phn NORTHERN SYDNEY
An Australian Government Initiative

Sydney North Health Network

Stakeholder Value Proposition

Sydney North Health Network

The **Northern Sydney PHN**, operated by the **Sydney North Health Network**, is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase the efficiency and effectiveness of medical services for the community. We focus on patients at risk of poor health outcomes and we work to improve the coordination of their care so they receive the right care, in the right place at the right time.

SNHN supports health professionals through professional development programs, training workshops, and access to up-to-date clinical guidelines. SNHN ensures that health professionals are equipped with the necessary skills and knowledge to deliver optimal patient care.

SNHN has over 1500 members including general practitioners, nurses, allied health practitioners and pharmacists. We support over 7000 professionals across the region, supporting a diverse population and addressing the unique health needs of communities across the region.

Sydney North Health Network (SNHN) provides support to health professional stakeholders across the region. General Practice is supported by a team of Primary Care Coordinators tasked with supporting a geographical area. The SNHN Education team provides education and training sessions for primary care providers including GPs, Allied Health Professionals, Nurses, Pharmacists, Psychologists, and support staff. Events are held face to face and via online platforms through webinars. More than 120 events were held in 2024, with over 3,500 health professional attendees. Events support providers in increasing knowledge in clinical care, support CPD and increase networking opportunities. The Digital Health team supports these providers to improve their use of technology and uptake of national or statewide digital health programs (e.g. My Health Record, eReferrals, telehealth). HealthPathways is an online resource that supports health professionals at the point of care with trusted, local clinical guidelines. Created by GPs for GPs, with input from local highly regarded specialists. The HealthPathways team consists of GPs and coordinators who assist health professionals to navigate the local health system.

Purpose

The aim of this work was to gain a deeper understanding of the support needs of our stakeholders. While there is a strong perception that SNHN provides valuable assistance through a dedicated team of professionals, it is essential to actively seek and explore stakeholder views to validate and enhance this understanding. Without direct consultation, detailed stakeholder needs remain unknown.

Between March and May 2025, SNHN conducted a stakeholder survey over a six-week period. The survey was distributed to all contacts listed in the SNHN CRM system. Two versions of the survey were developed—one for SNHN members and one for non-members. The member survey included a question to assess awareness of SNHN membership, alongside questions exploring individual pain points and building on insights from the Strategic Plan 2024–2029 consultation process.

Following the survey, two in-person focus group workshops were held in June to delve deeper into the feedback received. These sessions aimed to identify actionable solutions and explore how SNHN can better support innovative ideas. Participants were reminded of the limitations imposed by funding guidelines in areas of primary care support.

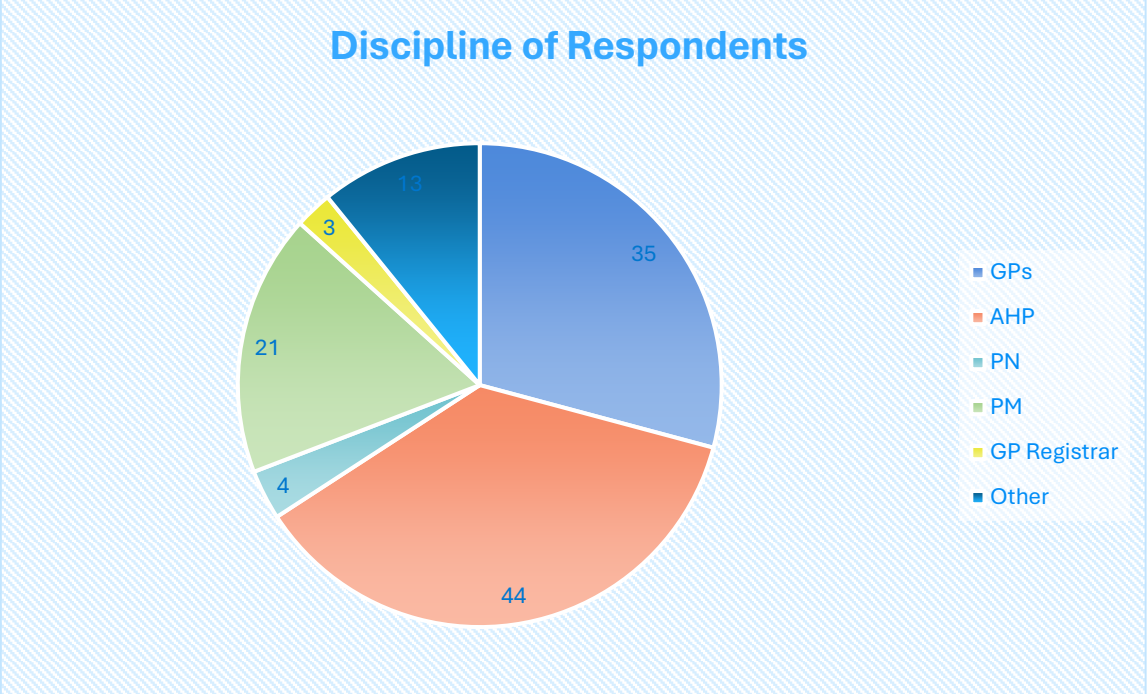
The overarching goal of this engagement was not only to gather insights into how SNHN currently supports providers, but also to better understand the challenges they face and explore potential solutions within the broader health ecosystem.

