

Eastern Melbourne - Core Funding

2023/24 - 2027/28

Activity Summary View



CF-COVID-VVP - 2 - VVP Unspent Funds - Primary Care Support Activity (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-VVP

Activity Number *

2

Activity Title *

VVP Unspent Funds - Primary Care Support Activity (July 2025)

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

COVID 19 – Vaccination of Vulnerable Populations Transfer of Unspent Funds

Aim of Activity *

To support the Covid-19 vaccine and treatment strategy in primary care and aged care sectors.

Description of Activity *

The unspent funds from the VVP activity will continue to:

- provide guidance and expert advice to General Practices, Aboriginal Community Controlled Health Services (ACCHs) and residential aged care facilities (RACF), and governments on local needs and covid – 19 issues;
- coordinate the delivery of vaccination services to RACFs in their areas including facilitating connection with a vaccinating GP

when required.

- Respond to and support RACFs with Covid-19 outbreaks.
- Disseminate information as requested by the Department about the COVID-19 vaccination program to general practices who are/or would like to participate in the COVID-19 Vaccination Program including Provider Bulletins
- coordinate the delivery of vaccination services to RACFs in their areas
- Respond to and support RACFs with Covid-19 outbreaks.
- Disseminate information as requested by the Department about the COVID-19 vaccination program to general practices who are/or would like to participate in the COVID-19 Vaccination Program including Provider Bulletins
- Field general and policy-related enquiries from general practices about the COVID-19 vaccination program

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

The frail, elderly, unwell or people with a disability who cannot leave home have been identified as a particular vulnerable group for which existing vaccine access options are limited - Other populations have been identified as having difficulty accessing COVID-19 vaccines, including homeless populations, rural and remote communities, culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people and communities.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

21/08/2022

Activity End Date

29/06/2026

Service Delivery Start Date

01/09/2021

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



CMDT-Admin - 1 - Commissioning of Multidisciplinary Teams - ADMIN (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT-Admin

Activity Number *

1

Activity Title *

Commissioning of Multidisciplinary Teams - ADMIN (July 2025)

Existing, Modified or New Activity *

Existing



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

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Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



CMDT - 1 - Commissioning of Multidisciplinary Teams (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CMDT

Activity Number *

1

Activity Title *

Commissioning of Multidisciplinary Teams (July 2025)

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 ***

The aim of this activity is to commission multidisciplinary teams that address the prioritised need in the region and extend EMPHN's existing role in general practice.

Description of Activity *

This activity will drive the expansion of the Right Care Better Health (RCBH) program by increasing the commissioning of multidisciplinary teams across more general practices, strengthening the management of complex and chronic diseases.

RCBH is an existing program that was first commissioned by EMPHN in 2021. The program aims to provide tailored care for patients with complex and chronic conditions through the provision of co-ordinated, integrated care delivered in general practice by community health providers. The objectives of the program are to reduce avoidable hospital admissions, increase patients' experience of care for their chronic condition, improve patient quality of life, and improve the capacity of general practices to provide care coordination services.

The MDT funding will be used to build on the existing RCBH program with a specific focus on solo or small general practices. This will provide an opportunity to understand the barriers and opportunities specific to this delivery context and compare outcomes as part of a larger program of work. This includes comparing value for money, effectiveness, and impact between different

practice settings.

A needs analysis was completed in March 2025 to inform the modified model of care and adapt it to this new delivery setting. The needs analysis encompassed:

- Consultation with small or solo general practices that are unable to engage a multidisciplinary team through other funding streams. The consultation included Practice Managers, Practice Nurses (if applicable) and General Practitioners.
- Identification of areas of need, prioritising underserved, or financially disadvantaged communities.
- Mapped existing nurse, and nurse practitioner services in the region, particularly those already utilised by general practices.

The commissioning of this new branch of the RCBH program prioritises the existing provider operating in the north of the catchment as they are servicing the LGAs identified as most in need.

Monitoring and reporting processes will continue to focus on patient experience of care and quality of life outcomes (via the EQ5D5L), patient demographics, impact on hospital and ED admissions and other health service usage, clinician experience measures and provider experience.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex, comorbid health conditions	138



Activity Demographics

Target Population Cohort

Patients over the age of 18 with chronic and complex conditions, including CVD, respiratory disease, frailty / high falls risk.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

A needs analysis was conducted to understand the relevant challenges and opportunities for the RCBH program in small and solo general practices. This involved the consultation of several small and solo GP practices in interviews. The findings from the needs analysis will be used to inform the adapted model of care for this new delivery setting.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

The two currently commissioned service providers have been involved in planning and design workshops throughout the program's life cycle to understand the challenges of service implementation and delivery and to identify opportunities for collaboration and improvement. The providers have collaborated with EMPHN in the co-design of the program logic, program objectives and model of care.

General practices and practice staff involved in delivering the program are routinely engaged by EMPHN to provide continuous improvement feedback via routine reports and surveys. Additionally, practice staff are involved in providing input into the development of capability building activities, such as topic prioritization and agenda setting for the Community of Practice meetings.

The providers and practices will be actively engaged and involved in the upcoming evaluation of the program, providing qualitative and quantitative data to the evaluation team and participating in review and feedback sessions to discuss the implications of the findings and recommendations.



Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2028

Service Delivery Start Date

01/02/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



Activity Commissioning

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

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

APPROVED BY DHDA



WIP-PS - 1 - Workforce Incentive Program-Practice Stream (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

WIP-PS

Activity Number *

1

Activity Title *

Workforce Incentive Program-Practice Stream (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to:

- Understand current utilisation of WIP-PS in the PHN region;
- Identify and provide additional support to practices addressing gaps in WIP-PS knowledge;
- Identify different models of multidisciplinary care supported by the WIP-PS to address community need, and the key factors that enable or inhibit these models and to share learnings;
- Identify the range of activities nurses and allied health professionals undertake in primary care supported by the WIP-PS;
- Increase general practice participation in WIP-PS;
- Improve patient outcomes by improved access to multidisciplinary care in communities;
- Identify best practice models of care supported by WIP-PS; and
- Have general practices providing sustainable, quality multidisciplinary team care.

Description of Activity *

Practice data will be collected and analysed to assess:

- Whether all eligible practices are registered for WIP-PS
- How those registered for WIP-PS are using the funding
- What impediments there are to maximising the use of WIP-PS

- How we can support practices that aren't registered or using WIP-PS to capacity.

The WIP-PS program will be promoted through various channels including Practice Management events and the Primary Care Bulletin. An action plan will be developed and case studies done on practices using WIP-PS innovatively. An action plan will be developed and case studies done on practices using WIP-PS innovatively.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Increase access to affordable primary care and allied health services to provide early assessment, preventative care and referral in the general population.	140
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140



Activity Demographics

Target Population Cohort

General Practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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Collaboration

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Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2025

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2025

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



GPACI-GPM - 1 - General Practice in Aged Care Incentive (GPACI) – GP Matching (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPACI-GPM

Activity Number *

1

Activity Title *

General Practice in Aged Care Incentive (GPACI) – GP Matching (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

MyMedicare - General Practice in Aged Care Incentive (GPACI)

Aim of Activity *

The General Practice in Aged Care Incentive (GPACI) aims to support older people living in Residential Aged Care by ensuring they receive planned, quality primary care services from a regular General Practice and General Practitioner (GP). This initiative was developed in response to the Royal Commission into Aged Care Quality and Safety and the Strengthening Medicare Taskforce.

Description of Activity *

The program will coordinate matching residents in aged care homes with GPs, practices, Aboriginal Community Controlled Health Services, and Aboriginal Medical Services. This includes hiring PHN staff for:

- RACH/practice development, training, and education
- stakeholder engagement, practice collaboration, and communication
- Data collection, reporting, and analysis
- Resource development
- Strategies to improve relationships between primary practice and RACHs.

