



**Australian Government**

**Department of Health**



An Australian Government Initiative

## **Activity Work Plan 2019-2021: After Hours Funding**

This After Hours Activity Work Plan template has the following parts:

1. The After Hours Activity Work Plan for the financial years 2019-20 and 2020-2021. Please complete the table of planned activities funded under the following:
  - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding
2. The Indicative Budget for the financial years 2019-20 and 2020-21. Please attach an excel spreadsheet using the template provided to submit indicative budgets for:
  - a) Primary Health Networks Core Funding, Item B.3 – Primary Health Networks – After Hours Primary Health Care Program Funding

***Adelaide PHN***

***When submitting this Activity Work Plan to the Department of Health, the PHN must ensure that all internal clearances have been obtained and the Activity Work Plan has been endorsed by the CEO.***

**Approved by the Department of Health 15 August 2020**

## Overview

This After Hours Activity Work Plan covers the period from 1 July 2019 to 30 June 2021. To assist with PHN planning, each activity nominated in this work plan can be proposed for a period of up to 24 months. Regardless of the proposed duration for each activity, the Department of Health will require PHNs to submit updates to the Activity Work Plan on an annual basis.

### Important documents to guide planning

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

- Activity Work Plan guidance material;
- PHN Needs Assessment Guide;
- PHN Program Performance and Quality Framework;
- Primary Health Networks Grant Programme Guidelines;
- Clause 3, Financial Provisions of the Standard Funding Agreement.

### Formatting requirements

- Submit plans in Microsoft Word format only.
- Submit budgets in Microsoft Excel format only.
- Do not change the orientation of any page in this document.
- Do not add any columns or rows to tables, or insert tables/charts within tables – use attachments if necessary.
- Delete all instructions prior to submission.

# 1. (a) Planned PHN activities for 2019-20 and 2020-21

## – After Hours Primary Health Care Program Funding

### AH1 After Hours Consumers Awareness Resource

Proposed Activities – AH 1 After Hours Consumers Awareness Resource	
ACTIVITY TITLE	AH1. After Hours Consumers Awareness Resource
Existing, Modified, or New Activity	Indicate if this is an existing activity, modified activity, or a new activity. Modified Activity <i>Previously referenced as AH1.1</i>
Program Key Priority Area	Choose from the following: Population Health  If Other (please provide details): After Hours
Needs Assessment Priority	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
Aim of Activity	This project focuses on the maintenance (for currency) and planned development and expansion of community awareness raising tools for after-hours medical services to enable people residing in the APHN region to have access and information to support self-triage of available and appropriate after-hours services.
Description of Activity	<p>This activity involves the use of information technology, consumer resource development and expanded care options. The intended outcomes are a reduction in preventable hospitalisations and improvements in the delivery and management of care in order to receive the right care at the right time in the right place.</p> <p>Previous stages of this activity saw development, distribution and promotion of hard copy flip charts to residents in the Playford City council and Port Adelaide Enfield City council areas. The After-Hours Online Directory of General Practices, Hospitals and Allied Health (e.g. Pharmacies) was developed and successfully launched, available to all Adelaide residents. This has been promoted through radio, social media and a translated magnet for our CALD communities.</p> <p>The Adelaide After Hours website has been promoted through:</p> <ul style="list-style-type: none"> <li>• Radio advertising campaign</li> <li>• Cinematic advertising</li> <li>• Distribution of the tri-fold brochure through General Practice, hospital emergency departments and council services such as libraries and community centres</li> </ul> <p>Ensure maintenance of accuracy and currency of information and explore additional expansion involving:</p> <ul style="list-style-type: none"> <li>• Distributing to childcare and primary school services</li> <li>• Including materials in patient discharge information packs</li> <li>• Providing materials for new arrival support services</li> </ul>

	<ul style="list-style-type: none"> <li>Increasing range of services listed, providing contact information for domestic violence, crisis support, LGBTQI support and alcohol and other drugs</li> <li>Providing printed materials to abovementioned services</li> <li>Including bulk billing status for the practices listed</li> </ul>
Target population cohort	All residents in the Adelaide PHN region.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Entire APHN region</p>
Consultation	<p>Provide details of stakeholder engagement and consultation activities to support this activity. Confirm whether GPs were consulted.</p> <p>The program has previously consulted with relevant LGAs, LHNs, key stakeholders in the multicultural sector and community groups, Mental Health Coalition of SA and APHN membership groups including Mental Health Special Interest Area. GPs continue to be consulted through our Clinical Councils and GP Regional Councils.</p> <p>The planned expansion may see further consultation with schools, childcare and hospitals in the areas identified with the highest non-urgent ED visits. Additional consultation will be undertaken with new arrival support groups, domestic violence support services, mental health and crisis support services and LGBTQI health support groups</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.</p> <p>This activity has previously worked with organisations such as medical deputising services [MDS], general practice and other primary health practitioners i.e. Dentist and pharmacy, providing after hours services within the APHN region, to ensure that appropriate information is provided to community whilst raising awareness about the most appropriate and available services.</p> <p>This activity has also worked with Northern Local Health Network (NALHN), Playford LGA and Port Adelaide Enfield City Council.</p> <p>The planned expansion may see further collaboration with schools, childcare and hospitals in the areas identified with the highest non-urgent ED visits to provide access to educational materials.</p> <p>Relevant stakeholders in the multicultural sector for promotion of the translated resource and website.</p>

Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input checked="" type="checkbox"/> Other approach (please provide details)</p> <p>This activity has been provided in full by Adelaide PHN and is hosted on our website</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? No</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

**(Activity Complete) AH2 Extended Primary Care for Residential Aged Care Facilities (Camellia Project)**

<b>Proposed Activities – AH2 Extended Primary Care for Residential Aged Care Facilities (Camellia Project)</b>	
<b>ACTIVITY TITLE</b>	<i>AH2 Extended Primary Care for Residential Aged Care Facilities (Camellia Project)</i>
<b>Existing, Modified, or New Activity</b>	<p>Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity</p> <p>Previously referenced as AH2.2</p>
<b>Program Key Priority Area</b>	<p>Choose from the following: Aged Care</p> <p>If Other (please provide details): After Hours</p>
<b>Needs Assessment Priority</b>	<p>GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.</p> <p>GPH-AH2. RACFs have a low capacity to support their residents in the afterhours setting leading to increased transportation to emergency departments and medical deputising services.</p>
<b>Aim of Activity</b>	<p>The aims of the activity are to:</p> <ul style="list-style-type: none"> <li>• Provide Residential Aged Care Facility residents proactive in hours primary health care to reduce hospital presentations in the after-hours period.</li> <li>• Provide Residential Aged Care Facility residents with proactive in hours primary health care to reduce General Practitioner attendance in the after-hours period.</li> <li>• Build the capacity and capability of Residential Aged Care Facilities to coordinate 24 hour care and clinical services for residents, particularly in relation to the management of complex/chronic conditions, palliative care and end of life care</li> </ul>
<b>Description of Activity</b>	<p>This activity optimises onsite primary health care for people residing in Residential Aged Care Facilities (RACF) through the delivery of a resident-centred, evidence based multi-disciplinary primary health care model</p> <p>The activity implements an "Assess Treat Stay" model within the RACF, which enables early identification of residents at risk of hospitalisation and the delivery of proactive onsite 24/7 clinical care. Where resident hospitalisation cannot be avoided the activity facilitates early discharge and coordinates transition of care back to the RACF.</p> <p>The activity is being delivered over three Southern Cross Care (SA &amp; NT) Inc., sites in Adelaide's north western suburbs – namely Largs Bay, West Beach and Rosewater.</p> <p>Over the remaining project period the model will be fully integrated into existing services delivered by the RACF and underpinned by standardised protocols to guide clinical care, education and training for staff and a resource toolbox.</p>
<b>Target population cohort</b>	RACF residents with chronic complex conditions and at end of life who are at risk of hospitalisation

Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Port-Adelaide West, West Torrens.</p>
Consultation	<p>Provide details of stakeholder engagement and consultation activities to support this activity. Confirm whether GPs were consulted.</p> <p>APHN undertook 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, APHN identified gaps in the After Hours service provision and developed a strategic focus for After Hours funding in Residential Aged Care.</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.</p> <p>To provide innovative after hours services that meet identified community needs the activity collaborates with:</p> <ul style="list-style-type: none"> <li>• Southern Cross Care Residential Aged Care management, staff and residents</li> <li>• General practitioners with residents in participating Southern Cross Care sites</li> <li>• Clinicians and hospital staff the Northern and Central Adelaide Local Health Networks</li> <li>• South Australian Ambulance Service extended care paramedics</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2020</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2020</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p>

	<p> <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.         </p> <p> <input type="checkbox"/> Open tender         </p> <p> <input type="checkbox"/> Expression of Interest (EOI)         </p> <p> <input type="checkbox"/> Other approach (please provide details)         </p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>



