Brisbane North - After Hours Primary Health Care
2025/26 - 2028/29
Activity Summary View

AH-HAP - 1000 - AH-HAP 1.0 - Homelessness Access Program

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-HAP

Activity Number *

1000

Activity Title *

AH-HAP 1.0 - Homelessness Access Program

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 *

Brisbane North PHN has been funded to support primary health care access for people experiencing homelessness and those at risk of homelessness. As part of this initiative, the Primary Health Networks Homelessness Access Program supported the development of a Homelessness Health Needs Analysis, identifying gaps in primary health service arrangements, barriers to accessing these services, health impacts of homelessness and improvement of service integration within the PHN region.

Findings from this HNA have informed key areas of necessary service provision to address the needs of individuals at risk of or experiencing homelessness in the Brisbane North region, with particular focus on inner Brisbane and Moreton Bay North. This cohort has particularly complex physical and mental health clinical conditions that require assessment, management (including

medications) and service coordination from an experienced Registered Nurse or Nurse Practitioner.

Coordinating care and access for vulnerably housed people to (diminishing) bulk billing GPs and the stress of managing long wait times at ED, along with the provision of wound care and vaccine provision (e.g. tetanus, flu, COVID, shingles, whooping cough, pneumococcal), will provide much needed support to these vulnerable populations.

Description of Activity *

Homelessness (as defined and adopted by the Commonwealth Advisory Committee on Homelessness in 2001 and widely used in the homelessness sector) may constitute:
- Primary homelessness - experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings),
- Secondary homelessness - experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, “couch surfing”), and
- Tertiary homelessness - experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

In the provision of Activity under this Program, Micah and QuIHN will provide a range of services to people in the inner Brisbane area (Micah) and the Moreton Bay North region (QuIHN). QuIHN's work involves the provision of an integrated health, medical, drug and alcohol support response to vulnerable populations in the Moreton Bay region to assist them to access social supports and appropriate health care.

QuIHNs work will include:
• assertive integrated nursing and social support outreach
• partner with specific public hospitals to provide follow-up post discharge
• provide referral and linkage to:
- social support services
- General Practices (GPs), primary health, mental health, drug and alcohol, allied health and specialist services
• liaising with and advocacy to access hospital and primary care services
• direct nursing interventions which may include: - clinical health assessments - direct nursing care interventions and treatment - early intervention and preventative healthcare - chronic disease management - medication support and management - wound care - health education; and - drug and alcohol assessment and brief interventions.

Micah's work will include:
• provide assertive integrated nursing and housing outreach support
• provide direct nursing interventions:
- clinical health assessments
- direct nursing care interventions and treatment
- early intervention and preventative healthcare
- chronic disease management
- partnering with public hospitals to provide follow-up post discharge
- After Hours health assessment and support for women and families escaping domestic violence. - medication support and management
- wound care
- health education
- drug and alcohol assessment and brief interventions
- mental health interventions
- referral and linkage to General Practitioners (GP)s, primary health, mental health, drug and alcohol, allied health and specialist services including palliative care services - referral and linkage to social support services
- liaising with and advocacy to access hospital and primary care services
• provide health support and advocacy to achieve prioritised public housing for the most vulnerable. Both organisations will provide vaccinations to vulnerably housed populations.

Vaccines will be broadened beyond influenza to align with pending Departmental advice about the scope of vaccine provision under Primary Care Support Activity. This may include the following vaccines of importance to people who are homeless or vulnerably housed - HAV/HBV, Shingrix, Pneumovax, Meningococcal, ADT, MMRii, Gardasil, Boostrix. Influenza and COVID vaccines will also continue to be provided.

Target Cohort: People of all ages and family groups who are at risk of, or experiencing homelessness in the Brisbane North region, specifically inner Brisbane and Moreton Bay North regions.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Population Health - Health Needs Level 1	2-3
Population Health - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

People of all ages and family groups who are at risk of, or experiencing homelessness in the Brisbane North region, specifically inner Brisbane and Moreton Bay North regions.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

No

SA3 Name	SA3 Code
Brisbane Inner	30501
Redcliffe	31305
Caboolture Hinterland	31303
Chermside	30202
North Lakes	31402
Brisbane Inner - North	30503
Strathpine	31403
Narangba - Burpengary	31304
Bald Hills - Everton Park	30201
Bribie - Beachmere	31301

Caboolture	31302

Activity Consultation and Collaboration

Consultation

Contract Management - regular bi-annual meetings with Micah and QuIHN and Brisbane North PHN

Collaboration

MICAH - The purpose of the program is to provide an integrated health, housing and social support response to people experiencing homelessness or who are vulnerably housed in Brisbane to assist them to access stable housing and appropriate health care.

QUIHN - Provision of an integrated health, medical, drug and alcohol support response to vulnerable populations in the Moreton Bay region to assist them to access social supports and appropriate health care.

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

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?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

These programs have been in place for seven years and will be continuing with some amendment to staff profile and breadth of service delivery for the 2026/27 period.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Homelessness Access Program	$1,003,600.00	$896,096.00	$745,654.90	$745,654.90	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Homelessness Access Program	$1,003,600.00	$896,096.00	$745,654.90	$745,654.90	$0.00	$3,391,005.80
Total	$1,003,600.00	$896,096.00	$745,654.90	$745,654.90	$0.00	$3,391,005.80

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-HAP-Ops - 4000 - AH-HAP-Ops 4.0 - After Hours Homelessness Access Program Administration

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-HAP-Ops

Activity Number *

4000

Activity Title *

AH-HAP-Ops 4.0 - After Hours Homelessness Access Program Administration

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Homelessness Access Program -	$78,902.00	$89,609.60	$64,839.56	$64,839.56	$0.00

Ops					

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Homelessness Access Program - Ops	$78,902.00	$89,609.60	$64,839.56	$64,839.56	$0.00	$298,190.72
Total	$78,902.00	$89,609.60	$64,839.56	$64,839.56	$0.00	$298,190.72

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-MAP - 1000 - AH-MAP 1.0 - Refugee Health

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP

Activity Number *

1000

Activity Title *

AH-MAP 1.0 - Refugee Health

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Culturally and Linguistically Diverse Communities

Aim of Activity *

People from culturally and linguistically diverse (CALD) backgrounds, including those from a refugee or asylum seeker background, often face many barriers in accessing primary healthcare, including service navigation and health literacy. These barriers can result in poorer health outcomes and put them at a greater risk of negative health care experiences.