Key program activities:

- undertake needs analysis of the region to inform design, implementation, and monitoring
- undertake stakeholder engagement to inform design, including engagement with RACHs, general practices, ACCHSs, Aboriginal

Medical Services, and First Nations and Culturally and Linguistically Diverse communities

- develop local processes for implementing and managing the program, such as support to practices to facilitate the scheduling of regular visits to RACHs patients to encourage continuity of care
- develop, in consultation with relevant stakeholders, communication and engagement processes with primary health, aged care and other relevant service providers and consumers
- communicate program process to primary care practices through direct outreach and regular communications channels
- develop and leverage relationships with GPs and practices
- engage ACCHs in delivery of the program
- support to general practices and RACHs to register residents with MyMedicare and formalise relationships with their practice and care team.
- support practices and GPs in initial registration processes to MyMedicare and understand the benefits and requirements of the program, including the incentive payments.
- communicate with RACHs, GPs and practices across the region in relation to the program and other relevant government programs
- Form a virtual community of practice for practitioners, ACCHS and RACH's with the purposes of:
 - o networking and relationship building
 - o sharing learnings for the implementation of GPACI and working in aged care including sharing share good news stories
 - o communicating known clinical and best practice guidelines (RACGP Silver book and Accreditation standards)
 - o promote RACH processes for new residents and managing incident notifications through use of MOUs.
 - o support adoption of national resources and tool kits and collect feedback for improvements.
 - o where appropriate and needed deliver education sessions
- Review and update DHDA live reporting dataset.
- Ongoing engagement with the Department of Health and Aged Care.
- Integration into Strengthening MyMedicare and Aged and Palliative program activity to leverage collaboration and shared learnings.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

General Practice, ACCHO, CLAD communities, RACHs, and Residents

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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Collaboration

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Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
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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?

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



MyM - 1 - MyMedicare (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

MyM

Activity Number *

1

Activity Title *

MyMedicare (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

MyMedicare

Aim of Activity *

This activity aims to:

- See an increase in general practice accreditation
- See improvements in safety and quality in health care, and
- See improved access of general practice to Commonwealth funded programs such as MyMedicare.

Description of Activity *

Through this activity, EMPHN will:

- Identify and report accredited and unaccredited general practices within the region
- Contact 100% of unaccredited general practices within the region
- Provide summary feedback on localised or regional issues that may impact general practice accreditation
- Proactively engage with unaccredited practices in their region to support them to achieve accreditation under the NGPA Scheme
- Provide targeted support and mentoring for practices to support the implementation of the RACGP standards
- Enhance awareness of resources and supports available through PHNs, Australian Association of Practice Management (AAPM), the accrediting agencies, the RACGP and the NGPA Scheme (managed by the Australian Commission on Safety and Quality in Health Care (ACSQHC)).

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Increase access to affordable primary care and allied health services to provide early assessment, preventative care and referral in the general population.	140



Activity Demographics

Target Population Cohort

General Practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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Activity Milestone Details/Duration

Activity Start Date

31/05/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

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- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



CF - 1 - Right Care = Better Health (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

1

Activity Title *

Right Care = Better Health (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to provide improved care coordination for eligible patients with complex and chronic conditions in general practice.

Description of Activity *

The Right Care Better Health (RCBH) program provides care for patients with complex and chronic conditions through the provision of coordinated and integrated care in general practice by community health providers. The program targets patients over the age of eighteen with CVD, respiratory conditions, and frailty/high falls risk.

The program aims to strengthen primary care for patients with complex and chronic conditions by improving access to ongoing treatment and management, enhancing care coordination, and building GP capacity to manage these conditions effectively. Through better multidisciplinary collaboration and disease prevention and management initiatives at the primary care level, it aims to reduce the burden of chronic disease, supports older Australians to live at home, reduce avoidable hospital and ED admissions , and improve patient quality of life and experience of care.

The program currently commissions two community health providers to deliver the service, one operating in the north of the EMPHN catchment and the other operating in the east. The program is currently being expanded to deliver the service across 6

small and solo general practices in the north region, utilising funding from the 'Commissioning of Multidisciplinary Teams' grant. The existing provider in the north has been commissioned to deliver the program in these additional practices, onboarding of practices is in train and service commencement expected by mid-August 2025 .

Monitoring and data collection will continue to focus on patient experience of care and quality of life outcomes (via the EQ5D5L), equity, impact on hospital admissions and health service usage, clinician experience measures and provider experience. An independent evaluation of the program is scheduled to be commissioned and conducted between April and October 2025. This evaluation will assess key aspects of the program, including its overall effectiveness in meeting program objectives, cost-effectiveness, and long-term sustainability and scalability potential.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex, comorbid health conditions	138



Activity Demographics

Target Population Cohort

Patients over the age of eighteen with chronic and complex conditions, including CVD, respiratory disease, and frailty / high falls risk.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

The two currently commissioned service providers have been involved in planning and design workshops to understand the challenges of service implementation and delivery and opportunities for collaboration and improvement. The providers have collaborated with EMPHN in the co-design of the program logic, program objectives and model of care.

General practices and practice staff involved in delivering the program are routinely engaged by EMPHN to provide continuous improvement feedback via routine reports and surveys. Additionally, practice staff are involved in providing input into the development of capability building activities, such as topic prioritization and agenda setting for the Community of Practice meetings.

The providers and practices will be actively engaged and involved in the upcoming evaluation of the program, providing qualitative and quantitative data to the evaluation team and participating in review and feedback sessions to discuss the implications of the findings and recommendations.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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

No

Decommissioning details?

Co-design or co-commissioning comments



CF - 2 - Bilateral Statewide Planning (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

2

Activity Title *

Bilateral Statewide Planning (July 2025)

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Planning and coordination

Aim of Activity *

This aim of this activity is to enhance collaboration between the Commonwealth Department of Health, the relevant jurisdiction health department and the state PHNs in line with the bilateral approach to statewide planning of primary care services, envisaged under the National Health Reform Agreement.

Description of Activity *

The Victorian and Tasmanian PHN Alliance (VTPHNA) works across PHN and state boundaries to enhance the activities of each member PHN to better integrate and innovate care. These activities complement the additional activities of EMPHN, working with key stakeholders to better analyse, plan and coordinate healthcare initiatives.

Activities (through VTPHNA and/or individually at EMPHN) include:

The Victorian and Tasmanian PHN Alliance (VTPHNA) works across PHN and state boundaries to enhance the activities of each member PHN to better integrate and innovate care. These activities complement the additional activities of EMPHN, working with key stakeholders to better analyse, plan and coordinate healthcare initiatives.

Activities (through VTPHNA and/or individually at EMPHN) include:

- Support of secretariat functions for the bilateral committees and working group/s. A number of Senior Leadership Groups (SLG) are supported including those for mental health, primary care, research evaluation and data, and corporate services. These SLG groups carry out a range of time limited improvement programs across the year. For example, the Mental Health SLG is currently running a value for money activity to create a cohesive approach to value in the VTPHNA network.
- Coordination of planning and integration activities in collaboration with local hospital networks, health service partnerships and other bodies.
- Responding to ad hoc policy or other enquiries.
- Sharing of data and other information to assist in a joined-up response.
- And other activities as identified and relevant to the aim.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians,

service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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

No

Decommissioning details?

