

FY2027

ACTIVITIES SUMMARY



Leadership. Respect. Accountability.

THE MURRAY PHN REGION



Murray PHN is a not-for-profit organisation, funded primarily by the Commonwealth Department of Health, Disability and Ageing to commission primary healthcare services in our region, which covers 22 local government areas across the north of Victoria and over the border to include Albury, NSW.

Our work and communities run along the Murray River and into the centre of the state, in a diverse and beautiful area covering almost 100,000 square kilometres of mountains, semideserts and vibrant regional cities. Our staff work from offices located in Bendigo, Shepparton, Mildura and Albury NSW.

Our estimated population is 650,000 and is projected to continue to grow steadily for at least the next decade. With almost one third of all Victorian First Nations Peoples living in the Murray PHN catchment, we live and work on the lands of many different Traditional Owners and Aboriginal language groups.

A significant number of population groups in our region have been identified as “underserved” – people who experience health inequality and health inequity.

Health outcomes in our region lag behind those in city and suburban areas of our state and country. To determine the needs of our region and its people, we continuously collect and analyse information and data and consult with community.

Our local health priorities add to our national targets, and we work to improve First Nations health, cancer screening rates, chronic illness complications, mental health supports, workforce sustainability and digital health connectedness, among others.

As a primary healthcare commissioning organisation, we work closely with general practice, allied health and primary mental health providers across our catchment to understand the issues they face in caring for their communities.

Our annual budget is approximately one per cent of the total yearly health expenditure in our region. In a complex system with finite funds, our capacity to improve health outcomes lies within an ability to build partnerships and collaboration across the sector and with providers.

OVERVIEW OF FUNDING SCHEDULES

FY27

Everything we deliver in our annual work plans, we do with purpose.

- We increase effective and efficient primary care services across our communities
- We contribute to better health outcomes for our communities, including vulnerable populations
- We improve health access and equity, through advocacy and action.

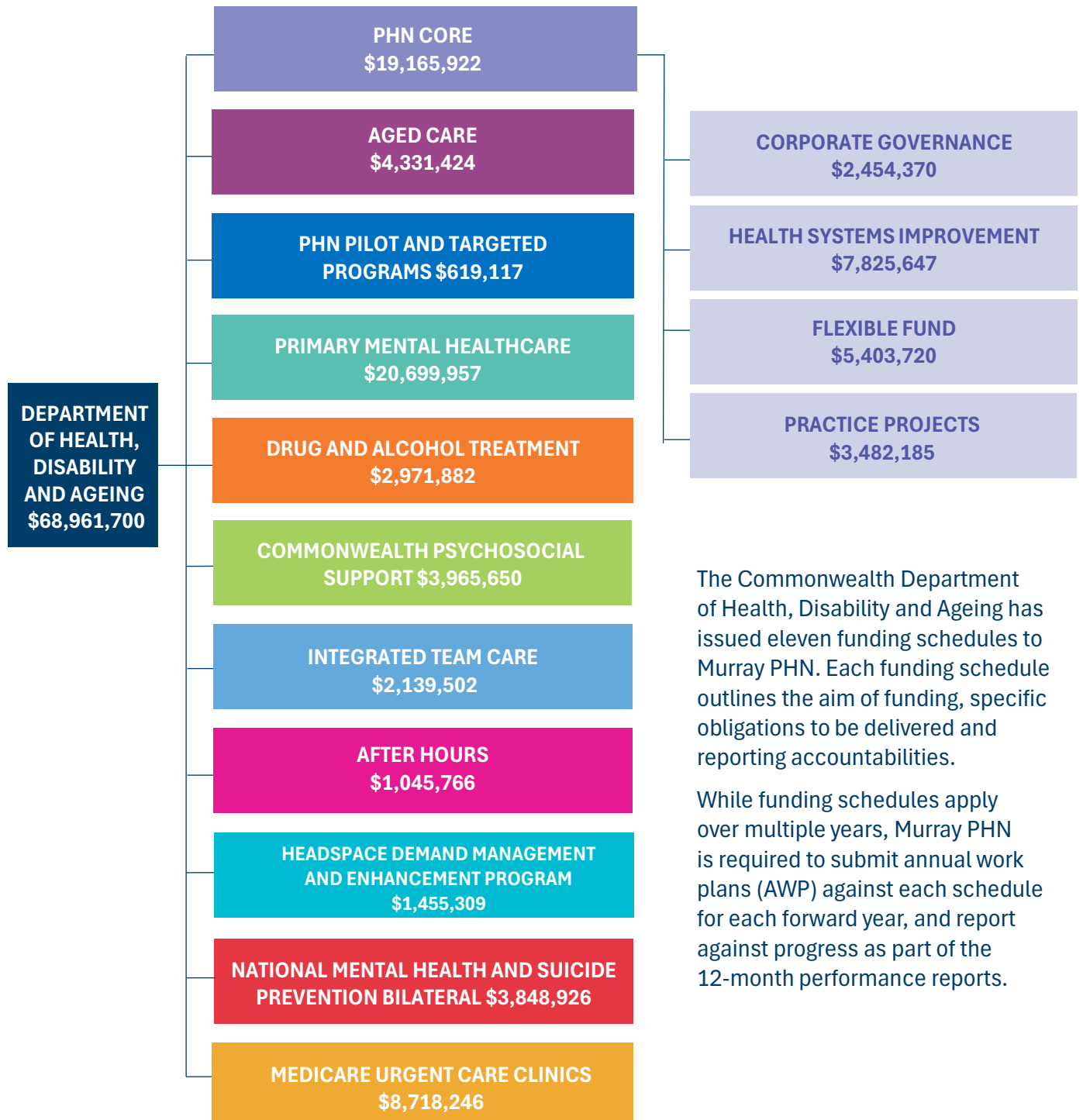
Core corporate governance*	\$2,454,370
Core health system improvements*	\$7,825,647
Core flexible (inc. COVID-19)*	\$5,403,720
Core practice projects*	\$3,482,185
Aged care	\$4,331,424
PHN pilot and targeted programs	\$619,117
Primary mental health	\$20,699,957
Alcohol and other drugs	\$2,971,882
Commonwealth psychosocial support	\$3,965,650
National bilateral program	\$3,848,926
Headspace demand management and enhancement programs	\$1,455,309
Integrated team care	\$2,139,502
After hours	\$1,045,766
Urgent care clinics	\$8,718,246
Other funders	\$6,130,120