Survey Results

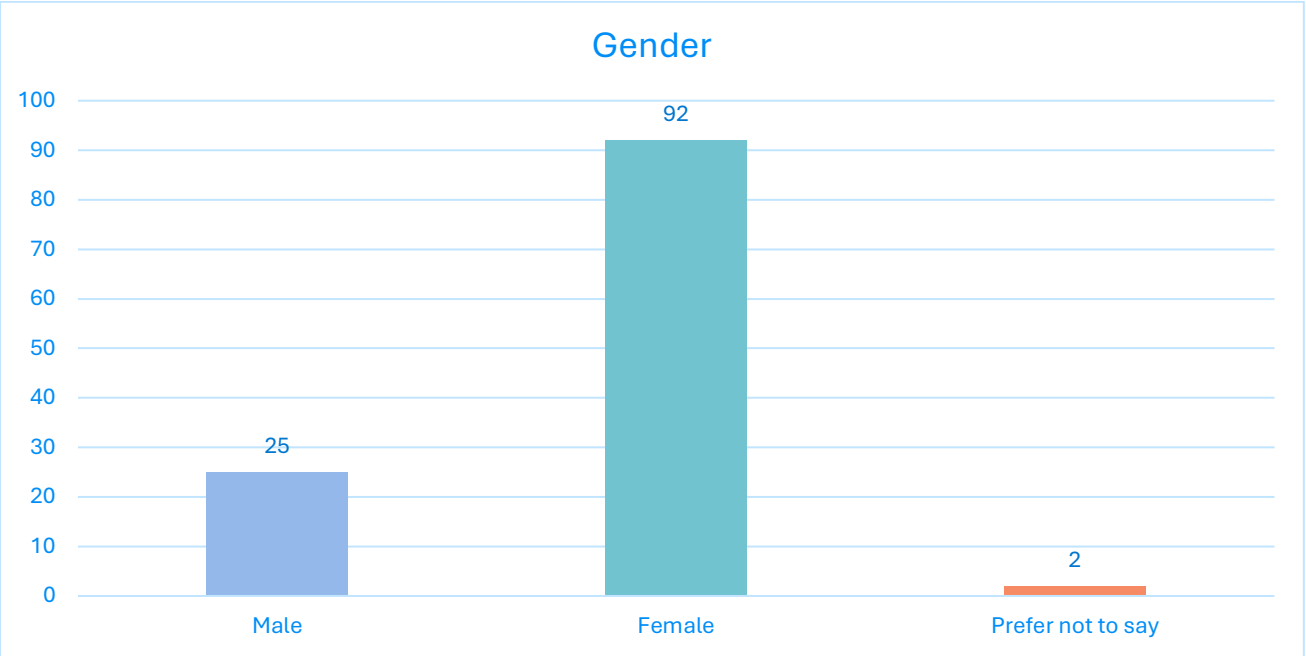
Members were asked if they were aware of their membership, of those who responded, 71% were aware of their membership. Non-members were asked if they would like to become a member, 44% indicated they would be interested in membership.