Responses by the Australian Government to current and emerging international crises places additional pressure on existing health care services to support demand. Local and external factors (e.g. short-term housing and natural disasters), impact usual systems and processes for the provision of care to this cohort. This activity aims to benefit people from CALD and refugee or asylum seeker backgrounds and the healthcare system. By partnering with services that provide better coordination of care for these vulnerable populations, particularly in a primary care setting, avoidable hospital presentations can be decreased among this cohort.

Building capability within general practice to provide appropriate and culturally safe care for those newly arrived in the country, will increase the likelihood of a positive first experience with the Australian health care system. It also strives to enhance the ability of the PHN to respond to current and emerging local, national and international crises, that impact health care service provision.

This activity aims to develop the capacity of general practices and other primary care providers in the North Brisbane and Moreton Bay region, as well strengthen collaboration with internal and external stakeholders and leverage specialist clinical expertise to support general practices and primary care providers in delivering equitable, high-quality healthcare for people from CALD and refugee or asylum seeker backgrounds. Clinical support will be provided to general practices by the PHN Refugee Health Clinical Lead.

This activity will be decommissioned, with wind-down to be completed by 30/06/2026 following the Australian Government's decision to cease Multicultural Access Program (MAP) funding. As there is no ongoing Commonwealth funding available, a structured transition will focus on minimising disruption, supporting continuity where possible, and maintaining key sector relationships. The program's closure will include formal handover processes and completion of all contractual and reporting requirements.

Description of Activity *

This activity will undertake the following tasks:

- Support the translating and interpreting service (TIS) National program for Allied Health Providers deemed ineligible for the Free Interpreting Service (FIS) Pilot

- Allied Health Provider registrations for TIS National are recorded
- Include new arrival and settlement data in quarterly Board report (provided by Brisbane South PHN quarterly)
- Support recruitment of new general practices into the Refugee Health Program as requested

- Number of general practices involved in the Refugee Health Program are appropriate to meet the needs of settlements in the region

Clinical education, training and resource development
- Contribute to the development and delivery of targeted education and training resources/sessions for GPs, allied health professionals and/or other relevant primary care providers.

Advocacy and System Development
- Participate in strategic consultations and/or meetings with relevant government representatives and/or other key sector stakeholders to influence multicultural and refugee health policy or system improvements at a local, state and or national level.

Stakeholder Engagement
- Maintain active participation in relevant advisory groups and networks
- Provide timely support and advice to relevant service providers on refugee and multicultural health issues as required, including GPs, nurses, refugee health services and other primary care providers.

Research and Innovation (Aspirational) - Where feasible contribute to research and evaluation activities that support the development of evidence-based resources and policy in refugee health. Target Cohort: The target population is people of all ages from CALD and refugee or asylum seeker backgrounds; particularly those recently arriving in Australia.

Update for decommissioning: Decommissioning is occurring due to the cessation of Commonwealth MAP funding from 30 June 2026. A structured approach is being implemented, including formal notification, consultation, and a transition period to wind-down activities by 30/6/2026. The focus is on completing and handing over key advisory, training, and stakeholder engagement functions, while maintaining sector relationships, supporting a smooth transition, and finalising contract closure, reporting, and financial acquittals.

Decommissioning Approach:
The decommissioning will follow PHN commissioning and contract management best practice, including:

- Formal consultation and notification with providers and stakeholders, including Dr Rebecca Farley, Brisbane South PHN, Mater Refugee Health, and relevant governance groups, supported by a defined one-month transition period in June 2026.

- Early engagement with stakeholders to confirm timelines, clarify expectations, and align on cessation requirements.

- Adherence to formal notice periods and provision of clear, timely communication throughout the decommissioning process.

- Identification and prioritisation of key activities, with completion or handover of advisory group participation, clinical guidance, and education and training support.

- Active management of impacts on clients, staff, and partner organisations, including communication of alternative pathways and continuity options where feasible.

- Coordination of workforce considerations and any service user transitions to ensure continuity of care.

- Maintenance of key sector relationships and preservation of system knowledge where possible.

- Completion of all contract closure requirements, including reporting and financial acquittals.

- Documentation of lessons learned and system impacts to inform future commissioning and planning.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Culturally and Linguistically Diverse Communities - Health Needs Level 1	2
Culturally and Linguistically Diverse Communities - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

The target population is people of all ages from CALD and refugee or asylum seeker backgrounds; particularly those recently arriving in Australia.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Refugee Health Clinical Advisory Group (CAG), Refugee Health Partnership Advisory Group (PAGQ), PHN Multicultural Health Community of Practice

Collaboration

Brisbane North PHN will work collaboratively to deliver this activity alongside Brisbane South PHN and Mater Refugee Health

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

Decommissioning milestones:

- Decision to decommission the Refugee and Multicultural Health Clinical Leadership and Capacity Building Program (formerly Refugee Health Connect) following cessation of Multicultural Access Program (MAP) funding.
* Dr Farley to be initially informed of the decision to decommission the program.
* Responsible: PHN staff. Decision made: 12 May 2026.