TOTAL FUNDING FY27 - \$75,091,820

* Murray PHN's core funding schedule

DEPARTMENT OF HEALTH, DISABILITY AND AGEING

FY27 FUNDING SCHEDULES



The Commonwealth Department of Health, Disability and Ageing has issued eleven funding schedules to Murray PHN. Each funding schedule outlines the aim of funding, specific obligations to be delivered and reporting accountabilities.

While funding schedules apply over multiple years, Murray PHN is required to submit annual work plans (AWP) against each schedule for each forward year, and report against progress as part of the 12-month performance reports.

OTHER FUNDERS

ACTIVITY SUMMARY

OTHER FUNDERS \$6,130,120	AUSTRALIAN DIGITAL HEALTH AGENCY \$60,000	• MY HEALTH RECORD EXPANSION \$60,000
	STATE FUNDING \$5,076,244	• URGENT CARE CLINICS \$4,044,472 • DOCTORS IN SECONDARY SCHOOLS \$987,155 • DISASTER SUPPORT AND RECOVERY \$44,617
	PHN \$437,127	• ENHANCING MENTAL HEALTH IN SECONDARY SCHOOLS \$390,343 • STATEWIDE ACUTE SPECIALIST CLINICS \$46,784
	OTHER \$79,074	• INTEGRATED MODELS OF CARE \$69,074 • RISE4SKINCANCER \$10,000
	INTERNAL \$477,675	• INTEREST \$477,675

PERFORMANCE MONITORING

We work with providers to enable a more connected primary healthcare system that keeps people well and healthier in their communities and reduces their need for hospital services

PHNs were established by the Commonwealth Government in 2015 with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly at risk of poor health outcomes, and improving coordination of care, so that patients can receive the right care, in the right place, at the right time.

Murray PHN aligns its [Strategic Plan](#) and Annual organisational plan to address the national health priorities for PHNs and the regionally identified needs described in the [Murray PHN Health Needs Assessment](#).

Murray PHN also delivers a small range of activities funded by the Victorian State Government, which complement and enhance PHN program delivery.

PHN performance is monitored by the Commonwealth's Performance Measure Reporting [Framework](#) (PMRF).

Murray PHN also has its own Performance Framework which defines three interconnected dimensions: funder compliance and reporting, Murray PHN core activities of commissioning, capacity building and coordination, and finally organisational strategic plan progress.



CORE FUNDING SCHEDULE

GOVERNANCE

Corporate governance funding is provided to assist PHNs to fund their corporate functions.

The company must fund the following from these funds:

- Board and advisory council functions.
- All corporate processes required under the Department's capable organisation in the PPQF and compliance indicators PMRF.
- Mandatory reporting to the department six-monthly and 12-monthly; AWP preparation and Performance Reporting.
- Murray PHN funds this work with Department grant money plus internal charges to other funding schedules, including non-department, as in corporate income.

CORPORATE EXPENDITURE

Councils – clinical and community	\$291,213
Board, consultancy and marketing costs	\$375,721
Office and people	\$1,787,436
TOTAL expenditure	\$2,454,370

RESOURCING

Term:	31 December 2027
FY27 value:	\$2,454,370
Contact:	Director of Finance and Reporting
Last updated:	July 2026

PERFORMANCE INDICATORS

Value for money in commissioning

The PHN has a process in place to conduct a value for money assessment throughout our commissioning process.

PHN Clinical Council (CC) and Community Advisory Committee (CAC) membership

The PHN CC and CAC provide expertise and advice to the Board on how the PHN can meet the needs of the region. A wide range of skills ensures the quality of advice.

Quality management system

A quality management system supports the effective and efficient delivery of an organisation's objectives by providing a means to review and continually improve processes and procedures.

Cultural awareness

PHNs must ensure that their staff are culturally aware and able to respond appropriately, confidently and respectfully to all persons in the PHN region.

