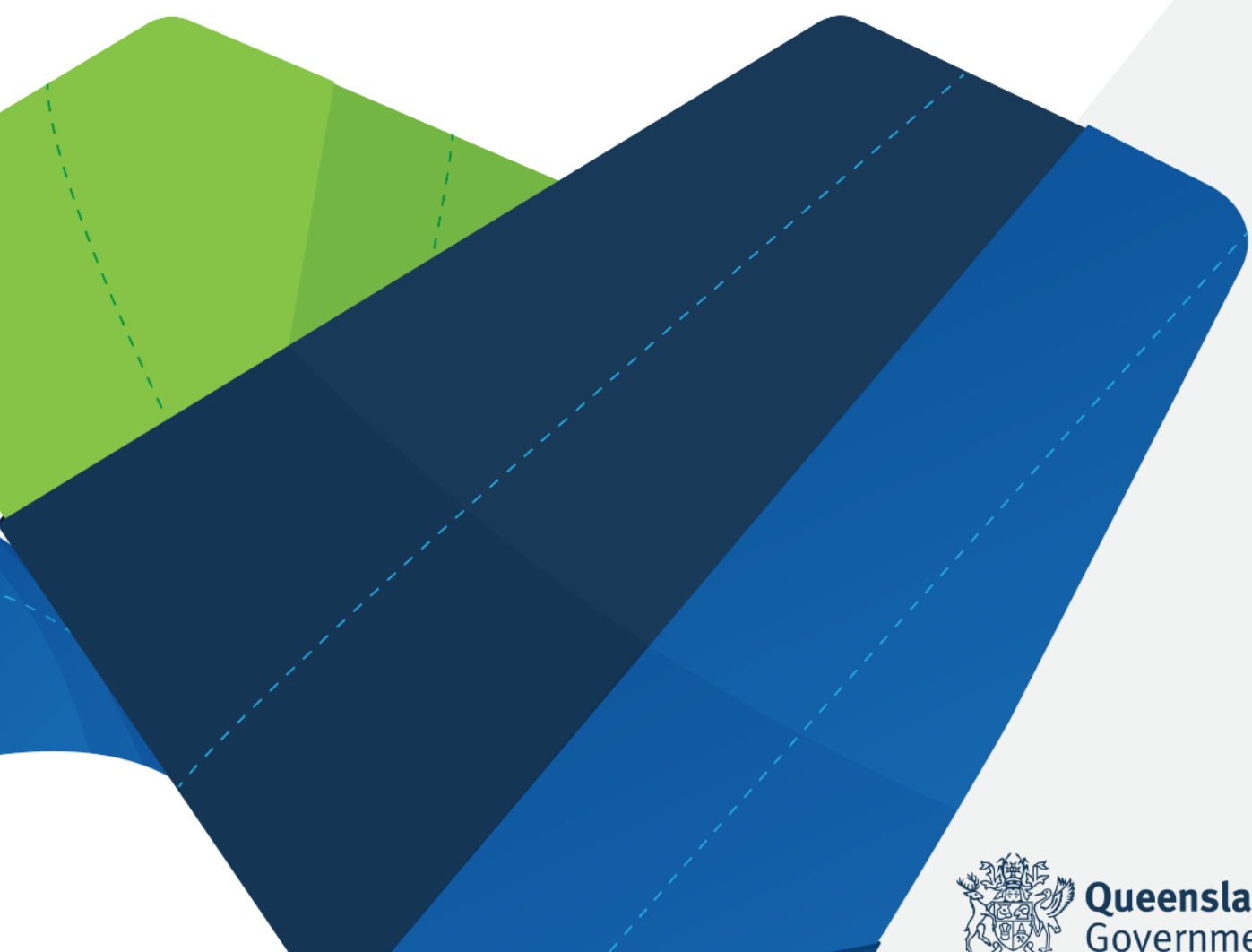


# **Expression of Interest**

General Practitioner Representative

Queensland National Data Linkage Project  
Team



# General Practitioner Representative – Role overview

## Role overview

The Queensland Health Statistical Services Branch are seeking expressions of interest from General Practitioners (GPs) who are interested in joining the Queensland National Data Linkage Project Team (**‘the Queensland NDLP Team’**). The Queensland NDLP Team will be responsible for informing Queensland's design phase for a national approach to the linking of **primary care data** with data of other health services, such as hospital data. The NDLP aims to provide a whole of health landscape view of patient journeys.

### The ideal candidate will:

- have knowledge of the collective needs of GPs within Queensland
- have experience in advocating on behalf of patient needs and concerns
- have knowledge of primary care data and information systems including limitations and barriers
- have awareness of or involvement in primary health data strategic conversations, including future data capability objectives and initiatives (such as Primary Health Insights)
- be currently practising within primary care in Queensland
- have a keen interest in data and digital health
- have experience participating in committees or projects involving data and/or digital health
- have experience working across the primary care-acute care interface.

