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NORTHERN QUEENSLAND
An Australian Government Initiative

Annual Report 2024–25

The Northern Queensland Primary Health Network (NQPHN) Annual Report highlights the major projects and key initiatives for each of our priority areas during the 2024-25 financial year.

Acknowledgement of country

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.

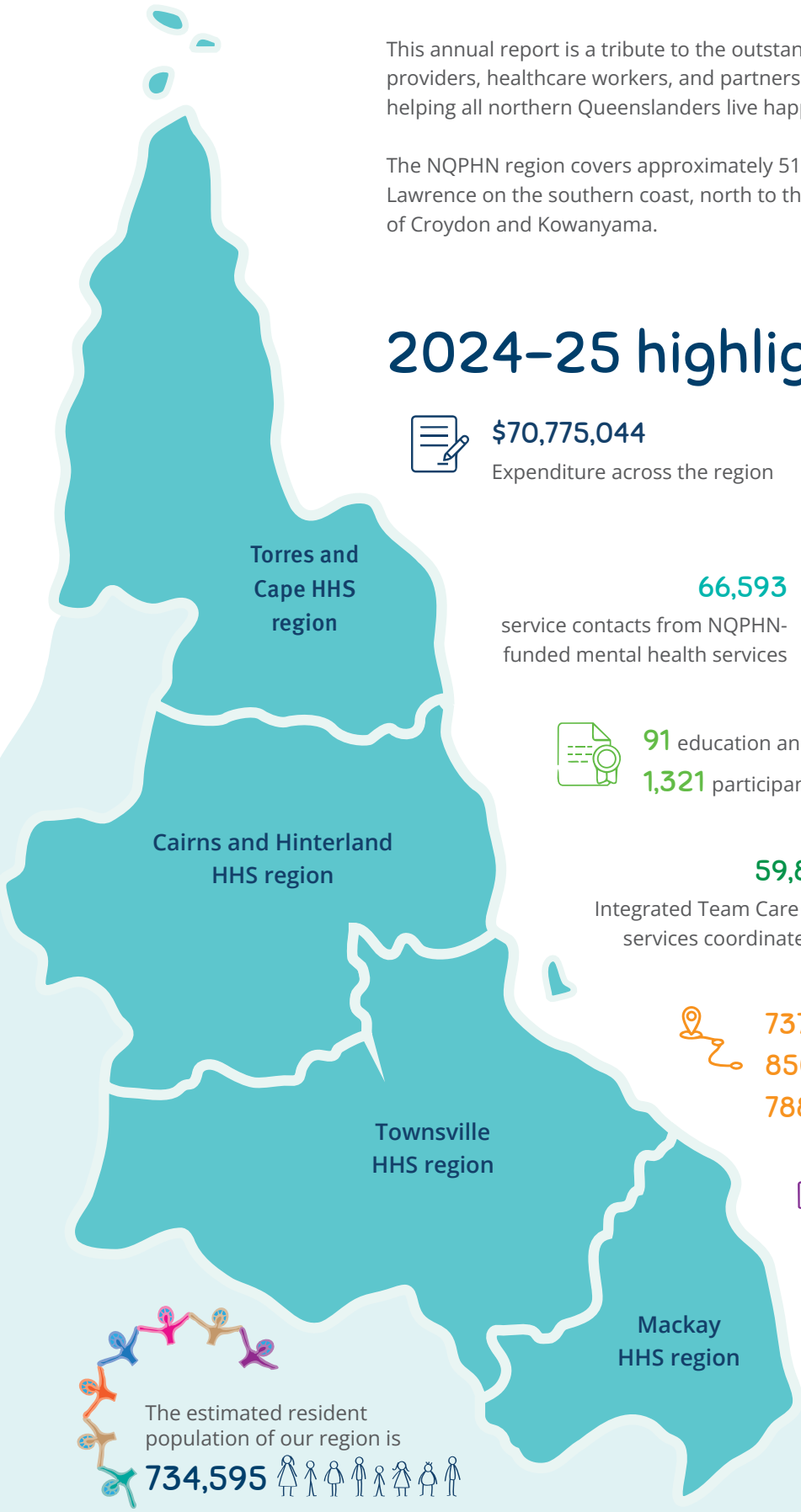
We are committed to making a valued contribution to the wellbeing of all Aboriginal and Torres Strait Islander peoples of northern Queensland.

Contents

Welcome

This annual report is a tribute to the outstanding efforts of our staff, commissioned service providers, healthcare workers, and partners as we continue to work towards our vision of helping all northern Queenslanders live happier, healthier, longer lives.

The NQPHN region covers approximately 510,000 square kilometres, stretching from St Lawrence on the southern coast, north to the Torres Strait, and west to the communities of Croydon and Kowanyama.



2024–25 highlights

$70,775,044
Expenditure across the region

2,281
Care Finder client engagements and rapport building

66,593
service contacts from NQPHN-funded mental health services

7,768
new clients from NQPHN-funded mental health services

91 education and training CPD events, delivered to **1,321** participants

59,833
Integrated Team Care (ITC) services coordinated by

12
service providers

737 | (73.3%) FNQ localised pathways
850 | (85%) Townsville localised pathways
788 | (78.8%) Mackay localised pathways

397 face-to-face general practice engagement visits
6,346 interactions and occasions of support

136 media releases and responses
700+ media mentions

The estimated resident population of our region is
734,595

Board Chair and CEO message

Welcome to the Northern Queensland Primary Health Network (NQPHN) 2024–25 Annual Report.

This report highlights the collective impact of our team, commissioned providers, healthcare workforce, and partners in improving health outcomes across northern Queensland.

Over the past year, we've strengthened partnerships with general practices, pharmacies, allied health services, RACHs, ACCHOs, and AMSs—working together to help northern Queenslanders live happier, healthier, longer lives.

We value the insights of our Member organisations and continue to collaborate with the region's four Hospital and Health Services - Torres and Cape, Cairns and Hinterland, Townsville, and Mackay - to drive better service delivery and measurable health improvements.

During the 2024-25 financial year, we focused on improving access to essential primary and mental health services, strengthening primary care teams, and helping people stay healthier and out of hospital.

