



Activity Work Plans 2016 - 2018

Primary Health Networks Core Funding

Primary Health Networks After Hours Funding



Australian Government

phn
COUNTRY SA

An Australian Government Initiative

Head Office
PO Box 868
NURIOOTPA SA 5355

countrysaphn.com.au

SA Rural Health Network Limited trading as Country SA PHN
ABN 27 152 430 914

Introduction

Overview

The key objectives of Primary Health Networks (PHN) are:

- Increasing 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.

Each PHN must make informed choices about how best to use its resources to achieve these objectives.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

This document, the Activity Work Plan, captures those activities.

This Activity Work Plan covers the period from 1 July 2016 to 30 June 2018. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of 12 months or 24 months. Regardless of the proposed duration for each activity, the Department of Health will still require the submission of a new or updated Activity Work Plan for 2017-18.

The Activity Work Plan template has the following parts:

1. The Core Funding Annual Plan 2016-2018 which will provide:
 - a) The strategic vision of each PHN.
 - b) A description of planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding.
 - c) A description of planned general practice support activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding.
2. The indicative Core Operational and Flexible Funding Streams Budget for 2016-2017.
3. The After Hours Primary Care Funding Annual Plan 2016-2017 which will provide:
 - a) The strategic vision of each PHN for achieving the After Hours key objectives.
 - b) A description of planned activities funded under the Schedule – Primary Health Networks After Hours Primary Care Funding.
4. The indicative Budget for After Hours Primary Care funding stream for 2016-2017.

Annual Plan 2016-2018

Annual plans for 2016-2018 must:

- provide a coherent guide for PHNs to demonstrate to their communities, general practices, health service organisations, state and territory health services and the Commonwealth Government, what the PHN is going to achieve (through performance indicator targets) and how the PHN plans to achieve these targets;
- be developed in consultation with local communities, Clinical Councils, Community Advisory Committees, state/territory governments and Local Hospital Networks as appropriate; and
- articulate a set of activities that each PHN will undertake, using the PHN Needs Assessment as evidence, as well as identifying clear and measurable performance indicators and targets to demonstrate improvements.

Activity Planning

The PHN Needs Assessment will identify local priorities which in turn will inform and guide the activities nominated for action in the 2016-2018 Annual Plan. PHNs need to ensure the activities identified in the annual plan also correspond with the PHN Objectives; the actions identified in Section 1.2 of the PHN Programme Guidelines (p. 7); the PHN key priorities; and/or the national headline performance indicators.

PHNs are encouraged to consider opportunities for new models of care within the primary care system, such as the patient-centred care models and acute care collaborations. Consideration should be given to how the PHN plans to work together and potentially combine resources, with other private and public organisations to implement innovative service delivery and models of care. Development of care pathways will be paramount to streamlining patient care and improving the quality of care and health outcomes.

Primary Health Networks After Hours Funding

From 2016-17, PHNs will have greater flexibility to commission programme specific services, having completed needs assessments for their regions and associated population health planning. PHNs are funded to address gaps in after hours service provision and improve service integration within their PHN region. Item B.3 of the After Hours Funding Schedule may assist in the preparation of the After Hours components of your Activity Work Plan.

Measuring Improvements to the Health System

National headline performance indicators, as outlined in the PHN Performance Framework, represent the Australian Government's national health priorities.

PHNs will identify local performance indicators to demonstrate improvements resulting from the activities they undertake. These will be reported through the six and twelve month reports and published as outlined in the PHN Performance Framework.

Activity Work Plan Reporting Period and Public Accessibility

The Activity Work Plan will cover the period 1 July 2016 to 30 June 2018. A review of the Activity Work Plan will be undertaken in 2017 and resubmitted as required under Item F.22 of the PHN Core Funding Agreement between the Commonwealth and all Primary Health Networks.

Once approved, the Annual Plan component must be made available by the PHN on their website as soon as practicable. The Annual Plan component will also be made available on the Department of Health's website (under the PHN webpage). Sensitive content identified by the PHN will be excluded, subject to the agreement of the Department.

It is important to note that while planning may continue following submission of the Activity Work Plan, PHNs can plan but must not execute contracts for any part of the funding related to this Activity Work Plan until it is approved by the Department.

Further information

The following may assist in the preparation of your Activity Work Plan:

- Clause 3, Financial Provisions of the Standard Funding Agreement;
- Item B.3 of Schedule: Primary Health Networks After Hours Funding;
- Item B.4 of Schedule: Primary Health Networks Core Funding;
- PHN Needs Assessment Guide;
- PHN Performance Framework; and
- Primary Health Networks Grant Programme Guidelines.

1. (a) Strategic Vision

COUNTRY SA PHN
Strategic Plan

phn
COUNTRY SA
An Australian Government Initiative

Objectives

- Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes
- Improve coordination of care to ensure patients receive the right care in the right place at the right time

Priorities

- Build local capacity, resilience and sustainability of services**
Strategies
Focus on complex and chronic conditions
Work to reduce avoidable hospitalisation
Improve health pathways
Foster links with and between local providers
Use predictive modelling to inform decisions
- Improve the patient experience of primary health care**
Strategies
Engage with all providers to develop a region's capacity
Integrate general practice, community health and acute care
Coordinate transition of care across settings
Prioritise medication management and discharge planning
Lead development of a Service Delineation Model for rural SA
- Develop solutions that meet a community's needs**
Strategies
Be innovative in addressing identified service gaps
Develop meaningful cross-sector partnerships
Contribute to broader regional planning
Develop relationships with key research partners
- Commission services that are efficient, effective and equitable**
Strategies
Adopt best practice guidelines
Ensure service priorities are based on need
Aim to provide optimum access for all
Assess providers and expect accountability
- Ensure effective corporate and clinical governance**
Strategies
Build knowledge and understanding
Address national, State and local priorities
Communicate clearly and effectively at all times
Ensure infrastructure supports activities

