



**Australian Government**

**Department of Health**



An Australian Government Initiative

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

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

- **Operational**
- **After Hours**

***South Eastern Melbourne PHN***

# Introduction

## Overview

The key objectives of Primary Health Networks (PHN) are:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

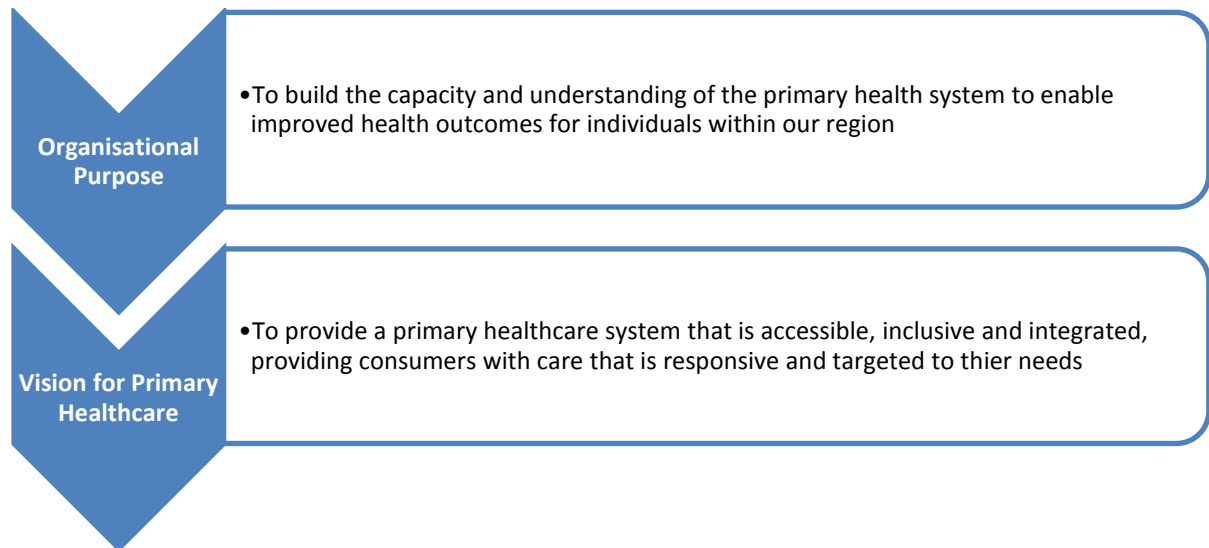
Each PHN must make informed choices about how best to use its resources to achieve these objectives.

Together with the PHN Needs Assessment and the PHN Performance Framework, PHNs will outline activities and describe measurable performance indicators to provide the Australian Government and the Australian public with visibility as to the activities of each PHN.

**This document, the Activity Work Plan, captures those activities.**

# 1. (a) SEMPHN Strategic Vision

## Strategic Vision



To realise the Vision for Primary Healthcare, The South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address system integration and capacity issues. This will be done to ensure a well-coordinated and functional system within the region that is capacity of responding to the primary healthcare needs of the community.

SEMPHN will focus on early intervention, and reducing the need for long term treatment by commissioning targeted activities that, among other things, seek to integrate and interface with parallel service system. SEMPHN will become a trusted facilitator that is able to build strong productive relationships across the primary health system. These relationships will allow us to work together to build healthier lives through co-design of services that fit the needs of our community. This will make the best use of limited public resources to improve the quality of services available to our stakeholders.

SEMPHN will commission a mix of service intervention modalities in primary care and specialist health services to ensure improved access for the community. Where appropriate, these will adopt a place based approach consistent with findings in our needs assessment.

Throughout all of SEMPHN's work, the organisation will continue to engage with the service sector, consumers and the broader community to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan.