Through the MDT, Pharmacists in General Practice, and Social Workers in General Practice programs, we delivered coordinated, person-centred care in rural and remote areas. MDT teams bring allied health professionals into communities to support chronic condition management alongside local GPs, while embedded pharmacists and social workers enhance medication safety and social wellbeing.

Our Mental Health and Alcohol and Other Drugs teams launched MyndKind, Universal Aftercare (UAC), and TRISP, three programs that prioritise lived experience, local partnerships, and culturally safe, compassionate care. Each supports a different stage of the mental health journey by improving early access through stepped care, providing post-crisis support, and empowering communities to lead local prevention efforts.

The Thin Markets initiative restored GP services to Mission Beach, improving access and revitalising the local health workforce. Workforce Development CPD and ProCCM further strengthen primary care by upskilling clinicians and supporting high-quality chronic disease management.

Together, these programs help build a more resilient, skilled, and accessible primary healthcare system for northern Queensland.

We also focused on growing a culturally safe Indigenous health workforce with our partners JCU and ADEA to help Aboriginal and Torres Strait Islander practitioners access training and career pathways, from entry-level training to advanced specialisation. This helps close workforce gaps and ensures care is relevant and accessible for Aboriginal and Torres Strait Islander people.

The first Joint Regional Needs Assessment (JRNA) highlighted where we needed to direct our focus and investment, while the Digital Capability Grants and Disaster Preparedness and Response programs strengthened system integration.

NQPHN is proud to showcase more of the outcomes we achieved in the 2024-25 financial year on the pages ahead.

Jeff Stewart-Harris

Board Chair
Northern Queensland PHN

Ben Tooth

Chief Executive Officer
Northern Queensland PHN

Who is NQPHN?

Northern Queensland Primary Health Network (NQPHN) connects, funds, and supports primary healthcare services and providers so all northern Queenslanders can access the care and information they need to live healthier lives.

We do this through our **'Three Cs'** framework:

Our priority areas for the 2024-25 financial year include Population Health Priorities, Mental Health and Alcohol and Other Drugs, GPs and Other Primary Care Professionals, First Nations Health, and System Integration.

The NQPHN region is home to approximately 700,000 people, and extends from St Lawrence in the south coast, up to the Torres Strait in the north, and west to Croydon and Kowanyama.

We have over 90 staff operating across three offices in Cairns (Gimuy-Walubura Yidinji and Djabugay Nation country), Townsville (Bindal and Wulgurukaba country), and Mackay (Yuwibara country).

We are one of 31 regionalised and independent PHNs established nationally by the Commonwealth Department of Health, Disability and Ageing (DHDA). Find out more about the PHN program on the Australian Government Department of Health, Disability and Ageing website.

Our objectives and Strategic Plan

NQPHN's Strategic Plan 2021-26 is an ambitious plan that aims to strengthen the primary health care sector in northern Queensland.

The Plan outlines six priority areas of focus (from 2021 to 2025) 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 that people receive the right care, in the right place, at the right time.
- Prevention, promotion, and early intervention focused on life stages of need.
- Our people work collaboratively and are enabled to achieve NQPHN's strategic objectives with the right systems, processes, and access to data.

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.

From July 2025, we launched our new Strategic Plan 2025-28.

Our Values–Behaviour Blueprint

This Values-Behaviour Blueprint provides a summary of NQPHN's Values-Behaviour Charter. The Charter represents a shared commitment from all staff to improving the future ways of working at NQPHN.

The purpose of this charter is to outline the behaviours and actions expected of leaders and staff across NQPHN.

Our values include:

Collaboration
We connect co-operatively across boundaries to share ideas and achieve our goals together.

Leadership
We are empowered, inspired, and will step up to create a better future.

Integrity
We hold ourselves to the highest standards of ethics and professionalism.

Accountability
We own our actions, follow through on our promises, and live our values.

Respect
We hear, acknowledge, and value all people and voices, finding unity in our diversity.

Board and governance

Board of Directors

Northern Queensland Primary Health Network (NQPHN) commits 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

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

People and Performance

The People and Performance Committee provides oversight of organisational culture and other aspects of human resources. It 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 the 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

The Clinical Governance 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) – now updated to the Joint Regional Needs Assessment 2025-28 (JRNA) - and related strategic planning documents. All committees have levels of delegated authority for core decision making.

Board members

The below members served on the NQPHN Board during the 2024-25 financial year.

Jeff Stewart-Harris | Board Chair

Jeff is an experienced Chair, Director, Chief and Senior Executive with a passion to see individuals, teams, organisations, their boards, communities, and regions thrive - now and into the future.

He has been Chief and Senior Executive for 26 years of his 32-year Queensland local government career. In addition, in an almost 10-year career in the ports sector, he held Chief and Deputy Chief Executive roles, accountable for half of Queensland's trade by tonnage through the ports of Hay Point, Mackay, Abbot Point, and Weipa.

His initial professional discipline was in public and environmental health, which fuelled the thread of community health, wellbeing, prosperity, and sustainable futures to be an enduring focus throughout both careers.

He has deep expertise in community advocacy, engagement, and participation, including a strong focus on mental health, suicide prevention, and First Peoples' engagement. As a strong advocate for the regions, Jeff lives in Mackay, is interim Chair of Regional Development Australia – Greater Whitsundays, and an enthusiastic participant in the Northern Australia (Qld, NT and WA) Alliance of RDAs.

He has also held board roles on the Australian Mining Cities Alliance and several other regional, community and industry organisations. He holds undergraduate and postgraduate qualifications in several disciplines and is a graduate of the Australian Institute of Company Directors. Jeff was awarded a Public Service Medal in the 2022 Australia Day Honours for outstanding service to state and local governments in Queensland.

Sharon Kelly | Board Director

Sharon has more than 42 years of experience working in the health sector across a range of rural regional and tertiary health care services in the public sector for both Queensland and South Australia.

She is an experienced and professional health leader who has delivered senior leadership, strategic, and operational expertise with strength and knowledge around corporate governance, community engagement, community and institutional (forensic) mental health, strategy and planning underpinned by years of primary, secondary, and tertiary health delivery and leadership.