Regional Focus

- Implement a needs assessment cycle with Country Health SA
- Promote better care coordination for Aboriginal Communities
- Champion and support uptake of telehealth and eHealth solutions
- Improve healthcare information systems

1. (b) Planned activities funded by the flexible funding stream under the Schedule – Primary Health Networks Core Funding

Table of contents

<i>NP 1.1 Health Workforce Development and Support</i>	6
<i>NP 1.2 Health Pathways</i>	7
<i>NP 1.3 Continued expansion and support of the ‘Health Connections’ platform</i>	8
<i>NP 1.4 Aboriginal and Torres Strait Islander health across Country SA</i>	9
<i>NP 1.5 Integrating Primary Care</i>	10
<i>NP 1.6 Health Care Continuum</i>	12
<i>NP 1.7 Mental Health</i>	13
<i>OP 1.0 General Practice Support</i>	14
<i>AH 1.1 Silver Connections Expansion Project</i>	16
<i>AH 1.2 Culturally appropriate response to Aboriginal and Torres Strait Islander Mental Health</i>	17
<i>AH 1.3 Access to Primary Health Care and Support</i>	18
<i>AH 1.4 Coober Pedy Severe Mental Illness Gaps</i>	19
<i>AH 1.5 Mental Health Coordinated Care</i>	20
<i>AH 1.6 Innovation Grants</i>	22
<i>AH 1.7 Access to Primary Health Care in Remote and Difficult Locations</i>	24
<i>AH 1.8 headspace extended access</i>	25

Please note that Country SA PHN priority areas indicated as part of the activity outlines were developed through a Comprehensive Needs Assessment process. The 2016 Needs Assessment Data Report is [available from our website](#).

Proposed Activities	
Priority Area	Across all priority areas
Activity Title / Reference	<u>NP 1.1 Health Workforce Development and Support</u>
Description of Activity	<p>The Country SA PHN region covers nearly a million square kilometres with a population of approximately 470,000 dispersed in peri urban (35%), regional (43%), remote (9%) and very remote (3%) locations across the region. Like other states, the further the location from the metropolitan centre, the less likelihood of health workforce capacity to meet the needs of communities and individuals.</p> <p>Recruitment and retention of health professionals in Country regions is an ongoing issue leaving the State through Country Health SA LHN (CHSA LHN) to become the main provider of allied health services. Within CHSA LHN there is a high level of competition for access to allied health services from their acute, intermediary, aged care and primary care areas (see NP 1.5) from limited numbers of allied health resources.</p> <p>This activity is aimed at building local service capacity, stimulating and enabling market development, especially in rural and remote locations that are underserved.</p> <p>This activity includes:</p> <ol style="list-style-type: none"> 1. Facilitating collaborative working relationships between pharmacy, allied health, residential aged care facilities and general practice. 2. Supporting networks of local practitioners and other organisations to investigate new service delivery options and modalities and enable implementation where appropriate. 3. Collaborating with organisations that provide Continuing Professional Development to deliver locally relevant education. 4. Building community and provider capacity and resilience. 5. Enabling and/or facilitating health workforce support and development, including: <ol style="list-style-type: none"> 5.1. Identification of options for private Allied Health professionals to build business through outreach to underserved locations, 5.2. Facilitation of alternative models of student clinical placements in the region.
Collaboration	As part of this activity, Country SA PHN will engage with stakeholders across the regions, state and elsewhere as appropriate
Indigenous Specific	No
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	Entire Country SA PHN region
Commissioning approach	Delivered internally or via a collaborative or targeted approach
Data source	<ul style="list-style-type: none"> • Data will be sourced from the PHN's Customer Relationship Management System and additional data quantifying stakeholder satisfaction will be available through periodic surveys of General Practice and Allied Health Providers. • Evidence from contracted and internal service providers for CPD and other networking activities, for example: Attendance data from conference and network workshop. • Service mapping in yearly needs assessment processes and/or university student placement data

Proposed Activities	
Priority Area	<ul style="list-style-type: none"> • Health Information and Technology • Chronic Disease Management • Cross-program Population Health activities and support • Health service coordination and integration • After hours access to primary health care services • Reduce Hospitalisation Rates for the overall population
Activity Title / Reference	<u>NP 1.2 Health Pathways</u>
Description of Activity	<p>The primary health care system in Country SA currently has few agreed models of care and clinical referral pathways at a whole of Country SA PHN region, regionally or locally. While general practice has led the way in computerising patient systems, the rest of the health system is lagging behind with a variety of systems in place, including paper based, that preclude the ability to truly integrate. The lack of system integration and sharing of patient information has resulted in an inconsistent mix of models and cycles of care being used where no one provider knows who is providing what part of the care and is ultimately detrimental to the health outcomes of patients, especially those with complex and chronic conditions.</p> <p>To address this serious system issue, Country SA PHN will implement the Health Pathways methodology and system capability that has been used successfully by several Medicare Locals and PHNs nationally. The activity will utilise existing engagement of Community Advisory Committees and the Clinical Council to involve all related providers in the Co-Design of Clinical Care Pathways to address identified needs and service gaps across the entire Country SA PHN region. Through this activity, Country SA PHN addresses the key PHN objective of improving coordination of care to ensure patients receive the right care in the right place at the right time.</p> <p>This activity includes:</p> <ol style="list-style-type: none"> 1. Regional engagement to develop and improve localised care pathways 2. Development of culturally appropriate variations of care pathways 3. Implementation and promotion of health pathways portal
Collaboration	Engagement activities will be regionally focussed and engage local general practitioners as lead clinical writers and relevant secondary/specialist. This work will be led by Country SA PHN Clinical Councils in collaboration with regional and local clinicians.
Indigenous Specific	No
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	Entire PHN Region and metropolitan based providers of health care to the Country SA PHN region.
Commissioning approach	The planned commissioning method will be via direct engagement and will be a combination of purchased service delivery and cooperative work.
Data source	Data collection for this activity will be completed by the PHN as part of ongoing project management: this includes monitoring of the number of models of care and care pathways developed and disseminated as well as the assessment of utility and usage through surveys and web traffic analysis.

