



Australian Government
Department of Health



Activity Work Plan 2019-2022:

Core Funding

GP Support Funding

This Core Activity Work Plan template has the following parts:

1. The Core Activity Work Plan for the financial years 2019-20, 2020-2021 and 2021-2022. Please complete the table of planned activities funded under the following:
 - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
 - b) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.
2. The Indicative Budget for the financial years 2019-20, 2020-21 and 2021-22. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
 - c) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – Operational and Flexible
 - d) Primary Health Networks General Practice Support, Item B.3 – General Practice Support.

Brisbane South PHN

When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.

Overview

This Core Activity Work Plan covers the period from 1 July 2019 to 30 June 2022. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 36 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

Important documents to guide planning

The following documents will assist in the preparation of your Activity Work Plan:

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

Brisbane South PHN's Activity Work Plan for 2019/21 reflects our established and ongoing work in improving and strengthening the primary health care system in our region.

The vision of Brisbane South PHN is 'Better System, Better Health'. We recognised that we can best improve whole of life health and wellbeing across our region through a well-coordinated primary health care system. Our goal is to achieve this through a determined focus on evidence-based planning (Better Knowledge), collaborative partnerships and networks (Better Coordination), accessible, appropriate, patient-centred health care (Better Health), and excellence in organisational capability and culture (Better Organisational Performance).

Our focus on health system improvement aligns with the Government's key objectives of PHNs - to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

The activities contained in this Activity Work Plan are based on our Strategic Plan and our Needs Assessment. Both of these plans were developed following extensive consultations within our region in which stakeholders spoke consistently about the need to coordinate, collaborate, connect and foster partnerships and better integration between hospitals and primary health professionals focusing on priority health needs. Furthermore, our consultations identified a desire in the sector to continue to strengthen the capacity of the primary health care workforce to promote, protect and improve regional health. This includes supporting practitioners in the provision of culturally appropriate services; being aware of existing programs and services and how to refer; and enhancing the 'connectedness' of health services within and outside of the health sector e.g. education, child and community safety, domestic and family violence, aged care services.

Some of the activities contained within the AWP are designed to support national initiatives and reforms such as the Practice Incentive Program – Quality Improvement, and readiness for Health Care Homes.

Based on this strong foundation, this Activity Work Plan continues to build on the work being undertaken by Brisbane South PHN, and as outlined in previous plans, in the following areas:

- Enhancing Workforce Capacity and Capability
 - Workforce Development and Education
 - Practice Nurse Support Program
 - Maternal Shared Care
 - Domestic and Family Violence
 - Early Years Allied Health (including direct services to consumers in relation to early childhood screening)
 - Multicultural Health (including the provision of translation services to consumers and allied health providers)
- Digital Health to connect services and consumers, and drive quality improvement
 - Digital Health Enablement
- Strategies for improving the quality of general practice
 - GP Support (including support for the PIP QI)

- Optimal Care
- Person Centred Care Practices (transformational support based on patient centred-medical home model and provision of health literacy support to consumers in relation to chronic disease self-management)
- Strategies to support the integration of services
 - Health Pathways
 - Person Centred Collaborative Care

In addition, and in line with our predetermined strategies, the following new commissioned activities will commence:

- Person Centred Care – Chronic Disease Care Coordination Services (being established in Q4, 2018/19)
- End of life social, emotional and clinical care options.

1. (a) Planned PHN activities for 2019-20, 2020-21 and 2021-22

– Core Flexible Funding Stream

ACTIVITY TITLE	CF 2.2 End of life social, emotional and clinical care options
Existing, Modified, or New Activity	New Activity
Program Key Priority Area	Aged Care
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> • Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region (p75, priority) • Improve support for older people accessing, or navigating between, aged care services within the Brisbane South PHN region (p74, priority) <ul style="list-style-type: none"> ○ Commission services to address the health care needs of older people in the PHN region (p75, possible option)
Aim of Activity	<p>This activity aims to:</p> <ul style="list-style-type: none"> • Improve quality of life for older people during end of life and increase their choice of place to die (improve patient outcomes) • Support carers and families to provide high quality end of life care (improved consumer experience) • Increase advance care planning adoption for consumers and their families/carers (improved consumer experience and outcomes) • Contribute to the evidence base to support the cost effectiveness of supporting at home palliative care (cost efficiency and sustainability) <p>This will be primarily achieved through increasing the availability of holistic, person-centred palliative care services in the home. Local health and other care providers will be supported to deliver coordinated, effective and appropriate care to older palliative consumers, their carers and families.</p> <p>The activity will address the following identified needs:</p> <ul style="list-style-type: none"> • Improved awareness, provision and uptake of palliative care in the Brisbane South PHN region. • End of life care that fully reflects the choices or needs of the person. • Growth in demand for end of life care now and in the coming years.

	<ul style="list-style-type: none"> • Better support of consumers and carers to manage care in community settings, reducing pressure on health services. • Improved access of consumers, carers and families to respite services and carer support across the region. • Enhanced navigation of the local health and social services, particularly in stressful or difficult times.
Description of Activity	<p>This activity will be delivered through partnerships and a placed based commissioning process - including co-design with consumers with lived experience.</p> <p>The commissioning of new or modified services will increase options for people in their own homes (or close to home) during their end of life period - including social, emotional, functional, respite and clinical care options. It will also enhance family and carer education, information and support to enable informed decisions about their loved ones care needs, and their own support and bereavement requirements.</p> <p>This activity will continue to explore opportunities and innovative end of life models of care that ensure care is person-centred, accessible close to home, well-coordinated and easy to navigate. A core component of this activity is ensuring older people, their carers and families are engaged in the development of service options that are important to them.</p>
Target population cohort	Older people in need of palliative care, their carers and families – in particular those aged 50 years and over, and vulnerable groups.
Indigenous specific	No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	<ul style="list-style-type: none"> • Engagement with existing in home palliative care and carer support services • Health professionals and organisations across the system • Consumer consultation and broader community • Existing seniors networks and inter-agency meetings • Metro South Hospital and Health Service (HHS) representatives.
Collaboration	<ul style="list-style-type: none"> • A co-design process will be included as part of the activity – including representation from local consumers, carers and health professionals. • Brisbane South Older People Steering Committee members (joint 5 year strategy between PHN and HHS 2019 - 2024) – advisory role for design methodologies, planning, implementation, broader collaboration, monitoring and evaluation. <p>Stakeholders to be confirmed during planning process, and dependent on priority locations, but may include:</p>

	<ul style="list-style-type: none"> • Metro South HHS various departments – design • PHN Clinical and Community Advisory Councils – design • General practice and other primary care providers – design • Residential Aged Care Facilities (RACF) and community aged care services – design • NGOs and community based services – design • Peak bodies – design.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>Service delivery start date: February 2020. Service delivery end date: June 2021.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? Yes</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p> <p>End of contract for Advance Care Project (currently commissioned through Metro South HHS). This three year project has built capability in RACFs and has</p>

	established suitability measures to ensure ongoing success. The contractor is aware that the current service will no longer be funded and that the project will end June 2019.
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ACTIVITY TITLE	CF 5.1 Early Years Allied Health
Existing, Modified, or New Activity	Modified Activity
Program Key Priority Area	Population Health
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> Improve access to screening, and early intervention/support for children with developmental vulnerabilities within the Brisbane South PHN region (p74, priority).
Aim of Activity	To integrate child health and wellbeing services in primary health care with services in the broader health and education sectors to improve child health and wellbeing, and support for parents and families.
Description of Activity	<p><i>Early Years Allied Health</i> will address the above Needs Assessment priority areas through:</p> <ul style="list-style-type: none"> Commissioning a provider(s) to integrate as part of the broader child health system to deliver both universal and targeted support in responding to the developmental needs of children engaged in early year's education. Commissioning a provider(s) to improve equitable access to services (as noted above) and build capacity of the Early Years sector. Commissioning a provider(s) to co-design and co-produce an improved child health response with children and families in highly vulnerable communities. <p>Objectives:</p> <ul style="list-style-type: none"> Empowerment and capability-building of Early Childhood Education Centres, family non-government organisations (NGOs) to identify children with developmental vulnerabilities. Screening children and providing early intervention (targeted allied health services) for those children identified as developmentally vulnerable. Building capacity in the Early Years sector to promote healthy lifestyles for children and families to assist with prevention of common conditions (such as poor oral health, injury and childhood obesity). Facilitating improved integration and coordination of health and related services for children and families. Identifying opportunities and partnerships within youth and family services with a focus on child health, child development, child and adolescent mental health, paediatric, maternity services and primary care. <p>Expected outcomes:</p>