- Meeting with Dr Farley regarding funding cessation and transition arrangements
* Formal discussion regarding cessation of funding and a proposed three-month transition period.
* Formal process for decommissioning the service to be discussed.
* Responsible: PHN staff. Timeline: May 2026.

- Formal written correspondence to Dr Farley
* Issue formal notice of contract ending.
* Responsible: PHN staff. Timeline: May 2026.

- Transition planning with Dr Farley
* Agreed wind-down of activities and commitments.
* Responsible: PHN staff. Timeline: May–June 2026.

- Stakeholder engagement
* Key partners and stakeholders informed of the transition and decommissioning process.
* Transition arrangements planned.
* Responsible: PHN staff. Timeline: June 2026.

- Final delivery of priority activities

* Completion of essential advisory and support activities.
* Responsible: Dr Farley. Timeline: By June 2026.

- Advisory group transition
* Representation transitioned or concluded as appropriate.
* Responsible: PHN staff. Timeline: By June 2026.

- Contract closure
* Final reports and acquittals submitted.
* Responsible: Dr Farley and PHN staff. Timeline: July-October 2026.

- Evaluation and lessons learned
* Internal review completed following program closure.
* Responsible: PHN staff. Timeline: Post-completion.

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?

No

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

Yes

Decommissioning details?

Resource Management
[Financial implications and budget allocation. Redeployment or reallocation of resources, including staff if applicable].
* Total program funding (FY25–26): $38,076
* No funding available beyond contract end date
* Financial close-out will include:
- final invoice
- confirmation of deliverables
- financial acquittalTransition Arrangements
[If applicable continuity of care during the decommissioning process. Alternative service provision for affected users.]

During the transition period:
Dr Farley will:
* Complete any critical advisory or clinical support activities
* Provide final communications (e.g. newsletter articles or guidance)
* Support handover of key relationships and knowledge

PHN will:
* Identify opportunities for ongoing collaboration with Mater and BSPHN
*Maintain engagement in:
* Refugee Health Clinical Advisory Group (CAG)
* Partnership Advisory Group (PAG)
* Ensure primary care providers are informed of alternative supports

Monitoring and Evaluation
[Metrics for assessing the success of the decommissioning process. Mechanisms for closing out monitoring and reporting/ lessons learned.]
Decommissioning will be monitored through:
* Regular transition check-ins with Dr Farley
* Tracking completion of:
- advisory participation
- reporting requirements
- key deliverables

Final outputs:
* Final report
* Summary of:
- activities undertaken
- system impacts
- lessons learned

PHN will document:
* implications for future commissioning
* ongoing needs in refugee and multicultural health

Co-design or co-commissioning comments

Activities will include joint planning, service development and commissioning of services, coordination of care for people from a refugee background, providing support for training and resources for primary care providers and participating in data collection and analysis.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access	$91,698.46	$86,470.46	$0.00	$0.00	$0.00

Program					

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program	$91,698.46	$86,470.46	$0.00	$0.00	$0.00	$178,168.92
Total	$91,698.46	$86,470.46	$0.00	$0.00	$0.00	$178,168.92

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-MAP - 2000 - AH-MAP 2.0 - Multicultural Access Program - CQI Activity

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP

Activity Number *

2000

Activity Title *

AH-MAP 2.0 - Multicultural Access Program - CQI Activity

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Culturally and Linguistically Diverse Communities

Aim of Activity *

People from culturally and linguistically diverse (CALD) backgrounds, including those from refugee or asylum seeker backgrounds, often face many barriers in accessing in-hours and after-hours primary health care. Key barriers include: unfamiliar health systems, lack of interpreter access, insufficient support to navigate health services, and low health literacy. These barriers can result in poorer health outcomes and put these populations at a greater risk of negative health care experiences.

To better understand the needs and barriers in accessing primary health care for CALD populations and identify ways to improve service access to primary health care for these populations in our region, Brisbane North PHN contracted World Wellness Group to undertake an analysis of demographic data, service mapping and a Multicultural Health Needs Assessment. This analysis showed that in 2022 the Brisbane North PHN population was estimated to be 1,089,601.

Almost 1 in 4 residents were born overseas (24.7%), with three quarters of these born in a non-English speaking country; 13.7% speak a first language other than English; and over 13,500 people have low English proficiency (1.3%). Through stakeholder consultation, a number of barriers and challenges were identified that impact access to health services by these population groups. These included:
• lack of support, in language needed, to navigate the service system
• lack of cultural awareness and sensitivity, and low use of Translation and Interpreting Service (TIS) National by general practices and general practitioners, and

• poor support for mental health and body pain.

The review also highlighted system level challenges that would impact the identification of multicultural populations such as the inclusion of systemic collection of multicultural health indicators in clinical information software and data extraction reports (e.g. Primary Sense). This activity will increase the effectiveness of health support from general practice staff for CALD populations, including those from refugee or asylum seeker backgrounds, in the Brisbane North region. This will be achieved through increased cultural understanding of our region and improved data collection. We will support general practices to improve their use of TIS National and will provide and promote health resources in languages other than English.

Update due to decommissioning:
This activity will be decommissioned with activities winding down by 30/06/2026. There was no service provider for CQI activity. CQI resources were developed for general practices and reports in Primary Sense for multicultural indicators, whilst the focused CQI activity will cease, the learnings can be incorporated into other CQI activities and Primary Sense to help practices identify their multicultural population better. The aim is for a smooth transition of decommissioning with a focus on handovers of the Multicultural Children's Health initiative across to support the 3-year-old health check from November 2026.