CORE FUNDING SCHEDULE

HEALTH SYSTEMS IMPROVEMENT

Health systems improvement funding enables the integration and coordination of health services in PHN regions through population health and service planning and workforce support, including general practice support.

PERFORMANCE INDICATORS

Count and characteristics of formal referral pathways and their usage metrics

Provides availability of HealthPathways resources for primary health providers to support evidenced best practice and referrals within the local health system. Ensure pathways are well used and align to PHN priority areas.

Proportion of general practices demonstrating improvements following continuous quality improvement

Murray PHN ensures practices are supported and demonstrating quality improvement following implementation of quality improvement activities.

Number of clinical professional development events

Provide events to general practice and the broader primary healthcare sector to support sharing information, facilitating access to or providing training, and conducting workshops.

My Health Record: General practice and pharmacy cross views

This reflects the coordination and collaboration between healthcare providers about patients' conditions.

Cultural humility in Western health services

Supporting our commissioned health services to progress towards cultural humility.

Significant interactions with primary health care providers

PHNs are required to support general practice and other healthcare providers responses to community needs.

ACTIVITY AT A GLANCE

General practice engagement and reform This activity aims to improve patient health outcomes and business sustainability through data driven quality improvement activities and working collaboratively with primary healthcare providers with a focus on general practice. Facilitating the implementation of the Strengthening Medicare Initiatives and other national reform measures.	\$1,453,539
Workforce development This activity aims to facilitate capacity and capability building activities that foster networks and develop skills and knowledge of the primary healthcare workforce in areas of locally identified need and state and national programs and priorities.	\$812,548
Population health, insights and engagement This activity aims to effectively address population health needs and disparities through evidence-based primary care service improvement planning, strategic stakeholder engagement, and performance monitoring, and evaluation of Murray PHN activities.	\$432,979
Digital health and connected care This activity aims to improve access to primary care through the effective and appropriate use of digital health technologies and collaborative interfaces such as telehealth, e-prescribing, e-referral, e-pathology and My Health Record.	\$823,767
HealthPathways and redesign HealthPathways brings together local experts to research, collaborate and agree on best practice care and local referral options for patients.	\$750,760
First Nations Health and Healing The First Nations Health and Healing Strategy supports Murray PHN to address and meet the Close the Gap priority reform areas. Ongoing delivery of capacity and capability building for ACCHOs and First Nations health workforce, while supporting other First Nations programs relating to commissioning.	\$171,198
Emergency management Emergency management strengthens the internal and external response to emerging and actual emergencies – natural disasters, pandemics, community concerns. This is achieved through Prevention, Preparedness, Response and Recovery activities. The focus is on coordination and capacity building and implementation of Murray PHN's new Emergency Management Framework, Emergency Management Plan and Emergency Management Toolkit.	\$150,920

CORE FUNDING SCHEDULE

HEALTH SYSTEMS IMPROVEMENT

PERFORMANCE INDICATORS

Rate of shared health summary uploads to My Health Record (MHR)

PHNs play a role at a system level to encourage primary healthcare providers to use MHR. The full implementation of MHR supports patients' continuity of care across healthcare providers.

Reduced potentially preventable hospitalisations of First Nations Peoples

This indicator looks at preventable hospitalisations by all vaccine-preventable conditions, acute conditions and chronic conditions for First Nations Peoples that may have been avoided by timely and effective healthcare, usually delivered in primary care and community-based care settings.

Improving primary healthcare provider experience

Understand whether capacity building opportunities for our primary healthcare workforce are meeting the needs and expectations of participants and result in positive experience of PHN delivered capacity building interactions.

ACTIVITY AT A GLANCE

HealthPathways (dementia and aged care clinical referral pathways) Have been localised and consumer resources developed to support people living with dementia to live well in the community for as long as possible. Providing support to clinicians, primary care and the allied health workforce to enhance the care and support provided to people living with mild cognitive impairment or dementia, as well as their carers and family.	\$724,492
Allied health development and engagement Develop and deliver an engagement plan to enhance the Murray PHN relationship with allied health organisations and individuals. Enables evidence based chronic disease management and supports the introduction of multidisciplinary team-based approaches. In addition to developing and implementing alternative workforce models.	\$702,692
Care Navigator – Endometriosis and Public Pain Identify health concerns and develop a responsive care pathway in collaboration with relevant primary care providers to deliver trauma-informed, person-centred navigation support for women referred to the program.	\$175,000

RESOURCING

Term: 31 December 2027
FY27 value: \$7,825,647
Contact: Director of Operations
Last updated: July 2026

CORE FUNDING SCHEDULE

FLEXIBLE

PERFORMANCE INDICATORS

Consumer experience/outcomes collected for each commissioned service

Level of consumer satisfaction with the service provided and the outcome may provide insight into effectiveness/ appropriateness of service and potentially identify areas for improvement.

Commissioned provider experience measure

Level of workforce satisfaction with delivering the service and implementation support is measured with each commissioned service.

Alignment to Health Needs Assessment

Evidence that commissioned activities address identified health needs or gaps.

