

The role of Primary Health Networks in emergencies and disasters

Primary Health Networks (PHNs) play a key role in supporting the primary healthcare system before, during and after emergencies and disasters. National guidance recognises that regional contexts differ, and PHNs tailor their approaches accordingly. PHNs operate at varying levels of maturity in relation to emergency preparedness, coordination and recovery, reflecting differences in regional risk profiles, population needs, historical disaster exposure, and local system arrangements.

In this document, primary healthcare refers to services such as general practice, pharmacy, urgent care, allied health providers, and residential aged care.

As a result, PHNs in higher-risk areas often engage more deeply in preparedness, coordination and recovery activities, while others focus on maintaining capabilities that reflect their local hazard profile. Across all regions, this work centres on maintaining access to primary care, supporting coordination across the health system, and strengthening preparedness and resilience in local communities.

The following outlines how PHNs may contribute to emergency preparedness, response and recovery activities within the scope of Primary Health Network functions and relevant national guidance.

1. Incorporate disaster health needs into needs assessments

PHNs consider how disasters and other emergencies may influence local health needs as part of their usual regional Needs Assessment processes. This may include identifying populations at increased risk, service vulnerabilities, and potential impacts on access to primary care during and after emergency events.

2. Publicly communicate their emergency role

PHNs share information, often via their websites, about how they contribute to emergency planning, preparedness and coordination, including how they work with primary care, health system and emergency management partners.

3. Share preparedness information with primary care

PHNs help keep general practices and other primary care providers informed about health emergency preparedness, particularly leading into higher-risk weather periods, where appropriate and consistent with local arrangements.

4. Participate in emergency management committees

PHNs engage with local, regional or jurisdictional emergency management committees and planning groups where invited and appropriate. This may involve contributing to planning discussions, supporting the coordination of roles, and strengthening the integration of primary care into broader emergency arrangements.

5. Partner with Local Hospital Networks/Local Health Districts

PHNs collaborate with Local Health Districts and Local Hospital Networks (LHDs/LHNs), or equivalent bodies, to support coordinated planning across primary and acute care, recognising that the nature and maturity of these partnerships vary by region. This collaboration helps ensure communities receive consistent support and continuity of care during emergencies and disasters.

6. Collaborate with Aboriginal and Torres Strait Islander organisations

PHNs work with Aboriginal Community Controlled Health Organisations and other Aboriginal and Torres Strait Islander community organisations to support culturally informed approaches to emergency planning, preparedness and response.

7. Engage with a broad range of care providers

PHNs connect with providers such as aged care, urgent care, mental health and disability services to help strengthen whole-of-sector preparedness and coordination before, during and after emergencies.

8. Plan for infectious disease emergencies

PHNs consider how they can support primary care in responding to infectious disease events, including outbreaks and other public health emergencies, in alignment with jurisdictional arrangements and public health leadership.

9. Plan for natural disaster scenarios

PHNs take into account the types of hazards relevant to their region, such as bushfires, floods or heatwaves, and consider factors such as service continuity, workforce capacity, access to care, and support for vulnerable populations.

10. Conduct post-event reviews

Following significant emergency events, PHNs reflect on what worked well and identify opportunities to strengthen future preparedness, coordination and recovery. This may include sharing insights and lessons learned through the NSW/ACT PHNs Disaster Management Network.

Additional considerations

In addition to these considerations, some PHNs, relevant to their unique risk and vulnerability profiles and organisational capacity, may support emergency preparedness, response and recovery in other ways. This may include providing education and training, participating in disaster or emergency planning exercises, or identifying and maintaining registers of appropriately qualified primary care workforce to assist as part of a coordinated health response when requested.

NSW/ACT PHN regions

For further discussion or local interpretation of these activities, readers are encouraged to contact their Primary Health Network.

To find your PHN, visit health.gov.au/resources/apps-and-tools/primary-health-network-locator

PHN	Phone
Australian Capital Territory (<i>Capital Health Network</i>)	02 6287 8099
Central and Eastern Sydney	1300 986 991
Hunter New England and Central Coast (<i>Primary Health Network</i>)	1300 859 028
Murrumbidgee (<i>firstHealth</i>)	02 6923 3100
Nepean Blue Mountains (<i>Wentworth Healthcare</i>)	02 4708 8100
North Coast (<i>Healthy North Coast</i>)	02 6618 5400
Northern Sydney (<i>Sydney North Health Network</i>)	02 9432 8250
South Eastern New South Wales (<i>COORDINARE</i>)	1300 069 002
South Western Sydney	02 4632 3000
Western New South Wales	1300 699 167
Western Sydney (<i>WentWest</i>)	02 8811 7100