

Northern Queensland Primary Health Network

Annual Report 2022-23



Acknowledgements

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Northern Queensland Primary Health Network 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 cultural and spiritual connection to country, waters, kin, and community.

We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

We are committed to making a valued contribution to the wellbeing of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

NQPHN's offices are proudly on Gimuy-Walubara Yidinji and Yirrganydji Country (Cairns), Bindal and Wulgurukaba Country (Townsville), and Yuwibara Country (Mackay).

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Message from our Board Chair and CEO

Welcome to the Northern Queensland Primary Health Network (NQPHN) Annual Report for 2022-23.

This annual report is a testament to the remarkable efforts of our team, service providers, health care workers, and partners throughout this period.

Looking back on the past year, we're delighted to highlight the positive impact we've achieved through strong partnerships with primary health care providers across North Queensland, including those working within general practices, pharmacies, allied health practices, residential aged care facilities (RACFs), Aboriginal Community Controlled Health Services (ACCHOs), and Aboriginal Medical Services (AMSs).

Over the course of the 2022-23 financial year, NQPHN celebrated a range of successes. We not only met our Horizon 1 Strategic Plan performance indicators, but we also refreshed our Horizon 2 goals to maintain our focus on providing tailored primary health care services that cater to the unique health needs of our communities in northern Queensland.

A significant achievement was the establishment of a new Commissioning Framework within our Health Services Commissioning portfolio. This framework, closely aligned with NQPHN's strategic priorities, ensures a well-informed approach to planning and procuring services for our region.

In the past year, we embarked on a journey to develop a new stepped care model aimed at improving mental health support for North Queenslanders facing challenges. This collaborative effort involved extensive input from GPs, health professionals, individuals with lived experience, and community members. We held over 16 codesign workshops and 40 individual meetings, resulting in more than 500 engagement touchpoints.

We also welcomed the Federal Government's announcement of two new Medicare Urgent Care Clinics (UCCs) to be launched in Cairns and Townsville in the upcoming financial year. These UCCs will offer treatment for urgent but non-life-threatening illnesses and injuries, helping to alleviate pressure on our hospital emergency departments.

Furthermore, the joint funding by the Australian and Queensland Governments for a Head to Health centre in Cairns was a significant step forward. This centre, in partnership with NQPHN and Cairns and Hinterland Hospital and Health Service (CHHHS), will provide much-needed mental health support for adults.

Collaborating with six ACCHOs, we codesigned the First 1,000 Days program across North Queensland. This initiative focuses on maternal and child health social and emotional wellbeing, aiming to ensure a healthy start in life for all children in the region.

With the help of our dedicated service providers, we launched the North Queensland care finder program, aimed at assisting vulnerable elderly individuals in accessing vital health and support services. This program, now operational across the catchment, involves a growing network of care finders ready to provide in-person support.

Another accomplishment was our collaboration with the Groundswell Project to conduct Compassionate Community Connectors train-the-trainer workshops, training over 300 community connectors to play a stronger role in supporting local people and families during end-of-life experiences.

In our pursuit of advancing primary health care, NQPHN's System Integration and Innovation portfolio played a crucial role. Through partnerships and innovation, we developed tools like the GP Data Dashboard, the My Community Directory Consumer Dementia HealthPathways resource, and the NQPHN Commissioned Services Directory, all aimed at enhancing access to primary care services.

As we move forward in our commitment to a primary care system that supports North Queensland's needs, the NQPHN Board would like to acknowledge the substantial contributions of our CEO, Robin Whyte. Her dedication has paved the way for positive changes that will ensure a bright future for our organisation. We wish her all the best in her future endeavours.

Our mission to provide the right care, at the right place, at the right time for North Queensland communities has been the driving force behind our efforts this past year. We're proud to showcase the outcomes of the collective dedication of our team, partners, providers, and health professionals.

Terry Mehan

Chair, NQPHN

Robin Whyte

Chief Executive Officer, NQPHN





Who is NQPHN?

Northern Queensland Primary Health Network (NQPHN) is one of 31 regionalised and independent PHNs established nationally by the Commonwealth Department of Health and Aged Care to provide local communities with better access to improved primary healthcare services.

The NQPHN region extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama, across an area of 510,000 square kilometres.

NQPHN is the lead organisation for developing – with our partners – an integrated and coordinated primary healthcare system that delivers the best care possible to achieve measurable health improvements for the people of North Queensland.

NQPHN aims to improve health outcomes for all residents by supporting, investing in, and working collaboratively with local Hospital and Health Services, the primary healthcare sector, local government areas (LGAs), other health organisations, and the wider community.

Our objectives and Strategic Plan

Northern Queensland Primary Health Network's (NQPHN's) Strategic Plan 2021-26 is an ambitious plan which aims to strengthen the primary health care sector in northern Queensland.

The Plan outlines five priority areas of focus that will achieve NQPHN's main objectives, and include:

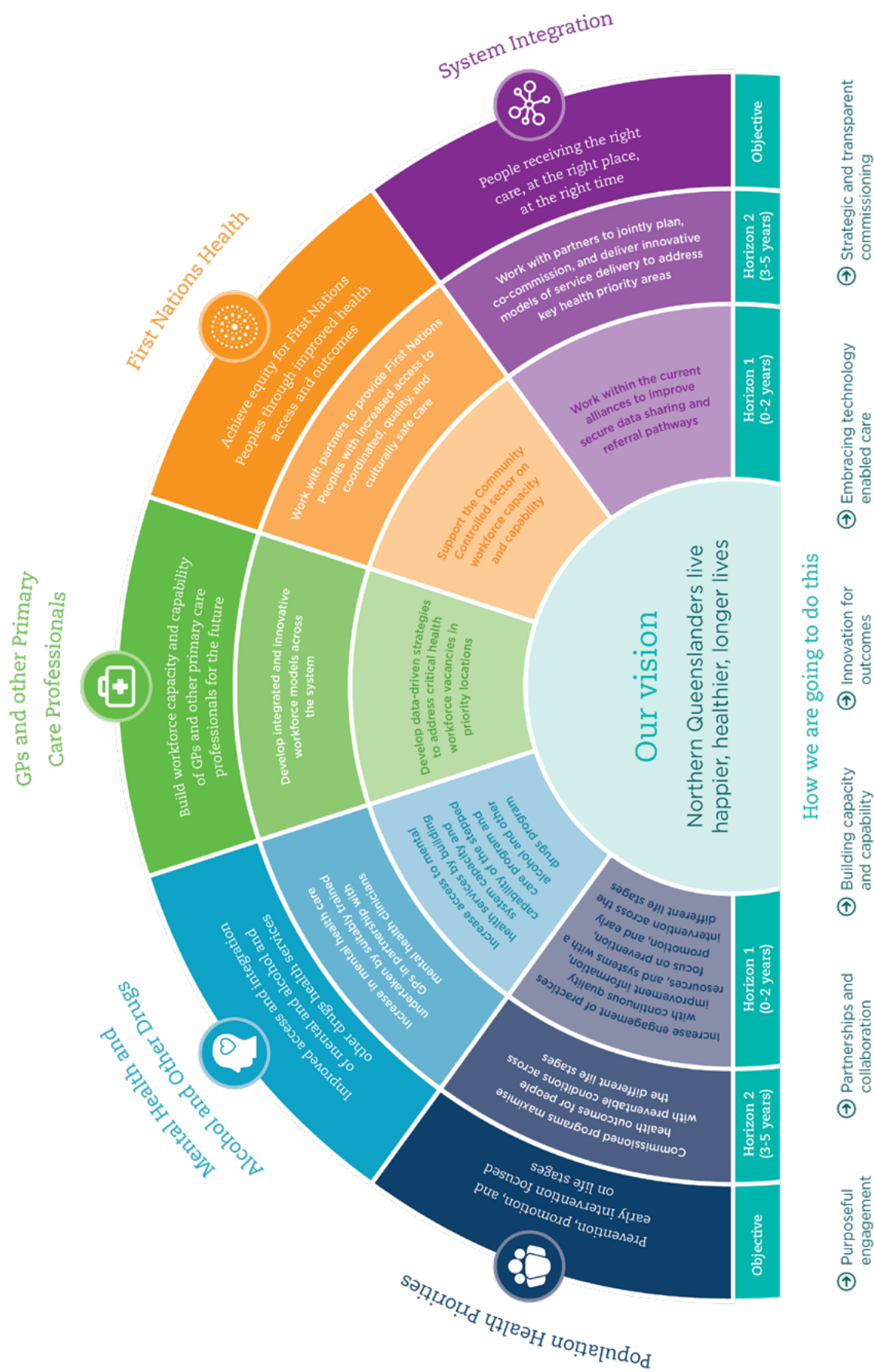
- » improved access and coordination of mental health services
- » equity for First Nations Peoples through improved health access and health outcomes
- » building workforce capacity and capability of GPs and primary care professionals for the future
- » ensuring people are receiving the right care, in the right place, at the right time
- » prevention, promotion, and early intervention focused on life stages of need.

NQPHN will achieve its objectives through:

- » purposeful engagement
- » partnerships and collaboration
- » building capacity and capability
- » innovation for outcomes
- » embracing technology enabled care
- » strategic and transparent commissioning.

While not excluding other health needs, these areas are NQPHN's primary focus over the next five years so that it can achieve its vision of helping northern Queenslanders live happier, healthier, longer lives.

View full strategic plan [here](#).



NQPHN Highlights 2022-23

Contracts

151 contracts executed across the region



With total expenditure and commitments of

\$63,708,643

Workforce

102 Education and training events delivered to



2,043 participants

First Nations Peoples Health

5,090



First Nations clients supported to manage their chronic conditions through the ITC program

Mental Health

500+

engagement touchpoints with GPs, health professionals, those with lived experience, and community members in stepped care codesign sessions

Digital Health

2,232

Completed and live HealthPathways across the region.



4.3%

Increase on the previous year.

690

Far North Queensland HealthPathways, with 90 developed and reviewed.

826

Townsville HealthPathways, with 159 reviewed.

