

Northern Territory - PHN Pilots and Targeted Programs 2023/24 - 2026/27 Activity Summary View



PP&TP-GP - 1 - PP&TP-GP 1: PHN Strengthening Medicare – General Practice Grants Program



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP

Activity Number *

1

Activity Title *

PP&TP-GP 1: PHN Strengthening Medicare – General Practice Grants Program

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Supporting general practices to build capability and improve practices in three core areas of focus (outlined in the section below).

Description of Activity *

NT PHN will administer and manage the Strengthening Medicare GP Grants Program including making grant payments to eligible General Practices across the three investment streams:

Enhance digital health capability (IT hardware and software upgrades) to fast-track the benefits of a more connected healthcare system in readiness to meet future standards

Upgrade infection prevention and control arrangements to ensure infectious respiratory disease (e.g. COVID, influenza) patients can be safely seen face to face

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.

NT PHN will support participant providers -mainstream and NT Health General practices- to participate in the activity. We will also continue to take part in the national evaluation of the program.

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Pop Health - Follow up and management of chronic disease including use and quality of GP chronic disease management plans	35



Activity Demographics

Target Population Cohort

Eligible general practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Litchfield	70103
East Arnhem	70204
Darwin Suburbs	70102
Palmerston	70104
Katherine	70205
Darwin City	70101
Alice Springs	70201



Activity Consultation and Collaboration

Consultation

DoHAC: NT PHN was consulted by the Department to determine eligible services and grant allocations based on the Medicare GP FTE 2021-22 financial year data. Consultation also took place throughout 2023 to obtain endorsement of a bulk agreement for NT Health eligible practices to reduce administrative burden.

Eligible mainstream general practices and NT Health practices participating in the program: ongoing consultation and education regarding the reporting requirements.

Collaboration

NACCHO for the administration of grants to the ACCHS sector where required.

Mainstream general practices participating in the program.

NT Health's Executive Director Remote Health and Primary Care, with remote health centres participating in the program via bulk grant agreement as endorsed by the DoHAC.

DoHAC's GP grants team to source implementation resources and troubleshooting.

Nous group for the national evaluation of the program.



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Grants executed for mainstream general practice and NT Government Health clinics by Q3 23/24



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: Yes

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?

No

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

The Department had pre allocated funds to each individual General Practice based on GPFTE size of practice. General practices who opened post program release and met RACGP definition of a GP were considered for program (approved by DoHAC). NT PHN also undertook significant consultation with the DoHAC to ensure appropriate grant allocations for NT Health eligible practices.



PP&TP-GP-Ad - 1 - PP&TP-GP-Ad 1: PHN Strengthening Medicare – General Practice Grants Program - Admin



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP-Ad

Activity Number *

1

Activity Title *

PP&TP-GP-Ad 1: PHN Strengthening Medicare – General Practice Grants Program - Admin

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This is admin costs only- please refer to PHN Strengthening Medicare – General Practice Grants Program activity

Description of Activity *

This is admin costs only- please refer to PHN Strengthening Medicare – General Practice Grants Program activity

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Pop Health - Follow up and management of chronic disease including use and quality of GP chronic disease management plans	35



Activity Demographics

Target Population Cohort

Mainstream general practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
East Arnhem	70204
Darwin Suburbs	70102
Darwin City	70101
Alice Springs	70201



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

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: 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?

No

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



PP&TP-EPP - 1 - PP&TP-EPP 1: Endometriosis and Pelvic Pain GP Clinics



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1

Activity Title *

PP&TP-EPP 1: Endometriosis and Pelvic Pain GP Clinics

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

people suffering from Endometriosis and pelvic pain

Aim of Activity *

Improving provision of diagnosis, treatment and management of endometriosis and pelvic pain.

Description of Activity *

This activity will support the establishment of one Endometriosis and Pelvic Pain GP Clinic in the Northern Territory, in line with Departmental guidelines. NT PHN will administer and manage the Program on behalf of the Department of Health and Aged Care, this includes administering grant payments and supporting the department in the evaluation of the program.