# 1 (b) Activity Work Plan – core funding

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	<b>1. Cancer Screening</b>
Activity Title / Reference (e.g. NP 1.1)	<b>1.1 Improving Cancer Screening in the Community / CS 1.1</b>
Description of Activity	<p>The activities in 2016-2018 will build on a pilot being undertaken with Cancer Council Victoria (CCV) in 2015-16 to understand cancer screening rates and hot spots within the region.</p> <p>SEMPHN have co-designed a plan with CCV which covers 4 key priority areas.</p> <ul style="list-style-type: none"> <li>• Implementing a systematic approach to cancer screening in general practice</li> <li>• Increasing bowel cancer screening participation</li> <li>• Increasing awareness of cancer prevention and cancer screening within underscreened communities</li> <li>• Increasing cancer screening rates in the ATSI communities</li> </ul> <p>The initial plan is to improve bowel, breast and cervical cancer screening rates and will expand into other cancers.</p>
Collaboration	This activity will be jointly implemented with Cancer Council Victoria who will retain responsibility for the overall administration of the project with continued support from the PHN. There is an established Governance structure with key stakeholders.
Indigenous Specific	A component of this program is targeted specifically to the ATSI population.
Duration	<p>2016-2018</p> <p>Two year horizon, with a 1 year review milestone.</p>
Coverage	This project is intended to cover the entire PHN catchment and would be scalable across the state for other PHNs. It will however target particular “hot spot” areas that will be identified through detailed needs assessment with Cancer Council Victoria. Port Phillip, Stonnington, Greater Dandenong,

	Frankston and Casey were identified as areas with relatively low screening rates, particularly for breast and bowel cancer.
Commissioning approach	<p>CCV is the lead agency for cancer control in Victoria, providing research, prevention and support have been directly engaged by SEMPHN to complete this work, building on the successful work undertaken in 2015-16.</p> <p>Reporting and evaluation frameworks will be developed and detailed in the project plan. Cancer Council Victoria will work with SEMPHN to align the reporting and evaluation frameworks with the requirements of the PHN performance framework.</p> <p>An evaluation plan will be developed against the project plan. This will outline the key evaluation questions and indicators required to obtain output, impact and outcome measures (where possible) over the 12 month period. Evaluation data will be collected and reported on throughout the implementation of the projects and included in the above mentioned reports.</p>

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	<b>Immunisation</b>
Activity Title / Reference (e.g. NP 1.1)	<b>Childhood Immunisation / Imm 1.1</b>
Description of Activity	<p>SEMPHN will monitor which children and teens are not fully immunised and their GPs via fortnightly report. SEMPHN will continue activity commenced in 2015-16 to engage with general practices to identify which of their patients are not fully immunised and recommend patient recalls.</p> <p>SEMPHN will develop contract arrangements and commission a lead person, likely an immunisation practice nurse, to improve uptake for children in a variety of settings including but not limited to general practice and maternal health nurses. SEMPHN will also investigate the need to engage with schools in areas where vaccination rates are lowest and in areas with high proportions of at risk children.</p>
Collaboration	SEMPHN will collaborate with GPs in the region to help them identify which of their patients are late in their immunisations and form partnerships with practices where immunisation rates are low.
Indigenous Specific	This program is not specifically targeted to Aboriginal and Torres Strait Islander people, however this population group is one of a number of at-risk groups that have been identified for targeting. SEMPHN will work with the local Aboriginal Community Controlled Health Organisations and organisations with an ATSI health focus to target and engage within areas with low immunisation rates for aboriginal children.
Duration	2016-2018
Coverage	This project is intended to cover the entire PHN catchment. It will however target particular “hot spot” areas and general practices with low immunisation rates that will be identified through the Australian childhood immunisation register.
Commissioning approach	SEMPHN will identify the children and teens who are not fully immunised and will contract a lead person to engage with general practice and other organisations to increase immunisation rates.