716

Mackay HealthPathways, with 106 reviewed.

Media and communications

548



eNewsletters distributed

74



media releases and responses

Facebook

445 posts

9,931 total page reach

742 average reach per post

5,311 followers

Website

52,866 total users

179,242 total page views

NQPHN is also on:



Alcohol & Other Drugs

17

commissioned AOD services across the region



33,902

occasions of services were provided

Grant Programs

307

Digital Capability Grants distributed over an eight-week period (\$600k total)

144

General Practice and Pharmacy SMS Alert Grants distributed (\$58K total)

157

Strengthening Medicare General Practice Grants distributed (\$5M total)

155

Living with COVID Grants (\$775K total)



Board and Governance

Northern Queensland Primary Health Network (NQPHN) has a commitment to strong, effective governance. We are an independent not-for-profit company limited by guarantee. A membership-based organisation, NQPHN is registered as a charity with the Australian Charities and Not-for Profits Commission.

The NQPHN Board is a skills-based Board, which has four key committees:

- » Nomination and Remuneration Committee
- » People and Performance Committee
- » Finance, Audit, and Risk Management (FARM) Committee
- » Clinical Governance Committee.

View the Board and Committees attendance for the 2022-23 financial year [here](#).

Nomination and Remuneration

This committee makes recommendations to the Members for Director appointments and re-elections, and assists the Board to fulfill its corporate governance responsibilities regarding performance, induction programs, and continuing professional development for directors and remuneration of Directors.

People and Performance

This committee provides oversight of organisational culture and other aspects of human resources. The committee makes recommendations to the Board regarding Senior Executive succession planning, remuneration and performance evaluation, reviewing compliance with the Corporate Code of Ethical Conduct, and overseeing any investigation of improper conduct initiated under NQPHN's Protective Disclosure (Whistle-blower) Program.

Finance, Audit, and Risk Management (FARM)

This committee assists the Board in fulfilling its responsibility to exercise due care, diligence, and skill in relation to budget planning process and monitoring of performance. It also focuses on financial investment strategy, contracting arrangements, the integrity of NQPHN's financial reports and statements, adequacy, and performance of NQPHN's internal control framework, external and internal audit processes, and the framework established by management to identify, assess, and manage risk.

Clinical Governance

This committee provides the Board with contemporary advice and recommendations on matters of clinical governance, commissioning (specifically, planning and design of services), stakeholder engagement, and continuing development and refinement of the Health Needs Assessment (HNA) and related strategic planning documents. All committees have levels of delegated authority for core decision making.

Board of Directors

- » Terry Mehan - Board Chair
- » Tara Diversi - Deputy Chair
- » Suzanne Andrews - Board Director
- » Dr Konrad Kangru - Board Director
- » Topaz McAuliffe - Board Director
- » Luckbir Singh - Board Director
- » Dr Chris Stelmaschuk - Board Director
- » Ben Tooth - Board Director
- » Cate Whalan - Board Director



Clinical Council and Community Advisory Group

Clinical Council

The Northern Queensland Primary Health Network (NQPHN) Clinical Council provides the NQPHN Clinical Governance sub-committee of the Board with contemporary advice on local health needs and priorities ensuring that there is an appropriate evidence base to regional commissioning, specifically, planning and design of services, stakeholder engagement, and continuing development and refinement of the Health Needs Assessment (HNA).

The Clinical Council provides a critical overview of the NQPHN regions to ensure that overall investment is in line with the regional HNA.

The council acts in an advisory capacity to the NQPHN Clinical Governance Committee which has the delegated responsibility of the NQPHN Board.

Membership of the council is comprised of GPs, allied health professionals, mental health clinicians, Aboriginal and Torres Strait Islander health professionals, community/practice nurses, and public health/health promotion representatives. They meet at least twice per year.

View Council membership [here](#).

Community Advisory Group

The NQPHN Community Advisory Group (the Group) covers the Cape and Torres, Cairns, Townsville, and Mackay regions.

Group members are comprised of health service users, consumers, carers, and community members, and act as a critical friend to NQPHN by bringing community perspective to advise the planning of activities and priorities. The Group's advice is aligned with NQPHN's Health Needs Assessment and local and Commonwealth priorities.

The aim of the Group is to enable health system improvement and reform in local regions and for identified community groups. They ensure that community ideas drive improvements in person-centred care to deliver better health outcomes that are locally-relevant and aligned to local care experiences and expectations.

The Group also guides and advises NQPHN to improve its social impact, cultural security, and patient safety of programs it commissions throughout the region.

As champions of change, members maximise and leverage their own community networks to improve health outcomes through coordinated care.

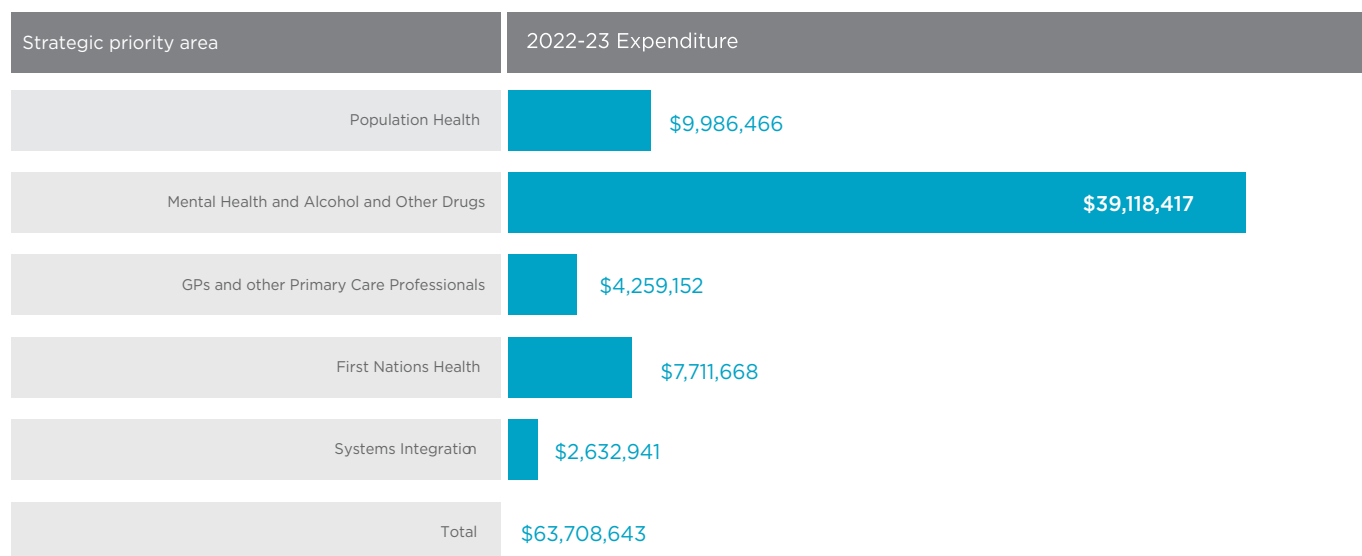
The Group plays a key role in helping to guide NQPHN in ensuring activities are connected to and supported by the communities it serves.

View Group membership [here](#).

Financials

The below bar graph shows NQPHN's expenditure on our strategic priorities in the 2022-23 financial year.

Download the full audited General Purpose Financial Statements [here](#).





Health needs of North Queensland

The updated Health Needs Assessment (HNA) report for Northern Queensland Primary Health Network (NQPHN) was conducted in late 2021 in collaboration between NQPHN and its regional partners, stakeholders, health care services providers, community organisations, and residents.

The HNA is a working document that evolves as new and more relevant information becomes available. It provides an overview of the Northern Queensland PHN demographic profile identifying the greatest health needs within our region.

This information is then used to identify our key priority areas which in turn inform effective commissioning of services to help northern Queenslanders live happier, healthier, longer lives.

This assessment incorporates the needs of consumers as well as the health workforce, as they are essential to the delivery of health services to consumers.

NQPHN Health Snapshot

OVERWEIGHT AND OBESITY



Children (5 - 17 years)

30.5% NQPHN 26.3% QLD

Adults (18+ years)

63.3% NQPHN 61.5% QLD

DAILY SMOKING



14.1% NQPHN 10.4% QLD

LIFETIME RISKY DRINKING



41.9% NQPHN 36.4% QLD

CANCER SCREENING RATES



Breast cancer screening

58.9% NQPHN 52.3% QLD

Cervical cancer screening

62.8% NQPHN 62.1% QLD

Bowel cancer screening

35.0% NQPHN 37.5% QLD

CHILD IMMUNISATION



(fully-immunised)

Immunisation national target: 95%

1 year 93.1% NQPHN 93.1% QLD

2 years 91.7% NQPHN 91.6% QLD

5 years 94.5% NQPHN 93.5% QLD

PHYSICAL ACTIVITY AND NUTRITION



Sufficient physical activity

55.9% NQPHN 57.6% QLD

Recommended fruit intake

51.4% NQPHN 52.1% QLD

Recommended vegetable intake

7.8% NQPHN 8.2% QLD

SOCIO-ECONOMIC DISADVANTAGE



Percentage of the population in the most disadvantaged on the index of relative socio-economic disadvantage quintiles:

26.8% NQPHN

20.0% QLD

EDUCATION



Percentage of the population that has completed year 11, or year 12, or equivalent:

56.2% NQPHN

63.6% QLD

Our Priority Areas

Northern Queensland Primary Health Network (NQPHN) responds to the health needs of its region as outlined in NQPHN's Health Needs Assessment while being guided by the National PHN Performance and Quality Framework for targeted work.

Five priority areas have been identified to strengthen the primary health care sector in northern Queensland and to achieve the objectives set out in NQPHN's Strategic Plan 2021-26. These priority areas include:

- » improved access and coordination of mental health services
- » equity for First Nations Peoples through improved health access and health outcomes

- » building workforce capacity and capability of GPs and primary care professionals for the future
- » ensuring people are receiving the right care, in the right place, at the right time
- » prevention, promotion, and early intervention focused on life stages of need.