	<ul style="list-style-type: none"> • Improved identification of children at risk of developmental delays. • Integration of services and reduction of current fragmentation that adversely affects quality, cost and health outcomes. • Improved access to services including availability, proximity, affordability, timeliness, appropriateness and awareness. • Establishment of a clear point of accountability for integrated service planning and delivery.
Target population cohort	Children and families/carers, Early Childhood Education Centres, family NGOs and primary health care providers in the Brisbane South PHN region.
Indigenous specific	No
Coverage	Whole of Brisbane South PHN (PHN302), with a focus on areas where a high proportion of children experience developmental vulnerability (in at least one domain of the Australian Early Development Census).
Consultation	Consultation for these activities is ongoing with a range of stakeholders across planning, design and implementation of services including consumers, primary health care providers, hospital and health services, child development service providers, early education service providers, government departments and NGOs.
Collaboration	<p>Children’s Health Queensland – partner in design, development and implementation of program including provision of child health resources to facilitate universal screening and support as well as child development services for children/families with complex health needs.</p> <p>Education Queensland – partner in design, development and implementation of program including engagement/partnered delivery with early education centres.</p> <p>Local non-government early childhood and family support services – partner in design, development and implementation including lead worker model for children/families with complex needs.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input checked="" type="checkbox"/> Expression of Interest (EOI)</p>

	<input type="checkbox"/> Other approach (please provide details) Note: Different procurement approaches will be implemented across different activities. 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes 3b. Has this activity previously been co-commissioned or joint-commissioned? No
Decommissioning	1a. Does this activity include any decommissioning of services? No

ACTIVITY TITLE	CF 5.2 Multicultural Health (Interpreting)						
Existing, Modified, or New Activity	Existing Activity						
Program Key Priority Area	Population Health						
Needs Assessment Priority	Improve availability of, and access to, culturally appropriate primary care services within the Brisbane South PHN region (p75).						
Aim of Activity	<p>The aim of the activity is to:</p> <ul style="list-style-type: none"> • support access to private allied health services by non-English speaking clients • ensure free interpreter services are available to AHPs working in private practice to communicate with non-English speaking clients. 						
Description of Activity	<p>The Interpreting for AHPs Program provides free access to phone and onsite interpreting services for Allied Health Professionals (AHPs). AHPs register for the program and are provided with the PHNs client code for an interpreting agency so they can directly organise interpreting services when necessary at no cost.</p> <p>The program helps to address several consumer rights within the Australian Charter of Healthcare Rights including patients receiving appropriate communication about their health in a way they can understand and accessing services to address their health care needs. The program increases the number of local AHP options a non-English speaking person can access. Additionally, the program assists AHPs in adhering to their codes of conduct around effective communication between client and clinician which can result in safe and high-quality care and better patient outcomes.</p>						
Target population cohort	AHPs and people from culturally and linguistically diverse (CALD) communities living within the Brisbane South PHN region (PHN302).						
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>						
Coverage	Whole of Brisbane South PHN region (PHN302), with some additional coverage for the Brisbane North PHN region (PHN301), in alignment with the Department of Immigration Settlement Areas which include the LGAs of Brisbane (31000) and Logan (34590).						
Consultation	AHPs' experiences using the program is evaluated annually. Feedback is provided as appropriate to Interpreting service.						
Collaboration	Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation
	Primary health care providers	●	-	-	●	●	●
	Interpreting agency	●	-	●	●	●	-

Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p style="text-align: center;">Activity start date: 1/07/2019 Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input checked="" type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

ACTIVITY TITLE	CF 5.4 Person Centred Care Practices - health literacy and self-management services	
Existing, Modified, or New Activity	Modified Activity (previously a component of HSI5.2 Person Centred Collaborative Care Practices)	
Program Key Priority Area	Population Health	
Needs Assessment Priority	Embed a person-centred, team-based approach in primary care services within the Brisbane South PHN region - p75-76.	
Aim of Activity	To directly engage and empower patients to improve health outcomes consistent with the Patient Centred Medical Home-type (PCMH) model within primary healthcare practices.	
Description of Activity	Evidence indicates that patients with low health literacy are more likely to visit an emergency department, have more hospital stays, are less likely to follow treatment plans and have higher mortality rates.	
	Person centred care involves caring for people and their families in ways that are meaningful and valuable to the individual. It includes listening to, informing and involving people in their care and is supportive of, and encourages self management.	
	In this activity, services will be commissioned to provide patients with digital health tools and resources that will support them to improve self-management and health literacy, and to express their preferences and needs.	
	These tools will assist general practices and other primary health care providers to enhance person-centred approaches in their delivery of care, and to support people and their families to increase their health literacy, capacity to self manage and to become partners in their healthcare. The activity aligns with the following Patient Centred Medical Home (PCMH) domains and change concepts.	
	PCMH Domains	Change Concepts
QUALITY IMPROVEMENT STRATEGY	<ul style="list-style-type: none"> Ensure that patients, families, GPs, and care team members are involved in quality improvement activities. 	
PATIENT REGISTRATION	<ul style="list-style-type: none"> Link patients to a primary GP and confirm assignments with GPs and patients; review and update assignments on a regular basis. 	
ORGANISED, EVIDENCE-BASED CARE	<ul style="list-style-type: none"> Use planned care according to patient need. Use point-of-care reminders based on clinical guidelines. Enable planned interactions with patients by making up-to-date information available to GPs and the Care Team at the time of the visit. 	

	<p>PATIENT-CENTRED INTERACTIONS</p> <ul style="list-style-type: none"> • Encourage patients to expand their role in decision-making, health-related behaviours, and self-management. • Communicate with their patients in a culturally appropriate manner, in a language and at a level that the patient understands. • Provide self-management support at every visit through goal setting and action planning. • Obtain feedback from patients/family about their healthcare experience and use this information for quality improvement. 																												
Target population cohort	People with or at risk of developing chronic disease. This activity will be rolled out across the whole PHN, but initially focus on the SA3s of Beaudesert (31101), Browns Plains (31103), Beenleigh (31102), Springwood – Kingston (31106), Forest Lake – Oxley (31001), Loganlea – Carbrook (31105), and Cleveland – Stradbroke (30102).																												
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>																												
Coverage	This activity will be rolled out across the whole PHN, but initially focus on the high needs SA3s of Beaudesert (31101), Browns Plains (31103), Beenleigh (31102), Springwood – Kingston (31106), Forest Lake – Oxley (31001), Loganlea – Carbrook (31105), and Cleveland – Stradbroke (30102).																												
Consultation	<ul style="list-style-type: none"> • Consumers at risk or with existing chronic disease • General practices and Aboriginal Medical Services • Metro South Hospital and Health Service • Primary health care pharmacy and allied health (medical neighbourhood) 																												
Collaboration	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Planning</th> <th>Co-design</th> <th>Procurement</th> <th>Implementation</th> <th>Monitoring</th> <th>Evaluation</th> </tr> </thead> <tbody> <tr> <td>Consumers</td> <td>●</td> <td>●</td> <td>-</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Primary health care providers</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Hospital and Health Services</td> <td>●</td> <td>●</td> <td>-</td> <td>●</td> <td>●</td> <td>●</td> </tr> </tbody> </table>	Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation	Consumers	●	●	-	●	●	●	Primary health care providers	●	●	●	●	●	●	Hospital and Health Services	●	●	-	●	●	●
Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation																							
Consumers	●	●	-	●	●	●																							
Primary health care providers	●	●	●	●	●	●																							
Hospital and Health Services	●	●	-	●	●	●																							
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2019</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p>																												
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p>																												

	<p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

ACTIVITY TITLE	CF 5.5 Person Centred Care- Chronic Disease Care Coordination Services
Existing, Modified, or New Activity	Modified (combines elements of CF2.1 Aged Care Navigation and HSI5.2 Person Centred Collaborative Care)
Needs Assessment Priority	<p>p76, Improve early identification, management and coordination of care for people living with chronic conditions.</p> <p>Possible option: Lead a patient-centred, collaborative care approach to service integration and the development and implementation of models of coordinated care.</p>
Aim of Activity	To deliver a care coordination service that supports people with chronic health conditions and psychosocial risk factors to enhance their self-efficacy and self management to prevent unnecessary and avoidable health deterioration and increasing risk of needing tertiary health services.
Description of Activity	<p>Global evidence suggests that between 17 to 18% of ‘rising risk’ patients will escalate to high-risk status every year. ‘Rising risk’ refers to people who have at least one severe medical condition but who are not frequently hospitalised for their chronic disease. Symptoms experienced by rising-risk patients are easily overlooked. Additionally, in the context of complex, or significant, psycho-social risk factors, symptoms are ignored leading to an escalation of their medical condition.</p> <p>Escalation can be precipitated by undiagnosed clinical conditions, lack of health literacy, risky health behaviours, lack of motivation for self-management, number of medications, number of health professionals regularly consulted, and inadequate patient access to providers or supportive services.</p> <p>Providing coordinated biopsychosocial services to rising risk patients will support them to better manage their medical conditions, assisting them to remain in a state of controlled disease progression with an expectation that this will also result in a reduced need for higher acuity services.</p> <p>The service will be based on Person Centred Care principles, which focus on making the consumer and their needs the centre of the care experience and aims to develop and support integrated approaches to health care delivery.</p> <p>The activity will support and integrate with initiatives of Metro South Hospital and Health Service in relation to improving the management of chronic disease in the Logan area.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Person centred care including supporting consumers, carers and families of people with complex chronic conditions to navigate the system. 2. Enhance primary care prevention, early intervention, management and outcomes for people with, or at risk of developing, chronic disease. 3. Implement and continue to explore alternative, value for money, workforce models to support improved clinical outcomes, care coordination, patient and clinician experience e.g. allied health assistants, peer facilitators. 4. Facilitate increased coordination with other health and social services to meet the needs of consumers in targeted geographical locations.

