



**Australian Government**

**Department of Health**



An Australian Government Initiative

# **Primary Health Networks Core Funding Primary Health Networks After Hours Funding**

## **Activity Work Plan 2016-2018**

- **Annual Plan 2016-2018**
- **After Hours 2016-2017**

***Adelaide PHN***

This template was used to submit the Primary Health Network's (PHN's) Activity Work Plans to the Department of Health (the Department) on 6 May 2016.

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# 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 template, 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 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.

## 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 (pages 12-15 of this document).

## **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.

# 1. (a) Strategic Vision

Stretching from Sellicks Hill to Angle Vale and from the foothills to the sea, Adelaide PHN encompasses a community of some 1.2 million people. Adelaide PHN is focused on identifying and contracting the most appropriate local organisations to provide healthcare services. Guided by both community and clinical input, Adelaide PHN has a clear goal of improving health outcomes in the metropolitan region.

## **Objectives**

The key objectives of Primary Health Networks are to:

1. Increase the efficiency of Health Services for patients, particularly those at risk of poor health outcomes, and
2. Improve the coordination of care to ensure patients receive the right care, in the right place, at the right time.

## **Vision (our aspirations for the future)**

Connecting you to health

## **Purpose (our reason for existence)**

Facilitating a collaborative and responsive health care system for metropolitan Adelaide.

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

<b>Proposed Activities – NP1.1</b>	
Priority Area	<p><b>10. Immunisation rates for Aboriginal and Torres Strait Islander children are lower than non-Aboriginal and Torres Strait Islander children</b></p> <p><b>12. The CALD community are disproportionately affected by Hepatitis B</b></p> <p><b>14. Identified areas of the APHN region have childhood immunisation rates below the national average</b></p>
Activity Title / Reference	<b>NP 1.1 South Australia (SA) PHNs Immunisation Hub</b>
Description of Activity	<p>The Adelaide PHN and Country SA PHN will be jointly implementing a SA PHN Immunisation Hub (The Hub) to ensure there is a unified, ongoing immunisation focus across the State.</p> <p>The aims of the activity are to:</p> <ul style="list-style-type: none"> <li>• Develop a service model for South Australia which will reduce the incidence of vaccine preventable disease in children,</li> <li>• Increase immunisation rates for children in targeted areas of low vaccination coverage with a focus on vaccine hesitant parents, Aboriginal and Torres Strait Islander children, CALD children and low income groups,</li> <li>• Reduce the incidence of Hepatitis B particularly among the CALD community, and</li> <li>• Reduce hospitalisations from vaccine preventable disease targeting geographic regions of low vaccination coverage with a focus on targeted groups.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• This activity will be jointly implemented in collaboration with Country SA PHN to ensure there is a coordinated, consistent approach to ongoing immunisation across South Australia.</li> </ul>

	<ul style="list-style-type: none"> <li>• This activity will collaborate with the Australian Childhood Immunisation Register (ACIR) to effectively manage the childhood immunisation through (ACIR) data cleaning activities, and to ensure accurate and timely data reporting at provider level.</li> <li>• ACIR data for Aboriginal and Torres Strait Islander children under 7 years of age is actively monitored and cleaned by the SA Health Immunisation Section. The Hub will engage regularly with SA Health to develop strategies to respond to identified data and/or provider issues.</li> <li>• This activity will collaborate with immunisation nurses (through the establishment of champion nurse network) across the State to support providers and community, deliver education, advocate for childhood immunisation at local events, mentor new immunisation providers and counsel vaccine hesitant parents.</li> <li>• This activity will collaborate with specific Local Health Networks (LHNs) to investigate opportunities for the identification of children and adults in target groups in areas with low immunisation rates who present to Emergency Departments or on discharge summaries (after hospitalisation) as under-immunised.</li> <li>• In addition to the Local Health Networks, this activity will also collaborate with the Local Government Association, SA Health, Country Health SA, State Department of Education and Child Development (DECD), (State) Migrant Health Service, (State) Child and Family Health Service (CaFHS), Aboriginal Community Controlled Health Organisation(s) (ACCHO), Aboriginal Health Council SA, Hepatitis SA, General Practitioners and Local Councils in targeted areas of both APHN and Country SA PHN regions to enable sharing of information, resources and innovative ideas across the State.</li> <li>• The activity will collaborate with the South Australian Immunisation Provider Network by providing secretarial support to enable facilitation of meetings with stakeholders and relevant partners.</li> <li>• The activity will collaborate with relevant immunisation service providers through the champion nurse network to assist providers on with complexity of uploading immunisation histories to the ACIR and planning catch up immunisation programs.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing July 2016
Coverage	Entire APHN and Country SA PHN regions with specific focus on areas and target groups with low childhood immunisation rates.
Commissioning approach	<ul style="list-style-type: none"> <li>• Direct joint engagement process with the Country SA PHN</li> </ul>

	<ul style="list-style-type: none"> <li>• Direct engagement with SA Health</li> <li>• Direct engagement with the ACIR</li> <li>• Direct engagement with immunisation nurses through service providers</li> <li>• A direct procurement process for targeted programs and or educational activities from NGOs</li> </ul>
Data source	<ul style="list-style-type: none"> <li>• Immunisation records - Australian Childhood Immunisation Register, as at September 2016</li> <li>• SA Health Immunisation Section data – as at September 2016</li> <li>• Hospital separations - SA Health inpatient data, financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets –APHN compliance &amp; reporting process from 1 September 2016</li> </ul>



