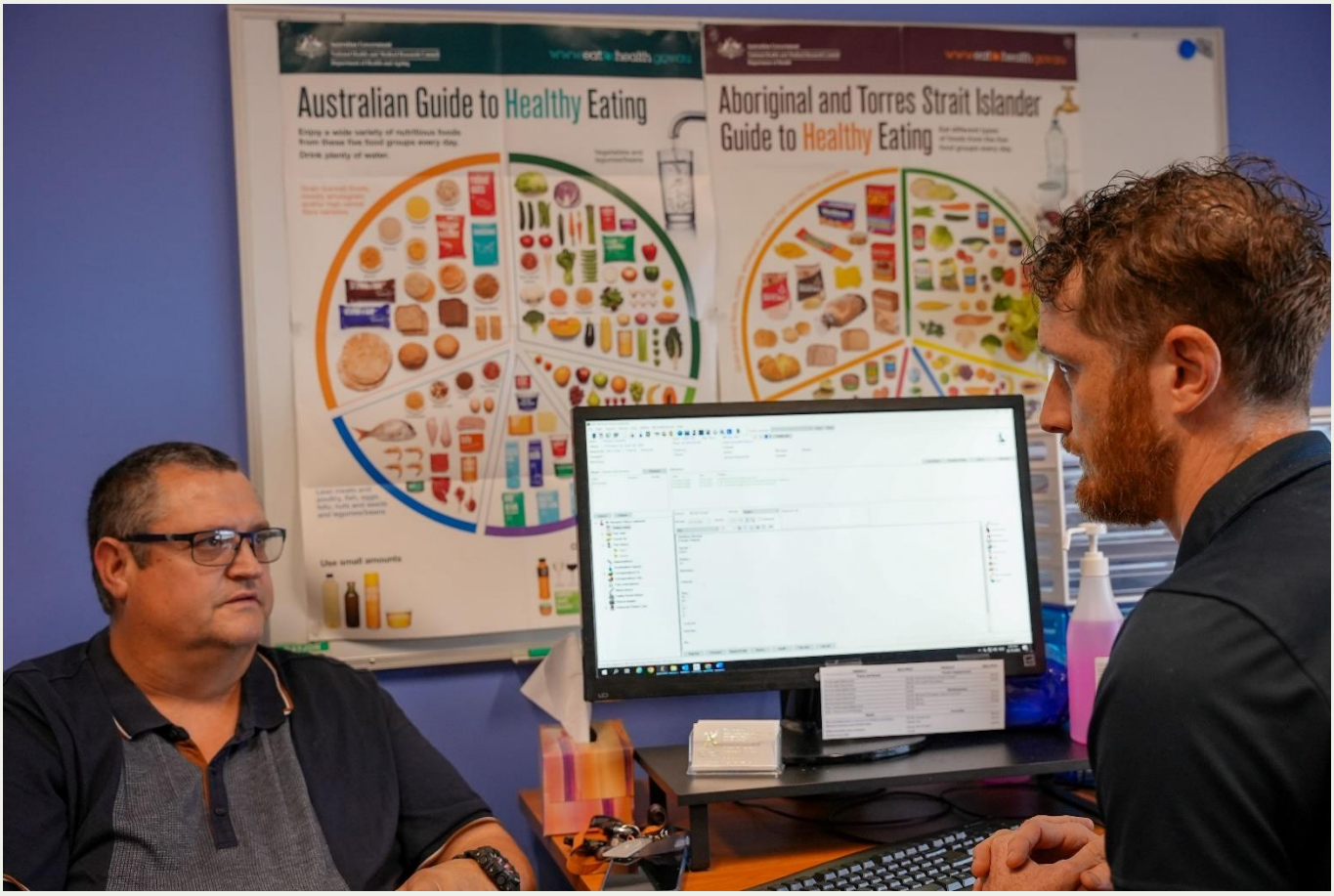


Northern Territory PHN – Core Funding

ACTIVITY WORK PLAN

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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GP in Aged Care – Thin Markets

1. Aim of Activity

This activity aims to support innovative and local solutions to address the lack of primary care services for permanent residents in residential aged care homes (RACH) in the Northern Territory (NT).

2. Description of Activity

Northern Territory Primary Health Network (Northern Territory PHN) will deliver the following activity in a multistage approach.

Stage 1 – Needs assessment and design
Northern Territory PHN will complete a needs assessment identifying gaps in the delivery of primary care services to RACH residents. This will be achieved through individual engagements with the 18 RACHs in the region. A design process will identify local solutions to increase access to primary care services which are considerate of the broader Strengthening Medicare agenda, the Aged Care Taskforce Report and Recommendations, and the need for improvements quality and continuity of care in RACHs. This will include consultations with RACHs, mainstream general practices , Aboriginal Community Controlled Health Services (ACCHS), NT Health Population, Primary Health Care and other key stakeholders.

Stage 2 – Implementation and Monitoring
Once gaps in primary care services are identified through the needs assessment, Northern Territory PHN will use this information to inform its procurement process. Priority will be given to areas with the greatest need, ensuring resources are directed where they will have the most impact.

To achieve this, Northern Territory PHN will facilitate a procurement process with emphasis across the following areas:

- Equitable service distribution – Ensuring that high-need RACHs receive targeted support, particularly those in rural, remote and underserved areas
- Quality and sustainability – Selecting providers that demonstrate the capacity to deliver high-quality, patient-centred and culturally appropriate care that is sustainable in the long term
- Innovation and integration – Encouraging flexible and fit-for-purpose solutions, such as mobile health services, telehealth and multidiscipline integrated care models, to overcome geographical barriers and workforce constraints to deliver best practice in aged care

- Maximise Resource Efficiency – Given the large distances covered across the NT, funding decisions will be based on solutions that offer the best value for money while ensuring high-quality, sustainable service delivery.

Once services are commissioned, Northern Territory PHN will continuously monitor and evaluate their effectiveness, ensuring they deliver improved access, quality and continuity of care for RACH residents. Regular stakeholder engagement, performance reviews and feedback mechanisms will be used to drive continuous quality improvement.

This activity will be implemented in coordination with Stream 3 'GP Matching'. Northern Territory PHN has appointed a dedicated full-time employee to coordinate the delivery of this activity.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHOs and across all types of primary care workforce.	71
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

Residents of residential aged care services in the NT.

5. Consultation and Collaboration

Consultation
Consultation will be completed during the needs assessment and design phase with the following stakeholders:

- All 18 RACHs across the NT: Individualised needs assessment
- NT Health: Key informants and Small to Medium Enterprises (SMEs) across aged care and hospital avoidance projects targeting older Territorians
- Northern Territory PHN: Staff involved with aged care commissioned services such as Care Finders and Healthy Ageing

- Darwin Aged and Disability Services network hosted by Carers NT
- Primary and Tertiary Care interface working group and Northern Territory PHN Commissioning Committee: Findings of the needs assessment will be shared across these forums for feedback to inform the commissioning approach.

Collaboration
Northern Territory PHN will collaborate through existing stakeholder relationships including RACHs, NT Health services, general practices, ACCHs and existing General Practitioner (GP) locums.

Northern Territory PHN also participates in a regular forum for all NT RACHs coordinated by the Department of Health, Disability and Ageing.

The design process will identify the appropriate methods to engage with residents throughout the program.

An existing relationship with Council of the Ageing NT (COTA NT) will provide valuable information on senior issues and concerns in the NT.

Northern Territory PHN also participates in the National PHN MyMedicare Implementation Community of Practice (CoP), which provides national support, implementation guidance and resources for initiatives such as General Practice in Aged Care Incentive (GPACI). This platform enables Northern Territory PHN to collaborate on solutions and models for effective implementation.

6. Milestones

Stage 1: RACHs needs assessment completed – May 2025.

7. Commissioning

Co-design will be completed during the design phase in collaboration with stakeholders.

