

# Adelaide - PHN Pilots and Targeted Programs 2022/23 - 2026/27 Activity Summary View



## PP&TP-GP - 202304 - A202304 - PHN Strengthening Medicare – General Practice Grants Program



### Activity Metadata

#### Applicable Schedule \*

PHN Pilots and Targeted Programs

#### Activity Prefix \*

PP&TP-GP

#### Activity Number \*

202304

#### Activity Title \*

A202304 - PHN Strengthening Medicare – General Practice Grants Program

#### Existing, Modified or New Activity \*

Modified



### Activity Priorities and Description

#### Program Key Priority Area \*

Workforce

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The Australian Government is investing \$220 million in grants, over two years from 2022-23 to 2023-24, through the Strengthening Medicare – General Practice Grants Program (the Program), to support general practices and eligible Aboriginal Community Controlled Health Organisations (ACCHOs) to expand patient access and support safe, and accessible, quality primary care.

#### Description of Activity \*

General Practices will be able to access single on-off grants based on the accreditation status and practice size. Single one-off grants of either \$25,000, \$35,000 or \$50,000 (based on practice size and accreditation status) will be available for investments in innovation, training, equipment, and minor capital works – to be expended on any of the three investment streams below:

1. enhancing digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards; Intended outcome: increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data
2. upgrading infection prevention and control arrangements – to support the safe, face to face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza); Intended outcome: increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices’ capacity to treat more of these patients).
3. maintaining and/or achieving accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices (5th edition), under the General Practice Accreditation Scheme – to promote quality and safety in general practice. Intended outcome: increase the number of accredited general practices.

Adelaide PHN will work with the Commonwealth department to issue funding offers to general practices in their identified streams and further to this support General Practices to implement/utilise/understand the funding stream and applicable purchases. See A202304 - PHN Strengthening Medicare – General Practice Grants Program for further details of the administrative component of the program.

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary care providers are supported to use digital health tools to share clinical information and improve timeliness of communication	180
Primary health care providers are supported to adopt and fully implement digital health technologies	180
Develop and maintain the capacity and capability of the primary health care workforce to be flexible in an ever-changing health landscape	168
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region’s diverse population	168



## Activity Demographics

### Target Population Cohort

Eligible General practices and Aboriginal Community Controlled Health Organisations

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes

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## Activity Consultation and Collaboration

### Consultation

Adelaide PHN will monitor and engage with eligible practices in our region to ensure they are aware of, and fully supported to, participate in the grants program

### Collaboration

Adelaide PHN will monitor and engage with eligible practices in our region to ensure they are aware of, and fully supported to, participate in the grants program

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## Activity Milestone Details/Duration

### Activity Start Date

28/02/2023

### Activity End Date

30/12/2024

### Service Delivery Start Date

21/04/2023

### Service Delivery End Date

30/06/2024

### Other Relevant Milestones

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## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**



## PP&TP-GP-Ad - 202305 - A202305 - PHN Strengthening Medicare – General Practice Grants Program - Admin



### Activity Metadata

**Applicable Schedule \***

PHN Pilots and Targeted Programs

**Activity Prefix \***

PP&TP-GP-Ad

**Activity Number \***

202305

**Activity Title \***

A202305 - PHN Strengthening Medicare – General Practice Grants Program - Admin

**Existing, Modified or New Activity \***

Modified



### Activity Priorities and Description

**Program Key Priority Area \***

Workforce

**Other Program Key Priority Area Description****Aim of Activity \***

The Australian Government is investing \$220 million in grants, over two years from 2022-23 to 2023-24, through the Strengthening Medicare – General Practice Grants Program (the Program), to support general practices and eligible Aboriginal Community Controlled Health Organisations (ACCHOs) to expand patient access and support safe, and accessible, quality primary care. Single one-off grants of either \$25,000, \$35,000 or \$50,000 (based on practice size and accreditation status) will be available for investments in innovation, training, equipment, and minor capital works – to be expended on any of the three investment streams below:

1. enhancing digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards; Intended outcome: increase take-up of contemporary digital health solutions including video telehealth, secure data storage and interoperable software that supports seamless, secure communication of patient data
2. upgrading infection prevention and control arrangements – to support the safe, face to face assessment of patients with symptoms of potentially infectious respiratory diseases (e.g. COVID, influenza); Intended outcome: increase the proportion of COVID Positive and other respiratory patients treated in a general practice setting (by increasing practices' capacity to treat more of these patients)
3. maintaining and/or achieving accreditation against the Royal Australian College of General Practitioners (RACGP) Standards for General Practices (5th edition), under the General Practice Accreditation Scheme – to promote quality and safety in general

practice. Intended outcome: increase the number of accredited general practices

### Description of Activity \*

To support the administration and management of the grants program, PHNS will:

- On the Program's opening date (or shortly thereafter – no later than end of April 2023), electronically/digitally send out the application packs – such as by email or secure digital portal – to general practices in their region. For each general practice, the application pack must include: • Letter of Invitation – Australian Government-branded and Minister-signed. • Application / Grant Agreement Form (relevant to the particular practice) • Quick Reference Guide