Potentially preventable hospitalisations

This indicator looks at preventable hospitalisations by all vaccine-preventable conditions, acute conditions and chronic conditions, for people 65+, that may have been avoided by timely and effective healthcare, usually delivered in primary care and community-based settings.

ACTIVITY AT A GLANCE

HealthPathways

A web-based online resource portal for healthcare providers. HealthPathways provides best practice assessment and management of common medical conditions, including localised referral pathways for patients.

\$298,547

Supporting system integration for Aboriginal and Torres Strait Islander health

Applying self-determination principles, Murray PHN works with the seven Aboriginal Community Controlled Health Organisations (ACCHOs) in our region to improve access to care coordination services and outreach to Aboriginal and Torres Islander people with chronic conditions. Services provided includes Koori Maternity, Youth enhancement, paediatric care and chronic conditions.

\$718,659

Health system navigators

This activity is to improve health outcomes for people from multicultural backgrounds including refugees with complex and chronic conditions, who experience difficulties navigating the health system, at an individual patient level and at a system level to assist others with similar needs and issues.

\$369,730

Health Connection & Chronic Conditions Management

This activity is a system-wide approach to improve the integration, delivery and access to primary care through the commissioning of a core suite of allied health services and specialist nurses for people with chronic disease, specifically those with diabetes, chronic respiratory disease and chronic cardiac disease, facilitating direct service provision and health navigation.

\$2,835,848

Care coordination in general practice

This activity improves the care coordination for people with a chronic and or complex conditions by commissioning general practice services to enhance access, support continuity and integration of care within and external to general practice services.

\$1,005,936

RESOURCING

Term: 31 December 2027

FY27 value: \$5,228,720

Contact: Chief Operations Officer

Last updated: July 2026

CORE FUNDING SCHEDULE

PRACTICE PROJECTS

The key objectives of the schedule are to respond to the Strengthening Medicare Taskforce recommendations and government-introduced initiatives to:

- improve patient access to general practice, including after hours
- improve patient access to GP-led multidisciplinary team care, including nursing and allied health
- make primary care more affordable for patients
- improve prevention and management of ongoing and chronic conditions
- reduce pressure on hospitals
- build on Australia's Primary Health Care 10 Year Plan 2022-32.

PERFORMANCE INDICATORS

Rate of accredited practices

General practices are required to meet the requirements of the RACGP Standards for General Practice (Standards). The Standards promote improvements in patient safety and care built on a practices' own information systems.

Reduced potentially preventable hospitalisations

This indicator looks at preventable hospitalisations by all vaccine-preventable conditions, acute conditions and chronic conditions that may have been avoided by timely and effective healthcare, usually delivered in primary care and community-based care settings.

Partnerships for system coordination or integration

This indicator looks at the extent that PHNs are working or engaging with stakeholders to achieve strategically aligned goals.

RESOURCING

Term: 31 December 2027

FY27 value: \$5,434,578

Contact: Chief Operations Officer

Last updated: July 2026

ACTIVITY AT A GLANCE

MyMedicare - accreditation support for general practice Support unaccredited practices to work towards accreditation/increase the number of practices participating in the national scheme to enable access Commonwealth programs, such as MyMedicare. Create resources and support mechanisms to assist general practices in achieving and maintaining accreditation throughout each accreditation cycle.	\$23,980
Commissioning of multidisciplinary teams Develop and implement a co-designed model of care that improves access to multidisciplinary team-based care for the management of chronic conditions, in areas of highest need identified within or close to small general practices, across three geographical regions.	\$874,835
General practice aged care incentive – thin markets Ensure residents within residential aged care homes (RACH) have access to GPs and relevant services. Focussing on commissioning general practice services to ensure consistent evidenced based access for residents within RACH settings, within the Mildura and Greater Shepparton areas.	\$728,681
General practice aged care incentive – GP capacity building Support aged care residents living in residential aged care homes to receive quality and continuous primary care services from a regular GP and practice or Aboriginal Community Controlled Health Organisation. Through GP Aged Care Connect, Murray PHN will coordinate with residents, their families, RACH and healthcare services to connect with GPs to provide the primary care service.	\$174,168
General practice incentive: responding to areas of thin markets - Swan Hill, Rochester and Stanhope This activity is in the final phases of implementing a Service System Recovery Plan (SSRP) to address immediate and long-term service gaps in general practice services in the defined areas, including establishing a regional networked model, that will function to prevent, respond and recover failing markets to address inequalities and ensure access to primary healthcare for small rural communities.	\$136,393
General Practice Incentive Fund – East Wimmera This activity has two phases with the first – development of a co-designed Service System Recovery Plan (SSRP) – completed. Phase two, will implement the SSRP in collaboration with Western Victorian PHN, East Wimmera Health Services, local general practices and other primary health services.	\$3,496,218

AGEING AND AGED CARE

The key objective of this schedule is to improve outcomes for senior Australians at risk of poor health outcomes by undertaking and commissioning dedicated activities, which support better health, wellbeing and primary care access.

PERFORMANCE INDICATORS

Rate of residential aged care homes using digital platforms and equipment to access services virtually

PHNs provide support to residential aged care homes to embed virtual consult technology to improve the delivery and experience of healthcare for residents. This indicator can provide a measure of how effective education and training has been in encouraging the use of these systems.