Proposed Activities	
Priority Area	<ul style="list-style-type: none"> • Health Workforce • Health Information and Technology • Health service coordination and integration • After hours access to primary health care services • Transport
Activity Title / Reference	<u>NP 1.3 Continued expansion and support of the 'Health Connections' platform</u>
Description of Activity	<p>The ongoing development and deployment of the Cisco unified communications infrastructure will support core strategic objectives of Country SA PHN with regard to provision of service, support to providers and consumers in the Country SA PHN region and as an enabling technology to allow the delivery of innovative service delivery models in new and existing program delivery including:</p> <ol style="list-style-type: none"> 1. increasing occasions of service by specialist providers 2. provision of a local, supported solution as an enabler for key actions & objectives of approved After Hours technological activities and the Silver Connections 3. expansion to the broader primary health sector to provide additional access to Allied Health and Community Health organisations <p>As usage cases and application of the technology increase through various other funded programs and activities, there will be a requirement to increase licensing and system capacity to accommodate a large user base.</p>
Collaboration	<ul style="list-style-type: none"> • SA Health – SA Digital Telehealth Network for compatibility and enabling usage cases between hospital and primary health care • All general practice, ACCHO and AMS in the Country SA PHN region • Adelaide PHN – promotion and supported uptake for Specialists and other service providers that will deliver service to the Country SA PHN
Indigenous Specific	No
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	Entire Country SA PHN region and relevant service providers within the Adelaide PHN region.
Commissioning approach	This activity is a continuation of an existing initiative.
Data source	<ul style="list-style-type: none"> • System Logs • Satisfaction Surveys • Service Desk requests and reports • Other Country SA PHN internal data monitoring and reporting • MBS national data set – telehealth items

Proposed Activities	
Priority Area	Aboriginal Health and overlap with other Needs Assessment Priorities
Activity Title / Reference	<u>NP 1.4 Aboriginal and Torres Strait Islander health across Country SA</u>
Description of Activity	<p>Aboriginal Health is embedded across all Country SA PHN activities through an overarching focus on addressing the social determinants of health, Country SA PHN also provides a culturally safe and competent commissioning process in collaboration with Communities, Government and NGOs. In particular, this activity includes the following components:</p> <ol style="list-style-type: none"> 1. Foster and facilitate collaboration between communities, mainstream health and Aboriginal and Torres Strait Islander health sectors. 2. Develop the capacity of mainstream practices to deliver culturally competent services in partnership with key stakeholders. 3. Build the capacity of Country SA Aboriginal health workforce through collaboration, coordination of CPD and workforce opportunities. 4. Identify service gaps and work with key stakeholders to improve culturally appropriate care coordination and patient journey. 5. Work with all health sectors to increase access to appropriate Primary Health Care services recognising the diversity of urban, regional and remote needs. 6. Identify and support new initiatives and opportunities to improve Aboriginal health outcomes. 7. Facilitate the implementation of the Integrated Team Care Program across Country SA PHN. Tailor current funded activities in collaboration with the Aboriginal Community Controlled Health Sector to better meet the health needs of their communities.
Collaboration	<p>Country SA PHN will develop an Aboriginal strategic engagement framework to guide its activities.</p> <p>Country SA PHN will work in partnership with Aboriginal Communities and Aboriginal Organisations, recognising the cultural perspective for the planning and delivery of services. Communities will be informed on relevant health initiatives and engaged in decision making and activity.</p> <p>Country SA PHN will Collaborate with the Aboriginal Community Controlled Sector, primary health services, Practices, SA Health, Country Health SA LHN to deliver services.</p>
Indigenous Specific	Yes
Duration	One-year period (1 July 2016-30 June 2017)
Coverage	Entire Country SA PHN area
Commissioning approach	<p>The commissioning process will determine what services should best be delivered. Through this process, consumer groups and key stakeholders will be identified to ensure consultation and engagement is undertaken and stakeholders are informed.</p> <p>Investment will be targeted to provide services that are patient-centred and based on population health needs. Services will be aimed to achieve best value for money and support long term sustainability.</p> <p>Services and programs will be underpinned by principles of delivery that align with Aboriginal health policy and national and state objectives.</p> <p>Contracts and service agreements with providers will include specifications and involve a commitment on the roles and responsibilities which would be clearly identified, including governance, relationships, evaluation and accountability.</p>
Data source	<ul style="list-style-type: none"> • Reporting submitted by service provider • Data sourced from the PHN's Customer Relationship Management System • Data provided through health and practice management systems

