An Australian Government Initiative

QUEENSLAND PRIMARY HEALTH NETWORKS

Submission to the Queensland Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Inquiry into the Health Response to Covid-19

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Submission made by:

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On behalf of:

Brisbane North PHN

Brisbane South PHN

Darling Downs West Moreton PHN

Gold Coast PHN

Central Queensland, Wide Bay, Sunshine Coast PHN

North Queensland PHN

Western QLD PHN

Acronyms used

ACCHO	Aboriginal Community Controlled Organisation
COAD	Chronic Obstructive Airways Disease
EAP	Employee Assistance Program
GPLO	General Practice Liaison Officer
HHS	Hospital and Health Service
MBS	Medicare Benefits Schedule
PBS	Pharmaceutical Benefits Schedule
PEN CAT	PEN Clinical Audit Tool
PHN	Primary Health Network
QPHN	Queensland Primary Health Networks
RACF	Residential Aged Care Facility

Introduction

This submission is made on behalf of the Queensland Primary Health Networks (QPHNs). There are thirty one PHNs established across Australia, seven of which cover the state of Queensland. The PHNs are funded by the Commonwealth Department of Health with the aim of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

The focus of the QPHNs is on primary care, particularly through the support of General Practitioners, and on working with a range of government and community organisations, service providers and the community to develop and better integrate health and community care services, and improve access to services with emphasis on those most vulnerable people at risk of poor health outcomes.

PHNs play a key role in coordinating primary healthcare to improve whole-of-life health and wellbeing across our region and over the last few years, have proved to be an important resource to the community and the health system in disaster situations including drought, flood, fire and now, the Coronavirus pandemic.

Summary of Key Points

1. The QPHNs demonstrated their agility and effectiveness in rapidly responding to COVID-19, enabled by their existing relationships with general practices and commissioned clinical providers, in addition to ACCHOs, pharmacists, allied health providers, Residential Aged Care Facilities (RACFs) and primary care peak organisations.
2. QPHNs have strong networks with consumers, community organisations and community leaders. They possess extensive local knowledge and health intelligence assembled using a variety of tools including GP data via PEN CAT and PHN Health Needs Assessment processes.
3. PHNs support primary health care to quickly adopt new models of care and adapt technology into practice for improved health outcomes. The benefits of telehealth were clearly demonstrated during the COVID-19 pandemic. This innovation should not be lost but built upon to provide health services closer to home, avoid high cost patient travel and more effective specialist GP handover.
4. Primary care is integral to the response to health emergencies and all parties need to be engaged on an equal footing from the outset.
5. Evidence indicates that a consistent, collaborative, strategic approach to primary health care within the broader health system will provide greater health outcomes for populations. A national strategy is required to deliver a systemic response, including defining roles and responsibilities for primary health care during a crisis or pandemic.

6. The requirement in Annexure E of the National Health Reform Agreement for HHSs and QPHNs to have formal agreements should be augmented by operational plans including KPIs and clear lines of accountability. This arrangement needs to be expanded to include Queensland Health. The regional planning arrangements from the 5th Mental Health Plan provide an example of best practice in collaborative planning.
7. Responsibility for primary health policy in Queensland Health should be vested in a Deputy Director General and consideration given to mirroring the existing Clinical Senate and Clinical Networks, using existing PHN Clinical Councils and State-wide GPLO networks. This would provide the necessary strength of focus on, and accountability for, primary health care in Queensland.

The PHN Response to COVID-19

The PHN network demonstrated flexibility and agility nationally in its rapid response to the COVID-19 pandemic. The Commonwealth Department of Health activated PHNs to play a role in the COVID-19 pandemic as follows:

- Surgical masks and other PPE distribution
- Rapid establishment of GP-led respiratory clinics
- Enhanced support for primary care
- Education on infection control
- RACF needs assessment and distribution of influenza vaccines
- Commissioning new mental health services

In each of these tasks the QPHNs drew extensively on the knowledge, data, connections, and relationships they have built across the Hospital and health Services (HHSs) and the primary health and community sectors. They were able to move rapidly, problem-solve locally and use their existing primary health models and resources to adapt and to scale up to deliver the necessary COVID-19 response.

Responses were also initiated by the PHNs themselves, again leveraging their relationships with GPs and wider primary care clinical provider networks and communities in their regional and local areas to assist preparedness and facilitate the COVID-19 health response.

- ### HealthPathways

A state-wide clinical management pathway for COVID-19 was developed by a PHN within the existing HealthPathways—a web-based decision support tool for GPs. In consultation with public health and infectious disease experts and drawing on both state and national clinical guidelines this provided rapid and responsive clinical information. The COVID management pathways suite—including assessment and management, practice preparation, end of life management and COVID in RACFs—was complemented by other jointly managed communications strategies for the primary health sector, including daily EDM and GP COVID information webinars. Clinical Excellence Queensland acknowledges the importance of the HealthPathways platform and has supported both PHNs and HHSs to

establish it across Queensland. HealthPathways has also been integrated into the GP Smart Referrals solution, currently being rolled out across the state.