Rate of residential aged care facilities that have effective after hours action plans in place

PHNs provide support to residential aged care homes to address any awareness or use issues of available local out-of-hours services. The measure will contribute to the reduction of unnecessary hospital presentations among residents during the out-of-hours periods.

Rate of MBS service provided by primary care providers in residential aged care per place

PHNs have opportunities through their networks and commissioning to take steps to facilitate and minimise acute admissions through the uptake of residential aged care health service consultations.

RESOURCING

Term: 31 December 2029
FY27 value: \$4,331,424
FY28 value: \$3,065,444
FY29 value: \$3,065,444
Contact: Director of Operations
Last updated: April 2026

ACTIVITY AT A GLANCE

Support residential aged care homes to increase availability and use of telehealth and digital health for aged care residents This activity continues to embed the use of digital health in residential aged care homes to enable virtual access to healthcare in a structured and effective approach. Training and education will also continue to be provided to compliment Activity 2 deliverables to encourage use of national solutions (My Health Record) for transfer of healthcare information between providers of care.	\$332,224
Enhanced out of hours support for residential aged care This activity provides education, training and support to enable the residential aged care home workforce to recognise and manage deteriorating conditions in residents, while accessing local services to support residents where necessary to avoid unnecessary hospital admissions. Complimenting this will be reviewing the use of after hours action plans to improve the coordination of care between the health workforce, residents and their families.	\$135,052
Commissioning early intervention initiatives to support healthy ageing and ongoing management of chronic conditions This activity will focus on commissioning services through ACCHOs to co-design and implement early intervention programs for First Nations Peoples who are risk of developing a chronic disease or who have an early diagnosis of a chronic disease, or the potential of developing an aged related condition.	\$542,788
Care Finder Program This activity supports and maintains a network of Care Finders across the Murray PHN catchment to provide intensive and specialised support to aged community individuals who require assistance with accessing, and staying connected to, aged care, health and community services.	\$3,069,908
Aged Care Onsite Pharmacist Measure A coordination and capacity building activity that supports residential aged care homes to access a pharmacist to support improved medication management of their residents, and their integration with the multidisciplinary healthcare team, including the GP and family.	\$251,451

PHN PILOTS AND TARGETED PROGRAMS

The key objectives of the schedule are to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure patients receive the right care, in the right place, at the right time, including through diagnosis, death and during grief and bereavement.

PERFORMANCE INDICATORS

Increased general practice palliative care capability, capacity to timely respond to the needs of patients and their carers

Activities include increasing general practice workforce awareness of palliative care systems through professional development and clinical placements; implement quality of life care models to identify patients living with life-limiting illnesses; embed quality improvement activities at the practice level to improve palliative care management of patients; and leverage PHN collaborative activities to meet the needs of patients living in the Murray PHN catchment.

Enhanced community death education and literacy of palliative care services

Increase number of palliative and end-of-life awareness building resources and activities tailored to the needs of regional and remote communities; and strengthen existing community death skills, their confidence and resources available to support those dying in community.

Patients experience and outcome measure

This indicator looks at the extent to which PHNs are commissioning services that result in a positive patient-reported experience and outcomes.

ACTIVITY AT A GLANCE

Greater Choice for At Home Palliative Care The program aims to develop and implement innovative initiatives to improve awareness, access and coordination of quality palliative care services at home and support end-of-life care in primary and community settings. Activities include reviewing local provision, capacity building, education and training and continuous improvement activities.	\$342,620
Endometriosis, pelvic pain, perimenopause and menopause clinic The service provides a multidisciplinary care clinic, with a focus on decreasing diagnostic delay and early access to interventions, care and treatment options for endometriosis and chronic pelvic pain and support for women going through perimenopause and menopause.	\$276,497

RESOURCING

Term: 31 December 2029
FY27 value: \$619,117
FY28 value: \$537,781
FY29 value: \$330,000
Contact: Director of Operations
Last updated: April 2026

PRIMARY MENTAL HEALTH

The key objective of this schedule is to put in place a suite of mental health and suicide prevention services according to a stepped care framework. Services improve outcomes for people with, or at risk of, mental illness/suicide. This activity includes a review of Murray PHN's stepped care approach and service system.

RESOURCING

Term:	31 December 2029
FY27 value:	\$20,699,957
FY28 value:	\$16,605,932
FY29 value:	\$8,220,645
Contact:	Director of Mental Health and Wellbeing
Last updated:	May 2026

PERFORMANCE INDICATORS

Rate of regional population receiving PHN commissioned low intensity psychological interventions

Enabling access to low intensity services is fundamental to building a stepped care model of mental health service delivery. Low intensity mental health services are evidence-based psychological interventions for people with or at risk of mild mental illness who do not require traditional services.

Rate of regional population receiving PHN commissioned psychological therapies delivered by mental health professionals

PHNs commission psychological therapies delivered by qualified mental health professionals such as psychologists, mental health social workers, occupational therapists and appropriately credentialed clinicians.

