



Updated Activity Work Plan 2016-2018: Core Funding After Hours Funding

The Activity Work Plan template has the following parts:

1. The updated Core Funding Annual Plan 2016-2018 which will provide:
 - a) The updated strategic vision of each PHN.
 - b) An updated description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
 - c) An updated description of planned activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.
 - d) A description of planned activities which are no longer planned for implementation under the Schedule – Primary Health Networks Core Funding.
2. The indicative Core Operational and Flexible Funding Streams Budget for 2016-2018 (attach an excel spreadsheet using template provided).
3. The updated After Hours Primary Care Funding Annual Plan 2016-2017 which will provide:
 - a) The updated strategic vision of each PHN for achieving the After Hours key objectives.
 - b) An updated description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.
 - c) A description of planned activities which no longer planned for implementation under the Schedule – Primary Health Networks After Hours Primary Care Funding.
4. The updated indicative Budget for After Hours Primary Care funding stream for 2016-2017 (attach an excel spreadsheet using template provided).

Murray PHN

When submitting this Updated Activity Work Plan 2016-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and that it has been endorsed by the CEO.

This AWP was approved by the Department 11 May 2017

This template includes details for After-Hours activity 2016/17 only. The other part of the template covering Core Funding has been uploaded as a separate document.

3. (a) Strategic Vision for After Hours Funding

The Murray PHN strategic vision for Murray PHN for After Hours Services has provided a solid platform to direct After Hours resourcing and to understand its impact in these terms. It has four key elements as is outlined below:

1. Encourages coordination and appropriate market led responses where possible and ensures access in areas where there is market failure.
2. Is sustainable innovative and responsive utilising appropriate technology and collaborative approaches to reduce the burden on isolated GPs
3. Continues to increase consumer awareness of the best way to determine which level of clinical support is needed after hours through more localised marketing strategies that build on the 2015/16 Network wide approach through a multifaceted marketing campaign.
4. Has reduced demand for After Hours services per capita through the effective implementation of better in hours support for key cohorts such as RACS residents, Chronic Disease sufferers, palliative patients and particular demographic groups.

3. (b) Planned PHN Activities – After Hours Primary Health Care 2016-17

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH2 AFTER HOURS PRIMARY HEALTH CARE ENGAGEMENT AND DIVERSION AT MILDURA BASE HOSPITAL, EMERGENCY DEPARTMENT (MBH ED)
Existing, Modified, or New Activity	This is an existing activity.
Needs Assessment Priority Area (eg. 1, 2, 3)	This activity addressed within the Murray PHN Needs Assessment, Section 4, pg. 57
Description of Activity	<p>This activity will provide enhanced support to Aboriginal and Torres Strait Islanders non-admitted presentations at MBH ED to ensure</p> <ul style="list-style-type: none"> • Improved referral flow back to community based services such as GPs and Aboriginal health Services. • Improved information provision back to referred agencies and primary GP. • Culturally safe and appropriate support • Identification of the drivers for presentation at ED and support awareness of primary care services in community to promote use of more appropriate and timely services. <p>The Need Analysis states that Aboriginal and Torres Strait Islanders are over represented in UCC and ED presentations and are more likely to have a chronic disease. It also identifies the need for culturally appropriate service and support models. The Analysis also found that indigenous presentation rates to ED were higher in Murray PHN than the Victorian average.</p> <p>The Project was identified through engagement with regional stakeholders in relation to After Hours issues, this was also an emerging issue through innovation funding engagement in 2015/16.</p> <p>This project has been envisaged in 2 stages and will be supported by a steering committee comprised of Murray PHN and relevant local stakeholders.</p> <p>In stage 1 the consultant will undertake analysis of data provided by MBH and other relevant data and then consult with a range of stakeholders including, but not limited to, MBH ED, primary care providers and community members to determine the drivers of Aboriginal and Torres Strait Islanders presentations and re-presentations at MBH ED.</p> <p>This will require the consultant to</p>