Proposed Activities

Priority Area	<ul style="list-style-type: none"> • Aboriginal Health • Health Workforce • Health Information and Technology • Chronic Disease Management • Cross-program Population Health activities and support • Health service coordination and integration • Health of culturally and linguistically diverse populations • Aged Care • Transport
Activity Title / Reference	<u>NP 1.5 Integrating Primary Care</u>
Description of Activity	<p>The aim of this activity is to enable and support the provision of an integrated primary health care system in country South Australia:</p> <p>This multipart activity will:</p> <ol style="list-style-type: none"> 1. Implement the Medical Home Model as the organising principle for all Country SA PHN commissioned health services. The Medical Home Model provides the operational framework for, and is practically linked to, all other CSAPHN activities in service design and delivery. This includes Health Pathways and Aboriginal Health, among others. The model ties in with the recommendations of the PHCAG Report - Better Outcomes for People with Chronic and Complex Health Conditions, readying the CSAPHN region for the establishment of 'Health Care Homes' under the Commonwealth "A Healthier Medicare for chronically-ill patients" program. 2. Deliver targeted information and training activities to local primary health providers to enable successful participation in their local patient centred Medical Home Model. 3. Transition or migrate all activities to align with the model to establish a clearly demonstrated connection of services provided to clients of local General Practice and other providers, enabling a smooth patient journey across the primary health system. This includes development and implementation of systematic coordination mechanisms between general practice, allied health services and other parts of the health system (incl. intermediary care) that promote and enable: <ol style="list-style-type: none"> 3.1 consistent flow of information, including of GPMPs, TCAs, referral pathways, etc. 3.2 effective care coordination and case conferencing 3.3 multi-mode service delivery to ensure access and equity 4. Work with local providers to develop multi-stakeholder cycles of care for key chronic diseases not currently covered by MBS-items, including CVD, Chronic Kidney Disease, and COPD. 5. Use evidence-based models of care pathways to develop a Primary Health Care Access Process 6. Enable general practice and allied health service providers to implement and support patients in understanding and effectively self-managing their conditions. 7. Enable the Royal Flying Doctors Service to provide a needs-based medical home-type primary health environment, including a range of allied health services, to Aboriginal communities and stations, as well as townships, in remote and very remote SA. 8. Provide a framework for Country GP Liaison Officers to improve accountability and enhance care for patients (with complex needs) by shifting focus from internal hospital flows towards a holistic engagement with all components of the health system

	<p>9. Investigate options for long-term sustainability of the services funded by the PHN as part of this activity.</p> <p>The identified priorities will be addressed through systematic change and re-oriented, needs-appropriate, service delivery.</p>
Collaboration	This activity will be designed and implemented in collaboration with Country Health SA LHN, Metro LHNs, Adelaide PHN, General Practices and private providers, including those currently funded to deliver allied health services in the CSAPHN region, RFDS, Aboriginal Community Controlled Organisations and cross border PHNs where applicable. These activities will also be guided by input from CSAPHN Primary Health Care Committees (Community Advisory Committees) and Clinical Councils.
Indigenous Specific	No
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	Entire Country SA PHN region with a particular focus on locations with populations of 5,000 or less
Commissioning approach	Predominantly via targeted contracting of co-designed services in the first instance. Some expressions of interest are to be extended to targeted groups of organisations, including sole providers in an effort to build market scope in rural and remote regions and to limit unexpected gaps. This will link with the Country SA PHN's work under Activity Work Plan NP 1.1 Health Workforce – Development and Support.
Data source	<ul style="list-style-type: none"> • Aggregated GP practice data obtained directly by Country SA PHN through data sharing agreements • MBS data • Service schedule performance and contractual reporting requirements • CSAPHN internal data collection and reporting: <ul style="list-style-type: none"> • Occasions of service from services providers and Country GP Liaison Officers will be obtained as part of regular contract management. • GP and client surveys will continue to be conducted as part of CSAPHN's ongoing stakeholder consultation and engagement.

Proposed Activities

<p>Priority Area</p>	<ul style="list-style-type: none"> • Aboriginal Health • Health Workforce • Cross-program Population Health activities and support • Reduce Hospitalisation Rates for remote populations • Reduce Hospitalisation Rates for the overall population • Risk of age-related hospitalisations • Immunisation Rates • Health of culturally and linguistically diverse populations • Aged Care
<p>Activity Title / Reference</p>	<p><u>NP 1.6 Health Care Continuum</u></p>
<p>Description of Activity</p>	<p>This activity aims to increase support to people within the Country SA PHN region who are at risk of poor health outcomes, or are disadvantaged or vulnerable, including children who are assessed as being developmentally vulnerable. The components detailed below intend to increase health literacy and promote the uptake of preventative health behaviours and programs aimed at supporting people with chronic disease.</p> <ol style="list-style-type: none"> 1. Partner with organisations that promote risk mitigation to: <ul style="list-style-type: none"> • Develop and/or provide community and service provider education and or services; • Facilitate connection to General Practice and allied health, pharmacy and community health services. • Provision of culturally appropriate support to develop promotional activities and programs. • Facilitate clinical management and support patients through the development of pathways to preventative care (risk factor programs) including the promotion of risk assessments, health assessments and screening tools 2. Develop an ‘Immunisation Hub’ for SA in partnership with APHN and <ul style="list-style-type: none"> • Explore ways to clean and maintain accurate ACIR data for CSAPHN children • Increase rates of childhood immunisation for CSAPHN children • Identify and support ‘immunisation champions’ in local practices and communities and commission and distribute immunisation resources 3. Engage with Local Government in the development and implementation of Public Health Plans with advocacy and support to activities that promote better health through lifestyle modifications. 4. Maintain expanded ‘Country Access to Cardiac Health’ (CATCH) telephone support service for residents with heart disease (partly funded through After Hours program) 5. Facilitate clinical management and support patient self-management of chronic pain through education and support to primary care practitioners 6. Consultation and collaboration on transport issues that impact on health service access