This report presents the distribution of responders by discipline. The largest group of responders are Allied Health Professionals (AHP) with 44 individuals, followed by General Practitioners (GPs) with 35. Practice Managers (PM) account for 21 responders, while Practice Nurses (PN), GP Registrars, and others make up smaller portions of the total.

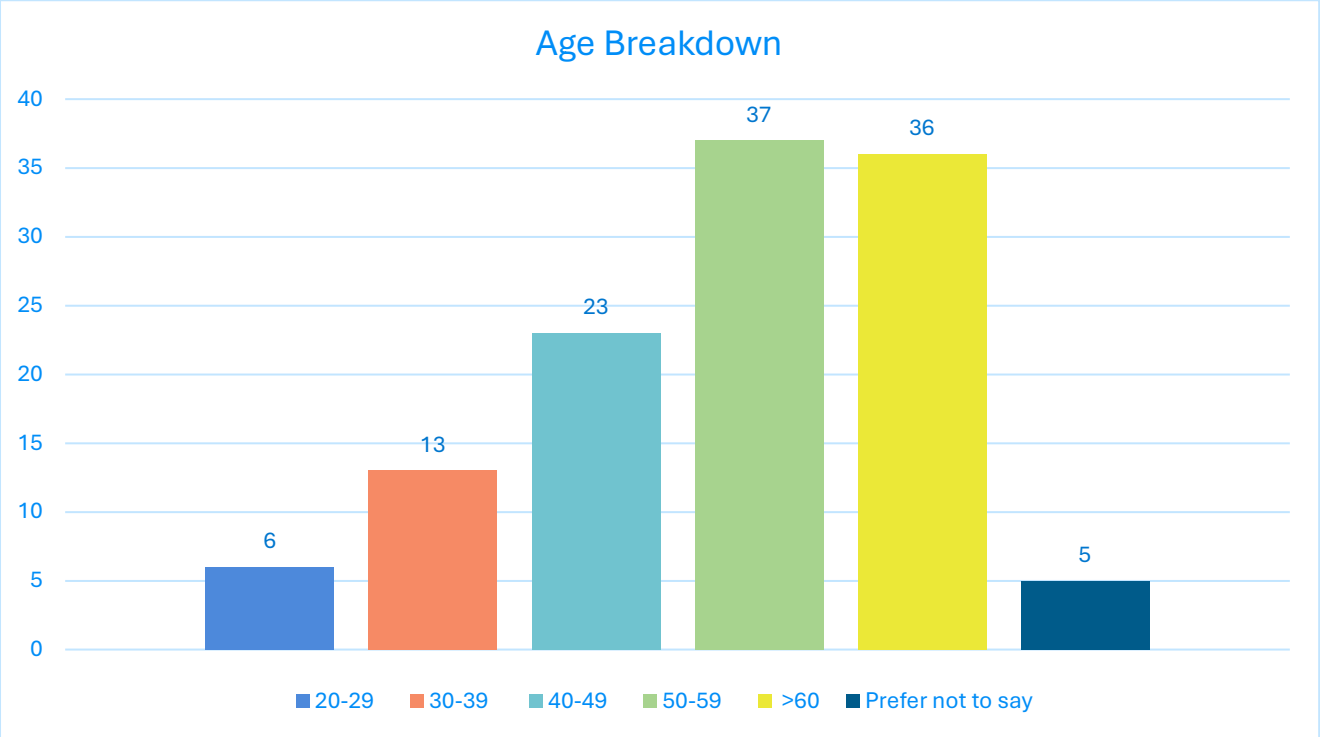
Discipline



Gender



Age Range



The above results suggest we have an ageing workforce with highest number of respondents aged 50 years and over and our health workforce is predominantly female. SNHN has more

individual AHPs than GPs which likely resulted in higher numbers of AHPs completing the survey.