### Remuneration

Two (2) GP representatives will be selected for the Queensland NDLP Team (one rural/remote representative and one metro regional representative) and successful applicants will be remunerated for their time at a rate of \$200 per hour.

### Time investment

The successful applicants will be required to attend and contribute to monthly project team meetings (~1-2 hours each), held virtually. They will be further responsible for ensuring they are fully prepared to participate in project meetings, including completing any prereading or preparation activities ahead of time.

The Project Team will be active for approximately 11 months, kicking off early June 2024. The time commitment for the successful applicant will be approximately 3 hours a month (TBC by Queensland NDLP Team), plus any additional workshop sessions the Project Team schedules once established.

### How to apply

All applications are to be submitted via an online form – [Link to form](#)

**More information**, including background and context to the National Data Linkage Project, design domains and governance will be provided in the following pages of this document.

### Key application dates

The closing date for applications is **9am, Wednesday 15 May 2024**.

Activity	Timelines
Application period	29 April 2024 – 15 May 2024
Applicant review period	16 May 2024 – 23 May 2024
Appointment of 2 x GP Representatives	24 May 2024
Commencement of appointments	Week commencing 03/06/2024

### Further Information

If you require further information that is not contained in this information pack or the Role Description, please contact

[Reform.Planning@health.qld.gov.au](mailto:Reform.Planning@health.qld.gov.au).



Queensland  
Government

# The National Data Linkage Project



## Background

In Australia, barriers to understanding the continuum of care exist because health data are collected and managed by different levels of government and private organisations. This fragments the view of the patient journey as patients move between primary care and acute care services.

There is significant value to health service planners in holding and linking primary care (predominantly general practice) data to that of other health services, such as state hospital data. This will enable patient journeys to be followed between health sectors, informing operational improvements and enabling population health analyses.

Several Australian state and territory health departments are pursuing data linkage initiatives to help overcome these barriers. For example, the NSW approach uses privacy-preserving record linkage to link data across primary, ambulatory and acute care, creating a state-wide data collection of patient journeys across the health system. Existing initiatives can be used to inform service design and system improvement.

In October 2023, Australian federal, state and territory Health Ministers and Chief Executives approved a design phase for a **national data linkage project** that will enable cross-jurisdictional and federal–state data exchange to provide a whole of health landscape view of patient journeys. The initiative will follow a **'hub and spoke' model** leveraging the benefit of existing jurisdictional data linkage activities where possible. Importantly, the national approach will be sensitive to local and regional differences, **working with models developed in each jurisdiction to meet specific local needs**.

It is important to note that all data will be retrospective and deidentified – that is, patients cannot be directly identified and the data are not available in real-time. As a result, the asset to be designed will not be used for clinical purposes.

## Project Benefits

Data linkage of the type proposed by this project delivers benefits to patients – particularly those at higher risk of hospital admission or re-admission – by providing general practices with deidentified insights on their patient's complete health journeys. This informs improvements to chronic disease management and supports appropriate follow-up after hospital episodes.

More broadly, linked data informs improvements across all health sectors in patient navigation, health service planning and delivery, patient outcomes and systems interoperability. Long term, the proposed model will facilitate the timely provision of accurate insights to support system-level planning and policy development. Nationally linked data infrastructure will feedback meaningful analyses and insights relating to patient activity, driving quality improvement and delivering improved patient care.

A national 'hub and spoke' project will maximise existing local data sharing projects, enable cohesive growth in data linkage capability across the country, and allow jurisdictions to join forces with existing projects in other states or pursue individual projects with necessary standardisation and interoperability. This may provide cost efficiencies with technologies for collaboration, data extraction and reporting.



# The National Data Linkage Project – Queensland’s Design Phase



The **Queensland NDLP Team**, led by the Queensland Health Statistical Services Branch, will deliver a final business case for the National Data Linkage Project and asset by August 2025, which will include the ‘spoke’ approach designed for the Queensland context.

The national project specifies that for jurisdictions developing or planning a ‘spoke’ initiative, there is a need to build this initiative from the ground up – in particular, given GP data may be extracted locally and provided to governments. **Detailed local consultation and relationship building is required.**

The Design Phase will include a 12-month consultation phase from May 2024, with interim milestones.

During the design phase the **Queensland NDLP Team** will consider the following **Domains** in informing a final business case:

- **Scope of the asset**
  - Including vision, alignment with the current health data landscape, services and associated data sources to be considered, data requirements and specifications, cohorts, asset structure, and cross-jurisdictional capabilities and functionality
- **Data sharing governance**
  - Including indigenous data sovereignty, data access and use framework, stakeholder collaboration
- **Privacy and legal considerations for linkage, sharing and use of data**
- **Data management and technology**
  - Including use cases for linked data and associated design considerations, security and privacy considerations, infrastructure, data storage and multi-way sharing
- **Funding and execution of establishing the asset**

Aboriginal and Torres Strait Islander Community Controlled Health sector, general practitioner, Primary Health Network and consumer stakeholder consultation will be integral across all **Domains** and will have representation on the **Queensland NDLP Team**.