COVID3 – Vaccination of Vulnerable Populations

1. Aim of Activity

Note: This activity is implemented in conjunction with 'COVID-19 Primary Care Support'.

This activity aims to provide support and facilitate local solutions to vaccinate vulnerable populations who may have difficulty in accessing COVID-19 and other vaccines in collaboration with vaccination providers including general practice, pharmacy and other healthcare providers.

2. Description of Activity

This activity will assist PHNs to provide support and facilitate local solutions to vaccinate vulnerable populations who may have difficulty in accessing COVID-19 vaccines in collaboration with COVID-19 vaccination providers including general practice, pharmacy, contracted providers, state health services and nurse practitioners (as appropriate). These groups include, but are not limited to:

- Those who are experiencing homelessness
- People with disability or are frail and cannot leave home
- People in rural and remote areas with limited healthcare options
- Culturally, ethnically and linguistically diverse (CALD) people
- Those who are not eligible for Medicare and/or live in an area without access to a State, Territory or Commonwealth Vaccination Clinic
- Aged care and disability workers.

Northern Territory PHN's Primary Care Support team will continue to:

- Encourage and support GPs and other eligible vaccine providers to use existing funding mechanisms, such as the Medicare Benefits Scheme (MBS), to continue to provide COVID-19 vaccinations to vulnerable members of the community
- In coordination with the Centre for Disease Control, provide sector updates where COVID-19 Australian Technical Advisory Group on Immunisation (ATAGI) advise changes
- Provide re-imbursements equivalent to the MBS item value for services targeted to community members not eligible for Medicare, such as CALD communities
- Offers of financial support will be considered via and Expressions of Interest from healthcare providers to conduct more proactive activities with the aim to increase vaccination rates.

In addition, as the NT continues transitioning to live with COVID, this activity will also support the need to promote uptake of immunisations more broadly, including:

- Supporting vaccine providers to deliver COVID vaccines in conjunction with other vaccinations, such as Japanese Encephalitis Virus, influenza and childhood immunisations
- Collaboration with NT Health to employ a coordinator for the 2023 influenza vaccine rollout, including the communications campaign
- Northern Territory PHN's ongoing participation in immunisation-related coordination efforts such as working and advisory groups.

3. Needs Assessment Priorities

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - COVID-19 vaccination.	36
Population Health - Support and enable primary care services including private practice and ACCHOs to manage COVID-19 positive patients in the community.	36

4. Demographics

Aboriginal people and communities, CALD populations, refugees and residents in the NT.

5. Consultation and Collaboration

Consultation
This activity involves ongoing consultation with the sector which takes place in existing forums such as the NT Vaccine Advisory Group, the Public Health Directorate, Aboriginal Medical Services Alliance Northern Territory (AMSANT) and the Centre for Disease Control.

Collaboration
Ongoing collaboration for this activity exists with GP practices, AMSANT, NT Health, ACCHS, Melaleuca, RACFS and disability organisations.

6. Commissioning

Ongoing collaboration for co-design of this activity exists with AMSANT and NT Health via working groups (see consultation and collaboration sections).

GP in Aged Care - GP Matching

1. Aim of Activity

This activity aims for Northern Territory PHN to support the matching of residents in RACHs to GPs and practices and/or ACHHS and Territory Government owned/operated Aboriginal Medical Services (AMS).

2. Description of Activity

Northern Territory PHN will deliver this activity in a multistage approach.

Stage 1 – Needs Assessment and Design
Northern Territory PHN will conduct individual engagements with the 18 RACHs in the region to complete a needs assessment identifying gaps in the delivery of primary care services to RACHs residents. This will include consultations with RACHs, general practices, NT Health and ACCHS. Formal agreements and/or governance arrangements may be considered as part of this process.

Stage 2 – Implementation and Monitoring
Supports will aim for localised solutions to improve access to primary care services as informed by the Stage 1 needs assessment.

Northern Territory PHN will provide guidance to improve understanding of the GPACI and broker linkages for RACHs and health care services to coordinate the care of residents with a focus on communications and improved healthcare outcomes and patient experience. Regular information sharing, training, coordination and service integration activities will be facilitated via:

- Direct engagements and one-on-one coaching
- Email correspondence
- PHN website hosting resources
- Group education and peer support opportunities such as CoP, drop-in sessions, webinars and workshops.

For enhanced efficiencies and a considerate approach of time-poor RACHs to engage in capacity building activities delivered by Northern Territory PHN and other stakeholders, this activity will be implemented in coordination with a number of initiatives including, but not limited to:

- My Medicare

- GP in Aged Care: Thin Markets
- AC-VARACF-1 - Support RACFs to increase availability and use of telehealth care for aged care residents
- AC-AHARACF- 2 - Enhanced out of hours support for residential aged care
- Aged Care On-site Pharmacist Measure
- Others as these emerge.

Northern Territory PHN has appointed a dedicated full-time employee to coordinate the delivery of these activities.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support private primary healthcare to be accessible to all population groups.	52
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

Residents of residential aged care services in the NT.

5. Consultation and Collaboration

Consultation
Consultation will be completed during the needs assessment and design phase.

Collaboration
Northern Territory PHN will collaborate through existing stakeholder relationships including RACHs, NT Health services, general practices, ACCHS and other relevant stakeholders. Northern Territory PHN also participates in a regular forum for all NT RACHs coordinated by the Department of Health, Disability and Ageing. The design process will identify the appropriate methods to engage with residents throughout the program. An existing relationship with COTA NT will provide valuable information on senior issues and concerns in the NT.

The needs assessment will be coordinated with NT Health which will be concurrently launching projects to support hospital avoidance with a focus on older Australians as funded by Department of Health, Disability and Ageing.

Northern Territory PHN participates in the National PHN MyMedicare Implementation CoP. This provides national support, implementation guidance and resources for initiatives such as GPACI. This platform enables Northern Territory PHN to collaborate on solutions and models for effective implementation.

Workforce Incentive Program

1. Aim of Activity

This activity aims for Northern Territory PHN to understand the Workforce Incentive Program - Practice Stream (WIP-PS) incentive utilisation and work with practices receiving this incentive to enable access to multidisciplinary team care.

2. Description of Activity

To maximise integration and resourcing, this activity will be implemented in coordination with 'HSI 1: General Practice and Primary Health Care Support and Enablement' and 'Core Stream 6 commissioning of multidisciplinary teams and Allied Health Primary Care Support'.

Northern Territory PHN's approach to this activity will be informed by a sector-wide survey designed to map the current landscape of WIP-PS knowledge and utilisation in the PHN region. This survey will identify existing gaps, highlight resource needs and assess the level of engagement across private practices, NT Health Population and Primary Health Care Health Centres and ACCHS.

By systematically gathering this data, Northern Territory PHN will be able to curate targeted resources that support the continued adoption of WIP-PS within the region. Additionally, where feasible, the insights gained will inform strategies to enhance participation in WIP-PS, fostering a more integrated and well-supported healthcare workforce. Some resources which Northern Territory PHN can provide to support the uptake the utilisation of WIP-PS include but are not limited to:

- WIP-PS practice cheat sheet – Practices utilising WIP-PS can use this document to support them with reporting of the WIP into HPOS
- Practices are informed of the WIP-PS program, its benefits and how to participate through communications provided to practices via:
  - Direct one-on-one engagements
  - Email correspondence.
- Updating the Northern Territory PHN website to host resources and be a source for information
- Providing support to practices to uplift their capability in the WIP-PS where appropriate through:
  - Workshops
  - Webinars
  - Information dissemination
  - Drop-in sessions targeting WIP-PS.

Northern Territory PHN has a Primary Care Support team which currently works with mainstream general practices across the regions for various practice support activities. Northern Territory PHN will allocate in-house staff to work with the Primary Care Support team and general practices to deliver the programs activities.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote ACCHOs and across all types of primary care workforce.	71

4. Demographics

Mainstream general practices in the NT eligible for WIP-PS.