Workshops

Building on the themes identified during the Strategic Planning consultations, five key areas of concern were presented to participants. Respondents were asked to:

- Rank each area based on the challenges they face in their professional context
- Provide feedback on the relevance of each theme
- Suggest practical solutions to address the identified challenges

Ranked Areas of Concern (in order of priority):

1. Mental Health
2. Aged Care and the Ageing Population
3. Digital Technologies and Improving Communication
4. Workforce Capacity Building
5. Health Prevention and Promotion

The workshops adopted a multidisciplinary format, with attendees allocated to mixed professional groups. Each group were tasked with one of the ranked priority areas to ensure a range of perspectives and collaborative discussion.

Challenges and potential solutions identified across the 5 areas

This includes an assessment of whether proposed solutions sit within the PHN remit or externally and across a 1 to 5 year timeframe short/med/long, aligning with the Strategic Plan.

**Short – 1-2 years. Medium – 2-3 years. Long - 3-5 years.*

Mental Health

Issues	Potential Solutions	Comments	Short/med/long
Financial barriers: Patients struggle to afford the gap between Medicare and service costs, impacting access to long-term mental health care.	Signpost to SNHN Commissioned services (free), bulk billed services or services with cost. SNHN to provide a directory of this information - service referral pathways.	SNHN services are free. Pathway information ongoing	**Short**
Service availability: Limited access to public psychiatrists, bulk billing private psychiatrists, and affordable psychologists.	Increase GP Capacity: Increase education activities in mental health. Signpost to patient appropriate services. Support GP training through new DHDA Strengthening Medicare initiatives.	MH education activities in planning and aligning to new govt initiatives	**Short**
Complexity: Mental health consults taking up significant time for GPs with limited support.	Education: Increase number of targeted GP MH education sessions. Showcase mental health services available in Northern Sydney including commissioned services. Explore opportunities for mental health training within general practice settings.	MH education activities planned, increasing event numbers	**Short**
Referral wait times: Long wait times for drug and alcohol services and patient supports. Growing service need for people reporting mental health issues, lack of services available, costs of services and wait times to access services.	Service Awareness: Promote visibility of available mental health services, including commissioned providers, affordable community-based options, and psychology services.	Development of pathways for service description, access options	**Short/med**
Communication: Fragmented communication between providers.	Utilise digital platforms, training and support for health providers in use of electronic systems.	work underway	**Med**

Technology solutions: Underutilisation of telehealth and digital mental health tools.	Digital Navigation: Investigate the role of AI in improving navigation of services and referral pathways.	Work underway & ongoing	**Med/long**

Aged Care and ageing populations

Issues	Potential Solutions	Comments	Short/med/long
Workforce capacity: Limited workforce capacity to meet increasing demand for geriatric care, reducing numbers of GPs attending aged care homes. Multi-disciplinary teams working in aged care and general practice, better integration between systems and improved communication between aged care assessment teams required.	Multidisciplinary Teams (MDT): Promote MDT approaches within aged care homes to improve holistic care delivery. GP Engagement: Identify strategies to encourage GPs to return to aged care settings. Technology Adoption: Increase use of telehealth, My Health Record (MHR), and other digital tools in aged care.	Activities underway, a longer term activity. Telehealth in aged care, Aged care onsite pharmacist activities progressing, 80% aged care homes MHR registered	**Med/long**
Mobility issues: Barriers to accessing healthcare due to mobility and transportation challenges.	Transport Solutions: Support initiatives that improve mobility and transport access to healthcare services.	SNHN current commissioned transport service 'free'	**Short**
Medication management: Complexity in managing multiple medications and co-morbidities.	Education on topics supporting appropriate prescribing of medications, chronic condition management and ageing co-morbidities.	Working on education events 25/26	**Short**
Financial constraints and long wait times: Financial barriers to accessing psychiatry and psychology services, long wait times for services.	Flexible Care Models: Support new models of care that provide access to GPs, Nurse Practitioners, nurses, AHPs and specialist services in aged care homes based on patient need.	Out of SNHN scope of activities, MDT activities may align	**Med/long**
Service access: Difficulty accessing services through My Aged Care and timely ACAT assessments.	Education: increase education on access of services, availability, cost. Access guidance to My Aged Care (MAC)	Ongoing	**Short**