Collaboration	SA branches of: Cancer Council, Heart Foundation, Kidney Foundation, Asthma Australia, Lung Foundation, Diabetes Australia, Shine SA and other peak bodies, Royal Society for the Blind, Local Government, General Practice (including ACCHOs / AMS), Medical Specialists, Country Health SA LHN and SA Health, Adelaide PHN, PHNs bordering South Australia and the SA Health and Medical Research Institute or other research institutions
Indigenous Specific	No
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	Entire Country SA PHN region
Commissioning approach	Depending on the outcome of consultations with communities and key stakeholders, a multipronged approach to market will be employed, including purchase of services, calls for expressions of interest and collaborative partnerships.
Data source	<ul style="list-style-type: none"> • Internal Country SA PHN data collection and monitoring • Activity statistics collected by the SA Immunisation Hub • Statistics supplied by the commissioned organisation/s and other collaborators, including data provided under contractual reporting requirements • Data from national datasets (MBS, PBS, ACIR etc.)

Proposed Activities

Priority Area	<p>Mental Health priorities:</p> <ul style="list-style-type: none"> • Appropriate prescription and use of medication • Properly integrated and holistic services • Identified need for Outreach Services • Identified need for Family Support
Activity Title / Reference	<u>NP 1.7 Mental Health</u>
Description of Activity	Aligning with the PHN objective of Improving coordination of care to ensure patients receive the right care in the right place at the right time, this activity aims is to provide low level mental health and related comorbidity support to disadvantaged and vulnerable population in the Country SA PHN region.
Collaboration	Country & Outback Health, Summit Health, The Station
Indigenous Specific	No.
Duration	One (1 July 2016 -30 June 2017) to two year periods (1 July 2016 -30 June 2018)
Coverage	Yorke Peninsula, Adelaide Hills, Lower and Mid North, Eyre Peninsula, Barossa
Commissioning approach	This activity is a continuation of existing initiatives.
Data source	Service schedule performance and contractual reporting requirements

1. (c) Planned core activities funded by the operational funding stream under the Schedule – Primary Health Networks Core Funding

Proposed general practice support and stakeholder engagement activities	
Activity Title / Reference	<u>OP 1.0 General Practice Support</u>
Description of Activity	<p>The overall aim is to increase general practice capacity and quality to enable the development of the medical home and effective interaction with the broader healthcare community and aligns directly with both PHN Key Objectives. The activity has strong linkages with multiple activities funded under PHN Flexible and After Hours funding streams that are geared towards whole of health system reform.</p> <p>This activity will support the general practice function as a whole in its encounter and management of patients, data, systems and process to enable best practice options of patient care including:</p> <ol style="list-style-type: none"> 1. Implement digital health changes for the meaningful use of the My Health Record and enabling technologies 2. Increase general practice capacity and sustainability through increased appropriate use of MBS and incentive payments 3. Support practice nurse and general practice staff with CQI and accreditation 4. Support care planning and the Medical Home model changes 5. Support change management and implementation of the MBS review and other future changes 6. Improve data quality and use of clinical information systems 7. Provide clinical care updates, current preventative health information and other resources 8. Facilitate the delivery of continuing professional development to general practice including culturally appropriate training 9. Facilitate support for International Medical Graduates and procedural general practitioners 10. Promote mental wellness of GPs 11. Connect GPs to medical specialist advice
Collaboration	<p>General Practice support is a core function of the PHNs, as such there are efficiencies to be gained by joint development of this area of activity. Country SA PHN will seek collaboration and partnership within others in the PHN network to develop the modules of activity that underpin this initiative and to share learnings. Additionally, the delivery or targeted support from external parties may be a requirement of specific modules of quality improvement (i.e. Education). Country SA PHN will facilitate the delivery of relevant third party support from appropriate providers as required.</p>
Duration	Two-year period (1 July 2016 – 30 June 2018, continued activity)
Coverage	All General Practices within the entire Country SA PHN region

2. (a) Strategic Vision for After Hours Funding

PHN After Hours key objectives:

- Increasing the efficiency and effectiveness of After Hours Primary Health Care for patients, particularly those with limited access to Health Services; and
- Improving access to After Hours Primary Health Care through effective planning, coordination and support for population based After Hours Primary Health Care.

The After Hours Program within Country SA PHN aims to increase access to primary health care across the entire region. The vision for Country SA PHN includes the implementation of a patient centred Medical Home Model that incorporates increased efficiency and effectiveness of health care for patients across both the day and night. The Medical Home Model requires system transformation to ensure that change is sustainable and incorporated into day-to-day activity to benefit country residents. This type of transformative activity takes time to convert into measurable health outcomes and comprises action on many fronts including expanding roles for traditional providers of health care and enhanced scope of practice for a range of primary care practitioners. However, the magnitude of the current gaps in health outcomes must be recognised and addressed in a strategic and focussed approach to ensure that people living in country South Australia can access primary health care now and into the future in the right place at the right time.