Description of Activity *

Support multicultural health focused CQI activities within general practices and Medicare Urgent Care Clinics (UCCs) to build capacity and capability in primary care to support patients from a multicultural background. Focus areas for these CQI activities will be:

- Improving practice cultural awareness and competence

- Improving multicultural data collection

- Increasing TIS National familiarity and use in general practice

- Providing and promoting health resources in languages other than English

- Improving health outcomes for multicultural populations

In January 2026 Brisbane North PHN has built on the success of our previous Multicultural Health CQI Initiative by undertaking a Multicultural Children's Health initiative. The initiative focuses on creating a bilingual school readiness checklist for parents and a food and nutrition resource for children. These resources are made available to parents at the time of the child's 4-year vaccinations. These resources have been developed with the assistance of the Brisbane Refugee Health Advisory Group, our GP Liaison Officers, a dietitian, a speech pathologist, Early Childhood educators and people with lived experience.

Target Cohort:
General Practices and Medicare Urgent Care Clinics in the Brisbane North PHN region
CALD populations of all ages, including those from refugee or asylum seeker backgrounds, in the Brisbane North PHN region.

Update for decommissioning:
Decommissioning is occurring due to the cessation of Commonwealth MAP funding from 30 June 2026. A structured approach is being implemented, including formal notification, consultation, and a transition period to wind-down activities by 30/6/2026. Supporting a smooth transition, and finalising contract closure, reporting, and financial acquittals.

• The general practice Multicultural Children's Health Continuous Quality Improvement (CQI) activity was time-limited and therefore, a formal decommissioning process is not required. General practices that participated will receive an evaluation report on the 2026 initiative in the weeks following its conclusion. BNPHN will continue to include multicultural health in our future CQI activities.

• Resources developed for the initiative- including the Nutrition workbook and school readiness checklists for students and parents, available in 7 languages, will continue to be made available to practices and providers via our Practice Support Website. Elements of the Multicultural Children's Health CQI activity can also be translated to support the 3 year old health check in general practice from November 2026.

• Allied Health Providers utilising the translating and interpreting service (TIS) National program for Allied Health Providers

deemed ineligible for the Free Interpreting Service (FIS) Pilot, have been directly notified of the program's decommissioning and provided information about alternative access pathways.

• Brisbane North PHN has partnered with Brisbane South PHN to engage Western Australia Primary Health Alliance (WAPHA) to develop Multicultural Health and Gender, Sex and Sexuality Reports within Primary Sense. These reports will improve data capture, reporting and quality improvement in general practice by helping practices identify their patient populations better. This work has commenced and, as a one-off activity, a formal decommissioning process is not required.

• Brisbane North PHN will continue to work with Medicare Urgent Care Clinics in our region about better identifying. capturing data and providing culturally safe care for multicultural patients.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Population Health - Health Needs Level 1	2-3
Workforce - Health Needs Level 1	3
Culturally and Linguistically Diverse Communities - Health Needs Level 1	2
Culturally and Linguistically Diverse Communities - Service Needs Level 1	5
Service System - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

General Practices and Medicare Urgent Care Clinics in the Brisbane North PHN region
CALD populations of all ages, including those from refugee or asylum seeker backgrounds, in the Brisbane North PHN region.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Involvement of Refugee GP Liaison Officer and Subject Matters Experts (e.g. University in PIA with expertise in multicultural health data), the Brisbane Refugee Health Advisory Group, Allied Health professionals, Early Childhood educators and people with lived experience.

Collaboration

This work will involve collaboration and a close working relationship with the Commissioning, Analytics and Reporting (CAR) team. The Primary Care team will work across both of its sub-teams - 1) Engagement team and 2) Development team to achieve the intended outcomes.

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

The general practice Multicultural Children's Health Continuous Quality Improvement (CQI) activity was time-limited and therefore, a formal decommissioning process is not required.

The development of the Multicultural Health and Gender, Sex and Sexuality Reports within Primary Sense was time-limited and therefore, a formal decommissioning process is not required.

Brisbane North PHN will continue to work with Medicare Urgent Care Clinics in our region about better identifying. capturing data and providing culturally safe care for multicultural patients.

The decommissioning of the Translating and Interpreting Services is outlined below:

- Formal consultation and notification with providers
* Stakeholders using the service informed of the decommissioning and alternative access pathways available.
* Responsible: PHN staff. Status: Completed.

-Development of Translating and Interpreting Pathways resource
* Develop a translating and interpreting services pathways resource for distribution to allied health providers.
* Responsible: PHN staff. Timeline: By 31 August 2026.

-Meeting with TIS National
* Discuss alternative pathways for allied health providers and the process for closing the account.

* Responsible: PHN staff. Status: Completed.

-Final invoice and account closure
* Pay final invoice and formally close the account with TIS National.
* Responsible: PHN staff. Status: Completed.

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?

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

Yes

Decommissioning details?

Decommissioning is occurring due to the cessation of Commonwealth MAP funding from 30 June 2026. A structured approach is being implemented, including formal notification, consultation, and a transition period to wind-down activities by 30/6/2026. The focus is on incorporating aspects of this work into the PHN's broader work with general practices and Medicare UCCs, supporting a smooth transition, and finalising contract closure, reporting, and financial acquittals.