Rate of population receiving PHN-commissioned clinical care coordination services for people with severe and complex mental illness

PHNs commission clinical mental health services to meet the needs of people with severe mental illness whose care can be appropriately managed in a primary care setting.

Completion rates for clinical outcome measures

A key objective of funding PHNs is to commission mental health services to improve outcomes for those receiving mental health and suicide prevention services in primary care. Standardised outcome measures, collected at the first and last occasions of service at a minimum, provide the means for assessing effectiveness of services and are included in the PMHC MDS as mandatory requirements.

Providing culturally appropriate and safe mental health services for Aboriginal and Torres Strait Islander Peoples

Proportion of PHN commissioned mental health services delivered to the regional Aboriginal and Torres Strait Islander population that were culturally appropriate. PHNs are funded to increase access to integrated, culturally appropriate and safe mental health services for Aboriginal and Torres Strait Islander Peoples.

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PRIMARY MENTAL HEALTH

ACTIVITY AT A GLANCE

Mental Health Services (P1) Low Intensity The delivery of low intensity mental health services has been integrated within primary mental health service models from 1 July 2024 as a new service element.	\$504,952
Child and youth mental health services. Targeting people aged 25 and under We commission mental health services for young people with a range of mental health needs. headspace centres provide a significant proportion of these services.	\$7,926,216
Psychological therapy services for under-serviced and priority populations We commission psychological therapy services aligned to IAR level 3 needs, including for rural populations, Aboriginal and Torres Strait Islander People, children, people in residential aged care and people who cannot otherwise afford services.	\$4,281,230
Primary mental health services for people with or at risk of suffering from severe or complex mental illness We commission clinical services for people with severe mental illness, with IAR level 4 needs who are being supported in primary care settings. This includes the provision of high intensity psychological services and clinical care coordination to address both mental health and physical health needs.	\$1,680,992
Primary mental health services for Aboriginal and Torres Strait Islander people We commission culturally appropriate and safe services designed to meet the social and emotional wellbeing needs of Aboriginal and Torres Strait Islander people.	\$663,814
Mental health clinics We commission the Medicare Mental Health Phone Service as part of this national program delivering free, confidential intake, assessment, referral and navigation service that helps people access the most appropriate mental health and wellbeing supports..	\$847,006
Psychological Therapy Services in residential aged care facilities This activity aims to provide in-reach psychological therapy services targeted at older people in residential aged care facilities presenting with mild to moderate mental health issues, or who are assessed to be at risk of developing a mental illness.	\$1,241,349
Creative Therapies Pilot This pilot will provide creative arts and music therapy to people with moderate to severe mental health needs located in Albury Wodonga, Robinvale and Mount Alexander Shire. Services nclude a range of individualised and group modalities, drawing from the place-based co-designed models of care.	\$530,775
Mental Health Multidisciplinary Teams The aim of this activity is to provide improved access to appropriate support for people with complex mental health needs in primary care settings. The program will be piloted in Robinvale and Ouyen and be delivered in general practice settings.	\$1,050,922
Regional planning, commissioning and governance and operational funding We work with other commissioning bodies and stakeholders in the region to develop, strengthen and implement a joint regional mental health and suicide prevention plan. This planning is informed by the national guidelines on joint regional planning.	\$1,972,701

DRUG AND ALCOHOL TREATMENT

Murray PHN's alcohol and other drug activity seeks to improve sector efficiency and support better patient management across the continuum of care, including commissioning services to reduce the impact of methamphetamines - on individuals, their families and the community.

PERFORMANCE INDICATORS

Evidence that all drug and alcohol commissioned services are culturally appropriate for Aboriginal and Torres Strait Islander Peoples

PHNs will report on how mainstream and Aboriginal and Torres Strait Islander services have been delivered in recognition of the six domains and focus areas of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026.

Rate of drug and alcohol treatment service providers with suitable accreditation

All specialist drug and alcohol treatment service providers are accredited or working towards accreditation.

PHN support for drug and alcohol commissioned health professionals

This indicator reflects how PHNs demonstrate support for health professionals in the management of drug and alcohol dependence and related morbidities.

Rate of drug and alcohol commissioned providers actively delivering services

PHNs are helping to address demand for treatment services through commissioning providers to deliver services. This measures how the PHN and providers are moving from design to delivery of services.

Partnerships established with local key stakeholders for drug and alcohol treatment services

This indicator measures the range of partnerships established in the PHN region in relation to the delivery of drug and alcohol services.

ACTIVITY AT A GLANCE

Commissioned treatment services We commission pharmacotherapy, non-residential rehabilitation, withdrawal, alcohol and other drug (AOD) counselling and care and recovery services. Pharmacotherapy targets people at increased risk of harm from drug use. Non-residential rehabilitation provides intensive AOD support to people in their community and is part of the stepped care approach. Under this activity, AOD workforce development is also included.	\$1,650,672
Integrated models for First Nations People Murray PHN commissions dual diagnosis services for First Nations Peoples including direct client services and care coordination to consumers living with co-occurring mental health and AOD conditions. Services include brief interventions, case management and care coordination with associated supports from primary health and social services.	\$376,405
Transitional services and drug and alcohol treatment services maintenance Funding from this stream supports the sustainability of AOD commissioned activities and enhances access to quality care.	\$944,805

RESOURCING

Term:	31 December 2027
FY27 value:	\$2,971,882
Contact:	Director of Mental Health and Wellbeing
Last updated:	April 2026



PSYCHOSOCIAL RECOVERY SERVICES

This program provides non-clinical, holistic mental health supports to people with severe mental illness, to enable them to tackle life factors that impact on and are impacted by, mental illness.