While not excluding other health needs, targeted focus on these priorities will make the greatest impact on helping northern Queenslanders to live happier, healthier, longer lives.

Population Health

Objectives

Northern Queensland Primary Health Network's (NQPHN's) population health priority objectives include prevention, promotion, and early intervention that is focused on the life stages.

In the 2022-23 financial year, NQPHN supported primary health care providers to address factors impacting population health through increased engagement of practices using continuous quality improvement (CQI) information and resources dissemination, and systems integration.

The key population health priorities for NQPHN include:

- » maternal and child health
- » chronic disease management and prevention
- » sexual health
- » Aboriginal and Torres Strait Islander health
- » Greater choices for at-home palliative care
- » older persons health.

Longer term, NQPHN's commissioned programs will maximise health outcomes for people with preventable conditions across the different stages of life.

By addressing the needs of North Queensland communities, and focusing on prevention and early intervention activities, there will be fewer preventable hospitalisations in the NQPHN region for people with chronic and vaccine preventable diseases.

Combined, these activities will contribute to improved health outcomes for all population groups in the NQPHN region.

A selection of our Populations Health projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

Care Finder Program

One of the Population Health initiatives is the care finder program, which forms part of the Australian Government's response to the recommendations of the Royal Commission into Aged Care Quality and Safety.

This initiative, which began in January 2023, was implemented to improve outcomes for vulnerable older Australians through improved coordination of support, improved rates of access to aged care services, connections with other relevant supports, improved rates of staying connected to the services post-service commencement, and improved integration between health, aged care, and other systems at a local level.

NQPHN commissioned Footprints Community Limited, Aged and Disability Advocacy Australia (ADA) Australia, ABIS Community Co-operative Society Limited, Flinders Shire Council, and Ozcare to deliver the care finder program in the northern Queensland catchment.

These providers have also established and maintained a network of 17 care finders who could provide face-to-face support for vulnerable older persons who:

- » are isolated
- » do not have a carer or family
- » are experiencing barriers to accessing care due to communication, language or literacy challenges
- » are having difficulty in understanding information and making decisions
- » are reluctant to engage with aged care or government agencies.

Care finders help clients:

- » understand what aged care services are available to them
- » register with My Aged Care
- » provide support during assessment
- » find and short list aged care providers in their area
- » assist in completing forms
- » understand aged care service agreements
- » check in once services are set up
- » problem solve challenges
- » connect to other supports such as mental health, housing and homelessness, drug and alcohol services and community groups

Key statistic

5

care finder program lead providers



17

care finders who can provide face-to-face support for vulnerable older persons



Greater Choices for At Home Palliative Care

The below NQPHN initiatives are aligned with the Greater Choices for At Home Palliative Care objectives.

Northern Queensland Aged and Palliative Care Interagency Steering Committee

The Northern Queensland Aged and Palliative Care Interagency Steering Committee was established to provide governance and codesign the delivery of the Greater Choice for At Home Palliative Care program across the northern Queensland catchment. This committee, which consists of 21 members, promotes system integration across sectors with membership from peak bodies, specialist palliative care, hospital and health services, pop-up palliative care, community palliative care services, and health community connectors.

Compassionate Communities

In collaboration with the Groundswell Project, NQPHN conducted a series of Compassionate Community Connectors train-the-trainer workshops and trained more than 300+ health community connectors from Weipa in the north to Moranbah in the south. These workshops provided ongoing awareness raising, advance care planning education, distribution of end-of-life care resources and local palliative care consumer journey maps, localised service mapping and identified gaps, activities related to socialising the conversation of advance care planning, death and dying, and effective signposting to identify and increase access to services.

Northern Queensland Health Community Connectors (NQHCC) Network and Healthy End-of-Life Planning (HELP) app

Established in 2022 to provide ongoing supports and encouragement to health community connectors, this initiative promotes system integration where informal specialist palliative care services and other health services are engaged to present and network with health community connectors. This network meets every six weeks and provides opportunities for ongoing learning opportunities and linkages for community connectors to local primary care, palliative care specialists, and peak bodies. As required, NQHCC network members

also create wrap-around informal supports to families affected by life-limiting illnesses in their community through the HELP app. The HELP app is a new initiative for community members in need to seek help from the health community connectors who become a circle of support assisting with collective care.

After hours community consortium - telehealth

medical-based workforce can be augmented with support from nurses and other allied health professionals who have specialised knowledge of rural and remote primary health care.

Key statistic

21

members on the Northern Queensland Aged and Palliative Care Interagency Steering Committee



300+

health community connectors from Weipa to Moranbah



Key statistics

6,766

unique clients accessed the RFDS afterhours telehealth service



32%

of these clients identify as First Nations



NQPHN's After Hours Community Consortium – Telehealth is delivered by Royal Flying Doctors Service – Queensland Section (RFDS) and was implemented in 2022/2023 to address difficulties patients in rural and remote communities were having in accessing timely primary health care services.

In April 2023, RFDS was announced as the lead telehealth provider for NQPHN to deliver afterhours telehealth services across the Cairns, Townsville, and Mackay regions, and continuing with its existing services in the Torres and Cape regions.

In the last year, 6,766 unique clients accessed this service and, of that number, 32 per cent identified as First Nations.

This program is a primary health care telehealth consultation liaison service to support patients with acute care needs who cannot wait for an in-hours GP service.

It uses credentialled medical officers, with support from nurses and other allied health professionals who have specialised knowledge in rural and remote primary health care.

Direct medical consultation is available through video, telephone, or radio communication for patients, isolated primary health care clinicians, such as remote area nurses, and Indigenous health workers to make it easier to provide and receive care.

These telehealth services focus on the rural and remote communities across the NQPHN catchment, and this

Meet care finder Kesa

OUR REGION,
our people

Elderly Cairns man facing homelessness seeks help from Ozcare care finder service.

A 76-year-old Cairns widow, feeling lonely and on the verge of homelessness, has found a home and happiness thanks to Ozcare and the care finder program.

Gary Boot* moved to Cairns from Western Australia following his wife's passing to be closer to his only son.

However, after a few months of living in northern Queensland, Mr Boot's son was offered a job in the mines in Western Australia and was relocated for work.

Feeling depressed and lonely, desperately missing his wife, and with his only accommodation in jeopardy, Mr Boot was at high risk of homelessness and sought help from Ozcare.

Ozcare care finder Coordinator Kesa Strieby said within a matter of weeks, Mr Boot had a home in East Trinity and was receiving ongoing mental health support from a general practitioner and social worker.

"He is enjoying his new home, gets along with the owners, and has taken to walking along the beach. He's also keen to go fishing one day," she said.

"This was a positive and successful outcome, not only because we were able to find suitable and affordable accommodation by the beach for Mr Boot, but also because we were able to link him with other support services, which he also really needed.

"He's extremely thankful and is happy that the care finder service was able to help him so quickly. He also said he'd highly recommend care finder to seniors on low income, who are stressed about their housing situation, and who need support services for independent living."

The care finder program is funded by Northern Queensland Primary Health Network (NQPHN) and delivered by Ozcare to connect vulnerable older people to quality and appropriate aged care and other local services, including those experiencing homelessness, mental illness, and alcohol or drug dependence.

It is a free service and exists to provide intensive, face-to-face support for older persons who are isolated, or have no support person, and who are experiencing barriers to receiving the necessary support.

Mrs Strieby said through care finder, Ozcare helped older persons live their best life via compassionate, professional, and personalised community and health services.

"We helped Mr Boot by personally viewing properties, which included independent living, supported accommodation, and hostels for seniors to find him accommodation that would best suit his needs," she said.

"It was a great feeling when we could offer this older person accommodation at East Trinity in a two-bedroom fully furnished unit by the beach for a reasonable weekly rent that was suitable. We also assisted with the paperwork and relocation to his new home.

The care finder program helped Mr Boot register with My Aged Care to receive aged care and other supports on top of his tenancy.

Mrs Strieby said sadly Mr Boot's story was not uncommon for older persons in the community.

"Every day through care finder we make a difference in people's lives and help turn their vulnerability into happiness and a positive outcome," she said.

"We help people who need assistance to reconnect and feel supported to continue to live independently and with dignity in a safe environment."

* Name has been changed to maintain privacy.



Care finder Kesa.

Mental Health and Alcohol and Other Drugs

Objectives

Northern Queensland Primary Health Network's (NQPHN's) Mental Health and Alcohol and Other Drugs (AOD) priority objectives include improving access and integration of mental health and AOD services.

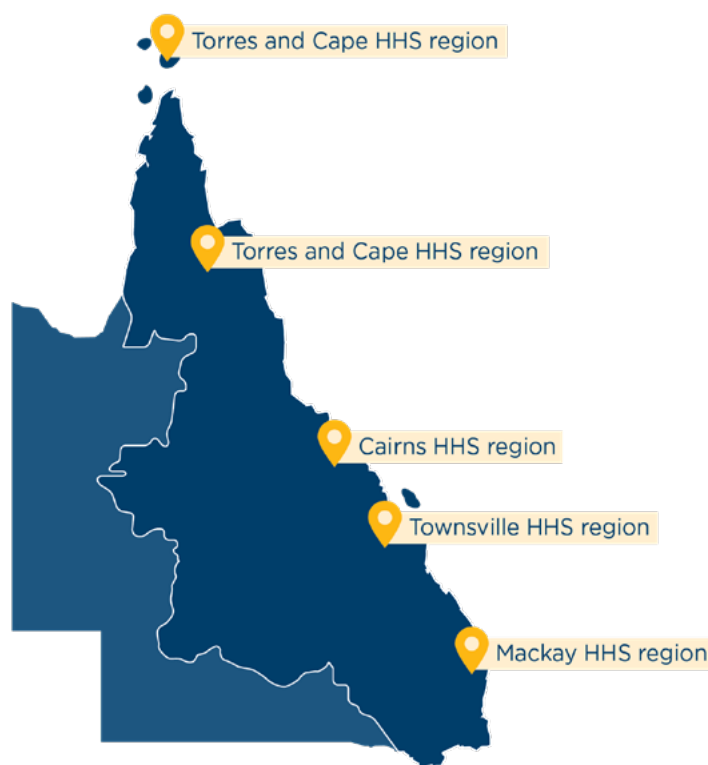
While, in the 2022 financial year, NQPHN increased access to mental health services by funding programs that meet the needs of North Queenslanders, we also began the codesign process for a new model of mental health stepped care services that will increase access to high quality, safe and timely mental health care, including to areas and groups experiencing vulnerability.