- Telehealth

PHNs can support primary care to quickly adopt new models of care and technology into practice. When hospitals needed to create surge capacity due to COVID-19, PHNs were able to support the establishment and adoption of telehealth for GPs, specialists, allied health, mental health, and RACFs to reduce the load on emergency and outpatients departments. The QPHNs' support for rapid uptake and adoption of telehealth included practical support for its set up in primary health care practices and commissioned clinical providers, and training and webinars to onboard new MBS/PBS numbers. Webinar education, updates, and roundtable discussions for primary care with local HHSs were also conducted.

The PHNs saw many gains from the use of telehealth during this period. There is potential to extend this post COVID, particularly for people in rural and remote areas where previous uptake has been low. Virtual health care between providers and patients, often including carers, created a widespread shift in patient care through telephone, telehealth, text messaging and email. This led to improved timeliness of care, efficient use of time for both clinicians and patients, as well as avoiding exposure of patients and health workforce to high risk settings such as waiting rooms.

Virtual health care contact was also extended between hospital and community clinicians providing an option for clinical advice for ED patients and other outpatients. Virtual wards created for patients well enough to stay home reduced presentations to hospital and these were supported by GP telehealth. There was increased interaction between medical care and aged care providers in RACFs with geriatricians supporting a group of RACFs and their GPs, again reducing presentations to hospital and engaging primary carers in ongoing service to residents.

Systems implemented to improve patient flow worked well and consideration needs to be given to how to create ongoing incentives for wrapping care around the patient needs in a way that integrates support across hospital and primary care settings. Telehealth can enable a more assertive repatriation of hospital patients back into primary care through GP and Specialist case conferencing, particularly important in rural and remote areas.

- Communication

QPHNs worked on communication with GPs and commissioned services, collaborating on the curation and co-ordination of information and re-purposing existing material. This included social media messaging for consumers, production of media content, dedicated website development and publication, and the development of dedicated primary health care resources such as guides, posters, and support materials. At the height of the pandemic, electronic daily messages were also sent out to GPs by the PHNs.

Other tasks included:

- Activating support services for mental wellbeing for primary care staff (e.g. EAP and peer support programs)
- RACF outbreak planning and response, scenario testing and support packages to strengthen readiness and establish clear roles and responsibilities for services
- Connecting people required to isolate in hotels with primary care services
- Working with commissioned service providers to ensure continuity of service, adoption of telehealth and expansion of services to meet emergent needs
- Supporting GP practices and ACCHOs to transition their work as required by the COVID response.

Barriers to the COVID-19 response

QPHNs are in a key position to rapidly support those most at risk and are ideally situated to coordinate the primary health response to a health pandemic given their:

- deep knowledge of the primary health care sector;
- relationships with the HHSs, ACCHOs and community service providers;
- access to local data; and
- their understanding of their communities and the vulnerable groups within them, including First Nations communities, older people, people with mental health issues, and people with chronic disease.

In the primary health response to COVID-19, PHNs, GPs, community nurses, allied health, pharmacists, and consumer representatives all played a vital role. But they were not initially included in the management of the health emergency. Primary care was, and is, integral to the response. The need to have all parties engaged on an equal footing from the outset should be established as protocol for all emergency responses, not negotiated as the emergency unfolds. This applies also to PHNs being formally included in Regional Disaster Response Management Groups, including the consideration of mental health impacts in the aftermath of the disaster. Experience has shown that there are likely to be impacts for many months to come and preparation and resource allocation needs to be in place to respond to this ongoing community need.

Better Integration of Primary and Secondary Care

- ### National Level

The QPHNs consider it crucial for there to be a stronger focus on, and acknowledgement of, primary health care at the national and state level to drive system change. Evidence indicates that a consistent, collaborative strategic approach to the development and enhancement of primary health care within the broader health system will provide greater health outcomes for populations. A national strategy is required to pull the disparate parts of the system together to deliver effective healthcare.

The inclusion of Annexure E in the new National Health Reform Agreement and the development of a new national primary health care strategy provides an ideal opportunity to do this through formal agreements between the HHS and the PHNs. The QPHNs believe the agreements should help guide the development of operational plans with agreed KPIs and clear lines of accountability. Operational plans would enable parties to share intelligence and plan and co-design around agreed priorities, informed by arrangements to work and to solve problems together.

- State Level

The changes to the health system to deliver the COVID-19 response aligned with and accelerated the development of the philosophy and service models at the heart of primary health—getting services to the patients, keeping people out of hospital, working proactively with those most at risk, including First Nations people, older people and people with chronic illness.

