



Northern Queensland Primary Health Network

Activity Work Plan

Core Funding

2024/25 – 2027/28

Updated March 2025



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.



CF-COVID-VVP – 7 – COVID-19 Vaccination of Vulnerable Populations

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

Northern Queensland Primary Health Network (NQPHN) will support and facilitate local solutions, in collaboration with COVID-19 vaccination providers including general practice, pharmacy, contracted providers, state health services and nurse practitioners (as appropriate), to vaccinate vulnerable populations who may have difficulty in accessing COVID-19 vaccines.

These vulnerable groups may include (but are not limited to):

- those who are experiencing homelessness
- people with disability or are frail and cannot leave home
- people in rural and remote areas with limited healthcare options
- culturally, ethnically, and linguistically diverse people
- those who are not eligible for Medicare and/or live in an area without access to a state, territory, or Commonwealth Vaccination clinic
- aged care and disability workers.

NQPHN will submit a COVID-19 Vaccination of Vulnerable Populations plan, on the provided template, to the COVID Vulnerable Populations Taskforce for review and approval as requested.

Description of activity

NQPHN will support general practitioners vaccinating vulnerable people using existing funding mechanisms (Medicare Benefits Schedule (MBS) items).

NQPHN will facilitate supplementary funding to reimburse additional and necessary costs incurred in delivering targeted vaccination services for these population cohorts as per Federal Department of Health and Aged Care directives.

WIP-PS – 1 – Workforce Incentive Program (WIP)

Activity priorities and description

Program key priority areas

Workforce

Aim of activity

To establish a baseline understanding of the current utilisation of the Workforce Incentive Payment Practice Stream (WIP-PS) in the Northern Queensland Primary Health Network (NQPHN) region, identifying barriers for general practices and Aboriginal Community Controlled Health Organisations (ACCHOs) in accessing the funding. Additionally, assess the health workforce employed under WIP-PS and the care they provide.

Based on those insights, NQPHN will develop strategies to increase participation in WIP-PS and support the development of multidisciplinary care models to address community needs.

Description of activity

Stakeholder engagement

Regularly engage with general practices, ACCHOs, and health professionals to raise awareness about the WIP-PS program and its benefits, fostering greater participation.

Resource development and training

Develop and distribute targeted resources, such as toolkits and guidelines, to help practices understand and comply with WIP-PS requirements.

Collaborative partnerships

Work with other Primary Health Networks (PHNs), professional associations, and other stakeholders to facilitate smooth implementation of and provide ongoing guidance for practices transitioning to a multidisciplinary care model.

Incentive Program

Highlight the benefits of WIP-PS funding, including financial incentives for hiring non-GP health professionals, to encourage practices to participate.



MyM – 1 – My Medicare

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

For the My Medicare program to improve continuity and quality of care for Australians by fostering stronger relationships between patients, general practices, and their preferred general practitioner (GP).

The program enables patients to voluntarily register with a preferred general practice and general practitioner, ensuring improved coordination of healthcare delivery, particularly for those with chronic conditions or complex health needs. Through My Medicare, general practice is further supported to achieve and maintain accreditation allowing general practitioners to further support patients to receive personalised, consistent care, and healthcare providers better manage patient needs with a focus on preventive, holistic, and team-based care.

Description of activity

Patient and Provider Engagement

- Conduct awareness campaigns and outreach to encourage general practices and patients to register with their preferred practice and GP.
- Provide education to GPs and practice staff on the benefits of registration and how to facilitate it.

Care Plan Development Support

- Provide training and resources to healthcare providers on creating and managing personalised care plans for patients with chronic conditions.
- Promote the use of care coordination tools to streamline follow-up and ongoing care.

Monitor and Improve Care Efficiency

- Utilise data analytics to track My Medicare registration and care plan effectiveness.
- Provide feedback to practices on ways to increase preventive care and reduce hospital visits for non-urgent conditions.

GPACI-GPM – 1 – GP in Aged Care: GP Matching

Activity priorities and description

Program key priority areas

Aged Care

Aim of activity

To implement and manage the:

- Change management for general practices, and Aboriginal Community Controlled Health Services (ACCHOs) from Aged Care Incentive Payment clinical and organisational processes to General Practice in Aged Care Incentive clinical and organisational processes.
- Awareness of, and requirements of General Practice and Aged Care Incentive (GPACI), with residential aged care facilities (RACHs), general practices, and ACCHOs.