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	<b>Immunisation</b>
Activity Title / Reference (e.g. NP 1.1)	<b>Adult Immunisation / Imm 1.2</b>
Description of Activity	<p>SEMPHN will expand existing activity to target at risk groups and regions with low immunisation rates. We are developing a whole of population marketing campaign working with key stakeholders and providers for those risk groups.</p> <p>SEMPHN has also engaged with Monash Health to work into its winter strategy. This includes an immunisation bus which is targeted at ensuring at-risk groups have access to influenza vaccination during the winter months when influenza incidence is highest.</p> <p>SEMPHN will also evaluate and likely continue with immunisation promotion programs currently being undertaken with general practice and pharmacies.</p>
Collaboration	SEMPHN will engage with Monash Health, local general practice and pharmacies and other community organisations to provide access to vulnerable populations.
Indigenous Specific	This program is not specifically targeted to Aboriginal and Torres Strait Islander people, however this population group is one of a number of at-risk groups that have been identified for targeting.
Duration	2016-2018
Coverage	This project is intended to cover the entire PHN catchment. It will however target particular “hot spot” areas, general practices and pharmacies with low immunisation rates.
Commissioning approach	<p>SEMPHN will develop and agree a service level agreement with Monash Health. This will represent an extension of an existing arrangement between SEMPHN and Monash Health.</p> <p>The contract with Monash Health will be monitored and evaluated against contract terms and achieved outputs and outcomes.</p>

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Chronic Disease
Activity Title / Reference (e.g. NP 1.1)	Chronic conditions / CD1.1
Description of Activity	<p>There is a very substantial number of residents in SEMPHN with chronic health conditions, with an uneven spread across the catchment. Poor communication, lack of information sharing and coordination of care across health providers leads to fragmentation of care, which can be particularly problematic these people.</p> <p>During 2015-16 SEMPHN has done work to identify areas of high rates of chronic disease and multi-morbidity as well as avoidable admission for chronic disease across the region.</p> <p>The following key activities have been identified to address those high rates:</p> <p><u>Stratification and screening</u></p> <ul style="list-style-type: none"> <li>• Work with screening providers to identify barriers</li> <li>• Improve health literacy in the region (see HL 1.1)</li> </ul> <p><u>Coordination</u></p> <ul style="list-style-type: none"> <li>• Work with the sector to ensure delivery of care coordination with a focus on highest users of acute health services and people with chronic and complex care needs <ul style="list-style-type: none"> <li>○ Commission a panel of co-ordinators with different skills (highly skilled knowledgeable)</li> </ul> </li> <li>• Provide intensive care coordination for top re-presenters particularly those living in aged care facilities</li> </ul> <p><u>Pathways</u></p> <ul style="list-style-type: none"> <li>• Profile patients presenting, pathways to admission</li> <li>• Roll out clinical pathways with a particular focus on COPD, heart failure, diabetes and iron deficiency anaemia</li> <li>• Collaborate with hospitals around models of care including Hospital in the Home and post acute care</li> </ul>



### Communication

- Collaborate with LHNs identify and research and explore models of care through through sector engagement
- Collaborate with State and Federal funded agencies to develop a coordinated approach to PPH's

Key enablers for this are:

### Systems

- Ensure timely transmission of information across the care continuum from community to hospitals and back
- Communications between patients and providers (via SMS) – to support a healthcare home (including via capacity building) (ICCS II)
  - Via pilot to prove up concept
  - Cohort: co-morbidity & emerging conditions
  - Partnerships: hospitals & PHI
- Developing systems to capture and measure population and SEMPHN activity health data. These data collections will enable SEMPHN to quantify illness within the catchment, causes, service utilisation and target services based on local evidence and measure performance of local health services.
  - SEMPHN will develop a model that will identify data reporting requirements, current data available and gaps in existing collections. This process will inform the development of a data repository that will collect and maintain relevant demographic, administrative and clinical data to support service planning, epidemiological research and policy development.
  - There are a number of options available for data collection and transmission between agencies and utilising established tools may be an option depending on data elements required, the size of the collection, the transmission data cycle and capacity of agencies reporting. It is essential to not create unnecessary data burden on services, establishing minimum data requirements and opportunities to utilise existing

	<p>reporting systems will be part of the development process. Utilising a common data platform may also provide opportunities to link data in the future.</p> <p><u>Provider capacity</u></p> <ul style="list-style-type: none"> <li>• Capacity building with GPs to improve chronic disease management for at-risk groups</li> <li>• Collaborate with GP's to detect early stages of dementia</li> <li>• Work with community health services, particularly around after hours</li> </ul>
Collaboration	<p>Collaborate with</p> <ul style="list-style-type: none"> <li>• State and Federal funded agencies to develop a coordinated approach to PPHs</li> <li>• LHNs identify and research and explore models of care through through sector engagement</li> <li>• GP's, including to detect early stages of dementia</li> <li>• Screening providers to identify barriers</li> <li>• Community health services</li> <li>• Aged care facilities to help manage residents who are frequent presenters</li> <li>• Private Health Insurers</li> </ul>
Indigenous Specific	A component of this program is targeted specifically to the ATSI population.
Duration	2016-2018
Coverage	This project is intended to cover the entire PHN catchment. It will however target particular "hot spot" areas that will be identified through detailed analysis of hospital data.
Commissioning approach	Care coordinators will be contracted by SEMPHN to identify and address re-presenters.

