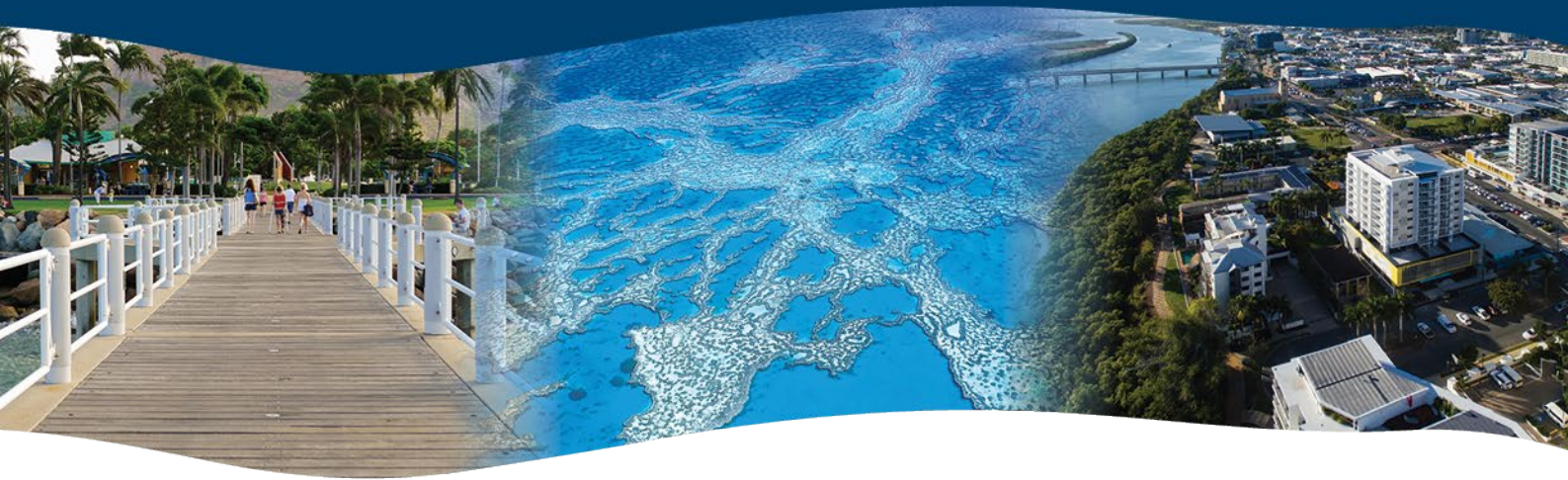




Northern Queensland Primary Health Network

Activity Work Plan

Core funding

2025/26 – 2028/29

Updated September 2026



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



ISO 9001
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Disclaimer

All activities captured in this Activity Work Plan are identified in the Joint Regional Needs Assessment conducted by Northern Queensland Primary Health Network and have been approved by the Department of Health, Disability and Ageing.

GPIF - 1 - GP Incentive Fund - NQPHN: Isaac Region Thin Markets Proposal

Activity priorities and description

Program key priority areas

Workforce.

Aim of activity

Northern Queensland Primary Health Network (NQPHN) will lead the development of a Service System Recovery Plan (SSRP) for the Isaac region. The SSRP service delivery model will be developed in partnership with key stakeholders in the region and members of the community. The SSRP will inform the design and establishment of a new sustainable service model in the Isaac region that will ensure ongoing access to primary care for communities in the region.

Description of activity

NQPHN identified the Isaac region as a region at risk for general practice/primary care access with submission to the Department of Health, Aged Care and Disability (DHDA).

NQPHN will

- 1. Stakeholder engagement**

Identify key stakeholders involved in the delivery in primary care services across Isaac region and community leaders.

- 2. Service review**

Conduct a desktop review of the whole of the Isaac region's health services and other impacting factors, including documented descriptors of the type and range of services available in the community that may be factorial to implementation.

