From Spark to Impact

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Agenda

- Integrated Care: The data imperative
- Lumos participation
- From 1 practice to 1000 practices in 10 years
  - The foundations: technical, governance and cultural innovation
  - The guiding principle: social licence
  - Building in partnership with General Practice
- Inspiring the national agenda: the National Primary and Acute Care Data Linkage program

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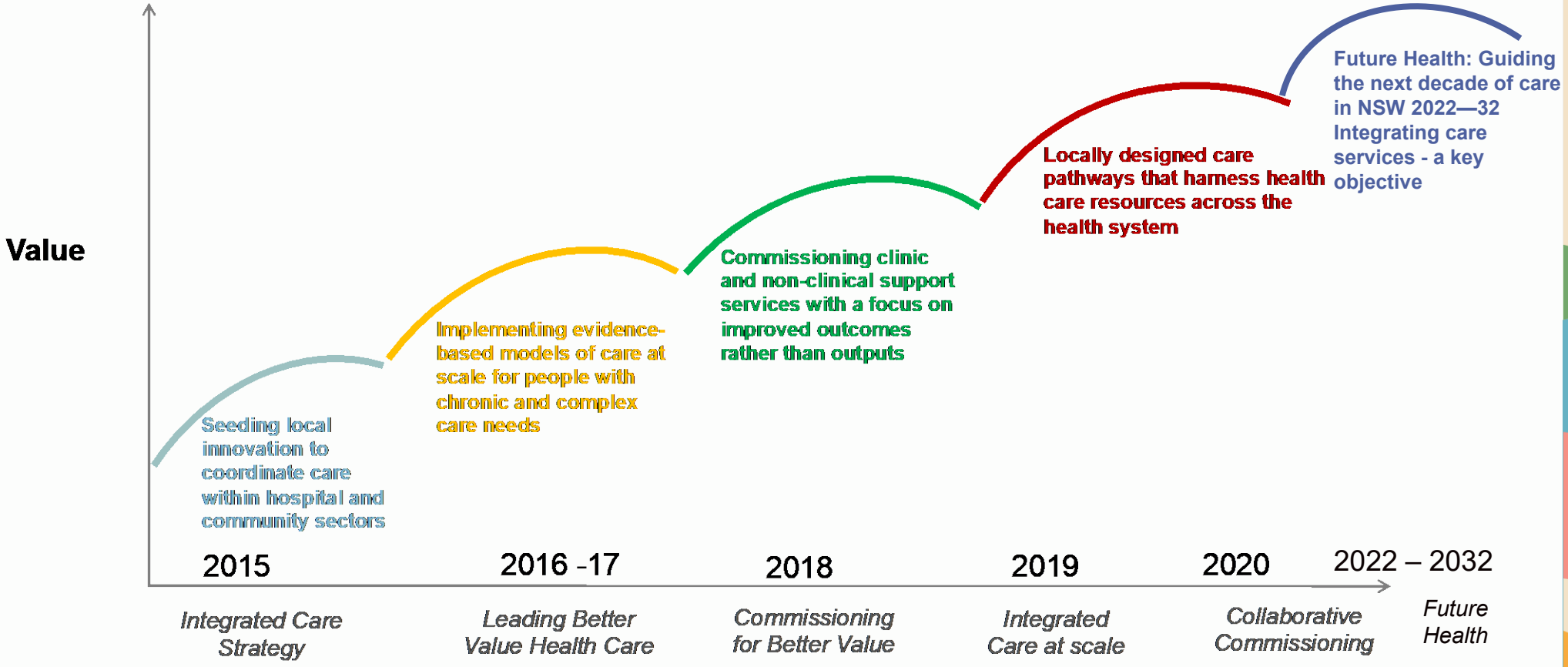
Integrating care: The data imperative