**AH3 Northern and South After-Hours Walk-in Clinics (NAWiC and SAWiC)**

<b>Proposed Activities – AH3 Northern and Southern After-Hours Walk-in Clinics (NAWiC and SAWiC)</b>	
<b>ACTIVITY TITLE</b>	<i>AH3 Northern and Southern After-Hours Walk-in Clinics (NAWiC and SAWiC)</i>
<b>Existing, Modified, or New Activity</b>	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p><i>Previously referenced as AH3.1</i></p>
<b>Program Key Priority Area</b>	<p>Choose from the following:</p> <p>Mental Health</p> <p>If Other (please provide details): After Hours</p>
<b>Needs Assessment Priority</b>	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
<b>Aim of Activity</b>	<p>The Northern After-Hours Walk-in Clinic (NAWiC) and Southern After-Hours Walk-in Clinic (SAWiC) contributes to the provision of high quality, timely and responsive mental health assessment, brief intervention and linkages for people experiencing mental health concerns and/or associated difficulties.</p> <p>The aims of the activity are:</p> <ul style="list-style-type: none"> <li>• Provide people experiencing low to moderate acuity mental health symptoms and/or associated difficulties and their carers/families with improved access to primary mental health care services in the after-hours period</li> <li>• Improve primary mental health care service integration and follow-up for people experiencing low to moderate acuity mental health symptoms and/or associated difficulties and their carers/families</li> <li>• Reduce the number of potentially presentable emergency department presentations and hospital admissions for people experiencing low to moderate acuity mental health symptoms and/or associated difficulties. (Australian Mental Health Triage Tool, triage levels 4 &amp; 5)</li> </ul>
<b>Description of Activity</b>	<p>Strategically situated in areas of high demand (i.e. outer metropolitan areas) NAWiC and SAWiC services are available to anyone within the Adelaide metropolitan region.</p> <p>NAWiC and SAWiC offer free mental health assessments and immediacy planning based on client needs in the social after-hours period on a 'no appointment necessary' basis. The services act as a referral gateway relevant to the presenting mental health condition and if necessary can provide brief intervention and follow up services.</p> <p>Furthermore, NAWiC and SAWiC will:</p> <ul style="list-style-type: none"> <li>• Assist with diverting people in situational crisis from Emergency Departments and providing service options until mainstream services are available</li> <li>• Incorporate Peer Support Workers into the service delivery model to ensure the recognised benefits of peer support are delivered</li> <li>• Incorporate appropriate escalation and de-escalation pathways</li> </ul>

Target population cohort	<p>NAWiC and SAWiC will generally provide services for:</p> <ul style="list-style-type: none"> <li>Individuals over the age of 16 whose presentation would meet the minimum criteria of triage Level 4 &amp; 5 under the Australian Mental Health Triage Tool, and their carers/families, but will provide a 'no wrong door' approach ensuring everyone who accesses the service is signposted and assisted.</li> <li>Individuals over the age of 16 presenting with more serious or complex mental health concerns would be referred to other services as appropriate. Children, parents or carers presenting will be directed to appropriate Primary child mental health or CAMHS services as required.</li> </ul>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>NAWiC covers Playford and Salisbury predominantly</p> <p>SAWiC will cover Onkaparinga predominantly</p>
Consultation	<p>Both services have moved from design to implementation phases hence consultation now focuses on the promotion of the service. This is conducted by the commissioned service providers operating the services with support from Adelaide PHN.</p> <p>Promotion for NAWiC has focussed on SA Police, a local major shopping centre, targeted social media campaigns and General Practice. SAWiC continues to focus on the relevant LHN to secure the appropriate premises.</p>
Collaboration	<p>Collaboration continues with :</p> <ul style="list-style-type: none"> <li>Relevant LHNs to ensure key staff are aware of the services and appropriate messaging is provided e.g. signage at local hospitals</li> <li>SAPOL – this includes a champion within SAPOL who is promoting the service internally as an alternative pathway for clients in distress but not requiring ED presentation</li> <li>General practitioners to offer an alternative referral pathway in the out of hours time period for clients in distress but not requiring ED presentation</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: NAWiC October 2018 and SAWiC June 2020</p> <p>Service delivery end date: Both 30 June 2021</p> <p>Any other relevant milestones? No</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p>

	<p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

**AH4 Lived Experience Telephone Support Service (LETSS)**

<b>Proposed Activities – AH4 Lived Experience Telephone Support Service (LETSS)</b>	
<b>ACTIVITY TITLE</b>	<i>AH4 Lived Experience Telephone Support Service (LETSS)</i>
<b>Existing, Modified, or New Activity</b>	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Existing Activity</p> <p><i>Previously referenced as 4.1</i></p>
<b>Program Key Priority Area</b>	<p>Choose from the following:</p> <p>Mental Health</p> <p>If Other (please provide details): After Hours</p>
<b>Needs Assessment Priority</b>	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
<b>Aim of Activity</b>	<p>The Lived Experience Telephone Support Service (LETSS) is a peer led telephone and online chat service where people experiencing mental health conditions and their families/carers residing in the Adelaide metropolitan region can receive real-time information, navigation and support in the social after-hours period (5 – 11.30pm) that:</p> <ul style="list-style-type: none"> <li>a. is timely and appropriate to their needs;</li> <li>b. is focused on engagement and empathetic consumer experience (non clinical);</li> <li>c. supports de-escalation of mental health distress;</li> <li>d.. potentially diverts preventable presentation at an emergency department; and</li> <li>e. assists with access to in-hours mental health services and related services and supports as required.</li> </ul>
<b>Description of Activity</b>	<p>The LETSS is delivered as a one-to-one, non-clinical telephone and online chat service optimising the mental health lived-experience of peer support workers, to enable callers to feel understood and respected by the support, honesty and authentic lived experience of the worker.</p> <p>Specifically, the LETSS will provide a lived experience, real-time telephone helpline as a support and potential signposting (or referral) service that provides, advice, guidance, navigation, emotional mental health support and information to individuals experiencing mental health issues, as well as their family, friends and carers.</p> <p>All personnel (staff delivering the service) will be targeted as having a lived experience of mental illness whether personal, or as someone who cares for a family member or friend, with additional training and qualifications in the field of mental health or lived experience.</p> <p>This service will provide a seven day per week after-hours only service (public operating hours of 5pm to 11.30pm) but have key links with current services offered by Non-Governmental Organisations, State and commonwealth funded services during normal business hours (e.g. for follow-up, referrals).</p>
<b>Target population cohort</b>	The service will support any individual across the metropolitan Adelaide community who may be feeling socially isolated, seeking information about mental health or services, or simply needing someone to talk to. An eligible