- 3. Community consultations**

Engage with key stakeholder and impacted communities to:

- strengthen understanding of factors leading to system failure and identify providers that may be able to contribute to solution
- create space for cross-sector partnerships and inter-connection that will be required for co-creation and solution thinking
- strengthen acceptance and support for those identified as key players.

- 4. Plan development**

Develop a Service System Recovery Plan and primary care general practice model for service delivery, that identifies and outlines the range and mix of services required and detail to ensure the service system can be sustained.

- 5. Codesign**

Collaborate with stakeholders to develop a place-based, locally informed, community-led primary care service system model.

- 6. Ongoing consultation**

Ongoing collaboration and coordination with the DHDA's Thin Markets Branch.

CMDT - 1 - Commissioning Multidisciplinary Teams – Commissioning

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

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

Description of activity

- Design an approach for multidisciplinary teams in the areas prioritised by Northern Queensland Primary Health Network (NQPHN) using health needs and service gap data.
- Commission allied health multidisciplinary team/s to provide holistic patient care.
- Care will be delivered in partnership with primary care practices within NQPHN's rural communities and coordinated with existing services including the Hospital and Health Service (HHS).
- Multi-Disciplinary Team care will be delivered via individual, shared, and/or group appointments and adapted to meet local community and patient needs.
- A work-in work-out model will be adopted where required. Depending on the community/individuals' connectivity and preferences, a mix of face-to-face and video conference appointments will be available between times when allied health are available face-to-face in the community.
- Establish reporting processes supported by data collection including both activity and outcomes measures.
- Monitor implementation of activities utilising relevant measures.
- Extend PHNs existing role in general practice to support allied health.

The 2026/27 financial year description of activities

- Embed programs into community.
- Continue to work with local primary care providers to strengthen care integration for people with chronic conditions.
- Work with the sector and providers to collect required data from EQ-5D-5L via an easily accessible platform.

MyM - 1 - My Medicare

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

The aim of the MyMedicare program is to improve continuity and quality of care for Australians by fostering stronger relationships between patients, general practices, and their preferred general practitioner (GP).

The program enables patients to voluntarily register with a preferred general practice and general practitioner, ensuring improved coordination of healthcare delivery, particularly for those with chronic conditions or complex health needs.

Through MyMedicare, general practice is further supported to achieve and maintain accreditation allowing GPs to further support patients to receive personalised, consistent care, and enables healthcare providers to better manage patient needs with a focus on preventive, holistic, and team-based care.

Description of activity

Patient and provider engagement

- Conduct awareness campaigns and outreach to encourage general practices and patients to register with their preferred practice and GP.
- Work with an accreditation provider to develop resources and tailored support to meet the specific needs of non-traditional practice models to achieve accreditation.
- Provide change management support to general practices throughout the accreditation process to achieve and maintain accreditation.
- Strengthen relationships with general practices in the Northern Queensland Primary Health Network (NQPHN) region to develop ongoing understanding of the needs of practice staff throughout the accreditation process.
- Facilitate capability building of general practice staff to understand and implement accreditation requirements.

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

Activity priorities and description

Program key priority areas

Aged Care.

Aim of activity

To enhance the capability and collaboration of general practitioners, practices, and residential aged care homes (RACHs) in delivering high-quality, continuous primary care to older people in aged care, through stakeholder engagement, program design, and communication initiatives.