5. Consultation and Collaboration

Consultation

This activity involves ongoing consultation with the sector including general practices, allied health providers and NT Health services.

Collaboration

- General practices: Around 35 eligible general practices in the NT (the number varies due to accreditation status and opening and closing of practices). Northern Territory PHN will work collaboratively with each practice to understand their WIP-PS utilisation and support their uptake of WIP-PS where possible
- AMSANT: Northern Territory PHN will share relevant WIP-PS information with ASMANT to disseminate to their member network
- ACCHOs: Northern Territory PHN will provide WIP-PS related support, where requested
- Department of Health, Disability and Aged Care: Advisory role
- Services Australia: Advisory role/data sharing, where possible.

My Medicare

1. Aim of Activity

This activity aims to support Northern Territory PHN to strengthen the resources and approach to assist mainstream general practices in the NT to achieve and maintain accreditation under the National General Practice Accreditation (NGPA) scheme.

2. Description of Activity

To maximise integration and resourcing, this activity will be implemented in coordination with 'HSI 1: General Practice and Primary Health Care Support and Enablement'.

This activity aims to support practice eligibility and registrations to MyMedicare in the NT.

For mainstream general practices
There are currently 6 mainstream general practices unaccredited in the Northern Territory PHN region, 4 of which are solo GP practices. The Practice Support team has identified that several solo GP practices are unlikely to pursue accreditation due to one or more of the following reasons:

- Costs and administrative requirements outweigh the perceived benefits
- Limited operating hours
- Ageing GP with retirement on the horizon.

Northern Territory PHN acknowledges these challenges but continues to promote the benefits of accreditation, where possible. Embedded as a key priority for Northern Territory PHN Practice Support function, mainstream practices in the NT have ongoing access to information and support to achieve and maintain accreditation throughout each accreditation cycle. This involves scoping of changes in mainstream practice ownership, practice closure and opening.

Northern Territory PHN's Practice Support function also implements ongoing awareness raising activities around accreditation and strives to continuously develop and disseminate practical tools to enable accreditation and MyMedicare registrations patients and general practices, such as workflows, toolkits, coordination of support between accreditation peaks and practices, drop-in sessions and 1:1 support through Northern Territory PHN's Practice Manager Champion and Practice Support team.

For ACCHOs and Territory owned/operated practices
Northern Territory PHN has communicated with Department of Health, Disability and Ageing on the need for targeted supports around uptake of MyMedicare in the ACCHS and is working collaboratively to have some target supports such as a webinar series and collateral to provide the practices in the region.

Northern Territory PHN's Medicare Reform team also implements information sharing and feedback mechanisms that support MyMedicare registrations across the NT, this involves coordination with relevant NT Health and AMSANT parties to act as a conduit with their ACCHS members and territory owned/operated practices respectively. Through this avenue, we ensure to meet reporting requirements, as well as disseminating relevant information to support accreditation and MyMedicare registrations.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Population Health - Support private primary healthcare to be accessible to all population groups.	52

4. Demographics

All mainstream GPs in the NT, key stakeholders in AMSANT and NT Health.

5. Consultation and Collaboration

Consultation
This activity involves ongoing consultation, engagement and collaboration with general practices.

Collaboration

- General practices: Northern Territory PHN works with mainstream practices to understand their accreditation status and needs to provide individualised support to these practices when required throughout the accreditation cycle

- Australian General Practice Accreditation Limited (AGPAL) and Quality Practice Accreditation (QPA): Northern Territory PHN liaises with accreditation bodies to support practices with accreditation

- Australia Association of Practice Management (AAMP): Northern Territory PHN obtains various accreditation support resources from AAMP to provide and support practices with accreditation

- Royal Australian Collage of General Practitioners (RACGP): Northern Territory PHN obtains various accreditation support resources from RACGP to provide and support practices with accreditation
- AMSANT and NT Health: Dissemination of relevant resources and consultation on accreditation and MyMedicare registration status.

Commissioning Multidisciplinary Teams

1. Aim of Activity

This activity aims to provide access to multidisciplinary team care via improved access and affordability of prioritised allied health services for eligible people with chronic conditions in the Darwin and Alice Springs regions. It will also enable Northern Territory PHN to expand engagement efforts to multidisciplinary teams beyond general practice.

2. Description of Activity

This activity has 2 components:

1. **Commissioning of allied health and other services that enable multidisciplinary care for prioritised conditions**

In preparation for this activity, a needs assessment and consultation was undertaken throughout 2024 to identify areas and commissioning approach. The focus of this initial assessment phase has kept potentially preventable frequent hospitalisations at the core of decision making, which allowed the team to identify service gaps and prioritise 3 medical conditions: pulmonary conditions, cardiac disease and/or type 2 diabetes. Priority locations identified in this process include Darwin and Alice Springs regions. Consultations identified financial barriers as a major challenge for cohorts with these conditions. Many individuals struggled to afford and access essential allied health support due to MBS funding constraints for allied health services, limiting their ability to manage their health effectively. Northern Territory PHNs commissioning approach aims to enhance service coordination, removes financial barriers and improves overall health outcomes for the priority population.

Program service specifications will be further refined with procured services to ensure they will meet the needs of the priority population. This approach fosters opportunities for co-design and collaboration, emphasising a multidisciplinary model of care tailored to the local context.

Given the delays in the funding for this activity, with resources allocated retrospectively, Northern Territory PHN will request to carry forward resources to supplement funding allocation for future years, particularly towards 2027-28 financial year where an increased demand is anticipated once the program(s) and referral pathways are well established.

Once contracted, the service delivery will be monitored via regular follow up with service providers and participating general practices.

2. Allied Health engagement and support

A greater focus on allied health professions as part of primary healthcare multidisciplinary team is essential to improving access, outcomes, integration, safety, quality and cost-efficiency across the primary healthcare system. However, engagement with allied health services is often constrained by funding, capacity and policy direction that have remained largely and purposefully focused on general practice.

Through this activity, Northern Territory PHN will engage in-house staff to develop and implement a strategic plan to engage with allied health services to bring a value proposition for prioritised professionals. The priority professions will be determined utilising the following principles:

- Alignment with Nothern Territory Government allied health professions list. Northern Territory PHN has ensured that these professions within scope are all aligned with the specified professions listed in the grant measure
- Play a role in models of care that meet the needs in primary healthcare that are specific for the NT.

The implementation of this activity will be underpinned by local needs, the need to extend support to a multidisciplinary focus, and the national coordination and proactive collaboration across allied health engagement emerging from the PHN cooperative. To maximise integration, this will be implemented in coordination with Stream 4 'Workforce Incentive Practice Stream'.

Northern Territory PHN has appointed a dedicated role to coordinate the delivery of this activity.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHOs and across all types of primary care workforce.	71
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71

4. Demographics

People in the Darwin, Palmerston and Alice Springs regions living with pulmonary conditions, cardiac disease and/or type 2 diabetes with a high risk of hospital admission experiencing financial barriers to access allied health and multidisciplinary care.

5. Consultation and Collaboration

Consultation
This activity involves ongoing consultation with the sector including general practices allied health providers and NT Health services.

Collaboration
Ongoing collaboration for this activity exists with general practices, allied health providers and NT Health. Preventable hospitalisation data has been utilised from NT Health to inform the chronic conditions that will benefit most from increased multidisciplinary team care. General practices will be engaged throughout the program to provide referrals and ensure management plans are up to date.

GP Incentive Funds – Berry Springs

1. Aim of Activity

This activity will establish a Service System Recovery Plan (SSRP) for a sustainable, contemporary and place-based model of primary care for the Berry Springs region. This will be developed through a design and planning process in partnership with the local community and key stakeholders.