NQPHN is committed to enhancing and establishing a range of evidence-based and culturally appropriate mental health and AOD support services which are accessible to residents across North Queensland.

A few of our Mental Health and Alcohol and Other Drugs projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

headspace 'one at a time support' model

headspace Townsville has implemented substantial changes to more effectively address community needs. With an influx of 90-170 referrals per month, the year 2021 saw an average intake appointment wait time exceeding 60 days, and a waitlist of 204 young individuals waiting for over a year to receive continued counselling after their initial intake session.

headspace Townsville secured funding aimed at reducing wait times, which facilitated an expansion of the center's capabilities. In February 2022, headspace Townsville introduced an evidence-based approach through a single-session intervention model, merging initial assessments with brief interventions starting from the first appointment, known as 'one at a time support'.

Clinician caseloads were also restructured to increase the diversity of services available, allowing for both brief and

longer-term interventions to occur. In addition to these internal changes, relationships with universities were prioritised, which increased student placements and service delivery in the centre.

The diversity of service offerings increased clinical support and introduction of 'one at a time support' significantly decreased wait times for the first appointment with an average between 30-40 days, as well as the number of people waiting for ongoing treatment. Currently, there are 17 young people waiting less than three months for ongoing treatment.

Key statistics

90-170 referrals per month



17 young people waiting less than three months for ongoing treatment



Mental health stepped care review and codesign

Since 2018, NQPHN has commissioned mental health stepped care services across the northern Queensland region to support people with low, moderate, and high intensity mental health needs.

Following an independent review of these services in 2022, which recommended NQPHN redesign the existing service, NQPHN undertook a comprehensive codesign campaign holding 16 workshops and 40 one-on-one stakeholder meetings across northern Queensland in the 2022-23 financial year.

Participants included people with a lived experience of mental health challenges or suicide, carers, service providers, GPs, and other stakeholders.

These codesign activities have informed the development of a new system of care, which focuses on improving access, transitions in care, and integration to truly meet local needs.

Codesign will be ongoing in 2023-24, inclusive of a procurement process to establish a new network of providers to deliver stepped care services.

Key statistics

Codesign workshop attendance included:

4 Cairns workshops
123 participants in total



4 Townsville workshops
92 participants in total



4 Mackay workshops
84 participants in total



2 virtual workshops
37 participants in total



40 one-on-one meetings



Psychosocial expansion

Psychosocial support plays a key role in reducing the need for acute mental health services and supporting wellness following periods of acute intervention.

In 2022-23, NQPHN received additional funding to expand psychosocial supports to the Torres and Cape region under the new Commonwealth Psychosocial Support Program. This program provides support to people with mental illness who need short-term help to function day to day.

Ultimately, the program provides both individual and group support activities to assist those with severe mental illness in accessing necessary clinical care and other services. This aids in managing day-to-day activities, strengthening social skills, improving friendships and relationships with family, and enhancing education, vocational, and training skills.

In addition to the existing service provided by Apunipima, NQPHN commissioned another two First Nations service providers – NPA Family and Community Services, and Wakai Waian Healing – to further expand the services locally to communities throughout Cape York and the Torres Strait Islands.

These service providers are established in the communities across the Cape York and Torres regions, and are working in partnership with the communities.

The two additional providers began service delivery late in the third quarter of 2023, seeing 17 clients in that time. The success of having local providers and local staff delivering the psychosocial supports has seen an increase in the trust of the community to refer to these new services.

Key statistics

3 First Nations service providers
(Apunipima, NPA Family and Community Services, and Wakai Waian Healing)



Meet Julie

OUR REGION, our people

A safe place is helping people to recover from substance abuse.

Creating a safe place has helped a man in his 40s on the road to recovery from alcohol and drug dependency in Townsville.

The Salvation Army Withdrawal Management Service (WMS) in Townsville has been partially funded by Northern Queensland Primary Health Network (NQPHN), with participants provided with a secure and calm environment.

Withdrawal Management Team Leader and registered nurse Julie Cobb said the service provided a safe place “to unpack emotions, provide psychoeducation, and explore options for recovery”.

“We see this as a great way to foster autonomy and connection, both important factors in the therapeutic alliance,” Ms Cobb said.

“Often conversations about where-to-next and planning for discharge occurs and confidence and hope flourishes.

“As participants explore options, they consider what is right for them and voice their needs and wants they gain a sense of self. Taking this therapeutic risk leads to greater confidence and a focus put on the future.”

Participants are also encouraged to engage in art therapy facilitated by the service’s registered nurses.

Ms Cobb said recently a 48-year-old man experiencing chronic homelessness and significant alcohol and methamphetamine dependency called WMS in a vulnerable state requesting an emergency admission for withdrawal.

He was known to the service with four prior admissions over the past three years.

“The man was feeling hopeless, at the end of his tether and could not think past the end of day, let alone plan for his recovery,” Ms Cobb said.

She said a phone assessment was conducted, along with a health risk assessment, and it was determined that a rapid admission was required.

A taxi collected the man from his location, and he was admitted to the WMS.

The man completed a seven-day medicated withdrawal and during that time he engaged with staff, reflected on previous withdrawals, and rehabilitation, and learnings.

“He explored his sense of self and the notion of institutionalisation and the comfort zone and what that meant for his recovery,” Ms Cobb said.

“Motivational interviewing techniques were used, and this man was able to set short, medium, and long-term goals as well as the steps required to achieve those goals.

“As a result of all the supported conversations, contemplations, and goal setting, another rehabilitation program was identified that best suited his need.”

Ms Cobb said WMS staff worked with the man to support a warm referral and he was now well along the way of his recovery journey.

NQPHN uses Alcohol and Other Drugs (AOD) funding to commission a range of services across our footprint to improve access for individuals to a range of evidence-based interventions regarding substance use that is tailored to the needs of each individual.

Services such as the WMS provided by Ms Cobb’s team work with a range of other health and community services (including GPs, mental health providers and Hospital and Health Services) to better integrate health and wellbeing treatment and referral pathways for people experiencing comorbid health conditions.

The Townsville WMS delivered AOD withdrawal management services for prevention and harm reduction for both individuals and the wider community and support the cessation of substance use.

It provided an inpatient service and care 24 hours a day, seven days a week, with admission and intake into the services four days per week.

The service is comprised of 10 beds which created a platform for people to build their lives in ways that are meaningful and purposeful.



Withdrawal Management Team Leader and registered nurse Julie Cobb.

GPs and other Primary Care Professionals

Objectives

The GPs and Other Primary Care Professionals priority area assists primary care providers to maintain highly effective and sustainable practices. NQPHN works to build the workforce capacity and capability of GPs and other primary care professionals, and their teams to meet the demands for primary care services through integrated, coordinated, and responsive service provision.

Overall, our Primary Care Engagement, Workforce Development, Disaster and Preparedness, and Integration and Partnership teams are dedicated to supporting primary care providers in delivering high-quality, sustainable, and person-centred care.

Through our Primary Care Engagement Team, we deliver capacity and capability-building activities to ensure change and reform readiness, and the adoption of reform policy in primary care.

The Data and Intelligence Team endeavours to align digital health, data analytics, and system intelligence to work closely with GPs, primary care professionals, and the broader health service sector.

Our Integration and Partnership Team drives the facilitation, integration, and innovation in primary healthcare delivery models using evidence-based and person-centred approaches, with our team committed to working with our strategic partners to broker innovative, place-based models of care to keep people well and out of hospital.

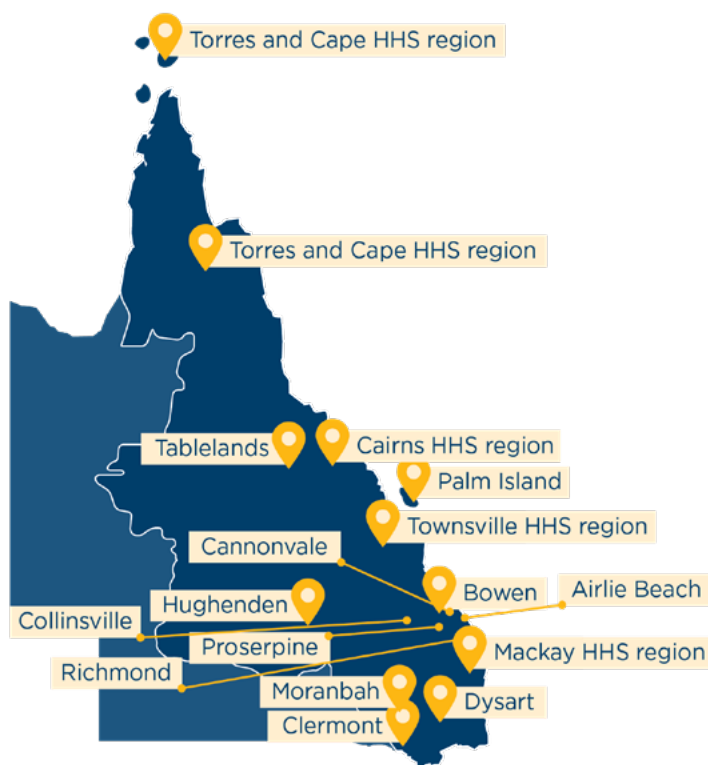
As the demand on primary care health workers has increased, the Primary Care Workforce Development Team has responded to assist primary care providers to maintain highly effective and sustainable practices. The team works to build workforce capacity and capability of GPs and other primary care professionals and their teams to meet the demands for primary care services through integrated, coordinated, and responsive service provision.