Description of activity

NQPHN will perform the below activities

- Engage stakeholders including RACHs, general practitioners (GPs), general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Medical Services (AMSs), and culturally and linguistically diverse (CALD) communities.
- Establish and maintain collaborative relationships with primary care providers and aged care homes.
- Develop local implementation processes and effective stakeholder communication strategies.
- Support registration and engagement with MyMedicare for older people in aged care and their care teams.
- Provide guidance to GPs, practices, and aged care staff on the incentive's benefits, requirements, and payments. This may include face-to-face sessions, workshops, and electronic media.
- Maintain communication with stakeholders through direct outreach and established Northern Queensland Primary Health Network (NQPHN) channels.
- Identify and share examples of best practice care arrangements aligned with national standards.
- Promote awareness and use of approved best practice guidance and tools among GPs, practices, and RACHs.
- Communicate relevant resources, including the Aged Care Quality Standards and The Royal Australian College of General Practitioners (RACGP) clinical guides, to stakeholders.
- Support stakeholders to apply best practice approaches in care planning and service delivery.
- Liaise with stakeholders to encourage consistent use of tools and promote knowledge sharing across the sector.
- Direct stakeholders to official resources, including the Department of Health, Disability and Ageing (DHDA) website, for guidance materials and toolkits.
- Collaborate with the DHDA to support ongoing program design and delivery.

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

Activity priorities and description

Program key priority areas

Aboriginal and Torres Strait Islander Health.

Aim of activity

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

Description of activity

NQPHN will:

- Continue to support the capacity and capability of First Nations service providers to increase access to early intervention and preventive health programs in primary care.
- Strengthen relationships between Aboriginal Community Controlled Health Organisations (ACCHOs), and Northern Queensland Primary Health Network (NQPHN) to ensure needs are being met.
- Continue the innovative student assisted community rehabilitation and lifestyle service, decommissioned in 2024, for Aboriginal and Torres Strait Islander peoples.
- Continue to provide educational opportunities for disease specific upskilling for Aboriginal and Torres Strait Islander health workers and practitioners, through development of certified pathways. Increased capability will enhance opportunistic health management.

The 2026/27 financial year description of activities

- Upskilling and educational opportunities will be provided to all primary care providers including Aboriginal and Torres Strait Islander Health Workers and Practitioners.
- Ongoing program support and initiatives to increase access and early identification.

CF - 2 - Maternal and Child Health

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

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

Description of activity

NQPHN will

- Continue working with partners of the Better Health North Queensland (BHNQ) Alliance and First 1,000 days Project working group to implement the recommendations from the recently developed joint First 1,000 days Framework and implementation strategy for North Queensland.
- Commission maternal and child health services (First 1,000 days), based on the recommendations from the joint implementation strategy, with a particular focus on Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, and those experiencing social and economic disadvantage.
- Co-commission and partner (where appropriate) on initiatives which align with the First 1,000 days joint implementation strategy, that interface with upstream prevention activities, or tertiary services.
- Work collaboratively with internal Northern Queensland Primary Health Network (NQPHN) teams, including Primary Care Engagement and Workforce Development, to address opportunities that emerge from the First 1,000 days Framework and Implementation Plan.
- Work with subject matter experts to scope and investigate potential models of care to improve immunisation rates and develop collaboratives between primary care, community health, and public health units.
- Commission services to develop and implement models of care to allow pregnant women to stay on Country with community for as long as practicable.
- Commission services to address developmental delay in the early years.

The 2026/27 financial year description of activities

- Activities will continue to address opportunities that emerge from the First 2,000 days Framework.
- Expansion of programs piloted in 2025/26.
- Implementation of new initiatives concerning early identification of children with developmental delays.

CF - 3 - Chronic Conditions

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

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

Description of activity

- Utilise the Northern Queensland Primary Health Network (NQPHN) Chronic Conditions Strategy for North Queensland to focus on key priorities as highlighted within the Health Needs Assessment to inform future commissioning decisions.
- Align the NQPHN Chronic Conditions Strategy (2022) to include a focus on chronic conditions in First Nations people as a priority population group as per NQPHN commitment to the Better Health NQ Alliance.
- Commission and implement general practice and allied health multidisciplinary primary care initiatives designed in alignment with the NQPHN Chronic Conditions Strategy.
- Utilise the NQPHN Chronic Conditions Strategy (2022) to collaborate on service system support initiatives within the greater NQPHN team.
- Commission health services based on the recommendations from the NQPHN Chronic Conditions Strategy, with a particular focus on Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, and those experiencing social and economic disadvantage.
- Co-commission and partner, where appropriate, on initiatives which align with the NQPHN Chronic Conditions Strategy, that interface with upstream prevention activities, or tertiary services.
- Work collaboratively with internal NQPHN teams, including Primary Care Engagement and Workforce Development, to address opportunities that emerge from the NQPHN Chronic Conditions Strategy.
- This activity links with and will also be informed by work under the commissioning early intervention activities to support healthy ageing and ongoing management of chronic conditions.