2. Description of Activity

In 2023, the Arafura Medical Centre in Berry Springs closed leaving 10,000 patients without their usual primary healthcare service. This practice serviced surrounding areas including Litchfield and the Cox Peninsula. While the challenges of working in rural and remote areas include a multitude of issues, the primary reason for the difficulty in recruiting a GP to this practice was the lack of financial viability of the practice. Affordability is a key issue in the serviced community and the revenue generated through MBS has been insufficient to meet costs and generate a return on investment. The failed attempts to recruit a GP in this clinic led to other models of care being considered, including a nurse practitioner-led practice that was opened in late 2023. This practice, currently providing key primary healthcare services, is struggling with sustainability given the current legislative funding models (HIA1973) and Northern Territory PHN has to-date provided significant amounts of funding to ensure its doors stay open.

The struggle with sustainable primary care service delivery in the Berry Springs region is not new. It has experienced a thin market across general practice service provision for many years, and the community has been mobilised to establish better continuity of care for their population. Northern Territory PHN has worked collaboratively with other commissioning agencies and stakeholders to prop up service delivery as required, however acknowledges that this is not a long-term solution and a robust planning process, in partnership with the local community and key stakeholders, is required to develop a service systems recovery plan. This activity will include a design and planning process, to establish a plan and roadmap to a sustainable, contemporary and place-based model of primary care for the region.

Northern Territory PHN will complete the following:

- Support the Berry Springs Medical Centre, including outreach services, to ensure primary care service continuation through funding provision

- Work with stakeholders to develop a SSRP including the needs analysis to identify causes of market failure, identification of solutions and agreement with stakeholders on the preferred approach.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

Residents in the Berry Springs region.

5. Consultation and Collaboration

Consultation
Consultation will include engagement with NT Health, primary health care services in Berry Springs, Royal Darwin Hospital and community representation through clubs and groups.

Collaboration
The approach to collaboration for this activity is guided by the following:

- Primary health care services are the existing service providers in the region which will inform the design of a sustainable service model
- NT Health is the service provider for hospital and outpatient services which will inform integration between primary and tertiary services. If there is future market failure in the Berry Springs region it will increase the pressure on Royal Darwin Hospital

- Community groups and clubs represent the consumers of health care services in the Berry Springs region. They have an essential role in designing the health services that will best meet their needs.



Visiting Allied Health Services

1. Aim of Activity

To increase availability of, and access to, allied health services for people living and working in regional and remote communities, particularly those experiencing chronic conditions.

2. Description of Activity

Commission visiting allied health practitioners to provide outreach services for regional and remote communities across the NT. This activity is integrated with the Medical Outreach Indigenous Chronic Disease Program (MOICDP) which achieves improved coordination, integration and cost efficiencies. Together they form Northern Territory PHN's integrated Outreach Health Services Program (OHSP).

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

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52

4. Demographics

Visiting allied health services in East and West Arnhem, Katherine, Alice Springs and the Barkly regions.

5. Consultation

Consultation

Northern Territory PHN and its Rural Workforce Agency (RWA) NT regularly engage with remote health service and outreach providers to collaborate and consult on service delivery challenges, barriers and enablers. Northern Territory PHN and RWA NT also facilitates regional governance committees that consult and make shared decisions about resource allocations which may impact this activity.



GP Incentive Funds - Nhulunbuy

1. Aim of Activity

This activity will establish a Service System Recovery Plan (SSRP) for a sustainable, contemporary and place-based model of primary care for Nhulunbuy. This will be developed through a design and planning process in partnership with the local community and key stakeholders.

2. Description of Activity

Located in north-east Arnhem Land, Nhulunbuy, has approximately 3,350 residents. It is a 9-hour drive from Katherine with only seasonal access by road and has been identified as one of the most remote general practice locations in Australia. While Nhulunbuy has had some success with maintaining a general practice, the many challenges of maintaining financial viability in remote locations with small population sizes have led to periods of difficulty in the delivery of primary healthcare services for the Arnhem Family Medical Clinic and Arnhem Allied Health Centre. Northern Territory PHN has needed to periodically financially support the clinic to ensure essential primary care services continue to be delivered to its clientele. A long-term solution to support financial viability, including links between other local services, is imperative for this community.

Nhulunbuy has experienced a thin market across general practice service provision. Northern Territory PHN has provided support to prop up service delivery as required but acknowledges that this is not a long-term solution. Northern Territory PHN has an imperative to assist the community with defining a model that could effectively resolve or mitigate the impacts of a GP thin market environment in a long-term, sustainable way. This will hold learnings for achieving access and continuity of primary care in very remote areas nationally.

Northern Territory PHN will complete the following:

- Support Arnhem Family Medical Clinic and Arnhem Allied Health Centre to ensure primary care service continuation through funding provision
- Work with stakeholders to develop a SSRP including the needs analysis to identify causes of market failure, identification of solutions and agreement with stakeholders on the preferred approach.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Equitable access to health care and social services, especially for those living in rural and remote areas.	52
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

Residents in Nhulunbuy.

5. Consultation and Collaboration

Consultation

Consultation will include engagement with NT Health, Gove District Hospital, primary health care services in Nhulunbuy including ACCHS, community representation through clubs and groups.

Collaboration

The approach to collaboration for this activity is guided by the following:

- Primary health care services are the existing service providers in the region which will inform the design of a sustainable service model
- NT Health is the service provider for hospital and outpatient services which will inform integration between primary and tertiary services. If there is future market failure in Nhulunbuy it will increase the pressure on Gove District Hospital
- Community groups and clubs represent the consumers of health care services in Nhulunbuy. They have an essential role in designing the health services that will best meet their needs.

Primary and Tertiary Care Interface Integration

1. Aim of Activity

The aim of this activity is for Northern Territory PHN to partner with NT Health to develop a coordinated approach for improving system efficiency, effectiveness and consumer experience and outcomes at the interface between primary care (particularly GPs) and tertiary health care.

2. Description of Activity

Through employment of GP liaison officers (GPLOs) co-located in the largest NT hospitals and at Northern Territory PHN offices, this activity involves supporting patient care pathways and avoidance of unnecessary or preventable hospital attendance, support coordination, timely referrals and transfer of care with a focus on primary healthcare. NT GPLOs support pragmatic solutions, including hands on support to GPs across the NT for troubleshooting and service navigation.

As part of this activity, a Primary and Tertiary Care Interface Working Group has been set up, which supports shared governance with NT Health, as well as collaboration and integration with other Northern Territory PHN and RWA NT program areas such as commissioning, clinical referral pathways and continuous professional development.

This activity directly contributes to the aims and objectives of 'HSI 1: To enable primary health care services, including General Practitioners, to enhance their quality-of-service provision to improve health outcomes for all Territorians'.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71

Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51

4. Demographics

All NT residents.

5. Consultation and Collaboration

Consultation

- NT Health: Executive Director Remote Health and Primary Care, Deputy Chief Executive - Commissioning and System Improvement, General Manager Alice Springs Hospital, Royal Darwin and Palmerston Hospital: Deputy Chief Executive, Director Clinical Excellence, GP Liaison Officer.
- Working groups and Steering Committee for the NT Health Potentially Preventable Hospitalisations project
- NT GPs responding to October 2023 GPLO survey
- Primary and Tertiary care interface operational working group.

Collaboration

- Various work units within NT Health, including hospital outpatients and emergency department
- AMSANT, ACCHS and other Northern Territory PHN commissioned services
- Residential Aged Care Facilities.

General Practice and Primary Health Care Support and Enablement

1. Aim of Activity

The aim of this activity is to enable primary healthcare services, with a focus on mainstream general practice, to enhance sustainability and quality of care to maintain access to healthcare and support positive health outcomes for Territorians.

2. Description of Activity

Practice support is a core function of PHNs across Australia. The function is set to deliver a range of activities including quality improvement, accreditation, workforce development, digital health and others as outlined in the PHN program manual.