Primary health care has answers to some of the current problems and stressors in the health system. QPHN CEOs and chairs work continuously with their counterparts in the HHSs and strong relationships have been developed. However, there is untapped capacity at the state level for the PHNs to contribute to and help drive systemic change, but no clear path for them to do so. To enable this contribution to policy and strategy development at state level the PHNs propose that responsibility for primary health be vested in Queensland Health at the Deputy Director-General level and that the PHNs be included in planning meetings with the chief executives and chairs of HHSs.

Governance and Innovation

PHN's are local health system integrators, partnership brokers and coordinators with established relationships. Because of their significant commissioning activities, PHN's have a deep understanding of place-based health needs, and local primary health care providers including general practitioners, allied health professionals, and community-controlled health organisations. Members of primary health networks include GP organisations, health peak bodies, and local hospital and health districts. This enables PHNs to engage regionally and rapidly and collaborate across otherwise unconnected organisations and groups.

In considering factors important to innovation, it is clear to the QPHNs that, particularly in the rural and remote areas, large scale, state-wide strategies do not work. Rather, innovation needs to be locally responsive and place based. This requires an understanding of the existing local market and the forces that impact it in the primary health sector to ensure that existing systems are not destabilised. It requires engaging with and understanding the existing business models and working to make sense of GP practice and what it needs to thrive.

The QPHNs are all working on cross sector programs which work to address the social and emotional determinants of health in communities including Indigenous people, older people, people with a disability and young children. A summary table presenting examples

of PHN work that demonstrates innovation, integration and cross-sector collaboration in governance, design, and implementation is provided in Attachment 1. The examples all have the potential to be scaled up to state-wide implementation.

Data

Change needs to be supported by data and PHNs have access to good data. They can act to aggregate data and intelligence from local health system stakeholders to inform state and national plans and mobilise action to address those needs locally. There is a strong case for better sharing of data to inform health planning, evaluation, and health priority setting. The QPHN recognises the need to be clear about why data is collected, what it means for end users, and what GPs and their patients will get in return for providing it.

PHNs prepare comprehensive population and system reports regarding health needs within their catchments and these provide the 'source of truth' when commissioning services within their catchments. The PHNs are building significant capacity and currently transitioning to universal data stewardship and governance capability under the *Primary Health Insights* initiative which will enable access to powerful analytics including disease predictive analysis and also enable translation of evidence linked to health outcomes.

Establishment of shared registers to identify patients who are most at risk from interruptions to the health system will increase effectiveness of responses in emergencies. During the response to COVID-19 the QPHNs were able to use data analytics systems to look at the distribution of patients with Chronic Obstructive Airways Disease (COAD) and also the identification of areas of high COVID outbreak and symptomatic patients, which influenced the location of respiratory clinics. They supported practices and providers to establish registers of vulnerable high-risk patients in order to develop proactive care models and plans to ensure people did not miss out on routine checks and essential health care during the diversion of the system for the COVID-19 response.

Recommendations

The QPHNs make the following recommendations to the Inquiry:

1. The role and scope of PHNS should be clarified and embedded into state disaster planning and response processes.
2. A primary care disaster management response plan, that complements state and federal disaster response plans should be developed for Queensland.
3. Processes to aggregate data and intelligence from primary health care as part of state disaster planning processes need to be formalised.
4. The Qld Government consider working collaboratively with QPHNs to identify and embed COVID innovations that should be transitioned into the new business as usual.
5. The Qld Government establish a cross government forum to include the PHNs with responsibility to address the interface of primary health with other sectors, including aged care, disability, social services and communities.

Attachment 1 QPHN Exemplars

These examples have been chosen based on their capacity to demonstrate innovation, integration and cross sector collaboration in governance, design, implementation, and evaluation in the Queensland primary health sector. The examples all have the potential to be scaled up to state-wide implementation. Further detail is available by following the electronic links provided.

PHN	Example
Darling Downs West Moreton	**PACER** Police and Clinical Emergency Response Model of Care A partnership between the Queensland Policy Service, Toowoomba Hospital, and the University of Southern Queensland, with the PHN, to reduce avoidable presentations to the Emergency Department and enhance the wellbeing of the community. Also implemented in CQWBSC PHN region.
	Factors affecting embedding of primary-secondary care into a health district. Mitchell GK, Young CE, Janamian T, Beaver KM, Johnson JLK, Hannan-Jones C, Mutch AJ (2020) *Australian Journal of Primary Health* **26(3)** 216-221 (https://doi.org/10.1071/PY18177)
Brisbane South	**Thriving and on Track (TOTs)** A collaboration between BSPHN, Children's Health Queensland, Metro South Health, Logan Together, Education Queensland, Early Childhood Education Centres and The Benevolent Society to increase the number of children between 2.5 and 3.5 years of age having child development checks and accessing early intervention services to increase their opportunity to be ready and thrive at school. https://bsphn.org.au/programs/child-youth-family/
	Recognise, Respond, Refer Supports GPs to enhance service responses to people experiencing DFV, to become part of the broader system response and ultimately improve outcomes for these individuals and their families https://bsphn.org.au/media_releases/brisbane-south-phn-welcomes-additional-funding-for-domestic-and-family-violence/