Having recently retired from her role as Executive Director People Strategy and Governance with Townsville Hospital and Health Service, she is a passionate advocate for strengthening partnerships and the delivery of health services to people across northern Queensland.

Sharon is a Registered Nurse and Midwife by background, holds a Masters Degree in Health Administration, and is a Graduate of the Australian Institute of Company Directors. She has most recently been a member of the Cootharinga North Queensland Board.

Sharon serves as a Board Director for the Tropical Australian Academic Health Centre (TAAHC).

Suzanne Andrews | Board Director

Sue is the Chief Executive of Gurriny Yealamucka Health Service, a community-based health organisation that delivers holistic primary health care to the people of Yarrabah, an Aboriginal community near Cairns.

During her time as CEO, Sue has led the drive for the transfer of responsibility for delivering primary healthcare services from the Queensland Government to Gurriny Yealamucka, a first in Queensland, with Gurriny now looking after all primary healthcare services in the community, including women's and maternal health, sexual health, chronic disease, and social and emotional wellbeing.

In 2016, Sue was also a key driver for the establishment of the first pharmacy to open in Yarrabah in nearly 20 years, ensuring the Yarrabah community had a wider range of primary and allied health services.

Prior to her appointment as CEO in 2012, Sue was the Finance Manager at Gurriny Yealamucka for more than five years, leading and managing the day-to-day financials of the organisation with a budget of $8 million.

Sue has also previously worked with Cape York Digital Network, implementing and rolling out projects within each Cape community around the use of technology, and Gindaja Treatment and Healing Centre in Yarrabah, an Aboriginal and Torres Strait Islander residential rehabilitation service which caters for both men and women with drug and alcohol-related problems.

A proud Aboriginal woman who grew up in Yarrabah, Sue is passionate about closing the gap in Indigenous health disadvantage. Sue was appointed a director of Northern Queensland Primary Health Network in 2017.

Tara Diversi | Board Director

Tara Diversi is the CEO of Sophus Nutrition, a digital nutrition platform that improves accessibility and affordability of expert nutrition and dietetic care through the combination of evidence-based nutrition with psychology, behavioural economics, and technology.

She also holds current roles as the President and Chair of Dietitians Australia, National Dietetic Adviser to the Department of Veterans Affairs, and Entrepreneurship Facilitator for Cairns.

Tara is an Accredited Practising Dietitian and Advanced Sports Dietitian starting her career in Cairns in private practice in 2003 and working in almost all areas of dietetics.

To complement her dietetic studies (MND, BHSc), Tara holds an MBA, two post-graduate psychology qualifications (GDipPsyc; PGDipPsyc) and Graduate Certificate in Higher Education. She is the author of four books, nine textbook chapters, and six peer-reviewed papers.

After growing up in Kunnunurra and Cairns, Tara's initial passion and work focused on Indigenous health in Australia and Papua New Guinea which drives her continued interest in improving health and outcomes for Aboriginal and Torres Strait Islander peoples. She has also worked extensively in sports nutrition, mental health, and incorporating behavioural economics into healthcare.

Outside of work, Tara enjoys seeing people stretch their comfort zones – whether it is her daughter learning something new, clients swimming over insane distances or in extreme temperatures, or a new health professional seeing their first client.

She believes in the power of individual contribution to make significant positive impact on individuals, groups, and communities.

Michelle Hardy | Board Director

Ms Michelle Hardy has been an active advocate for older Australians and those living with disabilities for 30 years.

As a qualified CPA, she has extensive financial management and project management experience in Australia and the United Kingdom, has worked in management roles across multiple sectors (both for-profit and not-for-profit), and served as a non-executive Director and Treasurer.

Passionate about delivering better outcomes for the aged care sector, Ms Hardy supports families and individuals in accessing the care they need. Through her business, she has developed and delivered education on the aged care regulatory environment and quality frameworks for Master of Business Administration students and aged care Boards.

Ms Hardy's strengths include expertise around data, systems, quality frameworks, risk management, good governance, and simplifying complexity.

Tanika Parker | Board Director

Tanika is a proud Guugu Yimidhirr Bama, from Hope Vale, Far North Queensland. While raised in Hope Vale, Tanika went to boarding school and then University in Townsville.

She's completed a bachelor's degree in Nursing Science, majoring in Mental Health, and is in the final stages of completing a Masters in Public Health and Tropical Medicine with James Cook University. In addition to this, Tanika is a Trauma Nurse by trade, with 11 years' experience.

Tanika is an experienced professional and has skills in areas of health service management, rural and remote health services delivery, and Indigenous and population health.

Her previous roles and experience include Acting CEO for the Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA), Public Health Nurse Clinical Lead for the Young Person's Check (YPC) program in Yarrabah, and Chief Operations Officer of the National Aboriginal and Torres Strait Islander Health Worker and Practitioner Association (NATSIHWP) in Canberra.

Currently, Tanika is the Rheumatic Heart Disease Nurse Navigator for Torres and Cape Hospital and Health Service, and looks after both paediatric and adult patients throughout this region.

She has strong stakeholder relationship skills with experience in Canberra, Cairns, Cape and Torres, and hospitals and Aboriginal Community Controlled Health Organisations (ACCHOS), relaying clinical knowledge and facilitating patient transfers from Townsville through to the Torres Strait.

These engagements have been at national, state, and community levels, and have helped hone her great communications skills.

In line with her Masters in Public Health, Tanika completed a subject in disaster management in 2023, which was valuable when the floods came after Cyclone Jasper. Tanika, with the extensive help from the community on the ground and a local airline, sent seven planes of supplies and donations to Cooktown, Wujal Wujal, and the Hope Vale area for those in need.

This achievement has highlighted the importance of public health management, what a community is capable of, and outstanding local leadership on the ground.

Tanika remains actively involved in a national advisory committee with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Australian Health Practitioner Regulation Agency (AHPRA), and other national stakeholders.

These engagements have assisted her in obtaining extensive insight into the operations of federal, state, and local levels of government, and community-based organisations, along with the funding aspects that are attached to the three tiers of government.