**Proposed Activities – NP2.1**

<p>Priority Area</p>	<p><b>12. The CALD community are disproportionately affected by Hepatitis B</b></p> <p><b>13. Accessibility to and appropriateness of primary health care services, particularly for CALD and new and emerging communities, Aboriginal and Torres Strait Islander people, LGBTIQ and older people.</b></p> <p><b>24. Early screening of selected cancers (cervix, bowel, and breast) can assist in intervention measures which can help reduce mortality as part of a wider cancer control strategy.</b></p>
<p>Activity Title / Reference</p>	<p><b>NP 2.1 Culturally and Linguistically Diverse (CALD) and New Emerging Communities Health Project</b></p>
<p>Description of Activity</p>	<p>CALD and newly emerging communities have ongoing challenges in accessing appropriate primary health care services in the APHN region. This activity will address access to appropriate primary health care by:</p> <ul style="list-style-type: none"> <li>• improving the capacity of mainstream primary health care services, to work effectively with CALD and newly emerging communities,</li> <li>• Supporting CALD and new emerging communities to access information, training, tools and education to make informed decisions regarding their health and health care</li> <li>• reduce potentially preventable hospitalisations of this group</li> <li>• Providing care coordination</li> </ul> <p>The activity will include education, training and support for health providers, and specific community groups on a range of topics. These will be determined through further analysis of the APHN needs assessment, community consultation and issues of current relevance. We would expect these topics to include Hepatitis B, immunisation, cancer screening and health system navigation.</p>
<p>Collaboration</p>	<ul style="list-style-type: none"> <li>• Collaborate with General Practices in target areas to increase their knowledge and capacity to provide culturally appropriate services to CALD and new emerging communities.</li> <li>• Collaborate with specific Local Health Networks (LHNs) to coordinate and support referral pathways of identified population groups and or those with health condition(s) presenting at Emergency Departments and discharge summaries (after hospitalisation) in target areas.</li> <li>• Collaborate with pharmacies and allied health services in target areas to support general practices and patients in managing health condition(s).</li> </ul>

	<ul style="list-style-type: none"> <li>• Collaborate with relevant NGOs to provide additional support, educational and or promotional services.</li> <li>• Establish a network of appropriate agencies, organisations and community groups to support and guide the delivery of this activity</li> </ul>
Indigenous Specific	No
Duration	Two year period (2016-2018) commencing September 2016.
Coverage	APHN region with specific focus on areas with high number of target populations and high prevalence of Hepatitis B.
Commissioning approach	A Request for Proposal (RFP) will be released by the APHN for interested service providers and or organisations to submit proposals to fulfil the aims of the activity. The APHN will engage and negotiate with successful provider(s) to ensure the identified priority area is and aims of the activity are, addressed.
Data source	<ul style="list-style-type: none"> <li>• CALD and new migrant populations - Australian Bureau of Statistics, Public Health Information Development Unit, Department of Social Services – latest available</li> <li>• Hepatitis B prevalence - SA Health latest available</li> <li>• Referrals from general practice - LHN-led Viral Hepatitis Nurse Network from 1 September 2016</li> <li>• Baseline data for output indicators and targets –APHN compliance &amp; reporting process from 1 September 2016</li> </ul>

**Proposed Activities – NP 3.1**

<p>Priority Area</p>	<p><b>11. Aboriginal and Torres Strait Islander South Australian people are more likely to have a range of chronic conditions (respiratory, diabetes, circulatory system disease, chronic kidney disease) than non- Aboriginal and Torres Strait Islander people.</b></p> <p><b>15. Selected areas of the APHN region have high rates of smoking which correlates with areas of high prevalence of COPD.</b></p> <p><b>22. Selected APHN regions have higher rates of PPH resulting from a range of chronic (Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, diabetes complications, angina, iron deficiencies) and acute conditions (dental issues, urinary tract infections, cellulitis).</b></p>
<p>Activity Title / Reference</p>	<p><b>NP 3.1 Respiratory Health Project</b></p>
<p>Description of Activity</p>	<p>The respiratory health project (activity) will be an integrated approach to respiratory health prevention and management across the health care continuum (acute care, primary health care services and population health programs) in the Adelaide PHN region. Identified areas in the APHN region have extremely high prevalence rates of COPD and smoking when compared to the APHN average. This has implications to premature mortality rates from cancers such as lung and other respiratory conditions.</p> <p>Consequently, the aims of the activity will be:</p> <ul style="list-style-type: none"> <li>• To minimise or prevent the occurrence of asthma and COPD for the whole population especially high risk groups – specifically, by reducing smoking rates, increasing health literacy and reducing risk conditions for asthma and COPD through community settings.</li> <li>• To reduce or stop further damage from asthma and COPD through increased early identification and effective management, for all residents and particularly those areas/groups most at risk.</li> <li>• To improve the management of asthma and COPD in primary health care by establishing nurse led respiratory clinics, using latest evidence based guidelines and referral pathways, providing primary care professional education and networking sessions across LHNs – linking with specialty teams and other service providers.</li> <li>• To rehabilitate as far as possible and to reduce the likelihood of exacerbations or relapses for those with asthma and COPD.</li> </ul>

	<ul style="list-style-type: none"> <li>To establish a comprehensive coordinated whole-of-community approach to the prevention of asthma and COPD.</li> </ul> <p>Through increased efficiency and effectiveness in prevention and management strategies for respiratory conditions within the primary health care workforce, the project will improve the respiratory health outcomes whilst reducing the number of potentially preventable Emergency Department presentations and hospital admissions of those areas/groups most at risk in the community.</p>
Collaboration	<ul style="list-style-type: none"> <li>This activity will be jointly implemented in collaboration with General Practices in areas of high rates of smoking and high prevalence of COPD (and respiratory conditions) in managing identified patients' chronic disease/asthma management plans. General Practices participating in the Adelaide PHN Health Care Hubs (HCHs) will also be targeted for collaboration.</li> <li>This activity will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of target groups presenting at Emergency Departments and discharge summaries (after hospitalisation) in target areas.</li> <li>This activity will collaborate with respiratory focused NGOs (e.g. Asthma Foundation of SA, Lung Foundation of SA, Cancer Council of SA) to provide additional support, educational and or promotional services to target groups in areas of need.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN region with focus on the following Local Government Areas (LGAs): Playford, Salisbury, Tea Tree Gully, Port Adelaide Enfield, Norwood Payneham St Peters, Adelaide, Marion, Mitcham and Onkaparinga.
Commissioning approach	<ul style="list-style-type: none"> <li>A Request for Proposal (RFP) will be released by the APHN for interested service providers and or organisations to submit proposals to fulfil the aims of the activity. The APHN will engage and negotiate with successful provider(s) to ensure the identified priority area is and aims of the activity are, addressed.</li> <li>An Expression of Interest (EOI) was released by the APHN on 04 April 2016 for general practices in target APHN regions to participate in the (APHN) Health Care Hubs Program.</li> <li>A direct procurement process for targeted intervention programs and or educational activities from respiratory focused NGOs.</li> </ul>

	<p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Respiratory disease prevalence – Public Health Information Development Unit – (latest available)</li> <li>• COPD and Asthma hospitalisations - SA Health financial year 2014/15-2017/18</li> <li>• Patient data - captured and monitored using identified clinical software(s) from 1 September 2016</li> <li>• Service utilisation – MBS PIP Statistics financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> </ul>