NT PHN will support the successful endometriosis clinic for the Northern Territory, Northside Health, in the implementation of the program and encourage consultation with relevant sector stakeholders for service design. The clinic, in partnership with NT PHN, will execute their grant across areas that may include innovation, training, equipment, and minor capital works to achieve the following objectives:

improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:

directly benefiting patients from rural and regional areas

providing enhanced support to priority populations

increased access to support services, either through a nurse navigator or referral pathway

provision of access to new information, support resources, care pathways and networks

provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by NT PHN. Where required this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the Northern Territory.

NT PHN will support Northside Health to collect quantitative and qualitative data collection and outcome measurements, including baseline data, and contribute and provide data and information for the national evaluation commencing in 2024-25.

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Pop Health - Follow up and management of chronic disease including use and quality of GP chronic disease management plans	35



Activity Demographics

Target Population Cohort

Women, girls and those assigned female at birth

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Darwin Suburbs	70102
Darwin City	70101



Activity Consultation and Collaboration

Consultation

On request from DoHAC, our PHN approached the sector requesting expression of interest to participate in this activity. EOIs were targeted to mainstream GP Practices and other relevant local stakeholders. DoHAC made the selection of the successful clinic(s) in March 2023.

Northside Health is the only successful clinic in the NT

Northside Health is the only successful clinic in the NT

Collaboration

Northside Health will be encouraged to collaborate with other primary health care services to develop a care pathway and promote professional development activities in endo/pelvic pain.

Northside Health leads the Community of Practice across the other endo/pelvic pain clinics throughout Australia.



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

Activity End Date

29/12/2026

Service Delivery Start Date

01/04/2023

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: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

To be advised, further guidance from the Department yet to be received



PP&TP-EPP-Ad - 1 - PP&TP-EPP-Ad 1: Endometriosis and Pelvic Pain GP Clinics - Admin



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

1

Activity Title *

PP&TP-EPP-Ad 1: Endometriosis and Pelvic Pain GP Clinics - Admin

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

This is an admin only activity please refer to PP&TP-EPP 1: Endometriosis and Pelvic Pain GP Clinics activity

Description of Activity *

This is an admin only activity please refer to PP&TP-EPP 1: Endometriosis and Pelvic Pain GP Clinics activity

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Pop Health - Follow up and management of chronic disease including use and quality of GP chronic disease management plans	35



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

Activity End Date

29/12/2026

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?

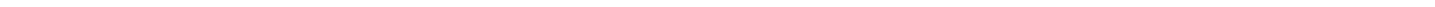
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





PP&TP-DVP - 1 - PP & TP- DVP 1: Family and Domestic Violence Response



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

1

Activity Title *

PP & TP- DVP 1: Family and Domestic Violence Response

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Family and Domestic Violence

Aim of Activity *

The Programs aims to support the primary care sector response to family and domestic violence by improving capacity of primary care to recognise, respond and refer impacted individuals with family and domestic violence and other services and supports.

Description of Activity *

NT PHN are in the process of completing the design phase for this program and have undergone an approach to market to identify organisations and communities that demonstrate the capability and capacity to deliver this program. We have recently completed the commissioning phase for the Local Link.

This funding will aim to:

1. Improve primary health care system capacity and capability to recognize, respond and refer individuals impacted by Family and Domestic Violence
2. Support system integration and health system navigation for victims-survivors of Family and Domestic Violence
3. Embed co-design and continuous improvement and evaluation into the program of work

The funding will include both Territory-wide initiatives driven by NT PHN (e.g. providing access to training for primary care providers) and procured services related to capacity building, delivery of 'local link' roles, co-design, evaluation, and local level system integration.