	<p>individual may be a person with a mental health presentation, or their family, friend, carer or significant other. The service priority is to support and guide any individual:</p> <ul style="list-style-type: none"> <li>• seeking general mental health advice or information</li> <li>• seeking general mental health help and support</li> <li>• seeking to navigate and access available mental health services</li> <li>• someone with an exacerbation of mental health symptoms or escalating emotional dysregulation including feelings of suicide</li> <li>• someone with a severe and complex mental illness that is seeking support in the implementation of care plan strategies</li> <li>• someone with a mental health presentation needing someone to talk to relieve isolation and loneliness</li> <li>• who may need a welfare check following hospital admission or Emergency Department attendance</li> <li>• someone requiring support when experiencing difficulties or frustrations in accessing a specific service.</li> <li>• Someone requiring support reflecting on early warning signs or trigger behaviours.</li> <li>• A person requiring support in the implementation of their mental health plan of care (where provided to the service)</li> </ul> <p>In addition, the following populations have been identified as experiencing greater health challenges whilst receiving disproportionately lower levels of service. As such, these populations may require specific support strategies to maintain engagement and support in accessing the LETSS. They can include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• individuals on a lower income,</li> <li>• individuals experiencing homelessness,</li> <li>• Culturally and Linguistically Diverse,</li> <li>• Aboriginal and Torres Strait Islander individuals,</li> <li>• Lesbian, Gay, Bisexual, Transgendered, Queer and Intersex (LGBTQI),</li> <li>• socially isolated new and emerging populations,</li> <li>• peri-natal women, and individuals with comorbid presentations.</li> </ul>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>However, interface funding was utilized January – June 2020 to target increased engagement with and support of Aboriginal and Torres Strait Islander people (see Psychosocial AWP NPS #13).</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Entire PHN region</p>
Consultation	

	<p>The LETSS has been a fully consumer, carer and stakeholder co-designed service initiative that included NGO's, Local Health Networks (LHNs), the Mental Health Coalition of SA and consumers and carers. Eighty percent of the final design was by consumers and carers.</p>
Collaboration	<p>In establishing and implementing the service collaboration continues to occur regarding service design with key stakeholders including NGO's, The Mental Health Coalition of SA, LHNs and consumers and carers. See below for key stakeholders and their roles:</p> <ul style="list-style-type: none"> <li>a. Local Health Networks (CALHN, SALHN, NALHN, SA Ambulance Service) and associated agencies (Margaret Tobin Centre, Community Mental Health Teams, Emergency Departments, Child and Adolescent Mental Health Teams, Older Persons Mental Health Teams etc): promote the LETSS service to identified patients (adults and youth) presenting at their services and refer such patients and others triaged accordingly to the LETTS service (i.e. establish and implement referral pathways).</li> <li>b. Non-Government Organisations (Sonder, Baptist Care, the Metropolitan Aboriginal Youth and Family Services, SHINE SA, Neami National, Mind Australia, Skylight Mental Health, Uniting Care Wesley Bowden, Uniting SA, PsychMed, Relationships Australia, Lifeline, SA Community Living): promote the LETSS service to identified patients (adults and youth) presenting at their services and refer such patients and others triaged accordingly to the LETTS service (i.e. establish and implement referral pathways).</li> <li>c. Mental Health Coalition of SA: provision of peer worker training</li> <li>d. General Practice and other primary health care providers: promote the LETTS service to identified patients (adults and youth) presenting at their services and refer such patients and others triaged accordingly to the LETTS service (i.e. establish and implement referral pathways).</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p>

	<p> <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)         </p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

