

# Adelaide PHN Quarterly Update

## November 2017

Adelaide PHN is committed to keeping our membership groups informed about our activities. This update provides useful information about Adelaide PHN commissioned services and commissioning processes.

For more information about [commissioning](#), our [needs assessment](#) and [Activity Work Plan](#) please click on the links or visit our [website](#).

We are currently working towards an updated Needs Assessment to be submitted in November 2017 and the Activity Work Plan in February 2018.

## Primary Health Care Support Services

[Adelaide PHN Website Link - Health Connections - For Providers](#)

### Primary Health Care Provider and Digital Health Support

In addition to the programs described in this update, Adelaide PHN also provides:

- a General Practice and Primary Health Care Support Enquiry service on phone
- 8219 5900 and email [phclo@adelaidephn.com.au](mailto:phclo@adelaidephn.com.au)
- face to face visits
- digital health support and My Health Record support, information and training
- *Primary Links* a fortnightly communication newsletter for primary health care providers. Primary Links is sent to over 5000 primary health care providers

Over the past three-month period:

- over 50 face to face visits, including practice visits and meetings, took place
- staff attended 33 education events to network with primary health care providers
- over 80 general phone and email enquiries were received and responded to. The focus of enquiries was on mental health, alcohol and other drug services, requests to promote primary health care services, My Health Record or requests to be added to our database

112 general practices have entered into an agreement with us to use a data extraction tool to support quality improvement and health service planning in primary health care, an increase of 61 percent over the past 6 months.

## Workforce Education

Education is a key area of service provision delivered as part of Adelaide PHN's General Practice Support. The purpose of the education services program is to increase the capacity of primary health care practitioners to provide quality health services to their communities.

SAPMEA and NHN continue to provide innovative, multi-disciplinary training and education and to date have delivered 58 events on topics such as mental health, arthritis, burns and wound management, sexual health, chronic pain and opioid dependence just to name a few. Attendance at events is increasing with 50% of attendees being general practitioners.

All education events on offer can be found on our website:

<http://www.adelaidephn.com.au/whats-happening/education-and-events/>

## Practice Leadership Advantage Program

This 9-month program, created for general practice, provided training and support for Principal GPs and business owners. It aimed to equip them with enhanced leadership skills to effect and lead meaningful change so that their teams can deliver optimum services, whilst focusing on the key health issues in their communities.

All three interactive workshops have been completed, with good attendance at all sessions. Practice managers were given access to the program and offered attendance at all workshops, a first for this program, which has been run interstate. The individual face to face mentoring sessions between workshops have been very well received and are still ongoing. Participants are developing improvement plans for their practice and receiving support in this process.

Feedback from participants on the overall program was very positive with all saying they would recommend it to their colleagues.

At completion of the program, Principal GPs and business owners will have improved their problem identification, analysis and problem solving skills to be leaders who can bring the team along for the required journey. The program will support implementation of the Care Connections program and other primary health care reforms in general practice.

## Immunisation

[Adelaide PHN Website Link - Immunisation - Adelaide PHN](#)

The Adelaide and Country SA PHNs have jointly implemented the SA PHN Immunisation Hub, which provides education, mentoring and networking for service providers, engagement, advocacy and resources for the community. The Hub will also facilitate nurse led clinics in areas where low coverage and gaps in immunisation service delivery are identified.

The Champion Nurse Immunisation Program (CNIP) is available throughout metropolitan Adelaide in 2017. The Champion Immunisation Nurse is a regional champion, providing immunisation program support and education to providers, and support and information to the community. This program has been commissioned until July 2018.

Immunisation program support for providers and community continues through email, telephone and occasionally, practice visits. The Immunisation Provider Network (IPN), now boasting over 300 members, is provided with immunisation information and resources in a timely manner. Attendance and feedback from the recent meeting in Mount Gambier was positive. The Hub is currently arranging a series of education sessions for health care professionals interested in Travel Medicine and the Zostavax vaccination program. Face to face sessions in metropolitan Adelaide, a rural area and a webinar are planned.

## Interdisciplinary Health Practitioner Network (IHPN)

Adelaide PHN is proud to partner with the Interdisciplinary Health Practitioner Network (IHPN), a pilot project aiming to establish practitioner networks, each with a focus on multi-morbidity. The IHPN aims to support practitioners to share and understand chronic and complex conditions through an interdisciplinary lens, whilst getting to know their professional peers. Members have access to a member directory to enable communication between meetings and help make referring to each other easier.