This activity aims to establish and maintain the ongoing engagement with National PHN collaboratives, communities of practice, and Department of Health and Aged Care to support nationally consistent implementation of the GPACI program whilst supporting place-based adoption of processes.

Description of activity

Engagement with key stakeholders

- Build and sustain relationships with general practice, ACCHOs, and RACH key staff to raise awareness of GPACI.
- Share relevant tools and resources to facilitate adoption of the new funding model.

Collaboration for consistent implementation

- Work with the National Primary Health Networks, communities of practice, and the Department of Health and Aged Care to ensure a consistent rollout of the GPACI program while also accommodating localised needs and practices.

Resource development and dissemination

- Create and distribute targeted resources to guide GPACI funding compliance.
- Provide direct one-on-one support to practices as needed to encourage greater participation.

Data system utilisation

- Utilise the internal existing data collection systems to ensure accurate reporting and compliance with the GPACI program requirements.

CMDT – 1 – Commissioning Multidisciplinary Teams - Commissioning

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To improve management of Chronic Conditions for underserved communities and reduce avoidable hospitalisations through commissioning of multidisciplinary health care teams to support small and solo general practices in rural locations.

Description of activity

Activities that will be delivered

- Commission allied health multidisciplinary team/s to provide holistic patient care.
- Care will be delivered in partnership with primary care practices within Northern Queensland Primary Health Network's (NQPHN's) rural communities.
- Multi-Disciplinary Team Care will be delivered via individual, shared, and/or group appointments and adapted to meet local community and patient needs.
- The Work-in and Work-out model will be adopted where required. Depending on the community/individual's connectivity and preferences, a mix of face-to-face and video conference appointments will be available between times when allied health professionals are available face-to-face in the community.
- Establish reporting processes supported by data collection including both activity and outcomes measures.
- Monitor the implementation of activities using relevant measures.



CF – 1 – Aboriginal and Torres Strait Islander Health Establishment Support

Activity priorities and description

Program key priority areas

Aboriginal and Torres Strait Islander Health

Aim of activity

To increase access to early intervention and preventative health programs in primary care, including delivery of timely and equitable access to adequate, inclusive, culturally appropriate primary health care for Aboriginal and Torres Strait Islander peoples and communities.

Description of activity

Activities that will be delivered

- Continue to support the capacity and capability of First Nations service providers to increase access to early intervention and preventative health programs in primary care.
- Strengthen relationships between Aboriginal Community Controlled Health Organisations (ACCHOs), and Northern Queensland Primary Health Network (NQPHN) to ensure needs are being met.
- Continue the innovative student assisted community rehabilitation and lifestyle service for Aboriginal and Torres Strait Islander peoples.

CF – 2 – Maternal and Child Health

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To improve the health and wellbeing of children and families through access to integrated, coordinated accessible and culturally safe maternal and child health services across North Queensland, with a focus on Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas and those experiencing social and economic disadvantage.

Description of activity

Activities that will be delivered

- Continue collaborating with partners of the Better Health North Queensland (BHNQ) Alliance and the First 1,000 Days Steering Committee to implement recommendations from the joint First 1,000 Days Framework and Implementation Strategy for North Queensland.
- Commission maternal and child health services (First 1,000 days), based on the recommendations from the joint Implementation Strategy, with a particular a focus on Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, and those experiencing social and economic disadvantage.
- Co-commission and partner (where appropriate) on initiatives which align with the First 1,000 Days joint Implementation Strategy, that interface with upstream prevention activities, or tertiary services.
- Commission mapping to identify barriers and enablers within community to accessing childhood immunisations.
- Design and implement initiatives to address barriers to immunisation identified through scoping work.
- Co-design a process/model to improve early identification of delayed childhood developmental milestones.
- Work with local Hospital and Health Services (HHSs) and commissioned training organisations to deliver upskilling and education to build the capability of primary care clinicians in child health and developmental milestones measurements.
- Support internal Northern Queensland Primary Health Network (NQPHN) teams to deliver workforce capacity and capability strategies targeted to Aboriginal and Torres Strait Islander Health Workers/Practitioners and primary care nurses specifically in relation to child health.
- Establish a community of practice for Aboriginal Community Controlled Health Organisations (ACCHOs) commissioned to deliver the Social and Emotional Wellbeing program plan.