Co-design or co-commissioning comments



CF - 3 - Health Pathways (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

3

Activity Title *

Health Pathways (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the EMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services (including Aged Care)
- improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

Description of Activity *

Key Points:

Funding for this activity will be used for the review, maintenance of clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform
- Technical writing
- Clinical editing
- Engaging relevant health practitioners

Clinical and referral pathway content to support older adults and people living with Dementia are available on the HealthPathways

platform. These pathways include Older Adults and Dementia specific pathway content, as well as pathway content across other conditions relevant to the older adult population (e.g. including but not limited to Cardiology, Gastroenterology, Nephrology, Neurology, Rheumatology, and others). Pathway content will be maintained in FY26.

- partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit and other channels and stakeholders.
- For pathways due for a full review, subject matter experts (SMEs) other clinical working group members and GP reviewers are engaged to inform the review.
- New pathways may be developed and existing pathways discontinued to address the needs of end-users

Active promotion of pathways through PHN communication channels, program newsletter, PHN GP events.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management, and referral information on a multitude of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by Eastern Melbourne PHN and North Western Melbourne PHN.

EMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

EMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

To maximise effectiveness and general practice engagement with the platform, EMPHN will continue to maintain the existing suites of pathways, ensuring the pathways are clinically relevant, accurate and functional to support general practice capability. Key content topics of development and review, align with and further support broader training and education of practitioners to better meet the needs of priority populations and to address identified priority areas. This includes Palliative Care, Chronic Conditions, Mental Health, Alcohol and Other Drugs and Suicide Prevention.

In addition, the HealthPathways platform offers a single channel to support many messages directed to the primary care audience, which aim to improve health outcomes in EMPHN. EMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement, and utilisation of the pathways by both the end users, but also our health sector partners. Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

This funding will be utilised to enhance clinical and referral content on HealthPathways, create better linkages between primary health care services, local hospital services and other relevant providers, improve the patient journey, and increase practitioner capabilities and their quality of care.

Pathways contents are localised, developed and reviewed in response to:

- federal priorities, with the exception of Aged Care and Dementia which are standalone AWP Activities
- population need,
- new or innovative models of care.; and
- broader service redesign undertaken by the PHN in collaboration with health service/system stakeholders.

HealthPathways form a core component of workforce development and capability building activities aiming to reduce potentially preventable hospitalisations for people living in eastern Melbourne. HealthPathways is a platform operated by many PHNs across Australia and is a digital health system.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	

**Activity Demographics****Target Population Cohort**

Primary care practitioners

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Whitehorse - West	20703
Monash	21205
Manningham - East	21102
Maroondah	21103
Knox	21101
Yarra Ranges	21105
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Manningham - West	20702
Banyule	20901
Boroondara	20701



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:

- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:

- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings
- Allied health practitioners working in a variety of settings
- Other health professionals working in a variety of settings

We continue to consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased relevance and insight, which validate and/or address person-centred care such as health literacy, language, and cultural backgrounds, are embedded in pathways.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring, and evaluation of activities:

- Community participants – consumers, patients, carers, and people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health

- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

16/06/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

No

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

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Streamliners New Zealand Ltd will be directly engaged as the licence owner of the HealthPathways platform.

Depending on the suite being developed, key subject matter experts and general practitioners may be directly commissioned to support the development of the clinical pathways due to their specific skills, knowledge and expertise.

Funding From Other Sources - Organisational Details

In addition to the funding provided under Activity B8 in the core funding deed, HSI and Flex funding will be utilised to support this activity.

State government departments and agencies partner with us to fund state-wide pathway development and implement reforms at the primary care interface using the HealthPathways platform. However, there is currently no state funding arrangement in place for the duration of this AWP.



CF - 4 - Aged Care Health Pathways (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

Aged Care Health Pathways (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the EMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in Aged Care

improve collaboration and integration across the health care and other systems to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in Eastern Melbourne

Description of Activity *

Key Points:

Funding for this activity will be used for the review, maintenance of clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform
- Technical writing
- Clinical editing

- Staff costs
- Engaging relevant health practitioners
- Comms and promotion activities

Suite of pathways to support aged care were reviewed and updated in collaboration with VICTAS, with some work led by Tasmania PHN and others reviewed locally. These will continue to be updated as needed through this pathway sharing arrangement, with updates coordinated across the region to maintain consistency and alignment.

- Partial updates to action feedback received from external users and quality improvement from feedback received via the program quality audit and other channels and stakeholders.
- For pathways due for a full review, subject matter experts (SMEs) other clinical working group members and GP reviewers are engaged to inform the review.
- New pathways may be developed and existing pathways discontinued to address the needs of end-users
- Active promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events.

HealthPathways is a collaborative platform that provides health practitioners with access to localised assessment, management, and referral information on a multitude of health conditions. It helps them to make informed decisions with their patients about the care that is right for them. HealthPathways Melbourne is jointly operated by Eastern Melbourne PHN and North Western Melbourne PHN.

EMPHN is committed to ensuring general practice teams and other primary care clinicians in our region continue to receive free access to HealthPathways Melbourne and have easy access to seamless and local referral pathways that support accurate, timely and safe transitions of care.

EMPHN will achieve this by continuing to commission services to facilitate primary care access to HealthPathways Melbourne including the procurement of the HealthPathways license through Streamliners NZ Limited and the contracting of clinical editors to support the development or review of clinical and referral content across the platform.

A key priority for HealthPathways Melbourne will be the maintenance of clinical and referral pathways to support aged care. These pathways will provide GPs with evidence-based guidance on how to support their older adult patients to live safely and independently in the community e.g. Falls prevention and Chronic disease and comorbidity management. In addition, aged care pathways also assist GPs to manage their patients when entering or residing in residential aged care facilities. Aged care pathways are closely developed alongside a suite of Dementia pathways and will also complement other existing suites such as Palliative Care.

HealthPathways Melbourne will continue to work collectively with our Victorian PHN colleagues to undertake this work and will engage closely with key stakeholders, to ensure best practice and evidence-based models of care are translated into consistent, practical guidance for primary care. Further details regarding collaboration and consultation are outlined below.

The HealthPathways platform offers a single channel to support many messages directed to the primary care audience, which aim to improve health outcomes in EMPHN. EMPHN will continue to implement communication and engagement strategies across the region to raise awareness, engagement, and utilisation of the pathways by both the end users, but also our health sector partners.

Ongoing monitoring of the platform will also be undertaken to ensure we can continuously improve the platform offering and user experience.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Improve collaborative partnerships and	140

shared models of care between primary, community and acute care.	
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Activity Demographics

Target Population Cohort

Older adults including people living with dementia and their carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Whitehorse - West	20703
Monash	21205
Manningham - East	21102
Maroondah	21103
Knox	21101
Yarra Ranges	21105
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Manningham - West	20702
Banyule	20901
Boroondara	20701



Activity Consultation and Collaboration

Consultation

Eastern Melbourne Primary Health Network (EMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

We will continue consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, local hospital networks and Aged Care providers.

Eastern Melbourne Primary Health Network (EMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

We will continue consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector, local hospital networks and Aged Care providers.

This activity will also include meaningful key stakeholder input in the procurement and program development process including engagement with clinical subject matter experts, service providers, health service partners and people with a lived experience and their networks.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:

- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:

- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings
- Allied health practitioners working in a variety of settings
- Other health professionals working in a variety of settings

We continue to consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased relevance and insight, which validate and/or address person-centred care such as health literacy, language, and cultural backgrounds, are embedded in pathways.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring, and evaluation of activities:

- Community participants – consumers, patients, carers, and people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services

- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

17/06/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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

No

Decommissioning details?

Co-design or co-commissioning comments

Continuing Service Provider / Contract Extension

Streamliners New Zealand Ltd will be directly engaged as the licence owner of the HealthPathways platform.