	<ul style="list-style-type: none"> • obtain a detailed understanding of the number and nature of Aboriginal and Torres Strait Islander presentations, and re-presentations, at the Emergency Department; • identify those presentations, and re-presentations that may be better treated in a primary care setting and/or may have been avoided by earlier access to primary care support; • identify the range of services available, both within and external to MBH, and their utilisation by Aboriginal & Torres Strait Islanders; • identify why individuals are not accessing suitable in hours primary care support, (financial, cultural, awareness, etc.); and • identify models or approaches that are in place in other locations that may provide useful guidance <p>In stage 2 this information will be used in collaboration with the local stake holders to work through the outcomes of the research and engagement and co-design an agreed approach or set of strategies to ensure improved access to primary health services for Aboriginal and Torres Strait Islander and to reduce inappropriate presentations at MBH Emergency Department</p>
Target population cohort	Aboriginal and Torres Strait Islander people
Consultation	Consultation will consider community, consumer, health service and health practitioner perspectives. The primary method of engagement will be a series of collaborative workshops which considers low acuity Emergency presentation data, and from this basis, begins to unpack the health service coordination and referral systems, consumer influences, social factors and other factors that influence consumer access to the right level of clinical support and the right time.
Collaboration	<p>This project will apply a co-design process with stakeholders that impact and influence health outcomes of Aboriginal & Torres Strait Islander people. Key stakeholders Mildura Base Hospital and Mildura and District Aboriginal Services (MDAS), both of which are highly engaged and supportive of the project.</p> <p>As described above this project requires extensive consultation followed by a collaborative co-design phase to identify appropriate solutions.</p>
Indigenous Specific	Yes.
Duration	This project will commence in February 2017 and conclude by June 30 2017.

Coverage	The focus will be on all Aboriginal and Torres Strait Islanders presentations to Mildura Base Hospital ED which predominantly come from Mildura, Robinvale and Dareton.
Commissioning method (if relevant)	Murray PHN has applied a selective tendering response and issued Request for Proposals from 4 suitably qualified and experienced consultancies.
Approach to market	Refer to above
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH4 IMPROVE CONSUMER AND PROVIDER AWARENESS OF AFTER HOURS OPTIONS
Existing, Modified, or New Activity	Existing Activity.
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer to Murray PHN Needs Assessment, Section 3, page 21.
Description of Activity	<p>Community members are often not aware of the options available to them in the after hours period and how best to inform their decision making with respect to making choices to access services, or wait. Anecdotal evidence suggests this as a driver for avoidable or unnecessary Emergency Department (and Urgent Care Centre) attendance. The Needs Analysis states there is increasing community expectations of care on demand for non-urgent conditions.</p> <p>This activity aims to inform consumer awareness of appropriate after hours choices and build on the 2015/16 general marketing at two different levels. The first is to encourage the patient to better understand if their medical condition requires urgent attention or not and the second is provide localised information regarding services options at a district or LGA level</p>
Target population cohort	Where needed, both sets of material will be tailored to for specify cohorts including young families, (particularly for patients 0- 4), aged, tourist, CALD, and/or indigenous communities.
Consultation	<p>Consultation with tourism councils and health services within summer and winter tourism destinations.</p> <p>Similarly, integration with Health Direct messages and consumer distribution channels has forms part of the scope of consultation.</p>
Collaboration	<p>The Murray PHN is mindful of other health literacy work planned or underway and will work with a range of stakeholders to including Ambulance Victoria and Healthdirect to ensure the messaging and information aligns with their strategies.</p> <p>Where we integrate with local service information, as is established through Local Government networks and tourism advisory boards..</p>
Indigenous Specific	No.
Duration	The project will run in the second half of the financial year and all funded activities will conclude on or before 30 June 2017.

