Nepean Blue Mountains - PHN Pilots and Targeted Programs 2024/25 - 2027/28 Activity Summary View

PP&TP-GCPC - 1 - 2025-26 Greater Choice for At Home Palliative Care Activities

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1

Activity Title *

2025-26 Greater Choice for At Home Palliative Care Activities

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Continue the governance arrangement for the Greater Choice for At Home Palliative Care program with key stakeholders. Implement the recommendations in accordance with the findings of the needs analysis and enhance the referral pathways and improve access to palliative and supportive care services across the region. Continue to enhance the integration of primary and acute services to improve access to palliative care at home in the Nepean Blue Mountains region including education for primary health care providers. Continue to implement the activities identified within the needs assessment to improve access to quality palliative and end of life care at home.

Description of Activity *

Maintain the employment of two FTE staff who will continue to work with the joint PHN/LHD established Palliative and Supportive Care Advisory Committee to implement and progress work according to the recommendations of the needs analysis to improve access to quality palliative and end of life care in the region. Continue to implement the activities identified through the needs assessment including but not limited to:
- Compassionate community activities leveraging the compassionate community work expansion across the region including community connectors, connector points (including pharmacist) and health connectors (practice nurse) capacity building to increase their scope of practice to enhance a health connector role in general practice;
- deliver education and capacity building activities for primary health care providers through national palliative care projects;
- embed programs and measures such as ELDAC and PCOC to improve the quality of palliative care provided in the region;
- enhance communication mechanisms across the health system to support quality palliative and end of life care;
- work with residential aged care homes to improve access to quality end of life care through education opportunities, access to clinical support and advice;
-implement social prescribing to support access to quality palliative care and resources in the region.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Apply expert knowledge from key sources	144
Reducing inequity of access to palliative care services	146
Developing a new model of palliative care	146
Develop and review local referral pathways and guidelines	150
Skills and Training Capacity	185
Strong relationships and Collaboration to leverage local knowledge and ensure coordination.	202
Improve access to palliative care supports and resources	147
Improve capture of patient experiences of care	127
Role of the GP in palliative care	145
Building a more connected palliative care system	145

Activity Demographics

Target Population Cohort

Health professionals and people who are palliative and their carers in the Nepean Blue Mountains Region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Engagement with primary care providers; residential aged care homes; general practitioners; NBMLHD Palliative and Supportive Care; NSW Ambulance; Community Palliative Care Services and consumers

Collaboration

Represented on the Advisory Committee:
Nepean Blue Mountains Palliative and Supportive Care, General Practitioners, NBMLHD Primary Care Community Health - Palliative Care NGO providers.
Capacity building for primary care and community - Nepean Blue Mountains Palliative and Supportive Care

---

Activity Milestone Details/Duration

Activity Start Date

04/12/2021

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

PP&TP-GCPC - 2 - 2025-26 Palliative Care HealthPathways

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

2

Activity Title *

2025-26 Palliative Care HealthPathways

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Review the existing Palliative and Supportive Care HealthPathways for the Nepean Blue Mountains Region.

Description of Activity *

The Palliative and Supportive Care HealthPathways will be reviewed to ensure they reflect the current referral pathways for palliative care in the region. This will occur through engagement of the NBMLHD Palliative and Supportive Care team at the NBMLHD with the HealthPathways GP Clinical Editors to ensure all pathways are up to date and improve access to services for patients in the region.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Develop local guidelines containing culturally safe services	132
Developing a new model of palliative care	146
Develop and review local referral pathways and guidelines	150
Skills and Training Capacity	185
Improve access to palliative care supports and resources	147
Role of the GP in palliative care	145
Building a more connected palliative care system	145

Activity Demographics

Target Population Cohort

Health professionals caring for patients who are palliative, their families/carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Engagement with NBMLHD Palliative and Supportive Care team; HealthPathways Clinical Editors.

Collaboration

NBMLHD Palliative and Supportive Care team will inform the referral pathways to ensure currency working closely with the GP Clinical Editors. NBMPHN/NBMLHD Palliative and Supportive Care ADvisory Committee.

Activity Milestone Details/Duration

Activity Start Date

27/02/2022

Activity End Date

29/06/2025

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

PP&TP-GP-Ad - 6 - 2025-26 General Practice Grants Program Admin

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP-Ad

Activity Number *

6

Activity Title *

2025-26 General Practice Grants Program Admin

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description

Aim of Activity *

This activity is to establish, administer and manage the Strengthening Medicare-General Practice Grants Program to eligible general practices in the region.

Description of Activity *

Establish, administer and manage the Strengthening Medicare-General Practice Grants Program to eligible general practices in the region within the three streams of the program:

1. enhance digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards.
2. upgrading infection prevention and control arrangements – to support the safe, face-to-face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza)
3. maintain and/or achieve accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practice under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

Needs Assessment Priorities *

Needs Assessment

Needs Assessment 2021/22 - 2023/24

Priorities

Priority	Page reference
Address the need to improve access to primary healthcare services	306

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

18/04/2023

Activity End Date

30/12/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: Yes
Open Tender: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