	Care Coordination Service Provides evidence-based care coordination to adults with chronic disease, by providing a holistic approach to their health, social and community support needs. https://bsphn.org.au/primary-care-support/person-centred-care/
Central Queensland Wide Bay Sunshine Coast	**CEDRIC** Care Coordination through Emergency Department, Residential Aged Care and Primary Health Collaboration (CEDRiC) project was a collaborative response established to provide enhanced care for older people in RACFs to prevent avoidable hospitalisation. And, where hospitalisation was required, get them fast, experienced Geriatric Emergency Department Intervention (GEDI) thus reducing their hospital stay. **http://www.cedric.org.au/Toolkit.php**
	SPOTON This initiative facilitated appropriate clinical care in the community for patients requesting an ambulance, thus avoiding them going to the Emergency Department.
	Mental Health, Suicide Prevention Alcohol and Other Drugs Regional Planning A requirement of the 5th Mental Health Plan, the Regional Council - the PHN, three HHSs and the Queensland Health MHAOD Branch supported evidence-based co-planning, coordinated investment and integrated service delivery to promote better outcomes for people with mental illness and/or substance misuse problems in the region.. http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf
Western Queensland	**The Maranoa Health Accord 2020-2023** A collaborative regional framework to enable the three HHS, the ACCHOs and the PHN to address the health needs of Western Queensland. It promotes joint planning, agile co-design, sharing of learning and data and scalability of commissioning. https://www.wqphn.com.au/uploads/documents/WQPHN%20Publications/WQPHN_The_Maranoa_Health_Accord_June2020_V2_WEB.pdf
	Nuka Murra Social and Emotional Wellbeing Framework Designed in close collaboration with the ACCHOs and adopting a strength based approach this Framework aims to guide the PHN on better commissioning for Aboriginal and Torres Strait Islander people. https://wqphn.com.au/uploads/documents/SEWB-Framework-SPREADS-10_8_18.pdf

	Health Care Home – Model of Care Provides a platform to co-design and better integrate the Western Queensland health system, removing silos and focusing on outcomes for consumers**.** https://wqphn.com.au/uploads/documents/WQ%20HCH%20Model%20of%20Care%20Policy%20Overview_FINAL.pdf
Brisbane North	**The Health Alliance** Metro North HHS and Brisbane North PHN have formed a Joint Governance Group to address complex health challenges in the region. Currently working with older people, people with complex health and social needs, and children of Caboolture. The co-design process including consumers and carers developed potential solutions for addressing challenges. An outcomes framework encompasses system and patient experience and outcome measures. www.healthalliance.org.au
	Integrated Mental Health Service Hubs Various funding streams (care coordination, mental health nursing, psychological services, psychosocial services) have been combined to commission three NGOs to deliver integrated mental health service hubs for adults with severe mental illness. The hubs can outreach to other services and locations, and a range of other services (e.g. AoD treatment) can in-reach to the hubs. https://brisbanenorthphn.org.au/our-programs/mental-health-services/services-for-people-with-severe-mental-illness
	Regional Assessment Service The Regional Assessment Service (RAS) provides personalised assessments in the Brisbane South, Brisbane North and Caboolture regions to assess eligibility for aged care services. RAS helps people to maximise their independence and remain at home. Brisbane North PHN plays an integral role in leading the delivery of high quality and equitable assessment. The RAS Consortium focuses on the navigation and access barriers faced by people with diverse needs such as First Nations peoples, culturally and linguistically diverse people, those at risk of homelessness, experiencing cognitive decline or other spiritual, sexual or socio-economic and geographic disadvantage. https://brisbanenorthphn.org.au/our-programs/aged-and-community-care/regional-assessment-service-1
North Queensland	**North Queensland Health Workforce Alliance - Strategic Workforce Plan 2020-2025** Initiated by the North Queensland Primary Health Network (NQPHN) to provide stewardship over the development and implementation of strategies to address health workforce shortages and build workforce capacity in North Queensland. This document is in draft form and available on request.

Gold Coast	**Primary Sense Tool** Practice based data analytics solution enabling the PHN to support population health planning and improve patient outcomes. It assists General Practices in data management, proactive management of risk factors, preventative population health management, system planning, intervention, project review and evaluation capability. https://gcphn.org.au/practice-support/support-for-general-practice/data-extraction-tools/primary-sense-demonstration-webinar-2/