Coverage	The marketing campaigns will be targeted to focus on discrete communities and/or locations, however they will spread across the entire PHN region.
Commissioning method (if relevant)	The bulk of the anticipated expenditure is for advertising costs and production of promotional material.
Approach to market	Not applicable.
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH5 ONGOING SUPPORT FOR ACCESS TO AFTER HOURS
Existing, Modified, or New Activity	Existing activity.
Needs Assessment Priority Area (eg. 1, 2, 3)	Not applicable.
Description of Activity	<p>Murray PHN had a range of funding arrangements, which reflect legacy arrangements from the Medicare Locals. Murray PHN has worked closely with service providers to support continuing access, especially in rural and regional communities.</p> <p>A review was undertaken to determine if these arrangements aligned with the Commonwealth requirements to not duplicate the PIP_AH and ensure competitive neutrality. This was needed to be balanced by a requirement to minimise disruption to services and maintain service continuity where possible.</p> <p>The remaining contracts total \$217,000 and can be divided into 3 types.</p> <p><i>Patient Streaming</i></p> <ul style="list-style-type: none"> • Safety Link - An After Hours help line providing “warm handovers to local GPs. The service locations are Macedon Ranges, Donald and Birchip. <p><i>Access Support</i></p> <ul style="list-style-type: none"> • Cobram District Health and Albury After Hours Clinic - both shared clinic models • Walwa Bush Nursing Centre – Provision of afterhours primary care nursing in relatively isolated township. <p><i>After Hours Transport Services</i></p> <ul style="list-style-type: none"> • Sunassist - This is a supported transport model targeted at eligible community members without means of travel
Target population cohort	The target cohorts are various and location specific
Consultation	Ongoing consultation with each of the service providers occurs as part of ongoing contract and performance management processes.

Collaboration	Murray PHN worked with the existing providers to assess the nature of their service and, for those not continuing to receive funds, any potential disruption to service. While some funding arrangements did not continue there has been no change to service delivery arrangements.
Indigenous Specific	No.
Duration	The remaining contracted arrangements commenced on 1 July 2016 and conclude on or before 30 June 2017.
Coverage	The contracted arrangements are in discrete locations, however they are spread across the Murray PHN catchment area.
Commissioning method (if relevant)	Murray PHN undertook a direct approach with the relevant service providers.
Approach to market	Not applicable.
Decommissioning	<p>Each contract will cease from 30 June 2017. Contractors have been regularly engaged and advised regarding the ongoing uncertainty of afterhours funding, and more specifically the requirement for the PHN to align its finite commissioning resources to national and local health priorities that are explicitly identified and contextualised within the Needs Assessment.</p> <p>A relationship management approach applies within each contractor to ensure that the purpose and role of the Murray PHN is understood at a multi-functional perspective and that future market opportunities for contractors are understood and discussed.</p>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH6 CONTINUATION OF 2015/16 GRANTS ROUND
Existing, Modified, or New Activity	Existing activity.
Needs Assessment Priority Area (eg. 1, 2, 3)	Murray PHN Needs Assessment, Section 4, page 44.
Description of Activity	<p>The Murray PHN invited Applications for the 2016 After Hours Funding Grants which closed on Monday 15 March 2016. The Guidelines stipulated that the projects were to be completed by 30 December 2016.</p> <p>Due to the time frame of the grant some milestones and associated payments will occur in the 2016/17 financial year.</p> <p>There are seven explicit contracts that have been delivered as part of this activity, which has included:</p> <ul style="list-style-type: none"> • Bendigo Health Palliative Care Service Model Trial • Bendigo Health Residential Inreach – Service Model Trial • Boort UCC / St Anthonys Medical Practice – Service Model Trial • Kyneton District Health – Service Model Review • Mount Beauty Medical Centre – Seasonal Peak support • Mt Hotham Alpine Resort Management Board – Seasonal Peak • Sunraysia Community Health Services – Service Model Trial.
Target population cohort	There is a diverse range of cohorts relative to the 2015/2016 projects. Common areas of focus include small rural communities, given the heightened vulnerability to workforce and the associated challenges to support a viable and timely model for after hours care.
Consultation	Ongoing consultation with each of the service providers occurs as part of ongoing contract and performance management processes.