For Northern Territory PHN, the activity is led by a small work unit providing onsite and virtual engagements across all mainstream general practices in the NT. Aiming to support quality care, the team delivers targeted initiatives via 3 main streams of work:

1. Integration with health care services

Facilitate mechanisms for consultation and collaboration to the primary and tertiary healthcare interface by supporting GPLO activities and brokering linkages with other healthcare providers and foster partnerships that enable improved health outcomes.

Continuous communication to effectively inform practices of critical health alerts, industry information and promotion of relevant initiatives and emerging industry updates. This may include developing collateral, turn-key activities and providing one-on-one support.

In collaboration with activity for the Australian Digital Health Agency and NT Health, support the rollout of digital health initiatives that facilitate interoperability of clinical information systems supporting streamlined clinical communication and patient journeys. Priority areas include, My Health Record, Provider Connect Australia, Primary Sense, secure messaging and activities to understanding practice digital maturity.

Provide practical tools to support practices in developing individual disaster and emergency plans.

Contribute and support other business areas as central engager with practices. Activities include wider program activities such as surveys, promotion and connectors to a practice to meet deliverables.

Foster networking opportunities and act as a conduit for introducing Northern Territory PHN-wide initiatives across other relevant portfolios such as education, commissioning and recruitment supports.

2. Quality improvement and data insights

Coordinate the uptake of the Practice Incentives Program - Quality Improvement (PIP-QI) stream for mainstream practices, including monitoring of practice eligibility, data sharing agreements, data extraction, AIHW data submissions and reports on incentive eligibility.

Promote a culture of continuous quality improvement across practices to establish an evidence-based framework that encourage data integrity and foster a quality improvement (QI) culture through the provision of ongoing individualised practice data reports, off-the-shelf QI activities and opportunistic recurrent events, such as winter wellness and health awareness day.

3. Sustainability and access

Implement strategies to support business sustainability such as canvassing participation in PIPs and developing strategies to increase PIP adoption.

Support GPs to achieve and maintain accreditation status by developing and providing toolkits and direct engagement with Northern Territory PHN's Practice Support team and Practice Manager Champion.

Link practices to direct support with relevant peak accrediting bodies.

Ongoing development of an education schedule to support staff retention and assist in meeting core accreditation criteria, for example CPR and cultural awareness.

Through open engagement with monthly interactions with practice managers, apply a case management approach to monitor staffing capacity and retention trends, identifying 'At Risk Practices' to trigger timely escalation and interventions to ensure community and patients retain adequate care and service.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support primary care roles and responsibilities in NT emergency, climate and pandemic responses.	26
Digital Health - Support digital health initiatives.	60
Population Health – Support private primary health care to be accessible to all population groups	52

4. Demographics

Mainstream general practices and other primary care service providers in the NT, where required.

5. Consultation and Collaboration

Consultation

- 45 mainstream GPs across Darwin and Palmerston, Katherine, Alice Springs and Nhulunbuy
- NT Health: Public Health Directorate, Centre for Disease Control, Royal Darwin Hospital GPLO
- RWA NT
- National Improvement Network Collaborative (NINCo) and other PHN cooperative initiatives.

Collaboration

- 45 general practices across Darwin and Palmerston, Katherine, Alice Springs and Nhulunbuy
- Australian Association of Practice Management (AAPM)
- RACGP
- Australian Medical Association (AMA)
- AGPAL
- QPA

- NT Health: Public Health Directorate, Centre for Disease Control, Office of the Chief Health Officer, Breast Screen NT, Cervical Screen NT, Bowel Screen NT, Adult Allied Health, Clinical Information and Enabling services
- WA Primary Health Alliance (WAPHA) for coordination on Primary Sense and PHI
- Local Allied Health providers
- Local specialists
- RWA NT
- Commonwealth government teams, e.g. MyMedicare, PIP QI, AIHW
- NINCo
- Charles Darwin University (CDU)
- Melaleuca Australia.

6. Milestones

Milestone	Date
Development Intellectual Property register, to manage document integrity and schedule regular review cycles.	January 2025
Ongoing development of off- the-shelf QI activities aligning to the QIM ten measures to encourage a culture of continuous quality improvement and influence practices identifying individual service goals.	June 2026
Develop and maintain comprehensive Primary Care Support Program Handbook to support business continuity, team uplift and staff vacancies.	June 2026
Improved accessibility to a library of resources, guides and toolkits to support key functions of practice operations; hosted on a dedicated tile on the Northern Territory PHN website.	December 2025
Establish a rolling Baseline Data Management Strategy to measure and apply strategies to meet current and changing needs for practice sustainability and operational needs.	December 2025
Map practice digital maturity to increase capability and empower business owners to uptake digital health initiatives, improving patient access and experience, and using findings to lift practices to a common digital capacity standard.	December 2025
Deliver weekly drop-in sessions for increased engagement with the sector, focusing on targeted areas to uplift practice staff, improve systems and workflows, and meet accreditation needs. Drop-in Sessions will improve accessibility to all clinical team members, including GPs, to attend Q&A sessions to troubleshoot and share solutions.	December 2025
Facilitate a one-day Inservice for Practice Managers and Practice Nurses to attend a series of education and networking opportunities. Topics identified from sector feedback, supporting human resources and practice compliance and pending industry changes.	December 2025

Emergency preparedness and coordination

1. Aim of Activity

This activity aims to build capacity and support emergency preparedness, planning and coordination functions in primary healthcare in the NT.

2. Description of Activity

The *Northern Territory Emergency Management Act 2013* establishes the framework and legislative authority for emergency management in the NT. The NT Emergency Service, Territory Emergency Plan (TEP) further describes the approach to emergency and recovery operations and establishes functional groups to support a coordinated approach across NT government agencies and other organisations with similar priorities.

The TEP, establishes a Medical Functional Group to "coordinate NT-wide policies and plans to ensure the preparation for and provision of medical services during the response to and recovery from an emergency". NT Health is the lead agency for these groups, namely, the Northern Region Medical Group (NRMG) and the Southern Region Medical Group (SRMG).

To respond to this activity, Northern Territory PHN will support the TEP by:

- Taking part in NRMG and SMRG activities as documented in relevant Emergency Plans and Response Plans (for example, cyclone/flood), including the maintenance of the GP register and information sharing with local private GP practices
- Preparing and maintaining emergency preparedness protocols to support private general practice, including annual updates in line with Emergency Preparedness Policy Guidelines provided by Department of Health, Disability and Ageing
- Engaging with relevant local stakeholders relating to emergency preparedness, planning, response, and recovery. These efforts may involve participation in Incident Management Team meetings as requested by the Chief Health Officer, for example, for local communicable disease outbreaks
- Supporting integration and coordination of health services in your local region to prepare for the event of a natural and/or health emergency.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - support primary care roles and responsibilities in NT emergency, climate and pandemic responses.	26

4. Demographics

All NT residents and visitors in the event of emergencies such as natural disasters and disease outbreaks.

5. Consultation and Collaboration

Consultation

Private general practices – understand their needs to support capacity building activities.

Collaboration

- NT Health – lead agency, consultation and support as documented in relevant Emergency Plans and Response Plans (for example, cyclone/flood)
- Private general practices – understand their needs to support capacity building activities. information sharing as required, gauging information from them to maintain the GP register
- Relevant emergency forums such as NRMG, SMRG, IMTs: participate and ensure due diligence.

Strategic Initiatives, Performance and Partnerships

1. Aim of Activity

The aim of this activity is to continue development and implementation of Northern Territory PHN strategic activities, addressing local and regional primary healthcare needs across the NT. Activities include, general practice support through capacity building and thin markets activity, the Health Needs Assessments, Mental Health and Suicide Prevention Joint Regional Plan, performance, monitoring and evaluation and to strengthen commissioning, coordination and capacity building of primary and mental health care services in the NT.