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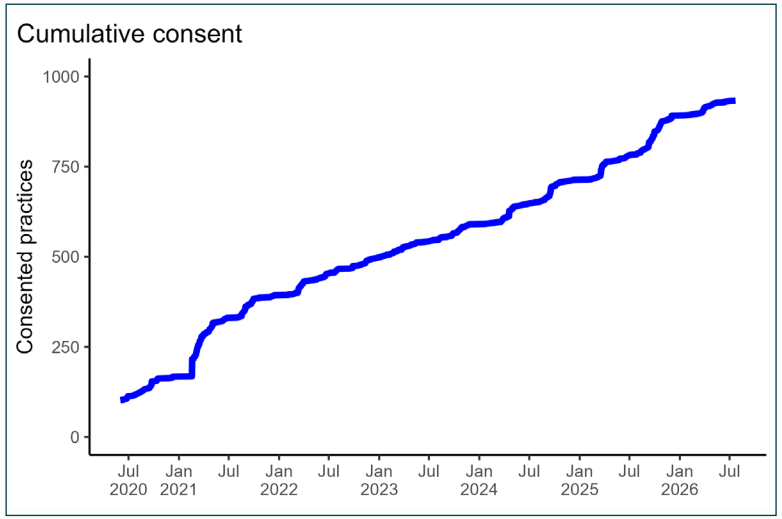