- Undertake due diligence checks: • confirming that the practice has not already applied and previously been approved/paid a grant under this Program • the practice details section is complete and cross-checked against PHN's existing held data (e.g. ABNs, ACNs, known email address and bank account details for the practice) • cross-check accreditation status indicated in the application form, against the PHN's own records if known (no need to liaise with applicant) and also against their grant allocation tier (e.g. if the practice has advised on the form they are 'unaccredited' but their grant allocation is \$35,000 or \$50,000 then the PHN should contact the Department as this is inconsistent with the grant tiering). • the practice has ticked one or more investment streams. • invoicing method and payment timing preferences have been selected, where applicable. • the form has been signed and dated.

- Capture program data as set out by the Department of Health as close to real-time as possible, record the following information about each general practice applicant/grant recipient using the national program data reporting spreadsheet at the following key milestones:

• Dispatch of application pack • Receipt and assessment of completed Application / Grant Agreement Form • Payment of grant • Receipt of completed Evaluation Form • Receipt of completed Financial Acquittal Form The national data reporting spreadsheet will be made available by Department and stored on the PHN Sharepoint.

- Advise the Department of: • any investment activities being made using the grants that PHNs become aware of during regular interactions with general practices • any implementation issues in their PHN region.

At the Program completion, circulate to all general practice recipients the Department's evaluation survey, for completion by 31 July 2024. Assist with following up on any uncompleted evaluation surveys but will not be required to analyse the evaluation data.

Review the completed financial acquittals to confirm whether grants have been spent in accordance with Grant Agreement obligations and arrange for any unspent funds to be returned by general practices.

### Needs Assessment Priorities \*

#### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary care providers are supported to use digital health tools to share clinical information and improve timeliness of communication	180
Primary health care providers are supported to adopt and fully implement digital health technologies	180
Develop and maintain the capacity and capability of the primary health care workforce to be flexible in an ever-changing health landscape	168
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region's diverse population	168



## Activity Demographics

### Target Population Cohort

Eligible General practices and Aboriginal Community Controlled Health Organisations

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Adelaide PHN will monitor and engage with eligible practices in our region to ensure they are aware of, and fully supported to, participate in the grants program

### Collaboration

Adelaide PHN will monitor and engage with eligible practices in our region to ensure they are aware of, and fully supported to, participate in the grants program



## Activity Milestone Details/Duration

### Activity Start Date

28/02/2023

### Activity End Date

30/12/2024

### Service Delivery Start Date

21/04/2023

### Service Delivery End Date

30/06/2024

**Other Relevant Milestones**



**Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** No  
**Continuing Service Provider / Contract Extension:** No  
**Direct Engagement:** No  
**Open Tender:** No  
**Expression Of Interest (EOI):** No  
**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

No

**Has this activity previously been co-commissioned or joint-commissioned?**

No

**Decommissioning**

No

**Decommissioning details?**

**Co-design or co-commissioning comments**





## PP&TP-EPP - 202403 - A202403 - Endometriosis and Pelvic Pain GP Clinics



### Activity Metadata

**Applicable Schedule \***

PHN Pilots and Targeted Programs

**Activity Prefix \***

PP&TP-EPP

**Activity Number \***

202403

**Activity Title \***

A202403 - Endometriosis and Pelvic Pain GP Clinics

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Population Health

**Other Program Key Priority Area Description****Aim of Activity \***

Deliver a dedicated endometriosis and pelvic pain GP clinic to:

- Enhance understanding, capacity, and capability of primary health care services in the Adelaide region to better respond to endometriosis and pelvic pain.
- Provide responsive and culturally safe support for priority populations.
- Improve access to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:
  - Access to evidence based information, support resources, care pathways and networks.
  - Access to an appropriately trained workforce with expertise in endometriosis and pelvic pain.

**Description of Activity \***

Endometriosis and Pelvic Pain Clinic model of care:

Consumers of the Clinic are supported by a multidisciplinary female practitioner team including GPs, psychologists, trauma informed Exercise Physiologist, dietitian, Registered Nurse (RN) care coordinator, and gastroenterologist with an interest in pelvic pain.

All clients have an hour-long initial GP consult to thoroughly, and holistically assess client history and symptoms, and determine any diagnostic tests required. Following review of results, the GP and RN then coordinate the development of a personalised care plan for each patient, involving other multidisciplinary clinicians and specialists as required to manage symptoms or pain.

Employing a client centred approach, goals are developed with client and their care team and are reviewed regularly, along with

the completion of validated pain and well-being questionnaires to measure progress.

The Clinic offers GP facilitated group education programs involving allied health therapists to improve client self-management capability in a supportive peer environment. The Clinic holds regular fortnightly interdisciplinary case conferences as required to discuss individual care and has onsite capability to provide IUD insertion and iron infusions. Referrals from other GP practices are accepted, providing specialised care and capacity building support to transition ongoing management back to the client's primary, referring GP.