**Proposed Activities – NP4.1**

<p>Priority Area</p>	<p><b>11. Aboriginal and Torres Strait Islander South Australian people are more likely to have a range of chronic conditions (respiratory, diabetes, circulatory system disease, chronic kidney disease) than non- Aboriginal and Torres Strait Islander people.</b></p> <p><b>13. Accessibility to and appropriateness of primary health care services, particularly for CALD and new emerging communities, Aboriginal and Torres Strait Islander people, LGBTIQ and older people.</b></p> <p><b>16. Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition.</b></p> <p><b>17. Selected APHN LGAs have higher rates of a range of chronic conditions (respiratory, diabetes, circulatory system disease, chronic kidney disease, musculoskeletal) and multi-morbidities.</b></p> <p><b>19. Higher rates of multimorbidity among the aged population lead to increased utilisation of health care services.</b></p> <p><b>22. Selected APHN regions have higher rates of PPH resulting from a range of chronic (Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, diabetes complications, angina, iron deficiencies) and acute conditions (dental issues, urinary tract infections, cellulitis)</b></p> <p><b>25. A need to increase the ease of navigation and visibility of the health care system in selected APHN regions, population groups and for particular health issues.</b></p> <p><b>26. Lack of easily understood and accessible referral pathways across systems and settings.</b></p> <p><b>29. Lack of person-centred care and responsiveness to individual circumstances, including co-morbidities.</b></p>
<p>Activity Title / Reference</p>	<p><b>NP 4.1 APHN Health Care Hubs Program</b></p>
<p>Description of Activity</p>	<p>The Primary Health Care Advisory Group recommended better targeting of services for patients with chronic and complex health conditions in accordance with need and for the implementation of ‘Health Care Homes’. The APHN Health Care Hub (HCH) Program is an innovative activity designed to address these recommendations and has been approved previously in the Adelaide PHN 2015-16 Activity Work Plan and implementation has already commenced.</p> <p>The first stage of the HCH Program targets general practices in specific geographical regions in the APHN region to support the implementation of the patient centred medical home model. This</p>

	<p>approach has a focus on target groups and health needs identified through the Needs Assessment (i.e. the priority areas). The Program offers opportunities to work with general practices to support them to implement person-centred approaches to chronic and complex health condition management, with a strong focus on multi-morbidities, and consideration given to concurrent risk factors such as obesity.</p> <p>The second stage of development is the formation of a medical neighbourhood, comprised of other health services, such as allied health, pharmacies, Local Health Networks and community health providers. This will support the provision of integrated care through the development and consolidation of referral pathways and linkages with other activities including those commissioned by the APHN.</p> <p>The final development stage is the commissioning of a Local Area Coordinator to support this integration and the formation of a local community of practice. They will also support data collection processes which are used to inform continuous quality improvement.</p>
Collaboration	<ul style="list-style-type: none"> <li>• This activity will be jointly developed in collaboration with General Practices in target areas to implement patient centred medical home model.</li> <li>• This activity will collaborate with specific Local Health Networks (LHNs) to coordinate referral pathways of identified population groups and or those with health condition(s) presenting at Emergency and/or Outpatient Departments and discharge summaries (after hospitalisation) in target areas.</li> <li>• This activity will collaborate with pharmacies and allied health services in target areas to support general practices and patients in managing health condition(s).</li> <li>• This activity will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• This activity will collaborate with NGOs to provide additional support, educational and or promotional services.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing July 2016
Coverage	Public Health Information Development Unit (PHIDU) Population Health Areas (based on ABS Statistical Area Level 2): Davoren Park, Elizabeth East, Elizabeth/ Smithfield - Elizabeth North, Parafield/ Parafield Gardens/ Paralowie, Salisbury/ Salisbury North, Dry Creek - South/ Port Adelaide/ The Parks, Largs Bay

	<p>- Semaphore/ North Haven, Christie Downs/ Hackham West - Huntfield Heights, Christies Beach/ Lonsdale, Morphett Vale - East/ Morphett Vale – West.</p>
<p>Commissioning approach</p>	<ul style="list-style-type: none"> <li>• An Expression of Interest (EOI) was released by the APHN on 4 April 2016 for general practices in the target regions to participate in the HCH Program. This will be followed by an internal assessment of the applications which will identify a maximum of 15 practices across the (targeted) geographic regions to participate in the design process.</li> <li>• An approach to market for a maximum of 3 Local Area Coordinators to support the integration of the Hubs and the local medical neighbourhood (e.g. medical specialists, pharmacies, mental health clinicians) in target areas.</li> <li>• Direct engagement with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support cultural appropriate integration of the Hubs and the local medical neighbourhood (e.g. medical specialists, pharmacies, mental health clinicians) for Aboriginal and Torres Strait Islander people in target areas.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
<p>Data source</p>	<ul style="list-style-type: none"> <li>• Clinical indicators of chronic and complex health conditions - data extraction tools and analysis</li> <li>• Chronic conditions prevalence – Public Health Information Development Unit – latest available</li> <li>• Chronic condition hospitalisations - SA Health financial year 2014/15-2017/18</li> <li>• Service utilisation – MBS Statistics financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> </ul>



**Proposed Activities – NP5.1**

Priority Area (eg. 1, 2, 3)	<b>18. Services for people living with persistent pain are limited with long delays to access hospital-based services.</b>
Activity Title / Reference (eg. NP 1.1)	<b>NP 5.1 Living Well with Persistent Pain Program</b>
Description of Activity	<p>This activity is evidence-based and will support individuals to better understand their pain condition, equips them with the necessary tools to improve their quality of life and thereby minimises the burden of pain on them, their families and the wider community. With a particular focus on people who are currently waiting for hospital-based pain management services, the program will aim to provide an accessible local service which has been designed with the patient at the centre of their own healthcare. This activity may include children living with persistent pain.</p> <p>The activity will provide a holistic self-management course, case coordination and extended allied health services. A GP with a particular interest in managing persistent pain is available to access. A care coordinator undertakes an initial assessment and supports the patient and GP through the process of both group sessions and one-on-one allied health services through a skilled multi-disciplinary team.</p>
Collaboration	<ul style="list-style-type: none"> <li>• This activity will be jointly implemented in collaboration with specific Local Health Networks (LHNs) including the Women’s and Children’s Health Network (WCHN) by referring appropriate patients who are in the hospital waiting list to the activity (or the program).</li> <li>• The Pain Management Unit at the Royal Adelaide Hospital has been actively involved in the development of the activity to support patients who are waiting for tertiary services and those for whom tertiary services are not appropriate. Active referrals occurs from the Pain Management Unit to the primary care programs to support patients in the northern community. Similar options will be explored with the other provider of tertiary pain management services in metropolitan Adelaide.</li> <li>• The WCHN currently have no dedicated paediatric pain management service and so collaboration with them will explore the possibility of a primary care based service with links to appropriate tertiary-based skills and expertise.</li> <li>• This activity will collaborate with General Practices in target areas to manage patients’ condition including any chronic condition(s).</li> <li>• This activity will collaborate with pharmacies and allied health services in target areas to support general practices and patients in managing their condition(s).</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people

Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN region with focus on the following Local Government Areas (LGAs): Playford, Salisbury, Tea Tree Gully, Port Adelaide-Enfield, Marion and Onkaparinga.
Commissioning approach	<ul style="list-style-type: none"> <li>• Direct joint engagement process with specific LHN(s)</li> <li>• A Direct Approach for an organisation or General Practice who will employ a care coordinator to: <ul style="list-style-type: none"> <li>○ Undertake initial assessments,</li> <li>○ Identify and engage suitably qualified local health professionals including allied health in target areas of patients referred</li> <li>○ Support patients through the process of group education sessions</li> <li>○ Work with general practitioners and allied health as a skilled multi-disciplinary team to support the delivery of one-on-one services to patients.</li> </ul> </li> <li>• A Direct Approach to identify a panel of providers of psychological services to accept referrals</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Clinical and quality of life outcomes of persistent pain – pain specific outcomes assessment tools and analysis</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> </ul>

<b>Proposed Activities – NP6.1</b>	
Priority Area (eg. 1, 2, 3)	<b>24. Early screening of selected cancers (cervix, bowel, and breast) can assist in intervention measures which can help reduce mortality as part of a wider cancer control strategy.</b>
Activity Title / Reference (eg. NP 1.1)	<b>NP 6.1 A coordinated approach to increase cancer screening participation</b>
Description of Activity	<p>This activity will promote early cancer screening program and services to target groups in the APHN region. The aims of the activity is to:</p> <ul style="list-style-type: none"> <li>• promote the cervical, bowel and in particular breast cancer screening program and services through a variety of mediums including General Practices,</li> <li>• promote cultural appropriate services, and</li> <li>• increase the participation rates of cervical, bowel and in particular breast cancer screenings to target population groups.</li> </ul>
Collaboration	<p>To enhance the reach of promotion and marketing, referrals and pathways for cancer screening, focusing on target and areas, the activity will be jointly implemented in partnership with:</p> <ul style="list-style-type: none"> <li>• SA Health lead agencies (BreastScreen SA, SA Cervix Screening Program)</li> <li>• National Bowel Cancer Screening Program</li> <li>• Local Health Networks (LHNs)</li> <li>• General Practices</li> <li>• Pharmacies and Allied Health providers</li> <li>• Community organisations such as Migrant Health Service and</li> <li>• Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support a cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN with specific focus on areas with low cancer screening rates (Breast, Cervical and Bowel) and target groups accordingly.
Commissioning approach	<p>This activity will be led by Adelaide PHN.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance,</p>

	outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.
Data source	<ul style="list-style-type: none"><li>• Cancer screening participation rates – PHIDU and NHPA (latest available)</li><li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li></ul>

**Proposed Activities – NP7.1**

Priority Area (eg. 1, 2, 3)	<b>27. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.</b>
Activity Title / Reference (eg. NP 1.1)	<b>NP 7.1 SA PHNs and Women’s and Children’s Hospital (WCH) General Practice (GP) Liaison Unit (GPLU)</b>
Description of Activity	<p>This activity will provide service and system level interventions to support integrated patient centred care and communication across the tertiary/primary care interface and will be undertaken at the Women’s and Children’s Hospital (WCH) as a joint initiative between APHN, Country SA PHN (CSAPHN) and the hospital.</p> <p>The WCH is a State-wide service and the leading provider of specialist care for children with acute and chronic conditions thus providing the opportunity for the activity to be conducted across the entire region of South Australia in collaboration with CSAPHN.</p> <p>The activity will be conducted as a two year pilot and outcomes will be evaluated to establish the potential for future roll out to other hospitals in South Australia as a co-funded model with SA Health, APHN and CSAPHN. The activity will establish a GP Liaison unit at WCH and will engage with hospital and general practice clinicians and staff with aims to: build sustainable working relationships, increase communication and collaboration, and to improve access to and navigation of services, and ensure clinical handover between the two sectors supports the delivery of safe, appropriate and timely care for patients.</p>
Collaboration	<ul style="list-style-type: none"> <li>• This activity will be jointly implemented in collaboration with CSAPHN, WCH, selected General Practice(s) and other relevant primary health providers in the region.</li> <li>• This activity will engage and collaborate with general practice and clinicians and administrative staff from WCH to improve communication and build sustainable working relationships to ensure systems and processes support the quality and timeliness of clinical handover and the coordination of care for patients across the hospital/community interface.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN and Country SA PHN regions

Commissioning approach	<p>The activity will be undertaken through:</p> <ul style="list-style-type: none"> <li>• Direct approach with the WCHN</li> <li>• Direct approach with identified General Practices in both APHN and CSAPHN regions</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> <li>• Clinical and quality improvement outcomes – WCH from 1 September 2016</li> </ul>

**Proposed Activities – NP8.1**

<p>Priority Area (eg. 1, 2, 3)</p>	<p><b>16. Selected areas of the APHN region have high rates of obesity and overweight and correlate with areas of low physical activity and poor nutrition</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p> <p><b>30. Need to improve provision of education to consumers and professionals across the health sector to encourage the take-up and application of preventive health measures.</b></p>
<p>Activity Title / Reference (eg. NP 1.1)</p>	<p><b>NP 8.1 Preventive health care and community health literacy</b></p>
<p>Description of Activity</p>	<p>The APHN considers that health promotion, early intervention and increasing health literacy are essential elements of good coordinated primary health care. This activity will advocate for greater understanding and emphasis on preventive health and health literacy across all primary health care services as identified through the needs assessment process. Importantly the activity will engage the community (particularly new and emerging communities, Aboriginal and Torres Strait Islander people and other CALD communities) and health care professionals through a range of mediums.</p> <p>The aim of this activity is to:</p> <ul style="list-style-type: none"> <li>• Increase consumer health literacy and knowledge of primary health care service system, and preventive health choices available, and</li> <li>• Increase the capacity of primary health care providers to promote evidence-based preventive activities.</li> </ul> <p>Two types of activities will be undertaken, firstly collaboration with community and consumer organisations to develop guidelines, resources or information pathways for consumers so they are more aware of preventive health care options.</p> <p>Secondly, collaboration with general practice and primary health care organisations to identify and develop or disseminate resources to support providers to undertake preventive activities (e.g. assessment, motivational interviewing, referral pathways, follow-up). Aspects of this activity will be reflected in the General Practice support activities.</p>
<p>Collaboration</p>	<p>To eliminate any duplication of current services and deliver quality health promotion and community health literacy strategies, the activity will collaborate with:</p>