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	Acute Conditions
Activity Title / Reference (e.g. NP 1.1)	Acute Conditions / AC 1.1
Description of Activity	<p>Work has been done to identify areas of high rates of avoidable admission for acute conditions in the region.</p> <ol style="list-style-type: none"> <li>1. Build better pathways and education within the community around access to dental care in order to divert them away from hospital</li> <li>2. Provide intensive care coordination for top re-presenters</li> <li>3. Work with screening providers to identify barriers</li> <li>4. Collaborate with hospitals around models of care including hospital in the home and post acute care</li> <li>5. Work with community health services, particularly around after hours</li> </ol>
Collaboration	<p>Collaborate with State and Federal funded agencies to develop a coordinated approach to PPHs.</p> <p>Collaborate with LHNs identify and research and explore models of care through through sector engagement.</p> <p>Collaborate with screening providers to identify barriers.</p> <p>Collaborate with community health services.</p>
Indigenous Specific	A component of this program is targeted specifically to the ATSI population.
Duration	2016-2018
Coverage	This project is intended to cover the entire PHN catchment. It will however target particular “hot spot” areas that will be identified through detailed analysis of hospital data.
Commissioning approach	Care coordinators will be contracted by SEMPHN to identify and address re-presenters.

## Proposed general practices support activities

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	Workforce Development and Capacity Building WDCP 1.1
Description of Activity	<p>SEMPHN has undertaken a range of workforce development and capacity building activities.</p> <ul style="list-style-type: none"> <li>• Redevelopment and expansion of Bayside Medicare Local “Mediseek” website</li> <li>• Practice coaching for general practices within the region</li> <li>• eHealth Including the development of POLAR GP</li> <li>• Investigate and implement telehealth programs including but not limited to interoperable secure text messaging services</li> <li>• Advance Care Planning (ACP) training including general practice workflow integration and train the trainer</li> <li>• Anticipatory Care Planning (Ant-CaP) pilot project</li> </ul> <p>In 2016-2017 SEMPHN will continue to support general practice capacity and workforce development by building upon 2015-2016 activity, while also ensuring general practice can take part in co-design and commissioning activity. We will do this by providing a Workforce Support function that includes Provider Support Officers and an expert Education Officer.</p> <p>This team will continuously engage with our general practice stakeholders to understand their needs, and share current best practice and innovative opportunities regarding:</p> <ul style="list-style-type: none"> <li>• Clinical knowledge and expertise to provide high quality clinical care</li> <li>• Organisational and business expertise to take advantage of new funding models and opportunities</li> <li>• Quality improvement to evolve and adapt to new models of care and changes in the population’s clinical profile</li> </ul> <p>We will do this via:</p> <ul style="list-style-type: none"> <li>• Face to face visits</li> <li>• Pop-up events</li> <li>• Social media and other innovative knowledge gathering and sharing technological solutions</li> </ul>