Program funding will specifically support the following activities:

- Recruitment of GP(s) with endometriosis care interest/expertise.
- Employment of a specific endo care nurse to work along the existing team.
- Employment of an allied health professional to support the delivery of group education.
- Provision of project management, clinical governance and administration support.
- Further training and education for staff on endometriosis and relevant care, participation in national and international conferences and meetings.
- Minor capital works as agreed with the Adelaide PHN.
- Purchase of new equipment relevant to endometriosis care.
- Online and over the phone bookings for new and existing patients.
- Monthly multi-disciplinary meetings (via zoom), including case discussion and educational sessions.
- Delivery of small community support groups for patients experiencing endometriosis and pelvic pain, facilitated by a GP and/or allied health professional. Sessions may involve a range of health professionals that support condition and symptom management including emotional and social wellbeing, diet, pain management and embracing the need for community.
- Delivery of an online space for evidence-based information and resources to build capacity for patient self-management. This increases the geographical reach of education to optimise accessibility.
- Engagement with other general practices, LHNs and existing local pelvic pain and endometriosis networks.

This activity will be evaluated and the provider will be writing up a final model of care at the end of the contract period.

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
People at risk of developing or living with chronic or complex conditions can receive timely and appropriate interventions, care, support and management	75



## Activity Demographics \*

### Target Population Cohort

Persons in the Adelaide metropolitan region experiencing endometriosis or pelvic pain.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

This activity has been codesigned in consultation with the chosen provider who is an active member of the Pelvic Pain Network and has established multi-disciplinary and specialist referral pathways for the effective management of endometriosis and pelvic pain.

The decision to engage the chosen provider built on a previous EOI process with additional needs and data analysis. During 2018-2021, women residing in the City of Holdfast Bay and the neighbouring LGA of City of Onkaparinga, had the highest rates of ED presentations related to pelvic pain and endometriosis in the Adelaide PHN region. The provider is located centrally in City of Holdfast Bay (SEIFA score 1047), near low GP access catchments LGAs (Onkaparinga, West Torrens, Charles Sturt), and is easily accessible (including public transport options) within APHN region. The practice is already accessed by priority and culturally diverse population groups, and all staff have completed cultural safety training. Additionally, the practice utilises the Translating and Interpreting Service as required, provides closed captions for deaf patients, and bulk bills on a case-by-case basis, offering small gap fee payment (\$20) for pensioners and vulnerable patients with instant Medicare rebate.

### Collaboration

Ongoing collaboration is planned with the Local Health Networks, general practices and primary care organisations supporting regional multicultural and Aboriginal and Torres Strait Islander populations to establish streamlined referral pathways between primary care services, the provider and specialist outpatient departments. In addition, the chosen provider is committed to the delivery of monthly multidisciplinary case discussion and education meetings, and ongoing communication with general practices to build their capacity to deliver evidence-based quality care for endometriosis and pelvic pain consumers across the region.



## Activity Milestone Details/Duration

### Activity Start Date

30/11/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/12/2023

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments

The Endometriosis and Pelvic Pain GP Clinic has been co-designed with the commissioned service provider.



## PP&TP-EPP-Ad - 202403 - O202403 - Endometriosis and Pelvic Pain GP Clinics



### Activity Metadata

#### Applicable Schedule \*

PHN Pilots and Targeted Programs

#### Activity Prefix \*

PP&TP-EPP-Ad

#### Activity Number \*

202403

#### Activity Title \*

O202403 - Endometriosis and Pelvic Pain GP Clinics

#### Existing, Modified or New Activity \*

New Activity



### Activity Priorities and Description

#### Program Key Priority Area \*

Population Health

#### Other Program Key Priority Area Description

#### Aim of Activity \*

Deliver a dedicated endometriosis and pelvic pain GP clinic to:

- Enhance understanding, capacity, and capability of primary health care services in the Adelaide region to better respond to endometriosis and pelvic pain.
- Provide responsive and culturally safe support for priority populations.
- Improve access to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:
  - O Access to evidence based information, support resources, care pathways and networks.
  - O Access to an appropriately trained workforce with expertise in endometriosis and pelvic pain.

#### Description of Activity \*

PLEASE NOTE THIS IS THE OPERATIONAL COMPONENT OF A202403

Endometriosis and Pelvic Pain Clinic model of care:

Consumers of the Clinic are supported by a multidisciplinary female practitioner team including GPs, psychologists, trauma informed Exercise Physiologist, dietitian, Registered Nurse (RN) care coordinator, and gastroenterologist with an interest in pelvic pain.

All clients have an hour-long initial GP consult to thoroughly, and holistically assess client history and symptoms, and determine any diagnostic tests required. Following review of results, the GP and RN then coordinate the development of a personalised care

plan for each patient, involving other multidisciplinary clinicians and specialists as required to manage symptoms or pain. Employing a client centred approach, goals are developed with client and their care team and are reviewed regularly, along with the completion of validated pain and well-being questionnaires to measure progress.