	<ul style="list-style-type: none"> <li>• CSAPHN,</li> <li>• SA Health (particularly in relation to the Get Healthy phone coaching service)</li> <li>• Local Government Association and Local Councils,</li> <li>• Non-governmental Organisations and Foundations,</li> <li>• General Practices, Pharmacies and Other Allied Health service providers, and</li> <li>• Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support a cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN region (with specific focus to target population groups in areas)
Commissioning approach	<p>The activity will be undertaken through:</p> <ul style="list-style-type: none"> <li>• Grants application process to co-develop/fund (and expand current) health promotion events and activities to identified topics and target population groups</li> <li>• Direct approach to identified organisations facilitating/promoting health promotion events and activities.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Referral pathways information – SA Health from 01 September 2016</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 01 September 2016</li> <li>• Population risk factor data – PHIDU, NHPA, latest available</li> </ul>



**Proposed Activities – NP9.1**

<p>Priority Area</p>	<p><b>4. Disproportionate quantities of mental health related medicines prescribed in women, disadvantaged areas and population groups such as people aged 75 and over.</b></p> <p><b>23. Medication misadventure including poor quality use of medicines contributes greatly to the burden of potentially preventable hospitalisations.</b></p> <p><b>31. Need to improve the aptitude/attitude and consistency of empathic responses of a variety of health care staff across a range of sectors and settings as well as increase workforce capacity.</b></p> <p><b>32. Minimise instances of poor quality and unwarranted variations of care and follow up.</b></p>
<p>Activity Title / Reference</p>	<p><b>NP 9.1 Workforce education, capacity building and quality health service based on best practice</b></p>
<p>Description of Activity</p>	<p>The Adelaide PHN will provide a range of education and quality improvement supports for primary health care providers to enhance their ability to work as part of a primary health care system to provide the right care in the right time and the right place.</p> <p>The aim of this is develop focussed and co-ordinated quality improvement action across the primary health care sector, utilising the expertise of Drug And Therapeutics Information Service (DATIS), quality improvement organisations, professional development providers, health professional organisations and standards (e.g. RACGP Standards) and to integrate these areas in all primary health care programs and services</p> <p>Education, networking and quality improvement actions and methods of disseminating best practice will focus on identified areas of need including empathic system and service level responses to health care consumers/patients, culturally diverse consumers, and quality use of medicines.</p> <p>Aspects of this activity will be integrated in the General Practice support activities.</p>
<p>Collaboration</p>	<p>To ensure high-quality, evidence based educational and capacity building methods are used in delivering this activity, the activity will collaborate with :</p> <ul style="list-style-type: none"> <li>• Professional organisations representing general practice, GPs and other allied health</li> <li>• Education and capacity building organisations</li> <li>• Local Health Networks (LHNs)</li> <li>• Drug and Therapeutic Information Service (DATIS)</li> <li>• General Practices</li> </ul>

	<ul style="list-style-type: none"> <li>• Pharmacies and Allied Health providers</li> <li>• Organisations working with Culturally and linguistically diverse communities such as Migrant Health Service</li> <li>• Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support a cultural appropriate services for Aboriginal and Torres Strait Islander people.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN region (with specific focus to target population groups in areas)
Commissioning approach	<p>The activity will be undertaken through:</p> <ul style="list-style-type: none"> <li>• Grants application process to co-develop/fund (and expand current) workforce training and educational programs targeting health care professionals (including staff of health services) specifically the priority areas identified through the needs assessment process.</li> <li>• Direct approach and/or market approach to identified organisations facilitating workforce training and educational programs specifically the priority areas identified through the needs assessment process.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<p>Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 01 September 2016</p> <p>Medication dispensing rates – Australian Commission of Safety and Quality in Health Care, latest available</p> <p>Patient Experience of health services – Australian Bureau of Statistics, Patient Experiences in Australia, latest available</p>

**Proposed Activities – NP10.1**

<p>Priority Area</p>	<p><b>26. Lack of easily understood and accessible referral pathways across systems and settings.</b></p> <p><b>27. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.</b></p> <p><b>31. Need to improve the aptitude/attitude and consistency of empathic responses of a variety of health care staff across a range of sectors and settings as well as increase workforce capacity.</b></p>
<p>Activity Title / Reference</p>	<p><b>NP 10.1 Mental Health Clinical Internship (MHCI) Program</b></p>
<p>Description of Activity</p>	<p>This activity addresses workforce capacity and skills development, in clinical therapeutic intervention in mental health. The Mental Health Clinical Internship (MHCI) program will be offered as a targeted 2 year program in regions with high need and offered to post graduate students to develop their skills and expertise in clinical practice. Upon completion of the program the Intern will have fulfilled the requirements for application for registration as an accredited Clinical Mental Health Social Worker, or in the case of other disciplines, two years post graduate clinical experience.</p> <p>The program will consist of:</p> <ul style="list-style-type: none"> <li>• Professional Development</li> <li>• Community Development, Education and Engagement</li> <li>• Observing Direct Clinical Practice</li> <li>• Co-facilitation of Clinical Practice</li> <li>• Supervised Practice</li> <li>• Clinical Supervision</li> </ul> <p>Due to workforce shortages, particularly for experienced Mental Health Clinicians capable of working with hard to reach populations (particularly Aboriginal people and emerging communities), the Adelaide PHN is seeking to offer 2 intern positions in the 16/17-18/19 years.</p>
<p>Collaboration</p>	<p>The APHN currently funds the MHCI as a transition program via Northern Health Network, with 2 current interns in the final stages of completing their 2 year internships. They will join the workforce as qualified MHCs on 1 July 2016.</p>

	It is expected that the MHCI program will be offered to the successful organisation(s) of the APHN Approach to Market process in the Northern region where there is the most demonstrable high level of need for therapeutic mental health services across the stepped care continuum.
Indigenous Specific	Not specific but will include skills development in the provision of clinical mental health services to Aboriginal and Torres Strait Islander people.
Duration	Two year period (2016-2018) commencing July 2016
Coverage	Offered in areas of need within the APHN region.
Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-care model of service delivery, including proposals for workforce development in mental health. The Adelaide PHN will engage and negotiate with successful provider(s) in the Northern region to deliver the MHCI program.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 01 July 2016</li> </ul>