Early intervention: Need for activities focussing on improving mobility, wellbeing, social isolation.	Improved access to prevention services and activities and commissioned service/s, increase promotional activities.	Explore further commissioned service - new Hubs	**Med/long**
Social isolation: Increasing numbers of older adults experiencing isolation.	Care Coordination: Expand the role of social workers to support care coordination for older adults.	Explore further commissioned service - new Hubs	**Med/long**

Digital Technologies

Issues	Potential Solutions	Comment	Short/Med/Long
Improve Communication: Fragmented communication systems, increase use of Secure messaging between providers, however cost barriers exist for non-GP providers. Reducing cost and accessibility barriers will improve uptake.	System Interoperability: Enhance digital interoperability to enable seamless information sharing across providers. Funding: Advocate for funding models that support allied health professionals (AHPs) in sending and receiving secure messages, e.g., subsidised access to platforms like HealthLink.	SNHN continues work with ADHA. Ongoing & progressing. Advocacy on funding models continues.	**Med/long**
Feedback and Information Access: Limited feedback from hospitals and poor access to shared records.	Improve information sharing between NSLHD and primary care providers. SNHN to continue joint work with NSLHD on eReferrals and discharge summary rollout. Education and training on use.	Progressing	**Short/med**
AI and Digital Tools: Interest in AI and digital tools, but low confidence and limited training.	Artificial Intelligence: Explore opportunities to enhance uptake and use of AI in primary care. Deliver targeted education sessions to providers in AI use and address concerns of security and privacy.	Progressing	**Short**
Telehealth: Inconsistent processes across practices confuse patients. Reluctancy by some providers to use telehealth platforms.	Increase education and F2F supports for providers, benefits to use, platform options.	Progressing	**Short**
Single Digital Patient Record Rollout: Anticipation for a unified medical	SDPR rollout to SNHN region anticipated mid- 2026, communications to GPs to be comprehensive, education	Imminent, GP access a possibility - TBA	**Short/med**

record system, details of GP integration unclear but should be considered.	and promotional activities prior to go-live to be planned and coordinated.		

Workforce Capacity Building

Issues	Potential Solutions	Comments	Short/med/long
Staffing Shortages: Difficulty recruiting and retaining healthcare professionals.	Workplace Wellbeing: Invest in activities that promote positive workplace culture, wellbeing, and shared values.	Education activities to providers, wellbeing - progressing	**Short/med**
Financial Viability: Rising operational costs threaten practice sustainability.	Promote new models of care that promote working to scope. Strengthening Medicare reform continuing education. Promote new Medicare blended funding model (when published) to enhance preventative care?	Strengthening Medicare initiatives continue, support ongoing	**Short**
Workload and Stress: High workload, unpaid overtime contribute to staff fatigue. Limited time for GPs, difficulty convincing doctors to attend aged care homes, and managing patient expectations.	Education supporting new models of care, working to full scope.	MDT, scope of practice - education and support activities continue to be explored	**Short/med**
GP Recruitment: Challenges attracting GPs to the region.	An ongoing challenge: continue to support MDT, working to scope of practice, networking opportunities.	Education, practice support ongoing	**Short/med**
Practice Management: High turnover and difficulty finding skilled admin and clinical staff.	Workplace Wellbeing: Invest in activities that promote positive workplace culture, wellbeing, and shared values.	Wellbeing events are continuing to	**Med**

		be explored and enhanced	
Working in multi-disciplinary teams where GPs and AHPs work better together to provide wrap-around care for complex patients	Promote new models of care that promote working to scope. Strengthening Medicare reform continuing education.	Primary care support and education activities	**Short/med**
Scope of Practice: Ensuring all providers work within their professional scope.	Education support, business and leadership training for providers.	As above	**Short/med**
Provider networking: Strengthen regional provider connections and PHN engagement. Reduce isolation through peer networks and community-building initiatives.	Cross-Sector Collaboration: Strengthen connections between community health providers and primary care. PHN Engagement: Foster high levels of engagement between primary care providers and the PHN to build trust and collaboration.	Networking events to be increased across disciplines	**Short**
Workplace culture: Often difficult to find and retain staff and to maintain a positive workplace culture.	Workplace Wellbeing: Invest in activities that promote positive workplace culture, wellbeing, and shared values.	Wellbeing activities continue	**Short/med**