Regarding increasing capacity and capability, specific activities include:

- enhanced primary education and training opportunities for primary care workers to better care for people living with Family and Domestic Violence
- improved understanding of the role of the primary care sector in addressing Family and Domestic Violence
- improved readiness of the primary care sector to address Family and Domestic Violence
- improved recognition of Family and Domestic Violence by the primary care sector
- increased referrals from primary care to specialist Family and Domestic Violence support services

Regarding improving primary care system integration with the broader Family and Domestic Violence service system and health service navigation for victim-survivors of Family and Domestic Violence, specific activities that a local link can help with include:

- specialist support services have an improved understanding of the role of primary care in supporting victim-survivors
- increased primary care referrals to specialist support services
- increased continued care coordination loops between primary care and
- special support services to support the recovery of victim-survivors

Regarding embedded co-design, continuous improvement and evaluation, specific activities will include:

- identifying health outcomes that matter for people experiencing Family and Domestic Violence in the PHN Region including an equity focus and
- identifying the most viable options for sustainable change
- Overall, the Pilot activity will support primary care providers to assist in prevention, early identification, intervention and recovery and referrals to support services for victim-survivors of Family and Domestic Violence

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
ATSI Health - Culturally safe and trauma informed services	31
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33



Activity Demographics

Target Population Cohort

All Territorians who may be affected by Family and Domestic Violence.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to family and domestic violence. Key stakeholders involved and impacted by family and domestic violence were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, NT PHN consulted the NT PHN Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Councils include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, NT PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding family and domestic violence:

- Aboriginal Medical Services Alliance NT (AMSANT)
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers
- A Senior Registrar at Royal Darwin Hospital
- Sexual Assault Referral Centre (SARC) based GP
- Head2Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network

In addition, NT PHN have met with PHNs nationally to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the Department of Health and Aged Care on the development of nationally consistent resources for family and domestic violence.

Collaboration

The NT PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

- A Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the NT PHNs recently opened non-selective Expression of Interest (EOI) regarding supporting the primary care sector response. The goal of the Strategic Forum is to read, reflect, provide analysis and insights regarding the EOI submissions, that will enable a comprehensive set of insights regarding key opportunities in the NT that NT PHN will utilise in establishing key criteria for the formal tender process. We have approached several organisation and individuals to be part of the Strategic Forum and are in the process of finalising its members.
- Through its consultation process outlined above, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction, and will ensure NT PHN is aligned and contributing in a locally relevant way.
- We leverage off the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective.
- The NT PHN's Community Advisory Council will provide guidance from a community perspective.
- Additionally, we will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.
- A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).
- Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.
- The NT Health Department will also be consulted to support the design of this program. .



Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/04/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Internal PHN staff – started 22 June 2023

Procurement cycle for 'local link' activity – July-December 2023

TBD – procurement of local progress and monitoring partner – March 2024

TBD – procurement of training providers – March 2024 onwards

Contract execution for Local link – Feb 2024

Service Delivery Plan submitted by provider – March 2024

Co-design and methods for embedded ongoing learning – to be delivered in first six months of service delivery planning pending recruitment (estimated timeline Sept 2024)



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: Yes
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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

Procured service providers will be supported to co-design the service with their target population. NT PHN will allocate resources to support this work by providers.



PP&TP-DVP - 2 - PP & TP- DVP 2: Sexual Violence Response



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

2

Activity Title *

PP & TP- DVP 2: Sexual Violence Response

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Sexual Violence

Aim of Activity *

The Programs aims to:

Support the primary care sector response to sexual violence by improving capacity of primary care to recognise, respond and refer impacted individuals to services and supports.

Description of Activity *

NT PHN is currently in the design phase for this program. We are seeking information and creating dialogue through an Expression of Interest for organisations that support community's impacted by FDSV. Once this is completed, we will enter a co-design stage which will inform the activities and the services that will be delivered.

This funding will aim to:

1. Improve primary health care system capacity and capability to recognize, respond and refer individuals impacted by sexual violence
2. Support system integration and health system navigation for victims-survivors of sexual violence
3. Embed co-design and continuous improvement and evaluation into the program of work

The funding will include both Territory-wide initiatives driven by NT PHN (e.g. providing access to training for primary care providers) and procured services related to capacity building, delivery of 'local link' roles, co-design, evaluation, and local level system integration.