The activities for 2016-17 reflect a strategic approach to addressing the after hours objectives in line with the priority areas identified through the Needs Assessment. The solutions proposed within the Country SA PHN region include a recognition of the communities stated need for accessing a range of primary health services, (including services traditionally provided by pharmacies, general practices, emergency services and community health), outside of traditional hours. These services address health needs across the care continuum in the after hours period and are all focussed on ensuring that the patient experience is enhanced and available in a timely and efficient manner. The planned activities incorporate a range of programs including those aimed at providing access to programs that address risk factors, primary, secondary and tertiary prevention through collaboration with a range of providers.

The after hours projects, as proposed, aim to support existing and new providers of health care through innovative and locally-tailored solutions that reflect the needs of a largely rural and remote population. These solutions include increasing access to point of care testing to aid self-management, enhanced use of a range of service delivery modalities, including telehealth (video and tele-conferencing) and outreach services provided in remote locations.

Taking into account that After Hours funding may not continue past 30 June 2017, Country SA PHN has stressed the need to move towards sustainability with all collaborative partners and will assist in a transition process so this is accomplished successfully.

3(b) Planned activities funded by the Primary Health Network Schedule for After Hours Funding

Proposed Activities	
After Hours Priority Area (e.g. 1, 2, 3)	<ul style="list-style-type: none"> • After hours access to primary health care services • Aged Care
After Hours Activity Title / Reference (e.g. AH 1.1)	<u>AH 1.1 Silver Connections Expansion Project</u>
Description of After Hours Activity	The goal of this project is to improve primary health care access and equity for older Australians living in residential aged care facilities. Specific aims include the reduction of avoidable hospital transfers in the after hours and improvement of the timeliness and clinical safety of diagnosis decisions for treatment. The project extends a successful current pilot project, known as Silver Connections, into the after hours period. Participating Residential Aged Care Facilities and GPs are connected by video link using iPads and Cisco Jabber software, thereby enabling GPs to undertake a supported assessment of residents.
Collaboration	General Practices and Residential Aged Care Facilities across the Country SA PHN region.
Duration	One-year period (1 July 2016-30 June 2017)
Coverage	Entire Country SA PHN region
Commissioning approach	Direct engagement with those organisations who responded to an Expression of Interest to participate and meet the minimum criteria for participation.
Data source	<ul style="list-style-type: none"> • Service schedule performance and contractual reporting requirements, specifically the RACF/GP logs • MBS data from the national data set, specifically after hours visits to RACFs • Qualitative data collected by CSAPHN, including semi-structured interviews • CSAPHN internal data collection and reporting, specifically number and distribution of RACF places • SA Health Emergency Department presentations and Inpatient separations data bases • (SA Ambulance Service records if made available)

Proposed Activities	
After Hours Priority Area (e.g. 1, 2, 3)	<ul style="list-style-type: none"> • Aboriginal Health • After hours access to primary health care services • Reduce Hospitalisation Rates for remote populations
After Hours Activity Title / Reference (e.g. AH 1.1)	AH 1.2 Culturally appropriate response to Aboriginal and Torres Strait Islander Mental Health
Description of After Hours Activity	<p>Working in partnership and collaboration with Aboriginal communities, families and individuals, Aboriginal Community Controlled Health Organisations (ACCHOs), Expert Advisor/s, Country Health SA LHN, local Police, NGOs and other interested organisations and health professionals, Country SA PHN will facilitate and enable the development and implementation of community specific response and support models that address episodic mental health occurrences in the After Hours period, particularly in remote and isolated locations in the first instance.</p> <p>The key priorities of the activity are:</p> <ol style="list-style-type: none"> 1. To enable Aboriginal communities to provide holistic support and care for Aboriginal people with mental health issues in their community, 2. To establish a local culturally appropriate multidisciplinary response model aligned to relevant clinical and safety guidelines, 3. To establish a multidisciplinary response team inclusive of primary health professionals including Aboriginal Health Workers and Outreach Workers, esteemed community Elders and or Ngankari, Paramedics (where available) and the local Police. In addition, family or selected community members may also be included in a response team as appropriate. 4. To enable the multidisciplinary culturally appropriate response to mental health triggered events, 5. Through education and support of family members, health professionals and other key community members, enable ongoing wrap around support and care of the individual, 6. To enable education and health promotion targeted at mental health issues and addressing issues that prevent Aboriginal people with mental health issues from seeking help, and 7. Through a multi organisation / community engaged approach, build an ability for the model to be self-sustaining post the funding period.
Collaboration	Aboriginal Elders and community members, ACCHOs, Country Health SA LHN, other NGOs
Duration	One-year period (1 July 2016-30 June 2017, continuing activity)
Coverage	Aboriginal communities in the Murray Mallee, Far West, and Far North regions
Commissioning approach	Continuing contracts and targeted approach
Data source	Service Schedule performance and contractual reporting requirements