Depending on the suite being developed, key subjective matter experts and general practitioners may be directly commissioned to support the development of the clinical pathways due to their specific skills, knowledge and expertise.

Expression Of Interest (EOI)

Yes, contracting of clinical editors will be done through an open EOI process.

HealthPathways Melbourne is jointly operated by Eastern Melbourne PHN and North Western Melbourne PHN who will jointly commission Streamliners New Zealand Ltd to support platform maintenance and ongoing pathway development.



CF - 4 - Digital Health Enablement (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

4

Activity Title *

Digital Health Enablement (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Digital Health

Other Program Key Priority Area Description**Aim of Activity ***

Enhance primary care by developing digital capabilities, building capacity, and providing resources to ensure the delivery of high-quality, multidisciplinary care that leverages data and digital technology.

Description of Activity *

EMPHNs Digital Enablement program is integrated across multiple PHN programs including General Practice Development (CF6), My Medicare & GPACI initiatives, Quality Improvement (CF5) and other EMPHN programs that interface with General Practice, Residential Aged Care Homes, ACCOs and Allied Health including Right Care-Better Health (CF1) and Clinical Insights (CF3).

Key focus areas for the program are:

- o Support effective General Practice uptake and engagement with key health infrastructure requirements including NASH, PRODA, HPOS and Provider connect Australia. Expanding this use within the Residential Aged Care Homes and Allied Health sectors.
- o Effective use of digital health such as telehealth, e-prescribing, e-referral, e-pathology, and My Health Record and
- o Leveraging practice and population data and insights to better target populations and improve the quality of care provided to the community.

The core activities delivered within the Digital Enablement program are:

Building Digital Health capability and capacity:

- Provision of multifaceted capability and capacity strategies including but not limited to education, information and updates, practical guides, tips and walk throughs, face to face visits and virtual team viewer sessions to General Practice and Residential Aged Care Homes.

Practice and Population Data

Support General Practice to:

- Access the POLAR system and use bespoke POLAR data reports by General Practice role to understand their practice population.
- Assists practices to meet their PIP QI requirements.
- Identify patients that are eligible for Health Assessments, Care Plans, Team Care Arrangements and Reviews and Mental Health Treatment Plans
- Provide timely immunisations, screening tests and other preventative health items.
- Identify patient cohorts that may benefit from alternate clinical management- for example deprescribing.
- Understand how to flag and track patients eligible for specific services-Eg Right Care=Better Health (CF-1)
- How to use data to undertake business planning including the use of Multidisciplinary teams.
- Increase data quality and recording to assist with achieving or maintaining accreditation.

Support the PHN to:

- Access deidentified general practice data for the catchment to inform health needs assessments and enable practices to participate in the Clinical Insights (CF3) program.
- Drive a data quality program to increase the quality of the catchment level data.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care - Improve data quality and collection processes to address gaps in knowledge relating to demographic diversity, intersectional data, program effectiveness, and lead indicators.	136
MH and SP - Strengthen data collection efforts to gather specific socio-demographic data for underrepresented groups to increase understanding of mental health needs and suicide prevention activities.	139



Activity Demographics

Target Population Cohort

General Practitioners, Practice Owners, Managers, Nurses, and Staff, RACF Managers and Staff, Allied Health Professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.

- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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

EMPHN regularly seeks feedback and opportunities for codesign improvements to the Digital Enablement Program from key stakeholders, especially General Practice.

Funding From Other Sources - Organisational Details

Australian Digital Health Agency



CF - 5 - Quality Improvement (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

5

Activity Title *

Quality Improvement (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

To support General Practice, and increasingly Allied Health and Residential Aged Care, to understand and use evidence-based methodologies to improve systems, processes, and patient care to improve patient outcomes.

Description of Activity *

EMPHN QI delivery model provides a standardised approach for all QI activities, events, resources, and programs. Consistent approaches to topics throughout the year aim to build competence in the audience and embed sustainability of quality improvement within practices.

The core activities delivered within the Quality (QI) program are:

- EMPHN has developed packaged QI activities on frequently requested topics to support general practice in delivering improved health outcomes for patients. These resources are available as a suite on our webpage for practices to access and implement. Each topic offers comprehensive packages, making it easy to utilise necessary tools for QI activities.
- In FY25 EMPHN will enhance this suite in alignment with resources developed through NINCO and the National MyMedicare project. General Practice facilitators promote the adoption of these self-paced modules during their regular contact or through POLAR report feedback.
- In FY25, EMPHN will expand the audience for the foundational QI tools into Residential Aged Care Homes and Allied Health Practices, adapting them as required.

- Support will be provided to practices participating in EMPHNS Clinical Insights (CF3) program to undertake quality improvement activities aligned with the Clinical Insights topic, enhancing overall clinical outcomes and sustainability of interventions.
- EMPHN will collaborate with General Practices to fulfil their PIP QI requirements by promoting the identification of practice needs using POLAR data reports and encouraging uptake of self-guided or supported improvement topics.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Build GP capability to manage complex, comorbid health conditions	138
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

General Practitioners, Practice Owners, Managers, Nurses, and Staff, RACF Managers and Staff, Allied Health Professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold

for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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

QI resources material and toolkits are co-designed and tested with the target audience prior to being launched.



CF - 6 - General Practice Development (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

6

Activity Title *

General Practice Development (July 2025)

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

The General Practice Development Education activities aim to support and enhance the capabilities of primary healthcare staff through delivery of various initiatives and events to enhance the quality of care and improve health outcomes in primary care.

Description of Activity *

EMPHN has had a long-standing commitment to offer education and collaborative networking opportunities for primary care providers to enhance capacity and capability building. With the introduction of key initiatives and activities through the Strengthening Medicare reform, EMPHN will align education opportunities with priority topic areas to strengthen connection between primary care teams to improve health outcomes.

Delivery of activities includes:

- Practice Nurse Education Days offering education and training opportunities to enhance the knowledge and skills of practice nurses in various areas of healthcare, ensuring they are well-equipped to deliver to their scope high-quality care to patients.
- Practice Manager Days to enhance the knowledge and skills of practice managers in various aspects of medical practice management, ensuring they are well-equipped to handle the complexities of their roles.
- Online webinar training to increase skills, knowledge, and confidence to improve primary care
- Expansion of education offerings to support Multidisciplinary team approach to include Allied Health collaboration opportunities

with general practice

EMPHN will have a key focus on supporting general practitioners (GPs) in maintaining and improving their professional knowledge, expertise, and competence through a series of RACGP CPD offerings. This will be achieved through:

- Maintaining RACGP CPD Provider registration status
- Completing CPD representative training for new staff and ongoing training for CPD representatives
- Design and delivery of General Practitioner continual professional development (RACGP CPD) opportunities through consultation with the Eastern Melbourne GP Engagement Alliance members, including a GP education day that provides an opportunity to bring together PHN activities across multiple deeds with a clinical focus.
- Statewide education opportunities delivered through a collaborative approach across the VTPHNA working groups

To support effective and efficient education offerings, EMPHN will apply consistent education process and procedures to measure outcomes and enable continuous improvement, ensuring needs of providers is met.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Incentivise primary care for GPs, nursing, and allied health providers as a career, thereby increasing availability of the primary care workforce.	140
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



Activity Demographics

Target Population Cohort

Primary Health Care Providers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

EMPHN undertakes consultation with providers through GP education needs survey and end of activity evaluation surveys to assess the education needs of providers for capacity and capability building. GP leads are consulted through the RACGP CPD process to ensure activities meet providers needs and deliver on relevance to general practice.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with other PHNs from Victoria and Tasmania through the VTPHNA workforce development working group. A bi- monthly working group meeting provides an opportunity to discuss shared CPD education opportunities across shared priority areas. EMPHN also leads the Eastern Melbourne General Practice Engagement Alliance with Hospital General Practitioner Liaison Officer representation from across seven hospitals. EMPHN works with these representatives on joint educational CPD activities.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Contractual Milestones

- Jul – Nov 2025 webinar series - Your journey to become a high performing Practice Manager
- Aug 2025 - GP training on MDT and CCM
- Feb 2025 – GP engagement alliance collaborative GP event

- Mar 2026 – Practice Manager Day
- June 2026 – Practice Nurse Day

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
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- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



CF - 7 - Care Synergy (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

7

Activity Title *

Care Synergy (July 2025)

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 ***

Hospital and primary care integration

Description of Activity *

EMPHN has led multiple initiatives to strengthen primary care-hospital integration, including hospital avoidance programs and GP education, as required by the Core Deed. However, these efforts have often lacked strategic coordination, end-user input (GPs, consumers), and cross-hospital learning. Despite this, strong relationships have been built with hospitals across the region.