Our next meeting will be in addition to the four meetings planned for this pilot project. The evening will be an opportunity to:

- find out more about the Adelaide PHN
- meet some of our staff
- hear about our key strategic directions and activities, and
- find out how you can stay connected and get involved with us

The meeting will be held on Wednesday 29<sup>th</sup> November from 6.00pm – 8.00pm at the Education Development Centre, 4 Milner Street Hindmarsh.

For more information, visit [IHPN](#).

## Peer Support Networks

The Peer Support Networks small grants are for Primary Health Care Managers, Nurses and other Primary Health Care Professionals to facilitate peer support, networking and learning with a focus on quality improvement across the primary health care sector.

Ten successful applicants from across metropolitan Adelaide have been contracted to facilitate their Network for 12 months. Six of the Networks have held their first meeting/ with positive feedback from the participants.

To view the list of Networks, visit the Adelaide PHN website [here](#).

## HealthPathways

HealthPathways South Australia will support the development of local consistent pathways of care across the health system through an online portal that provides a range of condition-specific pathways. GPs and other health professionals across the health sectors will collaborate on the development and implementation of local pathways to ensure patients receive the right care in the right place at the right time.

Following the “kick off” launch in July the HealthPathways South Australia team has been working on localising clinical pathways. This has involved the GP Clinical Editors working with specialist subject matter experts to ensure the pathways are tailored to the local context. Clinical Coordinators have also been compiling service level information relevant to the clinical pathways.

A successful workshop was held in October in partnership with Health Consumers Alliance SA and the APHN and CSA PHN CAC chairs. The focus of the workshop was to start the conversation about a strategic approach to consumer engagement for Health Pathways South Australia. The outcome of the workshop will inform the development of an agreed strategic approach to consumer engagement.

A stakeholder mapping exercise has resulted in the development of key engagement and communication activities that will be implemented over the coming months as the team prepares for the go live phase.

More information on pathways and indicative schedules can be found via the HealthPathways South Australia project site: <https://saproject.healthpathwayscommunity.org/> . You can also view the videos from the “kick off” launch on that site.

If you would like to get involved or have any questions please feel free to send us an email at: [SouthAustralia@healthpathwayscommunity.org](mailto:SouthAustralia@healthpathwayscommunity.org)

## Care Connections

**Adelaide PHN Website Link - [Adelaide PHN Care Connections - Adelaide PHN](#)**

Care Connections utilises elements of the Patient Centred Medical Home (PCMH) model as a framework to enhance chronic condition management. Care Connections will enable General Practices to become Integrated Care Hubs and work at their own pace with dedicated support including the Local Area Coordination (LAC) services.

Recruitment of general practices from targeted areas of need occurred and 14 practices are in the process of working within the PCMH framework. The LAC services have assisted practices in building their improvement plans and activities related to these plans are currently underway.

Activities chronic disease management, patient surveys, understanding their practice data and nurse training on motivational interviewing techniques and shared care planning platform with CareFirst.

The LAC services are also consulting with practices and surrounding allied health professionals to determine what is are good medical neighbourhood. Shared learnings and resources from the activities of the 14 practices will be distributed to the metropolitan region of Adelaide for use in their own general practice as part of our new *Integrated Care* website which can be located via our Adelaide PHN website from November this year.

## Health Care Homes

**Adelaide PHN Website Link - [Health Care Homes - Adelaide PHN](#)**

The Adelaide PHN has been selected as one of the ten regions for Stage One of the Commonwealth Government Health Care Homes Trial.

Health Care Homes will improve the provision of care for people with chronic and complex conditions in Australia's primary health care system. General practices and Aboriginal Community Controlled Health Services (ACCHS) participating in this first stage of implementation will have a vital role in shaping the future roll-out of this important reform.

The Health Care Home Stage 1 trial will commence in Adelaide on 1 December 2017. Four specialist trainers, known as Practice Facilitators, are now located in Adelaide PHN to support the transformation of practices and ACCHS to become Health Care Homes. Practice Facilitators help with activities such as patient recruitment and enrolment. Practice Facilitator activities may also include a mix of face to face training sessions, telephone, email, webinar support and opportunities for shared learning among practices.