CF – 3 – Chronic Conditions

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To improve the health outcomes of individuals with chronic conditions through increased access to primary health care services, where they are most needed and improve integration between primary, specialist and acute health services, with a focus on people with a chronic condition and living in rural and remote communities, those experiencing social and economic disadvantage, and Aboriginal and Torres Strait Islander Peoples. This activity also aims to reduce avoidable hospital presentations.

Description of activity

Activities that will be delivered

- Use the NQPHN Chronic Conditions Strategy for North Queensland to commission primary care chronic disease packages of care.
- Commission and implement the GP and Allied Health multidisciplinary primary care initiative designed in alignment with the NQPHN Chronic Conditions Strategy
- Use the NQPHN Chronic Conditions Strategy to collaborate on service system support initiatives within the greater NQPHN team.
- Commission health services based on the recommendations from the NQPHN Chronic Conditions Strategy, with a particular focus on Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, and those experiencing social and economic disadvantage.
- Co-commission and partner (where appropriate) on initiatives which align with the NQPHN Chronic Conditions Strategy that interface with prevention activities or tertiary services.
- Work collaboratively with internal NQPHN teams, including Primary Care Engagement and Workforce Development to address opportunities that emerge from the NQPHN Chronic Conditions Strategy.

This activity links with and will also be informed by work under the Commissioning early intervention activities to support healthy ageing and ongoing management of chronic conditions.



CF – 5 – Health promotion and prevention

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To reduce key risk factors for chronic conditions and poor health outcomes through increased access to healthy lifestyle programs, health literacy initiative, and health promotion messaging.

Description of activity

Activities that will be delivered

- 5.1 – Develop a comprehensive and evidence-based promotion strategy and sector development plan for North Queensland. This strategy will guide health promotion commissioning, integration, workforce development, and marketing activities.
- 5.2 – Health literacy cross activity with 3.2 and 4.1 – Undertake or support health promotion campaigns and initiatives which encourage healthy living for people through a focus on preventative measures, health literacy, and healthy behaviours, with a particular focus on vulnerable population groups.
- 5.3 – Quality improvement cross activity with HSI activity 3 – Undertake a marketing campaign to complement general practice quality improvement activities focusing on childhood vaccinations and on screening for cervical, bowel, and breast cancers.
- 5.4 – Health promotion and prevention cross activity with CF1.6, CF3.5 and CF4.7 – Commission services which encourage healthy living for people through a focus on preventative measures to support healthy nutrition, physical activity, behaviour change, social inclusion through activities, promotion of immunisation, regular health assessment, and routine screening for cancers.

CF – 6 – Workforce

Activity priorities and description

Program key priority areas

Workforce

Aim of activity

To develop approaches to address health workforce priorities and build workforce capacity and capability in North Queensland, in collaboration with key stakeholders, peak bodies, and primary care providers.

In partnership and collaboration with local, state, and national bodies, Northern Queensland Primary Health Network (NQPHN) aims to address the identified health workforce shortages and support new, innovative, and multidisciplinary models of care. Providing opportunities to support community growth and capacity where it is needed most.

Description of activity

Activities that will be delivered

- Enhancing primary care provider capabilities and capacity to deliver quality, safe care to 'at risk' and priority populations as defined in the NQPHN Health Needs Assessment (HNA).
- Continue to facilitate the North Queensland Health Workforce Alliance to improve health workforce quality, capacity, and distribution in North Queensland.
- Explore, develop, adopt, and participate in initiatives that promote the Aboriginal and Torres Strait Islander health workforce parity through training, education, and career pathway development.
- Continue to partner with Health Workforce Queensland workforce development and enhancement initiatives to improve the optimisation and diversification of the primary care workforce through upskilling existing new workforce.
- NQPHN will support primary care providers to recruit clinicians for communities with identified critical health workforce shortages and support the adoption of innovative workforce models and their implementation.
- Support primary care providers to improve the quality of clinical practice through opportunities to access quality education and training to maintain core qualifications and adopt new models of care and versatile healthcare delivery.



CF – 9 – Infectious Diseases

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To collaborate with partners to address infectious diseases of Public Health significance and high prevalence, impacting priority population groups in North Queensland.