Collaboration	Each project had discrete stakeholder engagement and collaboration arrangements. The role of the PHN has been to support the implementation through ongoing and direct collaboration and support of the contractor.
Indigenous Specific	No.
Duration	All of these grants will conclude before 30 June 2017.
Coverage	Selected communities relative to the location and catchment of each contract.
Commissioning method (if relevant)	Murray PHN undertook an approach to market in early 2015. This approach attracted very strong interest from across the PHN region from a wide range of service providers – which is evidence of strong sector engagement in regards to after-hours services.
Approach to market	Not applicable.
Decommissioning	Each contract will cease from 30 June 2017. Contractors have been regularly engaged and advised regarding the ongoing uncertainty of afterhours funding, and more specifically the requirement for the PHN to align its finite commissioning resources to national and local health priorities that are explicitly identified and contextualised within the Needs Assessment. A relationship management approach applies within each contractor to ensure that the purpose and role of the Murray PHN is understood at a multi-functional perspective and that future market opportunities for contractors are understood and discussed.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH 7 PATIENT LITERACY
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	Murray PHN Needs Assessment, Section 4, page 44.
Description of Activity	<p>This activity aims to explore the effectiveness of a patient information, web-based platform to improve patient self-management behaviour in a specific catchment for a fixed period. Central to the activity is that it provides a patient centred resource for patients diagnosed with a chronic disease. The resource is presented as a 'patient story' and then accessed via a public platform or via the General Practice as a resource to improve patient literacy and self management skills.</p> <p>Poor self-management of chronic conditions results in an increased likelihood of an after-hours presentation that could have been averted. A web based platform that allows GPs and other health practitioners to share a range of information directly to individual patients tailored to the patient's needs. The resources include material on a wide range of conditions and a variety of formats, including patient storytelling videos, fact sheets, explanatory animations, and links to relevant web pages.</p> <p>This activity would target three specific locations in the Murray PHN North West Region, Mildura, Swan Hill and Robinvale. In these three locations there are 2 Aboriginal and Community Controlled Organisations, 3 Hospitals, two of which provide community health services, two of which provide Community Rehabilitation Services, a separate Community Health Centre and 22 general practices. This provides a wide range of primary health providers, settings and services to trial the effectiveness of this tool.</p>
Target population cohort	Target population includes those cohorts who are identified as high risk of acquiring one or more chronic disease.
Consultation	Consultation with other Primary Health Networks who have trialled the implementation of the platform has been complete providing some positive feedback about the application of the platform.

	Similarly, Medical Advisors within the organisation have also been consulted and have identified the opportunity to link patient stories to relevant localised health pathways.
Collaboration	<p>A key element of this proposal is dedicated support from the vendor to support general practices and other organisations to assist with the take up and utilisation of the tool.</p> <p>There will also be ongoing Murray PHN regional staff engagement specifically targeting General Practice to ensure the tool is effectively embedded.</p> <p>As other PHNs are also obtaining catchment wide licencing agreements through similar platforms, there may be opportunities for collaboration, comparing approaches and sharing learnings across networks.</p>
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Mildura, Swan Hill and Robinvale
Commissioning method (if relevant)	The approach to the vendor would be undertaken via a commissioning arrangement as a whole sum.
Approach to market	It is anticipated that a selective tender approach would apply.
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. NP 1)	AH 8 RIPERN SCHOLARSHIPS
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer Needs Assessment, Section 4, page 63
Description of Activity	<p>This activity seeks to support the expanded scope of practice for nursing targeting 18 rural communities across the Murray PHN catchment.</p> <p>There are 34 urgent care centres across the Murray PHN catchment, 14 of which are in towns with populations of less than 2000 people and which have only one general practice available. A further four are in towns between 2,000 and 4,000 which also have only one general practice available.</p> <p>The urgent care centres use the acute nursing staff to triage but often have to contact the on-call GP. As part of a recent local study involving Urgent Care Centres within the Murray PHN catchment, it was identified that a number were not using their RIPERN trained staff effectively or wanted to recruit or train more. The opportunity to expand the use of and trained Nurses for afterhours support at urgent care centres was also identified in the Needs Analysis.</p> <p>In addition it has been anecdotally reported to Murray PHN that many existing nurses would be interested in undertaking the RIPERN training but have found the cost prohibitive. The current cost of the training through the University of Southern Queensland is \$9360.00.</p> <p>RIPERN trained nurses can be directly used in urgent care centres or used to support other innovative approaches that reduce after hours demand. An example of the latter is the five month Heathcote Health RIPERN trial which targeted their urgent care centre frequent presenters to improve supports and access to in hours services and thereby diverted 31 potential urgent care centre presentations, saved an estimated 86 bed days and 14 ambulance transfers.</p> <p>Under this activity we would offer 18 scholarships of \$10,000 each to cover the cost of training and to contribute to related incidental expenses.</p> <p>Once trained we would have an increase in the RIPERN workforce within our catchment, an increased capacity of the urgent care centres to manage presentations without involving the local GP and reduction in GPs being called out.</p>

