



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

South Eastern Melbourne 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.

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

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2019-2021.

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	<i>AH1 – Increasing After Hours Access on Weekends and Public Holidays</i>
Program Key Priority Area	<i>Population Health</i>
Needs Assessment Priority	<i>Outcomes of the Service Needs Analysis pages 35, 38, 45 and 57.</i>
Aim of Activity	<ul style="list-style-type: none"> • <i>Increase General Practice After Hours (AH) face-to-face service provision on the weekend including Sundays and Public Holidays in the SEMPHN catchment for LGAs of Greater Dandenong, Frankston, Casey, Kingston, Mornington Peninsula and Cardinia.</i> • <i>Provide access to General Practice on weekends particularly on Sunday, to reduce admissions to Hospital and Emergency Department (ED) presentations for Chronic Disease conditions and ‘GP Type’ presentations.</i>
Description of Activity	<p><u><i>Access Activity: Increase access to General Practice on weekends and public holidays</i></u></p> <p><i>Service elements and considerations:</i></p> <ul style="list-style-type: none"> • <i>Funding for General Practice primary health care services in the unsociable AH periods as defined by DHHS – weekends and public holidays</i> • <i>Delivery of services – may consider suitable practices with more ‘Urgent Care’ equipment such as, X-Rays, diagnostic services, pathology in order to better cater for minor/urgent type presentations</i> • <i>Links with local ED service</i> • <i>Promotion of practice hours and services offered</i> • <i>Workforce – upskill Nurse capabilities</i> • <i>Bulk billing/private/mixed billing</i> <p><i>Eligibility may also be based on:</i></p> <ul style="list-style-type: none"> • <i>Proximity to diagnostic and pathology</i> • <i>Proximity of Pharmacies</i> • <i>Proximity to LHN ED</i> <p><u><i>Evidence</i></u></p> <p><i>PwC Report and evidence from the results of SEMPHNs Round 3 and 5 AH commissioning indicate that majority of practices involved in both grants have fully or partially sustained the additional After Hours requirements beyond the funding period.</i></p>

Target population cohort	<i>Patients within the SEMPHN catchment who have poorly managed complex medical needs.</i>
Indigenous specific	<i>No</i>
Coverage	<p><i>Areas with the highest vulnerability for After Hours need: Greater Dandenong, Frankston, Casey, Kingston, Mornington Peninsula and Cardinia.</i></p> <p><i>Note: This is by rate of population, Casey has the largest absolute population numbers.</i></p>
Consultation	<i>This activity is a result of multiple rounds of commissioning to General Practice over the life of the PHN, comprehensive research conducted by PwC and internal analysis of our previous commissioning by SEMPHNs Systems Outcomes team. GPs have been intimately involved at all points of this process and have been the recipients of the majority of commissioned funds.</i>
Collaboration	<p><i>Continue to collaborate with:</i></p> <ul style="list-style-type: none"> <i>• State and Federal funded agencies to develop a coordinated approach to PPHs</i> <i>• LHNs to identify, research and explore models of care through sector engagement</i> <i>• General Practices</i> <i>• Community health services</i> <i>• Corporate providers</i> <i>• Health Insurers</i> <i>• RACFs</i> <i>• ACCHOs</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity

ACTIVITY TITLE	<i>AH2- Essential After Hours Care for Vulnerable Individuals with Chronic Conditions</i>
Program Key Priority Area	<i>Population Health</i>
Needs Assessment Priority	<i>Outcomes of the Service Needs Analysis pages 35, 38, 45 and 57.</i>
Aim of Activity	<p><i>South Eastern Melbourne Primary Health Network (SEMPHN) is ranked 15 of 31 PHNs in Australia for potentially preventable hospitalisations and ranked 3 of 6 in Victoria. Chronic disease potentially preventable hospitalisations make up approximately 14% of hospital separations in the SEMPHN catchment.</i></p> <p><i>The aim of this activity is to increase consumer awareness of After Hours Primary Health Care available in their community and improve health literacy on the appropriate health services to access in the After Hours period.</i></p> <p><i>By implementing this activity, SEMPHN aims to address the current limitations in After Hours access for chronic disease patients participating in the Care Coordination program by ensuring After Hours care arrangements are documented in all Care Plans particularly Anticipatory Care Plans within General Practice.</i></p> <p><i>This will facilitate a reduction in potentially preventable hospitalisations in the After Hours for patients with high health needs who are not accessing primary health services despite having complex or chronic health conditions.</i></p>
Description of Activity	<p><i>As part of the Care Coordination Program within General Practice, After Hours care arrangements are documented in all Care Plans. This anticipatory care planning better prepares patients for self-care through documented Action Plan arrangements. The arrangements are reviewed and discussed with the patients, carers and/or families. Unexpected patient After Hours health care needs are therefore anticipated, and appropriate actions undertaken which can have the reciprocal benefit of lowering anxiety levels for patients and families.</i></p> <p><i>It is a requirement that all General Practices participating in the Care Coordination program alter all their Care Plans to include After Hours information for their patients. The After Hours information is tailored to the patient according to their needs. The patients' Action Plan must have sufficient information about accessing and obtaining care in the After Hours period.</i></p> <p><i>General Practices must report to SEMPHN that all eligible patients have been provided with specific information about After Hours arrangements and that these arrangements have been discussed and understood.</i></p>