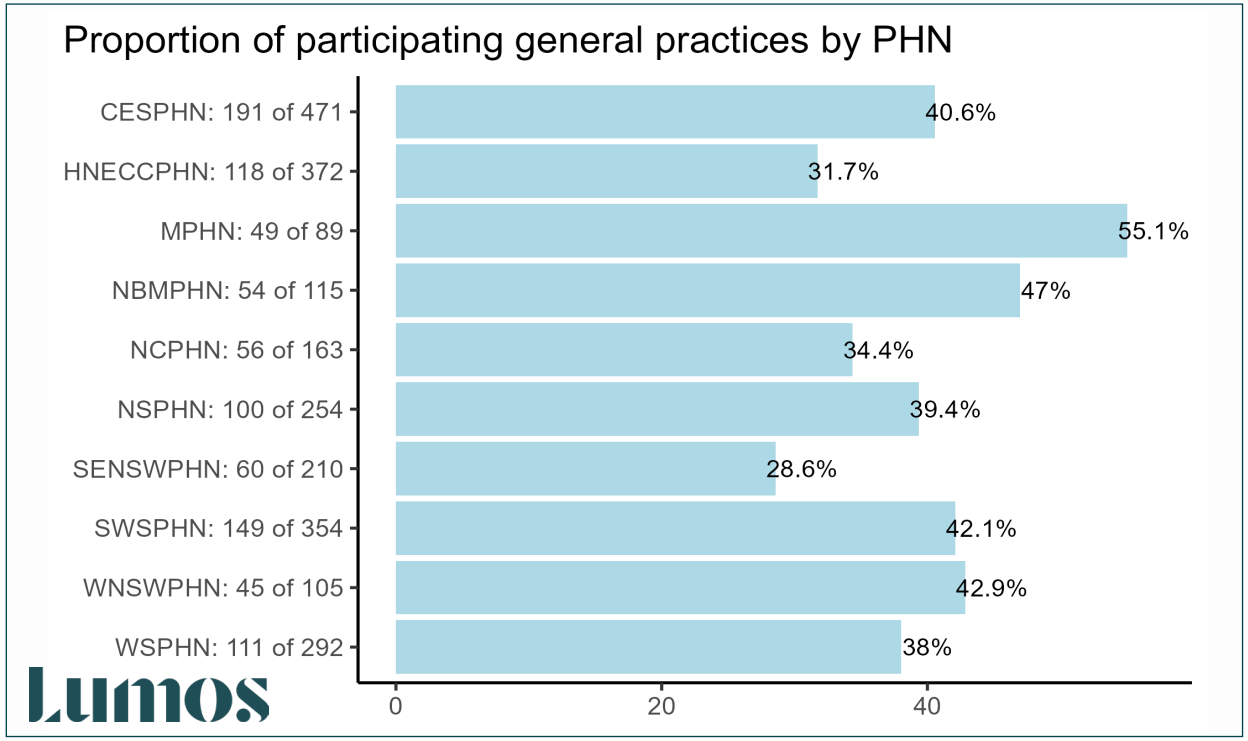
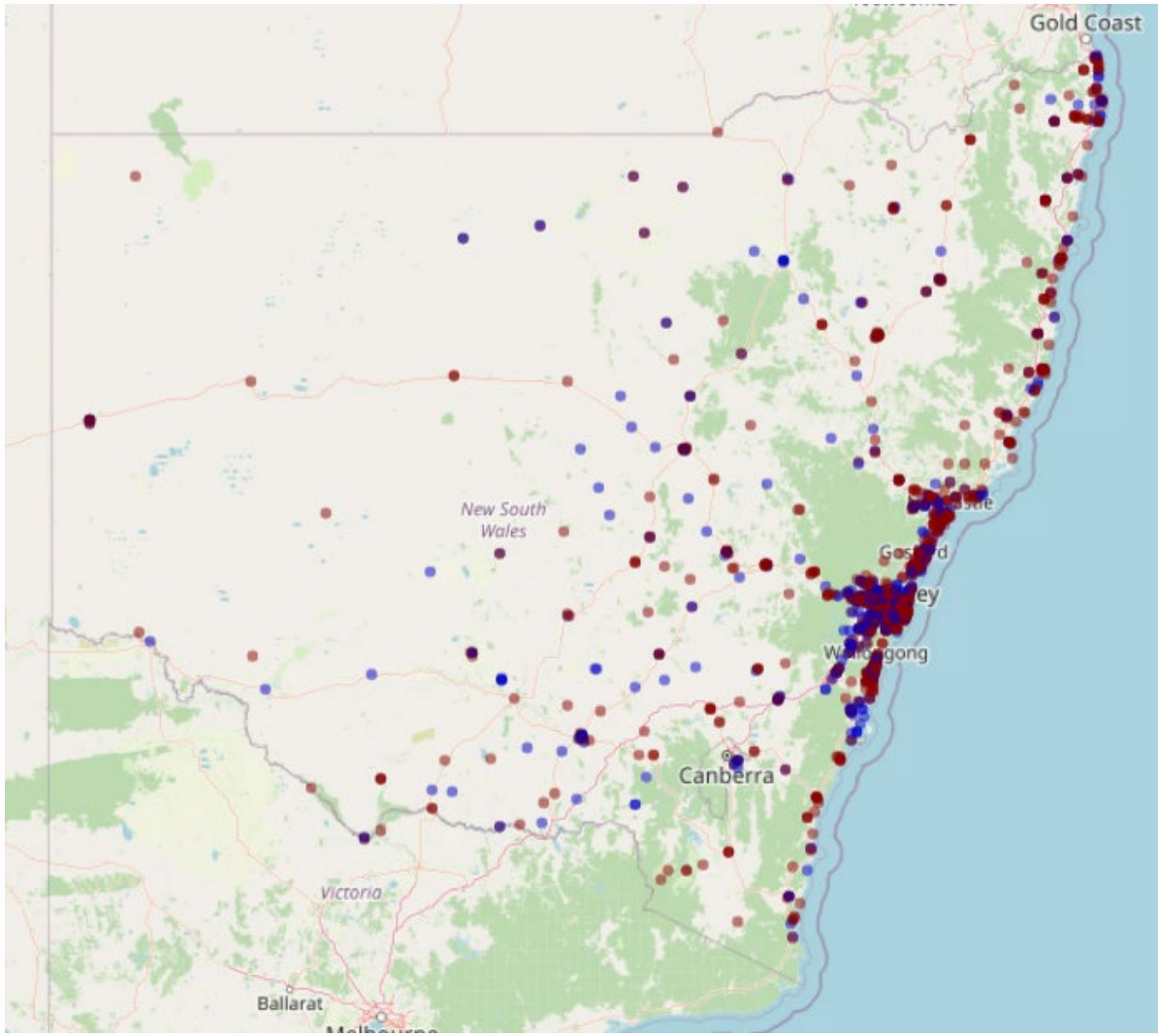
Lumos Symposium 2026



