

# Adelaide - PHN Pilots and Targeted Programs 2021/22 - 2024/25 Activity Work Plan



## PP&TP-GCPC - 202101 - A202101 - PHN Palliative Care – Greater Choice for At Home Palliative Care (GCfAHPC) program



### Activity Metadata

**Applicable Schedule \***

PHN Pilots and Targeted Programs

**Activity Prefix \***

PP&TP-GCPC

**Activity Number \***

202101

**Activity Title \***

A202101 - PHN Palliative Care – Greater Choice for At Home Palliative Care (GCfAHPC) program

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

Existing



### Activity Priorities and Description

**Program Key Priority Area \***

Aged Care

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

The rationale behind the activity is based on evidence that demonstrates less than 5% of older people in South Australia entering into the aged care system have an advance care plan. This often results in care, treatment, hospitalisations and dying in a place that does not reflect the clients wishes, choices and health care preferences.

The aim of the activity is to ensure clients have the opportunity to complete an advance care plan facilitated and supported by skilled, confident staff. Advance care planning when embedded systematically into models of care support the coordination of the right care at the right time in the right place and supports the process of decision making as the trajectory of disease progresses.

## Description of Activity \*

The GCfAHPC program over the next four years provides the opportunity to build and further develop the model of care previously established in residential aged care facilities and the translation of support for people on home care packages.

Home Care Package Providers (HCPPs) will be invited to work in partnership with Adelaide Primary Health Network, with the intention of improving the capacity of the HCPPs to support clients to exercise choice and control over their health care. Adelaide Primary Health Network Quality Improvement (QI) Facilitators will work directly with HCPPs management and staff to identify and implement activities that support advance care planning, palliative care, and care in the terminal phase of life. Through a process of quality improvement:

- An ongoing and consistent approach to advance care planning will be established.
- Training will support staff to feel confident and competent in advance care planning, including the application of supported decision making and the use of a non-statutory plan for clients who are unable to complete the legal document.
- General Practitioners supporting the participating HCPP providers will have the opportunity to attend advance care planning and palliative care workshops.
- Community workshops will support clients to complete an Advance Care Plan.
- Clients and families will have the opportunity to establish their goals of care, wishes and health care preferences.
- Care coordination, referral pathways, processes and procedures will be explored to support a multidisciplinary team approach to care at home across the health economy.
- The role of General Practice and Primary Care in supporting clients to die at home will be explored and reviewed.
- The role, support and challenges for families caring for a relative at home will be reviewed.
- Opportunities to address the challenges for being cared for and dying at home will inform the quality improvement measures.

Relevant national and state-based programs, guidelines, professional standards, evidence-based practice, resources, and tools will underpin the GCfAHPC program.

A partnership agreement sets out the terms and conditions of the program and associated obligations of each party. This includes obligations for the HCPPs to provide de-identified quantitative and qualitative data to monitor performance and to contribute to knowledge building and information sharing across the palliative care sector.

Adelaide Primary Health Network has established working relationships with key stakeholders to provide a strategic overview of the palliative care sector and to facilitate cross sector collaboration and partnership.

## Needs Assessment Priorities \*

### Needs Assessment

Needs Assessment 2022/23-2024/25

#### 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.	58
Older people have access and support from palliative care services which address their needs, wishes and health care preferences.	58



## Activity Demographics

### Target Population Cohort

- The target population in 2021 - 2022 are older people living in the community on a home care package.
- Subsequent years will roll out the above model of care and further develop to include older people identified through primary care with chronic co-morbidities.

**In Scope AOD Treatment Type \***

**Indigenous Specific \***

No

**Indigenous Specific Comments**

**Coverage**

**Whole Region**

Yes



**Activity Consultation and Collaboration**

**Consultation**

Consultation has taken place with a broad representation of stakeholders, this has included Residential Aged Care Providers, Home Care Package Providers, Local Health Networks, Department of Health and Wellbeing, Palliative Care Peak Bodies, Universities and Training Providers, Local Government Providers, National and State Strategic Groups for Palliative Care and Advance Care Planning and APHN membership and colleagues. The role of each stakeholder has been collectively to contribute the work they are involved in and align where possible with GCfAHPC. Consultation and collaboration has been an ongoing component of this work and with the extension of the program will continue.

**Collaboration**

GCfAHPC will work in collaboration with stakeholders whose organisations are contributing to the aim of GCfAHPC. Regular project updates will be 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.



**Activity Milestone Details/Duration**

**Activity Start Date**

30/06/2021

**Activity End Date**

29/06/2025

**Service Delivery Start Date**

**Service Delivery End Date**

### Other Relevant Milestones

31/06/2022: program with home care providers conclude.  
01/07/2022: 3 year program with primary and community care will commence

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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:** No  
**Open Tender:** No  
**Expression Of Interest (EOI):** No  
**Other Approach (please provide details):** Yes

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

Yes

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

Yes

**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**

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. APHN through the pilot measure 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.

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## PP&TP-AHPGPE - 202206 - A202206 - COVID Allied Health Package GP Education



### Activity Metadata

#### Applicable Schedule \*

PHN Pilots and Targeted Programs

#### Activity Prefix \*

PP&TP-AHPGPE

#### Activity Number \*

202206

#### Activity Title \*

A202206 - COVID Allied Health Package GP Education

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

New Activity



### Activity Priorities and Description

#### Program Key Priority Area \*

Aged Care

#### Other Program Key Priority Area Description

#### Aim of Activity \*

The activity aim is to deliver a GP education package to GPs and other primary care providers, including practice nurses within Residential Aged Care Facilities (RACFs) to increase the understanding/ use of allied health care in RACFs.

#### Description of Activity \*

Deliver a GP education package to GPs and other primary care providers, including practice nurses regarding:

- The importance of providing allied health services to people with dementia and other residents with complex medical needs in Residential Aged Care Facilities (RACF)
- The new temporary MBS allied health and mental health items for residents of aged care facilities, and how they can be used to support the residents

It is expected that a minimum of three education sessions are conducted.

Medicare Benefits Schedule (MBS) items have been made available to improve access to multidisciplinary care for residents of residential aged care facilities (RACF) during the COVID-19 pandemic.

#### Needs Assessment Priorities \*

## Needs Assessment

Needs Assessment 2022/23-2024/25

### Priorities

Priority	Page reference
Older people requiring community and residential aged care services are supported by a skilled, motivated, and empowered workforce	58
Older people living in the community and residential aged care are supported by timely, accessible, coordinated primary care services in and out of hours.	58



## Activity Demographics

### Target Population Cohort

Workforce

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

#### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

### Collaboration

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## Activity Milestone Details/Duration

### Activity Start Date

22/02/2021

### Activity End Date

30/06/2023

### Service Delivery Start Date

### Service Delivery End Date

### 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): 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