Health Prevention and Promotion

Issues	**Potential Solutions**	**Comments**	**Short/med/long**
Time Pressures: Limited capacity for non-clinical work due to staffing constraints.	Create community hubs with care coordinators and service navigators.	Hub establishment underway	**Med/long**
Funding Access: Difficulty securing funding for health promotion activities.	Partner with councils and not-for-profit community organisations to deliver affordable or free lifestyle programs.	SNHN to continue to explore external partnerships with local orgs	**Med/long**
Reactive System: Limited rebates for preventive services; system prioritises treatment.	Social Prescribing - Look at care and services that support social connection, lifestyle activities, reduce isolation and build confidence and give people purpose.	Hubs to include social supports	**Med/long**

	Quality Improvement activities that align with health and improved wellbeing.	and referral options	
Service Access: Difficulty accessing affordable preventive services and follow-up care.	Encourage use of private health insurance for extended preventive care. Facilitate roundtables to co-design programs and streamline referrals to services. Host provider showcase events to build referral networks.	SNHN looking at options to better signpost services, Hubs will address these issues	**Med/long**
Public Messaging: Need for improved health messaging via social media and websites. Behaviour Change: Time constraints limit support for patient lifestyle changes.	Launch digital health campaigns and secure funding for prevention programs.	Communications team to look at options to promote through various channels	**Short**

General areas of concern

Issues	**Solutions**	**Comments**	**Short/med/long**
NDIS Issues: Non-acceptance of disability support needs, leading to client crises.	Education and Training: More education for clinicians on navigating NDIS. Local services expect NDIS to meet support needs, leading to clashes.	No funding currently to support NDIS, awaiting Govt decision on NDIS supports	**Long**
Public Health Waitlists: Long waitlists impacting patient care.	Public Clinics: Advocating for more public clinics, NSLHD/PHN discussions.	Working closely with NSLHD looking at service access and wait times	**Med**

Financial Struggles: Patients facing financial difficulties due to the cost of living, affecting consistency of care. Financial Pressures: Rising costs above inflation and difficulty attracting doctors to aged care homes. Billing and Fees: Issues with capped fees, increased costs, and billing complexities. Funding Issues: Difficulty in obtaining funding to improve systems and processes.	Cost Management: Keeping costs low and seeking affordable referral options for psychiatrists. Finding bulk billing services despite challenges in where to search.	Outside of PHN scope for funding.	
Medicare Rebate: Low rebates causing financial strain.	Bulk Billing Services: Finding bulk billing services despite challenges in where to search, some type of directory or sign posting.	Outside of PHN scope for funding.	
Staffing Issues: Challenges in staff retention, finding reliable receptionists, and training staff.	Team Support: Setting aside time and additional team support, internal. event and workshop opportunities, external.		
Communication Ineffective communication with doctors and health professionals. Challenges in connecting with referrers and marketing services.	Communication: Enhancing communication with specialists and using varied electronic methods. Ensuring all information is sent back through patients. Using Healthlink eReferral forms and secure communications via GPs.	Digital health team to enhance support to specialist groups in technology use and benefits	**Med**
Education and Training Lack of paid education time and practical training for staff.	More education for clinicians on navigating NDIS.	Education events planning for 2026	**Short**