As at August 2026:
Approximately 40% of practices in NSW consenting to participate

More than 7 million patient journeys in the data

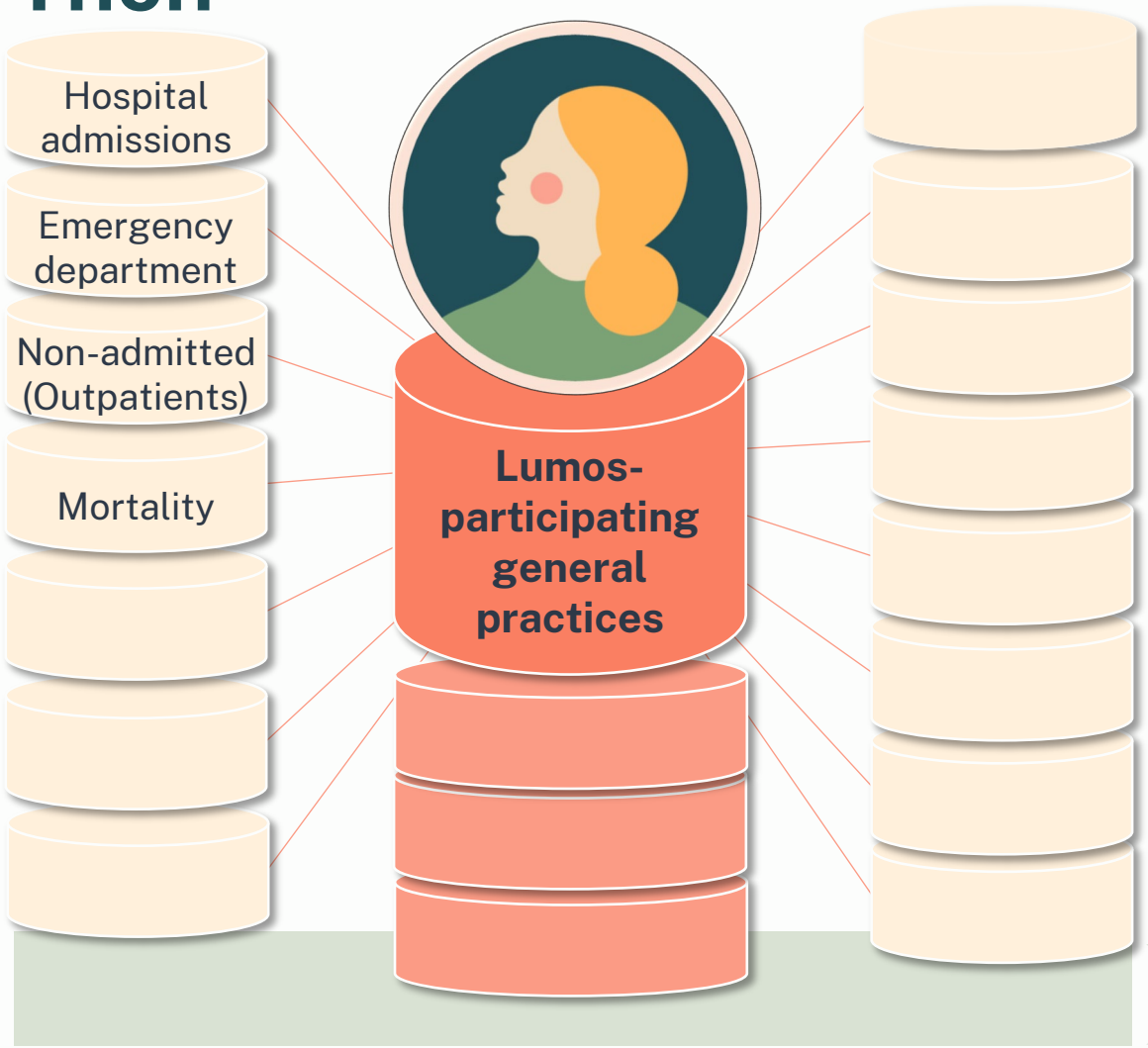




The total number of GPs in a PHN may include GPs that are not able to participate in Lumos. This can be due to various reasons such as use of paper based records, non-compliant software or not having data sharing agreements with PHNs. **Current ethics approval also does not yet permit participation by Aboriginal Community Controlled Health Services.**