Proposed Activities	
After Hours Priority Area (e.g. 1, 2, 3)	<ul style="list-style-type: none"> • Aboriginal Health • Health Workforce • Chronic Disease Management • Health service coordination and integration • After hours access to primary health care services • Reduce Hospitalisation Rates for remote populations
After Hours Activity Title / Reference (e.g. AH 1.1)	<u>AH 1.3 Access to Primary Health Care and Support</u>
Description of After Hours Activity	<p>This activity continues support for the following programs:</p> <ol style="list-style-type: none"> 1. Responding to Episodic Events for people with dementia in the after hours (SA Ambulance Services (SAAS) Community Paramedic Program) 2. Targeted Acute Care Triage Nurse Education project 3. Responding to Community Need – Expansion of the Country Access to Cardiac Health (CATCH) into the after hours and to cover all of the Country SA PHN region through CHSA LHN iCCNet department. <p>Target populations are Country South Australians, specifically (1) people and their carers who have dementia and reside either at home or in RACFs, (2) those who access after hours services through Emergency Departments and (3) people who have had a cardiac event and are unable to access cardiac rehabilitation during working hours.</p>
Collaboration	Country SA PHN will continue existing collaborative relationships with CHSA LHN, SAAS and iCCNet to ensure reach of projects are appropriate and effective.
Duration	One-year period (1 July 2016-30 June 2017, continuing activity)
Coverage	Entire Country SA PHN region
Commissioning approach	Direct engagement - building on existing projects
Data source	<ul style="list-style-type: none"> • Service schedule performance and reporting requirements • Country SA PHN internal data collection and reporting

Proposed Activities	
Priority Area	<ul style="list-style-type: none"> • Mental Health hospital separations and identification and diagnosis of severe mental illness • Aboriginal Health
Activity Title / Reference	<u>AH 1.4 Coober Pedy Severe Mental Illness Gaps</u>
Description of Activity	<p>Provision of after hours support to people with severe mental illness is a gap in service delivery which has been identified in the Coober Pedy region. Aboriginal people are prone to self-discharge prior to completion of a treatment program.</p> <p>The aim of this activity is to provide culturally appropriate support to Aboriginal people with severe mental illness in their recovery in the after hours by providing support in a hospital setting that encourages the person to stay admitted in order to get the best recovery outcome possible.</p> <p>The activity will be supported at the primary care level through care coordination and a multidisciplinary approach under the guidance of a psychiatric service and in collaboration with mental health service providers. The activity will support the person, through the after hours period through availability of Aboriginal Health Worker attendance in hospital based care. This will provide an opportunity for the person to get the best chance to recover and improve their health outcome. The Aboriginal Health Worker will also provide support to Aboriginal people presenting to the hospital in the after hours and provide reassurance and support to those going through detox.</p>
Collaboration	Umoona Tjutagku Health Service Aboriginal Corporation
Duration	One-year period (1 July 2016-30 June 2017)
Coverage	Coober Pedy region
Commissioning approach	Targeted approach
Data source	Service Schedule performance and reporting requirements

Proposed Activities	
Priority Area	<ul style="list-style-type: none"> • Mental Health - Properly integrated and holistic services • Mental Health hospital separations and identification and diagnosis of severe mental illness • Health service coordination and integration • Reduce Hospitalisation Rates for remote populations • Reduce Hospitalisation Rates for the overall population
Activity Title / Reference	<u>AH 1.5 Mental Health Coordinated Care</u>
Description of Activity	<p>The 'Mental Health Coordinated Care' and 'Triage Consultation and Liaison' programs seek to:</p> <ul style="list-style-type: none"> • lessen the burden on After Hours Primary Care and presentation to hospital emergency departments via the development of complementary step down mechanisms focused on support facilitation and coordination of social services, housing and wrap around care, in partnership with Country Health SA Integrated Mental Health Units (IMHU), • Ensure all new referrals to the RDGP Mental Health Service are prioritised according to risk, urgency, distress, dysfunction and disability with timely advice and /or response to all those referred, at the time of assessment. It will provide support and consultation to GPs and other referrers to ensure 'the right patient in the right level of care at the right time' <p>The goal of the project is to bridge the gap between acute episode discharge and re-entry to primary mental health services and wrap around supports via coordinated care and appropriate clinical triage. The project aims ensure that General Practitioners are better supported to manage clients with mental illness, by strengthening and linking the existing systems.</p> <p>The Mental Health Care Co-ordinators complement existing discharge processes and planning with the regional IMHU with a greater focus on carer and guardian involvement and recovery based needs assessment and goal setting by initiating a comprehensive discharge planning model involving relevant family and support people.</p> <p>The combined activity of these positions aims to balance the burden between primary mental health care services, after hour's emergency department and General Practice through the effective collaborative planning and care of people accessing mental health services across Country Health SA, RDGP and General Practice.</p>
Collaboration	<p>Key stakeholders and collaborators outside of County Health SA and RDGP are:</p> <ul style="list-style-type: none"> • Ferrers Medical Clinic, Mount Gambier • Hawkins Medical Clinic, Mount Gambier • Village Medical Centre, Mount Gambier • Morningside Surgery, Mount Gambier • Millicent Medical Clinic • Bordertown Medical Centre • Kinraig Medical Centre, Naracoorte • Penola Medical Centre • Nangwarry Medical Centre

	<ul style="list-style-type: none"> • Kingston SE Medical Centre • Beachport Medical Centre • Keith Medical Centre • South East Regional Mental Health Service (Country Health SA LHN) • Mount Gambier Suicide Prevention Network • Naracoorte and Lucindale Suicide Prevention Network • Australian Faith Community Nurses Association (AFCNA) SHARE program
Duration	One-year period (1 July 2016-30 June 2017, continuing activity)
Coverage	Limestone Coast region (South East); Riverland region
Commissioning approach	Continuing activity, originally approached as a preferred Most Competent Provider.
Data source	Service Schedule performance and reporting requirements