ACTIVITY AT A GLANCE

Service delivery Services are commissioned to deliver strengths-based, recovery focused, trauma-informed psychosocial supports to eligible clients with criteria targeting people with severe mental illness and associated psychosocial disability. Programs are made up of both individual and group supports and provide a range of non-clinical community-based supports including health system navigation.	\$3,965,650
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RESOURCING

Term:	31 December 2027
FY27 value:	\$3,965,650
Contact:	Director of Mental Health and Wellbeing
Last updated:	April 2026

HEADSPACE DEMAND MANAGEMENT AND ENHANCEMENT

This schedule supports strategies aimed at increasing access to headspace services and reducing wait time at headspace for young people aged 12 to 25 requiring mental health support in the Murray PHN catchment.

ACTIVITY AT A GLANCE

Wait time reduction Activities are commissioned to address demand and wait list management at headspace services identified as highest need.	\$314,279
Building cultural capability We commission activities to build the cultural capability of headspace services. Building cultural capability will help improve access and provide better support for young people from priority groups including but not limited to those from First Nations, LGBTIQ+ and culturally and linguistically diverse (CALD) communities.	\$233,000
Capital enhancement and infrastructure We commission activities which enhance the quality of service, improve access to services and support headspace services by appropriately accommodating current and future staffing at headspace sites identified as highest need.	\$908,030

RESOURCING

Term:	31 December 2027
FY27 value:	\$1,455,309
FY28 value:	\$413,598
Contact:	Director of Mental Health and Wellbeing
Last updated:	April 2026

INTEGRATED TEAM CARE

The Integrated Team Care (ITC) Program has two principal aims, to contribute to:

- improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care
- closing the gap in life expectancy by improved access to culturally appropriate mainstream primary care for Aboriginal and Torres Strait Islander people.

PERFORMANCE INDICATORS

ITC improves the cultural competency of mainstream primary healthcare services

ITC commissioned services work to improve the cultural competency of mainstream primary healthcare services.

PHN provides support for Aboriginal and Torres Strait Islander identified health workforce

Improving the capacity, capability and proportion of Aboriginal and Torres Strait Islander identified health workforce to improve the quality of services offered to Aboriginal and Torres Strait Islander people.

ACTIVITY AT A GLANCE

Aboriginal and Torres Strait Islander people have higher rates of chronic illness compared with non-Indigenous Australians. Access to comprehensive, affordable and culturally appropriate primary healthcare is critical for closing this gap. Support the transition of the ITC program to ACCHOs in FY27 as agreed.

Care coordination and supplementary services

The ITC program enables delivery of care coordination to First Nations Peoples within our catchment with a chronic disease. Ensuring that First Nations Community has access to best practice, culturally safe and appropriate chronic disease management and support. It also addresses gaps in service access through outreach support/ transport/ accommodation, as well as ensuring timely access to specialist and allied health services. Lastly, it ensures access to medical aids and equipment for those who would otherwise not have access.

\$350,000

Culturally competent mainstream services

ITC commissioned services work to improve the cultural competency of mainstream primary healthcare services through a variety of activities, including delivering or organising cultural awareness training for staff; encouraging uptake of relevant MBS items; helping practices create a more welcoming environment for Aboriginal and Torres Strait Islander people.

\$1,789,502

RESOURCING

Term:	31 December 2027
FY27 value:	\$2,139,502
Contact:	Director of Operations
Last updated:	April 2026

AFTER HOURS

The After Hours Primary Health Care Program Funding Schedule aims to address gaps in after hours service arrangements, increase effectiveness and address fragmentation of after hours care, particularly for vulnerable and rural populations. The program has recently been reviewed and subsequently revised to include Primary Access Program for Homelessness and Multicultural communities.

PERFORMANCE INDICATORS

Reduction in preventable/avoidable ED presentations

One of the intended outcomes of the Primary Care Access and After Hours program is to reduce preventable emergency department presentations and admissions to health services, this is achieved through enhanced coordination of care and connections through health system navigation and access to primary care clinical services where clinical services have not been available/ accessible to the community. Previously, the only alternative has been to present to an emergency department. Access to clinical services will also support standard health assessments, including cancer screening and heart health checks as examples.

Evidence that commissioned activities address identified health needs or gaps

This indicator demonstrates that PHNs actively implement the full commissioning cycle, demonstrating clear relationship between identified needs and delivery of measure outcomes.