	<ul style="list-style-type: none"> <li>• Opportunistically through other events and intelligence</li> <li>• Robust collation using the CRM as a key tool</li> <li>• Interpretation and translation of knowledge in collaboration with GPs, Practice Nurses, Managers, Allied Health and community members.</li> </ul> <p>The team will work in a “whole of organisation” approach to address the needs of general practices utilising:</p> <ul style="list-style-type: none"> <li>• Practice coaching for general practices</li> <li>• Targeted education and training events</li> <li>• Pop-up and other multi-disciplinary events</li> <li>• Health pathways and MediSeek</li> <li>• Service coordination quality cycles</li> <li>• Facilitation of local primary health networks and/or forums both short term as needed and ongoing .</li> </ul> <p>A foundational element of secure messaging, pathways, and other functions, is a high quality directory of providers. We have implemented two projects for this. One is a web application for consumers that searches for GPs, dentists, and pharmacies who are open near them. The database for the application is our own internal CRM. We are also implementing a system to synchronise our CRM data with the NHSD.</p>
Collaboration	<p>SEMPHN has engaged a leading health technology organisation to develop POLAR GP and will continue to collaborate with this organisation and general practice to improve its functionality and uptake.</p> <p>SEMPHN will also engage with general practice to provide practice coaching and to develop telehealth programs</p>
Duration	2016-2018
Coverage	These activities are intended to cover the entire SEMPHN catchment.
Expected Outcome	Improved access, coordination, health literacy and sector capacity

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	Health Literacy
Description of Activity	<p>SEMPHN has undertaken a project with Deakin University called the Ophelia project with the aim to measure the health literacy across the region and in key hotspots using a validated survey instrument known as the Health Literacy Questionnaire (HLQ). The project is intended to address the issue of health literacy in after-hours primary care.</p> <p>During 2015-16 Deakin University are developing an intervention plan to address the particular cohorts and at-risk groups. This plan will outline specific activities designed to increase awareness in each of the cohorts as well as a broader strategy to address and improve health literacy. They are also developing a community awareness campaign and strategic marketing strategy that provides information through different media.</p> <p>In 2016-2018 SEMPHN will work with Deakin University to implement the implementation plan and promote, distribute and market those resources developed in 2015-16. SEMPHN will apply an evaluation framework to determine their efficacy and where necessary make variations to the materials.</p> <p>SEMPHN will also extend the summer health strategy which will:</p> <ul style="list-style-type: none"> <li>• Redevelop the Mediseek website (as per WDCP 1.1)</li> <li>• Continue with '<i>Living Well at Every Age</i>' program and distribution of resources</li> <li>• Continue to develop and distribute "Ask me three" resources</li> <li>• Continue to develop and distribute refugee health literacy resources</li> </ul>
Collaboration	SEMPHN will continue collaboration with Deakin University and will engage with GPs and the community to understand the impact of programs.
Duration	2016-2018
Coverage	This project is intended to cover the entire PHN catchment. It will however target particular "hot spot" areas and cohorts with low health literacy that will be identified through Ophelia project.
Expected Outcome	An improvement in health literacy within the SEMPHN community, in particular at-risk communities.

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	<b>Population Health Planning / PH1.1</b>
Description of Activity	SEMPHN will build on the service mapping undertaken in 2015-16 for mental health, alcohol and other drugs, and homelessness to continue to create a full picture of primary health care services provided in the catchment.
Collaboration	Primary healthcare services across the region
Duration	2016-2018
Coverage	Entire PHN
Expected Outcome	A detailed understanding of the location of providers in the region and the scale and range of services they provide
Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	<b>Population Health Data / PH1.2</b>
Description of Activity	Key data custodians often charge a fee for extraction and provision of locally relevant data. SEMPHN will engage with a range of data custodians for the timely provision of high quality population health data. Where possible will seek to engage through the Victorian PHN Alliance in order to minimise cost of data provision and the consistency of reporting across the state.
Collaboration	Australian Bureau of Statistics, Department of Health and Human Services Victoria, Turning Point, BEACH (where available)
Duration	2016-2018
Coverage	Entire SEMPHN catchment
Expected Outcome	Access to timely, high quality, locally relevant data in a useable format.

Proposed general practice support activities	
Activity Title / Reference (e.g. OP 1)	<b>Population Health Data / PH1.2</b>
Description of Activity	Key data custodians often charge a fee for extraction and provision of locally relevant data. SEMPLHN will engage with a range of data custodians for the timely provision of high quality population health data. Where possible will seek to engage through the Victorian PHN Alliance in order to minimise cost of data provision and the consistency of reporting across the state.
Collaboration	Australian Bureau of Statistics, Department of Health and Human Services Victoria, Turning Point, BEACH (where available)
Duration	2016-2018
Coverage	Entire SEMPLHN catchment
Expected Outcome	Access to timely, high quality, locally relevant data in a useable format.