As at October 1, 2017, 16 practices have officially enrolled to become Health Care Homes with a further 4 expected on board over the next 2 months. All currently enrolled practices have met with the Practice Facilitators and commenced their preparatory activities. Preparation includes undertaking a practice review, enrolling in the training modules, examining Shared Care Platforms and devising models of practice. Additionally, the Adelaide PHN is facilitating specific topic based forums for enrolled practices to underwrite readiness and regular meetings are being held at practice level to support the beginning of the transformation process.

# Aboriginal and Torres Strait Islander Health

Adelaide PHN Website Link - [Closing the Gap - Adelaide PHN](#)

## Integrated Team Care - Closing the Gap (ITC CTG)

The ITC CTG workforce is employed by NHN to deliver services across three sites where there is the highest number of Aboriginal and Torres Strait Islander residents within the Adelaide PHN region.

The CTG teams include Care Coordinators and Aboriginal and Torres Strait Islander Outreach Workers, who continue to work closely together to engage with clients referred to the program, with the coordination of support plans that assist and encourage clients to improve ability to better manage their chronic conditions. Current workforce of 7 FTE Care Coordinators, 7 FTE Aboriginal and Torres Strait Islander Outreach Workers and 1 FTE Community Health Coordinator across the 3 service sites. Approximately 60% of staff employed are identified as Aboriginal and Torres Strait Islander. APHN are supporting the expansion of the team with resources for engagement of an Indigenous Health Project Officer.

The NHN has successfully aligned the referral pathways across the metropolitan Adelaide region. Since the previous update client numbers have increased from 480 to 556 with the highest number of new referrals across the Southern and Western region of Adelaide. Over 20,000 care co-ordination services, over 3,000 supplementary services and over 11,000 clinical services were accessed.

The Southern Region has had an increase in referrals - 21% on previous year. Western region Increase on client referrals 111% than in previous year. Northern region has had a small increase. There has been an increase in client access to medical specialists and allied health from previous year. Regional strategies for transport options have been implemented and increased client access.

## GP Outreach Project (Aboriginal Family Clinic)

The project is a partnership between Adelaide PHN, the Southern Adelaide Local Health Network and the Health Hub, a local GP practice. As a collaborative initiative, the partnership enables improved primary health service delivery for Aboriginal and Torres Strait Islander people in Southern Adelaide.

The project is now in phase 3 with the aim to provide culturally responsive GP sessions for 5 days per week at the AFC sites (Noarlunga and Clovelly Park); and provide an outreach GP service to the AFC that will ultimately be sustainable by Medicare billings generated by the attending doctors.

The Care Connections, Local Area Coordination services are assisting the Aboriginal Family Clinic with a patient centred medical home assessment to identify areas of focus within their practice.

Both Noarlunga and Clovelly Park have enrolled to be Health Care Homes sites in the trial with stage one to start in December 2017.

## Aboriginal Community Engagement

Throughout June, Adelaide PHN hosted three workshops with sixty Aboriginal and Torres Strait Islander community members in Pooraka, Port Adelaide and Morphett Vale. These workshops provided the opportunity for community members to express their experiences of utilising health services and identify how the Adelaide PHN can work with primary health providers to deliver culturally safe and appropriate services to improve experiences and health outcomes.

## After-Hours

Adelaide PHN Website Link - [Our Priorities - Adelaide PHN](#) and [click Potentially Preventable Hospitalisations](#)

## After-Hours Consumer Awareness Resource

The After Hours Community Awareness resource has been developed to provide information to support self-triage, whilst raising awareness of available and appropriate after-hours services, to support better health choices. A hard copy flip chart developed specifically for Playford City Council residents has been disseminated with very favorable feedback.

The mobile optimised website for the entire Adelaide metropolitan region has been developed to provide this information across the metro area and went live in late July. The website can be found at: [www.adelaideafterhours.com.au](http://www.adelaideafterhours.com.au)

The website has been positioned to achieve first page ranking for Google Search. Community promotion is underway.

## The Dandelion Project

Adelaide PHN Website Link - [The Dandelion Project](#)

Eldercare is delivering the Dandelion Project to support GP access and availability in the after-hours period and build the capacity of staff to improve the coordination of care for residents. Dandelion commenced in February 2017 at three Eldercare sites in metropolitan Adelaide.