	This activity is shares the objective to expand the scope of practice for nursing within rural settings to support models of care that enable improved access to appropriate care for patients. It reflects a collaborative practice approach which is an important consideration in looking at sustainable approaches within the context of the rural health workforce. The State emphasis is understandably focussed upon state funded health services, which specifically relates to Urgent Care Centres. With this in mind, the emphasis of this RIPERN activity will be its emphasis and impact within primary health care settings, particularly General Practice.
Target population cohort	Nursing professionals within rural and remote communities.
Consultation	Medical Advisors, Urgent Care Centres and General Practice have been consulted to test the degree of interest and impact of extended nursing qualifications through the RIPERN qualification. All stakeholders have reinforced the opportunity to support rural and regional communities through diverse workforce capability, in order to mitigate the impact to Rural GPs and enhance access for patients.
Collaboration	Murray PHN regional staff will work with small Rural health services to attract nominations, particularly targeting the 18 locations with only one general practice available
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Rural and remote areas throughout the Murray PHN catchment area.
Commissioning method (if relevant)	Murray PHN will seek nominations from all small Rural health services and general practices. Priority will be applied to communities where there is only one General Practice in place., however we will particularly targeting the 18 locations with only one general practice available.
Approach to market	EOI to be made available and then subject to individual application.
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH 9 TELEHEALTH ENABLED ACCESS FOR RURAL COMMUNITIES
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer Needs Assessment, Section 4, page 62
Description of Activity	<p>This activity builds upon the outcomes of 15/16 AH funded service that enabled improved access to extended and after hours service through the use of telehealth. The activity aims to scale the investment to 4 rural communities and provides General Practice support (via telehealth) for nursing staff who are supporting patients that have presented at an Urgent Care Centre after hours.</p> <p>Access via telehealth provides a time and cost effective opportunity for patient triage to determine whether transport to emergency department is required, appointment to in hours primary care or provision of immediate support within the scope of practice of the nurse. These options provide alternatives for GPs supporting rural communities, who would otherwise have to travel into communities in order to see the patients.</p> <p>Current AH Commissioning arrangements have identified the benefits of the model of after hours care in terms of patient experience, provider experience and cost effectiveness and care coordination. A final evaluation is scheduled for June, however the preliminary findings suggests the opportunity to extend the scale of the telehealth investment and GP support within 4 other communities.</p>
Target population cohort	Rural communities with populations under 5,000 people who have access to one General Practice and Urgent Care Centre.
Consultation	Consultation with General Practice, Medical Advisory and Urgent Care Centre staff have informed the scope and level of interest in this project.
Collaboration	This project provides an opportunity to develop specific and meaningful areas of joint interest and co-investment between General practice and urgent care centre facilities.
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Rural communities with populations under 5,000 people from across the Murray PHN catchment.

Commissioning method (if relevant)	It is expect that the majority of this allocation would be subject to commissioning as a means to incentivise participation from stakeholders.
Approach to market	The scaled application of this project would be achieved through a direct approach to Urgent Care Centres and General Practice, recognising the significance of context of the location and pre-existing arrangements that exist between health services.
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH 10 REDUCING EMERGENCY DEPARTMENT PRESENTATIONS
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	This activity addressed within the Murray PHN Needs Assessment, Section 4, pg. 57
Description of Activity	<p>This activity seeks to support the effective utilisation of appropriate levels of clinical services accessed by patients by collaborating with rural hospital services to reduce low urgency, emergency department presentations.</p> <p>It applies the methodology and logic that is currently underway in the Mildura region (refer to AH 2)</p> <p>Specifically, it applies a three –step approach that:</p> <ul style="list-style-type: none"> • Undertakes an analysis of data provided by targeted hospital services and other relevant data and then consult with a range of stakeholders including, but not limited, the hospital services, primary care providers and community members to determine the drivers of non acute emergency department presentations and re-presentations. • Through the application of a collaborative process, the data analysis will support a co-design process to examine ways to improve the effectiveness of primary health care and its mitigation to emergency department presentations. • Commission the test of primary care intervention strategies in response to previous analysis. <p>This project will target four communities across the Murray PHN catchment area and analyse respective VEMD data to identify the numbers and nature of low urgency and low acuity presentations that do not result in an admission. This data would then be used to determine a presentation type(s) or condition(s) that would benefit from a prioritized investment.</p> <p>Working with local stakeholders to develop and implement suitable strategies to address identified primary care service gaps and/or encourage utilisation of existing primary care services in relation to agreed priority.</p> <p>The process is expected to address a priority local issue and produce a methodology and range of innovations which may be adapted and adopted in other locations.</p>