## 2. (a) After Hours strategic vision

The South Eastern Melbourne PHN (SEMPHN) will provide leadership across the catchment to identify and address areas to improve the health of our community in the after hours. We will work with the sector to develop innovative approaches to improving access to services both in hours and after hours to ensure that the community has access to the best quality care at the right time in the right place.

Our work will include further consultation and co-design with clients and service providers to improve access and further develop existing after hours. SEMPHN will build on our existing partnerships with key stakeholders including state and local government, Local Hospital Networks, Aboriginal controlled health services, peak agencies, general practice and the community sector to maximise opportunities for alignment, integration, continuity and coordination of care.

We will commission services to support the effective delivery of primary care services in the after-hours, focusing particularly on disadvantaged groups and locations in order to address gaps in after hours service provision.

We will engage with general practice and our community to help improve practices' capacity to provide primary health care to activated, health literate clients.

We will continue to engage with the service sector to monitor and review the effectiveness of the strategies and activities implemented over the life of this work plan.

## 2(b) Activity Work Plan – After Hours

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	After Hours
Activity Title / Reference (e.g. NP 1.1)	After Hours Grants Program / AH1.1
Description of Activity	<p>SEMPHN will fund integrated care arrangements among and between different general practices and health services in the region to ensure coordination and continuity of care between in hours and after hours service providers.</p> <p>SEMPHN has undertaken a grants program to provide grants to local providers to improve access to care in the after hours. The grants will be from \$30,000 to \$100,000 and seek to engage the sector to provide innovative solutions to reduce primary care type emergency department visits. SEMPHN will call for grant applications from service providers within the region every 6 months.</p>
Collaboration	SEMPHN will collaborate with grant applicants to develop evaluation frameworks and engage a consultant to assist with evaluation of the broader grants process.
Indigenous Specific	This program is not ATSI specific, however applications that address the needs of at-risk groups, including the ATSI community will be viewed favourably by the assessment panel.
Duration	2016-2017
Coverage	Due to the size of individual grants, each project is likely to cover a portion of the PHN catchment. The panel will review the grants to ensure they cover a broad cross section of the catchment/community.
Commissioning approach	<p>SEMPHN will build on the existing after hours grants work in 2015-16 and undertake 6-monthly grants processes for small to medium sized projects. An expression of interest will be put to market and broadly advertised throughout the region. Successful applicants will develop project plans with feedback from SEMPHN staff.</p> <p>Each grant will include a budget for evaluation and SEMPHN will assist in the development of evaluation plans on a case-by-case basis. As in 2015-16, SEMPHN will also engage a consultant to develop an evaluation framework for each of the tranches of grants.</p>

Proposed Activities	
Priority Area (e.g. 1, 2, 3)	After Hours
Activity Title / Reference (e.g. NP 1.1)	Access to After Hours for at-risk populations / AH1.2
Description of Activity	SEMPHN will undertake work to build on existing knowledge and learnings from the broader grant projects in AH1.1 to gain a deeper understanding the specific needs of our population, specifically at-risk groups and geographical hot spots. We will research models of care and develop a specific funding model and undertake a grants process in the second half of the year to specifically target those groups and areas with the greatest need.
Collaboration	SEMPHN will collaborate broadly with the sector including LHNs and Government to understand specific needs within the region and investigate the various funding models and models of care.
Indigenous Specific	This program is not ATSI specific, however it is feasible that the grants application may target the ATSI population.
Duration	2016-2017
Coverage	This project is intended to cover at-risk groups and hot-spot areas within the region.
Commissioning approach	<p>SEMPHN will build on the existing after hours grants work in 2015-16 and undertake a grants process for small to medium sized projects. An expression of interest will be put to market and broadly advertised throughout the region. Applicants will be asked to complete a short form describing their proposed project. The applications will be assessed by a panel and the highest rated applicants will be asked to complete an interview process. Successful applicants will develop project plans with feedback from SEMPHN staff.</p> <p>Each grant will include a budget for evaluation and SEMPHN will assist in the development of evaluation plans on a case-by-case basis. As in 2015-16, SEMPHN will also engage a consultant to develop an evaluation framework for each of the tranches of grants.</p>