The Disaster Preparedness Team has diligently enhanced workforce capacity and capability of GPs and other primary care professionals and their teams. This effort equips them to effectively address the demands in preparing for and responding to disasters such as floods, cyclones, COVID-19, or any other business interruption.

A selection of our GP and other Primary Care Professionals projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

Primary care engagement activities

NQPHN's regular primary care engagement activities and events ensure quality healthcare reaches every corner of the North Queensland region, engaging with general practices and Aboriginal and Torres Strait Islander health services to identify health service gaps and provide much needed support to providers, especially in rural and remote communities.

The priority of all primary care engagement activities is to build and enhance the capacity and capability of the northern Queensland primary health care workforce to be more agile and reform ready, while also ensuring:

- » patient safety
- » patient access
- » digital enhancement
- » practice sustainability.

During the 2022-23 financial year, NQPHN continued to take a leading role in engaging and supporting primary care providers through various capacity and capability-building activities, including:

- » Engagement visits: Our regional general practice support consisted of 1,705 occasions of urban practice engagement and support, and 833 occasions of rural practice engagement and support.
- » Continuing Professional Development (CPD): The CPD program provides clinicians with access to training to enhance their practice, maintain their currency of knowledge and professional registration, and build health workforce capability. This year, NQPHN ran 102 CPD events across the whole region, with 2,043 participants.
- » Professional networks: NQPHN's professional networks consist of our GP Focus Groups, Nurse Practitioner Virtual Professional Network, Practice Managers Professional Network, Nurse Professional Network – Nurse Talk, Allied Health and Pharmacy Professional Network, and the Indigenous Health Worker Network.
- » Continuous Quality Improvement (CQI) program: The NQPHN 12-month First Nations CQI Program attracted 75 participating health services, with more than 545 face-to-face and virtual education event participants. Phase one of the INCA integrated care platform was implemented into practices in 2022, with phase two to continue in 2023.
- » Quality data optimisation: 102 of 159 practices participated in the data program with 64 per cent accessing the new Practice Data Dashboard.
- » Digital enhancement interventions.

Key statistics

1,705 occasions of urban practice engagement and support.

833 occasions of rural practice engagement and support

NQPHN First Nations CQI

NQPHN embarked on an ambitious 12-month program to dramatically improve access to culturally safe health assessments and coordinated care for the First Nations peoples within its catchment in the 2022-23 year.

With only 13.75 per cent of the identified Aboriginal and Torres Strait Islander population of northern Queensland having a billed 715 Health Assessment in a 12-month period, the First Nations Continuous Quality Improvement (CQI) program was developed to improve access.

Through the First Nations CQI program, primary care providers across the catchment were supported with targeted education and training, as well as digital health tools and platforms to provide quality and culturally safe provision of the 715 Health Assessment and any resulting chronic condition management, including holistic team care.

A total of 75 primary care services took part in First Nations CQI program. In addition to 54 general practices and Aboriginal Community Controlled Health Organisations (ACCHOs), 21 Primary Health Care Clinics (PHCC) facilitated by the Torres and Cape Hospital and Health Service also participated.

Key statistics

The impact of the two pilot programs thus far includes:

31-34 per cent 715 health assessment uptake increase (interim data outcome, September 2022 – May 2023)



75 North Queensland primary care services participated:



48 mainstream general practices

6 ACCHOs and Aboriginal Medical Services (AMSs)

21 PHCCs

85 virtual education events participants



545

face-to-face quarterly education events participants (Cairns, Townsville, and Mackay)



69

attendees for Cultural Awareness training delivered by Henry Neill



Professional networks

In 2022-23, our NQPHN-led professional networks were essential for fostering collaboration, sharing knowledge, and building relationships within the sub-groups of the primary care sector.

These networks are an opportunity for health professionals to provide feedback, help address long-standing challenges in primary care management, and discuss how NQPHN can better support all primary care practice staff, including clinicians and administrative team members.

They also provide a platform for professional groups to network within their local community, while also affording an opportunity to offer needed education sourced from external providers.

GP Focus Groups update

The NQPHN GP Focus Groups provide a safe and interactive environment for general practitioners (GPs) to share feedback and ideas with NQPHN. The focus groups also provide a valuable platform for NQPHN to share how NQPHN works, important health reform information, and outcomes of local PHN work.

It is well documented that a well-resourced general practice sector is essential to addressing the existing and future challenges facing the Australian health system.

Our GP focus groups target specific conversations with GPs about what is required in general practice to address long-standing issues facing patients, the general practice team, and funders.

These focus groups took place across the NQPHN region in Mackay, Townsville, and Cairns, with both in-person and virtual options.

Practice Managers Professional Network update

NQPHN continues to provide a forum for primary care provider management and administration teams to access upskilling, with face-to-face and virtual in Mackay, Townsville, Cairns, Tablelands, and the Whitsundays. In the 2022-23 year, NQPHN delivered nine Practice Managers Professional Network events with 142 attendees.

Nurse Practitioner Network update

NQPHN has delivered three virtual professional network opportunities for nurse practitioners (NPs) and continues to work with the sector to identify opportunities for integration and alignment of strategic objectives for the Nurse Practitioner 10 Year Plan. NQPHN is working with several identified NPs to promote and support the role within the region, to grow the regional network. Preliminary discussions have been had with Australian Primary Care Nursing Association (APNA) to establish post qualification support in practice.

Primary Care Nurses Professional Network (NurseTalk)

NQPHN worked with the Australian Primary Health Care Nurses Association (APNA) to facilitate one event at each of three NQPHN sites (Cairns, Townsville, and Mackay) which offered education presented by APNA and a local networking opportunity.

Allied Health and Pharmacy Networking

NQPHN are working with the North Queensland allied health and pharmacy sector to offer the Allied Health and Pharmacy Networking group. This group was created to identify integration points and connected education opportunities for the sectors.

Virtual Indigenous Health Worker Professional Network

Delivered two network meetings with the future aim of having bimonthly meetings.

Key statistics

6 GP Focus Groups held

55 attendees



3 Nurse Practitioner Virtual Professional Network events

7 attendees



9 Practice Managers Professional Network events

142 attendees



1 Nurse Professional Network (NurseTalk) event

46 attendees



2 Allied Health and Pharmacy Professional Network events

28 attendees



Meet Valencia

Nurse mentor loves role and plans to continue mentoring nursing students

For registered nurse (RN), Valencia Anderson, being a nurse mentor is a passion project she finds extremely rewarding.

And her door is always open.

"I love helping other nurses and sharing my knowledge and life experiences," Ms Anderson said.

"I have always made it clear that I have an 'open door' policy and am available for my mentees any time they need help."

As a Cairns RN, employed by Omega Health Medical Centre, Valencia is also a program nurse mentor with the Australian Primary Health Care Nurses Association (APNA) Transition to Practice Program (TPP), which is funded by Northern Queensland Primary Health Network (NQPHN).

NQPHN has funded the Transition to Practice program since 2019, assisting more than 30 nurses and nurse mentors working in, or transitioning into, general practice settings, including in rural and remote locations.

"Being able to share my knowledge and give tips to students, colleagues and, at times, doctors, are the reason why I enjoy being a nurse mentor," she said.

"It's a very satisfying feeling and self-rewarding when a colleague asks me questions or needs advice."

And Valencia has a lot of primary health care experience to share with nursing students eager for a career in general practice nursing.

"I have worked for many years in primary care, including rural and remote locations such as Tennant Creek in the Northern Territory," she said.

"During those years, I worked as a practice nurse and chronic disease management nurse, and have had many opportunities to mentor students, including registered nurses, enrolled nurses, and Indigenous health workers while they completed their GP experience."

As a teenager, Valencia grew up in a small country town with one doctor's clinic, a hospital, and a dental clinic.



Meet Valencia Anderson, registered nurse and mentor.

Her interest in health was inspired by a child health nurse who worked at the doctor's clinic.

"Having an inspiring passionate person in my teenage years and then again as a student nurse, lit the desire in me to become a mentor and tutor myself," she said.

Valencia has been a member of APNA since 2006. So, when the TTP program began, she set her sights on becoming a mentor in the program.

In October 2022, that dream came to life – and today she is one of the program's most well-liked and respected nurse mentors.

"I intend to carry on as a TPP mentor, as well as look at other opportunities to continue to mentor nurses and students in primary care," she said.

"I would also love to see more Indigenous staff in primary care get access to mentoring and support."

Most recently, Valencia has been mentoring a nurse in Townsville who has been a GP nurse for two years.

"Depending on a mentee's experience, what they need from a mentor will vary from person to person, and the need for mentoring is really determined by them," she said.

"My mentee had some experience in general practice, she had a good understanding of what she wanted to achieve, she had a plan, and was coping well."



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“She was very competent with self-directed learning as the program does have plenty of structure and resources for her to access and set her pace.

“I was keen to pour out my knowledge and experiences, and I know she appreciated my contact and knew I was available for her.”

Valencia said every mentee’s journey was different.

“The nurse I mentored has had experience in another practice and was a respected member of their team, however they couldn’t provide the mentoring she needed,” she said.

“Her desire to be effective in her new practice and her own satisfaction motivated her to utilise the APNA resources available.

“The program gave her an opportunity to access support and APNA resources, which are great to help understand role and scope of general practice.

“From the get-go she had a “go get it” attitude and wanted to learn, understand, and achieve her own goals, and feel like an important and valued member of the practice.

“Her new workplace enabled her to grow in her confidence and establish herself in the practice. I believe she is now a valued member of her practice.”

While it is Valencia’s role to help nurses and students grow, she recognises the program – made available through NQPHN – also assisted in her professional growth.

“The resources have been valuable. I would never have had access to these mentoring-focused resources if not for our coordinator passing them along for our own development,” she said.

“Most of my mentoring or precepting has been informal, but now it is more formal, and I feel valued and validated. I highly recommend the Transition to Practice Program.”

First Nations Health

Objectives

NQPHN remains committed to First Nations health, with a clear objective to achieve health equity for First Nations people by enhancing access and outcomes.

Our collaborative efforts with partners across the sector aim to ensure First Nations peoples gain increased access to coordinated, high-quality and culturally safe care.

