

**Activity Work Plan 2019-2021:**

**After Hours Funding**

This After Hours Activity Work Plan template has the following parts:

* + - 1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
1. Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
	* + 1. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
2. Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding

|  |
| --- |
| ***South Western Sydney 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 After Hours Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 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.
1. **(a) Planned PHN activities for 2019‑20 and 2020-21**
* **After Hours Primary Health Care Program Funding**

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

|  |
| --- |
| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | AH1Continuity of commissioned After Hours GP services in SWS |
| Existing, Modified, or New Activity | Existing Activity – AH1 Service Continuity |
| Program Key Priority Area | Other – After Hours |
| Needs Assessment Priority | Section 3 – General Population Health pages 74-80Section 4 – After Hours medical care (service continuity) page 132 |
| Aim of Activity | Monitor commissioned services in alignment with the SWSPHN Commissioning Evaluation Framework.To improve access to appropriate afterhours services within the region by:* Ensuring After Hours service continuity by commissioning Bowral after hours service.
* Ensuring After Hours service continuity by extending existing cooperative grants for Campbelltown, Liverpool, Bankstown and Fairfield for a further 12 months.
* Commission deputising service to provide after hours care to the rural communities in Camden and Wollondilly.
 |
| Description of Activity  | Commissioning of after hours services in all LGA’s in SWS and continue to monitor access to and availability of after hours services across the SWS region.Evaluate the effectiveness and efficiency of the after hours services and support them to continually improve through consultations at contract review meetings and review of monthly scorecards which activity data. |
| Target population cohort | All of South Western Sydney. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?No |
| Coverage | 7 LGA’s within South Western Sydney PHN region:* Campbelltown
* Wingecarribee
* Liverpool
* Camden
* Wollondilly
* Bankstown
* Fairfield
 |
| Consultation | A targeted consultation approach to identify learning opportunities and networking opportunities with include GP through various platforms including Local Health Councils, Clinical Councils. The formation of an after hours Advisory Committee will help guide the consultation and needs assessment work and help inform future planning. Stakeholder engagement will include consultation as part of the SWSPHN needs assessment processes and activities. Comprehensive review of relevant data and consultation with key stakeholders include NSW Ambulance , consumers, SWSLHD, and GP’s. |
| Collaboration | SWSPHN: regular and robust contract service review process conducted to assess existing after hours activities and identify opportunities to improve effectiveness of GP After Hours commissioned services.Consumers: patient surveys from those attending the commissioned After Hours GP services provides qualitative data that supports ongoing quality improvement activities.SWSLHD: consultation, knowledge and data sharing with Emergency Departments has identified key strategies working collaboratively on reducing Category 4 and 5 presentations. After Hours providers continue to liaise with ED departments to discuss shared opportunities.NSW Ambulance: ongoing consultations regarding hospital avoidance projects offers opportunities to work collaboratively with a focus on vulnerable cohorts such as aged and complex care clients.GP’s and Practice Managers: through ongoing and regular consultation as part of commissioned services requirements, challenges and barriers within existing After Hours service delivery models are identified. This process offers opportunities for service improvements and to identify opportunities for greater impact in service delivery.The formation of an After hours working Group will help guide the consultation and needs assessment work and help inform future planning. |
| 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: 30/06/2020**If applicable**, provide anticipated service delivery start and completion dates **(excluding** the planning and procurement cycle): Service delivery start date: July 2019 Service delivery end date: June 2020Any other relevant milestones? Continuation of clinics |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity:[x]  Continuing service provider / contract extension2a. Is this activity being co-designed?Yes2b. Is this activity this result of a previous co-design process?Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?YesGeneral practice grants will be extended for one year, in order to secure a sustainable model. Beyond this, the services will not receive continued funding, unless there is demonstrated market failure.  |
| Total Planned Expenditure | Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. |
| **Funding Source** | **2019-2020** | **2020-2021** | **Total**  |
| Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding |  |  |  |
| Funding from other sources |  |  |  |
| Funding from other sources | If applicable, name any other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