Co-design or co-commissioning comments

The bilingual school readiness checklist for parents and a food and nutrition resource for children have been developed with the assistance of the Brisbane Refugee Health Advisory Group, our GP Liaison Officers, a dietitian, a speech pathologist, Early Childhood educators and people with lived experience.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program	$225,500.00	$246,036.59	$0.00	$0.00	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program	$225,500.00	$246,036.59	$0.00	$0.00	$0.00	$471,536.59
Total	$225,500.00	$246,036.59	$0.00	$0.00	$0.00	$471,536.59

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-MAP - 3000 - AH-MAP 3.0 - Health Navigation and Multi-Cultural Living Well Program

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP

Activity Number *

3000

Activity Title *

AH-MAP 3.0 - Health Navigation and Multi-Cultural Living Well Program

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

Australian Culturally and Linguistically Diverse (CALD) communities have a high prevalence of chronic diseases compared with the Australian-born population.
The 'Health of Queenslanders' (2014) reports that Queenslanders born in non-English speaking countries have a 25% higher death rate from diabetes than the Australian-born population. Hospitalisation rates for a number of conditions are also higher for those born in Oceania, North Africa, and the Middle East compared with Australian-born Queenslanders.

In addition Samoans, Tongans, Fijians and Australian South Sea Islanders have a higher hospitalisation rate for many conditions, including chronic diseases. A 2013 study conducted with CALD communities by Brisbane North PHN and the Multicultural Development Association (MDA) found that after hospital discharge many CALD patients feel uncertain about their health conditions and how to seek ongoing support for chronic disease management in their community.

This highlights the need for culturally responsive service coordination between hospital and primary health service providers. The purpose of the Health Navigation and Multi-Cultural Living Well Program is to increase occasions of health support provided to disadvantaged groups, specifically the Culturally and Linguistically Diverse (CALD) community, where complex factors impact people, carers and service providers both after hours and at other times.

This will be achieved by providing culturally responsive health services to individuals and small groups and coordinating health

related services for the CALD population. ECCQ will work to address gaps in After Hours service arrangements and improve service integration within the Brisbane North PHN region.

Key program objectives include:
• Increase the efficiency and effectiveness of After Hours Primary Health Care for patients, particularly those with limited access to health services
• Improve access to After Hours Primary Health Care through effective planning, coordination and support for population based After Hours Primary Health Care

Update for decommissioning: The decommissioning is being undertaken following confirmation that Commonwealth MAP funding will cease on 30 June 2026, with no ongoing funding available to support continuation. A structured, best-practice approach is being implemented, including formal notification and consultation with ECCQ, followed by a planned 12 month transition period to support service closure which was able to be supported from underspends.

This activity will be decommissioned following the Australian Government's decision to cease Multicultural Access Program (MAP) funding from 31/03/2027, with no ongoing Commonwealth funding available to support continuation beyond the contract end date. The Health Navigation and Multicultural Living Well Program delivered by ECCQ has achieved important outcomes in improving health literacy, supporting chronic disease self-management, and increasing access to culturally appropriate services for CALD communities; however, a planned transition is required to manage service cessation.

Description of Activity *

The program implements an evidence-based chronic disease prevention and self-management healthy lifestyle program for CALD people living in Brisbane North communities.

It focuses on risk assessment, follow-up and self-management support. It incorporates a self-management framework underpinned by adult learning principles to encourage behaviour change and promote health and well-being.

The program will:
• Improve the health literacy of CALD communities to access health information and build individual capacity to use health information effectively
• Develop an effective referral pathway between primary health service providers and ECCQ to improve service delivery for CALD clients who are identified with a medium or high-risk of chronic disease.
• Contribute to reducing avoidable hospital admissions for CALD communities by providing effective self-management support in the community.

By the end of the program timeframe (2026), target CALD communities in the Brisbane North area will have:
• increased numbers of CALD clients who have received culturally responsive chronic health screening
• improved the health literacy of the target communities • received better coordinated health services Trained and qualified bi-lingual community health workers will run culturally responsive 1:1 or small group chronic disease prevention and management education sessions.

Each eligible participant will receive:
• 2-3 x culturally responsive health education sessions (1-2 hrs per session)
• Education session topics include:
o Health Screening
o Chronic Disease Health Education o Understanding the Australian Health Care System
o Nutrition and Physical Activity
• Follow-up phone calls to participants
• Referral to local GPs (if participants do not currently have access to a local GP)
• Supported visits to GPs (if required)
• Identify and update or develop culturally tailored evidence-based content of a chronic disease and diabetes self-management education sessions for target CALD communities
• Implement project promotional activities including organising health-focused events for CALD communities and using local media, sourced by target groups
• Identify CALD participants and those who do not meet eligibility criteria for My Health for Life program and work in partnership with their local primary health service providers to enhance their health literacy, self-management skills and promote their overall

health and well-being using culturally tailored and simplified English/in language resources
• Conduct health risk assessment screenings and relevant education to other CALD communities through project promotional activities or where resources available and opportunities arise

• Target Cohort: The program works with CALD people who are classified as medium-high risk for chronic disease or those already diagnosed with a chronic disease.

Update for decommissioning:
The decommissioning is being undertaken following confirmation that Commonwealth MAP funding will cease on 30 June 2026, with no ongoing funding available to support continuation. A structured, best-practice approach is being implemented, including formal notification and consultation with ECCQ, followed by a planned three-month transition period to support service closure. A formal meeting is to be organised to understand ECCQ internal decommissioning plan including how current staff and clients will be supported and any ECCQ underspend or top up funding requirement to continue program until contract end date. This approach prioritises continuity of care for existing clients through supported transitions to alternative services (e.g. GPs, allied health and community supports), alongside stakeholder engagement and clear communication with CALD communities. Contractual closure, final reporting, financial acquittals, and risk mitigation strategies (including minimising service gaps and managing impacts on clients and staff) are also key components of the process.