The Clinic offers GP facilitated group education programs involving allied health therapists to improve client self-management capability in a supportive peer environment. The Clinic holds regular fortnightly interdisciplinary case conferences as required to discuss individual care and has onsite capability to provide IUD insertion and iron infusions. Referrals from other GP practices are accepted, providing specialised care and capacity building support to transition ongoing management back to the client’s primary, referring GP.

Program funding will specifically support the following activities:

- Recruitment of GP(s) with endometriosis care interest/expertise.
- Employment of a specific endo care nurse to work along the existing team.
- Employment of an allied health professional to support the delivery of group education.
- Provision of project management, clinical governance and administration support.
- Further training and education for staff on endometriosis and relevant care, participation in national and international conferences and meetings.
- Minor capital works as agreed with the Adelaide PHN.
- Purchase of new equipment relevant to endometriosis care.
- Online and over the phone bookings for new and existing patients.
- Monthly multi-disciplinary meetings (via zoom), including case discussion and educational sessions.
- Delivery of small community support groups for patients experiencing endometriosis and pelvic pain, facilitated by a GP and/or allied health professional. Sessions may involve a range of health professionals that support condition and symptom management including emotional and social wellbeing, diet, pain management and embracing the need for community.
- Delivery of an online space for evidence-based information and resources to build capacity for patient self-management. This increases the geographical reach of education to optimise accessibility.
- Engagement with other general practices, LHNs and existing local pelvic pain and endometriosis networks.

This activity will be evaluated and the provider will be writing up a final model of care at the end of the contract period.

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
People at risk of developing or living with chronic or complex conditions can receive timely and appropriate interventions, care, support and management	75



## Activity Demographics

### Target Population Cohort

Persons in the Adelaide metropolitan region experiencing endometriosis or pelvic pain.

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

## Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

This activity has been codesigned in consultation with the chosen provider who is an active member of the Pelvic Pain Network and has established multi-disciplinary and specialist referral pathways for the effective management of endometriosis and pelvic pain.

The decision to engage the chosen provider built on a previous EOI process with additional needs and data analysis. During 2018-2021, women residing in the City of Holdfast Bay and the neighbouring LGA of City of Onkaparinga, had the highest rates of ED presentations related to pelvic pain and endometriosis in the Adelaide PHN region. The provider is located centrally in City of Holdfast Bay (SEIFA score 1047), near low GP access catchments LGAs (Onkaparinga, West Torrens, Charles Sturt), and is easily accessible (including public transport options) within APHN region. The practice is already accessed by priority and culturally diverse population groups, and all staff have completed cultural safety training. Additionally, the practice utilises the Translating and Interpreting Service as required, provides closed captions for deaf patients, and bulk bills on a case-by-case basis, offering small gap fee payment (\$20) for pensioners and vulnerable patients with instant Medicare rebate.

### Collaboration

Ongoing collaboration is planned with the Local Health Networks, general practices and primary care organisations supporting regional multicultural and Aboriginal and Torres Strait Islander populations to establish streamlined referral pathways between primary care services, the provider and specialist outpatient departments. In addition, the chosen provider is committed to the delivery of monthly multidisciplinary case discussion and education meetings, and ongoing communication with general practices to build their capacity to deliver evidence-based quality care for endometriosis and pelvic pain consumers across the region.



## Activity Milestone Details/Duration

### Activity Start Date

30/11/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

01/12/2023

### Service Delivery End Date

30/06/2026

### Other Relevant Milestones



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No  
Continuing Service Provider / Contract Extension: No  
Direct Engagement: No  
Open Tender: No  
Expression Of Interest (EOI): No  
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments





# PP&TP-DVP - 202306 - O202306 - Family, Domestic and Sexual Violence (FDSV) Pilots



## Activity Metadata

### Applicable Schedule \*

PHN Pilots and Targeted Programs

### Activity Prefix \*

PP&TP-DVP

### Activity Number \*

202306

### Activity Title \*

O202306 - Family, Domestic and Sexual Violence (FDSV) Pilots

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Other (please provide details)

### Other Program Key Priority Area Description

Family, Domestic and Sexual Violence

### Aim of Activity \*

The Adelaide PHN, in partnership with Country SA PHN, will lead a state-wide approach to support primary health care providers to implement a model of support to assist in the early identification and intervention of family, domestic and sexual violence (FDSV), and coordinate referrals to support services, to improve health outcomes for people experiencing family, domestic and sexual violence in South Australia

### Description of Activity \*

Operational component of:  
A202404 - Family and Domestic Violence (FDV)  
A202405 - Sexual Violence (SV)  
A202406 - Child Sexual Abuse Response (CSA)

### Needs Assessment Priorities \*

#### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region's diverse population	168
Support practitioners to improve communication and build relationships with other health care providers	168
Families, children and young people can access timely early intervention, prevention and support services	75
Integration, coordination and partnerships between primary and acute care supports continuity of care and improved health outcomes	75