Dr Toni Weller | Board Director

Dr Toni Weller has worked in clinical primary care in the region for 20 years and is currently a clinical and medical director at Townsville Hospital and Health Service.

Dr Weller is a general practitioner with qualifications in medicine, commerce, and law. Her areas of focus include stakeholder engagement, governance, and system transformation, providing a multidisciplinary approach to decision-making.

She has contributed to the development of care models in both primary and tertiary settings, including the GP with Special Interest (GPSI) program and the Residential Aged Care – Nurse Practitioner Service.

Dr Weller also serves as a subject matter expert on independent projects and is Co-Chair of the Queensland General Practice Liaison Network. She holds non-executive director roles with NQPHN and a university residential college, and is a graduate of the Australian Institute of Company Directors.

Dr Konrad Kangru | Board Director

Dr Konrad Kangru B.App Sci, MBBS, FRACGP gained his MBBS from the University of Queensland in 2000, has been in private rural General Practice in the Whitsundays region of Queensland since 2005, where he has been a GP Supervisor and Medical Educator since 2009.

He has remained a very active advocate for improving the support of rural doctors, currently as Co-Chair of the Queensland Rural and Remote Clinical Network, and Medical Advisor to the Office of Rural and Remote Health, together with prior roles as President and prior Conference Convenor of the Rural Doctors Association of Queensland.

Dr Kangru has also undertaken and presented his research on the self-care of rural doctors, and has special interests in medical education and diabetes management, particularly in up-skilling colleagues about this important condition.

He is passionate about reducing the disparity in outcomes for patients living in rural and remote communities, and ensuring that every clinician providing care to these areas is as well supported as they possibly can be.

Gerard Wyvill | Board Director

Gerard has extensive strategic management experience in complex healthcare environments both within the profit and not-for-profit private healthcare sectors at CEO level. His broad and diverse experience provides him with a very sound understanding of corporate governance and the issues influencing the planning and delivery of contemporary health care.

As a qualified CPA with extensive healthcare management training and experience, he has contemporary governance experience at a board level with several companies (for-profit and not-for-profit), working collaboratively with other directors ensuring good governance and achieving strategic healthcare service outcomes.

During his career, Gerard has developed strong professional relationships with some of Queensland's leading medical specialists, general practitioners, and major healthcare service providers – collaboratively developing successful business partnerships with leading national radiology, pathology, pharmacy, medical, and allied health service companies.

His most recent role being Executive Director of a group of private hospitals, having strategic and executive management oversight of major hospital and healthcare services in Bundaberg, Rockhampton, Mackay and Townsville. Having a focus on health service planning and growth, he oversighted the delivery of a number of successful infrastructure projects.

Having now lived and worked professionally in North Queensland for over 10 years, he has a desire to continue contributing to the ongoing development and delivery of healthcare services in our regional communities.

Gerard is currently Chair of NQPHN's Finance, Audit, and Risk Management committee.

NQPHN Board meeting attendance 2024–25

This table provides details of Board meetings attendance and sub-committee meetings attendance in 2024-25 by Directors of the NQPHN Board and appointed external members.

	Scheduled Board Meetings		Finance, Audit, and Risk Management Committee		Nomination and Remuneration Committee		People and Performance Committee		Clinical Governance Committee	
Director	Held	Attended	Held	Attended	Held	Attended	Held	Attended	Held	Attended
Jeffrey Stewart-Harris[8]	14	14	6	6	NM		4	4	5	5
Tara Diversi	14	11	NM		NM		NM		5	3
Suzanne Andrews	14	5	NM		5	4	5	5	NM	
Konrad Kangru	14	13	NM		NM		NM		5	5
Toni Weller[1, 2, 3]	14	12	NM		NM		5	5	5	5
Luckbir Singh[10, 15]	6	5	NM		NM		2	2	NM	
Benjamin Tooth[5, 6, 7]	2	2	2	2	NM		1	1	NM	
Sharon Kelly[4]	14	14	6	5	NM		NM		5	5
Gerard Wyvill	14	13	6	6	NM		5	5	NM	
Tanika Parker[11, 12]	8	6	3	2	NM		NM		NM	
Michelle Hardy[11, 12, 16]	8	6	3	3	NM		3	3	NM	
Jason Taylor[#, 18]	NM		6	5	NM		NM		NM	
Michael Willis[#, 13]	NM		NM		2	2	NM		NM	
Shaun McDonagh[#, 14]	NM		NM		3	3	NM		NM	
Ken Griffin[#]	NM		NM		5	5	NM		NM	
Stacey Coburn[#]	NM		NM		NM		5	5	NM	
Tamra Bridges[#, 9]	NM		NM		NM		NM		2	1
Erin Waters[#, 17]	NM		NM		NM		NM		2	2

NM = Not a member

Held/attended = the number of meetings held and attended by each Director/other during the period 1 July 2024 – 30 June 2025, and during the time of their appointment. Attendance includes teleconference/videoconference participation.

Notes:

1. Appointed 1 July 2024
2. Appointed CGC 1 July 2024
3. Appointed PPC 1 July 2024
4. Appointed FARM Committee 1 July 2024
5. Resigned 23 September 2024
6. Resigned FARM Committee 23 September 2024
7. Resigned PPC 23 September 2024
8. Appointed PPC 23 September 2024
9. Resigned 28 November 2024
10. Resigned from NRC 12 February 2024
11. Appointed 28 November 2024
12. Appointed FARM Committee 28 November 2024
13. Resigned NRC 28 November 2024
14. Appointed NRC 28 November 2024
15. Resigned PPC 28 November 2024
16. Appointed PPC 28 November 2024
17. Appointed CGC 13 February 2025
18. Resigned FARM Committee 20 June 2025

\# External Committee Member (non Director)