## AH5 Paediatric Partnership Project

Proposed Activities – AH5 Northern and Southern Paediatric Partnership Program	
ACTIVITY TITLE	<i>AH5 Paediatric Partnership Project</i>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Modified Activity</p> <p><i>Previously referenced as AH5 (title and coverage change).</i></p>
Program Key Priority Area	<p>Choose from the following:</p> <p>Population Health</p> <p>If Other (please provide details): Child &amp; Youth</p>
Needs Assessment Priority	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
Aim of Activity	<p>The Program contributes to the provision of quality, timely and responsive paediatric services, and care coordination supports for children and young people aged 0-18 years across metropolitan Adelaide.</p> <p>The aims of the Project are:</p> <ol style="list-style-type: none"> <li>1. Reduce the number of avoidable presentations in public hospital emergency departments, particularly in the after-hours period;</li> <li>2. Reduce the number of unnecessary referrals to public hospital outpatient clinics;</li> <li>3. Improve access to quality, timely and responsive care for children and young people aged 0 -18 years; and</li> <li>4. Improve patient and family/carer health care experiences.</li> </ol>
Description of Activity	This activity is a collaborative partnership model across metropolitan Adelaide. The activity aims to reduce the avoidable presentations in public hospital Emergency Departments (ED) particularly in the afterhours period and unnecessary referrals to the Hospital Paediatric Outpatients clinics, and Paediatric Outpatient Waiting Lists. This is achieved by working closely with Local Health Networks, Autism SA and a group of private Paediatricians. APHN commissions two Care Coordination roles across the projects to assist with the management of Paediatrics wait lists.
Target population cohort	Children and young people (aged 1-18 years of age) with chronic conditions who are frequent attendees at the hospital and their general practitioners.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Entire Adelaide PHN region.</p>
Consultation	<ul style="list-style-type: none"> <li>• This activity was established in consultation with general practitioners and clinicians and administrative staff from NALHN and SALHN</li> </ul>



	<ul style="list-style-type: none"> <li>This activity is governed by Steering Groups, involving participants from partnered organisations to oversee the performance monitoring and evaluation functions of the unit.</li> <li>The Northern Community Advisory Council identified the need for this service.</li> </ul>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.</p> <p>This activity is jointly implemented in collaboration with Local Health Networks, Autism SA and private paediatrics provider.</p> <ul style="list-style-type: none"> <li>Adelaide PHN: Provides funding for the project and coordination of the partners, facilitates communication, provides secretariat for Steering Group meetings.</li> <li>Private Paediatrics Provider: Delivers clinical services and care coordination of referred patients.</li> <li>Local Health Network(s)/Non-For-Profit partners: Refers appropriate children into the service.</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019 Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2019 Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known  <input checked="" type="checkbox"/> Continuing service provider / contract extension  <input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.  <input type="checkbox"/> Open tender  <input type="checkbox"/> Expression of Interest (EOI)  <input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned?</p>

	No
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

**AH6 After Hours Extended Mental Health Clinical Services**

<b>Proposed Activities – AH6 After Hours Extended Mental Health Clinical Services</b>	
<b>ACTIVITY TITLE</b>	<i>AH6 After Hours Extended Mental Health Clinical Services</i>
<b>Existing, Modified, or New Activity</b>	<p>Indicate if this is an existing activity, modified activity, or a new activity. Existing Activity</p> <p><i>Previously referenced as AH3.1 and AH4.1 in 2016/17 and 2017/18 Core-After Hours AWP's respectively (note: committed funding to 2018/19)</i></p>
<b>Program Key Priority Area</b>	<p>Choose from the following: Mental Health If Other (please provide details): After Hours</p>
<b>Needs Assessment Priority</b>	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
<b>Aim of Activity</b>	<p>Describe what this activity will aim to achieve, and how it will address the identified need (300 word limit).</p> <p>The After Hours Extended Mental Health Clinical Services aims to provide evidence based psychological therapy services during the sociable after-hours period based on the local population health needs.</p> <p>The services address the needs identified above by:</p> <ul style="list-style-type: none"> <li>Commissioning existing providers of primary mental health care services in areas of high need to deliver additional afterhours services in locations and times of high need and convenience.</li> <li>Increasing awareness of services by commissioning existing providers that have well established and promoted referral paths and locations known to the local community.</li> </ul>
<b>Description of Activity</b>	<p>Two existing large providers of primary mental health care services (both of whom deliver all services across the stepped care continuum) have been commissioned to deliver additional psychological therapy services in the social afterhours period. Services are planned and structured and based on the needs of the client identified via an intake and assessment process (i.e. not a crisis or walk in service).</p> <p>These providers were already commissioned to deliver PMHCS in areas of high need and have well established referral paths, partnerships and service footprints.</p> <p>Providing additional resources to deliver evidence based psychological therapies in the social afterhours period enables greater access to quality services in locations that are appropriate and convenient and therefore more likely to be used.</p> <p>Using existing providers enables allows for integration with a primary mental health system that is able to easily match a client need with the right service, including using existing arrangements to escalate to acute and state based services if required.</p>

Target population cohort	<ul style="list-style-type: none"> <li>Adults 18-65 that fit existing criteria for PMHCS (ie vulnerable groups)</li> <li>Adults 18-65 as having potentially preventable hospital admissions</li> </ul>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>The services cover Playford and Salisbury predominantly in the North and Onkaparinga predominantly in the South.</p>
Consultation	<p>Provide details of stakeholder engagement and consultation activities to support this activity. Confirm whether GPs were consulted.</p> <p>This service operates in the afterhours space on Thursday evenings and Saturday mornings. The initial consultation outlined in previous AWP's has shifted to ongoing consultation which occurs between Adelaide PHN and CSPs delivering the services to monitor demand and CSPs with referral sources to advise this service is available. GPs were consulted during the design phase of this activity.</p>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.</p> <p>General Practitioners - to permit appropriate referrals are made to the service and awareness of the afterhours service offering is improved.</p> <p>Local Health Networks - will promote and incorporate access to this service under the Regional Plan for Mental Health and Suicide Prevention.</p>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates (<b>including</b> the planning and procurement cycle):</p> <p>Activity start date: 1/07/2019</p> <p>Activity end date: 30/06/2021</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates (<b>excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: July 2019</p> <p>Service delivery end date: June 2021</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input checked="" type="checkbox"/> Continuing service provider / contract extension</p> <p><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed?</p>