Description of activity

Activities that will be delivered

- Collaborate with partners on joint approaches to infectious disease priorities in North Queensland, such as the Rheumatic Heart Disease Action Plan, North Queensland Aboriginal and Torres Strait Islander Sexually Transmitted Infections Action Plan, the Better Health NQ Health Master Service Plan.
- Leverage off the Northern Queensland Primary Health Network (NQPHN) Chronic Conditions Strategy for North Queensland and the First 1,000 days framework, to inform a focus on key infectious disease within NQPHN and inform future commissioning and health service integration priorities.
- Work collaboratively with internal NQPHN teams, including Primary Care Engagement and Workforce Development to address emerging priorities.



CF – 10 – NQPHN support for health, care and support related service systems – Cardwell & Cassowary Coast - Phase 1

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

Northern Queensland Primary Health Network (NQPHN) will commence the development of a Service System Recovery Plan for Cardwell and Mission Beach general practices.

Description of activity

NQPHN will:

- through the Townsville Hospital and Health Service (THHS), commission funding to support health management services into Cardwell Family Practice for the period 1 January 2024 to 30 June 2024
- through the Cassowary Coast Regional Council, NQPHN will commission funding to support general practice leasing arrangements the cost of locum accommodation for the period 1 January 2024 to 30 June 2024.



CF – 11 – Clinical Referral Pathways

Activity priorities and description

Program key priority areas

Digital Health

Aim of activity

HealthPathways offers clinicians locally agreed information to make the right decisions, together with patients, at the point of care.

HealthPathways is designed and written for the use during a consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with particular symptoms or conditions. Pathways also include information about making requests to services in the local health system.

Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice.

HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice.

Description of activity

NQPHN will:

- contribute funding for each local Hospital and Health Service HealthPathways in North Queensland – Far North Queensland (Torres and Cape, and Cairns), Townsville, and Mackay – to support the creation, review, and enhancement of clinical referral pathways
- establish a Northern Queensland Primary Health Network (NQPHN) HealthPathways community of practice (CoP) with the three local HealthPathways teams to develop priorities for new and reviewed pathway development aligning with NQPHN priority areas. Plan education opportunities and collaborate on resource development.

HSI – 2 – Health Systems Improvement

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

Northern Queensland Primary Health Network (NQPHN) will undertake a broad range of activities to assist the integration and coordination of health services in the regions through population health planning, system integration, stakeholder engagement, and supporting general practice. These activities will also support the PHN in its commissioning of health services across its region, including through the monitoring and evaluation of all commissioned services.

This activity aims to:

- address the needs of people in your local region, including an equity focus
- provide support to general practices and other health care providers to improve quality of care for patients
- improve access to primary health care by patients
- improves coordination of care for patients and integration of health services in the region
- operate capable organisations which support the successful delivery of the PHN Program.

Description of activity

NQPHN will:

- Undertake a needs assessment of our region, informed by stakeholder engagement and community consultation. Work with the state working group towards a joint needs assessment framework.
- Conduct a broad range of activities to support health system integration and stakeholder engagement. Influence integration of health systems to improve outcomes relating to mental health, First Nations, population health, health workforce, digital health, aged care, and alcohol and other drugs as well as any emerging health priorities determined by the Department of Health and Aged Care. Ensure staff are trained in cultural awareness and Aboriginal Community Controlled Health Organisation (ACCHO) guiding principles as appropriate.
- Support general practice – quality care through best practice and accreditation, participation in the NQPHN data program, quality improvement tools, digital health, team-based care, health reform activities, advocacy, workforce education and training.
- Transition to Primary Sense and implement a version of the GP data dashboard to leverage off the Primary Health Insights (PHI) infrastructure.
- Work with the Queensland Planning Reporting and Evaluating working group (PHNs) to progress data sharing agreements with Queensland Health to support joint regional planning and co-commissioning.
- Work towards ISO 27001 accreditation by 30 June 2025.



HSI – 7 – Aged Care Clinical Referral Pathways

Activity priorities and description

Program key priority areas

Digital Health

Aim of activity

HealthPathways offers clinicians locally agreed information to make the right decisions, together with patients, at the point of care.

HealthPathways is designed and written for use during a consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system.

Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice.

Description of activity

Northern Queensland Primary Health Network (NQPHN) will contribute funding to the HealthPathways teams across our region to support the creation, review, and enhancement of clinical pathways supporting Dementia.