	<p>5. Utilise collaborative partnership approaches to design, implement and commission integrated person centred care models.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Greater capacity, capability and quality of primary care to influence and facilitate improvements in health outcomes • Reductions in potentially-preventable hospitalisations • Increased equity of access and value in service delivery (based on the Patient Centred Medical Neighbourhood concept)
Target population cohort	<p>Those eligible for the service will be:</p> <ul style="list-style-type: none"> • people with one or two chronic conditions (where mental health is not the primary presenting condition) • experiencing bio-psychosocial risk factors • who are not frequently hospitalised • aged 40 years and over, • live within the identified Statistical Area 3's (SA3s) – see below
Indigenous specific	No
Coverage	The service area will be within the Logan Local Government Area and cover the following SA3s: Beenleigh, Browns Plains, Loganlea-Carbrook and Springwood –Kingston.
Consultation	<p>More than thirty individual and group consultations have been conducted in the design of this activity. Consultation is ongoing.</p> <p>Stakeholder groups engaged in Logan Local Government Area include:</p> <ul style="list-style-type: none"> • consumers representative of the area • primary health service providers including GPs, allied health professionals and social support community services, private hospitals • publicly funded health service providers (Metro South Health and others) including clinicians and managers
Collaboration	<p>Collaboration has occurred with:</p> <ul style="list-style-type: none"> • consumers - ongoing feedback on consumer experience of services, and design of models of care. • primary health service providers - Referral and care integration with commissioned care coordination services. • Staff of local HHSs - input into the model of care design, evaluation. Referral and care integration with commissioned care coordination services.
Activity milestone details/ Duration	<p>Activity start date: 1/11/2018</p> <p>Activity end date: 1/05/2019</p> <p>Service delivery start date: May 2019</p> <p>Service delivery end date: June 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input checked="" type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p> <p>Yes</p>

	2b. Is this activity this result of a previous co-design process?
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	No
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	3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?
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	No
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	3b. Has this activity previously been co-commissioned or joint-commissioned?
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	No
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ACTIVITY TITLE	CF 7.1 HealthPathways
Existing, Modified, or New Activity	Existing Activity - Licensing Costs - Streamliners
Program Key Priority Area	Population Health
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> • General Practice Support: Improve use of existing care pathways (such as MBS and DVA services) (pg 75) • General Practice support: Encourage the use of digital systems, and embed a quality improvement culture (including accreditation and data-driven improvement) in primary care services within the Brisbane South PHN region (p76) • Improve uptake of preventive health activities (including among older adults) within the Brisbane South PHN region (p74) • Embed a person-centred, team-based approach in primary care services within the Brisbane South PHN region (p76) • Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region (p74).
Aim of Activity	<p>To fund the licensing costs component for Health Pathways.</p> <p>To support health professionals within the local region to make clinical decisions at the point of care, and plan timely and cost effective patient care through the health care system.</p> <p>Under this activity, the PHN partners collaborate to ensure HealthPathways is part of a strategic approach to long term health service integration in the region to achieve the following long term outcomes:</p> <ul style="list-style-type: none"> • Decrease demand on acute services – where care could be delivered by primary health care • Improve access to acute services for those who need it most – right time, right care, right place • Improve patient experience through clear information on their care journey and options • Yield high general practitioner and practice nurse adoption of clinical best practice. <p>Improve health service provider experience through consistent and up to date information on referral options and processes.</p>
Description of Activity	<p><i>SpotOnHealth HealthPathways</i> is based on HealthPathways, an initiative from the Canterbury District Health Board (CDHB) in Christchurch, New Zealand. The pathways are designed to be efficient, simple and quick to use at the point of care. They reflect best clinical practice and support clinical decisions at the point of care. Original Canterbury pathways are localised through an iterative and collaborative process involving acute and primary care clinicians and other health service providers. Once</p>

	<p>completed, they provide an overview of local health services and best practice clinical information and resources for primary healthcare providers, including referral information that facilitates timely access to the right services.</p> <p>In September 2017, Brisbane South PHN, in partnership with Metro South Hospital and Health Service (MSHHS), introduced SpotOnHealth HealthPathways. This partnership supports collaborative activity to prioritise localised health pathways in areas of greatest clinical need in the region, localise and introduce them to primary care clinicians and promote their continued use.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Engage GP Clinical Editors, and other relevant subject matter experts to review Canterbury pathways and work with clinicians in the primary and acute sectors to localise, and publish care pathways based on best available evidence to promote safe and standardised clinical decision making. • Increase use of the pathways among primary health care professionals through (i) intensive promotion and demonstration of the website and contents, (ii) develop media and communications tools, and (iii) promote website at GP and primary health related events (iv) collaborate with key stakeholders to prioritise pathways development and inform local content. • Engage with key service providers in the region (including peak bodies for chronic conditions and commissioned services) and ensure that (i) the website reflects a comprehensive view of support services available to meet health needs (ii) health system issues are raised and local solutions developed.
Target population cohort	<p>Primary target: Primary health clinicians with a focus on GPs and GP practice staff.</p> <p>Secondary target: all population groups requiring health system responses</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	<p>Whole Brisbane South PHN region (PHN302)</p>
Consultation	<p>Consultation with GPs, hospital based Subject Matter Experts and commissioned services to advise content of individual pathways; consultation with health system managers to initiate system changes as they are raised during the development of pathways – e.g. changes to referral processes, communication practices.</p>
Collaboration	<p>Primary health care providers – GPs, Allied Health, NGOs: involved in planning; informing content; advising on context; participate in continuous quality improvement loops.</p> <p>Local Hospital Network, State-wide health service for children and Private Health service providers – co-fund; provide Subject Matter Expertise; share data to inform prioritisation of pathways; resource promotion activities; facilitate multidisciplinary conversations; facilitate coordinated responses to system issues raised in the development of individual pathways.</p>

	Commissioned service providers and social support organisations in the region- advise on local content in pathways, provide contextual information around culture and vulnerable population groups.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>This activity is anticipated to be ongoing with reviews and further development required as new healthcare pathways are developed and the local healthcare system changes.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>Streamliners provide the HealthPathways licence.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

1. (b) Planned PHN activities for 2019-20 to 2021-22
– Core Health Systems Improvement Funding Stream
– General Practice Support funding

ACTIVITY TITLE	HSI 2.1 Older People Health and Wellbeing Strategy Implementation
Existing, Modified, or New Activity	Modified Activity HSI 2.1 Older People Health and Wellbeing Strategy
Needs Assessment Priority	<p>Improve support for older adults accessing, or navigating between, aged care services within the Brisbane South PHN region (p74)</p> <ul style="list-style-type: none"> • Provide support to general practices and other health care providers to understand and address needs of older people including palliative care (possible option) • Work with stakeholders who have an impact on health to influence their approach to population health (possible option) • Encourage provision of appropriate health services to older people in residential aged care (possible option)
Aim of Activity	<p>This activity aims to facilitate a collaborative and cross-sectoral approach to working with older people in the Brisbane South region following recent aged care reform that has changed the way older people’s health care services are delivered.</p> <p>It will foster better coordination of care, connectedness and integration between sectors – which may include local, state and federal governments, community-based organisations, and private service providers. Strong relationships between service providers are fundamental in coordinated care, efficiency and effectiveness of service delivery, and ensuring the right care is provided at the right time in the right place by the right team.</p>
Description of Activity	<p>The Brisbane South Older Person’s Health and Wellness Strategy 2019-2024 has been jointly developed by Brisbane South PHN and Metro South HHS. It will be delivered through the Brisbane South Older Persons Health and Wellness Strategy Steering Committee, a joint committee of Brisbane South PHN, Metro South HHS and other partners.</p> <p>The shared ‘whole of system’ vision is ‘Older people in Brisbane South region experience a greater quality of life through safe connected and coordinated person-centred health care in an age friendly community.’ In order to successfully achieve this vision, four key priorities have been identified:</p>

	<ul style="list-style-type: none"> • Facilitate connected person-centred care • Enable evidence based safe, quality care • Improve health outcomes for vulnerable communities • Build an age friendly community. <p>This activity will work to deliver against the agreed priorities and solutions outlined in the strategy through partnerships, collaboration and capacity building across the health, aged and social care sectors.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Services effectiveness reduce the need for re-admission • Services across the system for older people are rebalanced from an acute focus to a primary health focus • People have access to timely and responsive services • People can remain independent and manage risks associated with this • People have choices and control over their condition.
Associated Flexible Activity/ies:	CF 2.2 End of life social, emotional and clinical care options
Target population cohort	Older people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander populations), their families and carers.
Indigenous specific	No
Coverage	Whole Brisbane South PHN region (PHN302).
Consultation	The Strategy was jointly developed between Metro South HHS and Brisbane South PHN and informed by extensive stakeholder engagement from consumers and carers; health providers; emergency services; community groups; aged care peak bodies; research institutions; local councils, state government, and advisory groups, councils and boards of Brisbane South PHN and Metro South HHS. Brisbane South PHN and Metro South HHS will continue to engage and work in partnership with key stakeholders throughout the implementation of the Strategy, recognising that we cannot achieve these goals alone.
Collaboration	<ul style="list-style-type: none"> • Brisbane South Older Persons Health and Wellness Strategy Steering Committee, a joint committee of Brisbane South PHN, Metro South HHS and other partners – advisory role for implementation, project officers from PHN and Metro South HHS report progress to this committee • Metro South HHS various departments – implementation of solutions, ensure strategic alignment across services