Lumos data ...starting with the basics, continuously extending data inputs

Then



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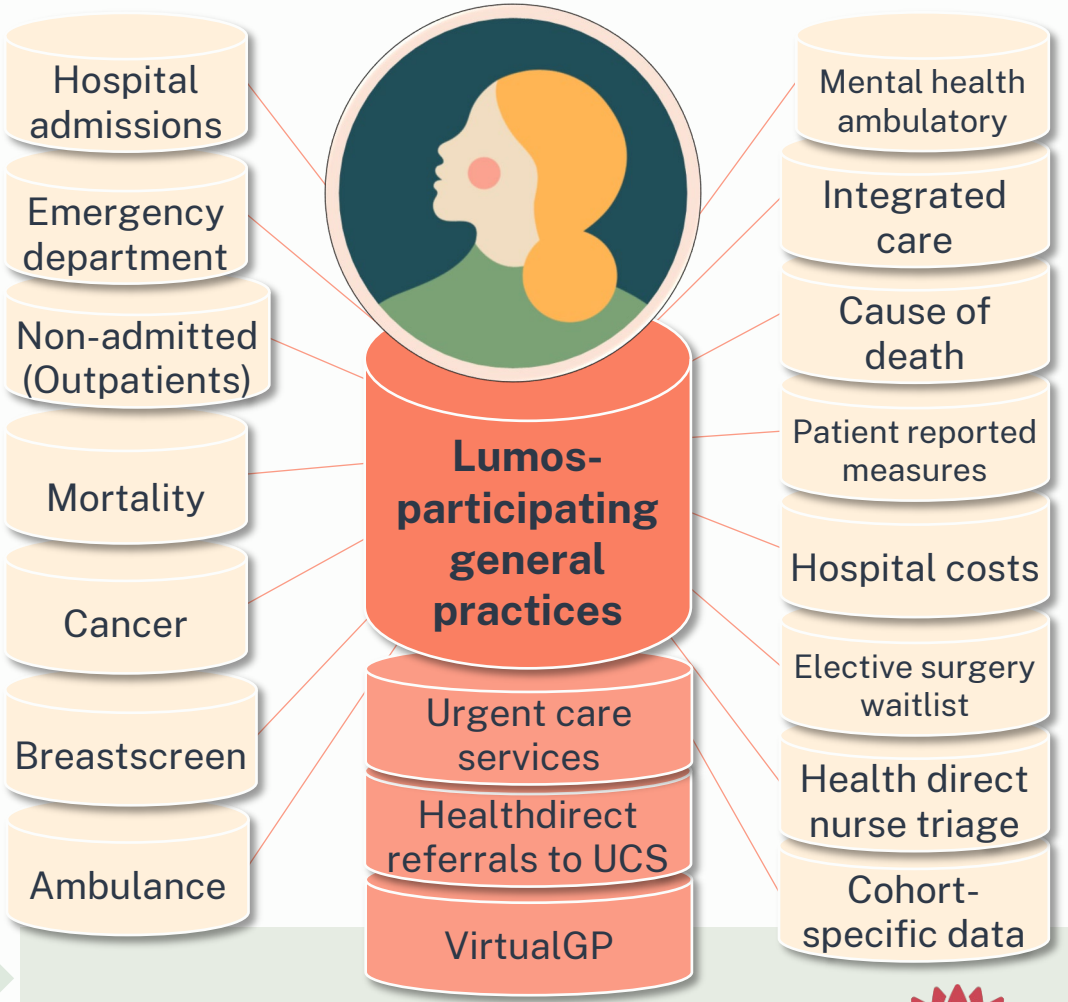

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From 1 practice to 1000 practices in 10 years

- The foundations: cultural, technical and governance innovation
- The guiding principle: social licence
- Partnering with General Practice

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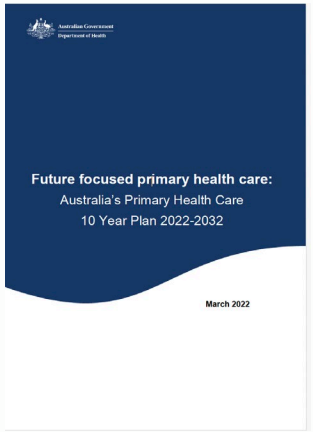
Lumos is built on a culture of partnership, collaboration, sharing insights