Care Synergy is a collaborative co-commissioning forum designed to address these challenges. It brings together hospitals, GP liaison officers, and GPs to share data and identify time-limited projects that drive system improvements, care coordination and cross-setting integration, with successful outcomes scaled across the catchment.

This initiative ensures:

- GP buy-in by prioritising projects that general practice supports and will adopt.
- Hospital leadership engagement to showcase and scale innovative models of care.
- Cross-hospital learning so that all hospitals benefit from shared insights.
- GP confidence that EMPHN is actively driving better integration between hospitals and primary care.

The Care Synergy group includes executives from multiple hospitals (n=5), alongside GPOs (n=3), GPs (n=6), North East Melbourne Health Service Partnership representatives, and PHN executives from EMPHN and North West Melbourne PHN. The

EMPHN Deputy CEO chairs the group. Future iterations will include consumer and community health representation. In order to direct the focus of the forum, four initial 'areas of interest' were provided, as identified from the EMPHN general practice engagement survey. The areas of interest will continue to provide direction for subsequent activity and include:

- GP liaison support for clinical pathways and education
- Enhancing clinical handover (e.g. hospital discharge summaries)
- Hospital avoidance or diversion (i.e. keeping people well in the community)
- Care in partnership (i.e. effective use of specialist outpatients)

Proposals for funding and development to the CareSynergy forum must align with the following criteria co-designed by the forum:

- Sustainability and scalability – projects must outline long-term impact and expansion potential.
- Evaluation – measurable patient outcomes must be demonstrated.
- GP involvement – GPs should be engaged throughout the project lifecycle.
- Partnerships – emphasis on collaborations, especially between hospitals and GPs.
- Value for money – leveraging existing funding and improving cost-effectiveness.
- Value for general practice – clear benefits for GPs, such as time savings or financial sustainability.
- Alignment – projects must complement existing health system priorities.

Projects funded from the previous financial year will continue to be built and evaluated, while efforts continue to promote adoption at scale. Evaluation of the activity to date shows high levels of satisfaction from forum members.

By anchoring investment decisions in GP perspectives and system-wide priorities, Care Synergy shifts away from isolated hospital-driven initiatives toward a more integrated, collaborative, and sustainable approach to health system improvement.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



Activity Demographics

Target Population Cohort

Consumers and general practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

A requirement of each project funded through Care Synergy is consumer and GP consultation. This will be led by each project.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

As mentioned above, collaboration underpins this activity. Key collaborators include executives from multiple hospitals, GP Liaison Officers, GPs, and the North East Melbourne Health Service Partnership.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
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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?

Yes

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

Yes

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

Yes

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Co-commissioning between EMPHN, local hospitals, GPs, GP Liaison Officers. Plans for incorporating consumers is underway



CF - 8 - Clinical Insights (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

8

Activity Title *

Clinical Insights (July 2025)

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 ***

Our goal is to support GPs to improve patient care by sharing clinical insights into current practice.

Description of Activity *

PHN support of general practice tends to focus on business and process related activity (e.g. registers, data quality, billing, Standards, etc). GPs have highlighted in the recent EMPHN GP engagement survey they expect support that better meets their needs and provides better clinical support to drive quality care.

EMPHN has access to clinical data from 369 of 437 practices (84%) in our catchment. However for the most part, the use of these data is currently limited to PIPQI reporting.

The Clinical Insights program aims to leverage existing clinical data to create a new CPD offering of clinical practice insights. This will enable GPs to fulfill their CPD requirements and support quality improvement, while driving measurable and demonstrable change in clinical care.

This program involves measuring and feeding back clinical performance data to clinicians. It relates their performance to a comparator, (such as professional standards, evidence-based targets, peer groups) with the aim of improving patient care.

It is based on the principle that clinicians may be unaware of discrepancies between their current practice and evidence-based guidelines, and that visualizing this information can stimulate behaviour change and improve patient outcomes.

The objectives of this project are:

- Enhanced engagement with GPs
- Expand the utility of EMPHN's clinical data for different audiences.
- Improve quality of care through measurable clinical outcomes (e.g. change in use of medicines, tests or referrals).
- Promote learning culture and continuous improvement.
- Advance the evidence base with respect to audit and feedback in general practice.

Over the next year, we will partner with the leading experts on audit and feedback, and an expert working group of local GPs, to design and refine the model, and scale to all GPs across the catchment. Each audit will be evaluated for clinical impact.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
HC - Increase, promote disease prevention initiatives targeting behavioural, environmental risk factors to reduce the prevalence of chronic conditions. This includes CALD communities.	138
HC - Increase access to early intervention health programs, such as lifestyle changes, and ongoing primary care management of chronic conditions, including improved multidisciplinary care coordination	138
HC - Build GP capability to manage complex, comorbid health conditions	138



Activity Demographics

Target Population Cohort

General Practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical and Practice Council, Community and Consumer Council, and WiseCrowd, and through other groups and mechanisms as appropriate.

Given this is a GP focused activity, we continue broad consultation with GPs and the Clinical Council to seek input into topics of interest, key messaging, and delivery mechanisms. We will also consult with relevant peak bodies to leverage publicly available materials and co-brand where possible.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Given the strategic nature of this activity, we formed an Expert Working Group consisting of GPs and behavioural scientists for co-design



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
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- 30.04.2027 Activity Work Plan

- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

This activity is co-designed with local GPs who form our Expert Working Group. This group helps shape the design and implementation and direction of the activity.



CF - 10 - Dementia Health Pathways (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

10

Activity Title *

Dementia Health Pathways (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to:

- support access to the HealthPathways platform by primary care practitioners in the EMPHN region
- promote best-practice care and enhance local clinician's awareness of referral options and services in aged care
- improve collaboration and integration across the health care and other systems

to enable improved health outcomes for the community by connecting consumers and clinicians through seamless pathways of care.

HealthPathways form a core component of workforce development and capability building aiming to reduce potentially preventable hospitalisations for people living in eastern Melbourne.

Description of Activity ***Key Points:**

Funding for this activity will be used for the review, maintenance of Dementia clinical and referral pathway content, and promotion of clinical and referral pathways to health practitioners:

- license a clinical referral pathway platform.

- Technical writing
- Clinical editing
- Staff costs
- Engaging relevant health practitioners
- Maintenance of Dementia consumer resources including the Dementia Directory
- Comms and promotion activities to promote dementia clinical and referral pathways, dementia consumer resource including the Dementia Directory

A suite of pathways to support people living with dementia were reviewed and updated in collaboration with VICTAS. Reviews led by Gippsland PHN and local consultation involving specialists, local GPs, carers VIC, completed to inform the review.