**Proposed Activities – NP11.1**

<p>Priority Area (eg. 1, 2, 3)</p>	<p><b>25. A need to increase the ease of navigation and visibility of the health care system in selected APHN regions, population groups and for particular health issues.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p> <p><b>30. Need to improve provision of education to consumers and professionals across the health sector to encourage the take-up and application of preventive health measures.</b></p>
<p>Activity Title / Reference (eg. NP 1.1)</p>	<p><b>NP 11.1 Child and Youth Wellbeing in Schools Literacy Project</b></p>
<p>Description of Activity</p>	<p>Literacy under-achievement has high social and economic costs in terms of health. The Australian Government National Inquiry into the Teaching of Reading (AGNITTOR, 2005) Committee received evidence indicating that the overlap between under-achievement in literacy (especially in reading) and poor behaviour, health and wellbeing, is a major issue to the extent that what should be an ‘education issue’ has become a major health issue.</p> <p>The provision of 2 Consultants who work with teachers, classroom assistants and families/carers of children/youth who need different teaching strategies to enhance their wellbeing and outcomes. The project addresses behaviour and emotional wellbeing for children in schools that have very low literacy rates and has been undertaken for the past two years in the Medicare Local setting. Focusing on early (health) literacy skills to children will enable ease of navigation and awareness of health care system/services during adulthood.</p> <p>The aims of the activity are to:</p> <ul style="list-style-type: none"> <li>• Improve behaviour and emotional wellbeing for children in schools with very low literacy rates</li> <li>• Increase awareness and understanding by staff in preschools, schools, and childcare centres in target areas in the APHN region of the needs of, and strategies to assist, children with Specific Learning Difficulties,</li> <li>• Provide support to children with learning difficulties in preschools, schools and childcare centres in the target areas in the APHN region.</li> </ul>
<p>Collaboration</p>	<ul style="list-style-type: none"> <li>• This activity will collaborate with selected preschools, schools and childcare centres in target areas in the APHN region to increase awareness and understanding by staff in preschools, schools, and</li> </ul>

	<p>childcare centres in target areas in the APHN region of the needs of, and strategies to assist, children with Specific Learning Difficulties.</p> <ul style="list-style-type: none"> <li>• This activity will collaborate with a Dyslexia Group in the APHN region support to staff in preschool, schools and childcare centres in target areas in the APHN region to develop literacy skills of children.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people.
Duration	Two year period (2016-2018) commencing September 2016
Coverage	Entire APHN region with specific focus to target groups/areas based on NAPLAN and AEDC scores.
Commissioning approach	<ul style="list-style-type: none"> <li>• Direct approach to identified organisation(s) facilitating training and educational programs.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Australian Early Development Census (AEDC) latest available</li> <li>• National Assessment Program – Literacy and Numeracy (NAPLAN) latest available</li> </ul>

**Proposed Activities – NP12.1**

Priority Area (eg. 1, 2, 3)	<p><b>26. Lack of easily understood and accessible referral pathways across systems and settings.</b></p> <p><b>27. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.</b></p> <p><b>32. Minimise instances of poor quality and unwarranted variations of care and follow up.</b></p>
Activity Title / Reference (eg. NP 1.1)	<b>NP 12.1 Digital Health Support</b>
Description of Activity	<p>The activity will aim to:</p> <ul style="list-style-type: none"> <li>• Provide assistance and training where required to facilitate the smooth integration of the My Health Record and the concept of Digital Health into General Practice with the vision to encompass all Healthcare stake holders over time.</li> <li>• Increased quality communication between services providers to ensure appropriate timely follow up and care, with the end objective of reduced hospital admissions and more cost effective healthcare.</li> <li>• Improve health outcomes for the community, and the key objective of the PHN to increase the efficiency and effectiveness of medical services for patients, particular those at risk of poor health outcomes, improving coordination of care to ensure patients receive the right care in the right place at the right time.</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• This activity will collaborate with General Practices in the APHN region to provide the best targeted support and assistance to enable them to provide quality best care to their patients.</li> <li>• Collaboration with Clinical Data Extraction providers to support general practices in installing and maintenance of clinical data software(s) and in data extraction.</li> <li>• Collaboration with the Commonwealth Department of Health to support general practices with My Health Record system and health summaries.</li> </ul>
Indigenous Specific	Not specific but will include Aboriginal and Torres Strait Islander people.
Duration	Two year period (2016-2018) commencing July 2016
Coverage	Entire APHN region
Commissioning approach	This activity will be led by the APHN through dedicated Digital Health Officers.

Data source

- Baseline data for output indicators and targets - APHN compliance & reporting process from 01 July 2016
- Digital health data – Department of Health, from 01 July 2016



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

Proposed Activities – General practice support	
Activity Title / Reference	OP 1.1 Support services for general practices in the APHN region
Description of Activity	<p>The Adelaide PHN will undertake communication and engagement with the General Practice sector and provide education and quality improvement support for primary health care providers to enhance their ability to work as part of a primary health care system to provide the right care in the right time and the right place. Some of the education and quality information have been identified through the needs assessment process (i.e. Activity NP 8.1 and 9.1).</p> <p>The aim of the activity is to:</p> <ul style="list-style-type: none"> <li>• Increase the awareness by the General Practice sector of the Adelaide PHN and increase the capacity of general practices to engage and participate in primary health care reform and thereby provide quality health services to their communities</li> </ul> <p>General practices in the APHN region will be offered:</p> <ul style="list-style-type: none"> <li>• Advice and consultation about areas of primary health reform and change</li> <li>• Regular communication via the APHN Primary Links (targeted weekly eNewsletter) that features upcoming education sessions and events, networking, new resources and health news</li> <li>• Education, engagement and networking events including quality improvement, digital health, chronic disease management, immunisation, cancer screening, chronic condition(s) and topics identified through the needs assessment and through surveys of general practice</li> <li>• Participation in a SA Primary Health Care conference to support these activities</li> <li>• Targeted quality improvement support and data capture and analysis</li> </ul> <p>Focused support for population health improvement in priority areas</p>