Clinical Council and Community Advisory Group

Clinical Council

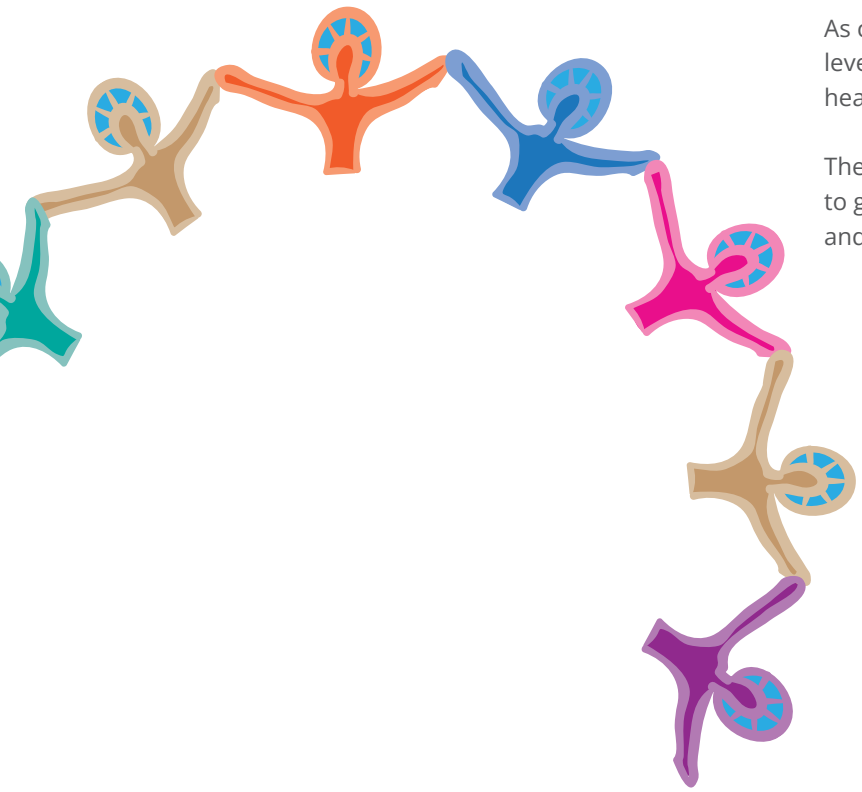
The Clinical Council provides the NQPHN Clinical Governance sub-committee of the Board with contemporary advice on local health needs and priorities.

It ensures 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 - now the Joint Regional Needs Assessment 2025-28 (JRNA).

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

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 comprises GPs, allied health workforce, mental health clinicians, Aboriginal and Torres Strait Islander health workers and practitioners, community/practice nurses, and public health/health promotion representatives. They meet four times a year.



Community Advisory Group

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

Group members comprise health service users, consumers, carers, and community members, and act as a critical friend to NQPHN by bringing a community perspective to advise the planning of activities and priorities.

The Group's advice is aligned with NQPHN's Health Needs Assessment, now the Joint Regional Needs Assessment 2025-28 (JRNA), along with 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 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 that 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 Community Advisory Group plays a key role in helping to guide NQPHN in ensuring activities are connected to and supported by the communities it serves.

Financials

July 2024 – June 2025

The Annual Financial Report shows Northern Queensland Primary Health Network's (NQPHN's) expenditure for our strategic priorities in the 2024-25 financial year. Download the full audited General Purpose Financial Statements below.

View Annual Financial Report here

Our priority areas

Strategic priorities

Northern Queensland Primary Health Network (NQPHN) responds to the health needs of the region as outlined in Health Needs Assessment – updated to the Joint Regional Needs Assessment 2025-28 - while being guided by the National PHN Performance and Quality Framework for targeted work.

Five priority areas were 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.

A sixth priority area was added, which is committed to our internal foundational objectives.

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

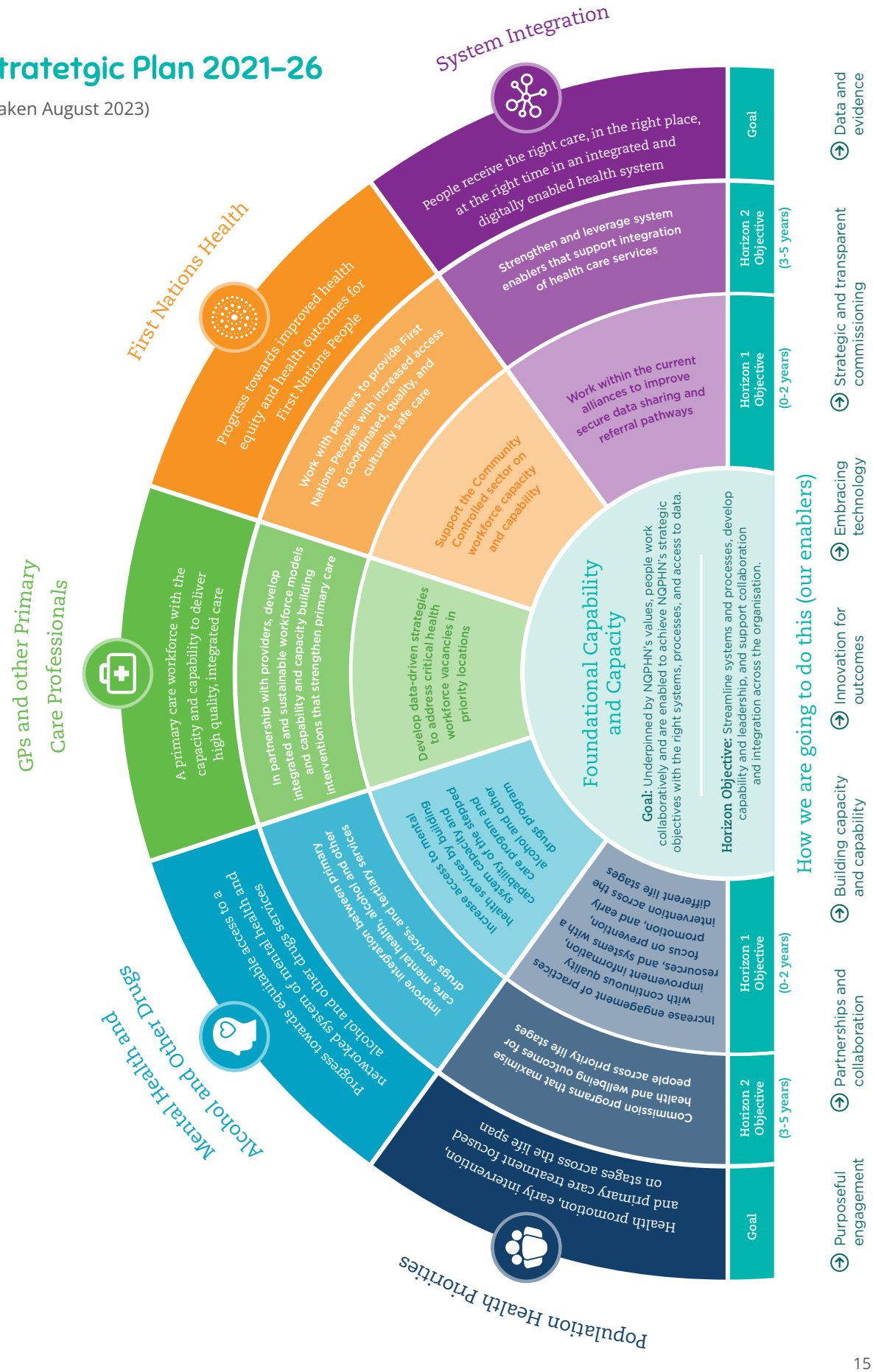
These priority areas include:

- Population Health
- Mental Health and Alcohol and Other Drugs
- GPs and other Primary Care Professionals
- First Nations Health
- System Integration
- Foundational.

View NQPHN's Strategic Plan 2021-26 on the following page.

NQPHN Stratetgic Plan 2021–26

(Refresh undertaken August 2023)



STRATEGIC PRIORITY AREA:

Population Health

NQPHN's Population Health priority objectives include health promotion, early intervention, and primary care treatment focused on stages across the life span.

Longer term, our commissioned programs will maximise health and wellbeing outcomes for people across priority life stages.

By addressing the needs of northern 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 Population Health projects are highlighted in this section.

Multidisciplinary Allied Health Teams (MDT)

In the 2024-25 financial year, NQPHN announced the Multidisciplinary Allied Health Teams (MDT) program to give northern Queenslanders with chronic conditions living in rural and remote areas care closer to home.

Under the MDT program, allied health providers from Cairns, Townsville, and Mackay work with local GPs and other local primary care providers in the region's rural and remote communities.

Rural and remote areas of North Queensland experience higher rates of chronic conditions and potentially preventable hospitalisations, compared to the rest of the state – this program brings allied health specialists into the area to work alongside local teams and GPs, to provide people with chronic conditions access to timely care without having to leave their community.

Models of care have been developed through codesign with the community and healthcare providers within the rural and remote towns. Allied health teams will provide a mix of face-to-face and telehealth sessions, with the aim of making a real difference by helping people to manage their conditions and stay out of hospital.

We are proud to partner with providers who share our commitment to improving care for people in regional, rural, and remote areas, including Active Performance (Cairns), NWRH (Townsville) and Physio Plus (Mackay).

Pharmacist in General Practice

As part of the Early Intervention for Aged Care funding, NQPHN worked with the Pharmaceutical Society of Australia (PSA) to pilot the concept of having a non-dispensing pharmacist working within general practice as part of the clinical team.

The Older Person's Medication Management Program, saw five pharmacists placed in eight practices, six practices within the Townsville region and two practices in Charters Towers.

The aim of the program was to enable older people to live at home for as long as possible, managing their chronic conditions and ageing healthily.

Between April and June 2025, 793 activities were recorded across the clinics, including medication reviews, health literacy education, and medication reconciliation.

Referrals to the pharmacists have been received from numerous sources, including GPs (<50 per cent), nurses, community pharmacies, and self-referrals from patients.

Pharmacists are also active in this space, proactively identifying patients that could benefit from their input and consultation.

Social Workers in General Practice

A total of six practices were onboarded into the Social Workers in General Practice program, and have since recruited social workers to work as part of their team.

Notably, two Aboriginal Community Controlled Health Organisations (ACCHOs) within the NQPHN region also signed on to participate; one in Townsville and the other in Cairns.

Of the six practices with social workers, four have indicated they will maintain a social worker in their practice.

The aim of the social workers is to provide a range of support to patients, especially those experiencing chronic illness and age-related concerns.

The project is led by James Cook University (JCU) social work academics and includes research on the outcomes of social work in general practice, building on previous research with students.

STRATEGIC PRIORITY AREA:

Mental Health and Alcohol and Other Drugs (AOD)

NQPHN's Mental Health and Alcohol and Other Drugs (AOD) priority objectives include to progress towards equitable access to a networked system of mental health and alcohol and other drugs services.

During this financial year, NQPHN increased access to mental health services by funding programs that met the needs of northern Queenslanders.

NQPHN is committed to enhancing and establishing a range of evidence-based and culturally appropriate mental health and alcohol and other drugs support services, which are accessible to residents across northern Queensland.

A few of our Mental Health and AOD projects are highlighted in this section.

MyndKind

In November 2024, NQPHN – in partnership with 17 service providers – launched MyndKind, a new and easier way for northern Queenslanders to access mental health services and support to best suit their needs.

MyndKind is a new model of mental health stepped care services that addresses significant barriers to accessing mental healthcare, such as living in a rural and remote area, financial hardship, and limited transport, by placing the person at the centre of their mental health journey.

The flexible approach has been a game-changer for people in the region, providing multiple entry points to access support and more coordinated and streamlined transitions between services.

The addition of the Journey Coordination role into the stepped care system has also been impactful. Journey Coordinators are providing a tailored and person-centred approach to working with individuals, with the flexibility to walk alongside a person for as long as needed, and offering low-intensity support options.

Universal Aftercare – Townsville and Mackay

In the 2024-25 financial year, NQPHN, in partnership with Townsville and Mackay Hospital and Health Services (HHSs), announced the Universal Aftercare (UAC) program in Townsville and Mackay.

Wellways was commissioned to deliver the service, which commenced in 2025.