• Decommissioning Approach: The decommissioning approach will involve a transition rather than a full decommissioning and will follow PHN commissioning and contract management best practice, including:

The decommissioning/transition approach will follow PHN commissioning and contract management best practice and include:

• Formal notification and consultation with ECCQ regarding funding cessation
• Implementation of a 9-month extension to facilitate a smooth transition arrangement (July to Match 2027) - contract variation requested
• This will involve scaled down activities and KPIs including the number of people screened, people who complete the program and health education sessions and workshops conducted.
• Development of a client transition and exit strategy to ensure continuity of care
• Stakeholder engagement (primary care providers, community organisations, CALD networks)
• Completion of contract closure, reporting, and financial acquittals
• Identification and mitigation of risks relating to service gaps and vulnerable populations

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Population Health - Health Needs Level 1	2-3
Culturally and Linguistically Diverse Communities - Health Needs Level 1	2
Population Health - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

The program works with CALD people of all ages who are classified as medium-high risk for chronic disease or those already diagnosed with a chronic disease.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

ECCQ works in partnership with Aboriginal and Torres Strait Islander organisations. They will seek advice on how to best support a resident who identifies as Aboriginal and Torres Strait Islander as required.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Brisbane North PHN has continued to engage with key stakeholders across the community and acute healthcare sectors across the PHN region. This includes health professionals (including GPs), community representatives and consumers.

Priority populations and services types confirmed at initial co-design workshops held in 2016 have been refined through a process of continued consultation. Brisbane North PHN has consulted with the following stakeholders in the development of this specific activity:

- Micah Projects
- Queensland Injectors Health Network
- Brisbane South PHN
- Mater Refugee Health
- Metro North Hospital and Health Service
- Ethnic Communities Council Queensland
- Multicultural Development Australia.

Collaboration

Brisbane North PHN will continue to collaborate with Ethnic Communities Council (ECCQ) of Queensland.
The role of ECCQ is to engage and inform the PHN in delivering culturally appropriate services for people who are often hard to reach and are disengaged with current health services.

Activity Milestone Details/Duration

Activity Start Date

30/06/2023

Activity End Date

30/03/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Decision to decommission ECCQ Health Navigation and Multicultural Living Well Program following cessation of Multicultural Access Program (MAP) funding.
- ECCQ to be initially informed of the decision to decommission the program.
- Responsible: PHN staff. Decision made: 12 May 2026.

Meeting with ECCQ regarding funding cessation and transition arrangements
- Formal discussion regarding cessation of funding and a proposed nine-month transition period.
- Decommissioning process and transition requirements to be discussed with ECCQ.
- Responsible: PHN staff. Timeline: May 2026.

Formal written correspondence to ECCQ
- Issue formal notice of contract ending.
- Responsible: PHN staff. Timeline: May 2026.

Transition planning with ECCQ
- Understand ECCQ's internal decommissioning plan, including support arrangements for staff and clients.
- Confirm any underspend or additional funding requirements to support service delivery through to the contract end date.
- Responsible: PHN staff. Timeline: May 2026.

Development of a scaled-down activity and KPI plan
- Review and agree on a reduced scope of activities and performance measures for the transition period.
- Responsible: PHN staff. Timeline: May 2026.

Contract variation
- Extend the program for an additional nine months to 31 March 2027.
- Responsible: PHN staff. Timeline: June 2026.

Quarterly program reviews during transition period
- Conduct quarterly review meetings throughout the nine-month transition period to monitor progress and delivery.
- Responsible: PHN staff. Timeline: September 2026, December 2026, and March 2027.

Contract closure
- Submission of final reports, audited annual acquittal, and a final program report outlining lessons learned.
- Responsible: PHN staff and ECCQ. Timeline: End of March 2027.

Communications plan
- Implement communications to inform stakeholders and the public of program closure.
- Responsible: PHN staff. Timeline: End of contract.

Evaluation of decommissioning process
- Complete an internal evaluation of the decommissioning process and key learnings.
- Responsible: PHN staff. Timeline: End of decommissioning.

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?

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

Yes

Decommissioning details?

This program is being transitioned under the new Multicultural Access Program funding for FY 24-25. The activity has ceased under the Core schedule and is now submitted as an activity for the Multicultural After Hours schedule.
As such, no disruption to service delivery has occurred and decommissioning processes with the service provider will not be affected.

This activity (AH-MAP 3000 – Health Navigation and Multicultural Living Well Program) has undergone a transition rather than a full decommissioning, with service delivery continuing under the new Multicultural Access Program (MAP) funding arrangements for FY 2024–25. The program has ceased under the Core schedule and has been successfully transferred to the Multicultural After Hours schedule, ensuring alignment with updated funding streams and program objectives.

As the activity has been recommissioned under an alternative funding stream, no disruption to service delivery, clients, or stakeholders has occurred. Decommissioning processes have been administrative in nature only, involving contract variation, reallocation of funding streams, and updated reporting requirements. The transition has not impacted the service provider (ECCQ), with continuity of program delivery, workforce arrangements, and client support maintained throughout, and no formal wind-down or cessation activities required.

Co-design or co-commissioning comments

Brisbane North PHN has continued to engage with key stakeholders across the community and acute healthcare sectors across the PHN region. This includes health professionals (including GPs), community representatives and consumers.

Priority populations and services types confirmed at initial co-design workshops held in 2016 have been refined through a process of continued consultation. Brisbane North PHN has consulted with the following stakeholders in the development of this specific activity:
• Micah Projects
• Queensland Injectors Health Network
• Brisbane South PHN
• Mater Refugee Health
• Metro North Hospital and Health Service
• Ethnic Communities Council Queensland
• Multicultural Development Australia.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program	$200,000.00	$200,000.00	$0.00	$0.00	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program	$200,000.00	$200,000.00	$0.00	$0.00	$0.00	$400,000.00
Total	$200,000.00	$200,000.00	$0.00	$0.00	$0.00	$400,000.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-MAP - 4000 - AH-MAP 4.0 - Multicultural ED diversion project - Avoiding ED presentations for CALD population

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP

Activity Number *

4000

Activity Title *

AH-MAP 4.0 - Multicultural ED diversion project - Avoiding ED presentations for CALD population

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 *

People from culturally and linguistically diverse (CALD) backgrounds, including those from refugee or asylum seeker backgrounds, often face many barriers in accessing in-hours and after-hours primary health care, including service navigation and health literacy. These barriers can result in poorer health outcomes and put these populations at greater risk of negative health care experiences.

