity of primary medical care in the context of patient centric homes and complex chronic care support. This collaboration also enables collective views to be developed and shared with State Health Minister and health secretary
Duration	Commence 1/7/2016 – 30/6/2018

Coverage	PHN Catchment -Tasmania
Expected Outcome	<p>This activity is expected to underpin much broader and more structured health system integration across all PHT activity.</p> <p>It is also expected that this will provide an agreed mechanism for a co-commissioning approach and a joint whole of system purchasing agreement/arrangement between Department of Health and Human Services and PHT as principal system management partners.</p>

Planned activity - OP 3_ Integrated Data Sharing, Aggregation and Analysis	
Activity Title	OP 3_ Integrated Data Sharing, Aggregation and Analysis
Existing or New Activity	Existing Activity
Description of Activity	<p>Progress collaborative approaches to the collection, warehousing, sharing, aggregation and analysis of key system data sets and sources.</p> <p>This will include the redefining and expansion of collaborative data sharing agreements, joint custodianship arrangements, collaborative warehousing and joint analysis and epidemiological interpretation of data. This will underpin PHTs obligations in ongoing assessment and prioritisation of need as well as its population health planning activity.</p> <p>This infrastructure and system capability will be supported with strategy and policy development within PHT and key partners.</p>
Supporting the primary health care sector	<p>PHT will establish a data warehousing capability and provide analysis of key data sets to support planning and health investment decision making across the primary health sector.</p> <p>Health intelligence capability will be enhanced through online data portals allowing commissioned providers to report, and access both their own and aggregated data informing service quality, efficiency and service improvement decisions to be made.</p>
Collaboration	<p>Activity will involve:</p> <ul style="list-style-type: none"> the State Government (department of Health and Human Services) as primary data partner and joint system planner

	<ul style="list-style-type: none"> • THO (LHN) as a major whole of state service delivery partner and joint commissioner for some community based allied health, mental health and AOD • The University of Tasmania as a key data aggregator and analysis partner • The Tasmanian Data Linkage Unit – as custodian and analysis partner for linked data sets that are critical to identification and tracking of patient experiences through our health system
Duration	Commence 1/7/2016 – 30/6/2018
Coverage	All of Tasmania together with all of its SA2/3 data jurisdictions
Expected Outcome	<p>This activity contributes to support for general practitioners to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care at the right time in the right place.</p> <p>It also supports the PHN to work with providers to improve service quality and access.</p> <p>The following outcomes are expected to result:</p> <ol style="list-style-type: none"> 1. Extended and renewed data sharing agreement agreed and operational and supporting improved access across the system to key shared State/Commonwealth data sets. 2. PHT data warehouse operational, increasing in size and scope of stored data, and actively used to refresh/review and inform needs assessment, population health and service planning and performance development of commissioned service partners. 3. Increased access to complex chronic care linked data sets to support risk stratification and case identification to provide more efficient and targeted coordination of care for Tasmanians with complex chronic disease. 4. Provision of targeted support to medical and health service providers record, access, aggregate and analyse their data

Planned activity - OP 4: Clinical Safety and Quality	
Activity Title	OP 4: Clinical Safety and Quality
Existing or New Activity	Existing Activity
Description of Activity	<p>As a commissioner and procurer of services from the private and community sector, PHT has a clear obligation to ensure that services delivered under its contractual remit are delivered safely and appropriately by an appropriately qualified workforce working to relevant safety and quality standards and within their defined scope of practice.</p> <p>PHT will continue to operate a multidisciplinary clinical governance committee (CGC) to support commissioned clinical activity. The CGC will operate to evidence based best practice principles and support the application of high quality process in all aspects of the delivery of clinical services to the community through our partner, procured and commissioned workforce.</p> <p>An additional aspect of work in this area will be on the mechanisms for reporting and feedback of clinical service delivery outcomes, benchmarking and service quality data from the commissioner to commissioned providers. This will typically involve regular interpreted and analysed data reports collated by PHT and shared for quality management purposes with service providers.</p>
Collaboration	Whilst not collaborative in nature, the CGC will involve internal, external and independent members including health professionals from public and private sector, administrators and consumer members.
Duration	Commence 1/7/2016 – 30/6/2018
Coverage	PHN Catchment - Tasmania
Expected Outcome	<p>This activity supports and ensures the delivery of safe, effective and high quality services for consumers.</p> <p>All services delivered by or on behalf of PHT by commissioned providers will comply with the reporting and oversight requirements of the PHT CGC.</p>