Universal Aftercare offers timely, non-clinical, and compassionate support to people following a suicide attempt or suicidal crisis.

The program is designed to reduce future suicide risk and promote recovery through a person-centred approach. It offers a friendly, kind, and human connection that bridges the space between clinical care and the realities of everyday life, helping people to reconnect with support networks, develop safety plans, and navigate their journey toward a meaningful and fulfilling life.

In the financial year ending June 2025, 50 people had engaged with the UAC program in Townsville and Mackay.

Following the launch in August 2025, 100 people had engaged with the program, showing its need in these communities.

Targeted Regional Initiative for Suicide Prevention (TRISP) program

Nineteen community groups and organisations in northern Queensland received grants to support local wellness and suicide prevention activities underway that meet the specific needs of people in their communities.

A further five targeted seeding projects will commence in the 2025-26 period in support of the region such as Postvention Planning, youth voices on topics such as safety online and wellbeing in the sporting community.

The grants and projects are part of the Targeted Regional Initiative for Suicide Prevention (TRISP) program, and are designed to promote effective, accessible, and affordable community-led activities to help those experiencing distress or who are at risk of suicide.

Suicide prevention ideas from community groups and organisations included an Aboriginal men's health alliance, perinatal wellbeing initiatives, help for carers, and a program for young neurodivergent people and those living with chronic pain.

Project-ready initiatives that were rolled out include training staff, engagement and educational material, workshops for female veterans, playgroups for children and their Young Veteran Dads, workshops for at-risk young First Nations people, and peer-lead initiatives within the Bhutanese community of Cairns.

STRATEGIC PRIORITY AREA:

GPs and other Primary Care Professionals

The GPs and other Primary Care Professionals priority area assists the northern Queensland primary care workforce to build the capacity and capability to deliver high-quality, integrated care.

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 by:

- Delivering capacity and capability-building activities to ensure change and reform readiness, and the adoption of reform policy in primary care.
- Aligning digital health, data analytics, and system intelligence to work closely with GPs, primary care professionals, and the broader health service sector.
- Driving 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.
- Assisting primary care providers to maintain highly effective and sustainable practices.
- Equipping the primary care workforce 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 in this section.

Thin Markets

We were proud to launch the first 'thin market' project in Australia with Mission Medical, a model designed to bring GP services back to rural communities where commercial viability is a challenge.

Since opening in November 2024 to June 2025, Mission Medical has made a powerful impact, completing 8,411 consultations.

The practice has also created local employment opportunities, while reintroducing other lost health services such as phlebotomy and allied health. It provides local services for people who were previously unable to travel outside the region, particularly for the elderly and vulnerable populations.

This achievement was the result of strong community support and partnership between the Cassowary Coast Regional Council, NQPHN, Cairns and Hinterland Hospital and Health Service, and Health Workforce Queensland. Funding provided by the Council and the Australian Government Department of Health, Disability and Ageing ensured the project could move from planning to reality.

After a procurement process, overseen by an independent probity and procurement advisor, Tully Medical Centre was selected to operate the new clinic.

Workforce Development Continuous Professional Development (CPD)

Between July 2024 and June 2025, NQPHN together with our partners, delivered 91 educational events delivered to 1,321 participants across the northern Queensland region.

Face-to-face events included Advanced Life Support (ASL), heart failure, general practice essential skills, emergency planning, CPR, first aid, cold chain management, paediatric assessment, spirometry, ear wax removal, Occupational Violence Prevention (OVP) in primary care, and aged care training.

There was also a focus on Urgent Care Nurse Stream workshops, with 131 participants, and training that included splinting, managing emergencies, wound care, and intravenous cannulation.

Online learning consisted of 12 online webinars delivered to 237 participants across the northern Queensland region.

Meanwhile, we also helped facilitate the Professional Development Conference for Aboriginal and/or Torres Strait Islander Health Professionals in September and October 2024. Three face-to-face conferences were delivered to 77 participants across Cairns, Townsville, and Mackay.

Proactive Chronic Conditions Management CQI

The Proactive Chronic Conditions Management (ProCCM) Continuous Quality Improvement (CQI) was designed to support 30 selected general practices and Aboriginal Community Controlled Health Organisation (ACCHO) teams to undertake the program that enabled primary care teams to deliver high-quality chronic disease management, while meeting the requirements of national health reform.

The structured 12-month ProCCM CQI program acted as a reform enabler by:

- Streamlining data used in Primary Sense to identify patients with high-complex conditions, and enabling practices to focus on their most vulnerable patients.
- Supporting MyMedicare registration and better utilisation of MBS items (69 per cent reported an increase in MyMedicare registrations for patients with chronic conditions).
- Embedding shared care coordination via the INCA platform, by streamlining the creation and sharing of Chronic Disease Management (CDM) plans.
- Enhancing patient engagement and self-management with innovative AI tools – more than 17,000 patients were contacted via GoShare with information on how to register for MyMedicare.

The ProCCM program has made meaningful progress with 86 per cent of participating nurses stating they feel more confident in managing chronic conditions.

STRATEGIC PRIORITY AREA:

First Nations Health

NQPHN remains committed to First Nations health, with a clear objective to progress towards improved health equity and health outcomes for First Nations peoples.

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.

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.

A selection of our First Nations Health projects are highlighted in this section.

JCU diabetes educator opportunity (and mapping pathways with ADEA)

NQPHN and James Cook University (JCU) partnered in 2024 to help combat alarming rates of diabetes in remote Aboriginal and Torres Strait Island communities through a scholarship fund designed to boost the health educator workforce.

NQPHN funded the $150,000 scholarship fund, which enables Australian Health Practitioner Regulation Agency (AHPRA) registered Aboriginal or Torres Strait Islander health practitioners to undertake a Graduate Certificate of Diabetes Education with JCU.

There were 14 health practitioners who expressed an interest in the scholarship, with more than 25 per cent taking up the scholarship. The program has now expanded to include all eligible professions and will run for the next three years.

The scholarships aim to reduce the financial barriers for students. The Graduate Certificate was the critical first step for students to become a fully credentialled Diabetes Educator with the Australian Diabetes Educators Association (ADEA).