	<ul style="list-style-type: none"> • PHN Clinical and Community Advisory Councils – encourage members to implement strategies in alignment with strategy, provide ongoing advice and input into planning • General practice and other primary care providers – encouraged to implement relevant strategies • RACF and community aged care services – design, planning, ongoing collaboration, strategic alignment of services • NGOs such as Dementia Australia, Palliative Care Queensland – design, planning, ongoing collaboration, strategic alignment of services.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>No commissioning of activities.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 2.2 End of life social, emotional and clinical care options
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> • Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region (p75, priority) <ul style="list-style-type: none"> ○ Commission and/or deliver training to local workforce including for cultural awareness, work with stakeholders who have an impact on health to influence their approach to population health (p.75, possible options) • Improve support for older people accessing, or navigating between, aged care services within the Brisbane South PHN region (p74, priority) <ul style="list-style-type: none"> ○ Provide support to general practices and other health care providers to understand and address needs of older people including palliative care (p75, possible option)
Aim of Activity	<p>This activity aims to:</p> <ul style="list-style-type: none"> • Improve quality of life for older people during end of life (improve patient outcomes) • Support the primary care workforce, carers and families to provide high quality end of life care (improved consumer experience) • Increase advance care planning within the primary care environment (improved consumer experience and outcomes) • Increase knowledge, skills and confidence of the workforce in end of life care <p>This activity will support local health and other care providers to deliver coordinated, effective and appropriate care to older palliative consumers, their carers and families. It will also provide support to the commissioning of services that will increase the availability of holistic, person-centred palliative care services in the home.</p> <p>The activity will address the following identified needs:</p> <ul style="list-style-type: none"> • Improved awareness, provision and uptake of palliative care in the Brisbane South PHN region. • End of life care that fully reflects the choices or needs of the person. • Growth in demand for end of life care now and in the coming years. • Better support of consumers and carers to manage care in community settings, reducing pressure on health services.

	<ul style="list-style-type: none"> Improved access of consumers, carers and families to respite services and carer support across the region. Enhanced navigation of the local health and social services, particularly in stressful or difficult times.
Description of Activity	This activity will continue to explore local opportunities and solutions for system integration, innovative end of life models of care, and workforce development initiatives that ensure palliative care is person-centred, accessible close to home, well-coordinated and easy to navigate. Activities will include stakeholder engagement and co-design (including older people, their carers and families) and sector capacity and capability building to increase knowledge, skills and confidence in delivering high quality end of life services.
Associated Flexible Activity/ies:	CF 2.2 End of life social, emotional and clinical care options
Target population cohort	Local workforce (e.g. primary health services, carers, in-home care (including paid and volunteer), functional health providers, specialist care, residential care, acute and sub-acute, system facilitators and navigators) Older people in need of palliative care, their carers and families – in particular those aged 50 years and over, and vulnerable groups.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	<ul style="list-style-type: none"> Engagement with existing in home palliative care and carer support services Health professionals and organisations across the system Consumer consultation and broader community Existing seniors networks and inter-agency meetings Metro South Hospital and Health Service (HHS) representatives Other relevant peak bodies PHN/HHS stakeholders involved in development of referral pathways Organisations involved in workforce development and training
Collaboration	<ul style="list-style-type: none"> A co-design process will be included as part of the activity – including representation from local consumers, carers and health professionals. Brisbane South Older People Steering Committee members (joint 5 year strategy between PHN and HHS 2019 - 2024) – advisory role for design methodologies, planning, implementation, broader collaboration, monitoring and evaluation.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021

Commissioning
method and
approach to
market

1. Please identify your intended procurement approach for commissioning services under this activity:

- Not yet known
- Continuing service provider / contract extension
- Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.
- Open tender
- Expression of Interest (EOI)
- Other approach (please provide details)

2a. Is this activity being co-designed?

Yes

2b. Is this activity this result of a previous co-design process?

No

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?

No

3b. Has this activity previously been co-commissioned or joint-commissioned?

No

ACTIVITY TITLE	HSI 3.1 Digital Health Enablement
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	Encourage the use of digital systems, and embed a quality improvement culture (including accreditation and data-driven improvement) in primary care services within the Brisbane South PHN region (p76).
Aim of Activity	To facilitate the development of a clinical culture that embraces meaningful use of digital health technologies.
Description of Activity	<p>Objectives:</p> <ul style="list-style-type: none"> • Support the adoption and use of digital health technologies and initiatives that support clinical decision making and referral pathways, such as Secure Message Delivery, Queensland Health Integrated Referral Management Systems initiative, and Telehealth. • Support general practices to increase their use of interoperable structured data and consistent terminology in healthcare applications to enhance data quality and analysis that enables decision support, proactive planning and quality improvement. <p>Outcomes:</p> <ul style="list-style-type: none"> • Increased uptake and usage of digital health technologies by the primary care workforce in the Brisbane South PHN region. • Data quality improvements, and generation of actionable data among participating general practices. • Improved digital health literacy of primary health care providers. • Improvement in patient outcomes.
Associated Flexible Activity/ies:	<p>HSI 3.1 Digital Health Enablement</p> <p>HSI 5.4 Person Centred Care Practices (PCCP)</p> <p>HSI 5.5 Person Centred Collaborative Care (PCCC)</p> <p>GPS 1.1 General Practice Support</p>
Target population cohort	The target population predominantly include primary health care providers and those working within general practice.
Indigenous specific	No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	Needs Assessment (p76)
Collaboration	<p>Stakeholders involved in implementing this activity are:</p> <ul style="list-style-type: none"> • Hospital and Health Services – Work collaboratively to support the uptake of Secure Message Delivery. • Pen CS – Provision of clinical audit tools and data aggregation software to support data quality improvements, generation of actionable data and knowledge for decision making.

	<ul style="list-style-type: none"> • Primary health care providers – Participation in data sharing with Brisbane South PHN, data quality improvement initiatives and feedback into the program. • Secure Message Delivery Software Vendors – Maintain relationship to keep informed about technology advancements, promotions and opportunities for general practice and allied health stakeholders; and work to implement improved referral pathways within the Brisbane South PHN region. • Internal Brisbane South PHN teams. <table border="1" data-bbox="453 609 1406 1019"> <thead> <tr> <th data-bbox="453 609 919 801">Stakeholder</th> <th data-bbox="919 609 995 801">Planning</th> <th data-bbox="995 609 1072 801">Co-design</th> <th data-bbox="1072 609 1149 801">Procurement</th> <th data-bbox="1149 609 1225 801">Implementation</th> <th data-bbox="1225 609 1302 801">Monitoring</th> <th data-bbox="1302 609 1406 801">Evaluation</th> </tr> </thead> <tbody> <tr> <td data-bbox="453 801 919 846">Primary health care providers</td> <td data-bbox="919 801 995 846">●</td> <td data-bbox="995 801 1072 846">-</td> <td data-bbox="1072 801 1149 846">-</td> <td data-bbox="1149 801 1225 846">●</td> <td data-bbox="1225 801 1302 846">●</td> <td data-bbox="1302 801 1406 846">●</td> </tr> <tr> <td data-bbox="453 846 919 891">Hospital and Health Services</td> <td data-bbox="919 846 995 891">●</td> <td data-bbox="995 846 1072 891">-</td> <td data-bbox="1072 846 1149 891">-</td> <td data-bbox="1149 846 1225 891">●</td> <td data-bbox="1225 846 1302 891">●</td> <td data-bbox="1302 846 1406 891">●</td> </tr> <tr> <td data-bbox="453 891 919 936">Australian Digital Health Agency</td> <td data-bbox="919 891 995 936">●</td> <td data-bbox="995 891 1072 936">-</td> <td data-bbox="1072 891 1149 936">-</td> <td data-bbox="1149 891 1225 936">●</td> <td data-bbox="1225 891 1302 936"></td> <td data-bbox="1302 891 1406 936"></td> </tr> <tr> <td data-bbox="453 936 919 981">Professional peak bodies</td> <td data-bbox="919 936 995 981">●</td> <td data-bbox="995 936 1072 981">-</td> <td data-bbox="1072 936 1149 981">-</td> <td data-bbox="1149 936 1225 981">●</td> <td data-bbox="1225 936 1302 981">-</td> <td data-bbox="1302 936 1406 981">-</td> </tr> <tr> <td data-bbox="453 981 919 1019">Software vendors</td> <td data-bbox="919 981 995 1019">●</td> <td data-bbox="995 981 1072 1019">-</td> <td data-bbox="1072 981 1149 1019">●</td> <td data-bbox="1149 981 1225 1019">●</td> <td data-bbox="1225 981 1302 1019">-</td> <td data-bbox="1302 981 1406 1019">-</td> </tr> </tbody> </table>	Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation	Primary health care providers	●	-	-	●	●	●	Hospital and Health Services	●	-	-	●	●	●	Australian Digital Health Agency	●	-	-	●			Professional peak bodies	●	-	-	●	-	-	Software vendors	●	-	●	●	-	-
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Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>No commissioning of activities. Primary care engagement with general practice.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p>																																										