Service Access: Difficulty accessing private psychiatrists and prompt care within the public system.	Creating registers of local psychiatrists and GPs prescribing restricted medications. Improving staff training on mental health access lines. Being aware of better services outside the local area.	SNHN exploring ways to utilise existing platforms to collate up to date information. Healthpathways inclusion a potential option	**Med**
Burnout: High levels of burnout among healthcare professionals and the wider support teams.	Wellbeing support to prevent burnout. look at job roles and scope of practice. Change management support. Setting aside time to network within the practice, goal setting. Receiving coaching and training tailored to allied health practices.	Support with SNHN Wellbeing activities and events	**Short**
Technology and Updates: Keeping up with new technology and changes in Medicare item numbers.	Education and support to remain updated on AI and other new technology in healthcare.	Digital health activities planning 2026	**Short**
Complex Care: Managing increasingly complicated chronic care, ageing and older isolated patients.	Engaging patients early before crises. Utilisation of social workers for group sessions for the aging population.	SNHN Hubs	**Med**
Multidisciplinary Teams: Funding challenges for teams that can't bill Medicare.	Networking: Building networks and relationships. Efforts to run group networking sessions.	This work is active and ongoing through Primary & AHP support and education activities	**Short**

What we currently offer

SNHN supports health professionals to thrive in a complex and demanding healthcare environment. All health provider stakeholders have access to free education, wellbeing programs, digital tools, and leadership development to grow your skills and your practice.

We understand the pressures faced - complex patients, funding gaps and system disconnects. SNHN will continue to assist in connection with other providers, improve referral pathways and navigation of change. With the provision of data-driven insights the teams can provide support to practices in delivering high-quality care with confidence and clarity.

What we offer to our Health Provider Stakeholders:

- Wellbeing programs
- Education and training
- Quality improvement activities
- Data analytics, population health data
- Issues management with Local Health District
- Government initiatives, support translation to practice, change management
- Improve connection and communication between providers
- Connection through facilitating networking and education
- Nurse training and education program
- GPIS employment opportunity and opportunity to expand skills
- Leadership training and business development, how to grow your business skills
- Direct support to providers and practice staff from the primary care and allied health teams
- Digital capability building
- Support to health providers with new and emerging Government initiatives
- Regular Networking events for providers and support staff (Breakfasts, lunches, dinners)
- Membership to SNHN - voting rights and exclusive education events
- Disaster/emergency support and training.

SNHN has constraints and limitations on how funding to support primary care providers is utilised, many suggestions for improving the value to our stakeholders are either currently being delivered or are earmarked for rollout/delivery.

During both survey and workshops, many respondents and participants were very thankful for the support already being provided through:

- Practice support – F2F, email – GPs, PNs, PMs, support staff
- Education events F2F and webinars – GPs, AHPs, PNs, PMs, support staff, LHD staff, specialists and staff
- Dedicated Provider Wellbeing days – GPs, AHPs, PNs
- AHP support – F2F, email
- Provider networking events, PM, PN, AHP
- MDT networking events – GM, AHP, PN, PM

The above is by no means exhaustive.

Addressing these challenges requires coordinated action across provider groups, investment in workforce and digital infrastructure and a renewed focus on prevention and community engagement. The PHN is well-positioned to support these efforts through ongoing partnerships with primary care practices, clinicians, support staff and NSLHD. SNHN relies on funding from the Department of Health Ageing and Disability, this can restrict what can be funded where funding streams are prescriptive in nature. SNHN remains committed to providing the support that best suits the needs of stakeholders and to work collaboratively with external organisations to ensure we can meet these needs.

Conclusion - Next steps

The insights gathered through the consultation process have provided a comprehensive understanding of the challenges faced by primary care providers across the region. The feedback highlights a strong appreciation for the support already offered by SNHN. However, it also highlights the need for continued innovation and responsiveness in areas such as mental health, aged care, digital integration, workforce sustainability, and preventive health.

Building on these insights, SNHN will:

- Collaborate with stakeholders to design and prioritise solutions that are feasible within current funding arrangements.
- Evaluate existing support and education initiatives to identify gaps and opportunities for enhancing stakeholder engagement and support.
- Expand opportunities for co-design with providers to ensure services are relevant, effective, and sustainable.

Together, we can build a more connected, resilient, and responsive primary health care system that meets the evolving needs of our communities.