HealthPathways Melbourne (a partnership between EMPHN and NWMPHN) is lead region for maintenance of pathways. These will continue to be updated as needed through this pathway sharing arrangement, with updates coordinated across the region to maintain consistency and alignment. These pathways are being maintained via partial updates to action feedback received from external users.

- Attendance at Dementia Australia sessions where these are available, to inform any improvements.
- For pathways due for review in the relevant period (as pathways come up for review as part of the review cycle), subject matter experts (SMEs) and other clinical working group members and GP reviewers are engaged to inform the review. Partial updates are also done where necessary to action feedback/updates outside the review cycle.
- Active promotion of pathways through PHN communication channels, HealthPathways newsletter, PHN GP events, external events.
- Dementia Consumer Resources including a Dementia Directory will be maintained and promoted to clinicians and consumers.
- Seek clarification and advice as needed. No barriers from previous period reporting.
- Monthly meetings with VICTAS teams to discuss further collaboration opportunities, including sharing of resources developed by other regions.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



Activity Demographics

Target Population Cohort

People living with Dementia and their carers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

SA3 Name	SA3 Code
Whitehorse - East	21104
Whitehorse - West	20703
Monash	21205
Manningham - East	21102
Maroondah	21103
Knox	21101
Yarra Ranges	21105
Nillumbik - Kinglake	20903
Whittlesea - Wallan	20904
Manningham - West	20702
Banyule	20901
Boroondara	20701

**Activity Consultation and Collaboration****Consultation**

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

This activity includes meaningful key stakeholder input in the development and maintenance of pathways:

- New clinical guidelines
- Verification of clinical advice on assessment, management and correct referral pathways into hospital and community services.
- Verification of referral criteria into different services
- Local resources to support general practitioners in the management of specific conditions.
- Referral information including information on local services, PHN commissioned services and how to refer into these services.
- Usability of pathways

These stakeholders include:

- Local general practitioners and general practice team members
- Hospital specialists working in a variety of settings.
- Allied health practitioners working in a variety of settings.
- Other health professionals working in a variety of settings.

EMPHN consults with dementia peak bodies as appropriate such as Dementia Australia, Carers Australia, Dementia Support Australia, Dementia Training Australia, and the Australian Dementia Network (ADNeT).

We continue to consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

Consumer perspective is accessed through direct participation and/or insights gained from community engagement activities or literature. Resources from peak bodies and relevant organisations where consumer input has been embedded for increased relevance and insight, which validate and/or address person-centred care such as health literacy, language, and cultural backgrounds, are embedded in pathways.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring, and evaluation of activities:

- Community participants – consumers, patients, carers, and people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local health services and hospital networks
- Community health services
- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

15/06/2022

Activity End Date

29/06/2027

Service Delivery Start Date

17/06/2022

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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): Yes

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



CF - 11 - Dementia Consumer Pathway Resource (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF

Activity Number *

11

Activity Title *

Dementia Consumer Pathway Resource (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Workforce

Other Program Key Priority Area Description**Aim of Activity ***

This activity aims to develop and maintain dementia support pathway resources for people with lived experience of dementia and their support network to support them to make more informed choices regarding their care, and to provide them with greater visibility of relevant services within their local region and how to access them.

Description of Activity *

EMPHN in partnership with NWMPHN has developed a suite of dementia specific consumer resources. The resources were developed in consultation with carers and providers and informed by resources already developed by Dementia Australia. EMPHN will continue to maintain and promote dementia specific consumer resources.

This activity includes:

- Online consumer campaign to promote Dementia consumer resources.
- Online campaign targeted to clinicians to promote dementia resources.
- Promotion and distribution of Dementia consumer resources to local practitioners at online and face to-face events
- Distribution of printed resources to general practices
- Maintaining the local Dementia Directory of local Dementia Support and Services (e.g. via the Dementia Directory)
- Review and develop additional translations Dementia consumer resources as needed.
- Deliver education events in partnership with clinical experts (e.g. Geriatricians) and organisations like Dementia Australia.

- Attendance at conferences and other events to promote the Dementia Consumer resources.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
PHC - Improve collaborative partnerships and shared models of care between primary, community and acute care.	140



Activity Demographics

Target Population Cohort

People living with dementia and their carers

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

The dementia resources were developed as part of the VICTAS collaboration (not including South East Melbourne):

- with input from dementia health practitioners on the design of the consumer survey and the content of the dementia resources
- with input from the community (people living with dementia and their carers) through a survey

Information from the engagement activity informed the design and content of the dementia resources which were initially developed in English. Through PHN data, we identified the top four languages across the EMPHN and NWMPHN catchment that had the lowest English literacy, and translations were developed in these languages. The development of an Arabic translation is underway following subsequent feedback from the North Western Melbourne Older Adults Advisory Group.

Requests for additional languages from the community will be considered for further translations.

Attendance at the Dementia Australia's monthly "PHN Dementia Support Pathway Panel Discussion" sessions (March to June 2025) to gain additional insights to inform both clinical pathways and consumer resources.

For FY26

- feedback from other VICTAS regions will continue to be collated and reviewed, and resources will be updated as needed.
- the list of services on the Dementia Directory is being updated as information is received.
- we will continue with a quarterly mailout to services listed to prompt them to provide updates to their services.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

We will continue to engage with the following stakeholders:

- PHN program teams from Western Victoria, Murray, Gippsland, and Tasmania
- Dementia Australia
- Dementia Training Australia



Activity Milestone Details/Duration

Activity Start Date

14/06/2022

Activity End Date

29/06/2025

Service Delivery Start Date

16/06/2022

Service Delivery End Date

30/06/2025

Other Relevant Milestones

30 April 2023 – Activity Work Plan

30 September 2023 - Twelve Month Performance Report

30 September 2023 - Income and Expenditure Statement

1 February 2024 - submit a six-month activity report

30 April 2024 – Activity Work Plan
15 November 2024 - Confirm current Needs Assessment
30 September 2024 - Twelve Month Performance Report
30 September 2024 - Income and Expenditure Statement
30 April 2025 – Activity Work Plan
30 September 2024 - Twelve Month Performance Report
30 September 2025 - Income and Expenditure Statement



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

No

Decommissioning details?

Co-design or co-commissioning comments



HSI - 1 - Population Health Planning (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

1

Activity Title *

Population Health Planning (July 2025)

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 ***

To support population health planning & revising health needs assessments.

Description of Activity *

This activity seeks to support the PHN in its core functions related to health planning and needs assessments. HSI funding is primarily used for PHN staffing costs associated with the delivery of HSI activities. It supports outputs such as:

- Health planning and health needs assessments (including dissemination of findings from the recent catchment wide HNA)
- Market analysis of the factors and drivers of access to care
- Program evaluations
- Stakeholder engagement and communication
- Strategy and service design
- Program delivery and service enhancement
- Integrating performance reporting and business insights into health planning
- Governance, risk, and compliance

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

Population health planning

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Specific stakeholders consulted as part of population health planning activities are detailed in the relevant AWP. In 2024 EMPHN updated the catchment wide HNA and consulted with community health providers, Clinical Council, Community Council, local clinicians, service providers, ACCOs, LHNs, consumer and community members, and peak bodies. Consultation with these groups continues as part of the on-going work plan.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

Specific collaborators include community health providers, Clinical Council, Community Council, local clinicians, service providers, ACCHOs, LHNs, consumer and community members, and peak bodies. Collaboration with these groups continues as part of the on-going work plan.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
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- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



HSI - 2 - System Integration and Stakeholder Engagement (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

2

Activity Title *

System Integration and Stakeholder Engagement (July 2025)

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 ***

To support system integration and stakeholder engagement

Description of Activity *

This activity seeks to support the PHN in its core functions related to system integration and stakeholder engagement. Funding is primarily be used for staffing costs associated with the delivery of HSI activities. It supports outputs such as:

- Engaging with local GPs, allied and community health professionals, nurses, community pharmacy and pharmacists, specialists, Aboriginal Community Controlled Health Organisations, peak bodies, service providers and consumer groups
- Administration of WiseCrowd, a consumer and community panel made up of people with a personal or professional interest in improving healthcare in our region
- Drive better integration between general practice and hospitals by building structured, collaborative forums where decisions are jointly shaped by GPs, hospitals, and the EMPHN.
- Engagement with LHNs to design systems level solutions informed by those delivering care, and focused on meaningful, scalable improvements.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

Population health

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions.

Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
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- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



HSI - 3 - PHN Practice Support (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

3

Activity Title *

PHN Practice Support (July 2025)

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

PHN commissioning and organisational operations

Aim of Activity *

EMPHN's practice support delivers initiatives designed to help general practice businesses meet current standards, adapt to evolving priorities, and stay informed about best practice principles. These efforts aim to improve the quality of care, enhance patient outcomes, and ensure the delivery of efficient and effective healthcare services.

Description of Activity *

Eastern Melbourne Primary Health Network (EMPHN) provides comprehensive support to general practice through various initiatives and resources. The EMPHN General Practice Development Facilitators engage with and support primary health care providers in various PHN activities. They deliver initiatives aimed at helping general practice businesses meet current standards, adapt to changing priorities, and maintain awareness of best practice principles. Facilitators also play a role in the implementation and delivery of EMPHN commissioned activities in general practice.

Practice needs assessments are undertaken with each general practice every 2 years with the primary objective to:

- encourage engagement and collaboration between general practices and EMPHN.
- identify the specific needs and gaps in services, resources, and support required by general practices.
- understanding the challenges faced by practices in delivering high-quality care and meeting accreditation standards.
- assessing the needs of general practices, EMPHN can provide targeted support and resources to help practices improve their

quality of care.

- tailor its support and initiatives to better meet the needs of general practices.
- Provide valuable general practice insights that is recorded in EMPHN CRM that informs practice readiness and engagement segmentation and tiering.

Key priority areas that EMPHN offers guidance and support for general practices to deliver high quality care and improve health outcomes in the region includes:

- Support for practices opening and closing.
- Practical support to help general practices achieve and maintain accreditation including encouraging new practices to register for accreditation under the National General Practice Accreditation Scheme.
- Registration for programs led by the Department of Health and Aged Care, such as MyMedicare, Workforce Incentive Program (WIP) and Practice Incentive Payment (PIP)
- General Practice workforce capability and capacity building for practice nurses and practice managers
- Quality Improvement activities to meet PIP QI
- General practice training and guidance on Infection prevention control, cold chain management, immunisation, and chronic disease management
- Ongoing updates and communication through fortnightly primary care bulletin and facilitation of basecamp for practice nurses and practice managers
- Utilisation of POLAR data and EMPHN practice report to identify areas for improvement

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

General Practices

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN undertakes a general practice survey that is a crucial tool for EMPHN to engage with general practices, gather valuable insights, and continuously improve the support and services provided to enhance the quality of care in the region. The survey provides opportunity to enhance practice support engagement by:

- Collating feedback from general practices to evaluate how well various programs and initiatives are being delivered. This includes understanding the success of these programs and identifying areas for improvement
- understanding the challenges faced by general practices,
- gain insights on specific programs and activities such as PIP, WIP and practice accreditation
- Identify areas for support, education, and collaboration

EMPHN provides opportunities for practice staff to collaborate and share learnings through providing Basecamp forums for practice nurses and practice managers, networking events and opportunity for feedback to PHN through practice support appointments, practice needs assessments, event evaluations and CEO practice visits.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
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- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



HSI - 4 - PHN Data Governance (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

4

Activity Title *

PHN Data Governance (July 2025)

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

PHN data governance and operations

Aim of Activity *

To support EMPHN in commissioning and organisational operations.

Description of Activity *

This activity details EMPHN's approach to improve:

1. Data Skills

- Access and use of Primary Health Insights. All of EMPHN's program and clinical data assets were transitioned to PHI by end of June 2025.
- EMPHN currently employs two data scientists and is looking at expanding internal data analytics capacity and capability by bringing in one more data scientist in the next financial year.
- Data Governance Framework is being revised and updated with implementation of the framework beginning in Q1 of FY26.
- Provide support and ongoing reporting analytics and dashboards for monitoring, evaluation and planning of business, project, and commissioning activities; including the provision and sourcing of appropriate data to support Commissioning requests and decisions; and administrative support to PHN Program managers and providers regarding the PMHC MDS, and external data collection systems.

2. Infrastructure

- EMPHN is creating a data asset for business optimisation. This includes infrastructure to link data sets between GP and Hospitals to create a complete view of patients. This data set will help demonstrate the wider needs of EMPHN's catchment and bring quantitative analytics to program evaluation, needs assessment and coordinated care
- EMPHN is in the process of creating a reciprocal data sharing agreement with Southeast Melbourne PHN, and exploring the option with Northwest Melbourne PHN. These agreements will reduce gaps in data of EMPHN's population and provide accurate insights relating to patient's behaviour and needs.
- EMPHN also provides research institutions and consultants de-identified data as part of health needs assessment and analysis where appropriate and adequately controlled.

3. Security Controls and Management capabilities

- Cybersecurity measures from PHI are being leveraged.
- Data governance access controls, release policies and procedures are applied to EMPHN data resources. These controls reduce the exposure to disclosure risks and appropriately safeguard confidential data.
- EMPHN is aiming to meet ISO 27001 accreditation by December 2025.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

EMPHN Staff

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN primarily consults and collaborates with BrennanIT to implement best practices within the Data Governance sphere.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN primarily consults and collaborates with BrennanIT to implement best practices within the Data Governance sphere.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
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- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



HSI - 5 - Emergency Preparedness Protocols (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

5

Activity Title *

Emergency Preparedness Protocols (July 2025)

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

Emergency Preparedness for Primary Care Services

Aim of Activity *

The aim of this activity is to maximise the capacity of localised primary care services to manage emergency preparedness, response and recovery ensuring a coordinated and effective primary care health response in the event of an emergency or disaster.

Description of Activity *

- a. Prepare and maintain emergency preparedness protocols that support the localised context of Eastern Melbourne PHN's region. EMPHN will:
 - ☒ Determine the risk profile for emergencies and potential disasters related to weather and non-weather events in the EMPHN region.
 - ☒ Develop localised protocols in collaboration with the local/ regional committee members and primary care stakeholders.
 - ☒ Distribute emergency preparedness materials to primary care providers via various communication channels to enhance readiness and response capability.
- b. Update protocols annually in line with Emergency Preparedness Policy Guidelines provided by the Department of Health and Aged Care
- c. Engage regularly with local and district stakeholders relating to emergency preparedness, planning, response, and recovery.