Regarding increasing capacity and capability, specific activities include:

- enhanced primary education and training opportunities for primary care workers to better care for people living with sexual violence
- improved understanding of the role of the primary care sector in addressing sexual violence
- improved readiness of the primary care sector to address sexual violence
- improved recognition of FDSV by the primary care sector
- increased referrals from primary care to specialist sexual violence support services

Regarding improving primary care system integration with the broader sexual violence service response system and health service navigation for victim-survivors of sexual violence, specific activities that a local link can help with include:

- specialist support services have an improved understanding of the role of primary care in supporting victim-survivors
- increased primary care referrals to specialist support services
- increased continued care coordination loops between primary care and
- special support services to support the recovery of victim-survivors

Regarding embedded co-design, continuous improvement and evaluation, specific activities will include:

- identifying health outcomes that matter for people experiencing sexual violence in the PHN Region including an equity focus and
- identifying the most viable options for sustainable change
- Overall, the Pilot activity will support primary care providers to assist in prevention, early identification, intervention and recovery and referrals to support services for sexual violence victim-survivors

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
ATSI Health - Culturally safe and trauma informed services	31
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33



Activity Demographics

Target Population Cohort

all Territorians who may be affected by Sexual Violence.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to sexual violence. Key stakeholders involved and impacted sexual violence were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, NT PHN consulted the NT PHN Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, NT PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding sexual violence:

- Aboriginal Medical Services Alliance NT (AMSANT)
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers
- A Senior Registrar at Royal Darwin Hospital
- Sexual Assault Referral Centre (SARC) based GP
- Head2Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network

In addition, NT PHN have met with PHNs nationally to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the Department of Health and Aged Care on the development of nationally consistent resources for sexual violence.

Collaboration

The NT PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

- A Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the NT PHNs recently opened non-selective Expression of Interest (EOI) regarding supporting the primary care sector response. The goal of the Strategic Forum is to read, reflect, provide analysis and insights regarding the EOI submissions, that will enable a comprehensive set of insights regarding key opportunities in the NT that NT PHN will utilise in establishing key criteria for the formal tender process. We have approached several organisation and individuals to be part of the Strategic Forum and are in the process of finalising its members.
- Through its consultation process outlined above, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction, and will ensure NT PHN is aligned and contributing in a locally relevant way.
- We leverage off the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective.
- The NT PHN's Community Advisory Council will provide guidance from a community perspective.
- Additionally, we will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.
- A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).
- Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.
- The NT Health Department will also be consulted to support the design of this program.



Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2023

Service Delivery Start Date

01/04/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Internal PHN staff – started 22 June 2023

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TBD – procurement of training providers – March 2024 onwards

Contract execution for Local link – Feb 2024

Service Delivery Plan submitted by provider – March 2024

Co-design and methods for embedded ongoing learning – to be delivered in first six months of service delivery planning pending recruitment (estimated timeline Sept 2024)



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: Yes

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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



PP&TP-DVP - 3 - PP & TP-DVP 3: Child Sexual Abuse Response



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

3

Activity Title *

PP & TP-DVP 3: Child Sexual Abuse Response

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Child Sexual Abuse

Aim of Activity *

The Programs aims to:

Support the primary care sector response to child sexual abuse by improving capacity of primary care to recognise, respond and refer impacted individuals to other services and supports.

Description of Activity *

NT PHN is currently in the design phase for this program. We are seeking information and creating dialogue through an Expression of Interest for organisations that support community's impacted by FDSV. Once this is completed, we will enter a co-design stage which will inform the activities and the services that will be delivered.

This funding will aim to:

1. Improve primary health care system capacity and capability to recognize, respond and refer individuals impacted by child sexual abuse
2. Support system integration and health system navigation for victims-survivors of child sexual abuse
3. Embed co-design and continuous improvement and evaluation into the program of work

The funding will include both Territory-wide initiatives driven by NT PHN (e.g. providing access to training for primary care providers) and procured services related to capacity building, delivery of 'local link' roles, co-design, evaluation, and local level system integration.