Work and collaboration continue as above for 2025/26 description of activities

- General practices commissioned to develop and implement localised models of care for chronic condition patients utilising the nursing and allied health workforce to work in innovative ways.
- Educational opportunities provided for clinical upskilling in collaboration with internal NQPHN teams, including the Primary Care Engagement (PCE) and Workforce Development teams.

- 
- Change management support offered to general practices to adopt primary care reform strategies.

The 2026/27 financial year description of activities

- Continuation of support for current programs and initiatives continues.
- Upskilling and educational opportunities to be provided to primary care providers within the region in collaboration with the Workforce Development and PCE teams.

CF - 6 - Health Workforce Development

Activity priorities and description

Program key priority areas

Workforce.

Aim of activity

This activity focuses on strengthening the capacity, sustainability, distribution, and retention of the primary care workforce across the Northern Queensland Primary Health Network (NQPHN) region through coordinated, system-level workforce development initiatives delivered in partnership with key stakeholders.

Description of activity

Workforce capability and skills development

This activity aims to improve the capability of the primary care workforce in the NQPHN region by aligning continuing professional development (CPD), skills-based training, and other workforce capability initiatives to identified regional workforce needs. NQPHN will commission suitable education and training providers to deliver group-based CPD and skills-focused activities, prioritising practical training aligned to regional gaps. Activities will be delivered across the NQPHN region, with a focus on priority professions and locations experiencing workforce capability challenges, to support workforce confidence, skills development, and quality of care.

Workforce supply, distribution, and attraction support

This activity aims to support improved workforce supply and distribution in areas of identified need within the NQPHN region by contributing to workforce attraction, recruitment, and integration initiatives led by partner organisations. NQPHN will support access to established workforce programs, including recruitment and relocation initiatives, through funding contribution, coordination, and regional oversight rather than direct service delivery. Activities target the primary care workforce in rural, remote, and workforce-short communities and address regional workforce shortages and maldistribution.

Workforce connection and professional engagement

This activity aims to support workforce retention and sustainability by facilitating workforce connection and professional engagement and peer support across the primary care workforce in the NQPHN region. NQPHN will support and promote group-based networking, professional forums, and peer engagement activities delivered by partner organisations. These activities improve professional connection, information sharing, and engagement, contributing to workforce sustainability across the region.

CF - 10 - Support for health, care and support related service systems—Cardwell & Cassowary Coast Ph1

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

Northern Queensland Primary Health Network (NQPHN) developed a Service System Recovery Plan for Cardwell and Mission Beach general practices.

Description of activity

NQPHN:

- through the Townsville Hospital and Health Service (THHS), supported health management services into Cardwell Family Practice for the period 1 January 2024 to 30 June 2025.
- through the Townsville Hospital and Health Service (THHS), supported health management services into Cardwell Family Practice for the period 1 July 2024 - 31 June 2025.
- through the Cassowary Coast Regional Council, supported general practice lease arrangements and the cost of locum accommodation for the period 1 January 2024 to 30 June 2025.

CF - 11 - Clinical Referral Pathways

Activity priorities and description

Program key priority areas

Digital Health.

Aim of activity

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

Northern Queensland Primary Health Network (NQPHN) commissions Hospital and Health Service HealthPathways teams to deliver this activity. The Cairns and Hinterland Hospital and Health Service (CHHHS) and Torres and Cape Hospital and Health Service (TCHHS) pool funding and collaborate on one HealthPathways site as general practice is delivered in the Cape by the TCHHS Primary Care Centres or Multipurpose Health Centres.