2. Description of Activity

This activity will:

- Continue to build a comprehensive understanding of regional and jurisdictional health needs and priorities, to inform investment decisions and health systems improvement through engagement with all parts of the health system, community and consumers, research and data
- Provide strategic leadership, driving reform activity informed by national agenda, evidence and local knowledge
- Work closely with stakeholders, including community, consumers, carers and kin, to plan, implement, manage and evaluate culturally appropriate, safe and locally responsive solutions to meet the unique health needs of our community, improve health equity and Close the Gap
- Partner with collaborators and community to shape a robust, responsive, equitable, integrated and coordinated primary and mental health care system
- Develop strong partnerships and collaborations with those who share our aspirations for health equity outside of the sector, such as education, housing, public safety, justice, local government, social inclusion, and early childhood development
- Continually improve monitoring and evaluation of provider and PHN performance against strategic and operational objectives including an increased focus on experience and outcomes and in alignment with PHN Program Performance and Quality Framework
- Implement initiatives to build the workforce and improve capacity of the primary care and mental health system and stakeholders to deliver health service continuity, responsiveness, quality and sustainability
- Build data resources and capabilities and leverage partnerships in research to better inform decision making and the effective use of limited resources

- Identify opportunities so that Northern Territory PHN can provide strong advocacy for health equity and access in the NT.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Improve screening of mothers and babies for risk factors and indicators of poor child and maternal health outcomes, particularly in remote communities.	7,11
Population Health - Support screening and early intervention for eye, ear and oral health.	7,13
Population Health - Food security and healthy eating, particularly among Aboriginal and Torres Strait Islander people.	17
Digital Health - Support digital health initiatives.	60
Population Health - Support after hours services.	60
Population Health - Improve health literacy through approaches that are culturally responsive, trauma informed, community-led and place-based.	23
Population Health - Physical activity and active living, particularly among Aboriginal and Torres Strait Islander people.	13
Population Health - Support a trauma-informed primary care sector response to family, domestic and sexual violence.	13
Mental Health - Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma.	64

Population Health - Support private primary healthcare to be accessible to all population groups.	52
Population Health - Improve indicators of sexual health and support reduction of infectious disease.	10
Alcohol and Other Drugs (AOD) - Diagnosis of co-morbid mental illness and alcohol or other drug misuse and the coordination and integration of care.	66
AOD - Non-residential, community based primary care treatment options, particularly solutions which may be accessed in remote communities.	49
AOD - Case management, coordination and integration of care for individual's mis-using alcohol and other drugs.	41
Population Health - Address the impact of social and cultural determinants and system issues that affect health, including housing, food security, education, employment, historical and cultural factors.	18
Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk populations.	51
Population Health - Engage communities and improve health promotion to promote healthy lifestyles addressing nutrition, smoking and alcohol consumption, particularly in pregnant women.	11
AOD - To address the specific needs of youth, women of child-bearing age and pregnant women.	11
Mental Health - Contribute to informed, inclusive services that provide timely, integrated, compassionate and culturally safe suicide prevention responses that meet the diverse needs of people across the NT.	35

4. Demographics

All NT residents.

5. Consultation and Collaboration

Consultation
This activity is informed by Northern Territory PHNs stakeholder network including:

- Northern Territory PHN Board
- Clinical and Community Advisory Councils
- Membership of the NT Aboriginal Health Forum
- Northern Territory PHN Mental Health and Suicide Prevention Regional Planning Project Control Group
- Membership of numerous committees such as: Aboriginal Health Partnership Committee, Diabetes Network, NT Chronic Conditions Consultative Committee, Mental Health and Suicide Prevention Bilateral Agreement - Quarterly Bilateral Meeting, NT AHF SEWB working group and various PHN collaborative working groups
- Participation in various research projects including, but not limited to: VOICE project, Digital Health CRC, Top End Academic Health Partners.

Collaboration
Collaboration with all key health partners, communities and consumers occurs across multiple facets of the strategic activities to ensure the direction of the organisation is informed by the health needs of Territorians in urban, regional, rural and remote NT.

Northern Territory PHN participates as members in various external committees, working groups and executive leadership groups to ensure contribution is made at an operation and systems level. Northern Territory PHN's strategic direction is guided and informed through collaboration with:

- Northern Territory PHN Board
- Clinical and Community Councils
- NT Aboriginal Health Forum
- NT Health
- AMSANT
- Department of Health, Disability and Ageing
- Health services
- Community members
- Consumers
- People with lived experience.

6. Milestones

NT Chronic Conditions Strategy – Joint Regional implementation, completion of the plan and initial phases, June 2026.

NT Joint Regional Mental Health and Wellbeing Implementation - completion of the plan and initial phases, June 2026.

Dementia Consumer Pathway Resource

1. Aim of Activity

The aim of this activity is to ensure the consumer pathway resources are both nationally consistent at a high level and reflective of individual services and supports within the NT.

2. Description of Activity

This activity is implemented in conjunction with activity B.8.2 'Dementia Clinical Referral Pathways'.

Northern Territory PHN has developed consumer-focused dementia support pathway resources detailing the support available for people living with dementia, their carers and families. This activity involves the promotion and updates of these resources amongst primary care providers and other relevant networks through:

- Applying partial updates to pathways to incorporate minor edits, new resources and industry changes
- Continual inclusion to NT HealthPathways review cycle
- Participation in peak body forums to remain updated with the latest Dementia Australia information, adopt new resources and identify opportunities to expand promotion
- Distribution of physical resources directly to primary healthcare providers and relevant networks to deliver practical resources to consumers and carers of people living with dementia
- Utilising Northern Territory PHN digital platforms (website and NT HealthPathways interface), various newsletters and social media channels to disseminate information about the resources and how to access them
- Sharing and distributing consumer resource at community events, senior citizen or carer awareness days and advocating for people living with dementia
- Undertaking evaluations to establish the value of current resources and pivot accordingly to refresh and renew resources
- Continuing to liaise with Dementia Australia to remain across current on consumer tools, including, identifying and applying new relevant services across the NT.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Provide access to health prevention, promotion, early intervention and navigation support for at-risk populations.	56
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56

4. Demographics

People living with dementia, their carers and families in the NT via their service providers, for example health care and social services.

5. Consultation and Collaboration

Consultation

The NT HealthPathways team completed a suite of pathways on Dementia, linking in common conditions and referral pathways with the aged care suite.

Consultation included core peak body, Dementia Australia, and other HealthPathways regions to ensure best practice pathways and standardisation across the HeathPathways interface. Other local parties, such as Carers NT, were also consulted

Collaboration

- NT Health – subject matter experts, including but not limited to, lead clinicians, medical specialists and clinical supported and endorsed dementia pathways and consumer resource
- Dementia Australia – Ongoing collaborations will remain, to ensure a national consistent approach. The NT office for Dementia Australia engaged on a local level to inform needs, barriers and recommended implementation
- Carers NT – input provided as required
- Support PHN Dementia Support Pathway sessions and remaining across updates and areas to enhance

- Queensland/NT HealthPathways Working Group – engaging with other Queensland HealthPathways teams to share distribution ideas, editing efforts and peer support to meet deliverables
- Residential Aged Care Facilities in the NT
- Clinicians working with the elderly and people living with dementia for the promotion of resources
- People living with dementia and carers via clinical consultations, community groups, carer groups, residential aged care facilities, etc
- NT HealthPathways team and local GPs with experiences across mainstream and Aboriginal and Torres Strait Islander Health settings
- Local providers of dementia and aged care services, identifying specific service descriptions, service criteria and key information for the referrer.

6. Milestones

Resources designed and distributed through multiple networks to reach people living with dementia and their carers.

Relaunch planned for consumer resources and Dementia pathways to saturate promotion and awareness.

Clinical Referral Pathways

1. Aim of Activity

The aim of this activity is to improve referral quality, assist healthcare providers to navigate local health services, reduce medical specialist waitlists and support clinicians new to the Territory or remote setting.