Regarding increasing capacity and capability, specific activities include:

- enhanced primary education and training opportunities for primary care workers to better care for people living with Child Sexual Abuse
- improved understanding of the role of the primary care sector in addressing Child Sexual Abuse
- improved readiness of the primary care sector to address Child Sexual Abuse
- improved recognition of Child Sexual Abuse by the primary care sector
- increased referrals from primary care to specialist Child Sexual Abuse support services

Regarding improving primary care system integration with the broader Child Sexual Abuse service response system and health service navigation for victim-survivors of Child Sexual Abuse, specific activities that a local link can help with include:

- specialist support services have an improved understanding of the role of primary care in supporting victim-survivors
- increased primary care referrals to specialist support services
- increased continued care coordination loops between primary care and
- special support services to support the recovery of victim-survivors

Regarding embedded co-design, continuous improvement and evaluation, specific activities will include:

- identifying health outcomes that matter for people experiencing Child Sexual Abuse in the PHN Region including an equity focus and
- identifying the most viable options for sustainable change
- Overall, the Pilot activity will support primary care providers to assist in prevention, early identification, intervention and recovery and referrals to support services for victim-survivors of child sexual abuse

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
ATSI Health - Culturally safe and trauma informed services	31
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33



Target Population Cohort

all Territorians who may be affected by Child sexual abuse.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

The NT PHN has undertaken an extensive consultation process to understand needs, gaps and opportunities for supporting the primary care sector response to child sexual abuse. Key stakeholders involved and child sexual abuse were mapped and identified, to enable a comprehensive view of the issue in the NT.

As a starting point, NT PHN consulted the NT PHN Community and Clinical Councils seeking strategic guidance and locally relevant advice. Both Council's include members with deep knowledge of the health priorities in their communities from their personal and professional experiences. Following this consultation, NT PHN have also consulted the following organisations and people to better understand the policy and service landscape regarding child sexual abuse:

- Aboriginal Medical Services Alliance NT (AMSANT)
- Northern Territory Government including staff from Territory Families, NT Health and Multi Agency Community Child Safety Team
- Northern Territory Council of Social Services – NT's peak body for specialist FDSV services and implementation agency for the NT Framework on FDSV
- Women's Safety Services of Central Australia
- Various Aboriginal Community Controlled Health Organisations (ACCHOs) from across different regions of the NT
- Key allied health working in FDSV (social workers) based in both primary and tertiary settings
- Primary care practitioners including GPs, Remote Area Nurses, and Social and Emotional Wellbeing (SEWB) workers
- A Senior Registrar at Royal Darwin Hospital
- Sexual Assault Referral Centre (SARC) based GP
- Head2Health – Community and social perspective including mental health services, justice and housing
- Dawn House – a Top End women's Shelter and counselling service; lead of the Top End Regional Network

In addition, NT PHN have met with PHNs nationally to discuss collaboration opportunities and the requirement to develop nationally consistent resources. Leveraging off the learnings from the existing 6 x PHN FDSV pilots and the work of the Department of Health and Aged Care on the development of nationally consistent resources child sexual abuse.

Collaboration

The NT PHN is collaborating with key stakeholders across multiple sectors in the NT to best develop this program, including the following:

- A Strategic Forum comprising of key subject matter experts and lived experience advocates to support a successful dialogue on the ideas and opportunities shared through the NT PHNs recently opened non-selective Expression of Interest (EOI) regarding supporting the primary care sector response. The goal of the Strategic Forum is to read, reflect, provide analysis and insights regarding the EOI submissions, that will enable a comprehensive set of insights regarding key opportunities in the NT that NT PHN will utilise in establishing key criteria for the formal tender process. We have approached several organisation and individuals to be part of the Strategic Forum and are in the process of finalising its members.
- Through its consultation process outlined above, NT PHN has now established key contacts across the FDSV sector in the NT and will be participating in the Top End regional network and an NT Health Advisory Group to ensure aligned, value-add collaboration, across implementation activities in the NT, rather than a siloed and potentially duplicative approach to activities. This is an important approach being taken by NT PHN as there are a number of initiatives underway across sectors to implement the NT Framework for FDSV Reduction, and will ensure NT PHN is aligned and contributing in a locally relevant way.
- We leverage off the shared knowledge from the various departments at NT PHN including the Primary Health Care, Workforce, Regional Health Partnerships and the Strategy, Planning and Performance Teams. These teams will allow us to learn about the workforce needs and share any relevant capacity building opportunities. The NT PHN's Clinical Council will provide guidance from a health care practitioner perspective.
- The NT PHN's Community Advisory Council will provide guidance from a community perspective.
- Additionally, we will work internally with the Primary Health Care Team to include relevant capacity building initiatives, such as locally relevant HealthPathways updates.
- A local evaluation partner to support monitoring and continuous improvement and ensure measurable demonstration of outcomes within the local context (feeding into national evaluation).
- Resourcing procured providers to conduct co-design activities with the target community as part of their design and implementation approach.
- The NT Health Department will also be consulted to support the design of this program.



Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/04/2024

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Internal PHN staff – started 22 June 2023

Procurement cycle for 'local link' activity – July-December 2023

TBD – procurement of local progress and monitoring partner – March 2024

TBD – procurement of training providers – March 2024 onwards

Contract execution for Local link – Feb 2024

Service Delivery Plan submitted by provider – March 2024

Co-design and methods for embedded ongoing learning – to be delivered in first six months of service delivery planning pending recruitment (estimated timeline Sept 2024)



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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

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



PP&TP-DVP - 4 - PP & TP- DVP 4: FDSV Operational



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

4

Activity Title *

PP & TP- DVP 4: FDSV Operational

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Family, Domestic and Sexual Violence

Aim of Activity *

Please see description of PP & TP - DVP 1, 2 and 3. This is for operational costs only.

Description of Activity *

Please see description of PP & TP - DVP 1, 2 and 3. This is for operational costs only.

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Access to specialised supports and services for vulnerable groups including LGBTQI, CALD, refugee, veterans and victims of domestic violence	31
ATSI Health - Culturally safe and trauma informed services	31
Pop Health - Coordination and integration of service responses between health, housing, homelessness, domestic violence, justice, and other sectors to address health outcomes	33



Activity Demographics

Target Population Cohort

All Territorians who may be affected by FDSV.

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

31/05/2023

Activity End Date

29/06/2023

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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

No

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





PP&TP-GCPC - 1 - PP&TP-GCPC 1: Greater Choice for At Home Palliative Care Program



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1

Activity Title *

PP&TP-GCPC 1: Greater Choice for At Home Palliative Care Program

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative care

Aim of Activity *

The aim of this activity is to improve awareness, capacity and responsiveness, coordination, integration, and access to quality palliative care at home.

Description of Activity *

This activity will also support capacity building within the Northern Territory to deliver outcomes under the Greater Choice for At home Palliative Care (GCfAHPC), namely:

improved capacity and responsiveness of services

improved patient access to quality palliative care at home

improved coordination and integration of palliative care services.

As part of this activity, NT PHN will continue to take part in forums relevant to the sector and contribute to sector integration through collaboration with local providers and updates to NT HealthPathways relevant to palliative care and/or advanced care planning.

NT PHN staff members working in the palliative care portfolio will continue to take part in the Greater Choices for At Home Palliative Care Program (GcFAHPC) Communities of Practice meetings and support the national evaluation of the program.

NT PHN will also support the following three targeted grassroots programs under a regional and population’s-based approach:

Advance Care Planning Facilitator role for the Top End, Big Rivers and East Arnhem regions: This project will fund the recruitment of an Advance Care Planning Facilitator, a new pilot role based within Territory Palliative Care to focus on education and promotion of advance care planning.