- Support the creation, review, and enhancement of clinical pathways supporting aged care.
- Educate and consult with primary care practitioners and key stakeholders.
- Increase awareness, utilisation, and integration of referral pathways.
- Work closely with Dementia Australia reflecting best practice.
- Collaborate broadly with other PHNs sharing pathways where appropriate.
- Establish a NQPHN HealthPathways community of practice (CoP) with the three local HealthPathways teams to develop priorities for new and reviewed pathway development aligning with NQPHN priority areas.
- Plan education opportunities and collaborate on resource development.

HSI – 8 – Dementia Consumer Resources

Activity priorities and description

Program key priority areas

Digital Health

Aim of activity

Northern Queensland Primary Health Network (NQPHN) and PHNs broadly will consult with consumers living with dementia and Dementia Australia to ensure the consumer pathway resources are both nationally consistent at a high level and reflective of individual services and supports within individual PHN regions.

NQPHN will seek feedback from consumers regarding what resource medium works best for them and seek innovative solutions where possible and practical. NQPHN will develop and maintain a region-specific consumer-focussed resource which will provide details of the local supports and services available for people living with dementia, their carer's, and their families.

NQPHN will continue to promote and increase the awareness, engagement, utilisation, and integration of dementia consumer resources by local practitioners.

Description of activity

- In 2023, NQPHN delivered a digital online dementia page accessible via the My Community Info App and online via a URL. Merchandise in the form of fridge magnets with a QR codes was developed to direct visitors to the page, filtered to their geographical location. An official launch of this resource will be held in Mackay during Dementia Week on Friday 18 May.
- NQPHN will continue to promote and increase awareness, engagement, utilisation, and integration of the NQPHN dementia consumer resource through product launch, social media campaigns, and promotion with community dementia networks and groups.
- NQPHN has worked closely with Dementia Australia and Western Australia Primary Health Alliance (WAPHA) who have a similar tool to provide key resources and links.
- Local community dementia groups have provided feedback on the page. The URL for the page is <https://www.mycommunitydirectory.com.au/dynamic/dementia-qld>.
 - Barriers to reporting requirements are not expected, and usage statistics will be available via google analytics click rates.
 - The My Community Info App can be downloaded at <https://www.mycommunityinfo.com.au>. If you are located within the NQPHN region you will see a Dementia Tile on the app that will direct you to the page.
- NQPHN will continue to review the page's content twice yearly.



HSI – 9 – Dementia Clinical Referral Pathways

Activity priorities and description

Program key priority areas

Digital Health

Aim of activity

HealthPathways offers clinicians locally agreed information to make the right decisions, together with patients, at the point of care.

HealthPathways is designed and written for use during a consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system.

Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice.

Description of activity

Northern Queensland Primary Health Network (NQPHN) will contribute funding to the HealthPathways teams across our region to support the creation, review, and enhancement of clinical pathways supporting dementia.

- Support the creation, review, and enhancement of clinical pathways supporting aged care.
- Educate and consult with primary care practitioners and key stakeholders.
- Increase awareness, utilisation, and integration of referral pathways.
- Work closely with Dementia Australia reflecting best practice.
- Collaborate broadly with other PHNs sharing pathways where appropriate.
- Establish an NQPHN HealthPathways community of practice (CoP) with the three local HealthPathways teams to develop priorities for new and reviewed pathway development aligning with NQPHN priority areas. Plan education opportunities and collaborate on resource development.



CF-COVID-PCS – 5 – COVID-19 Primary Care Support

Activity priorities and description

Program key priority areas

Population Health

Aim of activity

To provide support of Australia's COVID-19 Vaccine and Treatment Strategy to the primary healthcare, aged care, and disability sectors.

This activity will be provided to support the rollout of the Strategy until 31 December 2024.

Description of activity

Northern Queensland Primary Health Network (NQPHN) will provide guidance and support to General Practice Respiratory Clinics (GPRCs), general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), residential aged care facilities (RACHs), disability accommodation facilities, and governments based on local needs and issues related to the COVID-19 pandemic.

NQPHN will support the Strategy as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners, and consistent reporting that will include:

- coordination of vaccination services to RACHs
- on request, conduct a needs assessment in our region/s followed by a rapid expression of interest process to identify suitable general practices and GPRCs to participate in bespoke sections of the Strategy (for example establishment of additional GPRC sites) and provide advice to the Federal Department of Health and Aged Care on the selection of those sites.