Target population cohort	<p><i>The target population cohort was derived from the 2017 Needs Assessment that identified people living with a chronic condition, a priority population group for the region.</i></p> <p><i>For these reasons, patient eligibility for the Care Coordination program is targeted for:</i></p> <ol style="list-style-type: none"> <i>1. Patients that have a diagnosed chronic condition and belong to one or more of the following priority groups:</i> <ul style="list-style-type: none"> <i>- Refugee</i> <i>- Experiencing homelessness</i> <i>- Culturally and linguistically diverse</i> <i>- Have a Mental illness</i> <i>- Identify as Aboriginal and/or Torres Strait Islander, or</i> <i>2. Be diagnosed with two or more chronic conditions</i>
Indigenous specific	No
Coverage	Whole of SEMPHN Catchment
Consultation	<p><i>Continue to collaborate with:</i></p> <ul style="list-style-type: none"> <i>• State and Federal funded agencies to develop a coordinated approach to PPHs</i> <i>• LHNs to identify, research, and explore models of care through sector engagement</i> <i>• General Practices</i> <i>• Community health services</i> <i>• Corporate providers</i> <i>• Health Insurers</i> <i>• Other community services that provide social connection and health enhancing activities</i>
Collaboration	<p><i>Stakeholders:</i></p> <ul style="list-style-type: none"> <i>• SEMPHN staff: Executive Leadership Team, Systems Outcomes Team, Chronic Disease Team</i> <i>• Local Hospital Networks</i> <i>• General Practices within SEMPHN</i> <i>• Allied Health professionals</i> <i>• Community health</i> <i>• Councils</i> <i>• ACCHO's</i> <i>• Relevant peak bodies</i> <i>• Other clinical or non-clinical stakeholders</i> <i>• Consumers and their families and/or carers</i>

Proposed Activities - copy and complete the table as many times as necessary to report on each activity	
ACTIVITY TITLE	<i>AH3 – Outreach Program for Disadvantaged House-Bound Aged Patients with High Health Needs</i>
Program Key Priority Area	<i>Population Health</i>
Needs Assessment Priority	<i>Outcomes of the Service Needs Analysis pages 35, 38, 45 and 57.</i>
Aim of Activity	<p><i>This model is in development and will target disadvantaged groups with a particular focus on house-bound aged patients where complex interplay between patients, carers and service providers occurs both in the After Hours and at other times.</i></p> <p><i>We know of a large population with high health needs who are not accessing primary health services despite complex or chronic health conditions. In addition, there is a high proportion of people aged 75 years and older who live alone potentially making them vulnerable. Multiple barriers to accessing services have been identified and include:</i></p> <ul style="list-style-type: none"> <i>• Poor health literacy</i> <i>• Different attitudes towards health and wellbeing</i> <i>• Financial barriers</i> <i>• Lack of culturally appropriate services and information</i> <i>• Transport barriers</i> <i>• Lack of trust</i> <i>• Familial relationships between Aboriginal clinic staff and clients</i>
Description of Activity	<p><i>This activity will support vulnerable house-bound aged patients with high health needs and individuals living with chronic and complex disease through the provision of outreach services. These services will respond to gaps in prevention, detection, ongoing management, and will support people who have difficulty accessing primary and secondary care due to a range of reasons (both clinical and non-clinical). This activity will enable increased and comprehensive management of the individual with high health needs whilst also increasing the ability of the persons General Practitioner (GP) to remain central in their care through increased communication and sector collaboration.</i></p> <p><i>Medium to long-term support will be provided to the person with activities including home visits, and phone calls. In addition, the Outreach Worker would maintain regular contact with the persons GP and general practice. If a person is referred from hospital and does not have a current GP, a suitable practitioner will be matched with the individual. Outreach Workers will comprise of health professionals and may include Nurses, Social Workers, GPs, Occupational Therapists, depending on recruitment and needs of the person.</i></p> <p><i>The ultimate aim of this project is to support people who are disadvantaged with high health needs, particularly house-bound aged patients who do not currently access services in the primary care sector. Education, communication, and referrals will support the person during this time. Secondary aims include reduced hospital admissions and readmissions.</i></p>

	<p><u>Key Activities</u></p> <p><i>Outreach support delivered by health professionals (Nurses, Social Workers, GPs, Occupational Therapists, depending on recruitment and needs of the person), receive patient referral, conduct in-person assessments to identify the needs of the person, make referrals as required, communicate assessment and findings to individuals GP.</i></p>
Target population cohort	<p><i>This model is in development and priority access for this program will include people defined as vulnerable who are disengaged from primary health and may have been discharged from a public hospital in the SEMPHN region.</i></p> <p><i>Vulnerability is measured through social determinants of health and if the individual is a house-bound aged patient.</i></p>
Indigenous specific	No
Coverage	<i>Pending model development finalisation.</i>
Consultation	<p><i>Continue to collaborate with:</i></p> <ul style="list-style-type: none"> • <i>State and Federal funded agencies to develop a coordinated approach to PPHs</i> • <i>LHNs to identify, research and explore models of care through sector engagement</i> • <i>General Practices</i> • <i>Community health services</i> • <i>Corporate providers</i> • <i>Health Insurers</i> • <i>RACFs</i> • <i>ACCHOs</i>
Collaboration	<p><i>Stakeholders:</i></p> <ul style="list-style-type: none"> • <i>SEMPHN staff: Executive Leadership Team, Systems Outcomes Team, Chronic Disease Team</i> • <i>Local Hospital Networks (Alfred Health, Monash Health, Peninsula Health)</i> • <i>General Practices within SEMPHN</i> • <i>Allied Health professionals</i> • <i>Community health</i> • <i>Councils</i> • <i>ACCHO's</i> • <i>Relevant peak bodies</i> • <i>Other clinical or non-clinical stakeholders</i> • <i>Consumers and their families and/or carers</i>