PP&TP-DVP - 4 - 2025-26 PHC 4 - Family and Domestic Violence Pilot

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

4

Activity Title *

2025-26 PHC 4 - Family and Domestic Violence Pilot

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The Nepean Blue Mountains Recognise, Respond and Refer pilot aims to improve the patient journey for those experiencing or at risk of domestic and family violence (DFV) through integration and coordination of the domestic family violence system and primary care. Wentworth Healthcare Limited (WHL) will continue to work collaboratively with the Nepean Blue Mountains Local Health District (NBMLHD), Safety Action Meeting (SAM) committee members in each LGA, local government, general practitioners and general practice staff, key domestic and family violence stakeholders including people with lived experience and service providers (DCJ and child protection) to deliver the co-designed model to the Nepean Blue Mountains region. The project's Steering Committee was established in 2020 with members representative from both DFV and Primary Care sectors and provides guidance and advice to the projects implementation and activities.
WHL will continue to employ a DFV Integration Coordinator who is responsible for the coordination of services, integration across the sector and provides primary care representation at a local and state level to influence the role of primary care in recognising, responding and referring people who are experiencing or at risk of DFV.
The coordinator will be responsible for building capacity within general practice to embed the RRR model with a whole of practice approach and improve the integration of primary care into the DFV sector. To support the integration, local commissioned 'DFV Linker' workers provide a locality system navigation role, improving appropriate supportive referral pathways for primary care to domestic and family violence services. The Linkers work across the region covering Penrith, Hawkesbury, Blue Mountains and Lithgow LGA's.

Description of Activity *

Continue to deliver the Care and Connect (previously known as Recognise, Respond and Refer) Pilot building on the outcomes of the initial evaluation. This three-pronged approach will demonstrate and align with the objectives of the pilot to ensure consultation and engagement across participating PHNs and will build a body of evidence.
The three pronged approach includes:
1. PHN Domestic and Family Violence (DFV) Integration Officer who provides strategic integration connecting the primary care sector to the DFV sector;
2. Continue to commission 'DFV Linker' workers to work across the DFV service system and connect into general practices as a the first point of call for practices and review referral pathways including HealthPathways;
3. Continue to deliver training and workshops to increase the capacity and capability of the primary care sector to recognise, respond and refer those who are experiencing or at risk of DFV.

Domestic and Family Violence Integration Coordinator is responsible for working with the commissioned DFV Linkers to deliver customised training to increase the capacity and capability of workers in primary care settings to recognise, respond and refer those who have experienced or are at risk of Domestic and Family Violence (DFV). The DFV Integration Coordinator facilitates regular community of practice meetings and coordination of key stakeholders in the region. This role is crucial to the integration of primary care and the DFV system and inter-sector collaboration across services to improve access and supporting the patient journey.
Provision of training for general practice will continue to be provided through a whole of practice approach noting the important role that Practice Managers ; Practice Nurses and General Practitioners play in the recognition, response and referral (RRR) process for Domestic and Family Violence (DFV). The training includes: trauma informed practice; communication skills needed to effectively recognise, respond and refer; health impacts of domestic and family violence and the demographic and public health consideration of vulnerable population groups. The RRR training is RACGP accredited and contextualised to the local area, to maximise engagement of practices. A GP Clinical Advisor is engaged to provide advice. The training is delivered in practice by the DFV Integration Coordinator enabling locality connection to the DFV system and the DFV Linker to the practice enhancing the referral relationship between the practice and the 'Linker'. Communication material for practices and the wider community has been developed to assist in creating a safe practice environment that will further enhance the integration of the sector communicating the roles of primary care in the recognition, response and referral of DFV.

The role of the DFV Linker was co-designed with key stakeholders including Local Government across the 4 LGAs, NBMLHD, Hawkesbury Hospital/St John of God, members of the Safety Action Meeting committee, GP Clinical Advisor, those with lived experience, key DFV providers in the region, primary care providers including all role specifications and other identified stakeholders. The pilot project steering committee with key stakeholders including those with lived experience meets bi-monthly to inform the work of the project. The DFV Linkers operate across the systems to operationalise the connection and the DFV system connecting with general practice to improve the navigation of the system with a health care neighbourhood approach supporting a locality response .

The DFV Linker is the face of the DFV services in the general practice environment building a relationship with the general practice staff thereby creating a platform of trust and communication leading to improved referral outcomes. The Linker then meets with the patient in an appropriate and safe place which could be in the general practice. The Linker will refer to the most appropriate service and provide a warm referral when required. This role also provides incidental opportunities for further training and capacity building with general practice staff through a coaching model exemplifying appropriate behaviour when working with people who have experienced or are at risk of DFV. The DFV Linker model is commissioned to a region-wide provider covering all 4 LGAs in the NBM region. The Linkers are allocated as part of the DFV service system and are a direct referral point for general practice.

Referral pathways are included in all communication activities and WHL navigation websites to enhance referral systems across primary care and the DFV sector including https://myhealthconnector.com.au/ and https://www.mentalhealthhelp.com.au/ and HealthPathways.

Needs Assessment Priorities *

Needs Assessment

NBMPHN_Needs Assessment 2024

Priorities

Priority	Page reference
Improve primary care access to domestic family violence, sexual violence, and child sexual assault services for appropriate referral	133

Activity Demographics

Target Population Cohort

people who are experiencing domestic and family violence and those seeking behaviour change programs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

A Steering Committee has was developed to inform, guide and assist in the implementation of the project. The Steering Committee includes membership from across the four local government areas in the NBM region:
General Practice including a General Practitioner;
Local Health District;
consumer with a lived experience;
practice nurse;
non-government organisations across the domestic family violence sector.

Collaboration

A consultant was commissioned to facilitate the needs assessment and co-design process to support the implementation of the pilot with the following stakeholders:
• Domestic & family violence services
• General Practices
• Local Health District including IVPRS service
• People with lived experience
• Local SAM's
• Local Government organisations

- Non Local Government organisations
- Greater Western Aboriginal Health Service

Activity Milestone Details/Duration

Activity Start Date

14/05/2020

Activity End Date

28/06/2026

Service Delivery Start Date

01/07/2020

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Co-design activities were held between October and December 2020 and involved surveying the key stakeholders prior to two facilitated co-design workshops which informed the pilot design and implementation. The DFV Linker EOI was released in January and closed at the end of February 2021 with three providers commissioned to deliver the DFV Linker service in the region.