Australian Diabetes Educators Association (ADEA)

A project has also been undertaken with the Australian Diabetes Educators Association (ADEA), which is responsible for bringing together peak bodies to scope and map available upskilling pathways for Aboriginal and Torres Strait health workers and health practitioners who don't wish to undertake the formal credentialling education.

Opportunities have been identified, with ongoing work in promoting and making programs accessible to workers and practitioners, and enabling education opportunities for patients and community members.

Aboriginal and Torres Strait Islander Health Worker and Practitioner Professional Development Workshops

NQPHN provides access to a range of Continuous Professional Development (CPD) educational events for health professionals across the northern Queensland region.

The CPD program is fundamental in building primary care workforce capacity and capability and providing primary care professionals with the skills to competently deliver better health outcomes for patients.

In the financial year 2024-25, 77 health workers attended three Aboriginal and Torres Strait Islander Health Worker and Practitioner Professional Development workshops across Cairns, Townsville, and Mackay.

Workshops were also delivered in Bamaga and Horn Island, where 39 people attended. Participants stated:

“Understanding how to use open-ended questions to encourage positive engagement with clients.”

“So interesting (presentation) on how to talk to clients. Well presented!”

“I enjoyed every bit of the sessions today. Both sessions were refreshing and [I now have a] clear understanding.”

Fetal Alcohol Spectrum Disorder (FASD)

NQPHN funds the Fetal Alcohol Spectrum Disorder (FASD) Clinic provided by Child Development Service, Townsville Hospital and Health Service (HHS), the only specialist FASD assessment service available in northern Queensland.

Unidentified and untreated FASD has been associated with child safety concerns, high levels of family distress, and educational difficulties. Between 2-5 per cent of the Australian population is estimated to have FASD, 19 per cent of whom live in remote communities.

The Townsville FASD Clinic receives referrals from service providers, including but not limited to private paediatricians, child and youth mental health services, Child Safety, and Townsville Aboriginal and Islander Health Service (TAIHS).

To date, the clinic has received 491 referrals. More than 300 children have completed the assessment, with 60 per cent meeting FASD diagnostic criteria.

STRATEGIC PRIORITY AREA:

System Integration

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

Our objective aims to help people to receive the right care, in the right place, at the right time in an integrated and digitally enabled health system.

We work with our 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 in this section.

Joint Regional Needs Assessment (JRNA)

The Joint Regional Needs Assessment (JRNA) – previously the Health Needs Assessment (HNA) - provides a shared understanding of the key health priorities across northern Queensland.

In 2024-25, under the new framework, NQPHN worked together with the four Hospital and Health Services (HHSs) in our patch to develop the first JRNA.

More than 1350 northern Queenslanders had their say on the region's healthcare future, taking part in the JRNA consultations to help shape healthcare outcomes and access to services in their region.

We heard from a wide cross-section of people, including those under 24, LGBTIQ+, First Nations, and older persons.

The JRNA took on a two-phased approach that involved in-depth analysis of various data sets and engagement with a diverse range of stakeholders across our region. Through this, the health and service needs of the region were identified.

Digital Capability Grants Program

Our Digital Capability Grants Program is a funded initiative to help allied health providers, pharmacies, and general practices in northern Queensland enhance their digital health services.

These grants support the adoption of technology like electronic health records, telehealth, and other digital tools to improve patient care, data security, and operational efficiency.

The health workforce used the grants for specific digital tools like iPads, cameras, microphones, and broadband upgrades.

On this occasion, the program supported 20 allied health provider organisations in northern Queensland to enhance their digital health capabilities.

This one-time grant was available to allied health provider organisations delivering multidisciplinary team (MDT) care to residents who live in Modified Monash Model (MMM) 5-7 regions.

The grant supported organisations in adopting and integrating digital health systems to improve efficiency, enhance patient care, and address workforce service gaps through seamless digital health solutions.

Disaster preparedness and response

NQPHN continues to build capacity in emergency preparedness, planning, and coordination across the primary care sector.

In alignment with the Department of Health, Disability and Ageing's (DHDA's) Emergency Preparedness Policy Guidelines, we work to maintain and annually review protocols, build strong partnerships with local and district stakeholders, and coordinate integrated health service responses and strong communication systems.

These measures ensure a proactive system-wide approach to mitigating risk and enhancing regional resilience in the event of natural or health emergencies.

Education workshops with primary care providers were held across the region, and aimed to:

- Equip providers with the necessary knowledge and tools to effectively plan, respond, and recover from emergencies such as pandemics and natural disasters.
- Hold business continuity planning and scenario discussions.
- Support Prevention, Preparedness, Response, and Recovery (PPRR) unique scenarios such as cold chain maintenance.

We continued to develop and strengthen our SMS Emergency Alert System program. We currently have subscribed:

- General practices: 142 (80 per cent)
- Residential aged care homes (RACHs): 39 (71 per cent)
- Pharmacies: 101 (53 per cent)
- Aboriginal Medical Services (AMSs): 5 (38 per cent)

Recent advocacy for the Ingham floods in early 2024 resulted in support for general practice, residential aged care homes, and pharmacies, including emergency changes to telehealth consults, authority prescribing and dispensing, funding, relief staffing for RACHs, food and medication resupply, emergency medication delivery, and prioritising power restoration.

STRATEGIC PRIORITY AREA:

Foundational

Our sixth priority area relates to our commitment to improve the way we work. Our Foundational goal, underpinned by NQPHN's values, is for our people to work collaboratively and that are enabled to achieve NQPHN's strategic objectives with the right systems, processes, and access to data.

During the 2024-25 financial year, NQPHN worked to streamline systems and processes, develop capability and leadership, and support collaboration and integration across the organisation.

Our region, our people

Meet the faces of northern Queensland

Our Region, Our People features the stories of northern Queenslanders who are living happier, healthier, longer lives with the help of NQPHN-funded services and programs.

Our good news stories showcase the transformative impact of these initiatives and highlight the unique health needs of our diverse communities.

Stories published between July 2024 and June 2025 are available on our website.

Read all NQPHN Our region, our people stories here

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