	3b. Has this activity previously been co-commissioned or joint-commissioned? No
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ACTIVITY TITLE	HSI 5.1 Maternal Shared Care
Existing, Modified, or New Activity	Existing Activity HSI 5.1 Maternal Shared Care
Needs Assessment Priority	General Population Health <ul style="list-style-type: none"> • Improve uptake of antenatal care, improve access to specialist services for vulnerable populations (p74, priority)). • Provide support to general practices and other health care providers on identification and management of population health factors (p74, possible option).
Aim of Activity	To enable GPs, midwives, and obstetricians to provide high quality antenatal and postnatal care, through improved knowledge of evidence-based practices.
Description of Activity	Objective: <ol style="list-style-type: none"> 1. Deliver educational events to GPs, midwives, and obstetricians with a focus on evidence-based practices seeking to deliver women-centred care and improved patient management during the perinatal period. 2. Increase awareness of GP shared care as an option for women in pregnancy. 3. Support health and hospital services to effectively promote GP shared care as an option to referring women and enhance relationships between clinicians and general practitioners. <p>Expected Outcomes:</p> <ul style="list-style-type: none"> • Improved knowledge of GPs, midwives and obstetricians to provide high quality antenatal and postnatal care. • Improved patient management.
Associated Flexible Activity/ies:	
Target population cohort	GPs, midwives and obstetricians who provide antenatal and postnatal care to women living in the whole Brisbane South PHN region (PHN302).
Indigenous specific	No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	Metro South Health and Hospital Service undertook extensive consultation with service providers, consumers, and child health and midwifery services and academics to identify opportunities to improve GP shared care as an option in Logan/Redlands areas.
Collaboration	Metro South Health and Hospital Services – will employ a GP liaison officer to support improved up-take of GP shared care in Logan/Redlands area including interface between GPs and hospital clinicians/partnerships.

	<p>Brisbane South PHN – to provide GP advisors experienced and skilled in providing GP Shared Care training and provide support to increase up-take of this as option in community.</p> <p>Mater Hospital – continue to host GP shared care training programs in partnership with Brisbane South PHN</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) <p>Sub-contract to GP advisor/s to deliver GP Shared Care training</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 5.2 Multicultural Health
Existing, Modified, or New Activity	Existing Activity HSI 5.2 Multicultural Health
Needs Assessment Priority	General population health <ul style="list-style-type: none"> • Improve access to specialist services for vulnerable population groups within the Brisbane South PHN region, including people from multicultural backgrounds, people experiencing domestic and family violence (p74, priority).
Aim of Activity	To improve the health outcomes and experience of people from culturally and linguistically diverse (CALD) backgrounds by ensuring that: <ul style="list-style-type: none"> • primary health care is accessible and inclusive for people of CALD backgrounds. • people of CALD backgrounds receive culturally and clinically appropriate care. • Brisbane South PHN continues to work with relevant parties to identify and address gaps in health for people of CALD backgrounds.
Description of Activity	<p><i>Multicultural Health</i> encompasses several smaller projects to improve health outcomes and experience for the large multicultural populations within the Brisbane South PHN region. This will be achieved through the following objectives noted below.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Build capacity in primary care by: <ul style="list-style-type: none"> - Providing general practice support, clinical lead support, clinical education, cross-cultural training, clinical and administrative resources. - Providing navigation of services for providers, including centralised access point to assist services to navigate refugee health care. - Providing free access to interpreting services for Allied Health Professionals (AHPs) through the Interpreting for AHPs Program. • Build capacity and integration across the sector by: <ul style="list-style-type: none"> - Upskilling other sectors about primary care e.g. settlement services, education. - Commissioning and/or working with partners to co-create sustainable models of care and health promotion opportunities for people from CALD backgrounds. <p>Outcomes:</p> <ul style="list-style-type: none"> • Improved access to culturally appropriate and safe primary healthcare services for people from CALD backgrounds. • Improved primary healthcare provider capability to deliver culturally appropriate services to people from CALD backgrounds.
Associated Flexible Activity/ies:	
Target population cohort	People from culturally and linguistically diverse (CALD) communities living within the Brisbane South PHN region (PHN302).

Indigenous specific	No																																																	
Coverage	Whole of Brisbane South PHN region (PHN302), with some additional coverage for the Brisbane North PHN region (PHN301), in alignment with the Department of Immigration Settlement Areas which include the LGAs of Brisbane (31000) and Logan (34590).																																																	
Consultation	Consultation for these activities is ongoing with a range of stakeholders to plan, design and implement activities including consumers, primary health care providers, hospital and health services, clinical leads, refugee and multi-cultural service providers.																																																	
Collaboration	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Planning</th> <th>Co-design</th> <th>Procurement</th> <th>Implementation</th> <th>Monitoring</th> <th>Evaluation</th> </tr> </thead> <tbody> <tr> <td>Consumers</td> <td>●</td> <td>●</td> <td>-</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Primary health care providers</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Hospital and Health Services</td> <td>●</td> <td>●</td> <td>-</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Clinical leads</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>-</td> </tr> <tr> <td>Refugee and multicultural service providers</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> <tr> <td>Education providers</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> </tbody> </table>	Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation	Consumers	●	●	-	●	●	●	Primary health care providers	●	●	●	●	●	●	Hospital and Health Services	●	●	-	●	●	●	Clinical leads	●	●	-	-	●	-	Refugee and multicultural service providers	●	●	●	●	●	●	Education providers	●	●	●	●	●	●
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Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021																																																	
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>Note: Commission is not conducted for this activity.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity the result of a previous co-design process? Yes</p>																																																	

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>No</p>
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ACTIVITY TITLE	HSI 5.3 Optimal Care
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	<p>General population health</p> <ul style="list-style-type: none"> Improve early identification, management and coordination of care for people living with chronic conditions (p76). <p>Possible option: Provide support to general practices and other health care providers on identification and management of population health factors.</p>
Aim of Activity	To support general practices to enhance the care provided to people with chronic disease through quality improvement initiatives that are informed by practices' own data and are specific to practice needs.
Description of Activity	<p>The Optimal Care program aims to:</p> <ul style="list-style-type: none"> Improve general practice staff knowledge and use of health analytics software for chronic disease management to inform practice Improve general practice staff use of chronic disease and prevention Medicare Benefits Schedule (MBS) items, through education and support Increase general practice staff knowledge and use of clinical disease management decision support tools, such as clinical care pathways and referral guidelines, and better capture of relevant patient biomedical data Increase general practice staff knowledge of health coaching and chronic disease self-management, to support patients to undertake lifestyle behaviour change Optimise patient care by connecting with additional patient support offered by disease-specific non-government organisations. <p>Outcomes:</p> <ul style="list-style-type: none"> Improved clinical outcomes for people living with chronic conditions Improved general practice staff knowledge and capability in managing consumers with chronic conditions
Associated Flexible Activity/ies:	<p>HSI 3.1 Digital Health Enablement</p> <p>HSI 5.4 Person Centred Care Practices (PCCP)</p> <p>HSI 5.5 Person Centred Collaborative Care (PCCC)</p>
Target population cohort	People with, or at risk of developing, chronic disease
Indigenous specific	No
Coverage	Priority is given to practices in the regions with the highest burden of chronic disease then extended to the whole of Brisbane South PHN region (PHN302).
Consultation	Stakeholder consultation has been with general practices in the region and disease specific non-government organisations.