Description of activity

NQPHN contribute funding for each local Hospital and Health Service (HHS) HealthPathways in northern Queensland; Far North Queensland (Torres and Cape, and Cairns), Townsville, and Mackay. This funding is used to support the creation, review, and enhancement of clinical referral pathways and encourage usage across primary care providers.

Each HHS is commissioned to manage and coordinate the following work in accordance with our funding schedule:

- licence the clinical referral pathways software
- consult broadly including with, but not limited to, local primary care clinicians, allied health, aged care providers, other health providers, and consumers about the current gaps and opportunities in models of care
- coordinate necessary technical writing and programming
- employ clinical editors
- develop, review, maintain, and enhance clinical referral pathways content
- increase the awareness, engagement, and utilisation of clinical referral pathways by local health care practitioners
- collaborate and share clinical referral pathways capabilities and achievement across PHN regions.



In addition, NQPHN facilitates a HealthPathways Community of Practice (CoP) with the three HealthPathways teams to:

- progress priorities for identification of new clinical pathways to localise
- review current pathways against NQPHN's Joint Regional Needs Assessment (JRNA) and northern Queensland priorities
- support planned engagement and education activities for healthcare providers facilitated by the HHSs.

GPIF - 12 - NQPHN support for health, care and support related service systems–Mission Beach and Cardwell-Phase 2

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

The aim of this activity supports Mission Beach to establish a sustainable general practice which can return to operation within the existing legislative, regulatory policy, and funding frameworks.

Project implementation commenced with the aim to stabilise primary care services in Cardwell, and strengthen the primary health service in this region, noting the barriers to sustainability within the current system are complex in this setting. The objective is to stabilise and build a practice that is integrated into a broader service system.

Northern Queensland Primary Health Network (NQPHN) commenced implementation of the approved Service System Recovery Plan, approved by the Department, for Mission Beach and Cardwell.

Description of activity

Approved Service System Recovery Plan for Mission Beach and Cardwell will be implemented.

Codesign workshops with general practice, local Hospital and Health Services (HHSs), local government, and Health Workforce Queensland informed a region-specific operational service delivery model, supported by commissioned funding for the first 12 months of service establishment to enable long-term financial sustainability for Mission Beach and Cardwell primary care services.

1. Complete commissioning preparation in line with the Service System Recovery Plan.
2. Commissioned providers for both sites in line with the Service System Recovery Plan; where Cardwell was not commissioned by this date, a review and updated activities (including a contingency plan) were submitted.
3. Maintained Mission Beach services and confirmed transition arrangements in line with the Service System Recovery Plan.
4. Maintained Cardwell services and confirmed transition arrangements in line with the Service System Recovery Plan.

CF - 13 - Emergency Preparedness and coordination

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

Northern Queensland Primary Health Network (NQPHN) will build the capacity of primary care to manage emergency preparedness, planning, and coordination across the region. We will do this in partnership with local Hospital and Health Services and Local Disaster Management Groups.

Description of activity

NQPHN will:

- Prepare and maintain emergency preparedness protocols.
- Establish and maintain relationships with Hospital and Health Services, Local Disaster Management Groups, and District Disaster Management Groups relating to planning, preparedness, response, and recovery (PPRR).
- Maintain up to date contact details as practical with general practices, residential aged care homes (RACHs), pharmacies, and Aboriginal Medical Services (AMSs)/Aboriginal Community Controlled Organisations (ACCHOs) and annually test SMS connectivity with each site.
- Facilitate integrated and coordinated approaches across primary care providers to support preparedness for, response to, and recovery from emergency and disaster events, using flexible mechanisms that can be adapted to local and specified needs.