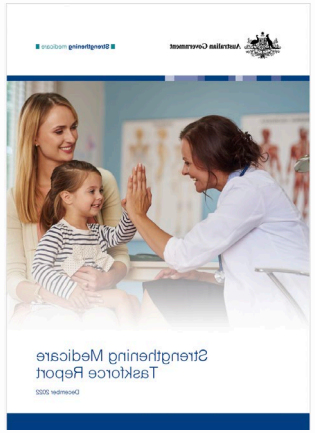
Partnership since the outset

System partners: PHNs and NSW Health

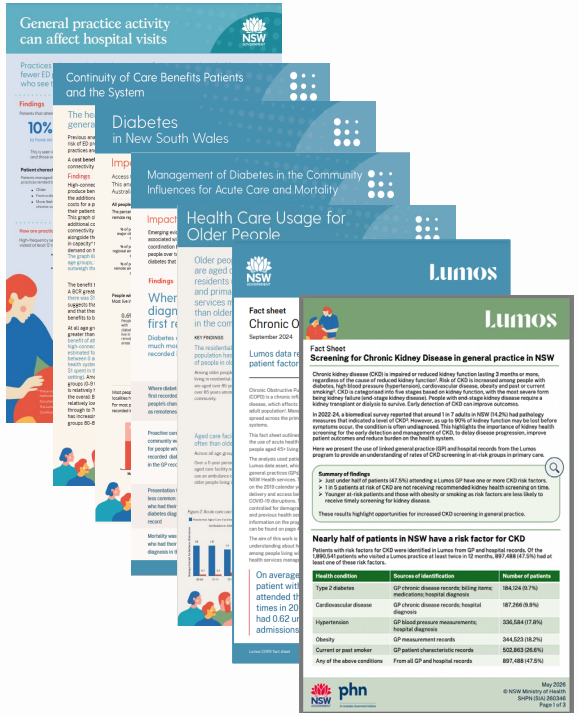
Data steward partners: Consumers, General Practice

Collaboration with system reform





Sharing actionable insights



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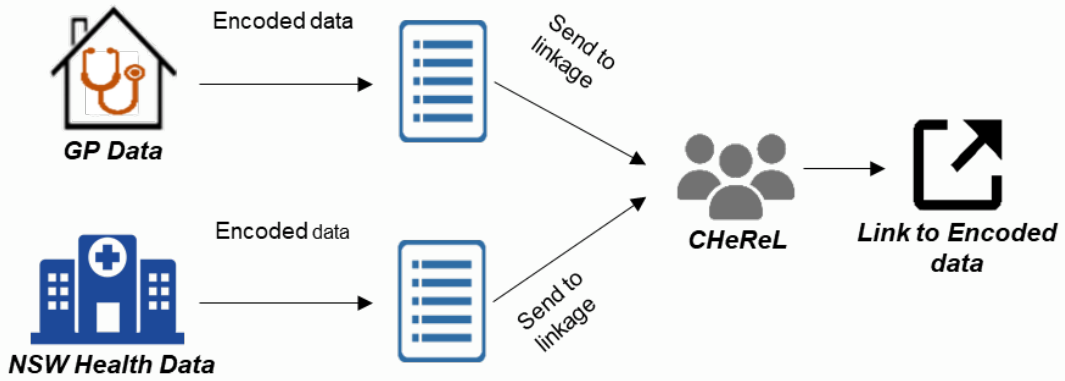
The foundations: technical innovation to support culture and

Ethics approval

- opt-in consent from general practices
- waiver of individual patient consent

Use: Management of health services

Privacy Preserving Record Linkage (PPRL)



Identifiable information encoded at source using Bloom filters developed by Curtin University:

i.e. this is not a clinical care resource.

Secure data storage

SAPHE | Secure Analytics Primary Health Environment

Data securely stored in secure access environment

Enduring, regularly updated

Data regularly refreshed – meaning only ever one version that reflects current consents.

Data Access

Access to data by strict protocol.

All extraction requests are manually vetted to ensure sufficient aggregation.

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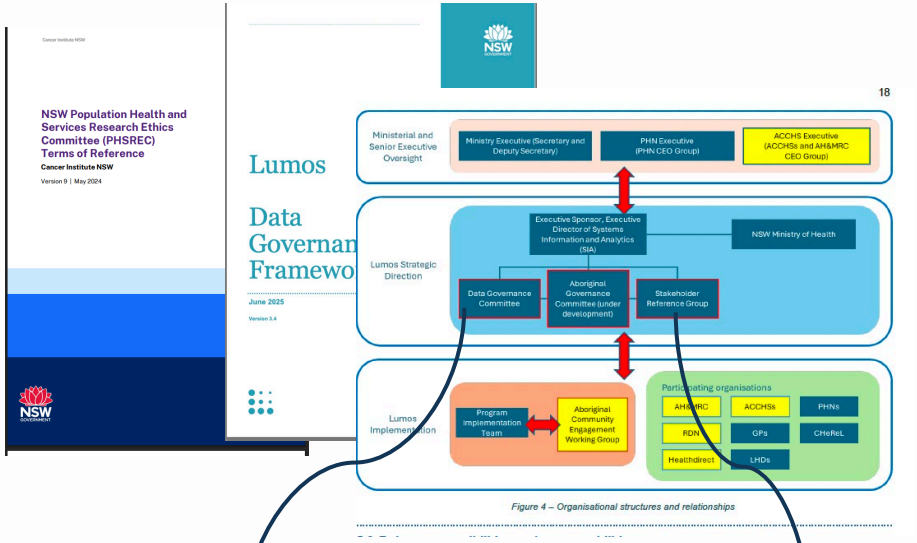
Social Licence: Ongoing trust approval and acceptance by community, GPs, partners, stakeholders