Proposed Activities

Priority Area	<ul style="list-style-type: none"> • Aboriginal Health • Health Workforce • Health Information and Technology • Chronic Disease Management • Cross-program Population Health activities and support • Health service coordination and integration • After hours access to primary health care services • Reduce Hospitalisation Rates for the overall population • Risk of age-related hospitalisations • Aged Care
Activity Title / Reference	AH 1.6 Innovation Grants
Description of Activity	<p>Country SA PHN will work with stakeholders to plan, coordinate and support after hours activities to meet the primary objectives of the program, which are;</p> <ul style="list-style-type: none"> • Increasing the efficiency and effectiveness of after hours primary health care for patients, particularly those with limited access to health services • Improving access to after hours primary health care through effective planning, coordination and support for population based after hours care. <p>Country SA PHN will provide grants to organisations who are currently not eligible to receive any After Hours Practice Incentives Program (PIP) payments to encourage a greater level of after hours service provision than is currently occurring.</p> <p>Country SA PHN will seek to enable innovative approaches that increase access to general practices and or primary health care from organisations in the after hours period. The overarching goal of this activity is to (1) enhance the timeliness of care and (2) align service delivery with consumer need and or preferences.</p> <p>Country SA PHN funding is only for 12 months. Preference will therefore be given to those applicants that demonstrate how their service would meet a local need and that are able to build sustainability post-Country SA PHN funding. Projects supported under the After Hours Innovation Grants will:</p> <ul style="list-style-type: none"> • Develop and deliver a model of service in after hours primary health care as defined by Department of Health, and/or • Enable improved health outcomes for people with complex and chronic conditions
Collaboration	Applications for after hours funding will be open to General Practices, Allied Health providers, Pharmacy, and any other organisation active in the primary health/chronic disease prevention area.
Duration	One-year period (1 July 2016-30 June 2017)
Coverage	Entire Country SA PHN region

Commissioning approach	<p>This activity involves an approach to market for the provision of services that fall into the following two streams:</p> <ol style="list-style-type: none"> 1. After hours primary care services by extending regular opening hours or providing additional on call home and/or RACF visits including General Practice, Pharmacy and Allied Health necessary to the management of complex and chronic conditions 2. After hours chronic disease patient self-management support and lifestyle modification for those with high risk factors for chronic disease (referral pathways will be required for this activity)
Data source	<ul style="list-style-type: none"> • Quarterly Service schedule performance and reporting requirements • MBS data from the national data set • Aggregated GP practice data obtained directly by Country SA PHN through data sharing agreements • SA Health Emergency Department presentations and Inpatient separations databases

Proposed Activities

Priority Area	<ul style="list-style-type: none"> • Aboriginal Health • Health Workforce • After hours access to primary health care services • Reduce Hospitalisation Rates for remote populations
Activity Title / Reference	<u>AH 1.7 Access to Primary Health Care in Remote and Difficult Locations</u>
Description of Activity	<p>This activity aims to increase access to primary health care, in particular to GPs, in areas of rural and remote SA where there is no permanent service or where recruitment and retention of health care professionals impacts on access to after hours services (including through emergency departments). Through a range of service delivery modalities such as FIFO or telehealth, access to primary health care will be enhanced for remote and very remote and communities with low or no primary health care coverage. The activity includes the following components:</p> <ol style="list-style-type: none"> 1. Enabling an increase in Royal Flying Doctor Service primary health staff available on base to triage and respond to patient issues and emergencies outside of normal clinical hours, 2. Enabling an increase in GPs available to respond to level 4 and below cases via video in locations with recruitment and retention issues as identified through the SAVES program
Collaboration	Country SA PHN will be collaborating with the Royal Flying Doctors Service, Rural Doctors Workforce Agency and Country Health SA Local Health Network in extending current projects to expand their reach and effectiveness.
Duration	One-year period (1 July 2016-30 June 2017)
Coverage	Areas covered will be the Far North and Far West of South Australia as well as additional locations with low retention and recruitment and no or limited Primary Health Care services (locations to be specified through the collaboration process).
Commissioning approach	Direct engagement - building on existing projects
Data source	<ul style="list-style-type: none"> • Service schedule performance and reporting requirements • Country SA PHN internal data collection and reporting • MBS data from the national data set

Proposed Activities	
Priority Area	<ul style="list-style-type: none"> • After hours access to primary health care services • High waiting lists and need for 'no wrong door' approach • Lack of mental health support for young people
Activity Title / Reference	<u>AH 1.8 headspace extended access</u>
Description of Activity	<p>headspace provides high quality early intervention care and services for a range of mental health challenges that young adults commonly experience, with the aim of heading off any long-term adverse effects.</p> <p>This activity targets young people with mental health issues who are unable to access headspace service during normal working hours. It thereby addresses the objective of improving coordination of care to ensure patients receive the right care in the right place at the right time,</p> <p>The four headspace services receiving this After Hours funding will be expected to provide services that fit within headspace scope.</p>
Collaboration	This activity will be implemented through the headspace services in the Country SA PHN region.
Duration	Two-year period (1 July 2016 – 30 June 2018)
Coverage	<p>The geographic coverage of this activity is the catchment for each of the headspace services in the Country SA PHN region:</p> <ul style="list-style-type: none"> • Berri – 3 Riverview Drive Berri 5343 • Mount Gambier – 5/6 Percy Street Mount Gambier 5290 • Murray Bridge – 3-5 Railway Terrace Murray Bridge 5253 • Port Augusta – 16-20 Railway Parade Port Augusta 5700
Commissioning approach	Targeted services (Country SA headspace services only)
Data source	Data collection will be via contractual reporting obligations.

phn
COUNTRY SA

An Australian Government Initiative

countrysaphn.com.au