To support this goal, we have been actively involved in embedding the new Integrated Team Care (ITC) model of care within the Aboriginal Community Controlled Health Organisations (ACCHO) sector. Our focus also includes improving access to culturally appropriate ITC services.

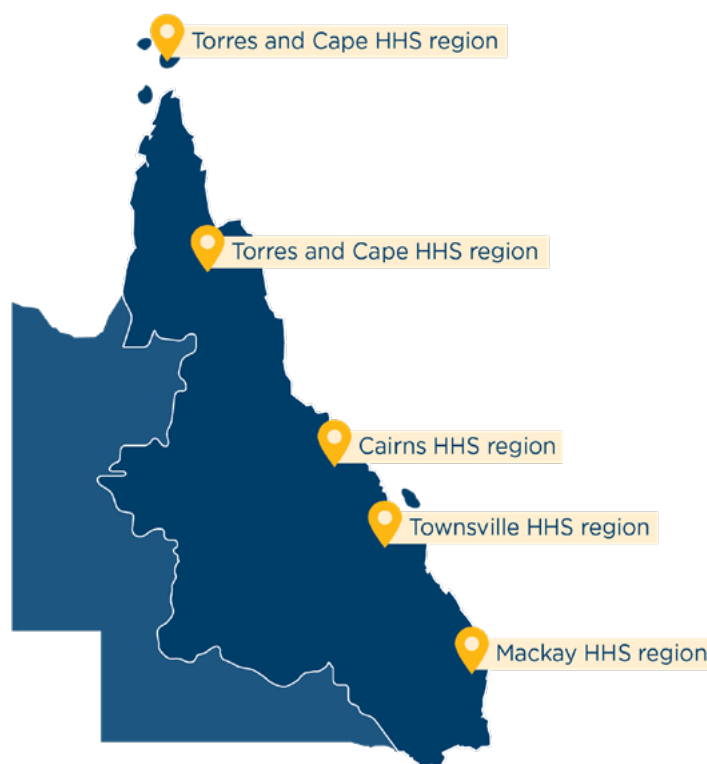
As part of our commitment to First Nations health, we have continued to support workforce capacity and capability within the community-controlled sector, while also assisting ACCHOs to deliver maternal and child health services, and contribute to building an appropriately skilled First Nations workforce to deliver these essential services.

NQPHN has also been dedicated to building the capacity of mainstream services to delivery culturally appropriate care to further support First Nations health equity.

A selection of our First Nation Health projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

First 1,000 Days program

Six Aboriginal Community Controlled Health Organisations (ACCHOs) have started delivering the First 1,000 Days program across North Queensland, focusing on maternal and child health social and emotional wellbeing to help reduce health inequities and ensure all children in the region have a healthy start to life.

The development of this program, which was codesigned with the ACHHOs, is an important milestone that represents targeted support for First Nations women, children, and families in their first 1,000 days, defined as the period from conception through to a child's second birthday. During this period, parents and children may receive access to a range of care and supports, including pregnancy care, birthing, post-birth care, and child development.

Codesigning the program with ACCHOs and other health professionals began in 2022, with phase one and two workshops facilitated by Beacon Strategies.

More than 40 people attended the workshops that brought together a targeted and diverse cross-section of staff from the ACCHOs, Hospital and Health Services (HHSs), the Department of Education and Early Childhood, Tropical Health, Queensland Aboriginal and Islander Health Council (QAIHC), and digital health organisations from across the region. Midwives, early childhood educators, mental health directors, immunisation specialists, women's health representatives, and Indigenous health workers were also in attendance.

Following a successful codesign process, the six ACCHOs were contracted to implement the program from 1 July 2023.

The First 1,000 Days program aims to improve health outcomes for First Nations families and communities by providing care coordination and improving access to primary health care, including culturally appropriate mainstream services.

Key statistics

6 ACCHOs delivering the program



40+ codesign workshop participants



Integrated Team Care (ITC)

The Integrated Team Care (ITC) program aims to improve the health and wellbeing of Indigenous Australians living with chronic disease, through improved access to care coordination and support, and to culturally appropriate mainstream primary care services.

In 2022-23, NQPHN Indigenous Health Project Coordination staff worked directly with all ACCHOs to support the development and implementation of 12 place-based models.

Implementation support has included assisting providers to run workshops, education sessions, and stakeholder engagement meetings with mainstream services to establish referral pathways.

There is currently a collective workforce of 50 individuals – including Care Coordinators and Indigenous Outreach Workers – supporting 4,647 Aboriginal and Torres Strait Islander clients to manage their chronic conditions.

A Peer Support Group meets monthly, and providers are sharing information, providing advice, and discussing and exchanging resources relating to areas such as cultural competencies and safety, and service delivery goals to promote efficiency. Group members are also sharing trends and issues, which have provided opportunities to work collaboratively across ACCHO and mainstream providers.

ITC plays a role in improving the cultural competency of mainstream primary care services as a means of reducing barriers to access. As more Aboriginal and Torres Strait Islander people source their medical care through mainstream general practice, it highlights the importance of having a health system that is responsive and culturally appropriate for First Nations health needs.

Indigenous Allied Health Australia has developed an online Cultural Responsiveness training program for providers within the NQPHN catchment, funded by NQPHN.

Key statistics

12 place-based models



50 Care Coordinators and Indigenous Outreach Workers



5,090 First Nations clients supported to manage their chronic conditions



First Nations Continuous Quality Improvement (CQI) program

In August 2022, and in an Australian first, NQPHN created the First Nations Continuous Quality Improvement (CQI) program, an ambitious 12-month program to dramatically improve access to culturally safe health assessments for the First Nations' people within the northern Queensland catchment.

Over the 12-month period, the program brought together general practitioners, Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal Medical Services (AMSs), Royal Flying Doctor Service (RFDS), and Hospital and Health Services' (HHSs) Primary Care Clinics.

The aim was to enhance primary care providers' knowledge, skills, and abilities to provide culturally sensitive and effective health care to First Nations people living in North Queensland.

Participating practices received Cultural Safety and Awareness Training, and free resources and education to assist in providing comprehensive, culturally sensitive health assessments as well as a host of other training and access to information and data.

Quarterly workshops were held in Cairns, Townsville, and Mackay from May 2022 to June 2023, involving expert presenters, and covering First Nations health topics such as Aboriginal and Torres Strait Islander 715 Health Assessment, best practice for managing complex and chronic conditions experienced by First Nations' Australians, Chronic Kidney Disease (CKD) in Aboriginal and Torres Strait Islanders, and First Nations Mental Health and Alcohol and Other Drugs.

Key statistics

NQPHN 12-month First Nations CQI interim outcomes included:

75 participating health services



48 mainstream general practices



6 ACHHOs



21 HHS Primary Care Clinics



Education activities:

85 virtual education events participants



545 face-to-face and virtual education event participants



Education event topics:

- » Chronic Kidney Disease (CKD)
- » Cultural awareness
- » 715 Health Assessment (reports show an increase in 715 Assessment uptake of 31-35 per cent)
- » Beyond the 715 Health Assessment
- » Mental Health of our First Nations population

Meet Kim

Mulungu team leader is devoted to helping First Nations people through ITC program

A passion for looking after people has led Kim Grainer to run the Integrated Team Care (ITC) Program at Mulungu Aboriginal Corporation Medical Centre in Mareeba.

Kim has more than 20 years' experience in First Nations health, working as an Aboriginal health practitioner at Mulungu and previously in the Northern Territory.

As the ITC Care Coordinator, she now cares for about 100 ITC patients across Mareeba, Atherton, Malanda, Herberton, Chillagoe, and Kuranda.

"I get satisfaction helping people and my strength is in Aboriginal health. This is why I am here," Kim said.

Ensuring access to allied health and specialist services, and making sure people attend their appointments, are both important key areas of Kim's key role.

Two recent success stories have been particularly satisfying for Kim and her team, with one involving a five-year-old boy from Kuranda who had a foreign object lodged in his ear.

It was difficult for the boy and his mum to get to his appointments in Cairns, so Kim dispatched a transport officer to their Kuranda home. The officer knew the family, made a connection, and then ensured the mum and boy could make it to Cairns to receive the necessary treatment.

In a separate situation, a 69-year-old man with problematic alcohol use issues had difficulty attending his appointments.

Kim said with more regular engagement from the Mulungu team, the man was able attend his appointments more often.

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"We let him know we are here to help, and he is now engaging with the team more and attending his appointments," Kim said.

"We also sat down with the man to explain what each appointment was about and why they were important. It's all about advocacy and education."

The ITC Program is funded under NQPHN's Indigenous Australians' Health Program, which aims to improve the health outcomes for First Nations peoples. The program supports people to access medical and allied health services that are imperative in managing their chronic and complex health conditions and deterioration to the point of needing hospitalisation.



Meet Kim, Mulungu team leader with over 20 years experience.

System Integration

Objectives

NQPHN's System Integration priority area forms a pivotal element in our commitment to advancing primary health care.

Our objective aims to connect and align healthcare systems, services, and stakeholders to improve the coordination, quality and efficiency of care delivery leading to patient-centred care.

We work with partners to jointly plan, co-commission and deliver innovative models of service delivery to address key health priority areas.