The Nurse Practitioner has been working directly with General Practitioners to develop protocols that enable residents to receive some extended care and treatment within the residential home. Staff receive training through workshops and on a one to one basis to deliver extended care and

treatment and Senior Registered Nurses are being recruited to support the Nurse Practitioner with this work.

The project to date has shown some reduction in the average number of nights' residents spend in hospital and further monitoring will occur to demonstrate longer term outcomes. Protocols are being developed to support residents and their families to make decisions about managing chronic disease and falls, acute illness and end of life care. The next few months will demonstrate further how this model of care can work positively alongside the current arrangements within residential care.

## **Development of Mental Health After-Hours Services across Adelaide PHN Regions**

**Adelaide PHN Website Link - [Mental Health and Alcohol and other Drug Service Reform - Adelaide PHN](#)**

**Currently in commissioning stage:** Self Presentation Assessment Recovery and Referral service based at GP+ Noarlunga and GP+ Elizabeth, to provide a central point for consumer-focused, proactive, responsive and supportive services to people requiring after hours mental health support or advice. This development aims to enable an effective response for people in potential mental health crisis or need at times of the day when access to most mainstream services is unavailable.

The partnership pathways are at service level agreement stage linking commissioned schedules to the requirements for service success. The interconnection of services aims to not only reduce potentially avoidable hospital emergency department presentations and hospital admissions, but also to enable the consumer to access the correct service required for their need in a timely manner. Pre-design mapping and environmental scanning is complete and the confirmation of the project co-design is underway. These services are being directly commissioned.

**Currently in commissioning stage:** The Lived Experience Telephone Support Service aims to provide a state-wide lived experience telephone helpline as a support and signposting or referral service that provides counselling, support and information to individuals experiencing mental health issues, as well as their family, friends and carers. The service will support people who may be feeling socially isolated, seeking information about mental health or services, or simply needing someone to talk to. This service has been co-designed with consumers in partnership with the Mental Health Coalition SA and the commissioning is in development.

## After-Hours Innovation Grants

The purpose of the After-Hours Innovation Grant is to support GP practices and other primary care providers to implement innovative approaches to after-hours care. The previous round of grants has now concluded and APHN is developing the application process to further develop this area of work.

The focus for the next round in line with the updated guidance from the Commonwealth, is work that provides care and treatment for people who have limited access to after-hours services and activity that prevents unnecessary hospitalisations.

**Adelaide PHN Website Link -**

[http://adelaidephn.com.au/assets/Successful After Hours Innovation Grants Announcement.pdf](http://adelaidephn.com.au/assets/Successful_After_Hours_Innovation_Grants_Announcement.pdf)

## Drug and Alcohol Treatment Services Program

Adelaide PHN Website Link - [Mental Health and Alcohol and other Drug Service Reform - Adelaide PHN](#)

New treatment services are now available across Adelaide to address drug and alcohol issues. Based on research, consultation and local evidence, the new services are located across the northern, central, western and southern regions of Adelaide, and provide a range of treatment models to meet the needs of these specific communities.

The Adelaide PHN also chairs the Drug and Alcohol Treatment Services Reference Group to improve the effectiveness and coordination of the sector. The Reference Group includes representation from Drug and Alcohol Services in South Australia (DASSA), South Australian Network of Drug and Alcohol Services (SANDAS), Aboriginal Drug and Alcohol Council (ADAC), a consumer and a GP Prescriber.

During this period, the Adelaide PHN has led all commissioned drug and alcohol treatment services in the implementation of the Mastercare client management system. The system is designed to enable drug and alcohol treatment and primary mental health care services co-ordinate and collaborate in the shared care of clients with comorbidity.

## Primary Mental Health Care Services

Adelaide PHN Website Link - [Mental Health and Alcohol and other Drug Service Reform - Adelaide PHN](#)

The Adelaide PHN has commissioned Primary Mental Health Care Services in the Adelaide metropolitan region to provide clinical support and psychological therapeutic services across the stepped care continuum. Links to Wellbeing Consortium covers the southern and centre-east region with The Northern Health Network covering the north and centre-west region. Both regional providers deliver services in the after-hours period.