	<p>No</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? No</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p> <p>1b. If yes, provide a description of the proposed decommissioning process and any potential implications.</p>

**AH7 HealthPathways South Australia****Proposed Activities – AH7. HealthPathways South Australia**

ACTIVITY TITLE	<b>AH7. HealthPathways South Australia</b>
Existing, Modified, or New Activity	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>Existing Activity</p> <p><i>Previously referenced as HSI3 (in Core HSI GPS AWP)</i></p>
Needs Assessment Priority	<p>GPH 11. Early screening of selected cancers (cervix, bowel, breast) can assist in intervention measures which can help reduce mortality as part of a wider cancer control strategy.</p> <p>GPH13. Lack of easily understood and accessible referral pathways across systems and settings.</p> <p>GPH14. A need to increase communication and collaboration between service providers including hospitals to improve clinical handover.</p> <p>GPH19. Minimise instances of poor quality and unwarranted variations of care and follow-up.</p> <p>GPH 20 Prevention and early intervention strategies for childhood and youth health conditions</p> <p>GPH 22. A coordinated approach to improve navigation and pathways for patients to manage their conditions</p> <p>GPS2. Targeted support to increase awareness and utilisation of HealthPathways SA and specific pathways for patients</p> <p>GPS1. Increase awareness and uptake of digital health systems and benefits for patients</p> <p>PMH5. Difficulty in identifying and accessing appropriate mental health treatment services.</p> <p>PMH7. Increase awareness of appropriate mental health services to health professionals and community and carers through the provision of information and resources.</p> <p>PSM2. Increase awareness and promotion of psychosocial support services for people with severe mental health conditions and their carers.</p> <p>PSM3. Increase the health workforce capacity to provide appropriate care to people with severe mental health conditions</p> <p>AOD2. Build the capacity of health professionals through the provision of information, education and resources to support health professionals in the management of drug and alcohol dependence and related morbidities</p>

	<p>IH-GPH4. Access and information to Breast, Cervix and Bowel cancer screening services for Aboriginal and Torres Strait Islander people</p> <p>IH-GPH5. Awareness of timely access to appropriate services (including after-hours services) for Aboriginal and Torres Strait Islander people.</p>
Aim of Activity	This activity aims to address the Needs Assessment priorities through the development and state-wide implementation of the HealthPathways online portal to support the consistent management of health conditions and improve the patient journey through our local health system.
Description of Activity	<p>HealthPathways is an online portal that provides General Practitioners (GPs) and other health professionals with access to evidence-based assessment, management and localised referral resources for specific health conditions. GPs and other health professionals across the health sectors collaborate on the development and implementation of locally agreed pathways to ensure patients receive the right care in the right place at the right time.</p> <p>This activity is a collaborative partnership between APHN and CSAPHN alongside SA Health to implement HealthPathways across South Australia, and involves:</p> <ul style="list-style-type: none"> <li>• Identification of clinical priorities for delivery of care in South Australia</li> <li>• Development of clinical, information and referral pathways tailored to the local and national context</li> <li>• Promotion of health professional use of HealthPathways in South Australia</li> </ul> <p>Addressing the PHN objectives and priorities identified through the Needs Assessment, this activity looks to enhance consistent care and management of health conditions, increase awareness and utilisation of appropriate services and resources and improve the patient journey through our local health system.</p> <p>This activity looks to be responsive to emerging national priorities, natural disasters and public health emergencies as appropriate to facilitate access to up-to-date and accurate guidance and advice.</p>
Target population cohort	This activity is targeted towards the wide variety of health professionals and health care providers across the APHN region including, but not limited to; GPs and practice nurses, specialists, pharmacists, allied health and aged care professionals.
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>Yes</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector. HPSA engages with subject matter experts in Aboriginal Health as well as AHCSA, Wardliparingga Aboriginal Research Unit and the SA Aboriginal Chronic Disease Consortium.</p>
Coverage	Please indicate if this activity covers the entire PHN region <u>or</u> list specific SA3 in PHN region (see attached jpeg in email for reference)