# The National Data Linkage Project – The Queensland NDLP Team



## **Purpose:**

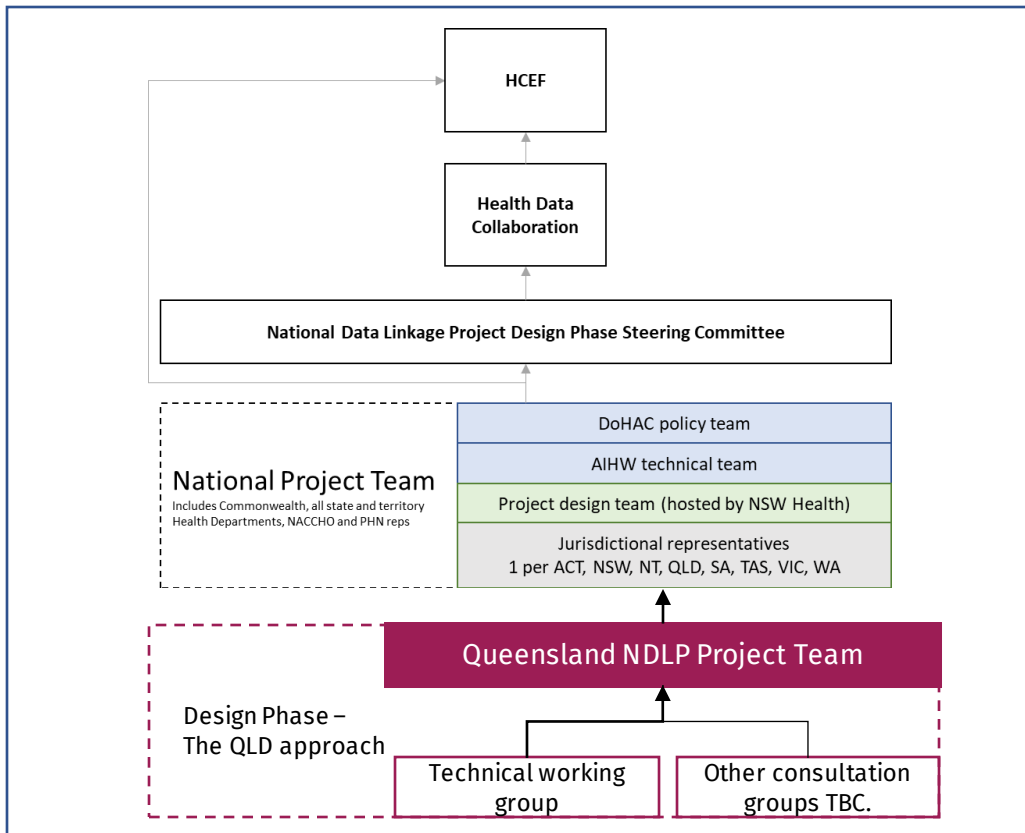
- Inform Queensland's input to the Design Phase on all Domains
- Lead determination of the Queensland-wide position on all Domains
- Consider all feedback, options presented, and requests asked of it by the Project Design Team and Australian Government policy and technical teams

## **Membership Responsibilities**

- Provide clear and consistent direction to Queensland's Senior Responsible Officer for the NDLP on all Domains to direct the project towards an asset likely to be supported by Queensland.
- Review the emerging project design to ensure consistency and appropriateness with Queensland priorities and capabilities
- Monitor business and strategic issues and initiatives and provide advice to the Jurisdictional Representative on those that may present a risk to the Project or have impact on the Project success.
- Resolve issues, conflicts or decisions as required.
- Monitor realisation of benefits and report to Queensland senior executives as required.
- Ensure the initiative delivers against targets.



# The National Data Linkage Project – Governance



For the design phase **the NDLP Project Team** reports to Chief Executives of all Australian Health Departments (**HCEF**) via a **cross-jurisdictional Steering Committee** (this is the Director-General in Queensland).

**The National Project Team** for the Design Phase comprises:

- An Australian Government Department of Health and Aged Care policy subject matter expert team
- Australian Institute of Health and Welfare technical subject matter expert team
- A Project Design team, based in NSW Health but representing all states and territories, including:
  - Core Project team staff
  - PHN Representative (funded)
  - NACCHO Representative (funded)
- Health Department representatives from all Australian states and territories, who will each lead local consultation of all relevant stakeholders (the Project Team), including local General Practitioners, Primary Health Networks, Aboriginal and Torres Strait Islander Health Organisations and consumer groups.

The **Queensland NDLP Team** will report to the National Project Team and all consultation groups established to inform the Queensland design approach will report to the Queensland NDLP Team.