Interventions range from low intensity through to mild/moderate and severe presentations, and a range of specialised providers work in collaboration with the major regional providers to deliver integrated services. A range of suicide prevention and post-vention services are also available.

Primary Mental Health Care Services are currently being enhanced through the establishment of several innovative activities, including, targeted clinical internship programs within the two major regional providers, the implementation of Mental Health Nurses across the stepped-care model, and an Australian-first pilot project to improve client engagement and the clinical delivery of psychological treatment using the Mentegram browser-based interface and mobile app.

## **Mentegram**

In an Australian first, Adelaide PHN is working with Mentegram to develop and implement the use of the Mentegram app to streamline the way people report their experience of mental health services and care which will be used to improve services moving forward. Links to Wellbeing, PsychMed and Northern Health Network are currently implementing Mentegram within their service.

## **Youth with Complex Needs**

Adelaide PHN is currently developing an Integrated Practice Unit for Youth with Northern Adelaide Local Health Network. This specific service will focus the resources and skills of the main service providers working with a young person with complex mental health needs. This development will occur in an identified area of high need that currently has very limited access to specific youth mental health care.

This approach organises care around the complexity of a young person's presentation using an individualised approach to treating the mental health diagnosis. Families and carers are included in providing access to help for conditions, complications and circumstances that are commonly present.

## **GP-PASA**

The Adelaide PHN and Royal Australian and New Zealand College of Psychiatrists have recently completed a review and enhancement of a unique service to the Adelaide PHN region called GP-PASA. GP-PASA aims to link people seen by general practitioners with one-off psychiatric assessment and advice to assist in treatment and care planning. Announcements regarding these enhancements are beginning to be communicated via professional channels.

## headspace

As part of the primary mental health care reforms, the Adelaide PHN are responsible for the management of four headspace centres (headspace Services Ltd – Adelaide, Onkaparinga and headspace Youth Early Psychosis Program (hYEPP) Northern Health Network – Edinburgh North, and Centacare – Port Adelaide) to deliver Youth Mental Health Services across the stepped care continuum targeting young people aged 12 – 25 years.

The four headspace centres' aim to improve mental health outcomes for young people with or at risk of mental illness by providing highly accessible, youth friendly integrated service hubs that respond to mental health, general health, alcohol and other drug, and vocational concerns.

## hYEPP

The hYEPP program ensures the provision of early intervention, responsive and recovery focused specialist treatment and care for young people who are at risk of or experiencing a first episode of psychosis as based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model of care.

The hYEPP service contract was re-launched in October 2017 and re-opened for referrals. Referrals from emergency departments, general practitioners, in-patient services, headspace centres, primary health services, community organisations, and self/family/friend referrals commenced October 9 2017. Referrals for young people who are currently being cared for by community mental health teams commenced October 23 2017.

The hYEPP service is providing two programs: First Episode Psychosis and At-Risk of Early Psychosis. Eligibility for these services is determined following specialist assessment by the hYEPP team.

Young people who are eligible for the hYEPP service will be able to access: assertive case management, psychiatry reviews and medical support, psychological therapy, family work and functional recovery, including vocational support.

The integration of the headspace services into the wider primary mental health care system is currently being undertaken through collaborative workshops and activities with headspace, hYEPP and mental health and alcohol and other drug providers. Integration of all program data onto the PMHC client information management system is also occurring.

# Population Health

Adelaide PHN Website Link - [Our Priorities - Adelaide PHN](#)

## Child and Youth Wellbeing in Schools Literacy

Evidence indicates the overlap between under-achievement in literacy and the impact on mental health in later adulthood. The project covers targeted schools and preschools in southern Adelaide and continues until December 2017.

The commissioned service provides individual support to children and families, training for teachers and designs and implements programs for the support of children with dyslexia. This project has been working to embed a whole school approach and organizational change to improve the experiences and learning of children with dyslexia. Both schools involved in the project are pleased with the progress that has been achieved and will continue to provide this support beyond the length of the contract.

Adelaide PHN has commissioned services to provide individual support to children and families, and work with schools and teachers to design programs and training for the support of children with dyslexia.