	Entire APHN region (and covering all of South Australia).							
Consultation	<p>Consultation occurs with existing Adelaide PHN commissioned service providers and membership groups. The HealthPathways process also includes targeted consultation with but not limited to State Health, Local Health Networks, General Practice, allied health professionals, consumer groups and relevant peak organisations.</p> <p>The HealthPathways SA Team and Steering Committee facilitates collaborative consultation mechanism with the activity partners and other stakeholders in the project.</p>							
Collaboration	<p>This is a collaborative partnership activity with SA Health and CSAPHN and reflects HealthPathways activities undertaken by local health jurisdictions and PHNs in other Australian States or Territories. Activities will continue to strengthen relationships and activities with GP Liaison units.</p> <p><b>Organisational Roles and Responsibilities</b></p> <table><tr><td>SA Health</td><td>Key partner; responsible for contract management; provides specific FTE to support service navigation, collaboration and engagement of local health clinicians, clinical leads, GP liaison units and Subject Matter Experts</td></tr><tr><td>Adelaide PHN</td><td>Key partner; responsible for ensuring needs of primary care across the metropolitan area are identified; provides specific FTE for operational coordination, clinical GP editors and program management and administration. Collaboration with Adelaide Metropolitan GP Liaison Units and engaging local general practitioners in consultation processes and online pathway feedback.</td></tr><tr><td>Country SA PHN</td><td>Key partner; responsible for ensuring the expectations and needs of primary care across the country area are identified; provides specific FTE to support the HealthPathways SA Team for operational coordination, clinical GP editors and program management. Collaboration and engagement with regional and remote SA general practitioners in online consultation processes and pathway feedback.</td></tr></table>		SA Health	Key partner; responsible for contract management; provides specific FTE to support service navigation, collaboration and engagement of local health clinicians, clinical leads, GP liaison units and Subject Matter Experts	Adelaide PHN	Key partner; responsible for ensuring needs of primary care across the metropolitan area are identified; provides specific FTE for operational coordination, clinical GP editors and program management and administration. Collaboration with Adelaide Metropolitan GP Liaison Units and engaging local general practitioners in consultation processes and online pathway feedback.	Country SA PHN	Key partner; responsible for ensuring the expectations and needs of primary care across the country area are identified; provides specific FTE to support the HealthPathways SA Team for operational coordination, clinical GP editors and program management. Collaboration and engagement with regional and remote SA general practitioners in online consultation processes and pathway feedback.
	SA Health	Key partner; responsible for contract management; provides specific FTE to support service navigation, collaboration and engagement of local health clinicians, clinical leads, GP liaison units and Subject Matter Experts						
	Adelaide PHN	Key partner; responsible for ensuring needs of primary care across the metropolitan area are identified; provides specific FTE for operational coordination, clinical GP editors and program management and administration. Collaboration with Adelaide Metropolitan GP Liaison Units and engaging local general practitioners in consultation processes and online pathway feedback.						
	Country SA PHN	Key partner; responsible for ensuring the expectations and needs of primary care across the country area are identified; provides specific FTE to support the HealthPathways SA Team for operational coordination, clinical GP editors and program management. Collaboration and engagement with regional and remote SA general practitioners in online consultation processes and pathway feedback.						
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 1/07/2019</p>							



	<p>Activity end date: 30/06/2022</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding</b> the planning and procurement cycle):</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
<p>Commissioning method and approach to market</p>	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet known</li> <li><input type="checkbox"/> Continuing service provider / contract extension</li> <li><input type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date.</li> <li><input type="checkbox"/> Open tender</li> <li><input type="checkbox"/> Expression of Interest (EOI)</li> <li><input checked="" type="checkbox"/> Other approach (please provide details) Partnership</li> </ul> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? Yes</p>

**AH8 Priority Care Centres**

<b>Proposed Activities – AH8. Priority Care Centres</b>	
<b>ACTIVITY TITLE</b>	AH8. Priority Care Centres
<b>Existing, Modified, or New Activity</b>	<p>Indicate if this is an existing activity, modified activity, or a new activity.</p> <p>New Activity</p> <p>If activity is existing or modified, provide the relevant reference/s from previous Activity Work Plan/s where possible.</p>
<b>Program Key Priority Area</b>	<p>Choose from the following:</p> <p>Population Health</p> <p>If Other (please provide details):</p>
<b>Needs Assessment Priority</b>	GPH-AH1. Lack of community awareness about appropriate after-hours health care services leading to increased potentially preventable hospitalisations.
<b>Aim of Activity</b>	<p>Describe what this activity will aim to achieve, and how it will address the identified need.</p> <p>The Priority Care Centres program aims to provide community-based healthcare and treatment for eligible patients who would otherwise be seeking a service from a SA Health Emergency Department during the After-Hours period.</p> <p>The services address the needs identified above by:</p> <ul style="list-style-type: none"> <li>• Providing services by General Practitioners, supported by SA Health hospital staff specially trained in acute assessment and care as well as offering support care and treatment such as: <ul style="list-style-type: none"> <li>○ Diagnostic tools such as imaging and pathology</li> <li>○ Pharmacy services</li> <li>○ Community based health services for follow up care.</li> </ul> </li> <li>• Reducing the burden of triage 4 and 5 patients from the hospital sector to be serviced appropriately in primary care by adequately trained and resourced clinical teams.</li> <li>• To improve integration across services and sectors.</li> <li>• Reduce the number of potentially preventable hospitalisations.</li> </ul>
<b>Description of Activity</b>	<p>Describe the activity, including what work will be undertaken, and how the activity and/or services will be delivered.</p> <p>Patients who present to a SA Health Emergency Department who are triaged as Category four or five (non-life threatening injuries and illnesses) or have called for a SA Ambulance Service (SAAS) are assessed for their eligibility and if deemed appropriate are then directed to a PCC. Patients can choose to attend a Centre with no out of pocket expenses or wait for their care to be delivered at an emergency department. Services are provided in line with care needs which may include imaging, pathology, pharmacy and other community-based services. Upon completion of service at the PCC, patients will either return home, be referred to appropriate community-based care, or in some cases be transferred back to hospital usually for admission. All services provided are</p>