Target population cohort	This activity targets patient cohorts who reflect category 4/5 Emergency Department presentations
Consultation	Consultation will be placed based relative to the hospital, primary health services and community groups within the targeted communities.
Collaboration	Collaboration with targeted primary health services, including General Practice is integral to identifying and trialling primary care interventions to reduce emergency department presentations.
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Mid-tier regional towns throughout the Murray PHN catchment.
Commissioning method (if relevant)	This activity will include the commissioning of services at both the initial project facilitation / consulting stage, as well as allow for financial incentivise to improve primary care health service and consumer participation in codesign activities and proposed interventions.
Approach to market	A selective tender approach will apply to consulting services, with direct commissioning to support co-design and testing of developed interventions.
Decommissioning	There will be no decommissioning arising from this activity

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. NP 1)	AH 11 IMPROVED GENERAL PRACTICE SUPPORT FOR THE AGED
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer Needs Assessment, Section 4, page 62
Description of Activity	<p>This activity aims to reduce the demand for after hours services through developing improved health assessment and care coordination for patients aged over 75years. It will work with General Practice within the local government area to systematically improve the rates of 75+ health checks. This will influence emergency department presentations through the systematic screening and assessment of risk of falls, dementia checks and living at home capacity, which is associated with the 75+ check.</p> <p>There are 95,300 people aged 65 years and over residing within the catchment representing 18% of the total population. While this is higher than the Victorian average of 14.8%, there are also some rural local government areas where the relative population is close to or above one quarter of the total local government area population.</p> <p>In addition, there are also generally lower rates than Victoria of annual health assessments by GPs for persons 75 in some areas which include; Gannawarra, Loddon, Mt Alexander, Mitchell, Benalla, Albury, Mansfield, and Mildura, with the following having significantly lower rates; Moira, Indigo, Towong, and Wodonga</p> <p>The Needs analysis also suggests that GPs not familiar enough with aged care MBS items, thereby reducing the effectiveness of in-hours care for this cohort and placing higher burden upon after hours demands on the local health service system.</p> <p>In both relative and absolute terms Moira Shire has a large population aged 65 years and over, (6900 persons and 24%). There is no emergency department in Moira but there are four urgent care centres, eight general practices and eight Aged Residential Care providers. Moira Shire is predominately within the Modified Monash Model category 5, apart from Cobram and Yarrawonga which at MMM 4. Moira is relatively disadvantaged with an overall Socio-Economic Indexes for Areas (SEIFA) score of 952 however the large centre of Cobram has a scores of 898. (http://www.communityprofile.com.au/moira accessed through MMEX)</p>

	<p>This activity targets the aged population cohort within the local government area of Moira Shire. It will draw evidence from annual health assessments and General Practice patient population data from a minimum of 4 General Practices across the local government area.</p> <p>This activity will develop a 75+ Health assessment PDSA (Plan Do Study Act) module to support the continuous improvement of the rates of 75+ health assessments targeted for the General Practice audience. The development of the module will be trailed and tested within the Moira LGA. Incorporated in the activity will be evidence of the impact to the rates of 75+ health checks for the target population. Implicit to the activity is that it apply a change management methodology that is engages whole of practice personnel and workflows.</p>
Target population cohort	This activity targets patients aged over 75+ years living within the rural shire of Moira.
Consultation	Consultation will primarily engage with General Practice as well as aged care peak and networks within the targeted area.
Collaboration	General Practice will be the actively engaged in the implementation of this activity.
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Moira shire LGA
Commissioning method (if relevant)	Commissioning activity will extend to direct approach to selected practices to participate in a CQI activity to systematically increase the rates of 75+ health checks.
Approach to market	A direct approach to General Practice will apply following Expression of Interest.
Decommissioning	There will be no decommissioning arising from this activity



Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
Activity Title / Reference (eg. NP 1)	AH 12 AFTER HOURS IMPACT EVALUATION
Existing, Modified, or New Activity	New activity
Needs Assessment Priority Area (eg. 1, 2, 3)	The impact evaluation of the overall After Hours program has not been explicitly identified within the Murray PHN needs assessment. It does however seek to apply an over-arching approach to the value and residual impact of commissioned services funded through the 15 / 16 After Hours Grants program and the Ongoing Support for AH projects.
Description of Activity	This activity recognises the opportunity to document and analysis the effectiveness and impact of AH a commissioned activity, extending from 2015-2016. It aims to assess the impact of After Hours funding support relative to patient and provider experience, cost efficiency and its influence to best practice clinical guidelines. The outcome of the investment is to contribute to an evidence base to support improved models of care and commissioning activity, drawing from the experience of previously commissioned activity
Target population cohort	Commissioned services that have been funded through the 15 / 16 After Hours Grants program and the Ongoing Support for AH projects.
Consultation	Health services, practitioners and community organisations relative to commissioned services.
Collaboration	Agencies directly funded through AH contracts and grants.
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Murray PHN Catchment area
Commissioning method (if relevant)	This activity reflects fully commissioned research activity.
Approach to market	Select approach to minimum of 4 suitably qualified and experienced research agencies.
Decommissioning	

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

Activity Title / Reference (eg. NP 1)	AH 13 TRIAL & EVALUATE ALTERNATIVE MODELS OF AFTER HOURS CARE
Existing, Modified, or New Activity	New Activity
Needs Assessment Priority Area (eg. 1, 2, 3)	Refer Needs Assessment, Section 4, page 62
Description of Activity	<p>Workforce capacity, and its impact to timely access to quality clinical care is a critical issue for Murray PHN.</p> <p>With a catchment area that has 24 communities with populations less than 5,000 people, communities at this scale typically have access to 1 General Practice and may or may not have access to an Urgent Care Centre.</p> <p>In settings such as these, access to after hours care is tenuous. Traditional models of after hours access is provided through General Practitioner arrangements within either the practice and / or based at Urgent Care centres. This model of care, without the supporting locum relief or shared agreements in place, places considerable demands upon General Practitioners to provide the community with the assurance of a safe and accessible after hours support system. This has both workforce recruitment and retention implications for the community, and ultimately compromises the equity of access and quality of care available to these populations.</p> <p>This activity seeks to deliver an action research project that tests the feasibility of co-locating paramedic support with nursing staff within an Urgent Care Centre and to examine the patient, workforce, clinical standards and cost effectiveness of this model of care. By doing so, the feasibility would explore the business model of the arrangement recognising:</p> <ul style="list-style-type: none"> • Patient and provider experience • Cost effectiveness • Clinical governance • Clinical standards of care.

	<p>It is proposed that the research focus upon existing after arrangements in the community Seymour. Preliminary discussions with the General Practice, Ambulance Victoria, the university sector and Seymour hospital have resulted in positive responses and a willingness to pursue the investigation.</p> <p>Implicit to this project is that its application and investigation has benefit beyond the immediate setting of Seymour. Rather, the feasibility is testing a model of care that applies to a typology of community and hence the scalability of the proposal is a key dimension of the project.</p> <p>The interplay between what constitutes an after hours consultation and what constitutes a presentation to an urgent care centre, within rural settings is complex and invariably the GP is both VMO and primary care specialist. This activity seeks to research the impact of a collaborative approach to triage and coordination of after hours presentations to Urgent Care Centres in a way that supports right care within the right setting, and the impact of alternative workforce approaches to enable quality, timely and cost effective care.</p>
Target population cohort	Small rural communities with a population of approximately 5,000 people or less.
Consultation	Consultation would consider community, health practitioner, primary health service and hospital service, as well as ambulance and nursing peaks.
Collaboration	Implicit to the project is that it reflect a collaborative process so that it can consider the opportunity for broader application at scale. With this in mind, Ambulance Victoria being a key collaborator to this project.
Indigenous Specific	No.
Duration	1 March to 30 June 2017
Coverage	Murray PHN Catchment-wide
Commissioning method (if relevant)	The majority of the allocation will be subject to commissioning, with a portion of the activity retained in order to facilitate participation and engagement in the research project.
Approach to market	Commissioning activity will be directed to secure university and / or consultant responses to lead the action research. The approach to the market is likely to be via selected invitation to a request for proposal.