- ☒ Participate and contribute to planning at quarterly Eastern Metropolitan Relief and recovery sub-committee meetings hosted by Emergency Recovery Victoria and the Victorian Health Sector resilience network.
- ☒ Attend quarterly East and North Department of Health Emergency Management Team meetings to contribute to local knowledge and support planning efforts.
- ☒ Leverage off existing partnerships with Aboriginal and Torres Strait Islander health and community organisations to incorporate First nations knowledge and experience in emergency preparedness, response and recovery.
- d. Integrate and coordinate health services in your local region to prepare for the event of a natural and/or health emergency situation. EMPHN will:
 - ☒ Conduct a bi-annual workforce capability assessment of the current capacity and capability of the local primary workforce to support localized integrated response and recovery efforts in the event of an emergency or disaster.
 - ☒ Develop and maintain a comprehensive registry of:
 - o primary care providers who can be mobilized during emergencies and disasters
 - o Residential Aged care Homes, Medicare Urgent Care Clinics and other community organizations to support their preparedness and recovery in the event of an emergency or disaster
 - ☒ Participate in emergency/disaster scenario planning in collaboration with local/regional emergency management committee, LHN's incorporating infectious disease and climate related disaster scenarios relative to the risk profile within the EMPHN catchment
 - ☒ Collaboration on emergency/disaster planning and preparedness with Local Hospital networks (LHN)to identify critical stakeholders, role and responsibilities, clear procedures, and establish robust communication pathways as part of preparation.
 - ☒ Participate in post emergency/disaster event review to support continuous improvement

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Aged Care (AC)	136
Health Conditions (HC)	138
Mental Health (MH) and Suicide Prevention (SP)	139
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

Primary Care Providers including General Practices, Pharmacy and Residential Aged Care Homes Providers.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN regularly attends the Eastern Metro Relief & Recovery Sub-Committee Meeting hosted by Emergency Recovery Victoria and the Victorian Health Sector Resilience Network

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians, and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration, and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed. EMPHN works with General Practices registered in the catchment to provide support and services to the community.

EMPHN is part of the VTPHNA Emergency and Disaster Management Working Group which was established in 2023 with the VTPHNA CEOs endorsing the collaborative approach to emergency response and recovery planning. This working group was initially established as the VTPHNA Covid Response Working Group and has now adapted to support broader emergency response planning, management and recovery.



Activity Milestone Details/Duration

Activity Start Date

30/06/2025

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current.
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



HSI - 6 - Business Intelligence and Analytics (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

HSI

Activity Number *

6

Activity Title *

Business Intelligence and Analytics (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description**Aim of Activity ***

The Business Intelligence and Analytics team has responsibility for equipping the organisation and its programs with:

1. - Continually updating needs assessments to inform program and commissioning activity in health needs, service access trends, service mapping and forecasting
2. - Undertaking deeper dives on issues to inform the organisations and its stakeholders it is collaborating with
3. - Providing the Collaborative Platforms with briefings of the key issues on which to focus through the Collaborative Structure
4. Providing the data evidence for monitoring and evaluation activities by robust data analysis approach agreed with stakeholder
5. Securing and maintaining EMPHNs data assets.
6. Data privacy assessments and secure data collection.
7. Uplifting EMPHNs data capability with governance program.
8. Supporting digital health functions with GP and PIPQI data management.
9. Supporting 12 monthly reporting functions with data evidence.

Description of Activity *

The Business Intelligence and Analytics until will provide data and data systems to ensure

1. Collaborative health planning for core commissioning activities.
2. Supporting EMPHNs monitoring & evaluation framework via secure data collection and reporting.

3. Supporting DOH performance framework by collecting data as per defined KPIs.
4. Supporting EMPHs operational reporting with key insights on EMPHs 5 year strategic plan.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

Whole of EMPHN catchment

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources, and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

Collaboration with other Victorian PHNs to collect state wide data for Head to Help and Head to Health Programs. We continually seek ways to add value to our trusted relationship with practices and to support them to improve patient care and outcomes. GP

data is a high value investment supported by our use of POLAR and associated data collection, storage and reporting infrastructure. We will join Primary Health Insights (PHI) to utilise this national data storage and analytics solution for primary health care data allowing greater collaboration for insights, research, and commissioning to inform patient health needs, experience, and outcomes.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DHDA Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

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



GPS - 1 - General Practice Support (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

GPS

Activity Number *

1

Activity Title *

General Practice Support (July 2025)

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

General practice support

Aim of Activity *

This activity aims to strengthen the capabilities of General practices to provide high quality, safe, integrated and person centred health care.

Description of Activity *

This activity will include components such as:

- undertake practice needs assessments and the tiering of practices to determine practice capability and capacity how the PHN can meet their needs

-support practices through a variety of channels and modalities to adopt national and state primary health care policy directions aimed at strengthening primary care in the catchment.

- promote and improve the update of practice accreditation

- support quality improvement activities and meaningful use of data to improve health of their practice community including an activity to co-design a platform with GP stakeholders which will analyse and synthesise their practice data to enable them to

undertake quality improvement activities based on real-time data.

- facilitate the increase of practice tools (e.g. Walrus decision support tool)
- develop workforce capabilities to deliver timely, high quality health care through workshops, education events and resource navigation. Integration of practice support for capability development is a key component of a core flex-funded chronic disease management care coordination program (see Right Care Better Health program information under Core Flex funding section), which provides support for complex patients whilst upskilling practice staff in chronic disease management care coordination. Local LGAs of the highest need are prioritised for funding this chronic disease care coordination program
- support general practice awareness of and integration with local health services including PHN commissioned programs and community and acute services to support integrated person-centred care, including a greater focus on integration of primary and aged care. A new program in FY25 will engage a small number of GPs from across the catchment in a forum with leaders from the local hospitals to co-design principles for shared decision making about PHN investment in integration programs to address locally determined health/service gaps. This aims to ensure the voice of GPs is forefront in prioritising how core flex funding is allocated to address hospital/primary care transition pain points to improve patient experience and outcomes as well as clinician experience across health care intersections.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140



Activity Demographics

Target Population Cohort

General Practices in EMPHN's catchment

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

31/05/2015

Activity End Date

29/06/2027

Service Delivery Start Date

01/06/2015

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
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- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.04.2027 Activity Work Plan
- 30.09.2027 12 Month Performance Report
- 30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration



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?

No

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

Yes

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

No

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

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments



CG - 1 - Corporate Governance (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CG

Activity Number *

1

Activity Title *

Corporate Governance (July 2025)

Existing, Modified or New Activity *

Existing



CF-COVID-PCS - 1 - COVID-19 Primary Care Support (July 2025)



Activity Metadata

Applicable Schedule *

Core Funding

Activity Prefix *

CF-COVID-PCS

Activity Number *

1

Activity Title *

COVID-19 Primary Care Support (July 2025)

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 ***

To support the Covid-19 vaccine and treatment strategy in primary care and aged care sectors.

Description of Activity *

Through this activity EMPHN will:

- provide guidance and expert advice to GPRCs, General Practices, Aboriginal Community Controlled Health Services (ACCHs), residential aged care facilities (RACF), and governments on local needs and covid – 19 issues;
- coordinate the vaccine rollout within RACFs as guided by key stakeholders and industry experts, including local service integration and communication, liaison with key delivery partners and consistent reporting (refer separate activity on RACF vaccinations).
- coordinate the delivery of vaccination services to RACFs in their areas
- Respond to and support RACFs with Covid-19 outbreaks.

- support vaccine delivery sites' operation, including ongoing quality control support; and support vaccine delivery to be integrated within local health pathways to assist with the coordination of local COVID-19 primary care responses, including identification and assistance for GPRCs and General Practices interested in participating, and ensuring consistent communications to local communities.

- Disseminate information as requested by the Department about the COVID-19 vaccination program to general practices who are/or would like to participate in the COVID-19 Vaccination Program including Provider Bulletins

- Field general and policy-related enquiries from general practices about the COVID-19 vaccination program

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138



Activity Demographics

Target Population Cohort

Aged Care and vulnerable communities

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited

to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.



Activity Milestone Details/Duration

Activity Start Date

30/12/2020

Activity End Date

29/06/2026

Service Delivery Start Date

31/12/2020

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
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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?

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

APPROVED