Planned activity - OP 5: Clinical Commissioning Process	
Activity Title	OP 5: Clinical Commissioning Process
Existing or New Activity	Existing Activity
Description of Activity	<p>PHT will refine and apply a comprehensive, accountable, structured and objective approach to the entirety of its clinical commissioning responsibility.</p> <p>This approach and model will comply with the PHN recommended approach and will build within that approach a definitive focus on:</p> <ol style="list-style-type: none"> 1. Needs based planning, grounded in identified and prioritised need and underpinned with epidemiological analysis and consultative shaping of commissioning/purchasing intent. 2. Co-design approaches - actively engaging clinical and community input and advice in determining service responses matched to regional need and built within a stepped model of care approach and within a patient centred medical home framework. 3. Active market based assessment and development ahead of comprehensive sourcing of market capability and capacity to deliver services. 4. Transparent approaches to market for high probity contracting of capable providers 5. Relationship based stakeholder and contract management, with active ongoing engagement throughout the life of any agreement and cyclical recommissioning of services. <p>This will be achieved through high quality and highly integrated approaches to whole of health stream commissioning responsibility. This will be evidenced and monitored across all commissioned service activity.</p> <p>Activities to strengthen PHT as a high performance commissioning business will continue during this year. Activities will include:</p> <ul style="list-style-type: none"> • Further development of skill, culture, process and system capabilities to achieve commissioning effectiveness. • Finalisation and refinement of the commissioning management system. • Training and development of newly formed commissioning teams. <p>Finalisation of health intelligence and health data management strategy.</p>

Supporting the primary health care sector	Delivery of a high quality commissioning approach, with a high degree of transparency, accountability, probity and consistency will ensure commissioned services meet the needs of the Tasmanian population.
Collaboration	This is not collaborative activity.
Duration	Commence 1/7/2016 – 30/6/2018
Coverage	PHN Catchment - Tasmania
Expected Outcome	This activity will result in the delivery of a high quality commissioning approach, with a high degree of transparency, accountability, probity and consistency in application to all PHT commissioning.

Planned activity - OP 6: General practice and primary health workforce support	
Activity Title	OP 6: General practice and primary health workforce support
Existing or New Activity	Existing Activity
Description of Activity	<p>Primary Health Tasmania will continue to provide support to general practice and primary health care providers as a core function of the PHN. Primary Health Tasmania will take a targeted approach to the delivery of provider support services, aligning activities with priorities identified in the needs assessment.</p> <p>Priority areas of activity will include:</p> <ul style="list-style-type: none"> • Quality improvement (including accreditation) with a specific focus on consumer centred care and transfers of care in line with the relevant Australian Commission on Safety and Quality in Health Care Standards National Safety and Quality Health Service Standard 2: Partnering with Consumers and Standard 6: Clinical Handover. This aligns with that of Primary Health Tasmania’s quality and safety focus with commissioned providers, contributing to an integrated approach to improving quality and safety in health care. Activities will include developing, reviewing and/or implementing resources, training and quality improvement tools within the general practice setting intended to improve: <ul style="list-style-type: none"> ○ person centred approaches and reported patient experience ○ communication and shared transfers of care between providers to support coordinated care • Collaboratives approach to improving – understanding and using clinical data to implement sustainable service delivery improvements in general practice settings.

	<ul style="list-style-type: none"> • Education delivery targeted in line with priority health conditions and initiatives and with an increased focus on demonstrating practice change • Emergency management and business continuity planning, in line with Australian Government priorities. This will include a focus on pandemic planning. • Continuing to build regional professional networks targeting general practice and other professional colleagues such as nursing and allied health providers, as a mechanism for improved: <ul style="list-style-type: none"> ○ Professional communication – including opportunities for inter-network activities ○ access to education (including opportunities for interprofessional learning) ○ input into Primary Health Tasmania health planning and priority setting
Supporting the primary health care sector	<p>This function by its nature is focused on supporting the primary health sector, specifically through the continued delivery of the PHN core function of supporting general practice and through increasing focus on and links with allied health providers, with the aim of strengthening and improving links between the primary health sector workforce.</p>
Collaboration	<p>This work will be led by Primary Health Tasmania, but collaboration will occur with state government organisations and relevant professional bodies and education organisations to ensure alignment and coordination of priorities and activity.</p>
Duration	<p>Commence 1/7/2016 – 30/6/2018</p>
Coverage	<p>PHN Catchment - Tasmania</p>
Expected Outcome	<p>Implementation of the above activities will contribute to progress towards the following expected outcomes:</p> <ul style="list-style-type: none"> • General practices participating in quality improvement and collaboratives approaches will demonstrate improved targeting and coordination of health care delivery within a health care home context • Education activities will contribute to increased capacity to delivery high quality care in primary health settings, in line with a focus on providing the right care in the right place, at the right time. <p>General practice, nursing and allied health providers will have access to strong professional and interprofessional networks to support the integrated delivery of coordinated care.</p>

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