Collaboration	General practice staff learn from and implement the activities of the program. Non-government chronic disease organisations provide specialist advice to the program and education to general practice clinicians.
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>Optimal Care is an existing program. Practices are engaged for a 12 month period from the date of signing the agreement to participate.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input checked="" type="checkbox"/> Other approach (please provide details) <p>Provided in collaboration with non-government organisations/peak bodies with expertise in chronic disease management.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 5.4 Person Centred Care Practices (PCCP)									
Existing, Modified, or New Activity	Existing									
Needs Assessment Priority	Embed a person-centred, team-based approach in primary care services within the Brisbane South PHN region - p75-76									
Aim of Activity	To support practices to implement, or enhance, a Patient Centred Medical Home-type model within primary healthcare practices.									
Description of Activity	<p>Based on Bodenheimer’s 10 Building Blocks of High Performing Primary Care, and employing Quadruple Aim to contextualise outcomes, PCCP will focus on general practice as the leader and cornerstone of an individual’s health care team, in response to and in readiness of the Commonwealth’s policy direction for primary care.</p> <p>The PCCP program will deliver support to general practices to facilitate transformation towards a person centred medical home model of care. PHN staff will continue to be trained to facilitate the transformation journey of practices and practice activities will be determined based on the profile, needs and priorities of each general practice. PCCP’s will use a range of tools, techniques, training programs, and tailored reports to adopt principals of person centred collaborative care into practice, based on the PCMH domains and change concepts:</p> <table border="1" data-bbox="448 1193 1225 1760"> <thead> <tr> <th data-bbox="448 1193 1225 1256">Person Centred Medical Home Domains</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 1256 1225 1323">1. ENGAGED LEADERSHIP</td> </tr> <tr> <td data-bbox="448 1323 1225 1391">2: QUALITY IMPROVEMENT (QI) STRATEGY</td> </tr> <tr> <td data-bbox="448 1391 1225 1458">3: PATIENT REGISTRATION</td> </tr> <tr> <td data-bbox="448 1458 1225 1525">4: CONTINUOUS & TEAM BASED HEALING RELATIONSHIPS</td> </tr> <tr> <td data-bbox="448 1525 1225 1592">5: ORGANISED, EVIDENCE-BASED CARE</td> </tr> <tr> <td data-bbox="448 1592 1225 1659">6: PATIENT-CENTRED INTERACTIONS</td> </tr> <tr> <td data-bbox="448 1659 1225 1727">7: ENHANCED ACCESS</td> </tr> <tr> <td data-bbox="448 1727 1225 1794">8: CARE COORDINATION</td> </tr> </tbody> </table> <p>http://www.safetynetmedicalhome.org/change-concepts</p> <p>Outcomes:</p> <ul data-bbox="496 1883 1142 2042" style="list-style-type: none"> • Improved patient experience of care • Improved health outcomes and population health • Improving cost efficiency and sustainability • Improved provider experience 	Person Centred Medical Home Domains	1. ENGAGED LEADERSHIP	2: QUALITY IMPROVEMENT (QI) STRATEGY	3: PATIENT REGISTRATION	4: CONTINUOUS & TEAM BASED HEALING RELATIONSHIPS	5: ORGANISED, EVIDENCE-BASED CARE	6: PATIENT-CENTRED INTERACTIONS	7: ENHANCED ACCESS	8: CARE COORDINATION
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Associated Flexible Activity/ies:	CF 5.4 Person Centred Care- Chronic Disease Care Coordination services CF 5.5 Person Centred Care Practices - health literacy and self-management services																												
Target population cohort	People with or at risk of developing chronic disease. This activity will be rolled out across the whole PHN, but initially focus on the SA3s of Beaudesert (31101), Browns Plains (31103), Beenleigh (31102), Springwood – Kingston (31106), Forest Lake – Oxley (31001), Loganlea – Carbrook (31105), and Cleveland – Stradbroke (30102).																												
Indigenous specific	No																												
Coverage	This activity will be rolled out across the whole PHN, but initially focus on the SA3s of Beaudesert (31101), Browns Plains (31103), Beenleigh (31102), Springwood – Kingston (31106), Forest Lake – Oxley (31001), Loganlea – Carbrook (31105), and Cleveland – Stradbroke (30102).																												
Consultation	<ul style="list-style-type: none"> • General practices and Aboriginal Medical Services • Metro South Hospital and Health Service • Primary health care pharmacy and allied health (medical neighbourhood) 																												
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Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2022 Service delivery start date: July 2019 Service delivery end date: June 2021																												
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input checked="" type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details)																												

A panel of registered providers has been engaged through an open tender process.

2a. Is this activity being co-designed?

Yes

2b. Is this activity this result of a previous co-design process?

No

3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?

No

3b. Has this activity previously been co-commissioned or joint-commissioned?

No

ACTIVITY TITLE	HSI 5.5 Person Centred Collaborative Care
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	p76, Improve early identification, management and coordination of care for people living with chronic conditions. Possible activity: Lead a patient-centred, collaborative care approach to service integration and the development and implementation of models of coordinated care.
Aim of Activity	To foster and develop integrated care initiatives and services that encompass population health, acute, non-acute, community, primary care, and social services based on the Person Centred Collaborative Care model.
Description of Activity	<p>Person Centred Collaborative Care is a whole of region approach to developing integrated models of care for populations that can benefit the most. Person Centred Care focuses on making the consumer and their needs the centre of the care experience and aims to develop and support integrated approaches to health care delivery within the region (such as an integrated approach to tackling chronic disease and development of a primary care based nurse navigator model with Metro South HHS).</p> <p>Person Centred Care works across services and systems to break down silos known to fragment care delivery. This activity encompasses many initiatives with health and social service providers to enhance the health system to make it easy for consumers and providers to navigate and access the care they need.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Person centred care including supporting consumers, carers and families of people with complex chronic conditions to navigate the system and improve self-efficacy. 2. Enhance primary care prevention, early intervention, management and outcomes for people with, or at risk of developing, chronic disease. 3. Implement and continue to explore alternative, value for money, workforce and service models to support improved clinical outcomes, care coordination, and patient and clinician experience. 4. Facilitate increased coordination with other health and social services to meet the needs of consumers in targeted geographical locations. 5. Utilise collaborative partnership approaches to design, implement and commission integrated person centred care models in the region. <p>Outcomes:</p> <ul style="list-style-type: none"> • Enhanced partnerships and collaboration between primary care and other service providers to influence and facilitate improvements in health outcomes • Reductions in potentially-preventable hospitalisations • Increased equity of access and value in service delivery (based on the Patient Centred Medical Neighbourhood concept)

Associated Flexible Activity/ies:	CF 5.4 Person Centred Care- Chronic Disease Care Coordination services CF 5.5 Person Centred Care Practices - health literacy and self-management services
Target population cohort	People living within the Brisbane South PHN who have chronic disease and/or are at risk of increased use of hospital services.
Indigenous specific	No
Coverage	Whole of Brisbane South PHN region (PHN302) with a focus on regions with the highest burden of disease including Cleveland-Stradbroke, Forest Lake-Oxley, Beenleigh, Browns Plains, Loganlea-Carbrook and Springwood –Kingston.
Consultation	<p>Consultation is ongoing.</p> <p>Stakeholder groups engaged include:</p> <ul style="list-style-type: none"> • consumers • primary health service providers including GPs, allied health professionals and social support community services, • private hospitals • publicly funded health service providers (Metro South Health and others) including clinicians and managers
Collaboration	<p>Collaboration has occurred with:</p> <ul style="list-style-type: none"> • consumers • General practices • Pharmacy and allied health practices • Metro South Health, Mater Health Services, Children’s Health Queensland • Person Centred Care Practices • Non-government organisations • Queensland Health <p>Collaboration is ongoing in relation to this activity.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details).</p>

	<p>Delivered in partnership with a range of other organisations and stakeholders, including under Partnership Protocols with local HHSs.</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
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ACTIVITY TITLE	HSI 5.6 Early Years Allied Health
Existing, Modified, or New Activity	Modified Activity (NP 3.2 Imago, NP 3.3 Allied Health Intervention)
Needs Assessment Priority	General Population Health Improve access to screening, and early intervention/support for children with developmental vulnerabilities within the Brisbane South PHN region (p74, priority).
Aim of Activity	To integrate child health and wellbeing services in primary health care with services in the broader health and education sectors to improve child health and wellbeing, and support for parents and families.
Description of Activity	Objectives <ul style="list-style-type: none"> • Commissioning a provider(s) to improve equitable access to services (as noted above) and build capacity of the Early Years sector. • Commissioning a provider(s) to co-design and co-produce an improved child health response with children and families in highly vulnerable communities. Activities <ul style="list-style-type: none"> • Building capacity in the Early Years sector to promote healthy lifestyles for children and families to assist with prevention of common conditions (such as poor oral health, injury and childhood obesity). • Facilitating improved integration and coordination of health and related services for children and families. • Identifying opportunities and partnerships within youth and family services with a focus on child health, child development, child and adolescent mental health, paediatric, maternity services and primary care.
Associated Flexible Activity/ies:	CF 5.1 Early Years Allied Health
Target population cohort	Children and families/carers, Early Childhood Education Centres, family NGOs and primary health care providers in the Brisbane South PHN region.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of Brisbane South PHN (PHN302), with a focus on areas where a high proportion of children experience developmental vulnerability (in at least one domain of the Australian Early Development Census).
Consultation	Consultation for these activities is ongoing with a range of stakeholders across planning, design and implementation of services including consumers, primary

	health care providers, hospital and health services, child development service providers, early education service providers, government departments and NGOs.
Collaboration	<p>Children’s Health Queensland – partner in design, development and implementation of program including provision of child health resources to facilitate universal screening and support as well as child development services for children/families with complex health needs.</p> <p>Education Queensland – partner in design, development and implementation of program including engagement/partnered delivery with early education centres.</p> <p>Local non-government early childhood and family support services – partner in design, development and implementation including lead worker model for children/families with complex needs.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 5.7 Domestic and Family Violence
Existing, Modified, or New Activity	Existing Activity (AH 5.2 Domestic and Family Violence)
Needs Assessment Priority	General Population Health <ul style="list-style-type: none"> • Improve access to specialist services for vulnerable population groups within the Brisbane South PHN region, including people from multicultural backgrounds, people experiencing domestic and family violence (p74, priority). • Liaise and consult on workforce issues, and facilitate relationships and network building within PHN region (p74, possible option).
Aim of Activity	To improve the capability of both clinical and non-clinical general practice staff to recognise, and appropriately respond to, domestic and family violence (DFV).
Description of Activity	Objectives: <ol style="list-style-type: none"> 1. Provide training, whole-of-organisation support and resources to general practices through Domestic and Family Violence Trainer (commissioned providers). 2. Provide advice, referral pathways and resources to general practices available via HealthPathways (and through commissioned providers). <p>Expected outcomes:</p> <ul style="list-style-type: none"> • Primary care services are better resourced and supported to effectively identify and engage with people experiencing DFV. • Primary care practice staff have appropriate skills, knowledge and confidence in managing DFV. • Primary care services have developed safe and trauma informed responses to disclosure of people experiencing DFV. • People experiencing DFV receive prompt, seamless and safe access to specialist support for DFV.
Associated Flexible Activity/ies:	
Target population cohort	Providers of care to people experiencing domestic and family violence, particularly primary care staff, in the Brisbane South PHN region.
Indigenous specific	No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	Engagement in design of general practice training with general practices and specialist service providers. Consultation with Victorian models and providers as well as review of best practice.

