



Northern Queensland Primary Health Network

Activity Work Plan

After Hours

2022/23–2026/27



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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Disclaimer

All activities captured in this Activity Work Plan are identified in the Health Needs Assessment conducted by Northern Queensland Primary Health Network and have been approved by the Department of Health and Aged Care.



AH-HAP – 1 – Primary Health Networks (PHNs) Homelessness

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

This activity aims to improve access to general practice and healthcare continuity for people experiencing or at risk of homelessness in the Cairns region.

The program aims to provide comprehensive primary health care to people with complex needs who are at a high risk of presentation or admission to hospital.

Description of activity

Northern Queensland Primary Health Network (NQPHN) aims to address these issues through the ongoing commissioning of two organisations who have demonstrated the ability to provide primary care for those experiencing or at risk of homelessness.

This activity sees the continuation of two key contracts ensuring general practice access for cohorts of vulnerable patients who would not otherwise have access to ongoing primary care services:

- provision of primary care services to vulnerable and homeless population groups living in Cairns
- provision of primary care services to residents of the Cape and Torres with complex needs who are temporarily displaced to Cairns.

Utilising both a mainstream and an Aboriginal Community Controlled Health Organisation (ACCHO) service increases the reach and accessibility of services for this vulnerable population.

As existing service providers, their established links already engage and collaborate with relevant stakeholders to maximise efficiency and streamline the patient journey.

The Cairns and Hinterland Hospital and Health Services (HHS) have developed pathways with these services and rely on them to keep people out of hospital or reduce their length of stay.

Service providers operate general practice-led clinics, and use models appropriate to engaging vulnerable communities, such as through a van that visits homeless shelters, caravan parks, food vans, and other designated locations. They also provide culturally safe, comprehensive primary care for First Nations people.



AH – 2 – AH2 – After Hours Primary Health Care Funding

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

Improving access to afterhours primary care services across the whole Northern Queensland Primary Health Network (NQPHN) region is identified as a priority need to prevent unnecessary and costly primary health care being sought in emergency departments.

The aim of this activity is to build upon work undertaken in 2022–23 and continue regional after-hours planning, commissioning, and implementation of new models of care that address gaps in primary care after hours services.

Description of activity

This activity focuses on refining and implementing the Northern Queensland After Hours (AH) Primary Care Commissioning Strategy, developed in 2022–23.

Activities include use of AH service data and service mapping to build service integration and collaboration between commissioned providers and enhance after hours service delivery to meet local service needs.

NQPHN will continue to provide ongoing support for high quality delivery of services that were commissioned in 2022–23.

NQPHN supports a placed-based, integrated care approach, working with service providers and other stakeholders to explore innovative ways to address regional, rural, and remote primary care workforce shortage issues and associated workforce barriers impacting on accessibility to primary care services, in order to address the afterhours burden on the hospital system.