To better understand the needs and barriers in accessing primary health care for CALD populations and identify ways to improve service access to primary health care and integration for these populations in our region, Brisbane North PHN contracted World Wellness Group to undertake an analysis of demographic data, service mapping, and a Multicultural Health Needs Assessment. This activity was developed to facilitate scoping work with Metro North Health, Qld Ambulance Service (QAS), CALD stakeholders and other relevant service provider stakeholders to analyse data and reasons for avoidable Emergency Department (ED) presentations for CALD populations, and work with them to co-design options for ED alternative pathways.

Description of Activity *

Phase 1 - Scoping - Our Multicultural Health Needs Assessment highlighted that many people from CALD) backgrounds (including refugees and asylum seekers), especially people with lower English proficiency, use EDs as their 'go to' for after-hours care. We would like to initiate a working group, and engage with a consultant to facilitate a process between key stakeholders (e.g. PHN, Metro North Health, Qld Ambulance Service, Medicare Urgent Care Clinics, After Hours Services, CALD service providers etc) to:

- analyse ambulance and ED data for CALD populations across the region to identify which hospitals they are presenting to and for which conditions

- discuss data to identify conditions that are more amenable to ED alternative pathways (e.g. Medicare UCCs, After Hours Services, other)

- co-design culturally safe ED alternative pathways for implementation (if additional funding available)

- discuss options to promote these pathways that don't further exclude CALD populations from online and digital health and navigation

Brisbane North PHN and Metro North Health previously utilised this approach to analyse and co-design the Care Collective model at Caboolture for frequent ED presenters, which has been highly successful. This work would be preparatory to position for future Multicultural Access Program funding opportunities from FY2025 onwards and/or other funding opportunities.

Target Cohort: CALD populations, including those from refugee or asylum seeker backgrounds, in the Brisbane North PHN region.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Culturally and Linguistically Diverse Communities - Health Needs Level 1	2
Culturally and Linguistically Diverse Communities - Service Needs Level 1	5
Population Health - Service Needs Level 1	5
Service System - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

CALD populations, including those from refugee or asylum seeker backgrounds, in the Brisbane North PHN region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Involvement of Refugee GP Liaison Officer and Subject Matters Experts (ED, CALD service organisations, QAS), consumer/s as appropriate for consultation.

Collaboration

This work will involve collaboration and a close working relationship with the Commissioning, Analytics and Reporting (CAR) team, as well as the Primary Care team including both of its sub-teams - 1) Engagement team and 2) Development team to achieve the intended outcomes. The GPLO network, various Metro North Health and QAS stakeholders and CALD service organisations will be engaged.

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

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?

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

Involvement of Refugee GP Liaison Officer and Subject Matters Experts (ED, CALD service organisations, QAS), consumer/s as appropriate. Co-commissioning is to be discussed after initial meetings with key stakeholders - Metro North Health, Qld Ambulance Service (QAS).

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Multicultural Access Program	$0.00	$0.00	$0.00	$0.00	$0.00
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Multicultural Access Program	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-MAP-Ops - 5000 - AH-MAP-Ops 5.0 - After Hours Multicultural Administration - Operational

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-MAP-Ops

Activity Number *

5000

Activity Title *

AH-MAP-Ops 5.0 - After Hours Multicultural Administration - Operational

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program -	$49,314.00	$43,642.00	$0.00	$0.00	$0.00

Ops					

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Multicultural Access Program - Ops	$49,314.00	$43,642.00	$0.00	$0.00	$0.00	$92,956.00
Total	$49,314.00	$43,642.00	$0.00	$0.00	$0.00	$92,956.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH - 2000 - 2.0 - IUIH After Hours

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH

Activity Number *

2000

Activity Title *

2.0 - IUIH After Hours

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aboriginal and Torres Strait Islander Health

Other Program Key Priority Area Description

Aim of Activity *

In December 2022, the Strengthening Medicare Taskforce released its recommendations. Two of these recommendations were to: 1) Grow and invest in Aboriginal Community Controlled Health Organisations to commission primary care services for their communities, and 2) Improve access to primary care in the after-hours period and reduce pressure on emergency departments (EDs) by increasing the availability of primary care services for urgent care needs.

Under the South East Queensland First Nations Health Equity Strategy (SEQ FNHE Strategy), partners have committed to increase access to First Nations healthcare services across the region (KRA 2). Over 100,000 Aboriginal and Torres Strait Islander people reside in Southeast Queensland (SEQ). The region is home to 43% of Queensland's Indigenous population which has nearly doubled in the last 10 years.

In view of this, the Institute for Urban Indigenous Health (IUIH) is taking steps to accommodate the associated increase in demand for healthcare and to identify and address significant service gaps. Consistent with the Strengthening Medicare Taskforce recommendations and the SEQ First Nations Health Equity Strategy, Brisbane North Primary Health Network (PHN), in collaboration with Brisbane South PHN, has commissioned the IUIH to expand delivery of their services in extended and after hours across the IUIH network's clinics and Mob Link Virtual Care in the greater Brisbane area. This project will ensure that the growing Indigenous populations in the greater Brisbane area are able to access culturally appropriate care, free of charge, at hours more convenient to busy families, and that Mob Link Virtual Care is more readily available.