Bereavement Network and Community of Practice, Central Australia: The project will bring together the resources and knowledge of existing local agencies to provide a readily accessible network of services, creating a Community of Practice to support their work. This Community of Practice will focus on two-ways approaches to better understand the bereavement issues and needs of Central Australia, and to support the development of a range of appropriate and safe ways of providing bereavement support across ACCHOs, government providers, NGOs and private providers.

Seniors’ Advocate: Advance Personal Planning Project for mainstream and CALD communities: Through targeted information sessions and workshops, the project aims to normalize the conversation around end-of-life planning, ensuring that it becomes a standard part of health and wellness discussions. By demystifying Advanced Personal Plans – APPs (or Advanced Care Plans), the project will empower seniors from mainstream and culturally and linguistically diverse (CALD) communities and promote the value of APPs as a tool for empowerment.

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_ November 2021

Priorities

Priority	Page reference
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Aged Care - Capacity for management of complex clinical care including management of chronic disease, psychogeriatric conditions, and palliative care in Aged Care and Disability services	31
Pop Health - Coordination of strategic health planning involving key stakeholders	29
Pop Health - Quality evidence-based care relevant to unique NT context	29



Activity Demographics

Target Population Cohort

Aboriginal and Torres Strait Islander people, Health professionals, primary care staff, mainstream and CALD community member

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NT Health: Territory Palliative Care, Program of Experience in the Palliative Approach (PEPA), Alice Springs Hospital Palliative Care Facility (Apmere amantye-akeme – The Comfort House)

Purple House

AMSANT

ARRCS ELDAC Partners Advisory Group

Australian Government, Department of Health and Aged Care - Palliative Care Section

QLD Gov | Metro South Health - caring@home

Anglicare

APY women's council

Council of the Ageing NT

Collaboration

Territory Palliative Care for the Advance Care Planning Facilitator across the Top End, Big Rivers and East Arnhem regions

Anglicare, APY women's council and Alice Springs Hospital Palliative Care Facility (Apmere amantye-akeme – The Comfort House) for the Bereavement Network and Community of Practice in Central Australia

Council of the Ageing NT for the Seniors' Advocate - Advance Personal Planning for mainstream and CALD communities

Scyne, for the national evaluation of the program

Australian Digital Health Agency for ongoing conversations of APP integration into My Health Record

GCfAHPC Community of Practice for ongoing information sharing and learnings



Activity Milestone Details/Duration

Activity Start Date

10/11/2021

Activity End Date

30/10/2025

Service Delivery Start Date

08/08/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

National Evaluation – 30 June 2025

Ongoing participation to meetings – ending 30 June 2025



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?

Yes

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

Decommissioning details?

Co-design or co-commissioning comments

Co-design with the sector is an ongoing activity for this project.





PP&TP-Op - 1 - PP&TP-Op 1: Pilots and Targeted Programs Operational



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-Op

Activity Number *

1

Activity Title *

PP&TP-Op 1: Pilots and Targeted Programs Operational

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

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-MDNP - 1 - PP&TP-MDNP 1: Movement Disorder Nurse Specialist Pilot Project



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-MDNP

Activity Number *

1

Activity Title *

PP&TP-MDNP 1: Movement Disorder Nurse Specialist Pilot Project

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Adults diagnosed with a neurological condition that can result in a movement disorder.

Aim of Activity *

The aim of this activity is to pilot a movement disorder nurse service, and generate evidence of viability and effectiveness of a model.

Description of Activity *

This activity has been developed through a co-design phase facilitated by NT PHN and involving key stakeholders. NT PHN has contracted a service provider to deliver the Movement Disorder Nurse Service (MDNS) to adults diagnosed with a neurological condition that can result in a movement disorder including Huntington's chorea, Parkinson's, Atypical Parkinsonism, Chorea, CBS, Essential Tremor and Dystonia; their carers and family.