	<p>communicated with the patient's regular health care provider by means of a summary report</p> <p>All patients are offered the opportunity to complete a survey to ascertain their satisfaction of the service received at the PCC. This will allow for quality improvement changes to the program over the duration of the contracted time period.</p>
Target population cohort	<p>Describe the cohort that this activity will target.</p> <p>The target cohort will be lower acuity adult patients such as those presenting with minor sprains and strains, suspected fractures, sporting injuries, minor cuts and wounds, general pain, early pregnancy complications, urinary tract infections and mental health issues.</p>
Indigenous specific	<p>Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people?</p> <p>No</p> <p>If yes, briefly describe how this activity will engage with the Indigenous sector.</p>
Coverage	<p>Please indicate if this activity covers the entire PHN region or list specific SA3 in PHN region (see attached jpeg in email for reference)</p> <p>Marion, West Torrens, Salisbury and Playford</p>
Consultation	<p>Provide details of stakeholder engagement and consultation activities to support this activity. Confirm whether GPs were consulted.</p> <ul style="list-style-type: none"> <li>General practices were approached and encouraged to express interest in participating in the program if they were located in relevant 'hot spot' (aligned with the above SA3 regions) and if they had the appropriate workforce and infrastructure to provide the service.</li> <li>SA Health, Local Health Network staff (including SALHN, CALHN and NALHN), South Australian Ambulance Service (SAAS).</li> </ul>
Collaboration	<p>List and describe the role of each stakeholder that will be involved in designing and/or implementing the activity, including stakeholders such as Local Health Networks, state/territory governments, or other relevant support services. Confirm whether GPs were consulted in the design or co-design process.</p> <ul style="list-style-type: none"> <li>Adelaide PHN will continue to collaborate with SA Health, SAAS, LHN teams and general practice teams to ensure that the program continues to be monitored and modified where appropriate and required.</li> <li>APHN will continue to support the development, roll-out and evaluation of the patient satisfaction survey.</li> <li>APHN will support the general practice PCC teams with process and resource development or any upskilling regarding use of IT systems or programs</li> <li>SA Health continue to be the lead for the project and are responsible for coordinating the other stakeholders, developing committees to support any redesign to enable improvements.</li> </ul>

	<ul style="list-style-type: none"> <li>SAAS continue to advise and support their workforce and make amendments to current systems and processes to ensure smooth transition of patients to PCCs as well as reviewing the current eligibility criteria for PCC patients.</li> <li>Local Health Networks (LHN) are responsible for coordinating their ED teams to review the eligibility for PCC patients. Their ED specialist team provide the upskilling/refresher training for any general practitioners and other primary health care staff where required.</li> <li>LHN provide the ED nurse/s located at each PCC that assist with triage and handover from ED/SAAS and also supports the discharge of patients requiring ongoing care with community-based services.</li> </ul>
Activity milestone details/ Duration	<p>Provide the anticipated activity start and completion dates <b>(including the planning and procurement cycle)</b>:</p> <p>Activity start date: 3/02/2020</p> <p>Activity end date: 31/12/2020</p> <p><b>If applicable</b>, provide anticipated service delivery start and completion dates <b>(excluding the planning and procurement cycle)</b>:</p> <p>Service delivery start date: Month. Year.</p> <p>Service delivery end date: Month. Year.</p> <p>Any other relevant milestones?</p>
Commissioning method and approach to market	<p>1. Please identify your intended procurement approach for commissioning services under this activity:</p> <p><input type="checkbox"/> Not yet known</p> <p><input type="checkbox"/> Continuing service provider / contract extension</p> <p><input checked="" type="checkbox"/> Direct engagement. If selecting this option, provide justification for direct engagement, and if applicable, the length of time the commissioned provider has provided this service, and their performance to date. SA Health initiative but shared objective of reducing unnecessary hospital admissions and utilising primary care. PHN funding contributing to sociable after hours period service delivery.</p> <p><input type="checkbox"/> Open tender</p> <p><input type="checkbox"/> Expression of Interest (EOI)</p> <p><input type="checkbox"/> Other approach (please provide details)</p> <p>2a. Is this activity being co-designed? Yes</p> <p>2b. Is this activity this result of a previous co-design process? Yes</p> <p>3a. Do you plan to implement this activity using co-commissioning or joint-commissioning arrangements? Yes</p> <p>3b. Has this activity previously been co-commissioned or joint-commissioned? No</p>
Decommissioning	<p>1a. Does this activity include any decommissioning of services? No</p>

	1b. If yes, provide a description of the proposed decommissioning process and any potential implications.
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