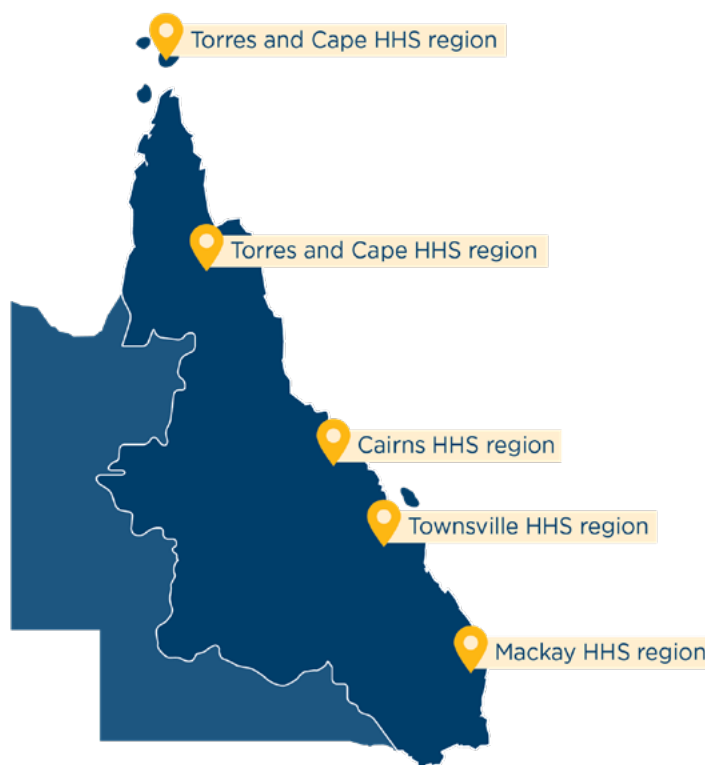
It involves integrating and streamlining information, resources and processes to ensure efficient and effective healthcare delivery.

Our key focus areas include data integration, care coordination, resource optimisation, quality and safety, patient engagement, and population health management.

A selection of our System Integration projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

GP data dashboard

In 2022-23, the Data and Intelligence Team undertook the complete overhaul of the existing method of delivering benchmark reports to general practices participating in the Data Program, resulting in the team developing a new, modern, secure, and interactive dashboard to replace the PDF reports, which can be time consuming for practices.

The Primary Care Engagement Team onboarded the participating practices to the new dashboard, with 64 per cent of those practices now accessing and using the new dashboard.

The dashboard will increase general practices' ability to use their data to provide better care to patients, resulting in overall better patient outcomes.

It will also support general practices to run more sustainable businesses through identifying opportunities for appropriate optimisation of Medicare Benefits Scheme (MBS) billing.

It will assist practices with accreditation preparation, increasing the quality of the data NQPHN can then use to inform service planning, and population health activities.

Key statistics

64% of onboarded practices accessing the new dashboard



64 respondents to the NQPHN Annual Surveys



Consumer Dementia HealthPathways

During the 2021-22 financial year, NQPHN, on behalf of Better Health North Queensland (NQ), led the Joint Health and Local Area Needs Assessment Working Group, with the purpose of collaborating to support the development of needs assessment documentation in relation to the population of North Queensland in order to inform future service planning. The needs assessment documents support a system and service aligned northern region by informing priority areas of focus for service development and where required, funding allocation proposals, contributing to the Better Health NQ vision and purpose. This project draws on both NQPHN's Health Needs Assessment and Hospital and Health Services (HHSs) Local Area Needs Assessments.

This is a long term and complex project, and it is continuing to achieve its deliverables for each reporting period. A recent highlight has been engagement with the Queensland Aboriginal and Islander Health Council (QAIHC) around potential data sharing.

Another significant project for NQPHN in the last 12 months was Consumer Dementia HealthPathways, where we engaged My Community Directory to establish a [dementia support web page](#) that would connect those living with dementia and their carers to reliable, local dementia care information, events, and specialist care.

The Dementia Supports and Service Finder helps the community members find appropriate information for their loved ones when the early signs of dementia present and helps them better plan for keeping well while living at home through their dementia journey.

NQPHN will promote this resource to practices and their staff, offering reassurance to patients about available care and support options that prioritises quality of life. This will aid people in planning for the future and aims to reduce the emotional impact of dementia stigmas.

The initiative, made possible through PHN Aged Care Program funding, was informed by Dementia Australia's Consumer Consultation Report, prepared for the Australian Government, and through consultation with local dementia advocates.

Consumers living within the NQPHN region will also be able to download the My Community Info app, which has its own dementia tile to help navigate to the online resources. Hardcopy fridge magnets will be distributed with QR codes to also assist with navigation to these resources.

Commissioned Services Directory

In early 2023, NQPHN launched a new tool to support improved access to commissioned primary care health services.

The [Commissioned Services Directory](#), featuring an interactive map that displays NQPHN-commissioned services by category and location, now makes it easier for healthcare providers and consumers to locate and access these services.

The new NQPHN directory does not duplicate the My Community Directory tool, instead it leverages the existing platform and pulls organisational information already listed on My Community Directory linking funded services through to their full directory listing.

The Commissioned Services Directory is a valuable resource for those seeking locally funded healthcare services in North Queensland. The information provided in the directory will also assist local councils, Hospital and Health Services, and other key stakeholders to plan complementary services in the region.

Key statistics

100

NQPHN-funded service providers listed on the directory



Meet Doctors Lee and Summerscales

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PHNs and DVA working together for veterans

Two doctors have facilitated separate workshops involving veterans and general practitioners (GPs) as new pathways are created to help former and transitioning Australian Defence Force (ADF) members receive care in the mainstream civilian healthcare system.

Dr Wai-Keung Lee of Townsville and Dr Kerry Summerscales of Mackay were involved in the Townsville workshops as part of a partnership-first between Primary Health Networks' (PHNs) and the Department of Veterans' Affairs (DVA) contributing to a national suite of tailored HealthPathways to help former and transitioning Australian Defence Force (ADF) members access mainstream primary healthcare.

The activity is one of many actions resulting from a national PHN submission to the Royal Commission into Defence and Veteran Suicide. The partnership led by the Hunter New England Central Coast Primary Health Network (HNECCPHN), Northern Queensland Primary Health Network (NQPHN), and DVA is the first of its kind, underpins this key action, and is a direct result of the recommendations made in the report submission.

The HealthPathways will help GPs support former and transitioning ADF members to navigate the mainstream civilian health care system. The clinical pathways will be provided to all PHNs nationally to ensure a consistent approach, localised for each region, based on the available resources.

To help ensure the Veterans' HealthPathways (VHPs) are effective and to identify areas to improve GP and veteran engagement more broadly, HNECCPHN, NQPHN, and DVA consulted former and transitioning ADF members, and GPs in two focused, yet robust, workshops, held in the Oasis Centre in Townsville.

In the first workshop, former and transitioning ADF members discussed the transition from Defence into mainstream healthcare and were asked what worked well, what didn't, and what could be improved.

In the second workshop a group of local GPs reviewed the prioritised activities from the former and transitioning ADF members and provided ways to improve or add to the VHPs pages.



Doctors Lee and Summerscales.

Using the outcomes from the consumer workshop, a survey was undertaken in August to encourage further feedback from former and transitioning ADF members and families. Feedback from the survey will also be used in the pathway development and revision process.

Workshop facilitator HealthPathways GP Clinical Editor Dr Wai-Keung Lee, of Eastbrooke Family Clinic in Townsville, said the former and transitioning ADF members were pleased a national rollout was being prepared and having clear pathways would improve ease of access for them and better management by GPs.


As the clinical editor for the lead region supporting national HealthPathways development, Dr Lee said the next steps included updating Veteran HealthPathways for health assessment, referral, and support.

"The use of HealthPathways needs to be tested in a real setting involving patients and GPs," he said.

Assisting GPs with up-to-date pathways will better enable former and transitioning ADF members to access all the programs available to them. The VHPs are being developed in close collaboration with DVA.

Dr Kerry Summerscales, of Health on Central in Mackay, said generally civilian GPs were less aware of the challenges facing veterans in mainstream health care and were less aware of how DVA operated.

She said practical issues such as filling out forms correctly and receiving the proper remuneration were other concerns discussed.



Dr Summerscales, an Army veteran of 30 years, said having DVA representatives at the workshops was vital as they listened to the concerns of both former and transitioning ADF members and GPs.

Dr Summerscales specialises in and is a strong advocate of veteran healthcare with most of her patients either former or current ADF personnel, some travelling from as far away as Townsville to seek treatment.

"The latest Census figures show there are close to 600,000 former and current ADF members in Australia. It's a significant number that can't be ignored," Dr Summerscales said.

DVA's Chief Health Officer Professor Jenny Firman is leading DVA's engagement with GPs including their involvement in the VHPs, while DVA's Deputy Chief Health Officer Dr Trish Batchelor and Senior Medical Officer Dr Dan Corkery have provided clinical review and input into the VHPs.

The three are practicing GPs; Professor Firman and Dr Corkery are veterans of the ADF.

Professor Firman said GPs played a vital role in supporting the health and wellbeing of veterans and their families.

"DVA has had a particular focus on making it easier for GPs to support veterans and connect them to the right care; and we're thrilled to be working with the PHNs to help achieve our shared goal, through national Veterans' HealthPathways," she said.

COVID-19

Objectives

NQPHN continued to support the Australian Government's COVID-19 pandemic primary care response and recovery, and the COVID-19 vaccination program rollout, working closely with healthcare providers and all levels of government, as well as other key partners in health, to ensure a successful outcome across our region.

NQPHN's primary care response to COVID-19 focused on the four key pillars of communication, coordination, workforce, and community.

We further recognised the essential role of general practice, pharmacy, Aboriginal Medical Services (AMSs), Aboriginal Community Controlled Health Organisations (ACCHOs), allied health, and other primary care services, as well as aged care, home care, and disability care services, in protecting the health of the community.

In 2022-23, the Disaster Preparedness Team acted as a key conduit and source of information for healthcare providers and the community throughout the vaccination rollout and Living with COVID phases of the COVID-19 pandemic, collaborating with federal, state, and local governments, as well as non-government organisations.