The service is being delivered through a Registered Nurse with relevant advanced nursing practice competencies, post-graduate study (e.g. Parkinson's Care), skills and training. Due to the lack of rural and remote speech pathology services, funding for a speech pathologist has been found to collaborate with the nurse to provide more holistic services to the movement disorder population.

The MDNS Pilot Program involves the provision of specialist nursing services and case management to the target group and upskilling to improve the delivery of care by other health professionals. The pilot is generating evidence of need and viability and effectiveness of the model. The specialist nurse service contributes to coordinated care and facilitates integrated care across

multidisciplinary providers.

Communication pathways and operational relationships continue to be fostered with key stakeholders including specialists, peak bodies, aged care providers, primary care providers, acute care providers and the NDIS.

The expected outcomes for the MDNS Program include equity of access, seamless client experience, continuity of care, service integration, quality of referral, access to advanced nursing practice, person-centeredness, sustainability, reduction in avoidable escalation of symptoms and improved service provider capacity to deliver quality care.

The provider will continue to engage with co-design partners, adapting the service model in response to emerging evidence. The provider will collect and share data and information with co-design members/stakeholders, as well as contribute to a national evaluation, to optimise the development of the service. The scope may be amended in response to case load demands, the efficacy of the nurse specialist service and with consultation with co-design group and the NT PHN.

Workforce access, capacity and capability are critical areas of need to support the delivery of commissioned programs by NT PHN. Where required this activity could include workforce development initiatives to improve access, quality and sustainability of services to the communities in the Northern Territory.

This pilot is ending 30/6/24 and will be transitioned to the Early intervention initiatives supporting healthy ageing & management of chronic conditions activity work plan as a movement disorder specialist program. There will be no change to the current activities being delivered.

Needs Assessment Priorities *

Needs Assessment

NT PHN Needs Assessment 2021/22-2023/24_November 2021

Priorities

Priority	Page reference
Pop Health - Health literacy, particularly in relation to alcohol and other drugs, mental health, oral health, chronic conditions and health behaviours	32
Pop Health - Utilisation of clinical information and data to influence CQI	30
Health Workforce - Locally responsive, sustainable primary care service and workforce models that meet community needs, particularly those of minority or vulnerable groups	30
Pop Health - Local capacity, viability and sustainability of place-based services achieved through shared resources, coordination across primary and social care sectors	30
Aged Care - Incidence of conditions due to causes other than ageing among older Aboriginal Territorians	31
Aged Care - Capacity for management of complex clinical care including management of chronic disease, psychogeriatric conditions, and palliative care in Aged Care and Disability services	31
Aged Care - Access to quality, coordination and continuity of primary health care services for people living with a disability and those receiving	31

aged care services	
Pop Health - Quality evidence-based care relevant to unique NT context	29



Activity Demographics

Target Population Cohort

Residents of the NT diagnosed with a neurological condition that can result in a movement disorder

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

Consultation is ongoing and is currently with the NT Health Community Allied Health Team and the MDNS nurse. In the development of the program consultation involved Parkinsons SA, MJD groups, Royal Darwin and Alice Springs Hospital and other community allied health across the NT.

Collaboration

This activity represents a collaboration between NT PHN and NT Health community allied health team. There is a national MDNP community of practice where PHN's can collaborate. The transition once this pilot has ended has been in collaboration with NT Health. There is ongoing consultation occurring to complete a transition to NT Health in FY 25/26.



Activity Milestone Details/Duration

Activity Start Date

30/06/2019

Activity End Date

29/06/2024

Service Delivery Start Date

Service Delivery End Date

30/06/2024

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?

No

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

Decommissioning details?

Co-design or co-commissioning comments

Co-design of this program has occurred both within the NT and nationally through community of practices. In the development of

this program, stakeholders from different health sectors were involved in applying their expert and unique knowledge to the program. This included consultation with neurologists, geriatricians, the Top End Health Service, CAHS, AMSANT, community Allied Health and Aged care. Involving these stakeholders helped ensure the program was holistic and covered all relevant cohorts of movement disorder clients.