Collaboration	<ul style="list-style-type: none"> <li>• This activity will collaborate with General Practices in the APHN region to provide the best targeted support and assistance to enable them to provide quality best care to their patients.</li> <li>• Collaboration with the Royal Australian College of General Practitioners (RACGP) to facilitate additional education and training to General Practitioners.</li> <li>• This activity will collaborate with Aboriginal Community Controlled Health Organisation(s) (ACCHO) to support culturally appropriate services for Aboriginal and Torres Strait Islander people.</li> <li>• Collaboration with Clinical Data Extraction providers to support general practices in installing and maintenance of clinical data software(s) and in data extraction.</li> </ul>
Commissioning approach	<p>The activity will be undertaken through:</p> <ul style="list-style-type: none"> <li>• Market approach or direct approach to organisations facilitating workforce training and educational programs specifically the priority areas identified through the needs assessment process.</li> <li>• Grants application process to co-develop and expand current training, networking and collaborative processes targeting health care professionals (including staff of health services) specifically the priority areas identified through the needs assessment process.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Duration	Two year period (2016-2018) commencing July 2016
Coverage	Entire APHN region
Expected Outcome	<ul style="list-style-type: none"> <li>• Increased awareness by general practices of the Adelaide PHN role and functions</li> <li>• Build a strong collaborative relationship with general practices in the APHN region to achieve the PHN strategic vision.</li> <li>• Increase the efficiency and effectiveness of general practices to provide quality and medical services for patients, particularly those at risk of poor health outcomes,</li> <li>• Improve the coordination of care to patients particularly those with chronic conditions and multimorbidity to reduce potentially preventable hospitalisations.</li> </ul>

## 2. (a) Strategic Vision for After Hours Funding

The Adelaide PHN (APHN) has undertaken a series of community and health care professional consultations as part of the needs assessment process. Based on this feedback and analysis of population health data, hospital emergency department presentation data and After Hours intelligence and reporting from the three South Australian Medicare Locals, the APHN has identified gaps in After Hours service provision and developed a strategic focus for After-Hours funding for the coming 12 months.

The APHN will undertake three major initiatives for the After Hours which aim to support and enhance existing services whilst building new and more flexible mechanisms of service navigation and service innovation for people in the community, primary health care providers including general practice and Residential Aged Care. These initiatives will engage and collaborate with key stakeholders to build sustainable working relationships and models which promote integration and coordination between service providers and optimise outcomes for people in the community. It is anticipated these initiatives will lead to improved access and knowledge of after-hours services and a reduction in potentially preventable hospitalisations in the targeted areas of activity of the Adelaide PHN region in the after-hours period.

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

<b>Proposed Activities – AH 1.1</b>	
After Hours Priority Area	<p><b>20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p>
After Hours Activity Title / Reference	<b>AH 1.1 After Hours Consumer Awareness Resource</b>
Description of After Hours Activity	<p>This activity will optimally market the suite of services available across the Adelaide PHN region in the after hours period with an emphasis on identified areas of need and vulnerability. It will build upon feedback from stakeholder and consumer consultations undertaken as part of the needs assessment process. Consultation identified that there was a lack of knowledge regarding most appropriate, available after hours service.</p> <p>The activity will therefore develop and disseminate an After Hours Consumer Awareness resource through two tools. First a hard copy resource (fridge magnet) for all residents living in the Playford and Onkaparinga Local Government Areas, where there is a high prevalence of Emergency Departments (ED) presentations when compared to the APHN average. This tool will provide consumers with a guide to choosing the right service, dependent on signs and symptoms, and will list general practices, pharmacies and dentists open in the after-hours period. It will also provide information regarding self-care and a range of other general out of hours services and their contact details.</p> <p>The second tool is a mobile friendly website which is targeted all everyone in the APHN region. This will provide consumers with an interactive, electronic guide to choosing the right service, dependant on signs and symptoms. The website will provide consumers with a searchable platform for the most appropriate after hours service as well as providing information regarding self-care and a range of other general our of hours services and their contact details.</p>
Collaboration	To promote and disseminate the tools, this activity will collaborate with:

	<ul style="list-style-type: none"> <li>• General Practices in target areas</li> <li>• Local Government Areas in target areas</li> <li>• Specific LHNs in the APHN region</li> </ul>
Duration	One year period (2016-2017) from September 2016
Coverage	Entire APHN region with a particular focus at Playford and Onkaparinga LGAs for the hard copy tool.
Commissioning approach	<ul style="list-style-type: none"> <li>• Direct approach to identified organisations in the development of the two aforementioned tools (hard copy resource and mobile friendly website).</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Service utilisation – Department of Health financial year 2014/15-2017/18</li> <li>• ED presentations – SA Health financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> </ul>

**Proposed Activities – AH 2.1**

<p>After Hours Priority Area</p>	<p><b>20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.</b></p> <p><b>21. RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p>
<p>After Hours Activity Title / Reference</p>	<p><b>AH 2.1 After Hours Innovation Grants</b></p>
<p>Description of After Hours Activity</p>	<p>The APHN has a responsibility to maintain continuity of after-hours services that are out of scope of the new After Hours Practice Incentive Program (PIP) administered by Medicare.</p> <p>In this regard the APHN is required to:</p> <ul style="list-style-type: none"> <li>• Implement innovative and locally-tailored solutions for after-hours services, based on community need; and</li> <li>• Work to address gaps in after-hours service provision.</li> </ul> <p>The purpose of the grants is to provide financial incentive to support General Practices and other primary care providers to implement innovative approaches to after-hours care that reduce demand on the after-hours period or solutions within the after-hours period.</p> <p>The aim of the grants are to:</p> <ul style="list-style-type: none"> <li>• Support and promote innovation in after-hours primary care services to meet identified community needs</li> <li>• and enable providers to deliver innovative solutions that will address one or more of the identified priority gaps within the Adelaide PHN region as described below: :             <ul style="list-style-type: none"> <li>○ residents of Residential Aged Care Facilities (RACFs)</li> <li>○ migrants (including refugees and international students)</li> <li>○ people requiring immediate mental health treatment</li> <li>○ people requiring palliative care treatment</li> <li>○ people not able to access after-hours care due to frailty or disability</li> <li>○ Aboriginal and Torres Strait Islander Health and Wellbeing</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ other service gaps identified by providers, supported by sound evidence of community need. Applicants should consider a number of factors when demonstrating community need, as follows (but not limited to): <ul style="list-style-type: none"> <li>▪ Population affected <ul style="list-style-type: none"> <li>➤ Surrounding health infrastructure (eg availability of a medical deputising service, locum service, local hospital)</li> <li>➤ Level of socio-economic disadvantage in the region</li> <li>➤ Proximity to existing after hours services</li> </ul> </li> </ul> </li> <li>• Evidence that the proposal is available to the wider community, not just existing practice clientele</li> <li>• Alignment with Digital Health and My Health Record</li> <li>• Potential impact of the proposal is tangible and measurable.</li> </ul>
Collaboration	<p>To provide innovative after hours services that meet identified community needs, the activity will collaborate with:</p> <ul style="list-style-type: none"> <li>• General Practices</li> <li>• Pharmacies</li> <li>• Allied health</li> </ul>
Duration	One year period (2016-2017) from July 2016
Coverage	Entire APHN region.
Commissioning approach	<ul style="list-style-type: none"> <li>• An invitation to apply was made publically available on 15 April 2016 which invites primary health care providers in the region to put forward innovative ways to address gaps in after-hours service provision. At the end of the application period (17 May 2016), assessment of the applications and subsequent contract negotiations will follow.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• ED presentations – SA Health financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 July 2016</li> </ul>