## Activity Demographics

### Target Population Cohort

Providers of care to people experiencing domestic, family and sexual violence particularly general practice staff, specialist domestic and family violence services, and hospitals

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

### Service Delivery Start Date

January 2025

### Service Delivery End Date

June 2026

### Other Relevant Milestones

Phase Pre-Planning – May to June 2023

Phase 1: Exploration of Need – July to December 2023

Phase 2: Planning & Undertaking Co-design – January to March 2024

Phase 3: Implementation of Pilot – April 2024 to June 2026

Phase 4: Monitor & Evaluate – January 2024 to June 2026



## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

**Co-design or co-commissioning comments**



# PP&TP-DVP - 202404 - A202404 – Family and Domestic Violence (FDV)



## Activity Metadata

### Applicable Schedule \*

PHN Pilots and Targeted Programs

### Activity Prefix \*

PP&TP-DVP

### Activity Number \*

202404

### Activity Title \*

A202404 – Family and Domestic Violence (FDV)

### Existing, Modified or New Activity \*

New Activity



## Activity Priorities and Description

### Program Key Priority Area \*

Other (please provide details)

### Other Program Key Priority Area Description

Family, Domestic and Sexual Violence

### Aim of Activity \*

The Adelaide PHN, in partnership with Country SA PHN, will lead a state-wide approach to support primary health care providers to implement a model of support to assist in the early identification and intervention of family and domestic violence (DV), and coordinate referrals to support services, to improve health outcomes for people experiencing DV in South Australia

### Description of Activity \*

The activity will have a number of components:

- Increase the capacity and capability of the primary care workforce to better care for victim-survivors of FDSV and persons living with FDSV
- Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of sexual violence.
- Improved primary health care system capability to respond to FDSV through enhanced primary education and training opportunities for primary care workers to better care for people living with FDSV
- Improve system integration and health system navigation for victims-survivors of FDSV through collaboration and establishment of system integrators across specialist support services and sectors and integration of primary health care services with local health systems to ensure coordinated responses.
- Identification of the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

These will be achieved through the following key phases of work:

Phase: Pre-Planning (May – November 2023)

- o Recruit Program Manager
- o Establish Program Governance
- o Identify and engage suitable Co-Design Facilitator for delivery of Phase 1.

Phase 1: Exploration of Need & establishing project team (November 2023 – May 2024)

- o Complete the establishment of the PHN Program Team including Project Officers
- o Work with the Co-Design Facilitator to identify and prioritise needs of local communities, consult local stakeholders, Identify and map existing pathways of care

Phase 2: Planning and Undertaking Co-Design (May 2024 to October 2024)

- o Identify and engage co-design facilitators for phase 2.
- SA PHNs will work with the Co-Design Facilitators to establish a statewide implementation plan (including a co-designed model) to respond to priorities, including

- Focus on working within existing systems, building on existing activity and existing resources
- Establish partnerships with key stakeholders where required
- Establish monitoring and evaluation approach

SA PHNs will recruit a lived experience panel and a GP advisory panel in place of an employment model initially indicated. This will ensure a more diverse range of expertise needed for the statewide approach and support engagement and implementation throughout.

Phase 3: Implementation of Pilot and Integrated Modules (July 2024 to June 2026)

- o SA PHNs will commission activity for service delivery of pilot activities based on co-design
  - Commission and facilitate an approach for primary care providers to participate in training
  - Facilitate identified activity within existing PHN initiatives and contracted activity
  - Facilitate co-funded partnered opportunities with key state and jurisdictional stakeholders to support integrated pathways of care across systems.

Phase 4: Monitor and Evaluate (January 2024 to June 2026)

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region's diverse population	168
Support practitioners to improve communication and build relationships with other health care providers	168
Families, children and young people can access timely early intervention, prevention and support services	75
Integration, coordination and partnerships between primary and acute care supports continuity of care and improved health outcomes	75



## Activity Demographics

### Target Population Cohort

Providers of care to people experiencing FDV particularly general practice staff, specialist response services, and hospitals

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Identify, engage and consult with local subject matter expertise, including those with lived experience, in the areas of FDV to ensure any and all decision making is based on best available evidence including local context

### Collaboration

Collaboration with other organisations will include:

- Supporting a statewide approach with Country SA PHN by strengthening our collaborative partnerships by leveraging resources and expertise
- Learning and leveraging from Stream 1 PHN Pilot sites, including the Brisbane South PHN approach as well as utilising other resources as appropriate from other PHN pilots.
- Participating in national conversation with other PHNs to ensure consistency where appropriate – Adelaide PHN have already begun discussions with Stream 1 Pilot PHNs to understand, learn and adopt successful strategies for program implementation
- Supporting the development and implementation of national consistent resources to minimize duplication of effort, and maximise effectiveness