## Adelaide Refugees and New Arrivals Project

Adelaide PHN Website Link - [Our Priorities - Adelaide PHN](#) and *click Population Health*

The Adelaide Refugee and New Arrival Health Project after an initial application brought all stakeholders together to co-design how this commissioned service would facilitate integration and partnership across the sector. A second round of applications were invited by APHN which have now been through due process and are currently being externally assessed. APHN are taking the responsibility for commissioning this area of work very seriously and whilst this has been time consuming for our colleagues we are committed to improving health outcomes for Adelaide Refugee and New Arrivals.

To inform our approach at the system level, the Adelaide PHN is forming a Reference Group of key stakeholders, including Migrant Health Service, Federation of Ethnic Communities Council Australia, Health Performance Council, a General Practitioner and a consumer. The Reference Group will articulate a vision for a better integrated Refugee and New Arrival service system across metropolitan Adelaide and identify and assess key elements, factors and principles that will improve the effectiveness and integration of services.

## Preventive Health Care and Community Health Literacy

Adelaide PHN Website Link - [Our Priorities - Adelaide PHN](#) and *click Population Health*

Adelaide PHN has been working closely with key stakeholders to develop collaborative approaches which strengthen health literacy and access to primary health care services, in a

three-staged approach working with; non-government organisations, local councils and primary health care professionals.

A collaborative has been set up with seven major chronic condition non-government health organisations, Country SA PHN and Adelaide PHN. The aim of this group is to work together to plan collaborative approaches, building workforce capacity to support and better meet the health literacy needs of people living with more than one chronic condition. This group has met on several occasions and has begun planning actions that will assist those living with a chronic condition to better understand and navigate our health care system.

In order to improve locally based health and community service systems, Adelaide PHN has met with the Cities of Onkaparinga, Salisbury, Playford and Port Adelaide/Enfield and the Local Government of SA and SA Health. Following on from a workshop which identified various short and long term goals, it has been agreed that

- collaborative meetings will continue between all stakeholders
- community spaces within each council area will be investigated as potential avenues to increase opportunities to promote health information and service access
- Adelaide PHN will be involved with the review of local government Public Health Plans with the intention to incorporate primary health

The Adelaide PHN has planned upcoming health promotion and literacy consultations with our membership groups. These consultations will assist with better understanding the health promotion and literacy needs in our community and with the development of health literacy resources to support our primary health care sector.

## **A Coordinated Approach to Increase Cancer Screening Participation**

Adelaide PHN recently closed their first Request for Proposal (RFP) in the Cancer Screening space. This RFP was for a project titled Aboriginal and Torres Strait Islander Community Peer Support for Cancer Screening.

This project aims to increase participation in breast, bowel and cervical screening for Aboriginal and Torres Strait Islander people living in metropolitan Adelaide, through community peer support approaches which will:

- Develop and implement activities to increase Aboriginal and Torres Strait Islander people's awareness and understanding of cancer prevention and improve cancer screening health literacy
- Work collaboratively with cancer screening services to increase accessibility for Aboriginal and Torres Strait Islander people in culturally appropriate ways
- Promote coordinated and consistent approaches to cancer screening pathways for Aboriginal and Torres Strait Islander people

The project will enable service providers to engage Aboriginal peer workers as “peer ambassadors” to deliver culturally appropriate messages and information about cancer screening and advocate with primary health care services for improved, culturally appropriate approaches to promoting and providing cancer screening.

The project will comprise activities which assist with the implementation of recommendations from both the [National Aboriginal and Torres Strait Islander Cancer Framework](#) and the [South Australian Aboriginal Cancer Control Plan](#) regarding screening and early detection of cancer in Aboriginal and Torres Strait Islander people.

Adelaide PHN is currently assessing applications for this project.

## **Adelaide Disability Medical Service Primary Health Care Service Enhancement Project**

**Adelaide PHN Website Link - <https://www.adelaidedisability.com.au/>**

This service is designed to increase access to high quality primary health care for people with intellectual disabilities through a mixed model of “in home” care and a fixed location general practice able to provide multidisciplinary care. The Mawson Lakes service commenced in March 2017 and has commenced seeing patients. The practice has recently joined the Care Connections program and will be looking to build their capacity to enhance access for people.