This included supporting the Department of Health and Aged Care in its COVID-19 efforts by:

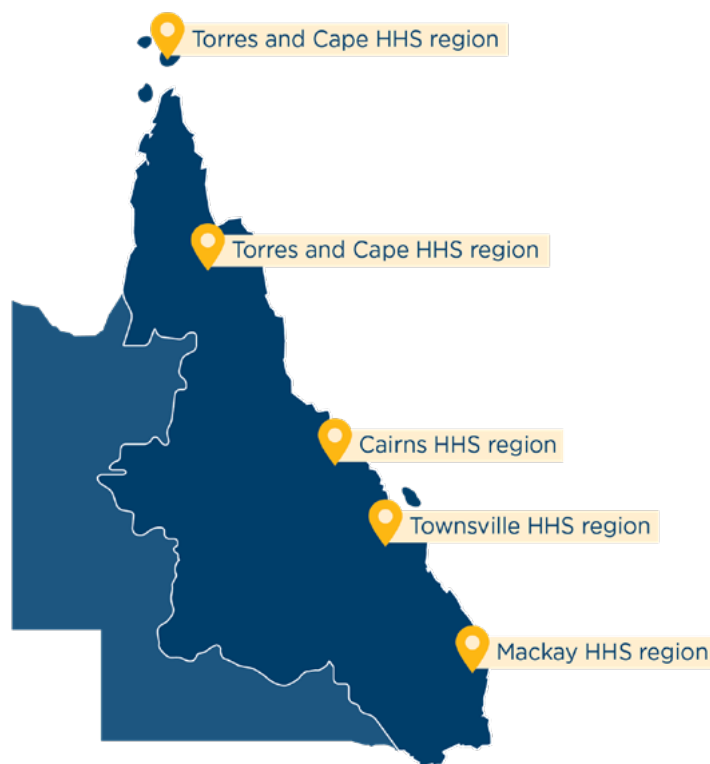
- » playing a key role in an effective COVID-19 vaccination program rollout
- » supporting implementation of Living with COVID processes and systems
- » focused education and training of the primary healthcare workforce
- » enhanced protection for remote communities, including First Nations peoples.

NQPHN focused on clear and consistent communication about these initiatives to both the health workforce and the wider population to equip Australia's primary care system with the means to protect the community and primary care workers themselves against COVID-19.

A selection of our COVID-19 projects are highlighted on the following pages.

Project delivery locations

Please note this map is not an exhaustive list.



Key projects

COVID-19 response

To deliver the most efficient and effective distribution and delivery of the COVID-19 vaccine, general practice, GP Respiratory Clinics, Aboriginal Community Controlled Health Organisations (ACCHOs), and pharmacies were tasked with the frontline primary care delivery of a safe and efficient vaccine rollout.

NQPHN continued to support and coordinate vaccine onboarding and delivery between primary care and ACCHOs for the benefit of our communities, while also promoting access to pharmacies for vaccinations.

Key successes relating to COVID-19 vaccination included:

- » RACF Christmas Blitz (in-reach COVID-19 vaccinations): NQPHN commissioned a vaccination provider to deliver in-reach vaccination clinics to 16 Residential Aged Care Facilities (RACFs) across the region with 255 vaccinations administered. More than 130 residents were vaccinated – these residents would not have been vaccinated without this initiative.
- » Rollout of COVID-19 vaccine in general practice: This included onboarding and reporting, and distribution of regular COVID-19 vaccination updates as per Department of Health and Aged Care's (DoHACs) instructions.
- » Under five vaccination campaign: A cross-jurisdictional, cross-agency, cross-PHN campaign, including development and distribution of 10,000 postcards summarising COVID-19 vaccine eligibility for under five-year-olds for distribution to general practices, ACCHOs, and disability providers.
- » Supporting rural communities' access to COVID-19 vaccinations: For example, with the withdrawal of Queensland Health vaccination clinics in September 2022, the population of Clermont, including RACF residents, were left with no access to COVID vaccinations. NQPHN, in partnership with Isaac Regional Council, local general practices, local pharmacies, and DoHAC, coordinated and funded a series of vaccination clinics in Clermont leading up to Christmas 2022, with 73 vaccinations delivered by a commissioned vaccine provider.

Key successes relating to other COVID-19 initiatives included:

- » \$775,000 in grants distributed: This increased capacity and capability required by general practice in the response to the COVID-19 pandemic and to position general practice to better respond to disasters and emergencies (155 grants over a six-week period).
- » Monthly contact with all 65 RACFs across North Queensland with more than 425 individual contacts occurring with these facilities.
- » Commissioned home visits for people affected by COVID-19 which saw 81 home visits funded during this program, with the majority of patients being in RACFs.
- » Winter Wellness campaign developed and distributed resources to support general practice, ACCHOs, and pharmacy.
- » Primary care huddles co-facilitated four primary care huddles with Cairns and Hinterland Hospital and Health Service with 38 attendees.
- » Developed and distributed three reports highlighting the outstanding work of general practice, pharmacy and residential aged care facilities (RACFs) in their response to the COVID-19 pandemic
- » Funded music video in Yarrabah: The community and school children created a music video in local language to inspire healthier living and promote vaccination. Watch the music video, [here](#).
- » Indigenous health workers: Short-term employment of Indigenous Health Workers in community to develop and deliver localised COVID-19 information sessions. Resources developed in local language.
- » NQPHN, in partnership with Gold Coast PHN, hosted and facilitated Queensland-wide Long COVID webinar which resulted in 124 attendees.
- » Maintained COVID-19 website to support primary care access to validated sources.

Key statistics



254

COVID-19 vaccinations administered across 16 RACFs during the Christmas period

\$775,000

in grants distributed (155 grants over a six-week period)

81

commissioned home visits for people affected by COVID-19, with the majority of patients being in RACFs

General Practice Respiratory Clinics

General Practice Respiratory Clinics (GPRCs) in North Queensland continued to play a key role in the COVID-19 vaccination rollout, administering age-appropriate COVID-19 vaccines and boosters.

Key successes included:

- » NQPHN continued to support the final two GPRC clinics in North Queensland, which both ceased operations on 30 March 2023. These two practices had been GPRCs for the full duration of the pandemic.
- » NQPHN, on behalf of DoHAC, also distributed information regarding the GP-Led Respiratory Clinic Panel Approach to Market initiative.

Read the GPRC Our Region, Our People story, [here](#).

Personal Protective Equipment (PPE)

The demand for and access to, Personal Protective Equipment (PPE) continued to be a significant issue during the COVID-19 pandemic response, locally, nationally, and internationally. General practices, ACCHOs, and pharmacies needed to rapidly incorporate the use of PPE into all levels of their service delivery, from frontline reception to consultation.

NQPHN continued to process a large volume of PPE orders from the National Medical Stockpile (NMS) on behalf of the Department. The final distribution of PPE to primary care providers occurred in mid-December 2022.

PPE included surgical masks, surgical gloves, P2/N95 masks, surgical gowns, medical goggles, face shields, bottles of hand sanitiser, and pulse oximeters.

Key statistics

611,154 units of PPE dispatched to primary care providers across North Queensland



Communication

Working under a strategic communications plan, NQPHN acted as a key conduit and source of information for healthcare providers and the community throughout the response, vaccination, and Living with COVID phases of the pandemic, collaborating with federal, state, and local government, as well as non-government organisations, on delivering key messages to the primary care sector relating to the virus.

Key statistics

172 COVID-19-specific emails sent to GPs, pharmacies, RACFs, disability services, and other primary care providers



30.3% average open rate (industry average is 21.5%)

2,456 views relating to COVID-19 on the NQPHN website

2,082 unique page views



Most popular pages: COVID-19 information landing page (667 page views), Build Back Better Initiative news story (231 views), Testing patients for COVID-19 (159 views).

Extensive social media engagement with COVID-19 messaging and content:

34 Facebook posts
387 average engagement
2,332 average reach per post



30 Instagram posts



24 LinkedIn posts



28 Twitter posts



Meet South Side Medical

Mackay-based general practice South Side Medical is using innovative methods to deal with the current busy winter season of COVID-19 and influenza and protect the safety of its patients.

Australia had record low flu numbers during the first two years of the COVID-19 pandemic, but the number of influenza cases have increased rapidly this winter.

South Side Medical Practice Owner/Manager Kath O'Brien said the practice had utilised a separate area of the practice called 'The Green Clinic' throughout the COVID vaccination period, and has now continued its use as part of its winter strategy to care for patients.

"We have one doctor assigned to the Green Clinic, which has got its own external entrance and extraction fan to improve air quality," she said.

"Every patient is screened when they book an appointment at our practice, and if they do online appointments, they are screened through the online booking app.

"If we think they could be potentially infected, they're still able to be seen physically but it means we can examine them safely through the Green Clinic and not risk exposure to other patients.

"It takes a lot of pressure off our receptionists, and we can give our patients a safe option."

Kath believes the Green Clinic and similar models of care will become the normal way of delivering services through general practice.

"We think that it works really well, and the patients themselves are also understanding how important it is," she said.

All systems associated with the clinic are automated such as booking, checking in when they arrive, and collection of payment, and to ensure no unnecessary contact is made with the unwell patient.

E-scripts are utilised as well as e-ordering for pathology and radiology, and patients are able to wait in their car until the doctor is ready or alternatively take a seat outside in the fresh air.

"There is a lot of anxiety and concern out there in the community, especially now we're into winter and the viruses which are circulating," said Kath.

Green Clinic

OUR REGION,
PLEASE WAIT FOR *our people*
DOCTOR BEFORE ENTERING

"The patient could be infectious with flu or COVID, and if you infect the doctors and the staff, they have to take a week off and it reduces the capacity for them to see patients.

"We're also protecting our other patients that are vulnerable from something else that could potentially harm them, and most of our patients are very familiar with our system so it's actually become part of the language with our regular patients.

"In the beginning our patients were worried they wouldn't get an appointment.

"However, once we reassured them about our Green Clinic, it increased accessibility for them and just gave them an option where they could still see one of our doctors, but felt comfortable at the same time."

The Green Clinic is not the only initiative developed by South Side Medical to ensure patient safety during the COVID pandemic and into this year's winter season.

"The other initiative that we've had for a long time is a designated waiting room for parents of newborns, specifically set up for babies," Ms O'Brien said.

"Our mums love it, as their babies, especially those too young to be vaccinated, are not sitting in the general waiting room exposed to people.

"The rooms are fitted out with comfortable chairs for feeding, a change table, and closable door for privacy.

"This has helped us retain our high vaccination rates for our children, and patients are reassured their babies are safe in the waiting rooms and makes the new mums and dads feel a little bit special as well."