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

**Service Delivery Start Date**

January 2025

**Service Delivery End Date**

June 2026

**Other Relevant Milestones**

Phase: Pre-Planning – May to November 2023

Phase 1: Exploration of Need – November 2023 to May 2024

Phase 2: Planning & Undertaking Co-design – May to October 2024

Phase 3: Implementation of Pilot – June 2024 to June 2026

Phase 4: Monitor & Evaluate – January 2024 to June 2026



**Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

**Has this activity previously been co-commissioned or joint-commissioned?**

**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**





## PP&TP-DVP - 202405 - A202405 – Sexual Violence (SV)



### Activity Metadata

**Applicable Schedule \***

PHN Pilots and Targeted Programs

**Activity Prefix \***

PP&TP-DVP

**Activity Number \***

202405

**Activity Title \***

A202405 – Sexual Violence (SV)

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Family, Domestic and Sexual Violence

**Aim of Activity \***

The Adelaide PHN, in partnership with Country SA PHN, will lead a state-wide approach to support primary health care providers to implement a model of support to assist in the early identification and intervention of sexual violence (SV), and coordinate referrals to support services, to improve health outcomes for people experiencing SV in South Australia

**Description of Activity \***

The activity will have a number of components:

- Increase the capacity and capability of the primary care workforce to better care for victim-survivors of SV and persons living with SV
- Improve the primary care system integration with the broader SV service response system and health service navigation for victim-survivors of sexual violence.
- Improved primary health care system capability to respond to SV through enhanced primary education and training opportunities for primary care workers to better care for people living with SV
- Improve system integration and health system navigation for victims-survivors of SV through collaboration and establishment of system integrators across specialist support services and sectors and integration of primary health care services with local health systems to ensure coordinated responses.
- Identification of the most viable options for sustainable change to support victim-survivors of SV in the primary health care setting into the future.

These will be achieved through the following key phases of work:

Phase: Pre-Planning (May – November 2023)

- o Recruit Program Manager
- o Establish Program Governance
- o Identify and engage suitable Co-Design Facilitator for delivery of Phase 1.

Phase 1: Exploration of Need & establishing project team (November 2023 – May 2024)

- o Complete the establishment of the PHN Program Team including Project Officers
- o Work with the Co-Design Facilitator to identify and prioritise needs of local communities, consult local stakeholders, Identify and map existing pathways of care

Phase 2: Planning and Undertaking Co-Design (May 2024 to October 2024)

- o Identify and engage co-design facilitators for phase 2.

SA PHNs will work with the Co-Design Facilitators to establish a statewide implementation plan (including a co-designed model) to respond to priorities, including

- Focus on working within existing systems, building on existing activity and existing resources
- Establish partnerships with key stakeholders where required
- Establish monitoring and evaluation approach

SA PHNs will recruit a lived experience panel and a GP advisory panel in place of an employment model initially indicated. This will ensure a more diverse range of expertise needed for the statewide approach and support engagement and implementation throughout.

Phase 3: Implementation of Pilot and Integrated Modules (July 2024 to June 2026)

- o SA PHNs will commission activity for service delivery of pilot activities based on co-design

- Commission and facilitate an approach for primary care providers to participate in training
- Facilitate identified activity within existing PHN initiatives and contracted activity
- Facilitate co-funded partnered opportunities with key state and jurisdictional stakeholders to support integrated pathways of care across systems.

Phase 4: Monitor and Evaluate (January 2024 to June 2026)

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region's diverse population	168
Support practitioners to improve communication and build relationships with other health care providers	168
Families, children and young people can access timely early intervention, prevention and support services	75
Integration, coordination and partnerships between primary and acute care supports continuity of care and improved health outcomes	75



## Activity Demographics

### Target Population Cohort

Providers of care to people experiencing SV particularly general practice staff, specialist response services, and hospitals

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Identify, engage and consult with local subject matter expertise, including those with lived experience, in the areas of SV to ensure any and all decision making is based on best available evidence including local context

### Collaboration

Collaboration with other organisations will include:

- Supporting a statewide approach with Country SA PHN by strengthening our collaborative partnerships by leveraging resources and expertise
- Learning and leveraging from Stream 1 PHN Pilot sites, including the Brisbane South PHN approach as well as utilising other resources as appropriate from other PHN pilots.
- Participating in national conversation with other PHNs to ensure consistency where appropriate – Adelaide PHN have already begun discussions with Stream 1 Pilot PHNs to understand, learn and adopt successful strategies for program implementation
- Supporting the development and implementation of national consistent resources to minimize duplication of effort, and maximise effectiveness



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

**Service Delivery Start Date**

January 2025

**Service Delivery End Date**

June 2026

**Other Relevant Milestones**

Phase: Pre-Planning – May to November 2023

Phase 1: Exploration of Need – November 2023 to May 2024

Phase 2: Planning & Undertaking Co-design – May to October 2024

Phase 3: Implementation of Pilot – June 2024 to June 2026

Phase 4: Monitor & Evaluate – January 2024 to June 2026



**Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

**Has this activity previously been co-commissioned or joint-commissioned?**

**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**



## PP&TP-DVP - 202406 - A202406 – Child Sexual Abuse Response (CSA)



### Activity Metadata

**Applicable Schedule \***

PHN Pilots and Targeted Programs

**Activity Prefix \***

PP&TP-DVP

**Activity Number \***

202406

**Activity Title \***

A202406 – Child Sexual Abuse Response (CSA)