	Engagement of The Australian Centre for Social Innovation to co-design advice/referral model with local general practices, specialist providers, health and hospital services and persons who have experienced domestic and family violence.
Collaboration	Local general practices – consultation to identify the levels of support that are required. Specialist service providers – consultation to identify the role of general practices and how they can support/integrate into support system Persons who have experienced domestic and family violence – providing insights into developing the response to ensure it is client-centred.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? Yes 2b. Is this activity this result of a previous co-design process? Yes 3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No 3b. Has this activity previously been co-commissioned or joint-commissioned? No

ACTIVITY TITLE	HSI 6.1 Practice Nurse Support Program
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	General Practice Support Contribute to the provision of a skilled and accessible health care workforce within the Brisbane South PHN region – page 77
Aim of Activity	To up-skill the practice nurse workforce, leading to improved patient wellbeing through prevention, early intervention and self-management of chronic conditions.
Description of Activity	<p>The <i>Practice Nurse Support Program</i> will address a number of Needs Assessment Priorities, from a workforce perspective. The <i>Practice Nurse Support Program</i> provides support to practice nurse roles (new, returning, and transitioning) within general practice by offering education workshops, in practice support and mentoring.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide education workshops to new, returning and transitioning practice nurses on a range of primary healthcare topics; such as accreditation, chronic disease management, immunisation and vaccine management, preventive health and assessments, and wound management. • Provide in-practice support and mentoring to participating practice nurses. <p>Outcomes:</p> <ul style="list-style-type: none"> • Improvements in practice nurse expertise, knowledge and satisfaction • Improved access to on-line education material and mentoring support • Evidence of greater integration across identified Brisbane South PHN activities
Associated Flexible Activity/ies:	HSI 6.2 Workforce Development and Education GPS 1.1 General Practice Support
Target population cohort	Practice Nurses
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	Stakeholder engagement and consultation via activity feedback and evaluation.
Collaboration	Primary health care providers – implementation, monitoring and evaluation Education providers - implementation, monitoring and evaluation.

Activity milestone details/ Duration	<p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>The services of expert educators and presenters are procured for the delivery of this program.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 6.2 Workforce Development and Education
Existing, Modified, or New Activity	Existing activity
Needs Assessment Priority	General Practice Support Contribute to the provision of a skilled and accessible health care workforce within the Brisbane South PHN region – page 77
Aim of Activity	To provide primary health care providers and support staff with opportunities to improve their knowledge, skills and confidence, maintain professional currency, and support new workforce models.
Description of Activity	<p><i>Workforce Development and Education</i> seeks to enhance the capability, competence and confidence of the primary care workforce in relation to priorities identified in our Needs Assessment.</p> <p>Topics of focus include (but are not limited to) person-centred, and culturally appropriate service provision; identification, and appropriate service responses for people experiencing domestic and family violence; identification and management of chronic conditions, mental health concerns, and alcohol and other drug misuse (including care coordination); cancer screening; end of life care; children and youth; immunisation and general practice management and leadership.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Provide workforce development and education activities relevant to the level of experience (e.g. new, established, or seeking advanced knowledge and skills) and career aspirations of primary health care professionals and support staff. 2. Ensure workforce development and education activities are in alignment with evidence-based guidelines, and in compliance with continuing professional development standards set by professional accreditation/registration bodies. 3. Offer workforce development and education opportunities through a variety of modalities to improve equitable access, and use local (where feasible) education providers and subject matter experts to leverage regional experience. <p>Outcome:</p> <ul style="list-style-type: none"> • Improved knowledge of topics discussed (during education sessions and activities) among primary health care providers, and improved skills and confidence in delivering related services (positive change in practice).
Associated Flexible Activity/ies:	GPS 1.1 General Practice Support HSI 5.4 Person-Centred Care Practices (PCCP) CF 5.6 Advance Care Planning

	HSI 5.2 Multicultural Health
Target population cohort	Primary health care providers including support staff.
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? No
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	Stakeholder engagement and consultation via activity feedback and evaluation.
Collaboration	Primary health care providers and support staff – planning, implementation, monitoring and evaluation. Hospital and Health Services - implementation, monitoring and evaluation. Education providers – procurement, implementation, monitoring and evaluation. Peak bodies – planning, implementation.
Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>The services of expert educators and presenters are procured for the delivery of this program.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>

ACTIVITY TITLE	HSI 7.1 HealthPathways
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> • General Practice Support: Improve use of existing care pathways (such as MBS and DVA services) (pg 75) • General Practice support: Encourage the use of digital systems, and embed a quality improvement culture (including accreditation and data-driven improvement) in primary care services within the Brisbane South PHN region (p76) • Improve uptake of preventive health activities (including among older adults) within the Brisbane South PHN region (p74) • Embed a person-centred, team-based approach in primary care services within the Brisbane South PHN region (p76) • Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region (p74).
Aim of Activity	<p>To support health professionals within the local region to make clinical decisions at the point of care, and plan timely and cost effective patient care through the health care system.</p> <p>Under this activity, the PHN partners collaborate to ensure HealthPathways is part of a strategic approach to long term health service integration in the region to achieve the following long term outcomes:</p> <ul style="list-style-type: none"> • Decrease demand on acute services – where care could be delivered by primary health care • Improve access to acute services for those who need it most – right time, right care, right place • Improve patient experience through clear information on their care journey and options • Yield high general practitioner and practice nurse adoption of clinical best practice • Improve health service provider experience through consistent and up to date information on referral options and processes.
Description of Activity	<p><i>SpotOnHealth HealthPathways</i> is based on HealthPathways, an initiative from the Canterbury District Health Board (CDHB) in Christchurch, New Zealand. The pathways are designed to be efficient, simple and quick to use at the point of care. They reflect best clinical practice and support clinical decisions at the point of care. Original Canterbury pathways are localised through an iterative and collaborative process involving acute and primary care clinicians and other health service providers. Once completed, they provide an overview of local health services and best practice clinical information and resources for primary</p>

	<p>healthcare providers, including referral information that facilitates timely access to the right services.</p> <p>In September 2017, Brisbane South PHN, in partnership with Metro South Hospital and Health Service (MSHHS), introduced SpotOnHealth HealthPathways. This partnership supports collaborative activity to prioritise localised health pathways in areas of greatest clinical need in the region, localise and introduce them to primary care clinicians and promote their continued use.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Engage GP Clinical Editors, and other relevant subject matter experts to review Canterbury pathways and work with clinicians in the primary and acute sectors to localise, and publish care pathways based on best available evidence to promote safe and standardised clinical decision making. • Increase use of the pathways among primary health care professionals through (i) intensive promotion and demonstration of the website and contents, (ii) develop media and communications tools, and (iii) promote website at GP and primary health related events (iv) collaborate with key stakeholders to prioritise pathways development and inform local content. • Engage with key service providers in the region (including peak bodies for chronic conditions and commissioned services) and ensure that (i) the website reflects a comprehensive view of support services available to meet health needs (ii) health system issues are raised and local solutions developed.
Associated Flexible Activity/ies:	Underpins all flexible funding activities CF 7.1 HealthPathways
Target population cohort	<p>Primary target: Primary health clinicians with a focus on GPs and GP practice staff.</p> <p>Secondary target: all population groups requiring health system responses</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>
Coverage	Whole Brisbane South PHN region (PHN302)
Consultation	Consultation with GPs, hospital based Subject Matter Experts and commissioned services to advise content of individual pathways; consultation with health system managers to initiate system changes as they are raised during the development of pathways – e.g. changes to referral processes, communication practices.