ACTIVITY AT A GLANCE

General practice models of after hours services Within general practice, reducing pressure on emergency departments (ED), minimising risks to community members, improving access to care, and enabling timely intervention before a person's condition deteriorates and requires complex emergency treatment.	\$794,084
Homelessness access to primary care a) Commission direct health services to support primary care access by people experiencing or at risk of homelessness b) Identify and support homelessness support services to address barriers to primary care access c) Promote coordination between services at a local level, including capacity building that leads to effective integrated care d) Work with primary care services to increase access, efficiency and effectiveness of these services for people experiencing or at risk of homelessness.	\$251,682

RESOURCING

Term:	30 June 2028
FY27 value:	\$1,045,766
FY28 value:	\$1,021,229
Contact:	Director of Operations
Last updated:	April 2026

NATIONAL MENTAL HEALTH AND SUICIDE PREVENTION AND BILATERAL PROGRAM

This schedule aims to achieve systemic, whole-of-government reform to deliver a comprehensive, coordinated, consumer-focused mental health and suicide prevention system with joint accountability and clear funding arrangements across all governments.

ACTIVITY AT A GLANCE

headspace enhancement We provide additional funding to headspace centres to increase access to coordinated, multidisciplinary care for young people and improve workforce attraction and retention.	\$2,328,541
Mental health clinics We provide funding for integrated and multi-disciplinary mental health services in the Albury Wodonga region for people experiencing mental health issues. Services also provide support navigation which enable people to access the most suitable type of service and level of care for their mental health needs.	\$1,520,385

RESOURCING

Term:	31 December 2027
FY27 value:	\$3,848,926
Contact:	Director of Mental Health and Wellbeing
Last updated:	May 2026

MEDICARE URGENT CARE CLINICS

The key objectives of the schedule are to establish and deliver Medicare Urgent Care Clinics (Medicare UCC) in the region. Medicare UCCs will ease the pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening need for care. In FY25, the Bendigo and Shepparton PPCCs transitioned to Medicare Urgent Care Clinics, funding flows from the Commonwealth to the State Government.

PERFORMANCE INDICATORS

- PHN Urgent Care Commissioned Services: Number of occasions of service
- PHN Urgent Care Commissioned Service: Number of ED presentations avoided
- Reduction in lower acuity ED presentations
- Reduction of lower acuity ED presentations within hours
- Reduction in lower acuity ED presentations after hours
- Reduction in lower acuity ED presentations by First Nations Peoples
- Patient experience
- Number of UCCs that align to the Operational guidelines

ACTIVITY AT A GLANCE

Medicare Urgent Care Clinic (MUCC) – Albury, Shepparton and Bendigo

\$8,718,246

The aim of this activity is to provide short-term, episodic care for non-life-threatening urgent conditions requiring same day assessment or treatment, with the aim to reduce pressure on nearby emergency departments and redirect patients to primary care. The initial MUCC was established in FY23 in Albury, with two of the state funded programs have been transition to MUCC – Bendigo and Shepparton.

RESOURCING

Term: 31 December 2028
FY27 value: \$8,718,246
FY28 value: \$7,311,521
Contact: Director of Operations
Last updated: May 2026

OTHER FUNDERS

Activity at a glance

AUSTRALIAN DIGITAL HEALTH AGENCY (FEDERAL)	My Health Record Expansion Activities include promotion of My Health Record registration and use in primary care, aged care and specialist medical services, promotion of eRequesting of pathology and ePrescriptions and other emerging system features.	\$60,000
DEPARTMENT OF HEALTH (STATE)	Urgent Care Clinics (previously known as Priority Primary Care Centres or PPCCs) The funding is to commissioned two Urgent Care Clinics (UCCs) across the catchment to provide urgent but not life-threatening care and to support emergency department diversions of low acuity patients. Two UCCs have been extended to June 2027 – Mildura and Wodonga. The funded services partner with community, local health services, ACCHOs, Ambulance Victoria, NSW Ambulance and local pathology and radiology providers.	\$4,044,472
	Disaster Support and Recovery A strategic approach to reduce the impacts of emergencies, with activities including primary care, development of operational plans and protocols and coordination with the wider health system.	\$44,617
DEPARTMENT OF EDUCATION	Doctors in Secondary Schools The program aims to make primary healthcare more accessible to students, assist young people to identify and address any health problems early and reduce pressure on working parents.	\$987,155
PHNs	Enhancing mental health supports in secondary school (North West Melbourne PHN) This project, funded by Department of Education with NWMPHN as the lead PHN, provides enhanced mental health services to young people in Victorian school communities and to build capacity and capability of the government school workforces.	\$390,343
	Statewide Acute Specialist Clinics Reform (North West Melbourne PHN) The overall aim of this project is to improve primary health workforce capacity, and the consistency and transparency of access to specialist clinics to ensure patients have a better healthcare experience, including equitable access to specialist services.	\$46,784
OTHER	Integrated Models of Care This activity supports the project management, communication plan and implementation of the sustainable rural healthcare hubs in the Loddon Gannawarra and Buloke shires.	\$69,074
	Rise4SkinCancer Is a partnership approach between Murray PHN, Loddon Mallee Integrated Cancer Services and La Trobe University to further develop and implement a coordination and capacity building program to building the capacity of general practices to early identify and manage skin cancer lesions.	\$10,000

Contact: Director of Operations **Last updated:** July 2026