**Existing, Modified or New Activity \***

New Activity



### Activity Priorities and Description

**Program Key Priority Area \***

Other (please provide details)

**Other Program Key Priority Area Description**

Family, Domestic and Sexual Violence

**Aim of Activity \***

The Adelaide PHN, in partnership with Country SA PHN, will lead a state-wide approach to support primary health care providers to implement a model of support to assist in the early identification and intervention of child sexual abuse (CSA), and coordinate referrals to support services, to improve health outcomes for people experiencing CSA in South Australia

**Description of Activity \***

The activity will have a number of components:

- Increase the capacity and capability of the primary care workforce to better care for victim-survivors of CSA and persons living with CSA
- Improve the primary care system integration with the broader CSA service response system and health service navigation for victim-survivors of CSA.
- Improved primary health care system capability to respond to CSA through enhanced primary education and training opportunities for primary care workers to better care for people living with CSA
- Improve system integration and health system navigation for victims-survivors of CSA through collaboration and establishment of system integrators across specialist support services and sectors and integration of primary health care services with local health systems to ensure coordinated responses.
- Identification of the most viable options for sustainable change to support victim-survivors of CSA in the primary health care setting into the future.

These will be achieved through the following key phases of work:

Phase: Pre-Planning (May – November 2023)

- o Recruit Program Manager
- o Establish Program Governance
- o Identify and engage suitable Co-Design Facilitator for delivery of Phase 1.

Phase 1: Exploration of Need & establishing project team (November 2023 – May 2024)

- o Complete the establishment of the PHN Program Team including Project Officers
- o Work with the Co-Design Facilitator to identify and prioritise needs of local communities, consult local stakeholders, Identify and map existing pathways of care

Phase 2: Planning and Undertaking Co-Design (May 2024 to October 2024)

- o Identify and engage co-design facilitators for phase 2.

SA PHNs will work with the Co-Design Facilitators to establish a statewide implementation plan (including a co-designed model) to respond to priorities, including

- Focus on working within existing systems, building on existing activity and existing resources
- Establish partnerships with key stakeholders where required
- Establish monitoring and evaluation approach

SA PHNs will recruit a lived experience panel and a GP advisory panel in place of an employment model initially indicated. This will ensure a more diverse range of expertise needed for the statewide approach and support engagement and implementation throughout.

Phase 3: Implementation of Pilot and Integrated Modules (July 2024 to June 2026)

- o SA PHNs will commission activity for service delivery of pilot activities based on co-design

- Commission and facilitate an approach for primary care providers to participate in training
- Facilitate identified activity within existing PHN initiatives and contracted activity
- Facilitate co-funded partnered opportunities with key state and jurisdictional stakeholders to support integrated pathways of care across systems.

Phase 4: Monitor and Evaluate (January 2024 to June 2026)

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

#### Priorities

Priority	Page reference
Primary health care providers are supported to improve their cultural competency and clinical skills to safely support the region's diverse population	168
Support practitioners to improve communication and build relationships with other health care providers	168
Families, children and young people can access timely early intervention, prevention and support services	75
Integration, coordination and partnerships between primary and acute care supports continuity of care and improved health outcomes	75



## Activity Demographics

### Target Population Cohort

Providers of care to people experiencing CSA particularly general practice staff, specialist response services, and hospitals

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

Identify, engage and consult with local subject matter expertise, including those with lived experience, in the areas of CSA to ensure any and all decision making is based on best available evidence including local context

### Collaboration

Collaboration with other organisations will include:

- Supporting a statewide approach with Country SA PHN by strengthening our collaborative partnerships by leveraging resources and expertise
- Learning and leveraging from Stream 1 PHN Pilot sites, including the Brisbane South PHN approach as well as utilising other resources as appropriate from other PHN pilots.
- Participating in national conversation with other PHNs to ensure consistency where appropriate – Adelaide PHN have already begun discussions with Stream 1 Pilot PHNs to understand, learn and adopt successful strategies for program implementation
- Supporting the development and implementation of national consistent resources to minimize duplication of effort, and maximise effectiveness