2. Description of Activity

This activity is implemented in conjunction with sub-activities 'CF 10: Primary and Tertiary Care Interface Integration', B.8.1. 'Aged Care Clinical Referral Pathways' and 'B.8.2 Dementia Clinical Referral Pathways'.

Northern Territory PHN hosts 571 localised pathways within the NT HealthPathways program, incorporating clinical pathways, and requests and resources to compliment treatment and management of common conditions. The pathways are designed primarily for GP teams to assist navigating across local hospital systems, however, access is also available to NT Health professionals to view local healthcare providers, service criteria and key information for the referrer.

Accessible 24 hours a day, NT HealthPathways is available via desktop or mobile device, supporting after-hours care and assisting decision-making. NT HealthPathways offers clinicians locally agreed information to make the right decisions, at the right time together with patients at the point of care.

NT HealthPathways continues to localise a wide range of pathways to deliver prioritised clinical domains, including but not limited to; aged care and dementia, Aboriginal and Torres Strait Islander health, AOD, mental health, palliative care, chronic disease and, child and youth health.

NT HealthPathways usership continues to grow with an average of 6,880 GP users per month accessing pathways. Other health professionals, including nurses, allied health professionals, medical specialists and service management, indicates 720 views per month.

Increased integration and usership can be largely to attributed to saturating promotion to healthcare providers via many Northern Territory PHN business areas such as Primary Care Support, education and locum/recruitment programs, as well as the ongoing collaboration with GPLOs engaged in the Royal Darwin and Alice Springs hospitals in a partnership approach with NT Health (see Primary and Tertiary Care Interface Integration activity).

Furthermore, Clinical Editors and other program staff have found synergies and supports in GPLOs who work collaboratively with identifying gaps, supporting SME follow up and supporting access to hospital services flow charts which can be incorporated to existing pathways. This has transpired in formalising the Primary and Tertiary Care Interface Working Group as the shared governance mechanism for this program alongside with other Northern Territory PHN program areas, facilitating collaboration, information sharing and avoiding duplication with projects implemented by the Northern Territory Government.

Following an Australia-wide review of the program, the PHN cooperative embarked in exploring changes to the host site. Once decisions at the national level transpire, Northern Territory PHN will determine future program design based on local need and in alignment with the PHN cooperative.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Digital Health - Support digital health initiatives.	60
Population Health - Support a trauma-informed primary care sector response to family, domestic and sexual violence.	13
AOD - Diagnosis of co-morbid mental illness and alcohol or other drug misuse and the coordination and integration of care.	66
Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHOs, and across all types of primary care workforce.	71
Population Health - Provide access to health prevention, promotion, early intervention and navigation support for at-risk populations.	56

4. Demographics

Healthcare providers in the NT, with a focus on GPs.

5. Consultation and Collaboration

Consultation

- Primary and Tertiary Care Interface Working group:
  Northern Territory PHN and NT Health collaborate via this group, which serves as a governance mechanism for the program informing program priorities, advocating for program outcomes, fostering high-level partnerships and streamlining decision-making across NT health systems.
- NT Health:
  The development and localisation of all NT HealthPathways incorporates close consultation with subject matter experts largely employed by NT Health.

Collaboration

- Streamliners NZ: Northern Territory PHN team continues to work with this vendor to host the site. Focus of this collaboration includes technical writing hours, workflows, monitor program expenditure and increase platform functionality
- NT Health and other sector stakeholders: Key working groups across the health sector to contribute to pathway priorities, development and socialisation. Key contributions from these groups support pieces of work within the review cycle, flagging new guidelines, changes to patient criteria and updates of provider services
- NT Directors of Medical Services: Agreed collaboration with local medical specialists remains a core necessity to development with SMEs engaged across Top End and Central Australian health services. Alongside engagement, is the endorsement and SME recommendations to enable pathways to go live
- NT HealthPathways community enables Lead Region collaborations and Australian-wide Pathway Sharing Group. NT HealthPathways take up all opportunity to align with Lead Region development to support rapid localisations
- GPLOs: Support program promotion and engagement across the GP and tertiary sector to contribute to outcomes.

6. Milestones

- Manage the review cycle

- Continuous information sharing posting latest news articles and industry updates (as needed)
- Health alerts (as needed)
- Focus tiles
- Data analytics identify end-user traffic and feed into strategies and emphasis pathway development.



Aged Care Clinical Referral Pathways

1. Aim of Activity

This activity aims to develop and maintain a dedicated aged care clinical and resource pathway suite to support best practice evidenced based care for older Territorians.

2. Description of Activity

This activity is implemented in conjunction with activity 'B.8. Clinical Referral Pathways' and 'B.8.2 Dementia Clinical Referral Pathways'.

Intersecting with dementia and palliative care pages, request pathways identified service provision for urgent, non-urgent and advice aged care pathways, outlining referral criteria specific referral information to contribute to health outcomes.

To meet this deliverable, Northern Territory PHN will continue to:

- Monitor aged care referral pathways relevant to the health needs of the NT
- Maintain and update local health care providers and services in the sector to incorporate into NT HealthPathways Directory
- Identify resources and information for health professionals and patients
- Incorporate business as usual activities to include aged care pathways into NT HealthPathways review cycle, to ensure currency, accuracy and consistency
- Undertake ongoing engagement with SMEs and appropriate peak bodies to manage and respond to new flowcharts and guidelines
- Promote pathway suite to the clinical community, including to new practitioners to the NT, Locums and Registrars.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Digital Health - Support digital health initiatives.	60

Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote and ACCHOs, and across all types of primary care workforce.	71
Population Health - Provide access to health prevention, promotion, early intervention and navigation support for at-risk populations.	56
Population Health - Support integrated and innovative health, aged care and disability support including locally responsive solutions to address thin market across health and social care sectors.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51
Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population.	51

4. Demographics

Healthcare providers in the NT, with a focus on GPs at the point of care.

5. Consultation and Collaboration

Consultation

Pathways were informed by Commonwealth Government directed deliverables with pathway priorities endorsed by the former NT HealthPathways Governance Committee. Members consulted to support prioritisation, integration and awareness of NT HealthPathways to the sector. This included the Chief Health Officer of NT, executive representatives from NT Health, Northern Territory PHN, AMSANT and Darwin Private Hospital.

Close consultation with SMEs (heads of departments/specialists) additionally contributed to clinical content, alongside Executive Directors of Medical and Clinical Services in Central Australia and Top End regions who assisted with SME recommendations.

Further developments and updates will be governed by the Primary and Tertiary Care Interface Working Group and executive sponsorship.

Collaboration
HealthPathways partnered with several key working groups to contribute to pathway development and reviews. These groups supported pieces of work when undertaking page reviews, flagging new guidelines, changes to patient criteria and updating provider service information.

All clinical pathways were developed in collaboration with SMEs from the Top End and Central Australia, where possible.

Further collaborations to meet aged care and dementia deliverables included QLD HealthPathways operation teams. Combining efforts and resources to meet the scope of work, whilst fostering a network across PHNs to meet a common goal.

6. Milestones

- 21 aged care pathways have been localised, including clinical, request and resource pages
- End-user behaviour highlighted 621 page views across the suite within the last 12 months
- Activity efforts also included the connection of dementia and palliative care pathways to the aged care suite, to provide relevant linkages across clinical domains
- Scheduled activity to align pathways with the review cycle
- Inclusion of supplementary pages for carer supports and carer stress and wellbeing pathways
- Ongoing management of service directory updates.

Dementia Clinical Referral Pathways

1. Aim of Activity

This activity focuses on the development and localisation of Dementia pathways within NT HealthPathways.

2. Description of Activity

This activity is implemented in conjunction with activities 'Clinical Referral Pathways', 'Aged Care Clinical Referral Pathways' and 'Dementia Consumer Pathway Resource'.