## **Potentially Preventable Hospital Admissions**

*Adelaide PHN Website Link - [Our Priorities - Adelaide PHN](#) and click [Potentially Preventable Hospitalisations](#)*

## **Living Well with Persistent Pain Program**

**Adelaide PHN Website Link - [The Living Well with Persistent Pain Program - Adelaide PHN Referral templates](#)**

Adelaide PHN has commissioned a locally accessible, multi-disciplinary, primary care based service to support people living with persistent pain.

Living Well with Persistent Pain combines a group program with individual assessments and supports people to better understand their pain condition whilst providing the necessary tools to improve their quality of life and minimises the burden of pain. The Service covers the Local Government Areas of Playford, Salisbury and Tea Tree Gully. This service is currently being delivered by Family Health Group at their Elizabeth practice and supported by the Northern Health Network. The service provides support from a General Practitioner with special interest in chronic pain, individual assessments, psychology, exercise physiologist, physiotherapy which are tailored to meet the patient’s individual needs. A specialist pain nurse provides group education sessions and facilitates a support group. Fifty patients have been referred to the service to date and the project has been commissioned until 2018

## **SA PHN's and Women's and Children's Hospital General Practice Liaison Unit**

**[Adelaide PHN Website Link - General Practice Liaison Unit at the Women's and Children's Hospital - Adelaide PHN](#)**

Adelaide PHN, Country SA PHN and the Women's and Children's Health Network have partnered to establish a GP Liaison Unit (GPLU) within the Pediatric Medicine Unit of the Women's and Children's Hospital. The GPLU is improving the care of children with chronic conditions such as asthma and type one diabetes who have frequent contact with the hospital by facilitating and strengthening collaboration, communication and integration with general practice.

The GPLU team includes a General Practitioner, Registered Nurse and Administrative Support Officer. This project has developed a comprehensive website and is working specifically to share information between General Practice and Hospital Specialists. Training on discharge information has also been delivered to a range of hospital staff and work is ongoing to improve this.

Data collection and analysis has demonstrated that children with type 1 diabetes are best placed receiving specialist care and further work continues reviewing the care of children with asthma.

A comprehensive website providing information for GPs has been developed and communication systems within the hospital that provide information back to primary care are being improved. Leaflets and information has been developed for families detailing the importance of having a usual GP who is consistently involved in the patients journey and a key point of contact for the hospital. The GPLU is working through a process of continuous improvement and is currently reviewing the activities it will undertake in the second half of the contract period. The GPLU is involved in the reform processes within the hospital that are aimed at supporting families and children within primary care.

## **Respiratory Health Project**

**[Adelaide PHN Website Link - Our Priorities - Adelaide PHN](#) and *click Potentially Preventable Hospitalisations***

The Adelaide PHN Respiratory Health Project will support the development and/or delivery of solutions which aim to improve outcomes for people living with COPD and asthma, build the capacity of service providers to deliver safe and effective care and demonstrate reductions in preventable hospitalisations for COPD and asthma in the Adelaide PHN region.

Adelaide PHN is working with a potential preferred provider identified via a request for proposal process and is in the final stages of co-designing a service to be commissioned starting around November 2017.

## **Palliative Care Access to Medicines Project**

The Adelaide PHN is committed to supporting palliative care in the community through enhanced planning and access to essential medicines for end-of-life care.

The Palliative Care Access to Medicines Project will provide for the development and delivery of targeted strategies and resources for patients, caregivers, community palliative care services, residential aged care services, prescribers and community pharmacies in relation to the South Australian Core Medicines List and anticipatory prescribing. The project is to be delivered across the Adelaide metropolitan region, with commissioning to commence in the near future.

## **Southern Adelaide GP Liaison Unit**

Adelaide PHN is working with the Southern Adelaide Local Health Network (SALHN) to establish a GP Liaison Unit (GPLU) at the Flinders Medical Centre. The GPLU will work to improve the care of people who have frequent contact with the hospital by facilitating and strengthening collaboration, communication and integration between the hospital and general practice.

It is anticipated the GPLU will commence operation in early 2019.

## **Northern Adelaide GP Liaison Unit**

Adelaide PHN is working with the Northern Adelaide Local Health Network (NALHN) to establish a GP Liaison Unit (GPLU) at the Lyell McEwen Hospital. The GPLU will work to improve the care of people who have frequent contact with the hospital by facilitating and strengthening collaboration, communication and integration between the hospital and general practice.

It is anticipated the GPLU will commence operation in early 2019.