Description of Activity *

This activity will further increase access to extended and after hours primary care for Aboriginal and Torres Strait Islander peoples in the Brisbane North PHN region by continuing to invest in IUIH to further extend their services into after hours (in-clinic and virtual via Mob Link) in four IUIH clinics in the Brisbane North PHN region and seven clinics in the Brisbane South PHN region. This will provide culturally safe and accessible after hours primary care services for First Nations peoples in our region and better meet the growing demands and needs of their clients and community, who may have otherwise attended a Queensland ED to seek treatment.

Brisbane Aboriginal and Torres Strait Islander Community Health Service (ATSICHS), Yulu-Burri-Ba (YBB) and Moreton Aboriginal and Torres Strait Islander Community Health Service (MATSICHS) medical clinics will continue to extend hours of operation, including weekdays and Saturdays, appropriately trained staff, walk-in availability, access to a pooled network of resources, connecting clinics and programs. Clinics will also provide some extended social support hours.

Mob Link Virtual Care will continue to extend hours of operation, as required, to connect Indigenous-specific and mainstream health and social support. Hospital and Health Services, GPs, Queensland Ambulance Service (QAS) and other service providers can also contact Mob Link to coordinate care for patients. Mob Link can book appointments at a patient's nearest clinic offering after hours care; offer a virtual appointment with the Virtual Care Team when clinic hours are not available; arrange transport to an after hours appointment; and support access to prescribed medication. Once the patient has been treated either by the clinic or Mob Link, ongoing management and clinical care will continue at the clinic or be handed over to the patient's mainstream GP.

The tasks undertaken will be the following:

- To administer an ongoing arrangement so that IUIH can continue to expand their hours at ATSICHS, YBB and MATSICHS medical clinics in the greater Brisbane area, as well as through the Mob Link Virtual Care service.

- To continue to increase access to extended and after hours primary care for Aboriginal and Torres Strait Islander peoples in the Brisbane North PHN and Brisbane South PHN regions by investing in IUIH to further expand their services into extended and after hours (in-clinic and virtual via Mob Link) in four IUIH clinics in the Brisbane North PHN region and seven clinics in the Brisbane South PHN region.

This will provide culturally safe and accessible after hours primary care services for Aboriginal and Torres Strait Islander peoples in the greater Brisbane region and better meet the growing demand and needs of their clients and community.

Target Cohort: First Nations communities of all ages in the Brisbane North PHN and Brisbane South PHN regions.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Aboriginal and Torres Strait Islander Health - Health Needs Level 1	2-3
Aboriginal and Torres Strait Islander Health - Service Needs Level 1	3,5

Activity Demographics

Target Population Cohort

First Nations communities of all ages in the Brisbane North PHN and Brisbane South PHN regions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Service Provider is the Institute for Urban Indigenous Health (IUIH). Their prime focus is Aboriginal and Torres Strait Islander patients and their families. This activity will establish and administer an arrangement so that IUIH can expand its ATSICHS, YBB and MATSICHS medical clinics in South East Queensland and Mob Link Virtual Care service into the after hours period.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The need for after hours primary care services for Aboriginal and Torres Strait Islander peoples was identified in Brisbane North PHN's After Hours Needs Assessment. Consistent with the Strengthening Medicare Taskforce's recommendations and the SEQ FNHE Strategy, Brisbane North PHN, in collaboration with Brisbane South PHN, has commissioned IUIH to sustain and expand delivery of extended and after hours care across the IUIH network.

Collaboration

A Project Steering Committee co-chaired by Brisbane North and Brisbane South PHNs, including members from IUIH, MATSICHS, ATSICHS, and YBB was established.

ATSICHS, YBB and MATSICHS medical clinics and MobLink will continue to extend hours of operation, including weekdays and Saturdays, appropriately trained staff, walk-in availability, access to a pooled network of resources, connecting clinics and programs.

Continue collaborating with Brisbane South PHN to commission IUIH to continue to deliver the activity and ensure data helps evaluate the impact of the extended hours.

Activity Milestone Details/Duration

Activity Start Date

30/06/2024

Activity End Date

29/06/2028

Service Delivery Start Date

01/07/2024

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

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?

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

The need for after hours primary care services for Aboriginal and Torres Strait Islander peoples was identified in Brisbane North PHN's After Hours Needs Assessment. Consistent with the Strengthening Medicare Taskforce's recommendations and the SEQ FNHE Strategy, Brisbane North PHN, in collaboration with Brisbane South PHN, has commissioned IUIH to sustain and expand delivery of extended and after hours care across the IUIH network.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
After Hours Funding	$1,500,000.00	$1,040,000.00	$878,342.40	$878,342.40	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
After Hours Funding	$1,500,000.00	$1,040,000.00	$878,342.40	$878,342.40	$0.00	$4,296,684.80
Total	$1,500,000.00	$1,040,000.00	$878,342.40	$878,342.40	$0.00	$4,296,684.80

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

AH-Op - 1000 - AH-Op 1.0 - After Hours Administration - Operational

Activity Metadata

Applicable Schedule *

After Hours Primary Health Care

Activity Prefix *

AH-Op

Activity Number *

1000

Activity Title *

AH-Op 1.0 - After Hours Administration - Operational

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Other Program Key Priority Area Description

Aim of Activity *

Description of Activity *

Needs Assessment Priorities *

Needs Assessment

Priorities

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

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

Is this activity being co-designed?

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

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

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

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00
After Hours Operational	$178,729.19	$102,825.00	$76,377.60	$76,377.60	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - After Hours	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
After Hours Operational	$178,729.19	$102,825.00	$76,377.60	$76,377.60	$0.00	$434,309.39
Total	$178,729.19	$102,825.00	$76,377.60	$76,377.60	$0.00	$434,309.39

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created