Transparency and accountability



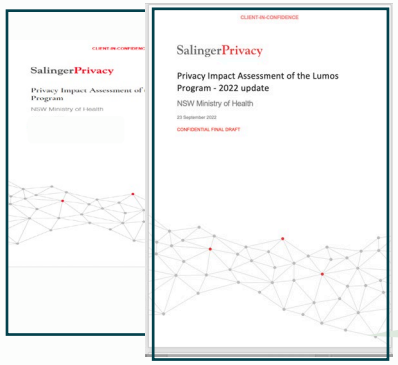
Data Governance Group

Consumers, GPs, LHDs, PHNs, MoH ,SMEs Lumos team

Stakeholder Reference Group

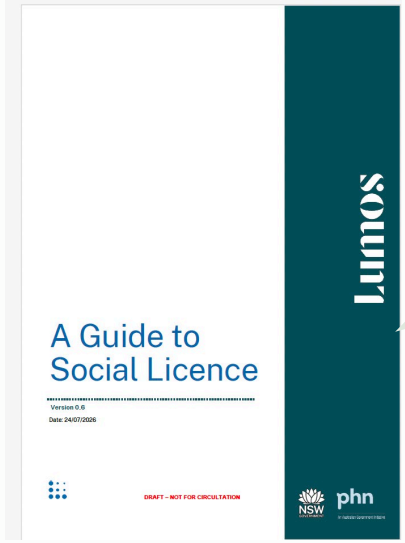
Consumers, GPs, LHDs, PHNs, MoH , AIHW, RACGP, CHeReL, SMEs, MoH, Lumos Team

Credibility



"The Lumos Program deserves to enjoy a high degree of social licence, given the significant public benefits expected to accrue from operationalising insights derived from the Lumos Data Asset, and the very low privacy risks posed to individual patients."

Evolution to enable sustainability



"Trust is not automatically given, especially to projects involving government2, nor is it something obtained once and automatically kept forever."

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Partnering with General Practice

It may have started with a spark, but at HFGP, we had to start with “why”?

To achieve true integration of care, we needed to strive for connection and transparency

- Connection between clinicians and patients
- Connection between teams
- Connection between systems

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From Practice to System – building in partnership with General

We wanted to show our value

Value based health care is at the heart of health reform in Australia

Primary care, is at the heart of cost-effective care

$$Value = \frac{Quality}{Cost} = \frac{T.Qua\ \&\ Safety\&\ Experience\ \&\ Equity}{Cost}$$