Decommissioning	There is no decommissioning involved with this activity.

3. (c) Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Please use the table below to outline any activities included in the May 2016 version of your AWP which are no longer planned for implementation in 2017-18.

Planned activities which will no longer be delivered	
Activity Title / Reference (eg. NP 1/OP 1)	AH1 2016 / 2017 GRANTS ROUND
Description of Activity	<p>Implement an After Hours one-off grants round for reviews and/or innovative solutions that seek to achieve one or more of the following:</p> <ul style="list-style-type: none"> • improve appropriate after hours access in targeted communities • reduce demand through improved patient support • reduce the burden on rural and remote GPs • address after hours challenges associated with particular cohorts or locations such as RACS, ATSI, Palliative patients, rural and remote • other applicant identified needs or gaps subject to MPHJ consideration <p>The Murray PHN Need Analysis identifies a range of complexities in relation to After Hours service's including increased use of urgent care centres and emergency departments in hospitals, challenges in accessing GP after hours for smaller communities and RACF, GP fatigue regarding after hours and poor 'in hours access' and patients disengaged from a GP presenting 'out of hours' to urgent care centres or emergency departments.</p> <p>At a regional level Murray PHN has recently undertaken an analysis of Ambulatory Care Sensitive Conditions and bed day data to identify for each region the most prevalent conditions. While diabetes complications, COPD, congestive cardiac failure and cellulitis are common to all, there are differences across the regions. In addition the Grattan Institutes Perils of Place report (Duckett et al, 2016) that identifies eleven postcode level "hotspots" for ambulatory care sensitive conditions within the Murray PHN catchment.</p>
Reason for removing activity	

	This activity will not proceed due a shift in the strategic intention that moves away from open 'grants' programs for consideration by the market, towards a more explicit and targeted investment approach. This shift is more reflective of the role and responsibility of the Primary health Network and provides greater assurance to its board and its stakeholders that funding available is deliberately and strategically allocated to areas of need.
Funding impact	The cessation of this activity allows for the resourcing of AH 7 to 13 as described however some after-hours funds remain unallocated (refer updated budget).

Activity Title / Reference (eg. NP 1/OP 1)	AH3 REGIONAL AFTER HOURS WORKSHOPS
Description of Activity	<p>Implement a series of After Hours Workshops in various locations across the Murray PHN catchment area in order to</p> <ul style="list-style-type: none"> • Encourage a mutual understanding of the after-hours issues and opportunities in a particular location • Encourage collaborative approaches between health service providers in a particular location • Share innovations and learnings from across the network <p>The Need Analysis identifies a range of complexities in relation to After Hours service's including service gaps, duplication, pressure on isolated GPs, demand for non-urgent services, seasonal peaks and support for specific populations such as rural and remote, RACS residents and palliative and mental health patients.</p> <p>The workshops would be focused around three key areas</p> <ul style="list-style-type: none"> • Residential Aged Care Services • Rural and remote GPs and Urgent Care Centres • Regional issues - which may consider larger centres and/or specific population groups or morbidities <p>Funding will be available to address emerging issues and support initiatives and innovations arising from the workshops.</p>

Reason for removing activity	The decision to withdraw from this activity was based upon the assessment that the time available to progress its development did not allow for sufficient opportunity to sufficiently investigate the system and local context to the extent that would allow for investment to support initiatives.
Funding impact	The cessation of this activity allows for the resourcing of AH 7 to 13 as described however some after-hours funds remain unallocated (refer updated budget).