HSI - 2 - Health Systems Improvement

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

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

This activity aims to:

- Address the needs of people in our local region, including an equity focus.
- Provide support to general practices and other health care providers to improve quality of care for patients.
- Improve access to primary healthcare by patients.
- Improves coordination of care for patients and integration of health services in the NQPHN region.
- Operates capable organisations which support the successful delivery of the PHN Program.

Description of activity

NQPHN will:

- Undertake a needs assessment of the NQPHN region, informed by stakeholder engagement and community consultation. Work with the state working group towards a joint needs assessment framework.
- Conduct a broad range of activities to support health system integration and stakeholder engagement. Influence integration of health systems to improve outcomes relating to mental health, first nations, population health, health workforce, digital health, aged care, and alcohol and other drugs as well as any emerging health priorities determined by the Department of Health, Disability and Ageing (DHDA). Ensure staff are trained in cultural awareness and Aboriginal Community Controlled Health Organisations (ACCHOs) guided principles as appropriate.
- Support general practice with quality care through best practice and accreditation, participation in the NQPHN data program, quality improvement resources and activities, digital health, Multidisciplinary Team (MDT) care arrangements, health reform activities, advocacy, and workforce education and training.
- Encourage meaningful use of the Primary Sense tool and NQPHN developed general practice data dashboard, leveraging our PHN Primary Health Insights infrastructure.
- Work with Queensland PHNs to progress and collaborate on statewide initiatives such as the primary health minimum data set, the national operational data set, data linkage, data governance, and artificial intelligence strategies.

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- ISO Management, improvements, and surveillance audit.
 - Develop healthcare workforce and internal workforce capability to improve digital literacy with the aim to increase available insights about our region, increasing maturity to evidence local healthcare improvements, and identify improvement opportunities for our region's providers.

HSI - 7 - Aged Care Clinical Referral Pathways

Activity priorities and description

Program key priority areas

Digital Health.

Aim of activity

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

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

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

Northern Queensland Primary Health Network (NQPHN) commissions the four Hospital and Health Services HealthPathways teams to deliver this activity. Funding is allocated equally across Hospital and Health Service regions. The Cairns and Hinterland Hospital and Health Service (CHHHS) and Torres and Cape Hospital and Health Service (TCHHS) pool funding and collaborate on one HealthPathways site as general practice is delivered in the Cape by the TCHHS Primary Care Centres or Multipurpose Health Centres.

This activity focuses on the suite of pathways that support older person's health.

Description of activity

NQPHN will:

- contribute funding to the HealthPathways teams across our region to support the creation, review, and enhancement of clinical pathways supporting older person's health
- support the creation, review, and enhancement of clinical pathways supporting older person's health
- educate and consult with primary care practitioners and key stakeholders
- increase the awareness, utilisation, and integration of referral pathways
- collaborate broadly with other PHNs sharing pathways where appropriate.

Establish a NQPHN HealthPathways Community of Practice (CoP) with our three HealthPathways teams to develop priorities for new and reviewed pathway development aligning with NQPHN priority areas. Plan education opportunities and collaborate on resource development.

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

Activity priorities and description

Program key priority areas

Population Health.

Aim of activity

This activity will provide support for Australia's COVID-19 Vaccine and Treatment Strategy (Strategy) to the primary healthcare, aged care, and disability sectors. This activity will support the national COVID-19 vaccine program through the primary care sector to build capacity and capability of providers and coordinate communication to the sector. This activity will be provided until 30 June 2026.

Description of activity

Northern Queensland Primary Health Network (NQPHN) will provide guidance and support to general practices, Aboriginal Community Controlled Health Organisations (ACCHOs), and residential aged care homes (RACH) on local needs and issues related to COVID-19 pandemic.

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

- follow up and engagement with RACHs with low COVID-19 vaccination rates and assist as required
- communicate and coordinate vaccination services and strategies to the primary care sector
- build the capacity and capability of the primary care sector to support COVID-19 activities.