This activity was undertaken in partnership with Dementia Australia and local SMEs to ensure national consistency and alignment with locally available services. Ongoing management of this activity includes:

- Continued collaboration with Dementia Australia to maintain up-to-date access to clinical guidelines and resources
- Updating localised service criteria and information in HealthPathways Directory
- Promoting clinical pathways to NT clinicians and health professionals, driving traffic to HealthPathways
- Incorporating dementia referral pathways into the HealthPathways review cycle
- Reviewing, maintaining and promoting existing consumer resources.
  Note: HealthPathways is not a public facing platform. Consumer resources are available during client consultations in mainstream practices and applicable consumer agencies.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support multidisciplinary team care models of service.	60
Digital Health - Support digital health initiatives.	60
Health Workforce - Attract, maintain and retain existing workforce within the NT, including with remote	71

and ACCHOs, and across all types of primary care workforce.	
Population Health - Provide access to health prevention, promotion, early intervention and navigation support for at-risk populations.	56
Population Health - Contribute to intra and inter sectoral partnerships and system wide approaches to address barriers to access to primary and mental health care for at-risk populations.	51
Population Health - Support both the development of specialised services and increased capacity of mainstream primary and mental health care services to identify and address the specific needs of at-risk population.	51

4. Demographics

Healthcare providers in the NT, with a focus on GPs at the point of care.

5. Consultation and Collaboration

Consultation
In alignment with required deliverables of this activity, pathway priorities were endorsed by the former NT HealthPathways Governance Committee with members consulted to support development prioritisation and integration of HealthPathways to the sector. This included senior and executive representatives from NT Health Primary Health Care, community representatives, AMSANT and Darwin Private Hospital. Further developments and updates will be governed by the Primary and Tertiary Care interface working group and executive sponsorship.

Ongoing consultation with Dementia Australia throughout the life of the project was at the forefront of patient and practitioner resourcing embedded in pathways.

Close consultation with SMEs (Heads of Departments/Specialists) as recommended by the Executive Directors of Medical and Clinical Services in Central Australia and Top End regions within NT Health.

Collaboration
NT HealthPathways partnered with several key working groups to contribute to pathway development and reviews. These groups support pieces of work within the review cycle, flagging

new guidelines, changes to patient criteria, information for the referrer and updates to provider services.

Several pathways attracted lead region opportunities that required collaboration with Streamliners' and other HealthPathways communities.

Peer collaborations to support the Dementia deliverables included Northern Territory PHN alignment with QLD HealthPathways teams to review the scope of work, allocate regions to pages and assist PHNs to meet this body of work.

Liaison with Dementia Australia to ensure patient resources are available at the point of care, including a printable version of the flyer and meet the needs of the patient and practitioner, i.e. HIS 9 - Dementia Consumer Pathway Resource.

6. Milestones

- 8 dementia specific pathways were developed, including request and resources for support services
- 293 page views recorded in the last 12 months
- Incorporated pathways into review cycle activities as business as usual, including request pages covering Urgent, Non-urgent and Advice services
- Pathways intersected with aged care, older adults' health and carer support pages
- Continuing industry updates to enhance patient resources.

Data Governance

1. Aim of Activity

These activities are intended to improve data capability, infrastructure, security controls, and management capabilities to achieve certification against ISO 27001 by 30 June 2026.

2. Description of Activity

Northern Territory PHN will establish and implement a Digital and Data Governance Framework to govern data, including, information management, cyber security and digital transformation.

The work will see a Digital and Data Governance Framework enshrined in the Northern Territory PHN Digital and Data Strategy and guided, informed and aligned to the national digital and data governance programs including the Primary Health Transformation Program, and the Primary Health Insights Communities of Practice.

The Digital and Data Governance Framework will be set out in the Digital and Data Strategy, to be delivered by December 2025, intersect with Northern Territory PHN's Information Security Management System: ISO 27001 Program, which is aiming to achieve certification under ISO 27001 by 30 June 2026.

To meet Essential 8 requirements, a cyber security audit to test controls, and identify and classify risks, and provide opportunities for improvement, including the evaluation and refresh the program of cybersecurity and privacy training for all staff, will be undertaken. This work is a key component of Northern Territory PHN's Digital and Data Strategy to ensure secure, stable, sustainable and scalable approach to our Digital, Data and Technology environment.

The work will ensure facilitation of support to those key staff that work with general practices in the NT to improve the uptake of Primary Sense PHN Population Health Management Tool and, through technology solutions and digital reporting, reduce administrative burden.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Digital Health - Support digital health initiatives.	60

4. Demographics

Northern Territory PHN staff and general practices in the NT.

5. Consultation and Collaboration

Consultation
Consultation and engagement of internal Northern Territory PHN stakeholders as necessary and appropriate, including management of change, in the development and implementation of the Digital and Data Strategy, Digital and Data Governance requirements and the application of the ISO 27001 Information Security Management System requirements relevant to branch and teams' work outputs.

Consultation with general practices through key Northern Territory PHN staff to ensure support and improved uptake of Primary Sense PHN Population Health Management Tool.

Collaboration
Northern Territory PHN will continue its ongoing participation on the PHN National Data Governance Committee and working groups, Primary Sense PHN Steering Committee, Primary Health Insights CoPs, NPACDL Jurisdictional Project Committee and working groups (NT), National PHN NPACDL Project Data Linkage Reference Group, Digital Intelligence Jurisdictional Advisory Group, PHTCC Steerco, PHI Steerco and the Primary Sense Users Group.

6. Milestones

- Digital and Data Governance Framework will be set out in the Digital and Data Strategy, to be delivered by December 2025, aligned to the Northern Territory PHN Strategic Plan 2024-2029
- Essential 8 Maturity Level 2 achieved by 30 June 2026
- ISO 27001 Gap Analysis completed by 30 June 2025
- ISO 27001 Stage 1 Audit completed by 30 December 2025
- ISO 27001 Stage 2 Audit completed by 30 April 2026
- Delivery of the NT Blueprint of the National Primary Acute Care Data Linkage Project, incorporating Primary Sense and Primary Health Insights.



COVID-19 Primary Care Support

1. Aim of Activity

This activity aims to support capacity and access for immunisations with a focus on building capacity across the workforce to enable access for hard to reach and at-risk populations including residential aged care homes, disability accommodation, children and Aboriginal and Torres Strait Islander people.

2. Description of Activity

Northern Territory PHN will continue to engage with the primary care, aged care and disability sectors to gauge their needs to enable community access to recommended vaccines as part of the National Immunisation Program Schedule and other local vaccination programs in the NT.

Northern Territory PHN will continue to provide relevant and evidence-based supports to the sector including:

- Information gathering on local needs and issues to inform response
- Support for GPs, ACCHS, RACHs, disability accommodation facilities and community pharmacies to increase their capacity to enable access to immunisations for the community
- Collaborate with the Centre for Disease Control to support RACHs to access vaccination services where required
- Support vaccination schedule updates to be integrated within local health pathways
- Enabling communications to address vaccine hesitancy
- Build capacity within the workforce to enable localised access to credentialled immunisers.

3. Needs Assessment

Northern Territory PHN Needs Assessment Priorities 2024/25 – 2026/27

Priority	Page reference
Population Health - Support primary care roles and responsibilities in NT emergency, climate and pandemic responses.	26

Population Health - Support private primary health care to be accessible to all population groups.	52
Health Workforce - Develop locally responsive, sustainable models of care, including more community-based models, with a particular focus on remote settings.	71
Population Health - Provide access to health prevention, promotion, early intervention and navigation supports for at-risk populations.	56

4. Demographics

General practice, RACHs, disability supported accommodation, ACCHS, NT Centre for Disease Control and AMSANT.

5. Consultation and Collaboration

Consultation
AMSANT, Department of Health, Disability and Ageing, general practices and Centre for Disease Control.

Collaboration
Centre for Disease Control and RACHs.

6. Commissioning

Co-design with ongoing relevant stakeholders.