**Proposed Activities – AH 3.1**

<p>After Hours Priority Area</p>	<p><b>20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p> <p><b>30. Need to improve provision of education to consumers and professionals across the health sector to encourage the take-up and application of preventive health measures.</b></p>
<p>After Hours Activity Title / Reference</p>	<p><b>AH 3.1 After Hours Extension of Mental Health Clinical Services</b></p>
<p>Description of After Hours Activity</p>	<p>Extension of mental health clinical services by a key service provider across each of the Northern, Central and Southern metropolitan Adelaide regions from 7pm – 9 pm three days per week.</p> <p>The aim of this activity is:</p> <ul style="list-style-type: none"> <li>to provide primary mental health care services to people in the sociable after hours period to increase accessibility and reduce potentially avoidable hospital emergency department presentations.</li> </ul> <p>As at 1 June 2016, as a result of the RFP process, Adelaide PHN was in contract negotiations with key organisations within the region to provide the extension of Mental health Clinical Services as described above.</p> <p>These services supplement the Mental Health reform agenda. Whist they remain part of the primary care sphere, they are to be implemented to also supplement and in conjunction but not as duplicate of state funded services currently provided.</p>
<p>Collaboration</p>	<p>The Adelaide PHN has consulted widely with stakeholders, representative bodies, professional and community organisations, providers, membership groups, consumers and carers regarding primary mental health and alcohol and other drug reform. These consultations have provided strategic input in to the activity planning process, forming an important collaborative role with the Adelaide PHN.</p>



Duration	One year period (2016-2017) from September 2016
Coverage	Entire APHN region
Commissioning approach	<p>A Request for Proposal (RFP) was released by the APHN on 01 April 2016 for interested mental health service providers to submit proposals to provide mental health treatment services along the stepped-care model of service delivery. The Adelaide PHN will engage and negotiate with successful provider(s) to ensure there are services provided in the after-hours period as identified.</p> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The Adelaide PHN has designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p> <p>As noted above, Adelaide PHN is in contract negotiations with key organisations to provided mental health clinical services</p>
Data source	<ul style="list-style-type: none"> <li>• ED presentations – SA Health financial year 2014/15-2017/18</li> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 1 September 2016</li> </ul>

**Proposed Activities – AH 4.1**

After Hours Priority Area	<p><b>20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p> <p><b>30. Need to improve provision of education to consumers and professionals across the health sector to encourage the take-up and application of preventive health measures.</b></p>
After Hours Activity Title / Reference	<p><b>AH 4.1 Development of Mental Health After Hours Centres in Northern, Southern and Central APHN regions</b></p>
Description of After Hours Activity	<p>The Mental Health Community After Hours Centres will service the Adelaide PHN region, providing accessible, responsive and personalised adult mental health advice and support services to consumers.</p> <p>The aim of this activity is :</p> <ul style="list-style-type: none"> <li>• To provide a central point for consumer-focussed, proactive, responsive and supportive services to people requiring mental health support or advice to reduce potentially avoidable hospital emergency department presentations</li> </ul>
Collaboration	<p>The activity will collaborate with the relevant Local Health Networks in the APHN region</p>
Duration	<p>One year period (2016-2017) from September 2016</p>
Coverage	<p>Entire APHN region</p>
Commissioning approach	<ul style="list-style-type: none"> <li>• A Request for Proposal (RFP) will be released by the APHN for interested service providers and or organisations to submit proposals to fulfil the aims of the activity. The APHN will engage and negotiate with successful provider(s) to ensure the identified priority area is and aims of the activity are, addressed.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>

Data source

- Service utilisation – Department of Health financial year 2014/15-2017/18
- ED presentations – SA Health financial year 2014/15-2017/18
- Baseline data for output indicators and targets - APHN compliance & reporting process from 1 October 2016

**Proposed Activities – AH 5.1**

After Hours Priority Area	<p><b>20. Lack of community awareness about appropriate after hours health care services leading to increased potentially preventable hospitalisations.</b></p> <p><b>28. Lack of community awareness about existing health care services for different population groups, consumers and providers.</b></p>
After Hours Activity Title / Reference	<b>AH 5.1 Clinical Audit Tool (PenCAT)</b>
Description of After Hours Activity	<p>This activity will involve in the acquisition of a clinical audit tool to enable extraction of relevant data from general practice support software for the assessment of after hours reform across the region</p> <p>The aims for this activity are:</p> <ul style="list-style-type: none"> <li>• To provide a comprehensive set of data that can be used to analyse the use of after hours services across the region including:             <ul style="list-style-type: none"> <li>○ Demographics – age, gender and indigenous status</li> <li>○ MBS Item numbers billed</li> <li>○ Reason for Visit</li> <li>○ Visit time period i.e. 6-8pm and 8pm-8am</li> </ul> </li> </ul>
Collaboration	The activity will collaborate with general practices across the region.
Duration	One year period (2016-2017) from September 2016
Coverage	Entire APHN region.
Commissioning approach	<ul style="list-style-type: none"> <li>• Direct approach to the providers of clinical audits tool.</li> </ul> <p>Commissioned services will have specific outcomes and compliance aspects developed into contract(s). The APHN as designated staff; research and evaluation, contract and compliance, outcomes and compliance, officers and capacity building coordinators, to monitor and evaluate contracted services accordingly.</p>
Data source	<ul style="list-style-type: none"> <li>• Baseline data for output indicators and targets - APHN compliance &amp; reporting process from 01 July 2016</li> </ul>