## Activity Milestone Details/Duration

### Activity Start Date

31/05/2023

### Activity End Date

29/06/2026

**Service Delivery Start Date**

January 2025

**Service Delivery End Date**

June 2026

**Other Relevant Milestones**

Phase: Pre-Planning – May to November 2023

Phase 1: Exploration of Need – November 2023 to May 2024

Phase 2: Planning & Undertaking Co-design – May to October 2024

Phase 3: Implementation of Pilot – June 2024 to June 2026

Phase 4: Monitor & Evaluate – January 2024 to June 2026



**Activity Commissioning**

**Please identify your intended procurement approach for commissioning services under this activity:**

**Not Yet Known:** Yes

**Continuing Service Provider / Contract Extension:** No

**Direct Engagement:** No

**Open Tender:** No

**Expression Of Interest (EOI):** No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

Yes

**Is this activity the result of a previous co-design process?**

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

**Has this activity previously been co-commissioned or joint-commissioned?**

**Decommissioning**

**Decommissioning details?**

**Co-design or co-commissioning comments**





# PP&TP-GCPC - 202101 - A202101 - Greater Choice for At Home Palliative Care



## Activity Metadata

### Applicable Schedule \*

PHN Pilots and Targeted Programs

### Activity Prefix \*

PP&TP-GCPC

### Activity Number \*

202101

### Activity Title \*

A202101 - Greater Choice for At Home Palliative Care

### Existing, Modified or New Activity \*

Modified



## Activity Priorities and Description

### Program Key Priority Area \*

Aged Care

### Other Program Key Priority Area Description

### Aim of Activity \*

The Greater Choice for At Home Palliative Care Program within the Adelaide regions aims to:

- improve appreciation of dying and death as a normal part of life
- enhance community and professional awareness of the scope of, and benefits of timely and appropriate access to palliative care services
- ensure appropriate and effective palliative care is available to all Australians based on need
- build and enhance the capacity of all relevant sectors to provide quality palliative care

### Description of Activity \*

• Adelaide PHN is progressing the work of the previous AWP towards a social model within a Compassionate Communities Framework. This framework has four domains; people at end of life; families and carers; communities; and the broader health aged care and social care systems. Compassionate Communities is a public health approach to end-of-life care which expands the reach and effectiveness of formal end-of-life care services by increasing community awareness. to. Adelaide PHN continues to build on investment to date to further embed palliative care initiatives undertaken as part of the pilot of the GCfAHPC program.

Key project activities planned in the Adelaide region for this program include:

- Increasing Advance Care Planning within the homeless/at risk of homeless and LGBTQ+ communities
- Increasing workforce capability to deliver quality end of life and palliative care within primary care and community aged care settings
- 
- Brokering partnerships between subject matter experts, key service providers and Palliative Care SA to plan and deliver activities aiming to support societal and cultural change to enable more people to die comfortably within their own homes
- Facilitate embedding a compassionate communities approach across the the Adelaide region
- Support adoption of Commonwealth funded Palliative Aged Care Outcomes Program (PACOP) within residential aged care homes (RACH)
- Adelaide PHN will employ two FTE staff from 2021-22 to 2024-25.

Activity title was previously: A202101 - PHN Palliative Care – Greater Choice for At Home Palliative Care (GCfAHPC) program

## Needs Assessment Priorities \*

### Needs Assessment

Adelaide PHN Needs Assessment 2022/23 - 2024/25: 2023 Update

### Priorities

Priority	Page reference
Older people living in the community and residential aged care are supported by timely, accessible, coordinated primary care services in and out of hours	103
Older people have access and support from palliative care services which address their needs, wishes and health care preferences	104



## Activity Demographics

### Target Population Cohort

- Older people residing in RACH
- Older people living in the community
- Health professionals and carers
- Community members broadly

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

The Adelaide PHN continue to engage with the aged care sector across the region on all Adelaide PHN older people and aged care specific activities. In addition internal consultation occurs with Adelaide PHN clinical council and community advisory council members. External consultations with aged care consumers is facilitated by Adelaide PHN kitchen table discussions and more broadly with subject matter experts within tertiary and other health sectors. To drive continuous improvements across all aged care activities within the State, Adelaide PHN are collaborating with State and Federal funders to deliver symposiums to the sector.

### Collaboration

Adelaide PHN has engaged and partnered with Country SA PHN, and is working in collaboration with SA Health, Palliative Care SA, Universities and key stakeholders whose organisations are contributing to the aim of GCfAHPC Program. Regular project updates are provided to the state-wide strategic palliative care groups which bring together the above stakeholders. A continued process of engagement will be established throughout the program to plan and implement activity for subsequent years.

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## Activity Milestone Details/Duration

### Activity Start Date

30/06/2022

### Activity End Date

29/06/2025

### Service Delivery Start Date

July 2022

### Service Delivery End Date

June 2025

### Other Relevant Milestones

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## Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

**Other Approach (please provide details):** No

**Is this activity being co-designed?**

No

**Is this activity the result of a previous co-design process?**

No

**Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?**

Yes

**Has this activity previously been co-commissioned or joint-commissioned?**

Yes

**Decommissioning**

No

**Decommissioning details?**

N/A

**Co-design or co-commissioning comments**

Adelaide PHN has established links with all key stakeholders and will provide regular updates through the membership of the Palliative Care Clinical Network which includes all clinical and non-clinical palliative care services. Adelaide PHN, through the program has established a strong working relationship with a large range of residential aged care providers and will continue this engagement through this program and the older people and aged care agenda. Adelaide PHN has strong linkages with primary care providers and general practice including non-government health organisations and communicates with these stakeholders through network meetings education events, newsletters and updates and including its website to provide consistent messages around end-of-life care choices and the use of existing resources and tools.