|  |
| --- |
| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | AH2After Hours Primary Health care consumer awareness and health literacy Campaign |
| Existing, Modified, or New Activity | Modified Activity AH4.1-4.3 |
| Program Key Priority Area | Other – After Hours |
| Needs Assessment Priority | Section 3 – General Population Health pages 74-80Section 4 – After Hours Medical Care Community Awareness page 132 |
| Aim of Activity | To build and maintain consumer awareness of alternatives to emergency departments after hours and increase the capacity for the consumer to navigate to their local after hours health services. |
| Description of Activity  | Develop community awareness campaign videos with local ED to promote appropriate options other than ED for after Hours care.Refine and continue current community awareness campaign to promote After Hours Care. |
| Target population cohort | All populations. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?No |
| Coverage | 7 LGA’s within South Western Sydney PHN region:* Campbelltown
* Wingecarribee
* Liverpool
* Camden
* Wollondilly
* Bankstown
* Fairfield
 |
| Consultation | SWSPHN with cooperation and engagement from Sector Connect NGO, Health Direct.SWSPHN staff and GP After Hours Service Providers – contract and service reviews identified further activity or opportunity to promote the availability of the GP After Hours commissioned services.Local Health District |
| Collaboration | GP After Hours Providers – the service review and contract review meetings enable providers to share qualitative and quantitative feedback and data which assists in identifying gaps in marketing.Collaboration between SWSPHN, GP’s (After Hours Commissioned Providers) and Health Direct.Local Health District |
| 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: 30/06/2020 |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity:[x]  Direct engagement – various media outlets2a. Is this activity being co-designed?Yes2b. Is this activity this result of a previous co-design process?No3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No |
| Total Planned Expenditure | Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. |
| **Funding Source** | **2019-2020** | **2020-2021** | **Total** |
| Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding |  |  |  |
| Funding from other sources |  |  |  |
| Funding from other sources | If applicable, name any other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |
| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | AH3 Enabling Integrated Care |
| Existing, Modified, or New Activity | New Activity |
| Program Key Priority Area | Other – After Hours |
| Needs Assessment Priority | Section 4 – Digital HealthSection 4 – Workforce |
| Aim of Activity | To enable integrated care in the after hours period through the piloting of interoperable solutions across a network of practices. |
| Description of Activity | Interoperable solutions will be piloted in a geographic cluster, consistent with patient flow patterns. The pilot will allow patient information to be shared real-time, supporting appropriate, cost effective medical care in the after hours period. Data sharing will avoid duplication of service and support the provision of patient centred care. |
| Target population cohort | All populations. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?No |
| Coverage | Year 1 – Campbelltown, Camden, Wollondilly and Wingecaribee LGAsYear 2 – To be determined |
| Consultation | A working group was convened comprising of SWSPHN staff, SWSLHD staff, general practitioners, general practice nurses, practice managers and a consumer representative. Three workshops were conducted, and high-level recommendations were presented to the SWS Integrated Care Collaborative where the proposed model was supported. |
| Collaboration | SWSPHN Staff: to further enable capacity building in general practice, embed change management processes and support general practices in implementation.SWSLHD staff: implement care coordination between LHD and general practice and participate in communication and information sharing.General Practice staff- to implement and participate in capacity building activities, integrate processes for risk stratifying patients and participate in care coordination with the LHD and other providers.General practice: participate in data sharing during the after hours period and support the development of a geographic cluster of linked practices. |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 01/07/2019 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:[x]  Continuing service provider / contract extension[x]  Expression of Interest (EOI)2a. Is this activity being co-designed?No2b. Is this activity this result of a previous co-design process?Yes3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No |
| Total Planned Expenditure | Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. |
| **Funding Source** | **2019-2020** | **2020-2021** | **Total** |
| Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding |  |  |  |
| Funding from other sources |  |  |  |
| Funding from other sources | If applicable, name any other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

|  |
| --- |
| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | AH4 Model development |
| Existing, Modified, or New Activity | New Activity |
| Program Key Priority Area | Other – After Hours |
| Needs Assessment Priority | Multiple needs assessment priorities pages 78-106 |
| Aim of Activity | To understand service and health needs gaps related to after hours service provision to support sector development activity or projects. |
| Description of Activity | An after hours review will be undertaken to determine the appropriate mix of after hours services to be delivered in the region. This will include the formation of a steering committee to support decision making and consultation approaches. |
| Target population cohort | All populations, especially target cohorts such as ATSI, CALD, Aged, Frequent ED attenders, those with complex health and social needs. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?No |
| Coverage | Whole PHN. |
| Consultation | GPs, LHD, community members, RACFS, after hours care providers, ambulance. |
| Collaboration | GPs, LHD, community members, RACFS, after hours care providers, ambulance. |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 01/07/2019 Activity end date: 30/06/2020 |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity:[x]  Direct engagement2a. Is this activity being co-designed?Yes2b. Is this activity this result of a previous co-design process?No3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No |
| Total Planned Expenditure | Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. |
| **Funding Source** | **2019-2020** | **2020-2021** | **Total** |
| Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding |  |  |  |
| Funding from other sources |  |  |  |
| Funding from other sources | If applicable, name any other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |

|  |
| --- |
| **Proposed Activities** - copy and complete the table as many times as necessary to report on each activity |
| ACTIVITY TITLE | AH5 Residential Aged Care Capacity Building |
| Existing, Modified, or New Activity | New Activity |
| Program Key Priority Area | Aged Care OtherIf Other (please provide details): After Hours |
| Needs Assessment Priority | Aged Care and Palliative Care pages 108-110 |
| Aim of Activity | To improve communication between health care providers and aged care facilities during the after hours period and to implement strategies to prevent avoidable hospital presentations in the after hours period. |
| Description of Activity | Scale existing pilot of RACF-GP communication toolkit to the SWS region.Review facilities with a high number of presentations after hours and scope and support training needs of aged care facility staff to enhance capacity and prevent avoidable hospital presentations. |
| Target population cohort | People living in target aged care facilities. |
| Indigenous specific | Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?No |
| Coverage | Whole PHN. |
| Consultation | GPs, LHD, community members, RACFS, after hours care providers, ambulance. |
| Collaboration | GPs, LHD, community members, RACFS, after hours care providers, ambulance. |
| Activity milestone details/ Duration | Provide the anticipated activity start and completion dates (including the planning and procurement cycle): Activity start date: 01/07/2019 Activity end date: 30/06/2020 |
| Commissioning method and approach to market | 1. Please identify your intended procurement approach for commissioning services under this activity:[x]  Direct engagement2a. Is this activity being co-designed?Yes2b. Is this activity this result of a previous co-design process?No3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements?No3b. Has this activity previously been co-commissioned or joint-commissioned?No |
| Decommissioning | 1a. Does this activity include any decommissioning of services?No |
| Total Planned Expenditure | Enter the planned expenditure for this Activity in the following table. Include commissioned service expenditure only. |
| **Funding Source** | **2019-2020** | **2020-2021** | **Total** |
| Planned Commonwealth Expenditure – After Hours Primary Health Care Program Funding |  |  |  |
| Funding from other sources |  |  |  |
| Funding from other sources | If applicable, name any other organisations contributing funding to the activity (ie. state/territory government, Local Hospital Network, non-profit organisation). |