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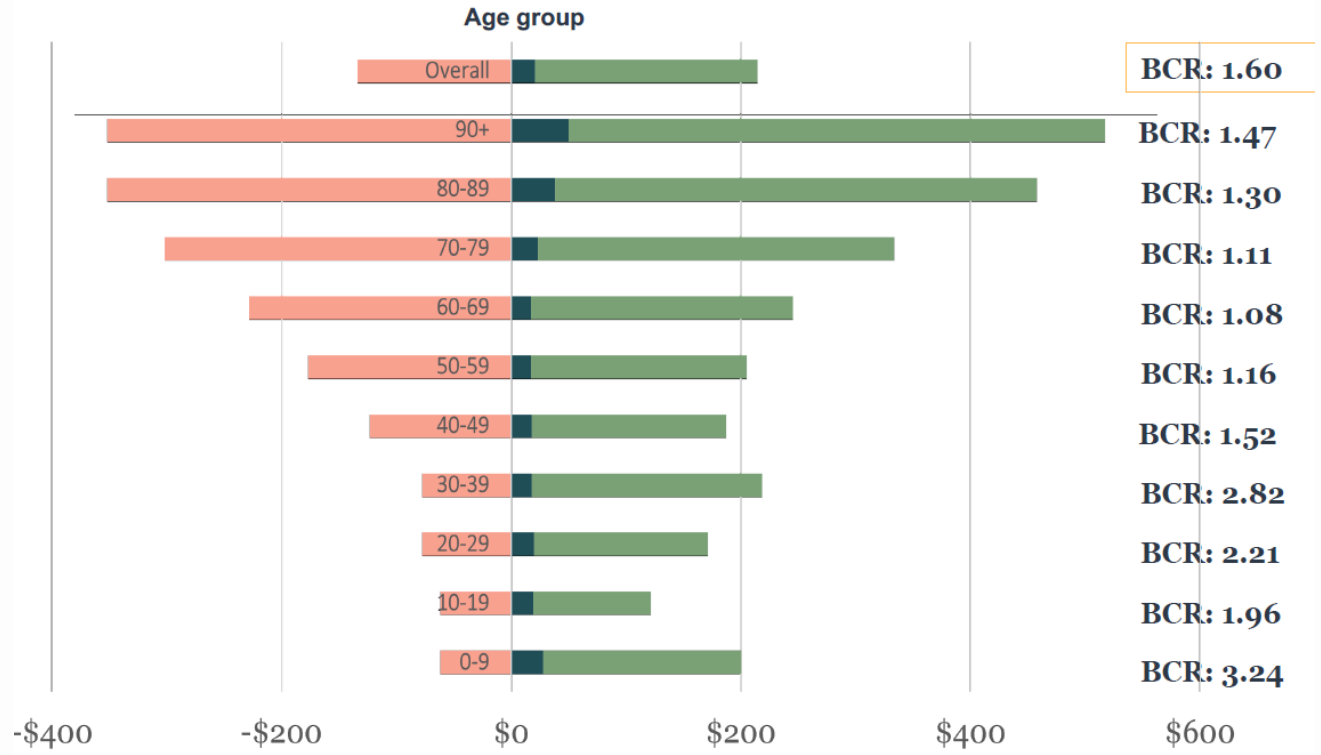
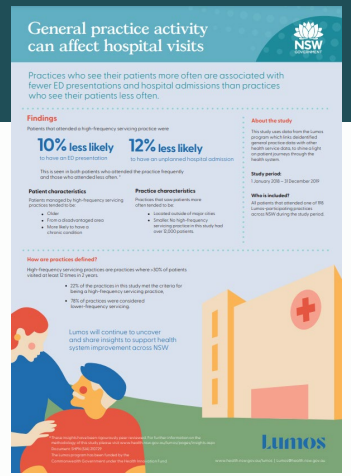
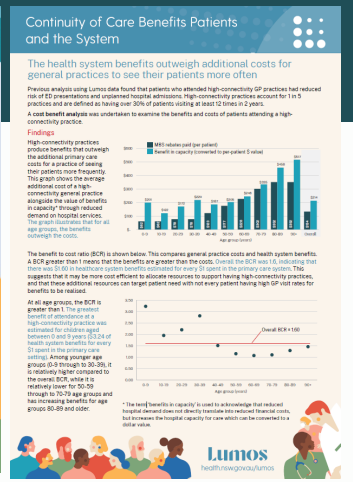
High connectivity general practices

Benefit Cost Ratio (BCR) of a patient being serviced by a high connectivity practice compared to a lower







"Overall, the benefit to cost ratio [of high connectivity practices] was 1.6, indicating that there are $1.60 in healthcare system benefits estimated for every $1 spent in the primary care system."

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Quality Improvement: always at the heart of our strategy

Linking data was just one way where we learn to improve….and be transparent.

“I should not be ashamed of showing the world where I can do better, but I should be ashamed if I am seen to be doing nothing about it.”

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Inspiring the national agenda: The National Primary and Acute Care Data Linkage program

Roadmap

National Primary & Acute Care Data Linkage Project

Design Phase

- Co-design of NPACDL system Blueprint — 2024-25
- Development of NPACDL Business Case for Health Ministers — 2025
- In principle endorsement of NPACDL Business Case by Health Ministers — 2025
- Funding determination and approvals — 2026 — **We are here**
- Implementation planning — 2026-27
- Phased implementation of NPACDL system — 2027-33

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