Collaboration	<p>Primary health care providers – GPs, Allied Health, NGOs: involved in planning; informing content; advising on context; participate in continuous quality improvement loops.</p> <p>Local Hospital Network, State-wide health service for children and Private Health service providers – co-fund; provide Subject Matter Expertise; share data to inform prioritisation of pathways; resource promotion activities; facilitate multidisciplinary conversations; facilitate coordinated responses to system issues raised in the development of individual pathways.</p> <p>Commissioned service providers and social support organisations in the region- advise on local content in pathways, provide contextual information around culture and vulnerable population groups.</p>
Activity milestone details/ Duration	<p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p>This activity is anticipated to be ongoing with reviews and further development required as new healthcare pathways are developed and the local healthcare system changes.</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. Service provider holds licence for the unique software required for this activity <input type="checkbox"/> Open tender <input checked="" type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) <p>EOI is for the GP Editors to develop HealthPathways.</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>

ACTIVITY TITLE	HSI 7.2 Population Health Planning, Monitoring and Reporting
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	Work in this area generates the needs assessment and underpins all planning, monitoring and reporting of activities of the Brisbane South PHN.
Aim of Activity	To manage knowledge, information and data to measure, monitor and report on population health and use of services; to assist improvements in patient experience, population health and community benefit.
Description of Activity	<p>Objectives:</p> <ul style="list-style-type: none"> • Ongoing monitoring of undertaking of regional health needs assessments, including needs assessment for targeted vulnerable population groups, in cooperation with partners and key stakeholders. • Interpret and present data and information to better inform regional decision-making in primary health care and primary health service provision. • Monitor, evaluate, report, and improve on primary health services managed and commissioned by Brisbane South PHN, and the quality and performance of regional primary care provision. • Clear understanding of current and future primary health needs of the region, which informs the design and delivery of primary health care services. • Shared approach to data management, health planning and performance monitoring involving partners and key stakeholders. • Improvements made to primary health care initiatives and service delivery, based on feedback from the performance monitoring process. <p>Outcomes:</p> <ul style="list-style-type: none"> • Clear understanding of current and future primary health needs of the region, which informs the design and delivery of primary health care services. • Shared approach to data management, health planning and performance monitoring involving partners and key stakeholders. • Improvements made to primary health care initiatives and service delivery, based on feedback from the performance monitoring process.
Associated Flexible Activity/ies:	All Flexible activities are underpinned by work undertaken in this activity.
Target population cohort	Residents of Brisbane South PHN region (PHN302).
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?

	No																																																	
Coverage	Whole of Brisbane South PHN region (PHN302).																																																	
Consultation	Consultation with a broad range of internal and external stakeholders is conducted as required with these activities.																																																	
Collaboration	<table border="1"> <thead> <tr> <th>Stakeholder</th> <th>Planning</th> <th>Co-design</th> <th>Procurement</th> <th>Implementation</th> <th>Monitoring</th> <th>Evaluation</th> </tr> </thead> <tbody> <tr> <td>Hospital and Health Services</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> <tr> <td>Internal stakeholders</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> <tr> <td>Primary healthcare providers</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> <tr> <td>State and Federal Government Departments</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> <tr> <td>Non-government organisations</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> <tr> <td>Research partners</td> <td>●</td> <td>●</td> <td>-</td> <td>-</td> <td>●</td> <td>●</td> </tr> </tbody> </table>	Stakeholder	Planning	Co-design	Procurement	Implementation	Monitoring	Evaluation	Hospital and Health Services	●	●	-	-	●	●	Internal stakeholders	●	●	-	-	●	●	Primary healthcare providers	●	●	-	-	●	●	State and Federal Government Departments	●	●	-	-	●	●	Non-government organisations	●	●	-	-	●	●	Research partners	●	●	-	-	●	●
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Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (including the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p>																																																	
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>Not applicable</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>																																																	

ACTIVITY TITLE	HSI 7.3 Stakeholder Engagement
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	<p>General Population Health</p> <ul style="list-style-type: none"> • Improve uptake of antenatal care within the Brisbane South PHN region (page 74) • Improve uptake of preventive health activities (including among older adults) within the Brisbane South PHN region (page 74) • Improve uptake of end-of-life care planning among consumers and primary health care providers within the Brisbane South PHN region (page 75) • Improve availability and awareness of, and access to, primary care services (including after-hours services) within the Brisbane South PHN region (page 75) • Improve availability of, and access to, culturally appropriate primary care services within the Brisbane South PHN region (page 75) • Improve uptake of immunisation within the Brisbane South PHN region (page 76)
Aim of Activity	To communicate, connect and inform the community and the primary health sector using a range of networking tools and digital media.
Description of Activity	<p>Objectives:</p> <ul style="list-style-type: none"> • Use a range of media channels to communicate relevant information, ideas and key messages to specific groups and the broader community. • Connect communities, groups and individuals to local resources and services that support their health and wellbeing. • Facilitate interagency communication and dialogue with local communities to improve health literacy. • Work to understand and help others understand the policy, political and system-reform processes that can be used to support health and wellbeing and reduce health inequalities. <p>Outcomes:</p> <ul style="list-style-type: none"> • Brisbane South PHN Stakeholder Engagement and Communications Strategy completed and implemented; multimedia, multi-platform communications strategy and tools implemented; and stakeholder and partner engagement and satisfaction is improved. • Evidence of regular and effective participation in Brisbane South PHN initiatives by Clinical and Community Advisory Councils; other formalised partnerships in place and routinely monitored; and impact of collective decision making is evidenced.

Associated Flexible Activity/ies:	All Flexible activities are underpinned by work undertaken in this activity.
Target population cohort	The program targets our regional priority populations: <ul style="list-style-type: none"> • Children and youth • Older adults • Aboriginal and Torres Strait Islander peoples • Multicultural and refugee populations • People living with a disability • People experiencing domestic and family violence • People experiencing homelessness
Indigenous specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? Yes Brisbane South PHN has established strong relationships with the Aboriginal and Torres Strait Islander peoples in the region. Through projects, such as the Integrated Team care (ITC) primary care campaign, we will continue to strengthen our engagement practices within the community.
Coverage	Whole of Brisbane South PHN region (PHN302).
Consultation	See attachment: Stakeholder Engagement and Communication Plan
Collaboration	See attachment: Stakeholder Engagement and Communication Plan
Activity milestone details/ Duration	Provide the anticipated activity start and completion dates (including the planning and procurement cycle) : Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	1. Please identify your intended procurement approach for commissioning services under this activity: <input checked="" type="checkbox"/> Not yet known <input type="checkbox"/> Continuing service provider / contract extension <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. <input type="checkbox"/> Open tender <input type="checkbox"/> Expression of Interest (EOI) <input type="checkbox"/> Other approach (please provide details) 2a. Is this activity being co-designed? No 2b. Is this activity the result of a previous co-design process? No

	<p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?</p> <p>Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p> <p>Yes</p>
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ACTIVITY TITLE	GPS 6.1 General Practice Support
Existing, Modified, or New Activity	Existing
Needs Assessment Priority	<p>General Practice Support (p75)</p> <ul style="list-style-type: none"> • Improve availability and awareness of, and access to, primary care services (including after-hours services) within the Brisbane South PHN region. • Improve use of existing care pathways (such as MBS and DVA services). • Improve availability of, and access to, culturally appropriate primary care services within the Brisbane South PHN region.
Aim of Activity	<p>The Brisbane South PHN has an important and integral role to play in enhancing capability and building capacity for General Practice to identify and support their patients' needs to improve health outcomes for our community. This will be supported through activities designed to enhance integration and connectivity between health providers, support improvements in quality and efficiency, minimise risk, increase service provider satisfaction and enhance patient safety, health outcomes and experience.</p>
Description of Activity	<p>The primary health team supports GPs and the wider community of primary health care professionals in the adoption of best practice processes, increased awareness of appropriate referral pathways for patients, use of local clinical care pathways, uptake of accreditation, improved chronic disease management, adoption and use of electronic health and digital technologies, and quality improvement.</p> <p>Effective engagement and support for practices and health providers is critical to achieving these aims. Brisbane South PHN has adopted an account management model that ensures our stakeholders are supported through regular and targeted contact, by providing a central point of contact between our organisation and the local health community.</p> <p>Account Management Model</p> <p>The Brisbane South PHN region is divided into Area Account Manager "territories", with each responsible for facilitating the engagement and support for general practices, pharmacies and allied health providers within their designated territory. Area Account Managers visit all general practices at least every two to three months, and pharmacies and allied health providers as relevant.</p> <p>Support activities include:</p> <ul style="list-style-type: none"> • promote and support General Practice accreditation • support the collection, collation, analysis and use of de-identified clinical data to influence quality improvement activities and best practice processes

	<ul style="list-style-type: none"> development and implementation of a range of quality improvement activities to enhance capability and build capacity disseminating information to promote the uptake of Brisbane South PHN programs, or those provided in collaboration with Metro South Hospital and Health Service (MSHHS) and other key partners linking in other Brisbane South PHN program staff who can provide specific assistance (e.g. Practice Nurse Support, Optimal Care and Digital Health programs) informing GPs and other primary healthcare providers of changes to service provision (e.g. changes to referral criteria and pathways, new services available) facilitating connection between general practices and other primary health providers to develop practitioner relationships and referral networks, improve communication and better coordinate information and knowledge sharing. Proactive and strategic engagement with general practice, and other primary health care providers, to inform and influence change. 																												
Associated Flexible Activity/ies:	<p>HSI 3.1 Digital Health Enablement</p> <p>HSI 5.3 Optimal Care</p> <p>HSI 5.4 Person Centred Care Practices (PCCP)</p> <p>HSI 5.5 Person Centred Collaborative Care</p>																												
Target population cohort	General Practices within the Brisbane South PHN region.																												
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p>																												
Coverage	Whole of Brisbane South PHN region (PHN302).																												
Consultation	<ul style="list-style-type: none"> Hospital and Health Services – Work collaboratively to improve referral quality and pathways Primary health care providers – Participation in data sharing with Brisbane South PHN, data quality improvement initiatives and feedback into the program Peak bodies e.g. RACGP, AAPM, APNA, GPTQ Internal Brisbane South PHN teams 																												
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Activity milestone details/ Duration	Activity start date: 1/07/2019 Activity end date: 30/06/2021
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>Not applicable</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity the result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>